

Mr. Doug Patterson

Chief Executive

London Borough of Bromley

Civic Centre

Stockwell Close

Bromley

BR1 3UH

CC: Charles Obazuaye, Director of Human Resources

Tammy Eglinton, Head of HR Consultancy

Angela Huggett, Head of HR Strategy & Education

Alan Copley, Branch Secretary, Bromley UNISON LG Branch

17<sup>th</sup> December 2018

Dear Doug,

**Re: Employer reimbursement to EU employees for the cost to apply for UK Settled Status, in the government's EU Settlement Scheme<sup>1</sup>.**

UNISON is writing to ask that you agree to pay the cost for EU employees who will need to apply for Settled Status.

The EU Settlement Scheme will enable EU citizens resident in the UK and their family members to obtain the necessary UK immigration status they require in order to live and work in the UK after the end of the planned EU exit implementation period on 31 December 2020.

The UK government aims to register 3.4 million EU nationals through the Settled Status application process. Some EU citizens can apply whilst the scheme is currently a pilot and all EU citizens will be able to apply from the 30 March 2019, the day after the UK exits the EU and they will have until June 2021 to register.

From late August 2018 the Home Office began its first pilot phase of testing of the EU Settlement Scheme with staff from 12 NHS Trusts and 3 universities in the North West of England.

---

<sup>1</sup> <https://www.gov.uk/settled-status-eu-citizens-families>

On the 11 October 2018 the Home Office announced the second phase of the private pilot. It will run from 1 November 2018 to 21 December 2018 and will test the full application process.

- From **1 November 2018**, staff from 3 NHS Trusts in Greater Manchester as well as the 12 NHS Trusts and 3 universities in the North West of England which participated in the first phase will be eligible.
- From **15 November 2018**, staff in the higher education sector across the UK, and some vulnerable individuals being supported by 5 local authorities and seven civil society organisations in England will be eligible.
- From **29 November 2018**, staff in the health and social care sectors across the UK will be eligible

Employers who are listed in the 'eligibility list' and the dates that employees can apply for the settled status in the pilot phase are in the appendix and further information on Immigration Rules can be found on the governments website<sup>2</sup>.

Alongside the employment sector criteria above, to apply for settled status under the pilot an employee will need to be:

- a resident EU citizen with a valid passport; or
- a non-EU citizen family member of an EU citizen with a biometric residence card

Family members won't be able to apply during this phase of the pilot unless they are also eligible through their employment with a participating organisation or they are also being supported by one of the participating community organisations.

This phase of the pilot is only open to people who meet the eligibility rules set out above. By 30 March 2019, the EU Settlement Scheme<sup>3</sup> will be open to all eligible applicants, including family members.

UNISON asks that employers pay the application cost for EU workers, which is £65 for adults. It will be free for those who already have valid indefinite leave to remain or a valid permanent residence document.

UNISON also asks that employers work with UNISON to assist EU nationals getting ready for settled status.

**Employers can assist EU workers to get ready for settled status:**

- Give time off for employees to apply for Settled Status or to seek legal advice
- Offer to pay employees application costs of settled status
- hold a joint meeting with UNISON branches or stewards to let EU workers know we are jointly supporting them through the process of applying for settled status
- Attend meetings to speak about how they will assist members with the roll out of settled status.
- Use the UK government's employer toolkit and communications resources to support EU citizens <https://www.gov.uk/government/publications/eu->

<sup>2</sup> <https://www.gov.uk/government/publications/statement-of-changes-to-the-immigration-rules-hc-1534-11-october-2018>

<sup>3</sup> <https://www.gov.uk/settled-status-eu-citizens-families>

- Distribute UNISON Guidance on the EU Settlement Scheme and Settled Status: <https://www.unison.org.uk/settledstatusguidance/>

## Benefits to employers

UNISON believes that EU workers play a vital and valuable role in the delivery of UK public services in our local communities, in particular in the health and social care sectors.

EU workers help keep our public services running; make a net contribution to the exchequer, have filled vacancy gaps where there is no current supply of a domestic workforce and are valued members of our communities. This is equally true of migrant workers from different generations from the rest of the world. UNISON has approximately 80,000 EU members and like other migrant worker members they are active at all levels of public service delivery.

Here we provide information on the benefits of assisting and retaining EU workers:

### 1. Fewer EU citizens are migrating to the UK for work, and more are emigrating

Since the EU referendum in late June 2016, the estimated number of EU nationals migrating to the UK fell from 284,000 the year before the vote to 223,000 in the year after. This figure has picked up slightly for the year 2017 as a whole though—240,000.<sup>4</sup>

Meanwhile the number of EU citizens emigrating has increased from an estimated 95,000 in the year before the referendum to 139,000 now. Whilst we can't say that Brexit has determined these changes, these could be the biggest shifts in EU migration we've seen in recent years.

### 2. Increased uncertainties

The uncertainty of a 'No deal' scenario, questions of how long the Settled Status scheme will guarantee existing EU citizens rights in the UK<sup>5</sup> and the ending of Freedom of Movement for future EU citizens are all likely to negatively impact further on the future labour supply of EU citizens coming to the UK.

### 3. The evidence in health and social care sectors

UNISON has been working with the Cavendish Coalition<sup>6</sup> a group of health and social care organisations united in their commitment to provide the best care to communities, patients and residents. The coalition acts as a shared voice which influences and lobbies on post-EU referendum matters. It also provides those leading the negotiations with expertise and knowledge on the issues affecting the health and social care workforce.

- The NHS absolutely needs workers from EU countries. UNISON supports EU workers concerns and recognises the upset and uncertainty they feel given the fact that it's taken so long for workers from EU countries to be given reassurances about their future in the UK as the country prepares to leave the EU.

<sup>4</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/bulletins/migrationstatisticsquarterlyreport/july2018revisedfrommaycoveringtheperiodtodecember2017>

<sup>5</sup> <https://www.the3million.org.uk/settled-status>

<sup>6</sup> <http://www.nhsemployers.org/your-workforce/need-to-know/brexit-and-the-nhs-eu-workforce/the-cavendish-coalition>

- In the time between the Brexit referendum and March 2018 there has been an 87% fall in new EU registrations to the Nursing & Midwifery Council (NMC).
- In the two years since the referendum over 7,000 established EU nurses left the UK nursing profession compared to just under 5,000 who left in the three years preceding the referendum.
- While the contribution of EEA nationals to the NHS is important, it is arguably even more so in social care services across the UK. In 2016, EU nationals made up 5.4% of the workforce, though in absolute terms their number grew by 68%, or 30,600 individuals, since 2011. Interestingly the strongest growth was in Northern Ireland (206%), followed by Scotland (61%), Wales (56%) and then England (40%).
- Recruitment and retention into the care sector is extremely challenging and is a growing problem. At any one time approximately 6.6% of roles within the sector are vacant which equates to 90,000 posts.
- Vacancy levels are now at 8% equating to 110,000 jobs.
- The Skills for Care<sup>7</sup> data shows that there are 104,000 social care workers from the EU in England (7% of total workforce) and states "Depending on the rules, there is still a risk in terms of workforce supply depending on what restrictions are in place [after the UK leaves the EU]."
- If the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population, then the number of adult social care jobs will increase by 40 percent by 2035. This is 650,000 extra jobs.<sup>8</sup>

#### **4. Post EU exit, a sensible, fair and accessible immigration policy for workers will be an important contribution to maintain services.**

Currently it is not clear what the new immigration system, for EU and non- EU workers will be. At the moment there's no easy low-skilled visa route for non-EU workers to come to the UK. The Migrant Advisory Committee (MAC) recently advised the UK government that in any new system £30,000 should be the annual earnings threshold for all migrants given visas with no exemptions for public service lower paid workers such as care workers or nurses.

UNISON has serious concerns about this advice. For example with 110,000 vacancies and the possibility of needing another 650,000 care staff by 2035 to care for our elders, we will doubtless need to continue to rely on colleagues from both the EU and overseas.

#### **5. While we still await clarity about post EU exit migration rules, there is still a risk in terms of workforce labour supply.**

If the doors close too quickly and not enough time and funding is given for the UK government, skills agencies and employers etc to plan and grow a replacement

<sup>7</sup> care [www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/Topics/Workforce-nationality.aspx](http://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/Topics/Workforce-nationality.aspx)

<sup>8</sup> [The size and structure of the adult social care sector and workforce in England](#), Skills for Care, 2017

domestic UK workforce in those sectors, which are dependent on EU workers, then there will be a likely increase in labour shortages.

**6. The value of retention and recruitment of EU citizens until December 2020**

Paying for EU Settled status employer fees will help to recruit and retain EU staff at this critical time of exiting the EU. Employers have until December 2020 to retain and recruit EU workers until any new immigration system begins on January 1st 2021.

We are happy to meet at your convenience to discuss this further and through the collective bargaining forums available.

Yours sincerely

Sally Tsoukaris  
UNISON Regional Organiser

## Appendix One

### **Employers whose employees can apply for Settled Status between 1 November and 21 December**

#### **From 1 November 2018:**

(i) A person employed or engaged by one of the following institutions:

Liverpool Hope University;

Liverpool John Moores University; or

The University of Liverpool; or

(ii) A person employed or engaged by one of the following institutions:

Aintree University Hospital NHS Foundation Trust;

Blackpool Teaching Hospitals NHS Foundation Trust;

Countess of Chester Hospital NHS Foundation Trust;

East Lancashire Hospitals NHS Trust;

Lancashire Teaching Hospitals NHS Foundation Trust;

Liverpool Heart and Chest Hospital NHS Foundation Trust;

Liverpool Women's NHS Foundation Trust;

Manchester University NHS Foundation Trust;

Salford Royal NHS Foundation Trust

Southport and Ormskirk Hospital NHS Trust;

Stockport NHS Foundation Trust;

The Royal Liverpool and Broadgreen University Hospitals NHS Trust;

The Walton Centre NHS Foundation Trust;

Warrington and Halton Hospitals NHS Foundation Trust; or

Wirral University Teaching Hospital NHS Foundation Trust; or

#### **In addition, from 15 November 2018:**

(iii) A person employed or engaged by a Higher Education Institution or Overseas Higher Education Institution on the Tier 4 Register of Licensed Sponsors; or

(iv) A child being looked after (within the meaning of section 22(1) of the Children Act 1989) by, or a person who was such a child and is eligible for support or assistance under the Children Act 1989 (or under regulations made under that Act) from, one of the following local authorities:

Kent County Council;

Lincolnshire County Council;

London Borough of Haringey;

London Borough of Waltham Forest; or

Sheffield City Council; or

(v) A person receiving support from one of the following organisations:

Ashiana Sheffield, Knowle House, 4 Norfolk Park Road, Sheffield, S2 3QE;

Coram Children's Legal Centre, Riverside Office Centre, Century House  
North, North Station Road, Colchester, CO1 1RE;  
East European Resource Centre, Room 18-19, 238-246 King Street, London,  
W6 0RF;  
Rights of Women, 52-54 Featherstone Street, London, EC1Y 8RT;  
St Vincent Support Centre, Curtis Building, 4 Barking Avenue, Leeds, LS9  
9LF;  
The Cardinal Hume Centre, 3-7 Arneway Street, Horseferry Road, London,  
SW1P 2BG; or  
The Roma Support Group, Alan Shelley House, 318 Barking Road, London,  
E13 8HL; or

**In addition, from 29 November 2018:**

(vi) A person employed or engaged by one of the following institutions or organisations:

An NHS Foundation Trust in England;  
An NHS Trust in England;  
Care Quality Commission;  
Health Education England;  
Health Research Authority;  
Human Fertilisation and Embryology Authority;  
Human Tissue Authority;  
Medicines and Healthcare Products Regulatory Agency;  
National Institute for Health and Care Excellence;  
NHS Blood and Transplant;  
NHS Business Services Authority;  
NHS Counter Fraud Authority;  
NHS Digital (the Health and Social Care Information Centre);  
NHS England (the NHS Commissioning Board);  
NHS Improvement (Monitor and the NHS Trust Development Authority);  
NHS Resolution (the NHS Litigation Authority); or  
Public Health England; or

(vii) A person employed or engaged by one of the following institutions or organisations:

A Local Health Board in Wales;  
Health Education & Improvement Wales;  
Public Health Wales;  
The Welsh Ambulance Service; or  
Velindre NHS Trust; or

(viii) A person employed or engaged by one of the following institutions or organisations:

A Health Board or Special Health Board constituted under section 2 of the  
National Health Service (Scotland) Act 1978;  
Common Services Agency for the Scottish Health Service (established under  
section 10 of that Act);  
Healthcare Improvement Scotland (established by section 10 of that Act);  
Social Care and Social Work Improvement Scotland (known as the Care  
Inspectorate) established under section 44 of the Public Services (Reform)

(Scotland) Act 2010; or

Scottish Social Services Council established under section 43 of the Regulation of Care (Scotland) Act 2001; or

(ix) A person employed or engaged by one of the following institutions or organisations:

A Health and Social Care Trust in Northern Ireland;

Northern Ireland Blood Transfusion Service;

Northern Ireland Guardian Ad Litem Agency;

Northern Ireland Medical and Dental Training Agency;

Northern Ireland Practice and Education Committee;

Northern Ireland Social Care Council;

Patient and Client Council;

Regional Agency for Public Health and Social Well-being (the Public Health Agency);

Regional Business Services Organisation;

Regional Health and Social Care Board; or

Regulation and Quality Improvement Authority; or

(x) A person who is employed:

(a) To provide, or to support the provision of, regulated activities as prescribed in Schedule 1 (read with Schedule 2) to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (S.I. 2014/2936), and who is also employed or engaged by an institution or organisation registered with the Care Quality Commission; or

(b) For the purposes of an establishment or agency in Wales regulated under Part 2 of the Care Standards Act 2000; or

(c) For the purposes of a service regulated under Part 1 of the Regulation and Inspection of Social Care (Wales) Act 2016; or

(xi) A person who is employed or engaged by a party to:

(a) A general medical services contract to provide primary medical services, or an agreement for the provision of primary medical services under section 50 of the NHS (Wales) Act 2006; or

(b) A general dental services contract to provide primary dental services, or an agreement for the provision of primary dental services under section 64 of the NHS (Wales) Act 2006; or

(xii) A person who:

(a) Is providing care services as defined in section 47(1) of the Public Services Reform (Scotland) Act 2010 and registered under that Act; or

(b) Is employed or engaged by an organisation registered with Social Care and Social Work Improvement Scotland; or

(c) Is, or who is employed or engaged in connection with the provision of services under the National Health Service (Scotland) Act 1978 by, a party (other than a Health Board) to:

- an arrangement to provide services under section 2C of that Act;

- an agreement to provide services under section 17C of that Act;

- a contract to provide services under section 17J of that Act; or

- an arrangement to provide services under section 25, 26 or 27 of that Act;

or

(xiii) A person who is employed or engaged by a General Practitioner Federation or by any entity with which the Northern Ireland Regional Health and Social Care Board has a contract or an arrangement under the Health and Personal Social Services (Northern Ireland) Order 1972 to provide Family Practitioner Services; or

(xiv) A person who is employed or engaged by a body registered with, or monitored or inspected by, the Regulation and Quality Improvement Authority, and who, if that body were in England and they were employed or engaged by it, would meet the criteria set out in (x)(a), above; or

(xv) A person employed or engaged by, or registered with, one of the following organisations:

General Chiropractic Council;

General Dental Council;

General Medical Council;

General Optical Council;

General Osteopathic Council;

General Pharmaceutical Council;

Health and Care Professions Council;

Northern Ireland Social Care Council;

Nursing and Midwifery Council;

Pharmaceutical Society of Northern Ireland;

Scottish Social Services Council (under the Regulation of Care (Scotland) Act 2001); or

Social Care Wales.

