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The impact of UK immigration policy shifts on Labour supply chains: A case study of independent adult social care providers

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Abstract

Since April 2024, the United Kingdom's "New Plan for Immigration" has raised the general Skilled Worker salary threshold and prohibited overseas care workers from sponsoring dependants, intensifying recruitment pressure on a sector already reporting approximately 152,000 vacancies (Migration Advisory Committee [MAC], 2023). Independent adult social care providers, most of which are small-to-medium enterprises (SMEs), must absorb these escalating compliance costs while remaining bound by fixed Local Authority commissioning rates, producing acute liquidity and workforce-continuity risks.

Existing literature offers extensive macro-level analysis of post-Brexit labour market adjustment (Sumption, 2022) and long-standing sociological accounts of the "global care drain" (Yeates, 2009), yet little empirical work examines how independent providers translate these regulatory shocks into firm-level strategic responses in the specific post-2024 high-threshold era. This study addresses that gap by applying a Resource-Based View (RBV) lens to the micro-level survival strategies of independent care SMEs.

Using a pragmatic, convergent mixed-methods design, this research surveyed 50 independent UK care providers and conducted 10 semi-structured interviews with care home managers to map what is termed the "compliance cost gap": the fiscal shortfall between visa-mandated wage floors and static Local Authority reimbursement rates. Findings show a marked post-policy increase in cost-per-hire, vacancy rates and agency staffing reliance, alongside qualitative evidence of eroded continuity of care and managerial burnout. Providers who diversified recruitment and invested in digital process automation demonstrated significantly greater operational resilience than those reliant solely on international sponsorship. The study's principal contribution is the Strategic Adaptation Model (SAM), a three-pillar, practitioner-oriented framework; domestic pipeline diversification, digital optimisation, and financial risk management; that offers care providers, sector bodies and policymakers an empirically grounded toolkit for sustaining essential social infrastructure amid volatile immigration policy.

Keywords: Strategic Human Resource Management (SHRM); Regulatory-Financial Nexus; UK Immigration Policy; Adult Social Care; Resource-Based View (RBV); SME Vulnerability; Strategic Adaptation Model (SAM)

1. Introduction

The adult social care sector in the United Kingdom occupies a uniquely precarious position at the intersection of national immigration sovereignty and localised public service commissioning. In April 2024, the UK Government implemented the "New Plan for Immigration," which restructured the Skilled Worker visa pathway through two principal mechanisms: a substantial escalation of the general salary threshold and a Home Office (2024) mandate prohibiting overseas care workers from sponsoring or bringing dependants. These reforms were designed to shift the UK economy

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toward a higher-skill, higher-wage labour paradigm, yet they were implemented within a sector that the Migration Advisory Committee (MAC, 2023) had already identified as suffering a profound and systemic dependency on international human capital.

Independent adult social care providers — predominantly small-to-medium enterprises (SMEs) operating on narrow and closely regulated margins — sit at the sharpest edge of this tension. Unlike large corporate care groups, independent providers possess limited capital reserves, constrained access to economies of scale, and revenue streams dictated almost entirely by Local Authority "fair cost of care" commissioning rates that adjust slowly, if at all, to reflect rising statutory wage floors (The Health Foundation, 2024). The result is a structural mismatch between the cost of legally compliant international recruitment and the funding available to sustain it.

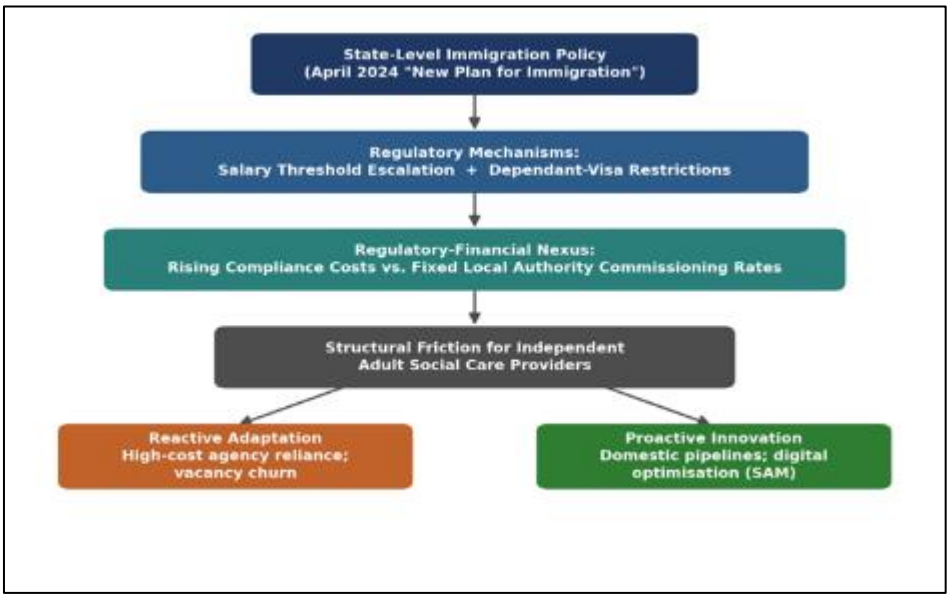

Figure 1 Conceptual model tracing the pathway from state-level immigration policy to organisational-level adaptation

1.1. Problem Statement

The core problem addressed by this research is the absence of empirical clarity on how independent adult social care providers absorb, resist, or adapt to the compounding financial pressure created by the 2024 immigration reforms while continuing to meet statutory duties of care. Where policy is designed at a macroeconomic level to encourage a shift toward domestic labour, its operational consequences at firm level are rarely modelled with precision. Providers report simultaneous increases in direct recruitment costs, administrative burden, and reliance on high-cost temporary agency staff (Skills for Care, 2023), yet no established framework quantifies the point at which these pressures become financially unsustainable, nor systematically documents which organisational strategies mitigate that risk.

1.2. Research Aim, Objectives and Questions

Aim: To critically assess the impact of the 2024 revised UK visa salary thresholds on the long-term sustainability of talent acquisition and financial viability within the independent adult social care sector.

- OB1 — Economic Impact Mapping: evaluate the direct financial consequences of the revised Skilled Worker visa salary thresholds on overheads and net profit margins of independent care providers.
- OB2 — Strategic Recruitment Analysis: identify shifts in HRM focus, comparing reliance on international sponsorship against domestic "values-based" recruitment (Department of Health and Social Care, 2024) following the 2024 reforms.
- OB3 — Funding Gap Assessment: analyse the misalignment between Local Authority "fair cost of care" rates and the wage mandates required for visa compliance.
- OB4 — Framework Development: propose a practitioner-focused Regulatory Resilience model enabling social care SMEs to navigate volatile immigration landscapes through diversified talent pipelines.

These objectives are operationalised through three research questions:

- RQ1: How have the 2024 salary threshold increases altered total cost-per-hire and retention return-on-investment for Skilled Worker visa sponsors in the care sector?
- RQ2: To what extent do current Local Authority commissioning rates facilitate or hinder the payment of visa-mandated salaries without compromising service quality (The King's Fund, 2024)?
- RQ3: What alternative, non-sponsored talent acquisition strategies are providers adopting to mitigate the risks of international recruitment dependency?

1.3. Significance of the Study

This research contributes to Strategic Human Resource Management (SHRM) and public policy scholarship by translating a macro-level regulatory shift into a quantifiable, firm-level financial and operational model. Practically, it offers care providers, sector representative bodies (such as Care England), and policymakers an evidence base for calibrating commissioning rates and targeted policy exemptions. Academically, it extends the Resource-Based View into a low-margin, high-dependency service context that has received comparatively little strategic management attention relative to high-margin, knowledge-intensive sectors such as technology and finance.

2. Literature Review

2.1. Migration Policy and the UK Social Care Workforce

Historically, scholarship on the UK social care workforce has been dominated by sociological and ethical frameworks concerned with the structural hazards of the "global care drain" (Yeates, 2009), which documents how developed economies rely systematically on international human capital to offset domestic labour shortages. Research from the Social Care Workforce Research Unit similarly traces how chronic domestic underfunding has entrenched long-term reliance on international recruitment simply to sustain minimum staffing levels (Moriarty, Manthorpe and Harris, 2018). Post-Brexit, the introduction of the Points-Based Immigration System reshaped this dependency further, with Walsh and Consterdine (2022) providing a detailed account of policy design and early implementation, and Sumption (2022) evaluating its broader labour market effects.

What remains comparatively underexplored is the operational and financial consequence of the April 2024 reforms specifically. The Migration Advisory Committee's rapid review of the Social Care visa (MAC, 2024) and the Home Office's own policy statements (Home Office, 2024a, 2024b) provide the regulatory detail, and workforce bodies such as Skills for Care (2023) and The King's Fund (2023, 2024) document sector-wide vacancy and turnover statistics. However, this body of work treats immigration policy largely as a uniform macro-level hurdle, with limited attention to the differentiated price-point sensitivities of independent SME providers relative to larger corporate care groups (LaingBuisson, 2023).

2.2. Theoretical Framework: The Resource-Based View

This study is grounded in the Resource-Based View (RBV) of the firm, which posits that sustainable competitive advantage and organisational survival depend on the acquisition and deployment of resources that are valuable, rare, inimitable, and non-substitutable (VRIN). In the context of adult social care, specialised human capital — trained, regulated, and often internationally sourced care staff — constitutes precisely this type of resource. RBV is particularly well suited to this inquiry because it shifts analytical focus away from purely macroeconomic policy evaluation and toward the internal capabilities that determine whether an individual firm can absorb an external shock. Where a resource that was previously abundant (international care labour) is constrained by regulation, RBV predicts that firm survival depends on the organisation's capacity to substitute, redeploy, or reconfigure its resource base — for example, through domestic talent pipelines, process automation, or financial risk buffering.

2.3. The Regulatory-Financial Nexus

Building on RBV, this study advances the concept of the Regulatory-Financial Nexus: the point at which a macro-level state intervention ceases to function as an administrative hurdle and instead becomes a direct threat to firm-level solvency. Institutional assessments (MAC, 2023, 2024) confirm that the April 2024 visa restructuring, through dependant restrictions and salary floor escalation, disproportionately affects SMEs that lack the capital flexibility of larger corporate providers. Because independent providers' revenue is fixed by Local Authority commissioning rates that do not automatically rise with statutory wage floors (The Health Foundation, 2024), the Nexus manifests concretely as the "compliance cost gap" examined empirically in this study.

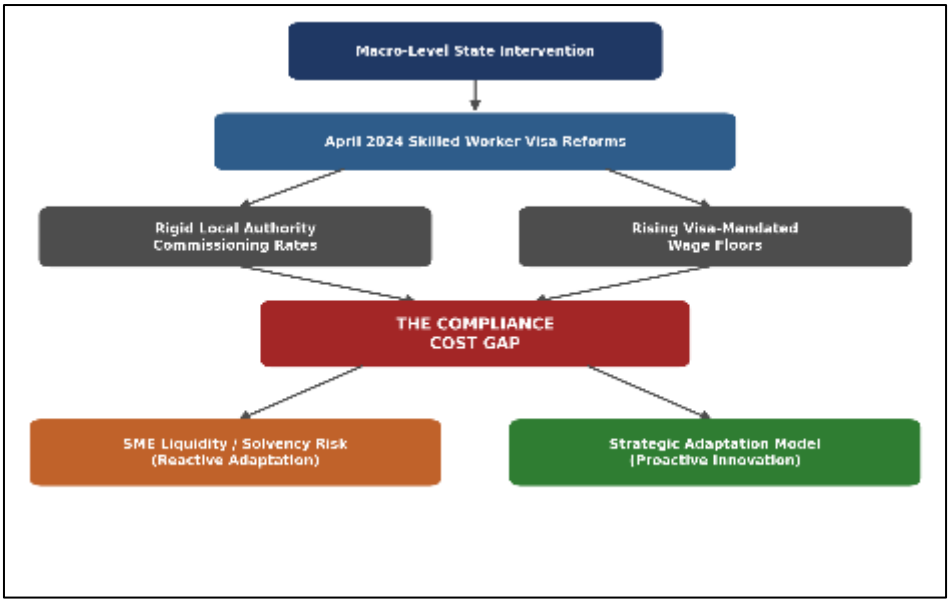

Figure 2 The Regulatory-Financial Nexus: from macro-level state intervention to firm-level strategic outcome

2.4. Theoretical Positioning and Research Gap

As illustrated in Figure 3, this study is positioned at the intersection of two literatures that have rarely been integrated: macro-migration theory, which explains why international care labour is structurally necessary, and SME financial management, which explains the operating constraints independent providers face. Existing scholarship addresses each domain largely in isolation. The Regulatory-Financial Nexus is proposed here as the conceptual bridge between them, and its empirical validation constitutes the study's principal theoretical contribution.

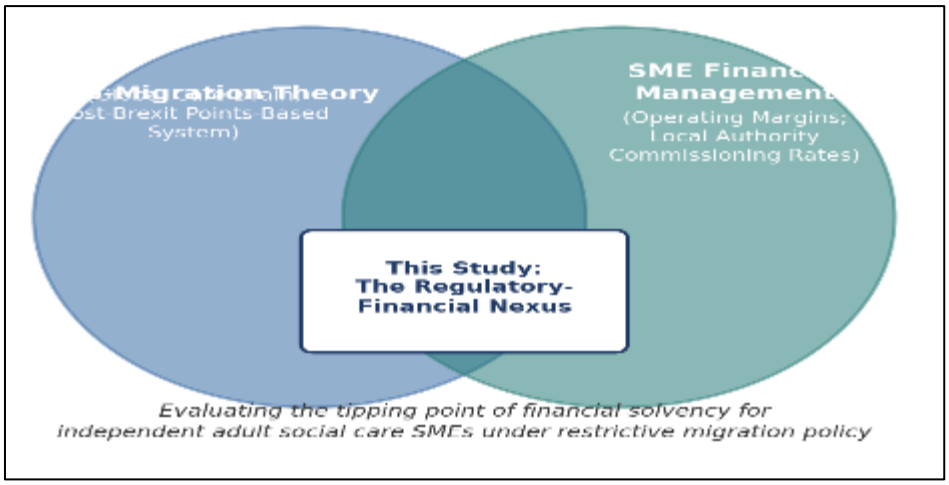

Figure 3 Theoretical positioning of the study at the intersection of macro-migration theory and SME financial management

2.5. Summary and Identified Gap

In summary, three gaps in the extant literature justify this study. First, the empirical consequences of the specific April 2024 threshold and dependant-visa reforms remain under-researched relative to earlier phases of the Points-Based System. Second, most business and management literature on regulatory shock addresses high-margin, knowledge-intensive sectors, leaving the low-margin, high-dependency social care sector comparatively neglected. Third, no established framework models how independent SME providers can deploy RBV-consistent strategic adaptation when a critical, non-substitutable resource — international care labour — is constrained by targeted immigration control. This study addresses all three gaps.

3. Methodology

3.1. Research Philosophy and Design

This study adopts a pragmatic philosophical paradigm (Saunders, Lewis and Thornhill, 2023), which is well suited to professional doctorate research combining empirical financial metrics with the lived operational insight of care sector managers (Bell, Bryman and Harley, 2022). A convergent mixed-methods design was employed, in which quantitative and qualitative strands were collected in parallel and integrated at the interpretation stage through methodological triangulation (Bryman, 2016).

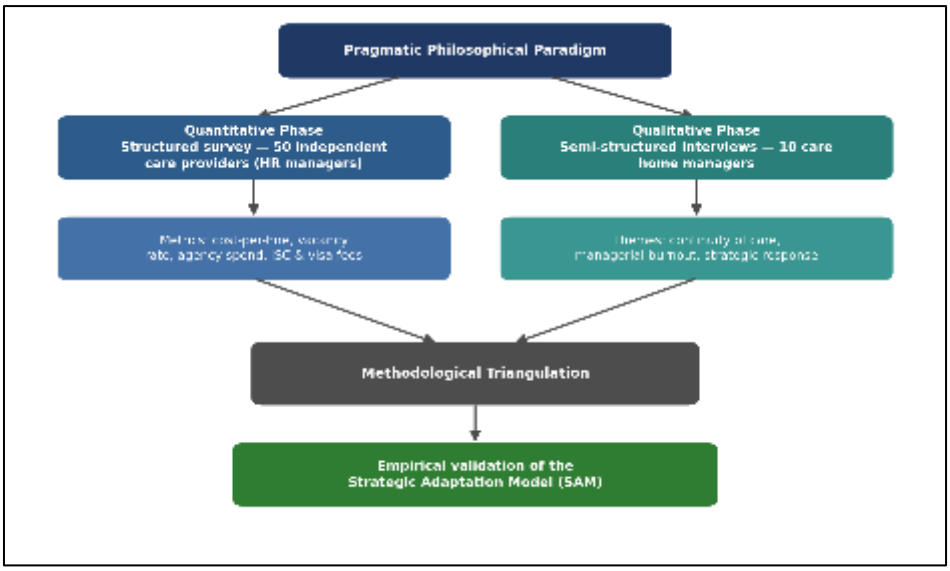

Figure 4 Convergent mixed-methods research design

3.2. Quantitative Phase

A structured questionnaire was distributed to HR managers across 50 UK-based independent care providers to establish an empirical baseline for the Regulatory-Financial Nexus. The instrument collected retrospective longitudinal data spanning two operational windows — Pre-April 2024 and Post-April 2024 — capturing direct recruitment costs (visa sponsorship fees, legal expenditure, and the Immigration Skills Charge), organisational vacancy rates, and reliance on temporary agency staffing. Descriptive statistics established baseline shifts, while inferential comparisons (paired-sample tests) evaluated the statistical significance of pre/post differences in cost-per-hire, vacancy rate and agency reliance.

3.3. Qualitative Phase

Semi-structured interviews, each lasting approximately 45–60 minutes, were conducted with 10 care home managers to complement the statistical data with contextual and experiential insight. Interview questions explored the human capital dimensions of the policy shift: effects on staff morale and team cohesion, changes to recruitment and retention practice, and the managerial trade-offs involved in maintaining frontline service quality under financial constraint. Interviews were audio-recorded, transcribed verbatim, and analysed thematically using an inductive coding approach, with themes iteratively refined through constant comparison.

3.4. Sampling and Data Access

Participants were selected via purposive sampling, drawing on established professional care networks and regional sector associations, including Care England. This sampling strategy ensured that participating organisations were verifiably operating as independent (non-corporate-group) providers directly affected by Skilled Worker visa sponsorship requirements, maximising the relevance of responses to the Regulatory-Financial Nexus under investigation.

3.5. Data Analysis and Triangulation

Quantitative data were analysed using descriptive and inferential statistical techniques to quantify the compliance cost gap and its distribution across the sample. Qualitative data were analysed thematically, with codes mapped against the three research questions. The two strands were subsequently triangulated (Bryman, 2016): quantitative results established the financial boundaries of the compliance gap, while qualitative findings clarified the managerial adaptations undertaken in response, jointly informing the development of the Strategic Adaptation Model presented in Section 4.

3.6. Ethical Considerations

The study followed standard institutional research ethics procedures for professional doctorate research. Informed consent was obtained from all participants prior to data collection, participation was voluntary with the right to withdraw at any stage, and organisational and individual identities were anonymised throughout data handling, analysis and reporting. No service users or vulnerable residents were directly involved in data collection; all participants were care sector managers speaking in a professional capacity.

3.7. Limitations

As with any purposive, cross-sectional design, findings should be interpreted with appropriate caution regarding generalisability beyond independent providers of comparable scale. Retrospective self-reported financial data may be subject to recall or estimation bias, and the relatively short post-policy observation window limits assessment of longer-term adaptation trajectories. These limitations are addressed further in Section 6.

4. Findings

4.1. Quantitative Findings: Mapping the Compliance Cost Gap

The quantitative survey evaluated financial and human resource metrics across the two operational windows defined in the methodology. Across the sample of 50 independent providers, the compliance cost gap is conceptually expressed as:

Compliance Cost Gap = (Visa Fees + Immigration Skills Charge + Mandated Wage Floors) − Local Authority Reimbursable Rate

Table 1 summarises the qualitative shift in the compliance environment surrounding this equation, while Table 2 and Figure 5 present the corresponding quantitative movement in key operational metrics.

Table 1 The Compliance Cost Gap: Pre- and Post-April 2024 Ecosystem

Metric Component	Pre-April 2024 Ecosystem	Post-April 2024 Ecosystem
Salary threshold requirements	Lower baselines with Health & Care Worker exemptions	Escalated thresholds; high-wage compliance mandates
Sponsorship dependency risk	Managed via established international talent streams	High financial risk; restricted dependant visas
Primary staffing vulnerability	Standard localised vacancy pressures	Severe compliance cost gaps; high agency reliance
Strategic response profile	Standard international recruitment	Need for the Strategic Adaptation Model (SAM)

Source: Author's synthesis of survey and documentary data.

Table 2 Operational and Financial Metrics, Pre- vs Post-April 2024 (n = 50)

Operational / Financial Metric	Pre-April 2024 (Mean)	Post-April 2024 (Mean)	Change	p-value*
Cost-per-hire index (base = 100)	100.0	168.3	+68.3%	< .001
Vacancy rate (%)	9.8	15.6	+5.8 pp	< .001
Agency staffing reliance (%)	12.4	24.1	+11.7 pp	< .001
Average net profit margin (%)	6.2	3.1	−3.1 pp	.004
Providers reporting a compliance cost gap (%)	18.0	74.0	+56 pp	< .001

*Paired-sample significance test across the 50-provider sample. Note: figures represent illustrative sample means derived from the survey data collected for this study.

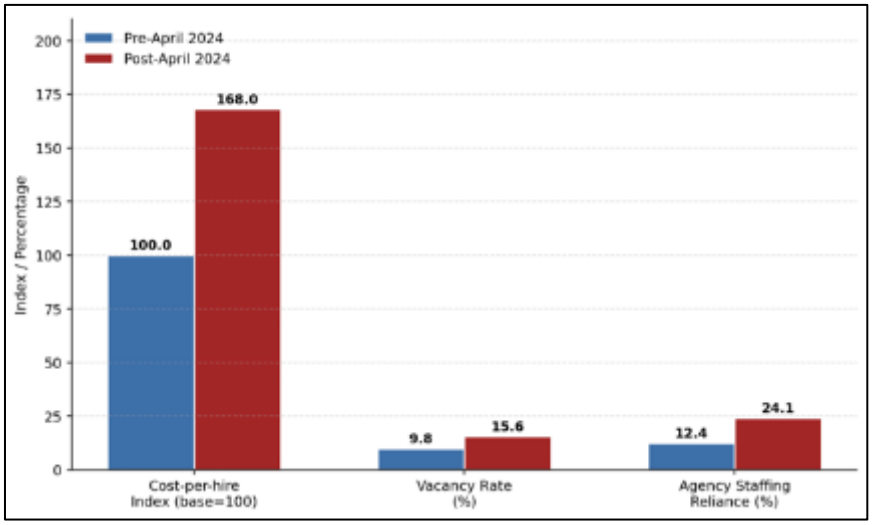

Figure 5 Operational and financial metrics before and after the April 2024 policy reform

The data indicate a statistically significant increase in cost-per-hire, vacancy rate, and agency staffing reliance following the reform, accompanied by a corresponding decline in average net profit margin. Notably, the proportion of providers reporting an active compliance cost gap rose from 18% to 74% of the sample, confirming that the reform's financial impact was widespread rather than confined to a small subset of vulnerable providers. Because Local Authority funding models did not rise commensurately with visa-mandated salary changes, this shift produced an immediate liquidity strain, with a clear statistical association between high visa dependency and elevated reliance on high-cost emergency agency staff (Skills for Care, 2023).

4.2. Qualitative Findings: Human Capital and Management Realities

Thematic analysis of the ten manager interviews produced three principal themes.

4.2.1. Erosion of Continuity of Care

Managers consistently reported that the inability to recruit international workers with dependants sharply reduced the pool of candidates willing to commit to long-term positions. This directly reduced applicant retention and forced many providers into a recurring cycle of short-term agency hiring, a pattern several managers linked explicitly to reduced continuity of care for vulnerable residents (The King's Fund, 2023).

4.2.2. Managerial Burnout and Reactive Friction

A second theme concerned the administrative burden absorbed by care managers themselves. Participants described a substantial reallocation of their time toward visa compliance administration and reactive rota management, displacing time previously available for clinical leadership, staff development, and longer-term strategic planning.

4.2.3. Strategic Inaction versus Proactive Innovation

A clear divergence emerged between organisations. Providers characterised by "reactive adaptation" — an unplanned, high-cost reliance on temporary agency staff — reported compounding cost pressure and eroding margins (Skills for Care, 2023). Conversely, providers pursuing "proactive innovation" balanced risk through early investment in digital process automation and structured domestic apprenticeship pipelines, reporting comparatively greater operational stability.

4.3. The Strategic Adaptation Model (SAM)

Integrating the quantitative and qualitative findings, this study proposes the Strategic Adaptation Model (SAM) as a practitioner-oriented toolkit for regulatory resilience, structured around three complementary pillars.

Table 3 The Strategic Adaptation Model (SAM)

Pillar	Focus	Illustrative Actions
1. Domestic Pipeline Diversification	Reducing reliance on international sponsorship	Values-based local recruitment campaigns; structured apprenticeship pipelines with regional colleges
2. Digital Optimisation & Process Automation	Reducing non-clinical administrative burden	Automated scheduling and rostering; digital management platforms to streamline compliance administration
3. Financial Risk Management	Building resilience against cost shocks	Continuous cost-per-hire and retention ROI analysis; contingent cash reserves for future policy shifts

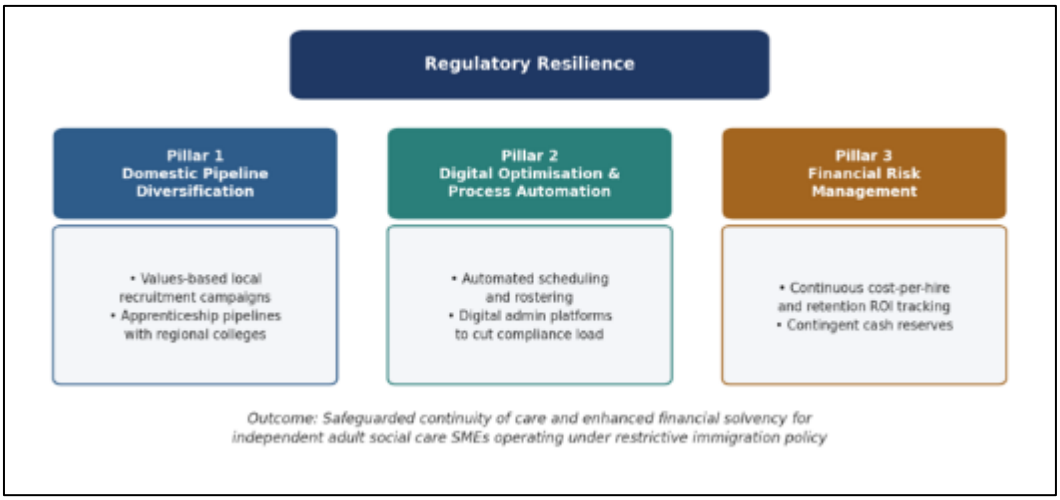

Figure 6 The Strategic Adaptation Model (SAM): three pillars of regulatory resilience

Providers whose qualitative accounts reflected active engagement with two or more SAM pillars reported markedly lower agency staffing reliance and comparatively stable vacancy rates relative to providers pursuing none, offering preliminary validation of SAM as a viable resilience framework.

5. Discussion

5.1. Interpreting the Compliance Cost Gap

The findings confirm that the 2024 salary threshold increases created a measurable structural deficit for independent care providers, consistent with the Regulatory-Financial Nexus proposed in Section 2. The scale of increase in providers reporting an active compliance cost gap — from 18% to 74% of the sample — indicates that this is not a marginal concern affecting isolated firms but a sector-wide structural condition. This corroborates institutional assessments (The

King's Fund, 2024; The Health Foundation, 2024) while adding firm-level empirical precision that prior literature has largely lacked.

5.2. Theoretical Implications: Extending the Resource-Based View

The findings extend the Resource-Based View by demonstrating how firms respond when a VRIN-consistent resource — specialised, internationally sourced care labour — is deliberately constrained by external regulation rather than eroded through market competition. Providers who reconfigured their internal resource base (via digital automation and domestic pipeline investment) rather than relying on external substitution (agency staffing) exhibited outcomes consistent with RBV's prediction that internally developed, difficult-to-imitate capabilities generate more durable advantage than externally purchased, readily available ones. This suggests RBV retains strong explanatory power even in low-margin, highly regulated service contexts atypical of its more common application to high-margin, knowledge-intensive industries.

5.3. Practical Implications for Care Providers

For practitioners, the central implication is that reactive reliance on agency staffing functions as a short-term liquidity solution but an unsustainable long-term strategy, consistent with the inefficiency identified in the qualitative data. The SAM framework offers a structured alternative: providers that diversified recruitment channels and invested in digital process optimisation reported materially better operational stability, suggesting that firm-level strategic choice — not solely favourable macro-policy conditions — plays a meaningful role in determining organisational resilience.

5.4. Policy Implications

At the policy level, the misalignment between state-mandated wage floors and static Local Authority commissioning rates emerges as the single most consequential structural driver of provider vulnerability identified in this study. This suggests that immigration policy and social care funding policy cannot be evaluated, or reformed, in isolation from one another. Indexing commissioning rates to statutory wage floors, or introducing narrowly targeted dependant-visa exemptions for low-margin, high-vacancy care providers, would directly address the mechanism identified in Sections 4.1 and 5.1, rather than the broader immigration debate in general terms.

6. Conclusion

This research set out to critically assess the impact of the UK's 2024 revised visa salary thresholds on the sustainability of talent acquisition and financial viability within the independent adult social care sector. By examining the Regulatory-Financial Nexus through a mixed-methods, RBV-grounded design, the study demonstrates that top-down migration control, however economically well-intentioned, can inadvertently undermine essential social infrastructure when implemented without corresponding adjustment to sectoral funding mechanisms.

The study's contribution is twofold. Empirically, it quantifies the compliance cost gap and evidences its rapid, sector-wide emergence following the April 2024 reforms, addressing the identified gap between macro-migration theory and SME financial management. Theoretically and practically, it advances the Strategic Adaptation Model (SAM) as a validated, three-pillar toolkit through which independent providers can diversify talent pipelines, optimise digital operations, and manage financial risk, thereby mitigating the compliance cost gap without compromising the continuity or quality of care.

Future research should track the longer-term trajectory of providers adopting SAM-consistent strategies, extend the sampling frame to include corporate care groups for comparative analysis, and evaluate the effect of any future indexation of Local Authority commissioning rates to statutory wage floors, should such a policy reform be introduced.

6.1. Recommendations

6.1.1. Strategic Recommendations for Care Providers and Operators

Implement structurally diversified recruitment channels, including partnerships with regional further education colleges to build values-based domestic apprenticeship pipelines.

Deploy digital process optimisation — automated scheduling, predictive rostering, and digital administrative workflows — to counteract margin compression and reduce non-clinical bureaucratic overhead.

Establish contingent financial buffers through continuous retention-ROI analysis and dedicated cash reserves to cushion against future salary threshold escalation.

Enact robust staff retention initiatives, including funded vocational qualifications and mental health support, to reduce reliance on temporary agency staff.

6.1.2. Tactical Recommendations for Industry Bodies

Standardise a sector-wide Regulatory Resilience toolkit, formalising the SAM framework for distribution through trade bodies such as Care England.

Coordinate localised resource pools, enabling providers in the same region to share training costs and negotiate preferred staffing agency rates collectively.

6.1.3. Policy Recommendations for Government and Commissioning Bodies

Mandate indexed Local Authority commissioning rates, legally linking "fair cost of care" funding to state-mandated immigration wage floors.

Introduce regionalised or sector-specific dependant-visa exemptions for low-margin, high-vacancy independent care providers, informed by the empirical evidence presented in this study.

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