Royal College of Nursing

From Recruitment to Reality: Exploitation of internationally educated nursing staff in social care

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Executive summary

This report examines evidence of exploitative employer practices affecting internationally educated nursing staff in adult social care services across the UK. Drawing on three years of Royal College of Nursing (RCN) member casework, it highlights the pressures these workers face and how immigration policies and a lack of enforcement and oversight within the sector increase their vulnerability to exploitation.

The Health and Care Worker visa, introduced in 2020, ties workers' immigration status to an employer-issued Certificate of Sponsorship (CoS), reinforcing power imbalances and heightening the risk of exploitation. Eligibility was extended to care workers in February 2022 in response to longstanding workforce shortages in the social care sector, driving a sharp rise in applications.

Since then, evidence of exploitation by some employers has grown. The Independent Chief Inspector of Borders and Immigration (ICIBI) raised concerns about safeguarding risks and inadequate mitigation following the expansion of the visa and found the sponsor licensing system ill-suited to the risks of the social care sector, with insufficient compliance capacity (Independent Chief Inspector of Borders and Immigration, 2024). The House of Commons Public Accounts Committee (2025) also criticised the UK government's poor cross-departmental response to exploitation in the sector and the rapid expansion of the visa route without proper risk assessment.

Over this period, the RCN has seen a surge in members seeking support from our Member Support Services (MSS) due to exploitative practices, including excessive working hours, high exit fees, poor and overcrowded accommodation, and illegal work-finding charges. The RCN (2024a) has called on the UK government to take decisive action to address these abuses and deliver on its commitment to investigate exploitation in the independent care sector.

To further explore this issue, the RCN reviewed cases reported to our MSS by members working in adult social care between 2023 and 2025, identifying 1,280 issues across 383 cases in the UK. Through this, we found that:

- **repayment clauses** are commonly used as a means of financial exploitation and were the most frequently reported issue by our members (210 members). Over half (53%) of cases involving repayment clauses included demands exceeding the NHS Employers' recommended maximum of £3,000
- **poor workplace practices** are widespread, reported by 203 members. Of these, 33% involved severe bullying and harassment, including verbal abuse, intimidation, and discriminatory treatment
- **issues with contractual obligations**, or contracts received by workers were reported by 92 members. In 38% of these cases (35 members), contracts were altered after employment began, often reducing pay or worsening conditions.

This data reflects cases reported to the RCN. We know that migrant workers are less likely to be trade union members and may be reluctant and fearful of speaking out and therefore there could be many more victims of exploitation. Despite this, the RCN's findings demonstrate the scale and severity of exploitation and the urgent need for action.

The inhumane treatment of staff who have come to support the UK's social care system poses a serious risk to the sector's stability. Internationally educated nursing staff and migrant care workers are vital to delivering care; without them, many essential services would not function.

Stronger protections, effective enforcement, and systemic reform are urgently needed to safeguard migrant care workers and raise standards in the sector. The RCN is calling for:

- the Code of Practice for the International Recruitment of Health and Social Care Personnel to be placed on statutory footing to ensure compliance
- clearer and more accessible reporting mechanisms for workers to safely raise concerns about employers
- standardised repayment clauses including exemptions for workers who experience serious mistreatment, to prevent financial exploitation
- an extended visa curtailment period from 60 to 180 days to reduce hardship and improve job mobility
- a comprehensive review of the visa sponsorship system with the purpose of exploring alternative models that reduce employer dependency and provide greater protection for migrant workers
- for the UK government to deliver on their promise and use the Fair Work Agency to perform a full investigation of the sector.

Without intervention, continued exploitation risks the safety of workers, the wider workforce, the stability of services, and the wellbeing of those who rely on adult social care.

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Background

Since 2021, thousands of people have made the difficult decision to leave their homes and families to come and work in adult social care across the UK. They have had, and continue to have, a vital role in keeping care services running; helping to fill long-standing staff shortages caused by low pay, limited opportunities to progress, and challenging working conditions. However, as noted by the Chief Inspector of Borders and Immigration (ICIBI), the Home Office was not prepared for such a rapid increase in migrant workers in the adult social care system. The lack of robust oversight, with enforcement fragmented across different bodies, and insufficient capacity to support the growing workforce made these workers particularly vulnerable (Independent Chief Inspector of Borders and Immigration, 2024).

The Home Office requires that all migrant workers obtain a Certificate of Sponsorship (CoS) from their employer as part of the visa application process. This requirement has led many migrant workers in the social care sector to feel unable to speak out against poor employment practices, out of fear that this would jeopardise their ability to remain in the UK. The precarious nature of immigration status meant many workers felt forced to sign new contracts with worse conditions. Due to the lack of regulation of repayment clauses, workers have in some cases felt forced to remain with exploitative employers or taken on mounting debts just to leave their workplace.

The contribution of internationally educated staff

The health and care sectors in the UK have relied heavily on international recruitment to address workforce gaps and shortages in recent years. Currently, there are more than 200,000 internationally educated nursing staff working across the UK, making up a quarter of the UK's total nursing workforce (Nursing and Midwifery Council, 2025a). However, more recently, the number of new international joiners has slowed significantly. In 2025, there were only 1,777 work visas granted to nursing professionals, compared to over 26,000 in 2022 (Home Office, 2026).

Internationally educated nursing staff make a vital contribution and enrich the UK's health and social care services. They help deliver more inclusive and culturally responsive care by bringing diverse global perspectives alongside a commitment to high quality care. However, not only do these nurses face a hostile environment when they arrive, the UK has also heavily recruited from countries on the WHO Support and Safeguard list, a group of countries that are experiencing severe workforce shortages (World Health Organization, 2024). It is therefore important that the UK continues to reduce its reliance on international recruitment of health and care staff and establishes a robust domestic pipeline of registered nurses. Alongside this, the UK must continue to be an attractive place for international nursing professionals who chose to make the UK their home by addressing the issues set out in this report.

The extent of exploitation in the social care sector

Several oversight and enforcement bodies have sounded the alarm about the exploitation of health and care workers. After the expansion of the Health and Care Worker visa route to include care workers in February 2022, the ICIBI raised significant safeguarding risks, describing mitigation measures to prevent exploitation as 'totally inadequate'. The ICIBI concluded that the Skilled Worker route was originally designed for sectors demonstrating high levels of regulatory compliance and questioned its extension to adult social care, which has previously been identified as a high-risk sector for labour exploitation (Independent Chief Inspector of Borders and Immigration, 2024).

The House of Commons Public Accounts Committee (PAC) found in 2025 that the Home Office significantly underestimated the scale of demand for health workers in the care sector. Home Office projections suggested between 6,000 and 40,000 applications per year through the Health and Care Worker visa route. However, in the twelve months to October 2023 alone, 132,452 applications were processed. Subsequent scrutiny by the PAC found that the UK government's cross-departmental response to exploitation in the sector was poor and criticised the speed with which the visa route was expanded without assessment of associated risks (House of Commons Public Accounts Committee, 2025).

Unseen UK, which runs a helpline for victims of modern slavery and exploitation, has reported a 30% increase in potential victims of modern slavery identified in the care sector, from 708 in 2022 to 918 in 2023. The 2023 figure is 766% higher than in 2021, when 106 potential victims of modern slavery were reported (Unseen, 2024). Despite a recent decline in calls from potential victims, social care has continued to see the highest number of cases for three consecutive years (Unseen, 2026). The RCN (2024b) has also raised serious concerns about the rising number of our members experiencing exploitation and has demanded urgent action from the UK government to tackle this issue, including an investigation.

The work sponsorship system

Work-based immigration to the UK operates through the sponsorship model, meaning migrants must be sponsored by a licensed employer and have valid work in the UK to qualify for temporary status, acquired through a work visa. This changes when an individual successfully applies for indefinite leave to remain (ILR) and can then move between employers without the requirement of sponsorship.

These tied visas can exacerbate the already unequal relationship between many migrant workers and their employers by creating dependency. This requirement presents some licensed employers with opportunities to exploit and abuse migrant workers who fear losing their right to live and work in the UK. As migrant workers are dependent on their CoS to maintain their valid leave to remain, they can be more easily pushed into unfair and exploitative working conditions.

The current requirement for Skilled Worker visa holders to obtain a CoS from a licensed employer is in place to prevent employers from exploiting their workers. Employers seeking to sponsor workers from abroad must apply successfully for a sponsorship license from the Home Office, where they are vetted to ensure they meet certain criteria. The Home Office then requires sponsors to maintain compliance with their rules or face enforcement actions that can lead to them losing their sponsor licence.

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However, as noted by the ICIBI, the Home Office's sponsor licensing system is inappropriate for a high-risk sector such as social care. Further, the ICIBI notes that as more employers were granted sponsorship licences, the Home Office did not proportionately increase the amount of compliance officers. In 2024, there was only one compliance officer for every 1,600 employers licensed to sponsor workers. It is no surprise that only 470 care providers over the period July 2022 to December 2024 had their licences revoked, out of 9,000 sponsors in the sector (Independent Chief Inspector of Borders and Immigration, 2024).

Existing policy frameworks

There are several existing policy frameworks in the UK that inform the recruitment of internationally educated nursing staff. The overarching framework is the Code of practice for the international recruitment of health and social care personnel in England which is published by the Department of Health & Social Care (2025a). Each of the UK's four devolved countries follow the best-practice benchmarks set by the code of practice. To reflect different organisational structures, Scotland and Northern Ireland have separate codes of practice, though the guiding principles are the same. The codes of practice emphasise that recruiters and employers must have fair contractual practices, and that all repayment clauses must be transparent, proportionate, time-limited, and flexible. In England, NHS Employers (2026) has specific guidance for NHS trusts in which repayment clauses should be capped at £3,000 and taper significantly with each year of service.

The code of practice is guidance but not legally binding, leading to some employers disregarding its principles. RCN members have reported being made to sign new contracts mid-employment which contained more unfavourable terms, and employers having repeatedly broken their contractual obligations. Further, the way repayment clauses are implemented fail at each measure set by the code. For example, in many cases these repayment fees are not transparent; do not reflect actual costs incurred by an employer; extend beyond the NHS Employers' recommended period of three years; and employers regularly refuse payment plans and threaten legal action when large fees cannot be paid immediately.

Regulation of the sector is split between organisations that perform different duties. The Care Quality Commission is the independent regulator of adult social care services in England, with their remit focused on the quality and safety of care being provided. The devolved nations of the UK have different agencies that perform similar roles: the Care Inspectorate in Scotland; the Regulation and Quality Improvement Authority in Northern Ireland; and the Care Inspectorate Wales. In England specifically, local authorities also have a role in regulating care through their role of contracting and commissioning care providers.

Up until 2026, the Employment Agency Standards Inspectorate regulated employment agencies and recruiters, with their remit extending to investigating work finding fees. Separately, the Gangmasters and Labour Abuse Authority functioned to protect vulnerable workers from exploitation - but was significantly underfunded compared with International Labour Organization standards (Labour Exploitation Advisory Group, 2024).

However, as of April 2026, both bodies have been incorporated into the new Fair Work Agency (FWA), a UK-wide single enforcement body created by the Employment Rights Act 2026. The FWA operates as an executive agency of the Department for Business & Trade and consolidates other functions such as the Office of the Director of Labour Market Enforcement, with National Minimum Wage enforcement due to transfer from HM Revenue & Customs by 2027 (Fair Work Agency, 2026). Its initial remit centres on employment agency standards and serious labour exploitation, with holiday pay and statutory sick pay enforcement to follow later in 2027 (Creagh, 2026).

The RCN has long pressed for the FWA to prioritise exploitation in social care specifically, though it is currently unclear how much the agency will prioritise issues of sponsorship abuse and exploitation of health and care workers (Department for Business & Trade, 2026a). Following the Labour Party's 2024 commitment to an FWA-led investigation into sponsorship abuse in care, the RCN (2025) warned that delays to the agency's establishment would prolong harm to migrant nursing staff and called for it to be backed with sufficient powers and funding to pursue employers.

What RCN members told us

The RCN analysed and coded data from contacts by RCN members to our Member Support Services (MSS) between January 2023 to December 2025 to identify cases of internationally educated staff reporting exploitation. Further information on the methodology is included in the Appendix.

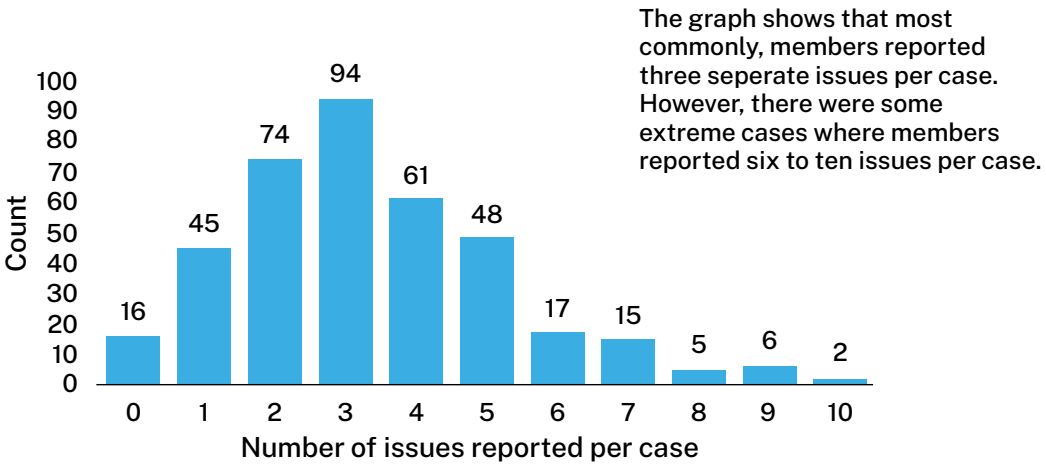
The RCN analysed 383 separate cases, each reported by separate members, across adult social care. Each individual member case can contain multiple incidents featuring different issues. In total, there were 1,280 separate incidents recorded across the 383 cases in the data set. The total number of cases containing each issue that were identified from the RCN's coding analysis were:

- substandard working practices: 203
- repayment clauses: 197
- effect on physical and mental wellbeing: 115
- recruitment and contracts: 113
- threats to immigration status: 90
- pay: 79
- dismissals: 49.

Table 1: Number of cases by year and country:

Year	England	Scotland	Wales	Northern Ireland	Total Cases
2023	103	15	4	21	143
2024	103	9	7	9	128
2025	95	8	6	3	112
Total	**301**	**32**	**17**	**33**	**383**

Figure 1: The number of unique issues identified per member:



NOTE: one member case can contain reports of multiple issues, not limited to one category.

Recruitment and contracts

In adult social care, RCN evidence shows that exploitative recruitment practices are common. Many workers arrive in the UK through unscrupulous recruitment agencies, without clear information about their employer or employment conditions. Given the dependency migrant workers have on employer sponsorship, workers frequently feel they have no choice but to agree on any terms offered. This misconduct at the point of recruitment creates dependency and vulnerability that continues throughout a migrant worker's employment. This risk is heightened by the significant costs many workers have already paid to travel to the UK and secure a job.

The RCN's data shows that 113 cases (30% of total cases) contained reports of employer or recruiter misconduct during the recruitment process. Of those members who reported issues with the recruitment process, 13 members (14%) described experiences involving recruiters giving misleading information, forging documentation and asking for unauthorised fees. A total of five members (5%) described being unable to secure a contract following arrival in the UK after being led to believe a job was available, leaving them without clarity regarding pay, hours or conditions of employment.

Member case:

A member reported being required to read and sign a new contract offer almost immediately upon arrival and told that if they did not accept the new terms, their job offer and sponsorship would be withdrawn. The member also reported being told they would be sent back to their home country if they refused to sign.

Thirty-five members (38%) reported that employers altered their contracts after joining, often reducing pay or worsening conditions. Members described being presented with revised contracts that differed significantly from the original offer, with limited or no opportunity to challenge the changes. A further 29 members (32%) reported their employer breaking terms agreed in their contract.

Member case:

A member applied to work in the UK and obtained the necessary visa. Upon arrival, the individual said they did not receive a written contract despite requesting one and were informed that they would be working a set number of hours each week.

After establishing themselves locally, they reported that they were asked to relocate to another site some distance away from their home. When they raised concerns about this change, their employer removed them as an employee and threatened potential action affecting their immigration status. They described having previously paid nearly £1,500 for the visa and a non-refundable commitment fee.

Evidence from trade unions and worker advocacy organisations indicates that these issues are not isolated. UNISON (2025) has raised concerns about inadequate or non-existent contracts for migrants working in adult social care, as well as frequent differences between promised and actual working hours. A lack of clear contractual protections, combined with the threat of immigration status loss, can leave workers reluctant to challenge unfair practices or look for other jobs. Financial losses incurred during recruitment including fees paid to recruiters or costs associated with relocation further increase workers' dependency on their employer. Where contractual terms are changed or breached, workers may experience sudden reductions in income, unpredictable working hours, and significant stress relating to job security and immigration status.

The Code of Practice for the International Recruitment of Health and Social Care Personnel in England sets out clear expectations that recruiters and employers must observe fair and just contractual practices (Department of Health & Social Care, 2025). It states that changes to an employment contract's terms and conditions must not be made without prior signed consent. Where this happens, it is in direct breach of the code. However, as the code is non-statutory guidance rather than legislation, its impact is limited. As a result, unscrupulous employers who flaunt the advice and rules set by the code often face no repercussions. The RCN therefore recommends that the code of practice be placed on a statutory footing and enforced by the Fair Work Agency.

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Work finding fees

When an individual decides to come to the UK for work, it is not unusual for them to pay a recruitment agency in their home country a fee. This is usually to organise visas, travel, and other associated costs, as well as finding a job in the UK. However, as the cases reported to the RCN showed, these fees can be vastly inflated. If workers are already in debt on arrival, they are more vulnerable to exploitation immediately after arrival.

UK-based employment agencies and businesses are not allowed to charge fees to workers for finding or trying to find them jobs. This is legislated by the Employment Agencies Act 1973 and regulated by the Employment Agency Standards Inspectorate (EAS), which has recently been incorporated into the new Fair Work Agency. Recruiters can also apply to be registered with NHS Employers on its Ethical Recruiters List to indicate that they that operate in accordance with the revised code of practice. The RCN (2024b) has been critical of employers and agencies charging workers fees for employment, highlighting specific cases where our members have unlawfully had to pay upwards of £10,000.

Member case:

A member said they had accepted a job in the UK and paid a substantial sum of over £10,000 to a third party to cover recruitment, travel, and immigration-related arrangements. Upon arrival, they were presented with an employment contract containing financial repayment provisions that they had not been made aware of previously. The member reported feeling under pressure to sign the agreement because their sponsorship was linked to their employer. Once in post, they described poor working conditions, excessive working hours, verbal harassment and difficulties accessing annual leave. The individual decided to leave the organisation but were informed that they were required to pay a significant sum of around £5,000 in fees upon departure.

In total, 23 members (6% of all cases reviewed) told us that they paid some form of work finding fees to secure their job. When looking at the case details, it is often unclear if members have paid the fees to a recruiter in their home country or to a recruiter or employer in the UK.

The RCN's findings show that workers are being pushed to pay high fees to secure work, both in their home countries and the UK, leaving many financially vulnerable. The National Audit Office has noted that although this is not within the Home Office's remit, there has been a lack of engagement with the Foreign, Commonwealth & Development Office or overseas partners to attempt to tackle this abuse (National Audit Office, 2025). The code of practice is clear: any organisation charging individuals for work-finding services should be reported to EAS.

Member case:

A member reported being required by their employer to repay a substantial sum of nearly £15,000 for sponsorship and that they had been making regular repayments over an extended period. They said that, although only a small balance remained outstanding, they were struggling to meet this cost alongside other immigration-related expenses. When the member raised this with management, they were told that the remaining amount must be paid immediately or their employment could be terminated. The individual was unaware of any written agreement setting out these charges but felt compelled to continue making payments due to concerns about the potential impact on their immigration status and ability to remain in employment.

However, enforcement is not keeping pace, and unscrupulous employers and recruiters are not being held to account. As the EAS has moved into the Fair Work Agency (FWA), there should be a clear public information campaign, with multilingual materials, explaining the rules and legal protections. Workers should understand when fees are unlawful, and they must feel confident that reporting concerns to the FWA will not affect their immigration or employment status.

Substandard working practices

Out of the 383 social care cases covered in this dataset, 53% (203) contained reports of substandard working practices. Of the cases containing examples of substandard working practices, around half (51%) involved issues relating to harassment, abuse and workplace violence. Most frequently, these involved employers being verbally abusive to members, including discrimination and intimidating behaviour. Concerningly, 21 members (10%) affected by substandard working practices reported experiences of discrimination because of their race, either feeling that they were treated differently and unfairly compared to their colleagues because of their race or being subject to racist comments.

Member case:

A member handed in their notice after experiencing harassment in the workplace and being subjected to racist remarks. They reported that they had raised concerns through internal channels on multiple occasions without resolution. They described feeling intimidated and scared because of these experiences. The individual also raised concerns about employees being required to work for an extended period before receiving payment and wages being frequently paid late.

In total, nearly one in five (18%) members reported issues relating to their role responsibilities. Specifically, members raised concerns that they were working significantly below their professional level, such as members being hired to nursing roles only to be made to perform duties below the level required for their role. Some members also reported that they were taking on too much responsibility, such as being forced to make important decisions about patient medication after the departure of a senior colleague. Another member reported that as a nurse, they were responsible for the care of 35 residents. Alarmingly, but unsurprisingly in this context, 16 members (8%) raised safeguarding concerns for the safety of residents.

Member case:

A member reported experiencing multiple instances of harassment and inappropriate behaviour. They described regularly working long hours, often significantly exceeding their contracted hours, without receiving additional pay. They also reported that employees were expected to continue working when unwell and that pay was also reduced. The individual described feeling particularly vulnerable due to receiving unwanted and inappropriate communications from a manager. When these communications were not responded to, they said that the tone became intimidating and threatening.

Of those reporting substandard working practices, 67 (33%) raised concerns about their general working arrangements. This includes members who were required to work excessive hours, which affected their physical wellbeing, and often led to exhaustion. Other members raised concerns that they were not receiving enough hours, with some going for weeks at a time without receiving work. For those on sponsored visas this can jeopardise their immigration status as they are required to meet an annual minimum salary threshold. Members also reported that they often had difficulty reporting issues or making formal complaints. Of this group nearly one in five (17%) raised concerns that their complaints were not taken seriously, or that little or no action was taken.

Working conditions in adult social care have historically been poor due to low unionisation rates, and a lack of collective bargaining (Department of Health & Social Care, 2026). This is strongly linked to low pay, which results in high staff turnover, as well as persistent understaffing and workforce shortages. In response to a recent RCN survey of members working in adult social care (not limited to international workers), 34% of respondents said they were considering leaving or actively planning to leave and of those, just under half (48%) cited low staffing levels, and the same number cited insufficient support from management (Royal College of Nursing, 2026a). Sector experts state that severe understaffing can lead to intense, high-stress environments which increase strain on the workforce (Joseph Rowntree Foundation, 2026). The evidence from members highlights just how poorly international staff are treated, especially those whose sponsorship is tied to their employer.

RCN evidence shows that poor working conditions are endemic across the sector. The Adult Social Care Negotiating Body (ASCNB) has an important opportunity to make significant improvements specifically for adult social care in England. The RCN has been clear that the ASCNB can and should negotiate for a fair pay and banding structure that is linked to the demands of the job, which includes knowledge and skills, physical and emotional demands, and management and leadership responsibilities. We have also said that when bargaining for improved conditions, the ASCNB should seek to improve standards in holiday pay, sick leave and annual leave (Royal College of Nursing, 2026b).

However, the migrant workforce in adult social care also faces additional levels of insecurity as immigration status is dependent on continued employment and sponsorship. The RCN has been clear that labour enforcement through the FWA must be wholly independent from immigration enforcement. Immigration status must not be used as leverage to silence complaints or discourage reporting, and no enforcement activity should involve the sharing of immigration data without active, informed consent (Royal College of Nursing, 2024b). The RCN supports the development of safe, anonymous reporting channels and multilingual public information campaigns to raise awareness of rights at work and the support available. Trade unions should be recognised as critical partners in identifying abuse, supporting workers, and engaging with vulnerable groups.

Pay

As of 2025, registered nurses working in adult social care in England were paid a mean full-time equivalent (FTE) annual pay rate of £41,300 across the independent sector (Skills for Care, 2025). This is slightly higher than the 2026/27 NHS band 5 rates (£32,073 to £39,043), where newly registered nurses start in the NHS, and within the band 6 rates (£39,959 to £48,117) (Skills for Care, 2025). Despite this, underpayment of wages remains a well-documented issue across the UK.

Of the 383 cases analysed in this data set, 79 members (21%) raised issues relating to their pay, specifically that they were underpaid for their work. Most commonly, RCN members reported that they were being paid less than their agreed contractual hourly wage or that they were being paid for a fewer number of hours than worked. Specifically, of those who reported issues relating to pay, 10 members (13%) said that they were not paid for time spent doing training or travelling between patients. Among those reporting underpayments, it was common that that they were not paid at all or paid the necessary increase for any overtime hours they performed.

Member case:

A member said that they were not paid for travel time between appointments during the working day, despite their understanding that this was included within their contractual arrangements.

As their role involved multiple visits at different locations each day, they stated that this had a significant impact on their earnings. When they raised the issue with their employer, they were informed that they were paid above minimum wage, and that their rate of pay was considered sufficient to cover travel time. They also reported personally funding a work-related qualification that they believed had previously been agreed as the employer's responsibility. After questioning these matters, they said they were notified that their contracted hours and rate of pay were being reduced, without any explanation being provided.

A joint report by the Nuffield Trust and The Health Foundation described how a "lacklustre" national policy approach to social care pay and funding has trapped staff in a cycle of lower wages (The Health Foundation and Nuffield Trust, 2024). Recent research from the Department for Business & Trade and HM Revenue & Customs found that many care providers had been found to not be paying their employees the minimum wage (Department for Business & Trade, 2024b). Unpaid travel time, training and time spent caring for service users means that workers' average pay drops below their contracted rate or the minimum wage (The Health Foundation and Nuffield Trust, 2024). Previous RCN (2026) research shows that out of our total membership working in social care, 38% reported unattractive pay, insufficient pay or lack of pay rises in line with the cost of living.

The UK government has committed £500 million to be invested into Fair Pay Agreements in England from 2028 (Department of Health & Social Care, 2025b). It is vital that this is invested to provide fair pay, terms and conditions for all health and care workers across social care. Investment levels must also fund safe staffing and effective care. Finally, nursing staff working in social care must gain pay parity with equivalent roles in the NHS to support recruitment and retention.

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The FWA will only assume National Minimum Wage enforcement in April 2027. Until then, responsibility for enforcement will continue to be held by HM Revenue & Customs. The FWA must be sufficiently resourced to enforce its wider remit. This should include the power to issue Notices of Underpayment where officers find that employers have underpaid their workers and should be accompanied with subsequent financial penalties.

Threats to immigration status

Health and Care Worker visa holders are required to obtain a Certificate of Sponsorship (CoS) from a licensed employer to live and work in the UK. This can exacerbate the already unequal relationship between migrant workers by effectively tying immigration status to employment status. This requirement presents unscrupulous employers and recruiters with the opportunity to exploit migrant workers who fear losing their right to live and work in the UK after arriving at significant cost. As migrant workers are dependent on their CoS to maintain their valid leave to remain, they can be more easily pushed into unfair and exploitative working conditions. The RCN's findings show that immigration dependency is not simply a background risk or incidental to the sponsored work system. Rather, some employers are actively using this dependency as a tool to exploit migrant workers, suppress complaints from those who feel their immigration status is at risk.

Analysis of the 383 cases of reported exploitation to the RCN's Member Support Services involving internationally educated members found that immigration threats were referenced in 90 cases (23%). This figure is likely to underrepresent the true scale of the issue, as immigration-related coercion is often implicit and may not always be explicitly recorded in member cases.

Member case:

A member said that they were seeking representation against their employer regarding allegations of serious workplace bullying, harassment, discriminatory treatment and poor working conditions.

They reported being required to work additional shifts and feeling unable to take sickness absence or annual leave due to fears of adverse treatment from management.

They stated that they were threatened with dismissal and told that their family would need to return to their country for taking sick leave. They reported feeling afraid to raise concerns internally because of their perceived vulnerability. After discussing these issues with colleagues, they said that they were singled out and subsequently received formal warnings.

Of the cases involving immigration threats, nearly 50 RCN members (56%) reported their employer having directly threatened their immigration status. Usually, this was in the case of employers pushing members to work while unwell or accept additional unpaid hours, then threatening to report members to the Home Office if they refused. Employers do not have the authority to have migrant workers deported or to decide their immigration status but often use threats as a coercive means to intimidate workers. In over a quarter of cases (29%), members reported undertaking unpaid work, working excessive hours and carrying

out duties beyond their role, with their employer using their sponsorship to control and intimidate them. A further 13 members (14%) told us their employer refused to renew visas, imposed charges to facilitate visa renewal or deliberately created administrative obstacles.

Stronger enforcement mechanisms are required where employers use immigration threats as a form of coercion. The RCN has previously stated that the Fair Work Agency (FWA) must be adequately resourced to carry out proactive inspections, in line with the International Labour Organization benchmark of one labour market inspector per 10,000 workers. The UK currently falls far short of this standard, ranking 37th out of 43 high-income countries (Labour Exploitation Advisory Group, 2024). Labour market enforcement cannot rely solely on individual complaints. Without significant investment, there is a risk that the FWA will be unable to meet the scale of the challenges it faces.

Fundamentally, a new, more balanced system would remove the duty of employers to be directly responsible, and shift this to a different umbrella organisation or industry body, allowing workers to switch between employers more easily. The RCN recommends that a full review of the sponsorship model should take place, with the view to implementing an alternative model that reduces migrants' dependency on employers. Ensuring that migrant care workers can exercise labour mobility without fear of immigration consequences is essential to reducing exploitation within the independent social care sector.

Further, the UK government is set to increase the baseline qualifying period for Indefinite Leave to Remain (ILR) from five to ten years under the 'Earned Settlement' changes (Home Office, 2025a). At the time of publication, registered nurses working in the NHS have received assurance from UK government that they will still be on a five-year route to settlement (Home Office, 2025b). However, no such commitments have been made to those working in the independent sector, specifically in adult social care. If the baseline qualifying period increases to 10 years, RCN members working in the sector will go longer without access to public funds and will continue to require a CoS to have a valid visa, increasing their vulnerability to exploitation. It is crucial that nurses working in adult social care have parity with those in the NHS.

Dismissals

Multiple members told us they had been dismissed from their positions following disagreements with an employer or through no fault of their own. For migrant health and care staff this presents serious risks. When employment ends, the Home Office will issue a visa curtailment letter, requiring those on a skilled worker visa to find new employment within the 60-day grace period or risk having their status revoked. Research from the Work Rights Centre (2025) has found that this period is often too short for workers to find new employment. During this period, workers are also subject to a no recourse to public funds (NRPF) condition, meaning they cannot rely on any public benefits while finding new work. This leaves them without a vital safety net in a situation where they are without a main source of income, and possibly subject to repayment clauses.

Member case:

A member said that they were required to pay more than £3,000 to their employer at the start of their employment, followed by additional monthly payments. When they sought clarification about the purpose of these charges, no clear explanation was provided.

The individual also reported that their probationary period was extended on multiple occasions despite no concerns about their performance being raised and requests for an explanation were not answered. After raising concerns about the behaviour of a manager, they were informed that their employment was being terminated with immediate effect, allegedly for failing to follow workplace procedures and processes.

Of the 383 cases analysed, 49 members (13%) reported that they were dismissed from their role. Of the cases relating to dismissals, 33 members (67%) reported that they were unfairly dismissed from their position, while 17 members (35%) were suspended from their position, potentially compromising their status in the UK.

Dismissals create significant uncertainty for workers. Our members frequently described the sacrifices they had made to come to the UK to work, and how afraid they were of the losing their visa. According to the Home Office (UK Parliament 2025) data, 39,000 health and care workers in adult social care have lost their jobs through sponsor licence revocations since 2020.

When migrant health and care workers lose their role, the priority should be to support them into new work, not add pressure by limiting their time to find new work to within 60 days. The RCN (2024b) has previously called for an extension of the 60-day notice period which a worker has to find a new sponsor. The UK government should consider models used elsewhere, such as the Australian 'Skills in Demand' visa, and set the curtailment period to 180 days. During this time, people have the right to work in all occupations, not just in the sector where they received their initial CoS (Work Rights Centre, 2025). This longer grace period would give people a fairer chance to find new employment, support themselves and their families, and prevent more people losing their status as a result.

Repayment clauses

Repayment clauses are a common feature in contracts across adult social care and require workers to repay recruitment-related costs back to the employer if they leave employment within a specified period. Typically, this includes any travel costs such as flights, initial accommodation and visa application fees if completed by the employer.

In response to growing concerns around high repayment clauses, the UK government issued new guidance to employers in January 2025 prohibiting certain costs from being passed onto the worker. This includes the costs of sponsorship, such as CoS fees, as well as the Immigration Skills Charge (UK Parliament, 2024). Guidance on how to structure repayment clauses is also set out by the Code of practice for the international recruitment of health and social care personnel in England (Department of Health & Social Care, 2025). The code states that all repayment clauses must be transparent, proportionate, time limited, and flexible.

Of the 383 cases analysed, issues around repayment clauses featured in 197 cases (51%). Over half of member cases (57%) which involved repayment clauses reported repayment demands exceeding the NHS Employers' recommended maximum of £3,000. In one extreme case, a member reported repayment obligations of around £25,000. Excessive fees in breach of the NHS Employers' guidance (2026) were often accompanied by unclear or poorly evidenced cost breakdowns, with employers citing vague expenses such as general training. Among RCN members reporting repayment clauses, over a third (37%) involved employers including costs that sponsored workers should not be required to repay, such as the Immigration Skills Charge and CoS application fees (UK Visas and Immigration, 2026).

Member case:

A member told the RCN that they were experiencing difficulties in securing continued sponsorship from their employer despite having raised the issue repeatedly. They said the employer gave them a new contract, with their sponsorship conditional on accepting its terms. The contract included a substantial repayment clause if they left the organisation within a specified period, of around £25,000. This is despite the member paying for all their own costs, including travel and other work-related costs. The member told us they felt they had no real choice but to sign the agreement.

A further 34 members (17%) reported repayment clauses that included undisclosed or unagreed costs, including times where workers were not provided with a breakdown of expenses or were asked to repay costs not specified in employment contracts. Of the members reporting repayment clauses, over a quarter (28%) stated that repayment clause payments were deducted directly from their wages. Finally, nine members (5%) specifically told us that their repayment clause was in place for over three years, often reaching five to six years.

Member case:

A member told us that they handed in their notice, knowing that they would be faced with a nearly £5,000 repayment clause. The member discussed a possible repayment plan with the employer, which was refused. As the member did not have the entire sum at that given time, all the fees were taken out of their pay, leaving them with a period without pay. The member told the RCN that this would leave their family in extreme financial difficulties.

The RCN's analysis shows that employers often do not meet one, a combination, or any of the standards in UK government guidance. As shown by the above case studies, repayment fees can be ruinous for the wellbeing of those who have chosen to come to work in social care services. When implemented, workers and families face an impossibly difficult decision: continue to work for unscrupulous employers because of unaffordable repayment clauses or plunge into debt to escape exploitative situations. The RCN has repeatedly called for the use of repayment clauses to be reviewed in line with recommendations made by the Health and Social Care Committee (2022).

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In England, the upcoming creation of the ASCNB presents an opportunity to go further. NHS Employers (2026), which is the employers' organisation for the NHS in England, has recommended that repayment clauses for individuals recruited from overseas should not exceed £3,000, and must taper down over time with service. However, there is no equivalent framework in social care. In establishing its remit when setting terms and conditions, the ASCNB should replicate the model and standardise repayment clauses for all international recruits, in line with guidance set by NHS Employers.

Impact on mental and physical health

Experiences of exploitation can have significant consequences for the mental and physical wellbeing of migrant workers. RCN evidence shows that poor wellbeing is rarely the result of a single incident but is often the effect of cumulative financial insecurity, excessive workloads, and immigration status-related stress. These pressures can increase vulnerability and undermine workers' ability to remain in employment or sustain their lives in the UK. A previous RCN survey of members working in adult social care (2026) found that the workforce is burnt out and struggling. In total, 34% of respondents said they were thinking about leaving their job or actively planning to leave their job. Of these, 59% cited too much pressure, and 54% reported being exhausted.

The RCN's analysis of member cases reported to our support services found 115 members (30%) who raised concerns about the impact of their experiences on their physical or mental wellbeing. Concerns about mental health were the most frequently reported, with around two in five members (38%) describing toxic environments characterised by blame, intimidation, and threatening behaviour leading to stress and anxiety. Thirty-one members (27%) told us about the financial difficulties they were experiencing and the impact on their wellbeing. Members told us of anxiety linked to job insecurity, financial obligations and the pressure to provide for family members both in the UK and overseas.

Across the data set, 20 members (17%) described developing new health problems associated with their working conditions, including stress-related illness and exhaustion requiring periods of sick leave. A further 10 members (9%) reported that pre-existing health conditions were ignored by employers, with employers failing to make reasonable adjustments or continuing to impose demands incompatible with workers' health needs.

Member case:

A member described a workplace characterised by bullying and being subjected to verbal abuse, having their professional competence questioned, and being threatened with actions that could affect their future employment opportunities. The member described not being able to return to work because of the anxiety it was causing them. They also described feeling responsible for their family members' visas, which made it difficult for them to consider leaving their employer.

RCN evidence shows that harm to wellbeing rarely occurs in isolation. Instead, it reflects the cumulative effects of overlapping forms of exploitation, including financial abuse, insecure contracts, immigration dependency and workplace harassment. Individuals facing multiple pressures report experiencing sustained stress, exhaustion and worsening physical health. These impacts often extend beyond the individual, as poor health can reduce workers' ability to stay in their roles and lead to extended absences, contributing to high turnover in a sector where the workforce is already under a large amount of strain.

Addressing the wellbeing of migrant workers in social care is not a short-term fix and will require a coordinated set of policy changes rather than a single solution. This must be underpinned by sustainable, long-term investment and reform in a sustainable adult social care system that can meet the needs of an ageing population, and in turn reduce pressure on the NHS and wider public services. The RCN is calling for a long-term funding settlement for adult social care settings in all parts of the UK, based on a robust assessment of population needs.

Conclusion and recommendations

The data and testimonies in this report only cover a glimpse of the true extent of exploitation taking place across the sector. Most workers in adult social care are not members of trade unions, and could feel too intimidated to come forward, or may brush off their experiences as being part and parcel of working in the UK (Resolution Foundation, 2023). Without meaningful reform and stronger enforcement of regulatory standards, these issues will only continue to affect more migrant workers and the vulnerable people they support, undermining the integrity of the workforce and care services.

The findings presented in this report highlight the breadth and severity of these issues and underline the importance of robust action to address them and ensure that there is a sustainable social care workforce across the UK to meet the scale of need. This will need action to value, protect and support the internationally educated and migrant care workforce, who play such a vital role as well as ensuring there is a robust domestic pipeline, given international recruitment is reducing. Multiple bodies have a responsibility to act to safeguard these workers.

To do so, the RCN makes the following recommendations:

The UK government:

- **Undertake a review into the work visa sponsorship system to evaluate the benefits of alternative systems, including removing the role of employers as sponsors.** Consideration should be given to alternative systems that would provide greater flexibility and safeguards for migrant workers to reduce the power imbalance between employers and staff.
- **Make the code of practice for the international recruitment of health and social care personnel legally binding.** It is evident that unscrupulous employers and agencies continue to operate against the code of practice. This would help to ensure compliance of employers and recruitment agencies.
- **Extend the curtailment period of Health and Care Worker visas to 180 days, as is the case for the Skills in Demand visa in Australia.** Under the Australian system staff are permitted to work in any occupation during this time which helps to alleviate financial hardship. Currently, the Home Office has no process for those on the Skilled Worker route to request extensions to the standard 60-day period in exceptional circumstances.
- **Deliver a sufficient, sustainable, long-term funding settlement for adult social care settings in all parts of the UK, based on a robust assessment of population needs.** Sustainable, long-term investment and reform is vital for adult social care to meet rising demand and increasing complexity and to alleviate pressure on the NHS. Investment is needed to address understaffing and poor conditions which are exacerbating the pressures on migrant care workers. Finally, it is vital that nursing staff working in social care gain pay parity with equivalent roles in the NHS to support recruitment and retention.
- **Ensure that nurses working in adult social care remain on a five-year route to settlement, in line with the proposed unchanged rights given to NHS nursing staff.** It is crucial that all nurses have parity on their access to Indefinite Leave to Remain.

The Fair Work Agency:

NOTE: the remit of the Fair Work Agency is UK-wide, with some exceptions for Northern Ireland where employment law is devolved.

- **There must be a full investigation of the social care sector led by the Fair Work Agency (FWA).** The FWA was established in April 2026, and addressing exploitation of migrant staff in the sector should be a priority area for action. Urgent action is needed to ensure compliance with labour standards across the sector and to safeguard staff.
- **When the National Minimum Wage function is incorporated into the FWA, it should seek to robustly enforce underpayment of wages for all staff working in adult social care.** This will make sure employers across the sector properly adhere to the law and pay for staff travel time and costs between visits.
- **There must be clear and safe reporting channels for workers to report non-compliant employers, and for all staff who witness exploitation and contraventions of the principles of the code of practice for the international recruitment of health and social care personnel.** This includes making migrant workers aware of their legal rights in the UK, and mechanisms for reporting exploitation.
- **The FWA should ensure workers have access to appropriate support, and signpost to external services if needed.** The FWA is expected to work closely with other bodies such as the Advisory, Conciliation and Arbitration Service (Acas), the police, and local authorities. Where workers' mental and physical wellbeing has been affected by their experiences, the FWA should ensure workers can access support.

The Adult Social Care Negotiating Body (England only):

- **Standardise repayment clauses across the social care sector to safeguard migrant workers.** Repayment amounts should be capped in line with NHS Employers' guidance (maximum £3,000) and there should be a structured tapering model over a three-year period. Workers should also be released from repayment obligations where clauses are clearly exploitative or where individuals leave employment due to bullying, harassment or risks to their health and wellbeing.
- **Standardise holiday pay, sick leave and pay for bank holidays to address inequity for international recruits.** While bargaining for fair pay, the body must also prioritise improved terms and conditions for migrant workers.

Employers:

- **Address the discrimination and bullying faced by internationally educated nursing staff.** Employers must acknowledge and address structural racism within health and care settings and the impact it has on global majority staff, including internationally educated staff. Internationally educated staff must receive effective inductions and be provided with information on how to report racism they experience or witness, and where they can go to receive support.
- **Ensure compliance with ethical standards for recruitment.** Employers in England and Wales must comply with the Department of Health & Social Care Code of practice for the international recruitment of health and social care personnel in England. Employers in Scotland and Northern Ireland must comply with their respective codes, including use of the ethical recruiters list

- **Ensure that internationally educated staff are made aware of the challenges of the immigration system during the recruitment process.** It is particularly important to ensure potential recruits understand restrictions around family visas, so that they can make a fully informed decision.
- **Provide bespoke inductions for internationally educated staff to support them in transitioning to live and work in the UK.** This should also include supporting newly arrived staff to find adequate accommodation.
- **Support internationally educated nursing staff to work at the full scope of their qualifications and experience** and guarantee equal access to continuing learning and career progression.

Appendix: Methodology

RCN Member Support Services (MSS) collated cases of international members reporting concerns to the College of possible exploitation in their workplace from January 2023 – December 2025.

To help ensure analysis accurately reflected the experiences of these members, the RCN's International Policy and Research teams used inductive coding. This involved reading several member cases to identify the main issues that emerged, so that a coding framework could be iteratively developed (continuously refined). This framework consisted of manually created and applied codes such as 'work-finding fees,' 'repayment clause above £3,000', 'sick leave', 'mental health', 'threatening to revoke visa' and so forth. At the same time, these codes were grouped based on similarity and then labelled under distinct main codes (or categories) as reported in this report such as 'repayment clauses' and 'impact on mental and physical health', as also presented below. This resulted in data that allowed us to quantify the number of issues under each category as presented in this report.

The following table (Table 2) presents the developed categories, with illustrative issues that help describe each category.

Table 2: Categories

Category	Possible instances
Recruitment/ contracts	Changes to contract; issues with banding (NHS only); difficulty acquiring contact/contract withheld; fixed-term contract; employer breaking contract; unscrupulous recruiter; issues with probationary period; job offer rescinded; other.
Substandard working practices	Racism; references; bullying and harassment; role and responsibility; annual leave; professional threats; working arrangements; sick leave; complaints/HR; patient safeguarding; lack of workplace boundaries; physical abuse; coercion; sexual harassment; trade union rights; training; travel; other.
Dismissals	Unfair dismissal; suspension.
Immigration threats	Using sponsorship to control and intimidate; threatening to revoke visa; visa renewals; working outside sponsorship.
Repayment clauses	Unaffordable repayment clause; work-finding fees; employer requesting payments not liable for; repayment clause above £3,000; repayment clause in place for 3+ years; repayment clause deducted from wages; undisclosed costs; worker threatened; other.
Impact on mental and physical health	Health issues because of employer behaviour; health issues ignored by employer; mental health; worried about immigration/ professional status; financial hardship.
Pay	Non-payment for travel/training; underpayment; non-payment of statutory benefits.

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