

The Economic Impact of Leaving the European Union

Scottish Care

1. Scottish Care is the representative body for independent social care services in Scotland. This encompasses private and voluntary sector providers of care home, care at home and housing support services across the country. Scottish Care counts over 400 organisations as members, which totals over 830 individual services. Scottish Care is committed to supporting a quality orientated, independent sector that offers real choice and value for money. Our aim is to create an environment in which care providers can continue to deliver and develop the high quality care that communities require and deserve.

2. In relation to older people's care, this sector provides 89% of the care home places in Scotland and over 50% of home care hours. There are more older people in care homes any night of the week than in hospitals - as at 31st March 2016 there were 873 care homes for older people providing support to 33,301 residents any night of the year, with 89% of these residents located within the independent sector.

Our recent work on recruitment:

3. Scottish Care has carried out a number of recent studies on the recruitment and retention challenges facing care homes, care at home and housing support services. These reports¹ have highlighted a worsening situation in regards to the recruitment of social care staff in general and nursing staff in particular. Our most recent survey '*Independent Sector Nursing Data Report 2016*' will be published on the 18th November 2016. That research represents nearly 50% of the social care nursing workforce (some 5,000 nurses) and indicates that there is at present a critical nurse vacancy level of 28%, with 98% of organisations having difficulty filling nurse vacancies resulting in a 55% of providers having had to increase their use of agency nurses. Most recent data on vacancy levels for social care staff suggest that 69% of providers found recruitment more difficult than last year with particular challenges in rural and remote areas.

4. For a number of years organisations within our membership have sought to recruit individuals from as wide a base as possible. However the challenges of recruiting to social care and nursing roles in Scotland have led many to develop recruitment strategies which have included recruitment from continental Europe and further afield. For many of our member organisations this has been a constructive and positive process.

5. The major issue for our membership following the vote to leave the European Union is that it has created additional uncertainty in an environment which was already facing significant challenges and difficulties.

¹ 'In the Frontline: Social Care Providers Survey on Recruitment and Retention', July 2015. See <http://www.scottishcare.org/wp-content/uploads/2016/06/Scottish-Care-In-the-Front-Line-Report.pdf> and 'Supplementary Report on the Use of Agency Staffing', <http://www.scottishcare.org/wp-content/uploads/2016/06/Agency-Report-Final.pdf>

6. The last substantial analysis on country of origin was undertaken by our organisation in 2012 and detailed that approximately 6% of the workforce came from Europe. We believe that that figure has risen in the last four years due to more focused recruitment efforts overseas and would sit at between 8-10% of the total workforce.

7. Whilst the nursing report published this week did not explicitly ask for country of origin, of those surveyed (50% of our nurse members), we learnt that:

- 35% of provider organisations recruit nurses from the EU
- 17% recruit from out with the EU
- Of those who responded, (50% of membership) 28 nurses had been recruited from the EU in the past year.

8. Although we have not undertaken any further analysis with regards to social care staff, anecdotally some of our members have informed us of particularly concerning trends. We know of at least one major provider organisation that has closed down its European recruitment arm. This has primarily been as a result of what they termed as a “massive decline” in the numbers of people turning up and showing interest in working in Scotland. The subtleties and technicalities of the exit process have largely been lost upon workers in Europe whom our members tell us have been given the impression that they are no longer welcome or at least that the situation is too uncertain for them to make the life-change migration demands.

9. In addition we have as an example of a general pattern in the sector one medium sized care home provider who employs just under 800 full time staff – a total of 27% of its workforce are from outwith the UK and of that 12.5% are from the EU.

10. We plan to undertake a fuller workforce analysis, including country of origin and the impact of Brexit, in February 2017. In the meantime our members have expressed concern that the current uncertainty will not just impact on their ability to recruit and attract EU citizens but that there might be negative impacts on the ability to recruit from other parts of the world.

11. We acknowledge the reassurances that have been given to those working within our sector by the Scottish Government, however until there is a degree of clarity and confirmation about the exit process and its consequences, these assurances only go part of the way to establishing confidence and stability. The independent sector social care and social nursing sector in Scotland badly needs early confirmation of processes to ensure a critical recruitment environment does not get even worse.

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