

Royal College of Nursing submission to Home Affairs Committee inquiry on routes to settlement

2 December 2025

About the RCN

The Royal College of Nursing (RCN) is the UK's largest nursing trade union and professional body. We represent more than half a million members including registered nurses and nursing support worker staff. We have a large cohort of internationally educated nursing staff who are internationally trained and often subject to immigration controls.

Executive summary

There are more than 200,000 internationally educated nursing staff registered in the UK, making up 25% of the UK's total nursing workforce,ⁱ and tens of thousands of international nursing support workers providing vital care. These staff make enormous contributions to the UK's health and care service each day, however UK government's proposals to reform indefinite leave to remain (ILR) fails to recognise the value of our internationally educated colleagues.

By extending the qualifying period for ILR from 5 to 10 years, the UK Government would risk creating a retention crisis amongst internationally educated staff, threatening staffing levels and patient care. Limiting the access of internationally educated staff to ILR will create instability to health workforce planning and increase the likelihood of a return to harmful international recruitment practices. Proposals to apply a no recourse to public funds condition to indefinite leave are not only cruel but are directly at odds with governments ambitions to reduce child poverty. Increasing the time that staff must wait for ILR also makes staff more vulnerable to labour exploitation, particularly for staff in the care sector which is high risk for exploitation.

Overview of the RCN's position

- UK Government confirmed that registered nurses in the NHS will be eligible for ILR after 5 years. It is imperative that registered nurses in both health and social care have equitable access to ILR, and that staff in social care have parity with their colleagues in the NHS.
- UK Government has proposed that staff on the skilled worker visa below RQF level 6 (degree level) will face a qualifying period of up to 15 years. The RCN is extremely concerned by proposals which would see nursing support workers wait up to 15 years to be eligible for sponsorship.

- UK Government has stated their intention that this rule change will apply to anyone already in the UK. Moving the goal posts for staff already resident in the UK risks an exodus of internationally educated staff, and is an insult to the staff who worked tirelessly through the COVID-19 pandemic.
- UK Government has suggested they are considering adding a no recourse to public funds condition to indefinite leave to remain. The RCN is extremely concerned by this proposal and we have repeatedly raised concerns regarding the impact of NRPFⁱⁱ in its current form, on the financial safety of internationally educated nursing staff.
- The RCN's view is that to ensure workforce stability, health and care workers, and their dependents must continue to be eligible for ILR after five years continuous employment and residency. While there is a need for a robust and sustainable domestic pipeline, the UK must remain an attractive destination for nursing professionals who bring unique skills and experience. Those who come to this country to work in our health and care systems should be encouraged to stay and settle.

In the longer-term, the UK government must implement policy interventions to make ILR more accessible for nursing staff this should include:

- Providing immediate indefinite leave to remain (ILR) for nursing staff. Fast-track routes to settlement, such as those available in New Zealand and Canada, are needed to maximise the retention of internationally educated nursing staff within UK health and care systems.
- Reducing ILR application fees. To facilitate access to ILR the ILR application fee should be set at the processing cost. This would reduce the cost of an ILR application fivefold, from £3,029 to £523.ⁱⁱⁱ

Alongside this:

- The UK must ensure a robust domestic pipeline for the nursing workforce is in place. This is necessary to mitigate the impact of internationally educated nursing staff choosing to leave the UK as a result of these proposals. In the context of global nursing shortages the UK's reliance on international recruitment to fill workforce gaps has been unethical and unsustainable.

1. Potential impact of changes to pathways to settlement

- 1.1 A ten-year route to settlement would make the UK more restrictive than most other high-income countries^{iv}. Experts including the Migration Observatory and Chair of the Migration Advisory Committee have warned that this could result in increased emigration, with more people potentially looking to leave the country.^{v vi} These arguments are supported by the RCN's own analysis. In August 2025, we surveyed more than 5,000 internationally educated nursing staff on the proposed changes to indefinite leave to remain. Our survey findings are clear that this policy change could trigger an exodus of internationally educated nursing staff, the RCN estimates that as many as 46,000 nursing staff could leave the UK.^{vii}
- 1.2 The RCN survey asked staff if extending the qualifying period for ILR would influence their decision to remain in the UK long-term. 60% of respondents without ILR said it would be "very likely" to, and 13% said it would be "likely" to. The proposed changes to settlement, particularly if applied retrospectively, would compound retention issues by increasing emigration of valued international health and care staff.
- 1.3 Increased emigration of migrants living in the UK is the stated aim of UK Government. Laid out in the White Paper's technical annex, the UK Government aim to not only deter migrants from coming to the UK but to also encourage those already here to leave.^{viii} The RCN is deeply concerned by these proposals, and we urge UK Government to ensure that nursing staff, many of whom provided support during the COVID-19 pandemic are not impacted by changes. Government must instead seek to ensure retention of all internationally educated staff by maintaining a five-year route to settlement.

Impact on health and care employers

- 1.4 Extending ILR also has financial consequences for employers who are required to pay the immigration skills charge to sponsor someone on a Skilled Worker visa. Small or charitable sponsors are required to pay £364 to sponsor a worker for the first 12 months, and £182 for each additional 6 months. Medium or large sponsors are required to pay £1,000 for the first 12 months and an additional £500 for each additional 6 months. If the pathway to ILR was extended for nursing support workers to 15 years, an NHS trust would be required to pay an additional £10,000 in skilled worker charge fees per person.¹
- 1.5 The UK has historically been an attractive destination to practice nursing, but the global labour market for nursing staff is becoming increasingly competitive.^{ix} A ten-

¹ [UK visa sponsorship for employers: Immigration skills charge - GOV.UK](https://www.gov.uk/guidance/uk-visa-sponsorship-for-employers-immigration-skills-charge) This figure is calculated on the basis that large employers must pay £500 every 6 months, for an additional 10 years.

year qualifying period for ILR would make the UK's route to settlement one of the most restrictive across high-income countries.^x Other countries have already introduced measures to make the route to settlement faster for nursing staff in a bid to attract skilled workers. New Zealand for example, offers a "straight to residence" visa for in demand roles including registered nurses^{xi}. Canada also offers an express route to permanent residence specifically for health workers.^{xii}

- 1.6 The RCN welcomes Government's assurance that NHS nurses will be eligible to apply after 5 years, however it is imperative that the same is guaranteed for nurses working in other sectors. Government should also not underestimate the impact of proposals to remove eligibility for public funds, and the impact of extending qualifying periods for dependents.
- 1.7 Findings from our recent survey show proposals to increase the ILR qualifying period will impact the attractiveness of the UK as a place to practice nursing. Three quarters (74%) of respondents without ILR said that it was unlikely they would have chosen to come to the UK had the qualifying period been 10 years prior to their arrival. Just 11% of respondents said that they still would have come to the UK had the route to settlement been 10 years. 56% of respondents told us that they are unlikely to recommend the UK as a destination for health and care workers.
- 1.8 In the context of a global nursing workforce shortage, there is a responsibility for all countries, including the UK, to increase and sustain a domestic supply of registered nurses and reduce reliance on international recruitment. Nevertheless, it is vital that internationally educated staff who choose to make the UK their home are valued and supported to make the UK their home. Government's proposed changes to ILR signals to internationally educated staff that their expertise and skills are not valued, and poses a significant threat to the retention.

Financial impact on individuals

- 1.9 The RCN is concerned that increasing the route to settlement will place migrants under financial pressure. Migrant rights groups including Praxis and the Work Rights Centre have raised that moving people onto a 10-year route only places migrants under further financial pressure and makes their status in this country more precarious.^{xiii} It is for these reasons that the House of Lords Justice and Home Affairs Committee recommended that routes to settlement be capped at five years in 2023.^{xiv}
- 1.10 Our members recognise this risk, with 96% of respondents to our recent survey raising concerns about the impact of the rule change on their financial security. We are also extremely concerned that Government has suggested that they will consider adding a no recourse to public funds condition to indefinite leave to remain. This move would put more people at risk by barring them from accessing vital public

funds such as housing benefit, child benefit, and Universal Credit when they fall into financial hardship.

- 1.11 Current Home Office rules apply a no recourse to public funds condition to temporary visas such as the health and care worker visa. This is despite these staff's contributions to the public purse through income tax and national insurance. The inflexibility of this rule is a particular challenge in instances of long-term sick leave, as migrant workers do not have access to means-tested ill health benefits.^{xv} Increasing the qualifying period would leave those in need without support for longer as they continue to fiscally contribute to the country through tax and vital work. When asked about the effect of the proposed changes to ILR, 53% of our survey respondents said they were extremely concerned about the impact of the changes on their financial security, raising concerns about the short-term financial wellbeing of international health and care staff.
- 1.12 Research undertaken by the RCN found that internationally educated staff are more likely to be responsible for all household costs or the main financial contribution to their household (43% compared to 37%) and were more likely to have caring responsibilities than UK-educated colleagues (46% compared to 39%).^{xvi} Of members with an NRPF condition, 1 in 5 (22%) reported struggling to buy food or meet basic needs and nearly 2 in 5 (39%) said that they were concerned about the lack of financial assistance available to them during times of emergency.^{xvii} Many of our members are carers, and are then prohibited from accessing crucial disability benefits.^{xviii}
- 1.13 RCN members with childcare responsibilities have also highlighted childcare as a significant financial burden. Nearly two-thirds (63%) of those who are unable to access childcare support have childcare responsibilities. Current legislation in England permits parents with NRPF to very limited levels of government-funded childcare. Parents therefore often rely on paid private options, informal or family networks, or charitable support, to meet their childcare needs. In addition to childcare costs, members have also highlighted the increased cost of living with children. Research by the RCN found that 67% of members with childcare responsibilities could not access child benefit or tax credits.^{xix} Respondents who are single parents, or had children with special needs, particularly felt the strain of the NRPF condition.
- 1.14 The UK Government is set to imminently publish its Child Poverty Strategy; the flagship policy aimed at addressing the systemic drivers of poverty from employment to housing.^{xx} Existing evidence suggests that a 10-year-route to settlement, which around 170,000 people already experience, considerably increases pressure on families without access to NRPF.^{xxi} The Work and Pensions Committee has recognised NRPF as a significant contributor to child poverty, specifically increasing the risk of living in insecure and crowded housing.^{xxii} In these cases,

evidence from the Institute for Public Policy Research (IPPR) found that removing restrictions on migrants' access to benefits would contribute to reducing child poverty.^{xxiii}

Increasing visa costs

1.15 Recurring and increasing visa costs can create a vicious cycle for those on lower incomes or with larger families with new costs always having to be met or saved for. The Migration Advisory Committee (MAC) have found that the recurring costs of the visa renewal process make migrants more vulnerable to exploitation and have recommended reducing the level of fees charged to help redress the imbalance between migrants and employers in the labour market.^{xxiv}

1.16 There have been significant increases to visa fees in recent years. In October 2023 application fees for the Health and Care Worker visa were raised by 15%. At the time, the RCN wrote to the then Home Secretary and Secretary of State for Health and Social Care to warn them that fee increases would make the UK a less attractive place to live and work.^{xxv} Financial barriers to ILR are already significant. In 2003, applications for ILR cost just £155 (HM Government 2003).^{xxvi} Today ILR application fees cost £3,029 per person, despite an estimated processing cost of £523.^{xxvii} By extending the qualifying period for settlement, the UK Government would be subjecting international health and care workers to further expensive visa renewal payments and exposing them to the risks of ever-higher ILR application fees.

Concerns for worker exploitation

1.17 Proposals to extend ILR, particularly in the care sector, are a concern for labour rights. While on the Skilled Worker visa route, all staff are required to be sponsored by a licenced employer, this requirement is removed once someone gains ILR. The Gangmasters Labour Abuse Authority (GLAA) reports that allegations of modern slavery from the adult social care sector have risen 400% since 2022.^{viii}

1.18 The UK Government have stated that their case for changing the qualifying period for settlement was the significant increase in net migration largely driven by increases in care workers coming to the UK.^{xxviii} This fails to recognise the enormous contribution that these staff make. Skills for care estimate that 255,000 people started direct care providing roles having arrived in the UK that year from 2021/22-2024/25.^{xxix} UK Government communications to date have recognised that registered nurses in the NHS will be on a five-year route to settlement based on their contribution. Meanwhile, there has been no such commitment for registered nurses in social care, other care staff who fall below the skills threshold of RQF level 6 will possibly have to wait up to 15 years for settlement.

- 1.19 The RCN is deeply concerned by an increasing number of reports from members in the social care sector of exploitative employment practices. number of reports from members in the independent adult social care sector who have continued working in exploitative conditions out of a fear that their immigration status would be jeopardised if they left their jobs.^{xxx} In some cases, employers have intentionally weaponised removal of sponsorship to silence and control migrant workers.^{xxxii} These include reports of repayment fees as high as £25,000; underpayment; bully and harassment; illegal work finding fees; and pressure to sign exploitative contracts under threat of sponsorship withdrawal.
- 1.20 The RCN has called for an investigation into exploitation in the care sector and a reappraisal of the visa sponsorship system with a view to design a system which protect migrant workers from exploitation.^{xxxxi} However, achieving ILR remains the most immediate policy lever to redress power imbalances between employers and those on work visas. Extending the qualifying period for staff who are vulnerable to exploitation, particularly in social care, will only increase their vulnerability to labour abuse. Responding to our survey, 98% of internationally educated nursing staff without ILR were concerned about the impact the change will have on their immigration status and ability to remain in the UK, and two thirds reported being extremely concerned.

Personal impact

- 1.21 RCN research has revealed that certainty was the single biggest factor for our members in making an ILR application. In a survey of those who have successfully applied for ILR, 70% said the biggest benefit of ILR is having no time limits on living and working in the UK, and a further 70% valued the stability and peace of mind it gives regarding their immigration status.^{xxxxiv} The proposed changes stand to have a significantly negative impact on the personal and mental wellbeing of our members. Of the respondents to our most recent survey who do not have ILR, 97% are concerned about the impact the change will have on their mental health and wellbeing. The UK Government must take into consideration the potential effect of the changes on the mental wellbeing of international health and care staff who have uprooted their lives to provide care in the UK's health and care services.
- 1.22 The proposed extension will also impact the family lives of international staff, as government has suggested that dependent's qualifying period may be longer (but not shorter) than the qualifying time for main applicants. 63% of respondents to our survey have dependents without ILR, and 52% reported being extremely concerned about the change to their family life. Some respondents expressed concerns that without ILR, their teenage children would be unable to apply for university as they would be required to pay fees as an international student, even if they had been resident in the UK for more than 5 years.

2. How the new earned settlement rules could work

2.1 The role of nursing staff must be recognised. Registered nurses, nursing support workers and the wider health and care workforce should continue to have a five-year route to settlement. International mobility provides opportunities for the exchange of knowledge and skills that can only come from bringing together professionals with experience of working in different health systems. The value and contribution of nursing staff must be recognised.

2.2 In the UK, nursing staff are the largest part of the health workforce, with over 800,000 registered professionals on the UK NMC register, and many more nursing support workers providing health care provision in every setting and across all stages of the life course. Nurses play a critical role in community services including general practice nurses, district nurses, community nurses, health visitors, school nurses, mental health, learning disabilities, social care and supporting the management of a range of long-term conditions.

2.3 The public health nursing workforce also plays a vital role in the prevention of ill health. In particular, specialist public health nurses, including health visitors and school nurses, have a critical role in prevention and early intervention with a focus on babies, children and young people. Preventative interventions made by nursing staff are critical to reducing hospital admissions and thereby helping to relieve the demand and pressures on wider health and care services.

2.4 Alongside improving access to health care, nursing staff can drive progress on addressing poverty, exclusion and inequality, educating populations, improving nutrition, and supporting clean energy and sustainability.^{xxxv} Nursing staff play a crucial role in identifying and assessing needs and ensuring that the appropriate services are commissioned and delivered equitably, prioritising and meeting the needs of vulnerable people and groups.

ⁱ [Registration data reports - The Nursing and Midwifery Council](#)

ⁱⁱ [Without a safety net | Publications | Royal College of Nursing](#)

ⁱⁱⁱ Table with details of fees and unit costs-1 July 2025 [Visa fees transparency data - GOV.UK](#) (Accessed 07.10.2025)

^{iv} [Changes to settlement: what do they mean? - Migration Observatory](#)

^v [Changes to settlement: what do they mean? - Migration Observatory - The Migration Observatory](#)
[vi committees.parliament.uk/oralevidence/16648/html/](http://committees.parliament.uk/oralevidence/16648/html/)

^{vii} The estimate of 46,000 nursing staff at risk of quitting is based on a calculation of 60% of the total of 76,876 entry clearance visas granted to nursing professionals since Q1 2021. While some nursing professionals will have already left within the intervening period, nursing professionals arriving before Q1 2021 may still be impacted if they have not applied for ILR ([Immigration system statistics data tables - GOV.UK](#)).

^{viii} [Restoring control over the immigration system: technical annex \(accessible\) - GOV.UK](#)

^{ix} [Nursing locally, thinking globally: UK-registered nurses and their intentions to leave | The Health Foundation](#)

^x [Changes to settlement: what do they mean?-Migration Observatory-The Migration Observatory](#)

^{xi} [Green List roles — jobs we need people for in New Zealand :: Immigration New Zealand](#)

^{xii} [Canada announces new immigration stream specific to health workers-Canada.ca](#)

^{xiii} [Immigration White Paper: Joint Briefing on proposals on settlement and citizenship — Praxis](#)

^{xiv} [House of Lords-All families matter: An inquiry into family migration-Justice and Home Affairs Committee](#)

^{xv} [Without a safety net | Publications | Royal College of Nursing](#)

^{xvi} [Without a safety net | Publications | Royal College of Nursing](#)

^{xvii} [Unreciprocated Care: why internationally educated nursing staff are leaving the UK | Publications | Royal College of Nursing](#)

^{xviii} [Without a safety net | Publications | Royal College of Nursing](#)

^{xix} [Unreciprocated Care: why internationally educated nursing staff are leaving the UK | Publications | Royal College of Nursing](#)

^{xx} [Tackling Child Poverty: Developing Our Strategy \(HTML\) -GOV.UK](#)

^{xxi} [A punishing process': Experiences of people on the 10-year route to settlement | IPPR](#)

^{xxii} [Children in poverty: No recourse to public funds](#)

^{xxiii} [Every child is equal: Bridging the childcare gap for families with no recourse to public funds \(NRPF\) | IPPR](#)

^{xxiv} [Migration Advisory Committee \(MAC\) annual report, 2022 \(accessible\) -GOV.UK](#)

^{xxv} [Letter to the Home Secretary and Secretary of State for Health and Social Care on visa fee increases | Royal College of Nursing](#)

^{xxvi} [The Immigration \(Leave to Remain\) \(Fees\) Regulations 2003](#)

^{xxvii} [Table with details of fees and unit costs-1 July 2025 Visa fees transparency data -GOV.UK \(Accessed 07.10.2025\)](#)

^{xxviii} [Restoring control over the immigration system: white paper -GOV.UK](#)

^{xxix} [The 'State of' report](#)

^{xxx} [Migrant care workers: Hundreds more facing exploitation, RCN warns | News | Royal College of Nursing](#)

^{xxxi} [18/10/24 Exploitation is on the rise in the care sector -GLAA](#)

^{xxxii} [The forgotten third: Migrant workers' views on improving conditions in England's adult social care sector | Work Rights Centre](#)

^{xxxiii} [RCN Submission to Public Accounts Committee | Royal College of Nursing](#)

^{xxxiv} [Unreciprocated Care: why internationally educated nursing staff are leaving the UK | Publications | Royal College of Nursing](#)

^{xxxv} [Leaving No-One Behind| Royal College of Nursing](#)