

CCPS response to ‘A Fairer Pathway to Settlement’ consultation

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Links to consultation: [A Fairer Pathway to Settlement: statement and accompanying consultation on earned settlement \(accessible\) - GOV.UK](#)

<https://www.gov.uk/government/consultations/earned-settlement>

The majority of the Fairer Pathway to Settlement consultation is not applicable to CCPS. However, our membership has a manifest interest in the UK Government’s decision to close the dedicated social care visa route in July 2025 – effectively ending international recruitment in the sector.

As such, please find our response to the final consultation question, which outlines the challenges faced by our diverse membership as a result of these ongoing immigration reforms.

Please treat the attached response as our contribution to this consultation exercise.

6. [If organisation] Do you have any further comments on the potential impacts on your organisation in relation to the proposed changes to settlement?

The [Coalition of Care and Support Providers in Scotland](#) (CCPS) represents major not-for-profit providers of care and support across Scotland. Our membership delivers complex and specialised community-based services for adults with disabilities, older people, children and families, people impacted by addictions, homelessness and housing insecurity, poor mental health, poverty and people involved in the justice system.

Not-for-Profit (NfP) social care providers employ a qualified, highly skilled and professionally regulated workforce that delivers life-changing support to communities across Scotland every day.

Our Asks

- Reverse the 2025 changes to the dedicated Social Care Visa Route and reinstate visa pathways for international recruits to social care
- Reinstatement of social care roles to the shortage occupation list
- Review the qualification thresholds for settlement to better align them with the needs of the social care sector.
- Engage meaningfully with CCPS and social care stakeholders across Scotland on workforce needs, funding, skills, and parity of esteem with healthcare for third sector public service providers

Context: Pressure on Critical Services

CCPS consistently warned that [changes to social care visa routes](#) introduced by the UK Government in 2025 demonstrate a profound disregard for the social care sector. Social care cannot be treated as an afterthought given its interdependence with our health service and our sector's central role in community wellbeing.

The sector is already weakened by decades of underinvestment. In autumn 2025, over half of CCPS member survey respondents were using reserves to reach financial balance. In a separate survey, 79% of providers reported receiving either no inflationary uplift or a reduction on contract values in 2024–25.

Pay disparity between not-for-profit social care roles and NHS equivalents continues to widen despite UK and Scottish Government Fair Work commitments. The gap increased from £2,400 in 2019 to £3,770 by [April 2025](#).

Changes to employers' National Insurance Contributions (eNICs) in 2025–26 added an estimated £30 million cost burden to CCPS members in that year alone. This is a recurring unfunded pressure.

Recruitment and Retention Challenges

Workforce shortages are longstanding and pervasive. The [2023 Social Care Benchmarking](#) in Scotland report found 95% of respondents experienced difficulties recruiting frontline operations staff. The [Scottish Social Services Council \(SSSC\) vacancies](#) report found that 44% of registered care services reported staff vacancies.

Local recruitment is extremely challenging across Scotland, particularly in remote and rural areas. Despite sustained recruitment campaigns, applicants for social care roles remain low.

International recruitment is therefore a necessity, not an alternative to local recruitment.

According to a [Scottish Care survey](#), more than a quarter of Scotland's social care workforce is made up of international workers. Within one CCPS member organisation, this proportion is as high as 63%.

International recruits have reduced turnover and contributed significantly to frontline, specialist and leadership roles. However, in the year ending June 2025, Health and Care Worker visas issued to migrant workers in Caring Personal Service Occupations [fell by 88%](#) following UK Government restrictions.

The scale and speed of these changes are misaligned with sector realities and risk serious harm to already stretched frontline services.

Social Care: Skilled and Regulated Practice

People who need support must receive it from skilled, regulated staff. Social care staff are highly skilled and professionally regulated practitioners required to hold qualifications. Political leaders must move away from rhetoric around so-called 'low skilled' labour as it does not reflect the reality of our sector.

If policy aims to attract more UK citizens into critical care roles, this must be accompanied by funding that reflects the skill, responsibility and value of the profession. Without reversing visa reforms, providers face further financial strain and supported people will suffer.

Qualification Threshold for Settlement

Proposals suggesting shorter pathways to settlement for roles at RQF Level 6 or above risk excluding most international social care recruits. RQF Level 6 is broadly equivalent to [SCQF Levels 9/10](#) in Scotland, with SCQF Level 10 corresponding to Care Services Leadership and Management roles.

While CCPS supports shorter settlement pathways for vital social care roles in principle, current thresholds would likely benefit NHS roles while excluding most not-for-profit social care workers. Thresholds must be reviewed in line with sector workforce needs.

Administrative Burden and Shortage Lists

CCPS members warned that replacing the Immigration Salary List (ISL) with a new Temporary Shortage List (TSL) – which removed social care roles from the shortage occupation list - destabilised the workforce. Social care roles must be reinstated given growing demand and increasing complexity of support.

Sponsorship guidance is widely regarded as complex and difficult to navigate, with limited Home Office and UKVI support relative to the administrative burden faced by providers. CCPS is ready to engage with the Home Office to ensure guidance is streamlined, easy to access, navigable and reduces the administrative burden on providers.

Conclusion

International workers are not simply filling gaps; they are an essential and valued part of Scotland's social care workforce. Current policy direction and language risks devaluing both the workforce and the people who rely on care and support services.

CCPS urges the UK Government to reverse damaging visa changes, reinstate social care to the shortage occupation list, review settlement qualification thresholds, and engage meaningfully with social care stakeholders on sector-wide needs.