

From Arrival to Survival:

Exploring the Hardship Struggles of Internationally Educated Nurses and Midwives



About the RCN Foundation

The RCN Foundation is an independent charity that aims to support and strengthen nursing and midwifery to improve the health and wellbeing of the nation. We work with the Royal College of Nursing and others to deliver our aims, but you do not need to be a member of the RCN to benefit from our support – the RCN Foundation exists for all nursing and midwifery staff.

We support current and former nurses, midwives and healthcare support workers, as well as students and nursing associates. We do this through a high impact programme that includes:

- support for individuals facing financial hardship through grants and signposting, helping them to recover, rebuild and return to practice where possible
- offering education grants to those who want to enhance their skills and develop their practice
- funding research and innovation that improves patient care and advances professional practice.

Since our creation in 2010, we've supported over 11,000 nurses, midwives, nursing associates and healthcare support workers through our hardship and education grants. During our first 15 years, we have awarded £4.68 million in hardship grants, £2.78 million in education grants, and nearly £4 million in research grants. Our work makes a transformational impact on nursing and midwifery staff, on the care that they provide every day to individuals and communities.

Acknowledgements

We would like to thank the many internationally educated nurses, midwives and health care support workers who shared their personal stories of hardship with us whilst continuing to care for their patients with commitment, courage and compassion.

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Executive summary

Between 2022 and 2024 over 40% of new Nursing and Midwifery Council (NMC) registrants came from low and lower middle-income countries (The Health Foundation, 2023; The Health Academy, 2025). This international recruitment strategy was largely driven by the then Conservative government's stated aim to increase the full-time equivalent number of nurses working in the NHS by 50,000 by March 2024. Initiatives such as the nursing international recruitment programme for the NHS in England (NHSE, 2021) and the International Recruitment Toolkit for Social Care (Skills for Care and DHSC, 2024), have supported the recruitment of internally educated nurses and midwives (IEN/M) across health and social care settings.

This sustained strategy resulted in nearly 24% of NMC registrants being IEN/Ms in 2025, demonstrating the significant contribution they provide to the UK nursing and midwifery workforce. However, IEN/Ms registered with the NMC in the UK are subject to strict immigration restrictions which can lead to substantial financial hardship in times of unexpected life events or crisis.

A key reason for IEN/Ms experiencing hardship is due to the 'no recourse to public funds' (NRPF) condition, which is applied under UK immigration law, particularly to those on a work visa. Most newly registered UK based IEN/Ms fall under NRPF as they are often working on Health and Care Workers' visas. Unlike their colleagues with British citizenship or indefinite leave to remain, IEN/M with NRPF are unable to access welfare benefits, including Universal Credit, Housing Benefit, Child Benefit or Working Tax Credits, leaving them vulnerable to significant financial pressures. This is despite IEN/M meeting tax and national insurance obligations as soon as they commence work in the UK.

Between 2022-2025, there was a 475% increase in hardship grants awarded by the RCN Foundation to individuals with NRPF. Grant recipients who approach the Foundation are facing a range of issues (which the RCN Foundation classifies as presenting issues), including maternity and childcare issues, increased cost-of-living, unexpected loss of employment, and NMC fitness-to-practice referral.

40% report immigration rules as a reason to leave the UK to practice elsewhere in the world (RCN, 2025a). The single biggest difference that the government could make to improving this situation is to remove the NRPF condition. This would send a strong message that IEN/M are valued and welcome, and that they make an essential contribution to the UK's health and care services. This policy creates unnecessary hardship and risks driving skilled professionals away from the UK – a loss our health and care system simply cannot afford.

1. Introduction

Internationally educated nurses and midwives (IEN/M) made up nearly 24% of the registered nursing and midwifery workforce in the UK in 2023 (NMC, 2024). However, this is a trend that is slowing, with a recent survey revealing that only one third of internationally educated nurses intend to stay in the UK permanently (RCN, 2025a). A perception of low wages and restrictive immigration policies compared with alternative destinations such as Australia and the United States, were the main drivers for respondents to leave the UK (RCN, 2025a).

One key factor for IEN/M wishing to move away is the 'no recourse to public funds' (NRPF) rule. It is also a key driver for increased rates in applications to the RCN Foundation from IEN/M who have NRPF and find themselves in financial need and who require additional support and advice.

This report provides an overview of the engagement of IEN/M with the RCN Foundation's Benevolent Service when they fall into hardship, often as a result of the NRPF rule.

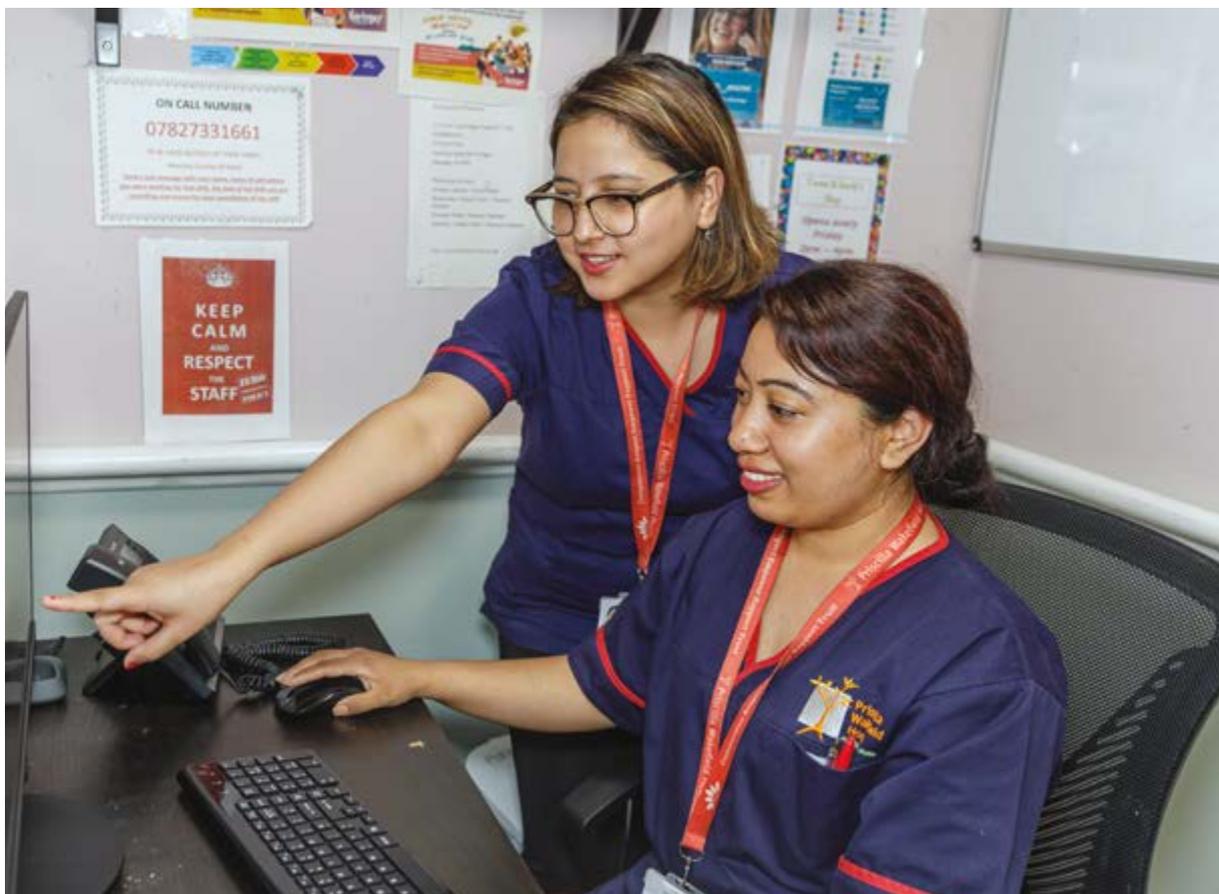


2. No recourse to public funds

NRPF is a condition applied to some individuals under UK immigration law (The Migration Observatory, 2023). Individuals with NRPF are unable to access welfare benefits including Universal Credit, Housing Benefit, Child Benefit or Working Tax Credits (The Migration Observatory, 2023). Amongst those who fall into this immigration status are people on a work visa. Consequently, IEN/M who are newly registered with the NMC fall under the NRPF rule as they often have Health and Care Workers' visas to work in the NHS or social care (NRPF Network, 2025). In a minority of cases, they hold a dependent visa or student visa. After five years of residence in the UK, visa holders may qualify to apply for indefinite leave to remain which, if granted, would allow them to claim benefits if they meet the other qualifying criteria. However, like other visa applications, this comes with a significant cost of over £3,000 per person (Government Digital Service, 2025).

22% of respondents to an RCN survey in 2025 who had a public funds restriction reported that they were struggling to afford food and other basic needs (RCN, 2025a). The RCN has called for the NRPF rule to be “ended immediately” due to the widespread financial pressures that have been identified linked to the condition (RCN, 2024). Due to the vulnerability of their position, the RCN Foundation Benevolent Service now records NRPF as a presenting issue when this is applicable.

Between 2022-2025, there was a 475% increase in hardship grants awarded by the RCN Foundation to individuals with NRPF.



3. Indefinite leave to remain in the UK

Indefinite leave to remain (ILR) allows people to live, study or work in the UK indefinitely, with no time limit on their ability to stay in the UK (UK Visas and Immigration, 2025). People with ILR can also access eligible benefits for themselves and their family in the UK if they meet certain requirements. These include people who have lived in the UK on a work visa for five years, or ten years for long residence (Gov.uk, 2025a). They need to meet certain financial requirements which include earning a salary of at least £41,700 per annum. After 12 months of ILR status, an individual can proceed to apply for British citizenship (Gov.uk, 2025a).

In 2025, there was a renewed political focus on the issue of ILR. The Labour Government has pledged to introduce new restrictions on ILR with a move to a contribution-based system. This will see most grant recipients needing to be resident in the UK for 10 years before they are eligible to apply for ILR, as well as reducing the number of eligible jobs which meet the ILR requirements (Gov.uk, 2025b).

Furthermore, some other political parties have also espoused clear views on tightening the eligibility criteria for visas. A report from the RCN (2025b) identified that hostile rhetoric and changes to the ILR policy would leave migrant nursing and midwifery staff unable to work or access welfare support despite meeting their HMRC taxation obligations through income tax and national insurance contributions.



4. Demographics of grant recipients who are internationally educated and have a public funds restriction

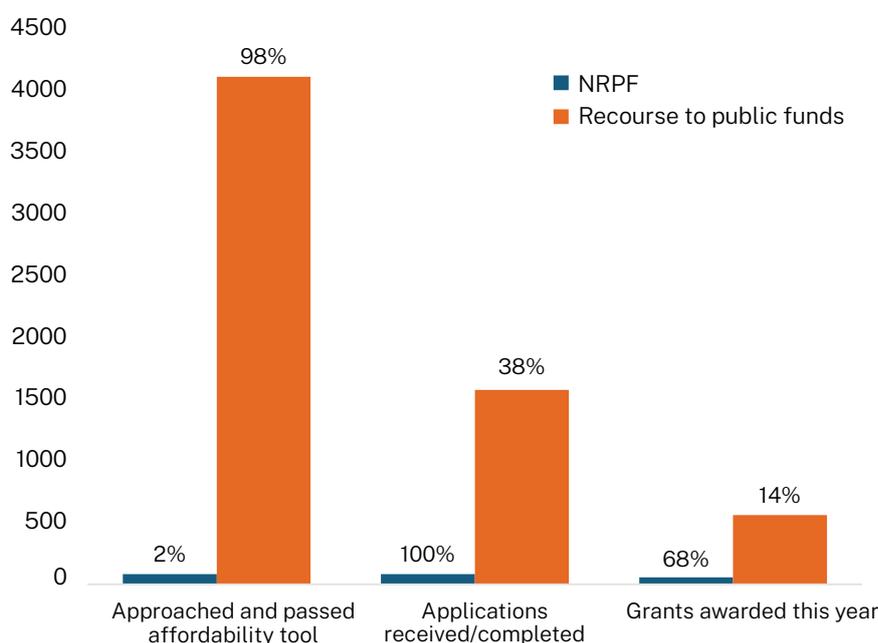
In 2025, the total number of people who approached the RCN Foundation Benevolent Service for support and went on to complete the bespoke Affordability Tool was 4,201. Of this total, 4,117 were individuals with recourse to public funds and 84 had NRPF.

Looking at just those that had recourse to public funds, the tool identified that 1,578 (38%) could potentially be in hardship because of the level of deficit in their household income and were therefore progressed to application stage. Applications were then assessed on an individual basis by the Benevolent Service team, and 564 (36%) grant recipients were deemed to be in hardship and received a grant.

In the same year, 84 individuals with NRPF approached the Benevolent Service for support and completed the bespoke Affordability Tool. The tool identified that all of these individuals could potentially be in hardship and all of them progressed to the grant application stage. Of these, 57 (68%) went on to receive a grant. The remainder were not awarded a grant because they did not complete the application process or did not meet an aspect of the criteria.

Figure 1 compares the outcome of applications from those with and without recourse to public funds. The data shows that individuals with NRPF are significantly more likely to receive a hardship grant from the RCN Foundation than those who can access public funds. This underscores the heightened level of need among individuals with NRPF, with nearly twice as many awarded a grant compared to those who have recourse to public funds.

Figure 1: Outcome of applications to RCN Foundation from those with NRPF compared to those with RPF 2025



Looking at the data across a longer period between 2022 and 2025, grant recipients with NRPF also had a higher mean estimated financial need and higher mean grant awarded to them (Table 1).

Table 1: Grant amounts and estimated financial need for those with NRPF compared to all grant recipients 2022-2025

Visa status	Mean payment amount	Mean estimated financial need
No recourse	£458	£1,398
Can claim PF	£403	£911

Figure 2 presents the self-described ethnic background of grant recipients with NRPF between 2022 and 2025. The highest number of grant recipients with NRPF identified as Black-African, followed by Asian-Any Other Background. An assumption is that Asian-Any Other Background could have been selected by grant recipients who are originally from the Philippines, who make up some 7.7% of the registered nurse workforce (NMC, 2025).

Figure 2: Self-described ethnic background of grant recipients with NRPF 2022-2025

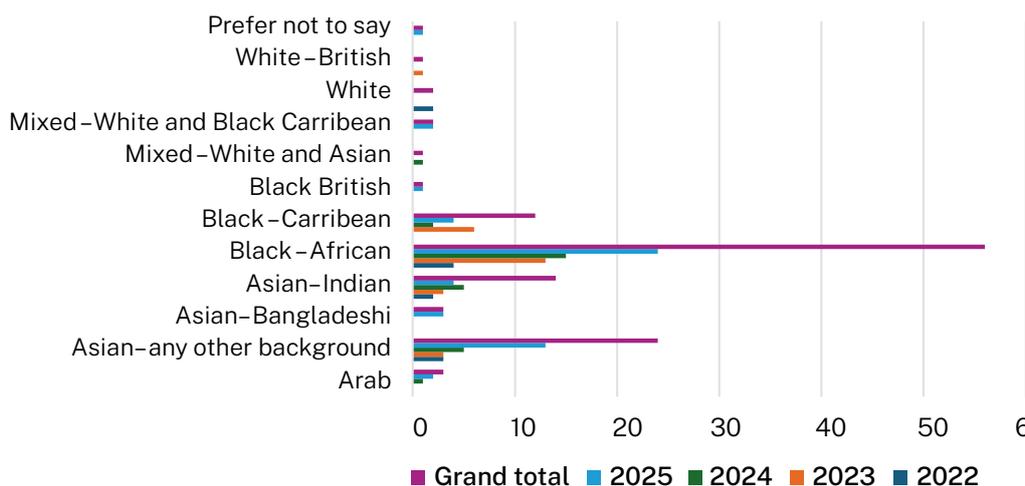


Figure 3 describes the job roles of grant recipients, with registered nurses having the highest application rates (2022-2025).

Figure 3: Job role of hardship grants recipients

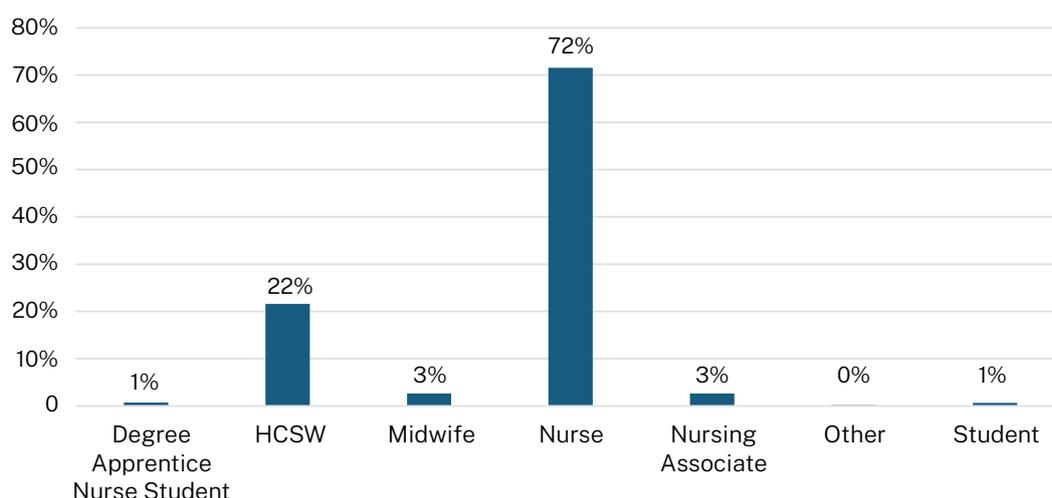


Figure 4 sets out the employment status of grant recipients from 2022-2025. 55% of grant recipients who have NRPF were assessed as experiencing hardship whilst employed in either a substantive post or as an agency/bank worker. This points to there being in-work poverty for over half of grant recipients.

Figure 4: Employment status of grant recipients 2022-2025

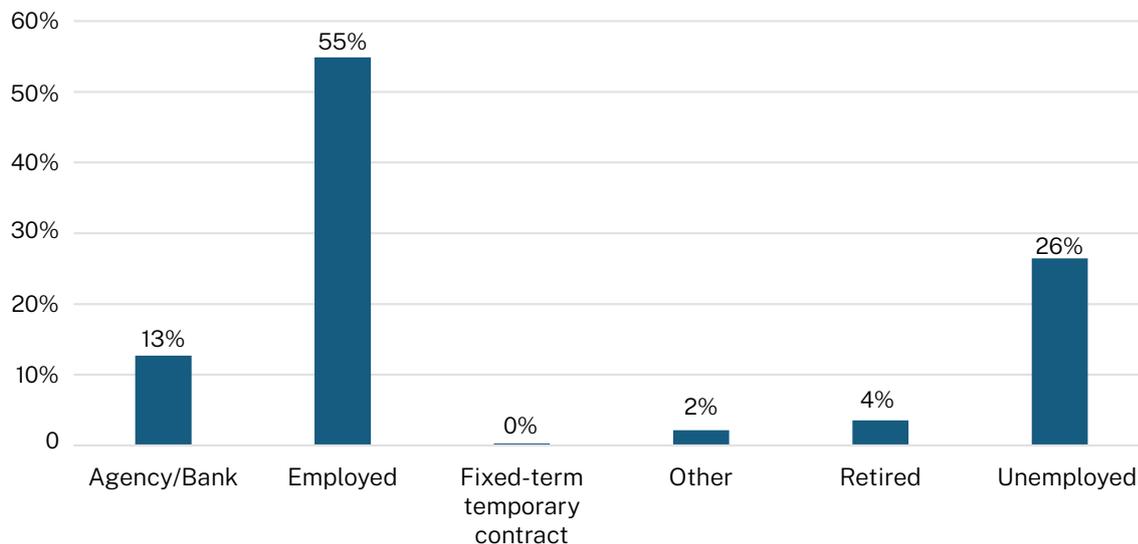
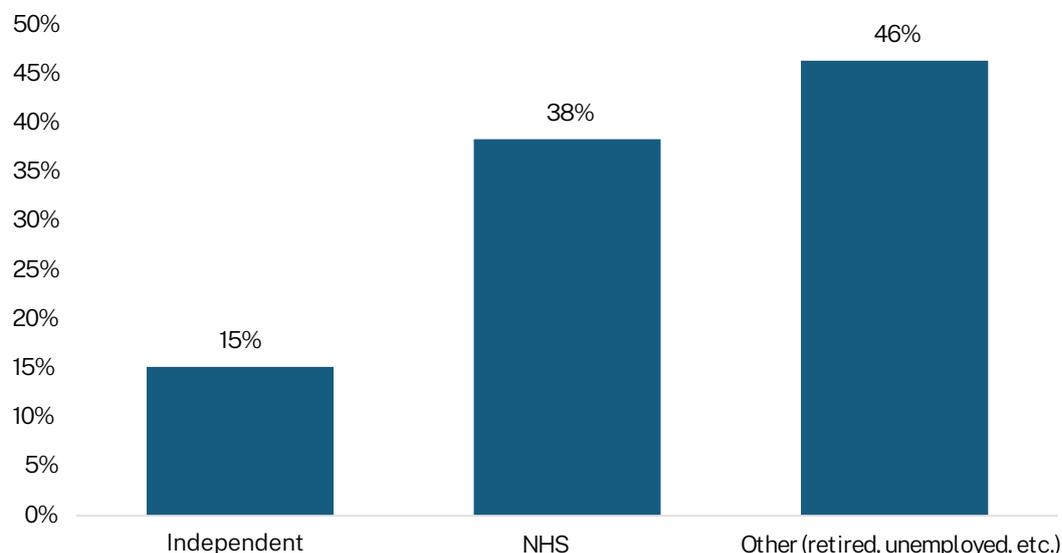


Figure 5 illustrates the employment settings of grant recipients at the time they sought support from the RCN Foundation. Just over half (56%) reported being ‘unemployed or other’, while one third (33%) were working in the NHS when they applied. Only 11% indicated employment in the independent sector. This suggests that NHS employees were three times more likely to apply for support than those working in the independent sector. However, these findings should be interpreted with caution, as more than half of grant recipients fell into the ‘unemployed or other’ category, making it difficult to determine with certainty which work settings are most affected overall.

Figure 5: Work settings for eligible grant recipients with NRPF 2022-2025



IEN/Ms work across all countries of the UK. Table 2 sets out the UK nations in which individuals were resident when they received a grant.

NMC data shows that internationally educated registrants make up a lower proportion of registrants in Wales, Scotland and Northern Ireland, compared with England, where 24.4% of registrants were internationally educated (NMC, 2025). This is reflective of the way in which the overall nursing and midwifery workforce is distributed across the UK.

Table 2: Residence of grant recipients and how this compares with the percentage of registrants who are internationally educated in each UK nation 2022-2025

Country	grant recipients with NRPf	All grant recipients	Sept. 2025 NMC data for internationally educated registrants
England	94%	87%	23%
Wales	4%	5%	7%
Scotland	1%	5%	13%
Northern Ireland	1%	2%	17%
Blank	0%	1%	

The figures in this section highlight the breadth and diversity of the IEN/M workforce, including their varied job roles, backgrounds, and work settings. They also reveal that, compared with those who have access to public funds, IEN/Ms face significantly greater financial hardship and higher levels of need. The data underscores the acute disadvantage experienced by individuals with no recourse to public funds.

Sections 5 and 6 explore in more detail, the personal circumstances of IENM/s and hears directly from individuals about the challenges they face.

5. Presenting issues

Table 3 sets out the presenting issues which bring people to the Foundation for support when they are facing financial hardship and is derived from the application data. This clearly illustrates that IEN/Ms are more likely to be in hardship as a result of maternity and childcare issues, increased cost of living, unexpected loss of employment and NMC fitness to practice referral, compared with grant recipients who have British citizenship or indefinite leave to remain. Grant recipients with NRPF are less likely to be in hardship as a result of physical or mental ill health, although these are still prevalent issues among IEN/M grant recipients and may be under-reported (Efendi et al., 2024).

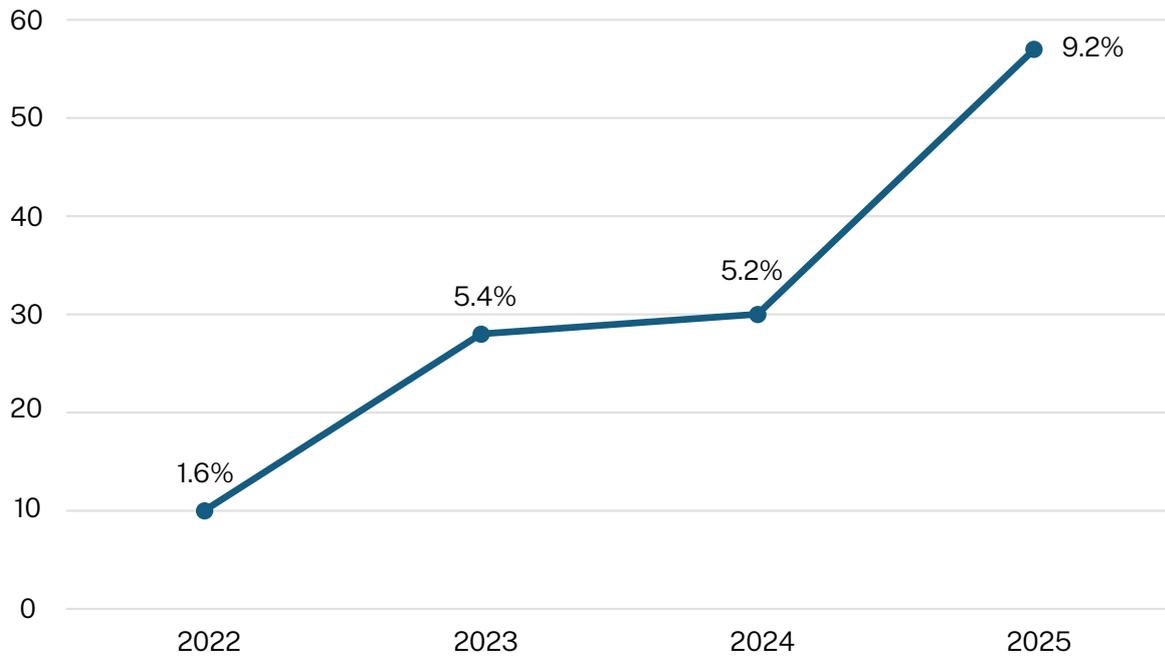
Table 3: Presenting issues for hardship grant recipients, 2024

Presenting issue	Percentage of all grant recipients	Percentage of NRPFs grant recipients
Debt	80%	63%
Maternity and childcare issues	19%	25%
Increased cost of living	7%	5%
Unemployment	26%	27%
Relationship breakdown	11%	4%
Domestic abuse	12%	5%
NMC referral	3%	5%
Contract terminated	7%	21%
Physical ill health	34%	25%
Mental ill health	38%	21%
Homelessness or housing issue	17%	5%
Partner's unemployment	6%	16%

Note: total percentage values do not equate to 100% because some grant recipients had multiple presenting issues.

The RCN Foundation has captured data regarding NRPF since 2022. Figure 6 demonstrates the rapid upward trend in individuals who were subject to an NRPF condition during this period. This would correlate with the drive in England during this time period to recruit internationally educated nurses and midwives since 2022.

Figure 6: Grant recipients with NRPF who received an RCN Foundation hardship grant, 2022-25



6. The lived experiences of internationally educated nurses and midwives

Underpinning all of the statistics and data in this report, are the lived experiences of IEN/Ms. Their stories of hardship, often caused by circumstances beyond their control, highlight the inequity that exists for them. Despite that, they remain committed to providing the best possible care.

Here are just some of their stories. Whilst names have been changed to protect identities, the details are very much real.

Adeya applied for a grant from the RCN Foundation in 2025. Adeya works full-time for the NHS as a Band 6 specialist nurse. She lived with her three teenage children in a rented property, paying a market rent of around £750 per month. Adeya resided in the UK on a skilled worker visa with an NRPF condition. Her essential costs were reflective of a family of four. In the past, Adeya covered her family's expenses by working additional shifts. However, she was prevented from working more than 37 hours per week, due to her sciatica. With only her basic take-home pay available to support the household, Adeya's income was £1,000 per month less than the family's essential costs.

Adeya told us: "I am a single working mother of 3 children with full family responsibility which I was able to manage well by taking extra shifts. I have recently developed a severe back issue (Sciatica) which has limited my ability to take extra shifts to support my family's basic needs. I am on a skilled worker visa, hence I have no access to public fund. All these have taken a toll on my mental health.

I have contacted Citizen's Advice for support, and I was signposted to a budget advisor and a debt management advisor, and I'm taking all actionable responsibilities to adjust my life, but the pressure seems constant."

Michael is an internationally educated nurse who obtained his PIN in the UK after working on a lower band for some months. He started to experience severe knee pain and swelling caused by a previous injury and was advised to have surgery, which he did. When he applied to the RCN Foundation for a grant, Michael was in receipt of Statutory Sick Pay only, following the end of his Occupational Sick Pay entitlement. He had no recourse to public funds. His wife and two children, aged 9 and 11, joined him in the UK to provide emotional and practical support. His wife was seeking work and also had no recourse to public funds. He had fallen behind in payments for utilities and Council Tax.

Michael had a shortfall in his income of £2,580 per month whilst in receipt of Statutory Sick Pay, which was due to end the month after he applied for a grant.

Michael told us: "My situation was terrible and due to get worse after the end of my Statutory Sick pay. The grant I received from the RCN Foundation has really helped but the situation is still dire. I was also grateful for the signposting support that I received, including the guide on free meals and holiday club provision."

Each year, the RCN Foundation holds focus groups with people who have received a hardship grant to better understand their circumstances. Several participants were people with NRPF. The free text within applications also provides rich and deep data which may help to explain hardship amongst nursing and midwifery staff. A thematic analysis of this data, combined with that of the focus groups, identified the following themes amongst those with NRPF.

6.1. Financial

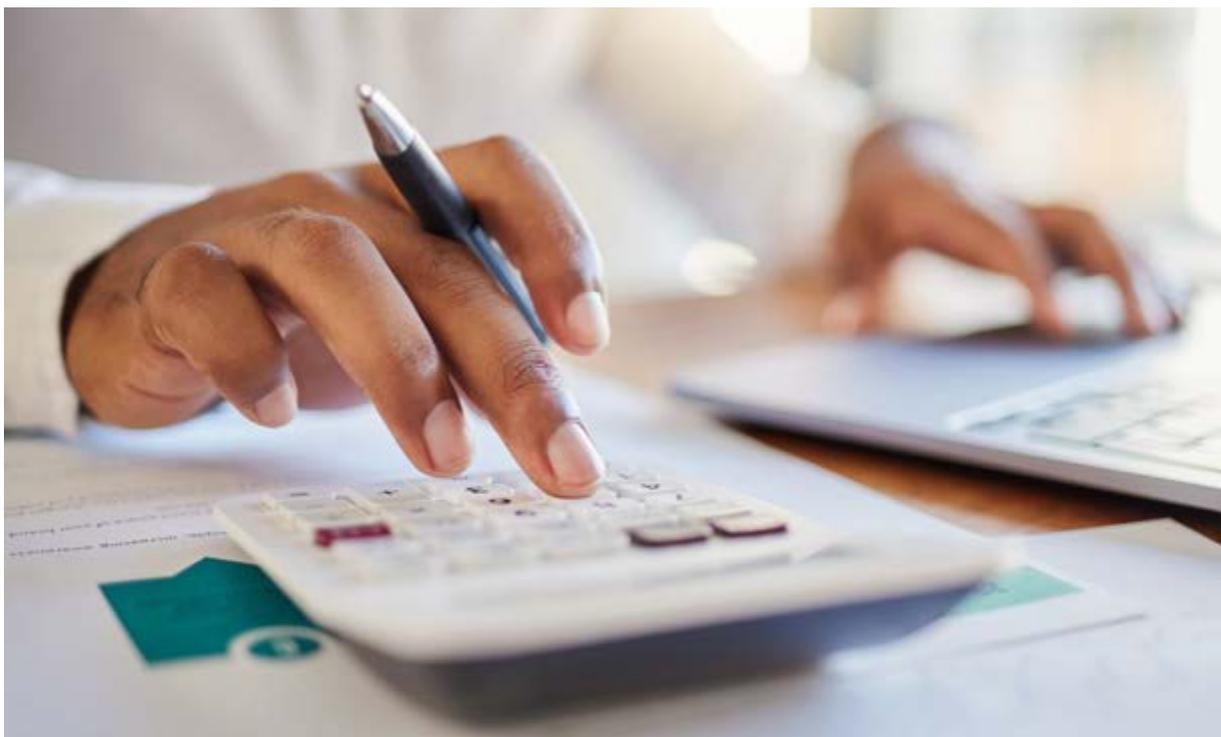
- When their budget has been in surplus, grant recipients may have been sending money to family members in their home countries, who frequently have no access to free healthcare, education and social care in their country. On occasion, they may visit family abroad if a significant life event occurs such as a severe illness or funeral, despite the financial strain this may cause. This leaves the applicant with no savings if there is an unexpected job loss.
- Nurses and midwives are required to pay substantial visa fees, often amounting to thousands of pounds, not only for themselves but also for their dependent family members. Healthcare professionals not resident in the UK with a Health and Care visa incur costs of £1,321 when they apply to extend the visa and must pay a further upfront fee of £1,035 per year of the visa. Although sponsored workers on a Health and Care visa are exempt from paying the Immigration Health Surcharge, they and their dependent family members are nonetheless required to pay the standard fee of £3,029 per person when applying for ILR.
- Grant recipients experience difficulty with rising living costs, including rent and childcare. There are no schemes available to support or subsidise the childcare costs of workers with NRPF. Free childcare hours (currently offering working parents up to 30 hours per week free childcare), tax-free childcare (a 25% subsidy in registered childcare costs) and Universal Credit (paying up to 85% of childcare costs for eligible claimants, fully replacing the Child Tax Credits system since April 2025) are all considered public funds and cannot be claimed by IEN/M with NRPF.
- If the individual's contract is terminated, they will lose their sponsorship and become reliant on a new employer to provide them with sponsorship to allow them to continue to live in the UK with a valid visa. This could result in a period where they have no employment between job roles.
- Grant recipients frequently use debt to fund living costs and visa fees when experiencing financial pressures.

6.2. Social, wellbeing and relationships

- Some grant recipients describe experiences of social isolation, bullying, discrimination and racism which then impacts negatively on their mental health and emotional wellbeing.
- Some are perceived by other nurses as forming networks or alliances with other staff from their country of origin, and tensions or divisions within the team can develop from the actual or perceived occurrence of this. Often, IEN/Ms will form these networks as a means of ensuring that they receive the support that they need from others with a similar experience to them.
- A few grant recipients, particularly those with Refugee status, describe the impact on their mental health and wellbeing caused by traumatic events which occurred in their home country.
- Some grant recipients describe being affected by anxiety, depression and other mental health or emotional problems, linked to being away from family members who are unwell or pass away.

6.3. Career

- A minority of grant recipients have difficulty with language fluency and articulation, which leads to difficulty with obtaining their NMC registration or leads to NMC referral for fitness to practice at a later stage.
- Two grant recipients were impacted by fraud at an assessment centre in Nigeria. The NMC suspected them of fraud because they passed their test at the affected centre in a short time period compared to average. They may never be allowed to rejoin the NMC register, even after re-taking and passing the applicable test, for example if their new test shows a longer completion time than the first test they took.



7. Other sources of support

Some sources of support are available to IEN/M who have NRPF, and which are not considered public funds. These are set out in Table 5. In general, these options are inadequate to meet the needs of grant recipients with NRPF, particularly if they have experienced an unexpected life change.

This is when the support of the RCN Foundation becomes essential.

Table 5: Additional support available to IEN/Ms with NRPF

Type of support	Eligibility/description	Notes/limitations
Free school meals	Savings below £16,000. Income threshold: £22,700 (1 child, outside London), £26,300 (2+ children, outside London), £31,200 (1 child, London), £34,800 (2+ children, London)	Department of Education, 2025
Council tax discounts	25% sole occupancy discount	Available through local authority
Statutory pay	Eligible employed grant recipients may receive Statutory Sick Pay, Statutory Maternity Pay, and Occupational Sick/Maternity Pay	Subject to employment status and employer policy
Section 17 support	Support under Children Act 1989 for families with children in need, including those with NRPF	May be distressing; parents may fear children being taken into care
Contribution-based benefits	Based on past work or NI contributions. ESA: claimant must be unfit for work. JSA: claimant must be available for work	UK rates lowest among OECD countries (OECD, 2025)
Charitable grants	Available if eligibility criteria met	Often require application via nominated professional (eg, social worker)
Food bank vouchers/ community meals	Available to those in financial hardship	Access through local charities or support services
Support from places of worship/ friends/family	Financial help or housing provided informally	Not guaranteed; varies by individual circumstances

8. Conclusion

IEN/Ms are among the most vulnerable group who apply for grants and signposting from the RCN Foundation. Alongside financial hardship, the nurse or midwife may be coping with additional pressures such as discrimination, bullying and social isolation. If they have an NRPF condition in place, there are very few other sources of funding for them to access should they need to do so. Reflecting the recent international recruitment strategy for nursing and midwifery, the RCN Foundation has seen a rapid rise in applications for benevolent support from IEN/Ms who have NRPF and consequently find themselves in financial hardship.

IEN/Ms have always been integral to the delivery of the UK's health and care services and a vital part of the workforce. Patients rely on, and benefit from, their exceptional skills and high-quality care every day. However, the system under which they are able to work in the UK inherently disadvantages them. This is despite the fact that in many cases, employers have specifically recruited them from their own countries to address workforce shortages.

Despite IEN/Ms with NRPF paying income tax and national insurance as soon as they take up their roles, the current system means that they are unable to access statutory benefits support in the event that they require it. This inequity leaves them highly vulnerable in times of unexpected need and has contributed to the increase in demand for hardship support experienced by the RCN Foundation.

This was further highlighted by an RCN survey (RCN, 2025a), in which 40% of respondents who had indicated that they planned to leave the profession, said that immigration policies would impact their decision to stay in the UK. Ultimately, this has a detrimental impact on patients and those who care for them.

The single biggest difference that the government could make to improving this situation is to remove the no recourse to public funds condition for internationally educated nurses and midwives. This would send a strong message that they are valued and welcome, and that they make an essential contribution to the UK's health and care services. This policy creates unnecessary hardship and risks driving skilled professionals away from the UK—a loss our health and care system simply cannot afford.

Following a grant of £500 and signposting to other areas of support from the RCN Foundation, it is right that the final word goes to Adeya:



The RCN Foundation is a great opportunity for healthcare workers in need. It has helped me with sorting out my bills.”

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