DIVERSITY RESOURCE INTERNATIONAL

Final Report

Legacy Support for Displaced International Care Workers (Sussex)

Delivery Partner
Diversity Resource International

Commissioned by
Brighton & Hove and East Sussex Partners in Care

Funded by
South East Social Care Alliance (SESCA)

Brighton & Hove Partners in Care
East Sussex Partners in Care
SESCA South East Social Care Alliance

Table of Contents

Executive Summary	1
Introduction	4
Key Survey Indicators and Demographics	6
Thematic Findings	9
Conclusion and Recommendations	20

Executive Summary

This report presents findings from a scoping study of displaced international care workers in Sussex, undertaken with the support of the DHSC-funded International Recruitment programme (which runs until March 2027). The evidence it contains speaks directly to the operational and policy consequences of the current sponsorship regime for Health and Care Worker visa holders. Several of its findings fall within the direct remit of UKVI and DHSC including visa policy design, sponsor licensing and compliance, and the sustainability of the adult social care workforce. The findings in the report clearly establish that Sussex needs a coordinated legacy support framework beyond March 2027, supported by sustainable funding, clear ownership and defined pathways for immigration advice, ethical employment, hardship assistance, wellbeing, and provider prevention.

Scale and nature of the problem

Displacement is a national phenomenon with acute local consequences. SESCA regional data records approximately 784 displaced workers across the South East without secure sponsorship, of whom 67 have relocated to Sussex by the end of 2025. There is a high likelihood of these figures being understated and should be treated as minimum rather than a complete estimate. This is because displaced workers outside tracking systems are invisible to both regional projects and statutory services.

Immigration policy changes will intensify this pressure. Rule changes introduced from 22 July 2025, with further reform anticipated by 2028, are expected to increase sponsorship breakdown and displacement. As DHSC-funded IR support winds down from March 2027, there is currently no funded, coordinated mechanism anywhere in the system to manage this population at the point of sponsorship failure.

Absorption capacity within the compliant sponsor base is limited. Only 116 of 171 Sussex providers (~68%) hold assured sponsor status. This constrains re-employment routes for workers and increases the duration of limbo between sponsors.

What the evidence shows about the sponsorship system itself

The study combines a 148-response survey, two focus groups, ten in-depth worker interviews, two provider interviews and three stakeholder interviews (including the Workers' Rights Centre and an academic researcher from the Migration Observatory, Oxford). Some of the key findings that emerged from this evidence and carry significant policy relevance are:

1. **Sponsorship dependency transfers compliance risk from the system onto individual workers:** When a sponsor licence is revoked, the worker bears the consequence including immediate loss of lawful status, loss of income, and a compressed window to find a new sponsor. 74% of the surveyed workers reported high or extreme stress about visa or job security; 66% said uncertainty had significantly affected their daily lives. Workers described continuous fear not merely of job loss, but of becoming unlawfully present.

2. The consequences extend well beyond employment: 43.2% of respondents reported needing help with basic needs (food, rent, utilities) and 30.8% had borrowed money or taken loans. Sponsorship failure functions as a multi-agency risk event touching housing, debt, safeguarding and mental health yet falls to no accountable institution once regional project funding ends.

3. The system incentivises silence: Because immigration status depends on employer sponsorship, workers are reluctant to report underpayment, exploitation, discrimination or unsafe conditions. 19.9% cited fear of consequences as a barrier to seeking support and 15.1% cited trust issues. This is a structural vulnerability in a tie between immigration status and a single employer. It suppresses the very intelligence that compliance and enforcement regimes depend upon.

4. Information provision alone is insufficient: 46% of respondents did not know where to go for help; 41.8% cited waiting times as a barrier; and over half were unaware or unsure of proposed changes to the Health and Care Worker route. Clear communication of confirmed versus proposed policy changes is a persistent unmet need among the affected workforce.

5. The workforce wants to stay: 83% of respondents wanted help finding a new role with a new sponsor. These are trained, tax-paying, experienced carers, who are currently locked out of employment by licence actions and compliance caution rather than by their own choices or competence.

Recommendations

The evidence suggests several areas where national policy attention would materially reduce displacement and its costs:

- **Transition support at the point of licence revocation:** Workers affected by sponsor licence loss currently enter a gap in provision. Consideration of a defined, time-bound support or grace framework communicated clearly at the point of enforcement action would reduce unlawful presence and destitution risk.

- **Clear, consistent communication of policy changes:** The widespread confusion about confirmed and proposed Health and Care Worker route changes indicates a need for direct, plain-language communication to affected workers, not only to sponsors.

- **Expansion of the assured/compliant sponsor base:** Provider-side support could grow ethical absorption capacity, addressing the mismatch between displaced workers and available sponsors.

- **A legacy support framework beyond March 2027:** The study recommends a layered model beyond the current funding period, including a) single-point identification and triage, b) regulated immigration advice signposting, c) ethical employment navigation, d) crisis and hardship pathways (including no recourse to public funds), e) wellbeing and peer support, and f) provider-facing prevention. This model requires a sustainable funding and accountability basis at regional, national or combined level.

Introduction

This report presents findings from a scoping study of displaced international care workers in Sussex, to understand the need for a sustained legacy support framework to address the diverse issues they face. The study was undertaken with the support of the DHSC-funded International Recruitment programme (which runs until March 2027). The report centres the voices and needs of Sussex-based international care workers to map the operational and policy consequences of the current sponsorship regime for Health and Care Worker visa holders in the UK. The findings indicate that the fragile nature of sponsorship leads to severe impacts on workers' employment, immigration security, housing, finances, wellbeing and access to support. This makes it imperative for a coordinated legacy support framework to be put in place beyond March 2027, supported by sustainable funding, clear ownership and defined pathways for immigration advice, ethical employment, hardship assistance, wellbeing, and provider prevention.

The report is structured as follows: the first section lays out the context and the need for the scoping project followed by a brief note on the methodology employed. The next part gives an insight into key demographic indicators of the study respondents before drawing out the findings thematically. The last section gives recommendations for urgent national policy action to address the multiple precarity of displaced international care workers.

Background and context

Diversity Resource International (DRI) was commissioned by the Brighton & Hove and East Sussex Partners in Care (ESPIC) to conduct a scoping project to assess the need and feasibility for a long-term legacy support programme for displaced international care workers in Sussex. This was done in the backdrop of Department of Health and Social Care (DHSC) approved funding for International Recruitment (IR) approved till March 2027 which is also expected to be the final year of the funding. The legacy support programme scoping by DRI and ESPIC therefore looks beyond March 2027 to assess whether Sussex requires a long-term framework for displaced workers when the funded IR project concludes.

Regional data from the SESCA International Recruitment Project shows around 784 displaced workers across the Southeast remain without secure sponsorship by the end of/by the year 2025. Of these, 67 workers have already relocated to Sussex, with more likely unknown to the regional project and/or statutory services. This represents a significant population requiring coordinated support, and it is unclear how many additional workers are displaced but not captured in current tracking systems.

The capacity for ethical sponsorship within Sussex is also constrained. Only 116 of 171 Sussex providers (approximately 68%) have progressed to assured sponsor status, leaving over 55 providers without this credential. This gap limits the pool of employers able to absorb displaced workers and may contribute to the vulnerability of those seeking new sponsorship.

Immigration rule changes introduced from 22 July 2025, with further reform anticipated by 2028, are likely to increase displacement and system pressure. Currently, Sussex lacks a coordinated, long-term framework to support displaced international workers at the point of sponsorship breakdown beyond the SESCA regional project. This scoping project assessed whether such a framework is required and what it should look like.

Methodology

This scoping project employed a range of data collection methods. We conducted 10 in-depth interviews with Sussex based displaced international care workers to gather individual experiences of the sponsorship system and its impact on their lives. To complement the interviews and enable participants to build and reflect on each other's experiences, ideas, and needs, we held two focus group discussions (FGDs) with the care workers. To compensate for the time for those that were interviewed or participated in FGDs for the study, we paid thank you vouchers of £25 each.

Paying due attentiveness to the principles of confidentiality and care, all participant accounts and testimonials presented in this report are anonymised.

Two interviews with care providers were conducted to understand their perspectives especially on rules and compliance systems. We also conducted three stakeholder interviews one each with a representative from Workers Rights Centre (WoRC), Tressa Care, and an academic researcher based at the Migration Observatory at Oxford University.

Further, we carried out an online survey that was shared with the displaced international care workers registered with the SESCA database. In the first instance, we coordinated with ESPIC to circulate the survey as they have access to SESCA database of the displaced care workers. We also shared the surevy with Tressa Care who shared the survey among a pool of displaced workers known to them. In total we received a total of 148 responses to this survey. We held a draw to provide vouchers to the 10 selected survey respondents.

Key Survey Indicators and Demographics

The survey gathered feedback from displaced international care workers who were affected by sponsorship issues or uncertainty to help shape and inform future services and a legacy support Programme in Sussex. The survey predominantly consisted of closed-ended multiple choice questions together with a small number of Likert scale, binary, and open-ended questions. The survey provided important demographic data including the nationality of the workers (Figure I), their current location in Sussex (Figure II), current job status (Figure III), their time in the UK (Figure IV), and the visa type and status (Figure V).

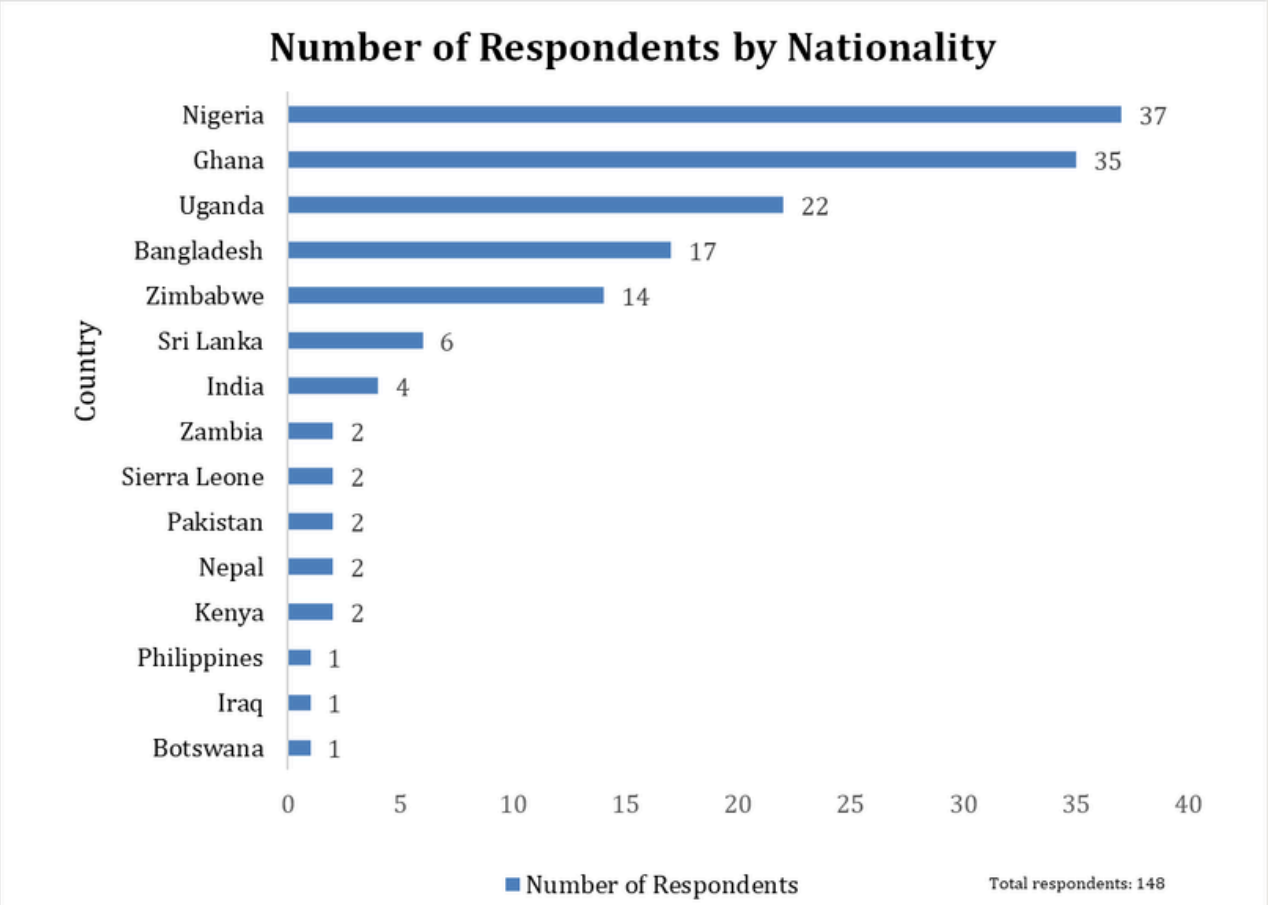

Figure I: Number of international care workers by nationality

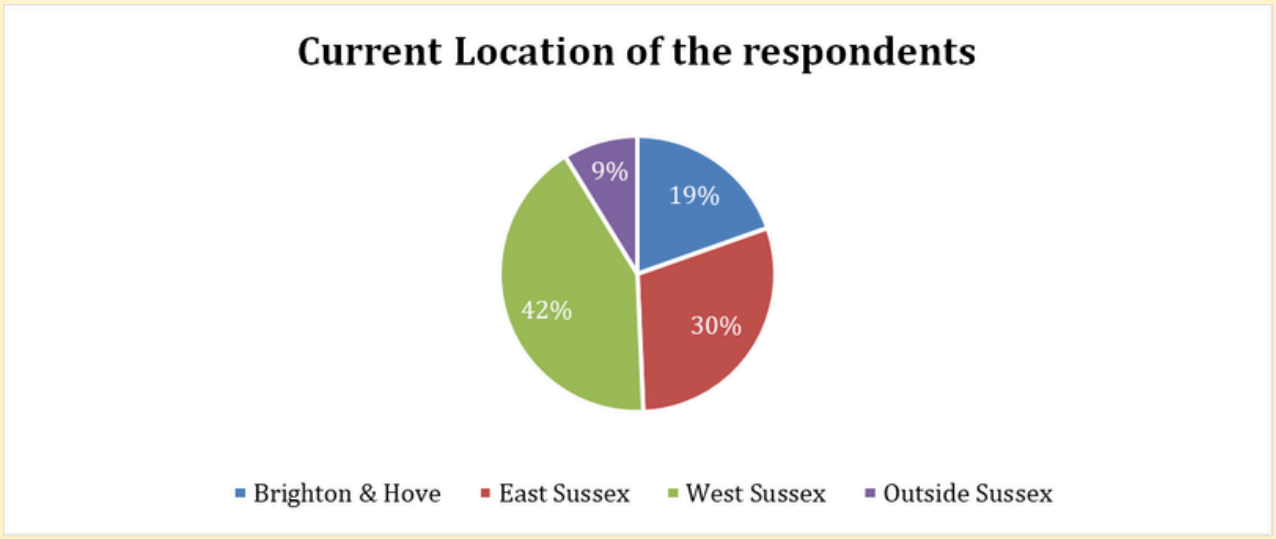

Figure II: Current location of the surveyed international workers in Sussex

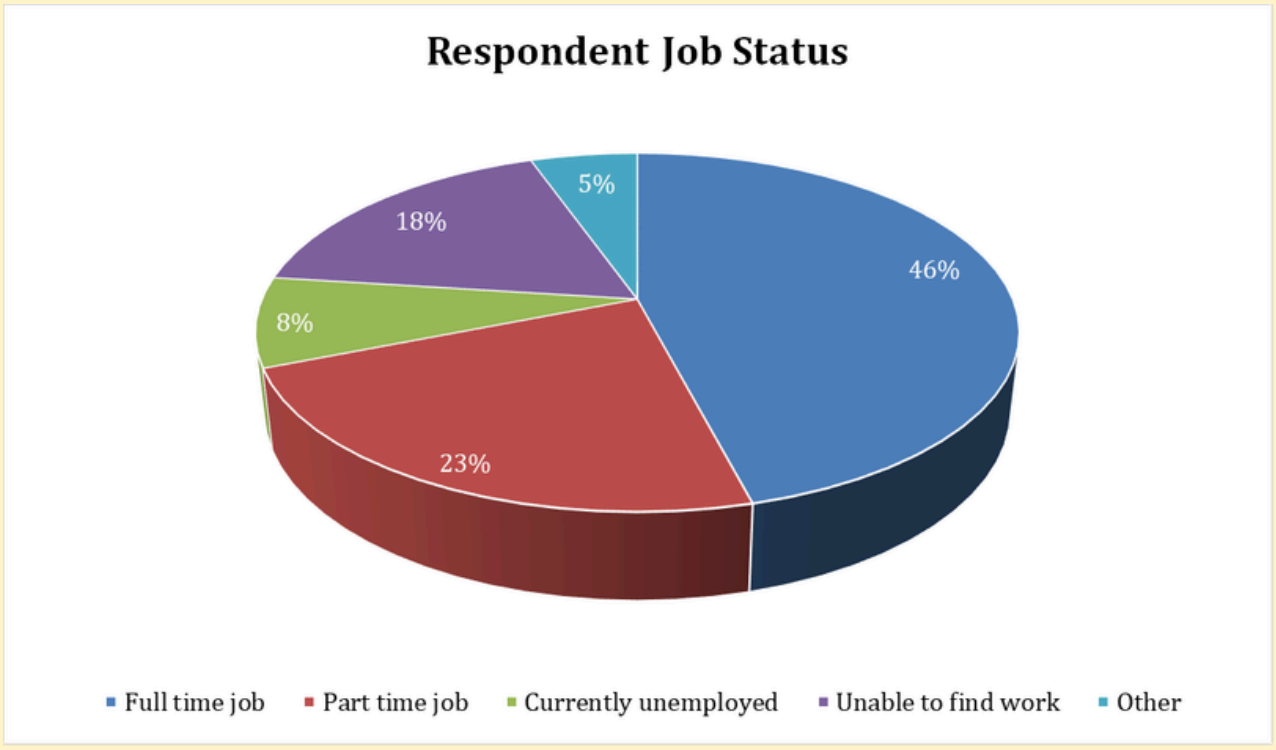

Figure III: Job status of the respondents

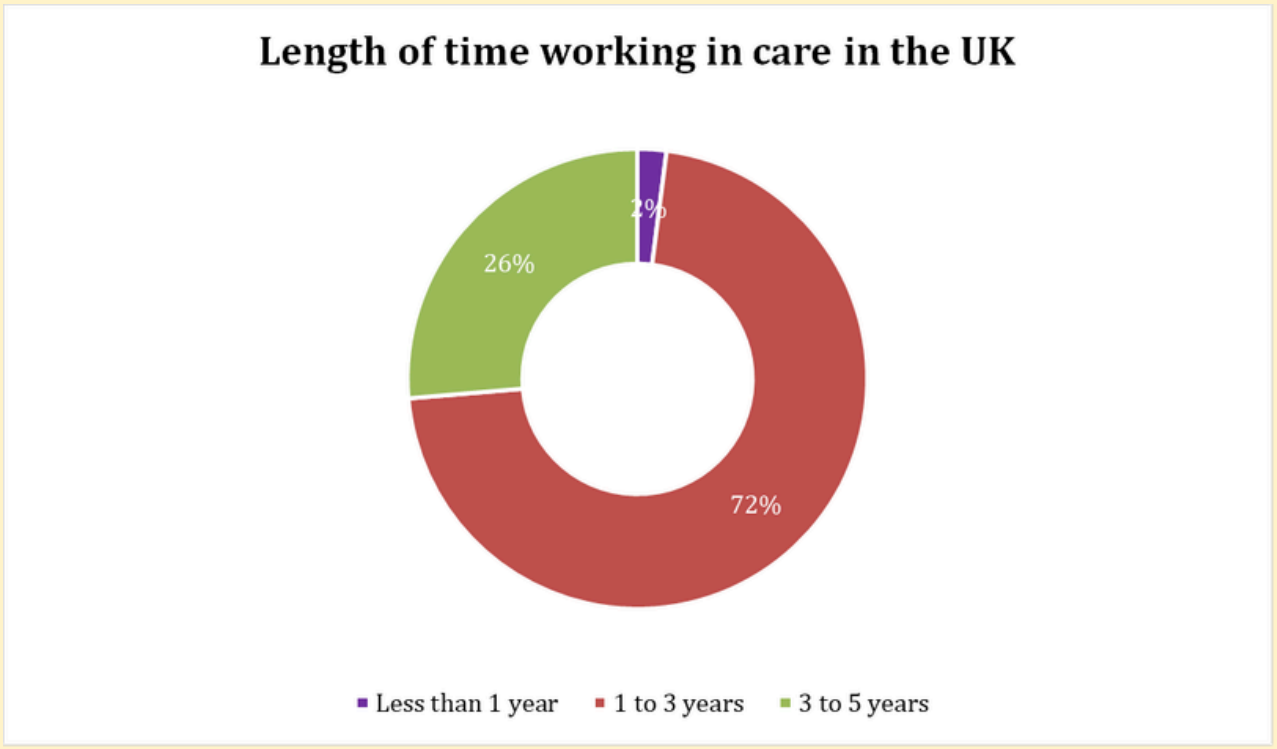

Figure IV: Time working in the UK

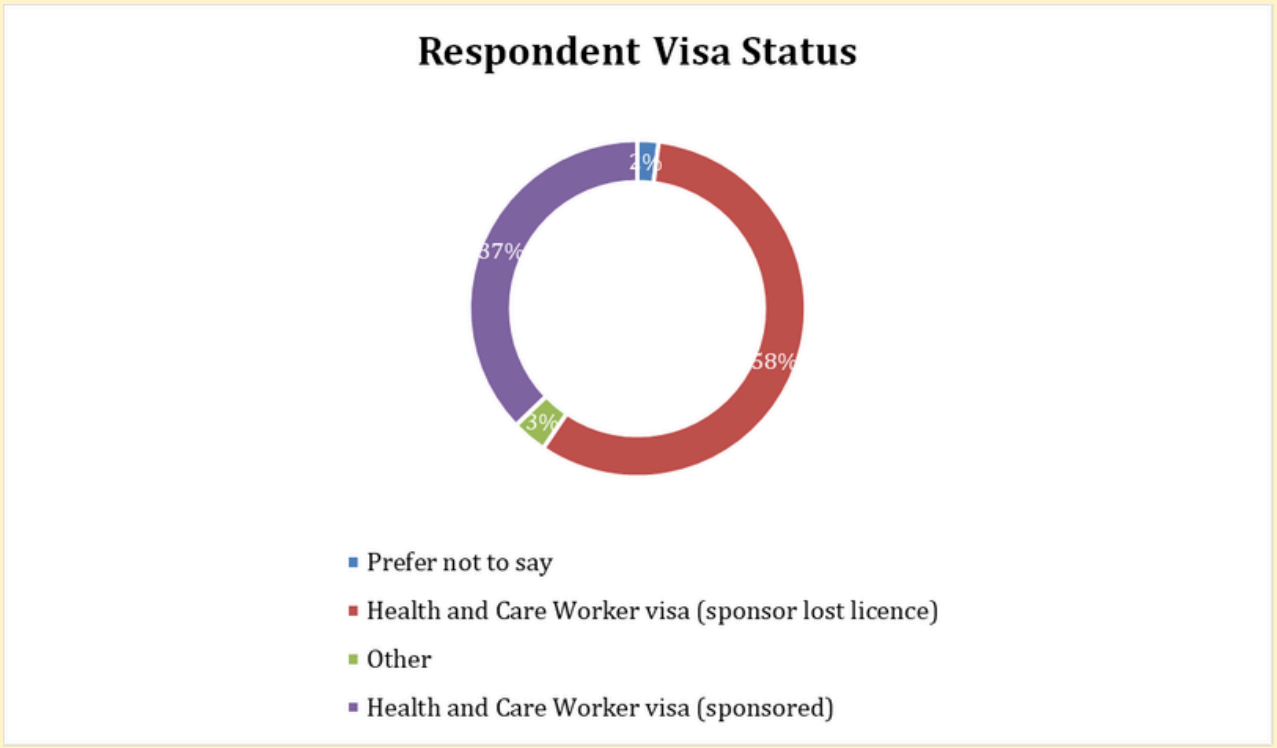

Figure V: Type of Visa

Thematic Findings

This section provides analysis and findings from the 148 survey respondents, focus group participants, care worker interviews, provider perspectives, and stakeholder conversations. The evidence in this report points to displacement as a layered risk where loss or fragility of sponsorship not only affects employment, housing and income, but further compounds precarity by narrowing workers' ability to raise concerns, plan family life, access support and continue contributing to care safely.

Sponsorship instability is not a discrete administrative incident. It has a cascading effect that leads to a chain of risks including reduced or lost hours, loss of sponsoring employer, difficulty securing a new sponsor, limited income, fear of breaching immigration conditions, uncertainty about future settlement, and reluctance to challenge poor treatment.

Among the 148 survey respondents of the DRI survey, 110 (~74.0%) out of 148 reported high or extreme stress about visa or job security. 98 (66.1%) said uncertainty had significantly affected daily life, and 84 (~57%) described their visa status as a Health and Care Worker visa where the sponsor had lost its licence. The survey findings were complemented by the qualitative testimonies in the focus groups and interviews where participants shared experiences of joblessness, insufficient hours, borrowing from relatives, and repeated sponsor disruption.

It is important to highlight the limitations of this study before detailing the findings. As a voluntary scoping exercise, this study is not a representative estimate of all displaced international care workers in Sussex. Additionally, workers outside of the SESCA and Tresa Care networks may have different experiences than this report captures. The experiences and perspectives presented here must be seen as drawing attention to some of the critical issues and concerns of are workers that demand a sustained legacy support framework for redressal. Some of the findings from the study are highlighted here:

1. Sponsorship Instability Transfers Risk onto Individual Workers

The clearest cross-cutting finding is that the sponsorship system transfers labour market and compliance risk onto individual workers. With only 116 of 171 Sussex providers having secured assured sponsor status, the capacity for ethical sponsorship is already constrained. The survey confirms that a substantial part of the respondent group has direct or indirect exposure to sponsorship disruption. Focus groups and interviews highlight what this means in practice with workers moving between employers, losing hours, relying on agency work, receiving curtailment warnings, waiting for references, and unable to find employers willing to sponsor them. This visa and job uncertainty significantly impacts the daily life of the workers as demonstrated by the survey respondents (Figure VI) with 68% saying that their daily life was significantly affected with this uncertainty and another 20% saying it somewhat affected their daily life.

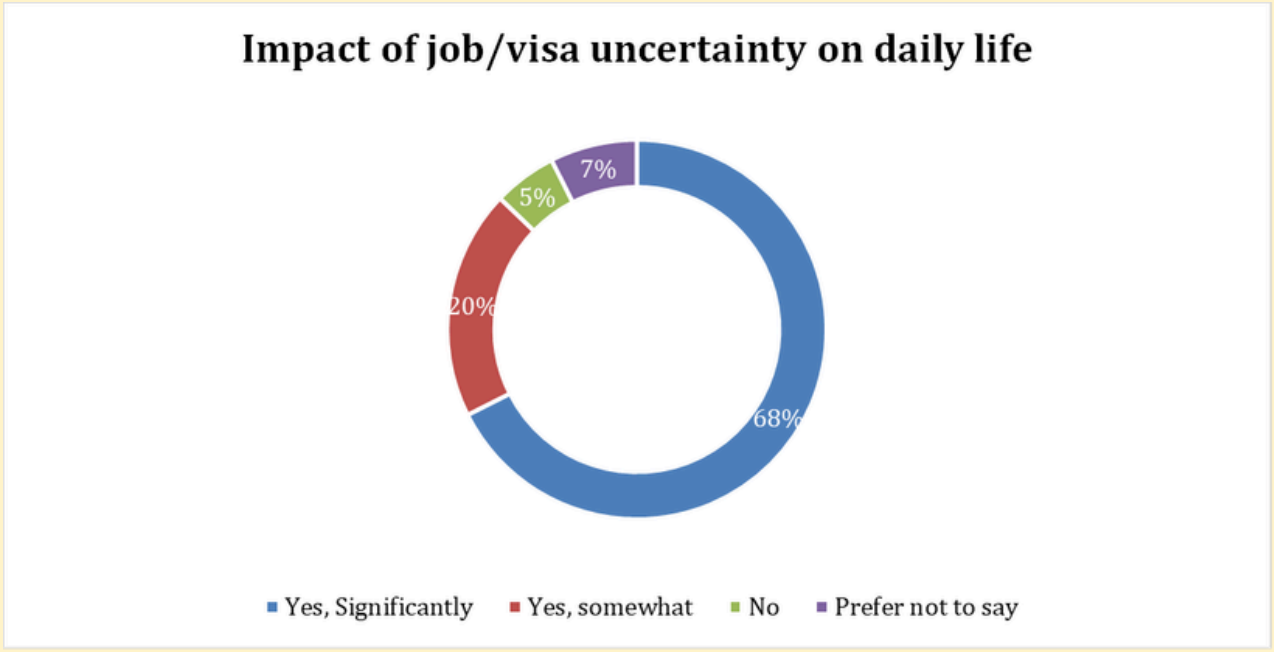

Figure VI: Impact of Job/visa uncertainty on daily life

In the focus groups, workers described sponsor licence loss as repeated disruption rather than a one-off event. One participant described multiple sponsor collapses or withdrawals, while another described being left with too few hours and high anxiety about the future. In worker interviews, sponsorship was described as a source of continuous fear. As these narratives show,

"Employers and government often assume displaced sponsored care workers can quickly find a new sponsor, but many of us lost our jobs through no fault of our own when our employers' sponsor licences were revoked. We still want to work and contribute, but finding a new sponsored employer within the limited time available is extremely difficult. During this period, many of us are unable to work, leading to severe financial difficulties, stress, and anxiety while we try to secure a new sponsor and support our families."

"All the people who came to this country on a work visa... they always had something in their heart, a fear to lose their sponsorship, a fear to become illegal, a fear to lose their legal status, a fear of if something happened, they're going to lose everything."

It was not just the fear of losing a job, but the fear of becoming unable to remain lawfully, support family members or move towards settlement. Some providers themselves feel exposed to sponsor-compliance risk and may become more cautious about sponsoring workers. This means worker displacement is connected to provider behavior and regulatory design, not only to individual choice. The following anecdotes from interviews and focus groups further highlight the difficulties and uncertainties faced by the international care workers.

"It's very difficult to explain my situation at this moment, because I'm jobless last couple of months... Surviving in this country, it's very hard."
"The main concern is right now it's too hard to find a new sponsor and then new job here."

2. Displacement is simultaneously a safeguarding, financial, and wellbeing issue

Our survey responses show workers highlighting stress, financial strain, borrowing and need for help with basic needs. “I need emotional support; this is killing me now,” one of the responses noted.

When asked about the levels of stress workers feel owing to visa disruptions and job insecurity, 94% respondents reported experiencing at least some level of stress. This includes workers experiencing stress that ranges from extreme (~57%) and high levels (~17%), to moderate (~14%) and low levels of stress (6%) (see Figure VII and Figure VIII).

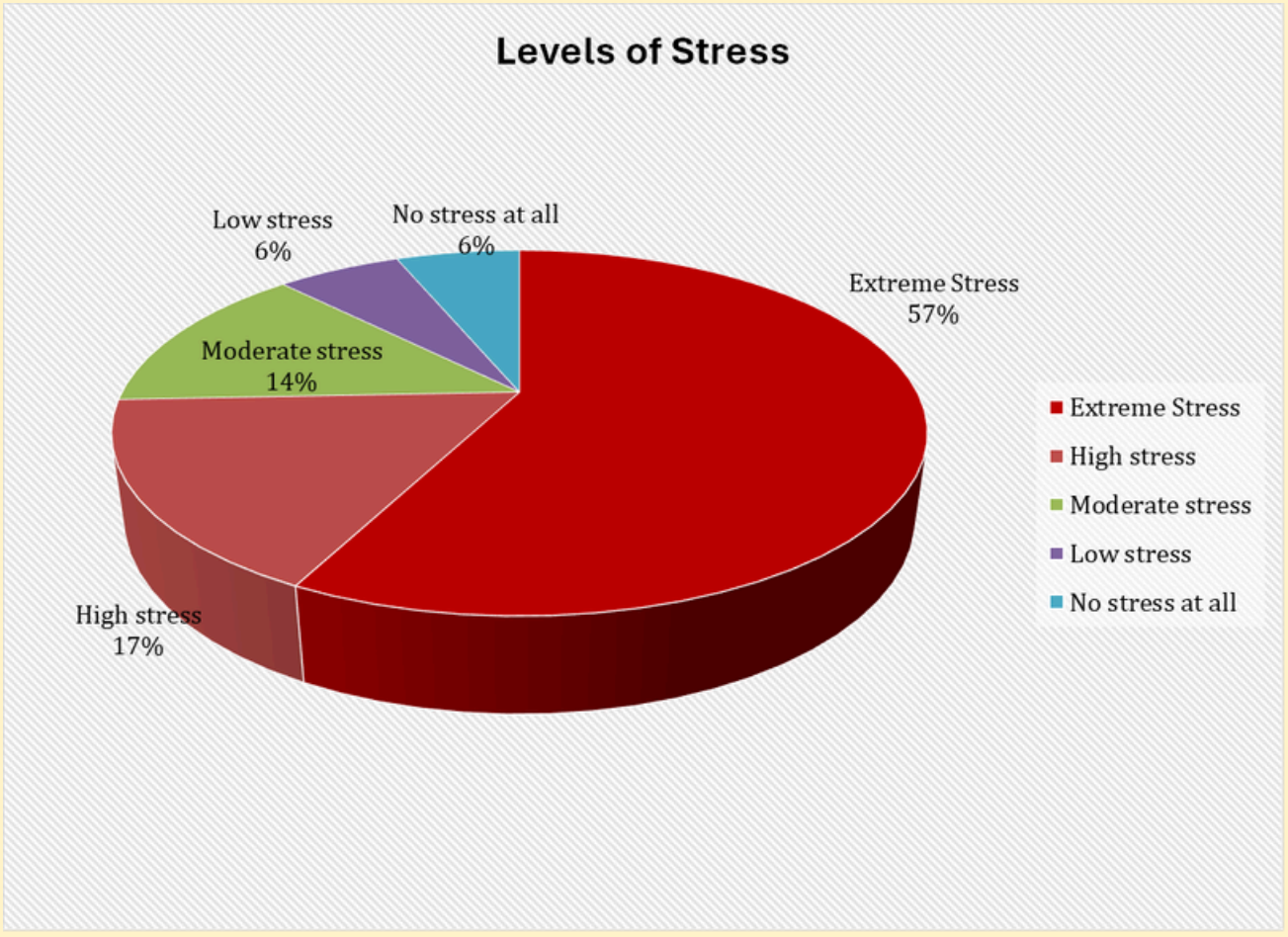

Figure VII: Levels of stress of the survey respondents



Fig VIII: Average stress rate

The more in-depth, qualitative narratives explain how these pressures accumulate. Workers describe rent, food, utilities, remittances, children, immigration fees and transport as linked pressures. Where work is interrupted, the effect is not simply loss of income as it compounds problems and unsettles housing, family obligations, legal security and mental health.

"I can't pay properly my rent and other utility bills, even. I can't afford my food bill as well. Most of the time, I borrow some money from my relatives."

Survey responses also indicate requests for financial assistance, housing support, legal advice and mental health support, indicating that employment problems spill into multiple support domains. 43.2% of survey respondents reported needing help with basic needs and 30.8% indicated borrowing money or taking loans.

Focus group evidence included accounts of workers struggling to pay rent, utilities and food bills and borrowing from relatives whose support was becoming exhausted. One participant emphasised that care work is emotionally and physically demanding even when workers are secure; additionally, when workers are anxious about sponsorship, the work becomes harder to sustain safely.

"Sometimes it do get really hard when the client is too demanding and then they complain office... they can also like you know they can cancel our sponsorship." (sic)

These findings demonstrate that income disruption cascades across multiple domains. Therefore, displacement should be treated as a multi-agency risk requiring clear referral routes into advice, hardship support, safeguarding and wellbeing services. Employment matching alone will not address the full risk profile.

3. Workers are committed to care, but work in conditions of constrained choice

A recurring narrative across our data is that many workers value care work and want to continue contributing. Workers describe attachment to service users, pride in caring and the wish to work rather than seek benefits.

"When you meet these sort of clients who appreciates what you are doing... then you think oh if there are some negative expect there are some positive as well." (sic)

At the same time, sponsorship dependency reduces choice. Workers may stay in poor conditions, travel long distances, accept reduced hours, or avoid complaint because the consequences of losing sponsorship feel too severe. The narratives presented below highlight this.

"It's difficult when I go somewhere for finding sponsor, for 20 hours work, any company, they're not allowing me because my company licence is reported." (sic)

"When you're working through an agency, we didn't get sufficient shift." (sic)

Worker needs are often seen only as a demand for settlement status, reducing their needs and contributions to their desire to get settlement alone. As some noted,

"[They think] that we only want settlement status, but we actually care for the people we assist, and some of us don't mind working in care even after we get settled status."

"The government think I am here to get free benefits. I am only here to work hard and be the best I can be."

Worker interviews described the meaningful side of care including relationships with clients, appreciation from residents and the satisfaction of supporting people with daily life. Workers repeatedly contested the idea that workers are only seeking settlement. They pointed towards their contributions in terms of paying taxes, doing long hours and commitment to vulnerable people. This was reinforced in the stakeholder and service provider narratives that emphasised that migrant workers are a significant part of care delivery, and that continuity of trusted carers matters for residents and service users. Even as they demonstrate commitment towards working for vulnerable people, their own working and visa conditions make them vulnerable. One noted,

"Many of us have spent years working in health and social care, gaining qualifications, developing skills, and supporting vulnerable people. However, when a sponsor's licence is revoked or immigration rules change, experienced workers can suddenly face uncertainty despite having a strong employment record and valuable experience."

Our survey data shows 123 respondents (83%) out of 148 want help finding a new job with a new sponsor, demonstrating that the overwhelming majority want to remain in care work rather than exit the sector. These committed care workers are trying to remain in work and contribute but face a system that narrows safe choices. Retaining them in ethical employment across Sussex is a welfare imperative as well as a workforce sustainability priority.

4. **Silence and under-reporting are part of the risk environment**

The evidence suggests that some workers do not raise concerns because complaint is experienced as risky. Workers may fear that challenging underpayment, insufficient hours, discrimination, racism, or unsafe work environment and practices could jeopardise both their employment and their ability to remain in the UK.

One worker interview described feeling that when problems arise, workers often have nowhere meaningful to go and may simply shut their mouth and continue. The survey responses also brought forward issues like underpayment, insufficient hours, unfair treatment/discrimination and being asked to pay money to get or keep a job (see Figure IX).

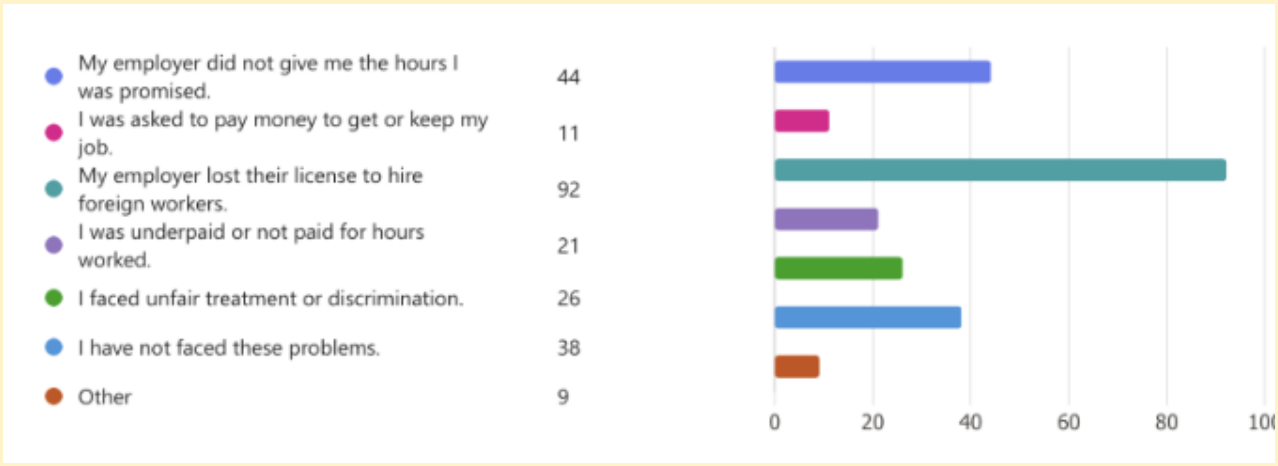

Figure IX: Range of difficulties faced by international care workers

The stakeholder interviews also highlighted how the burden of compliance can create fear on the employer side but that must not obscure the worker-level risk of silence when employer power includes sponsorship control.
Our survey indicates 19.9% reported fear of consequences as a barrier to accessing support, and 15.1% cited trust issues.

5. **Information is necessary, but not enough**

Clear information is a major need. Workers asked for information about sponsorship, immigration rules, support services, food banks, legal advice, housing, mental health and confirmed versus proposed policy changes. In response to a question on what makes it hard for the workers to access support, 46% respondents indicated they did not know where to go highlighting lack of proper information system (see Figure X).

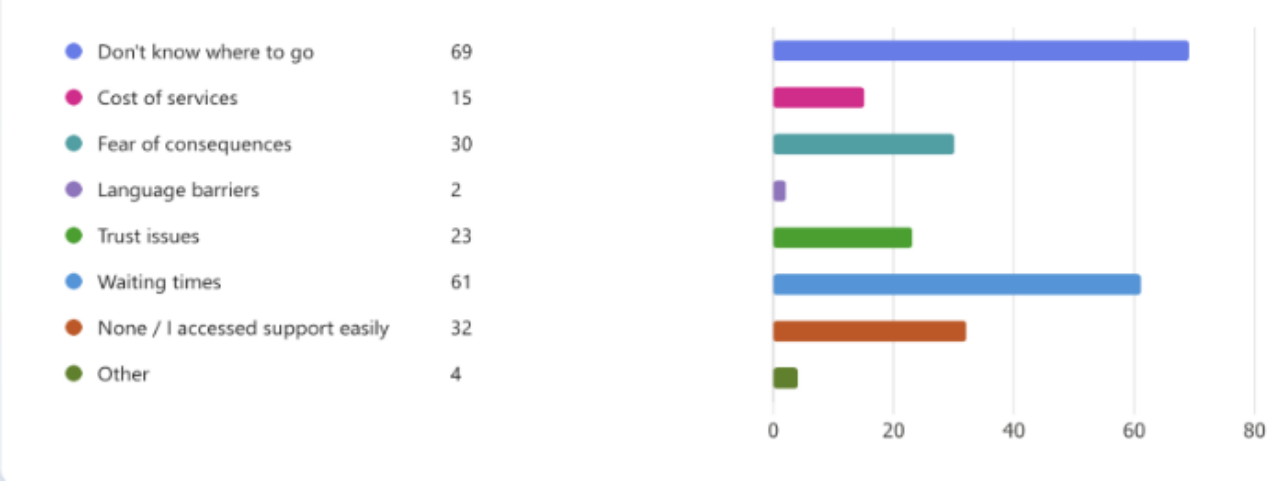

Figure X: Barriers to access support

Likewise, more than 50% of the respondents were either unsure about the proposed changes to the health and care worker visa or did not know about this at all (Figure XI).

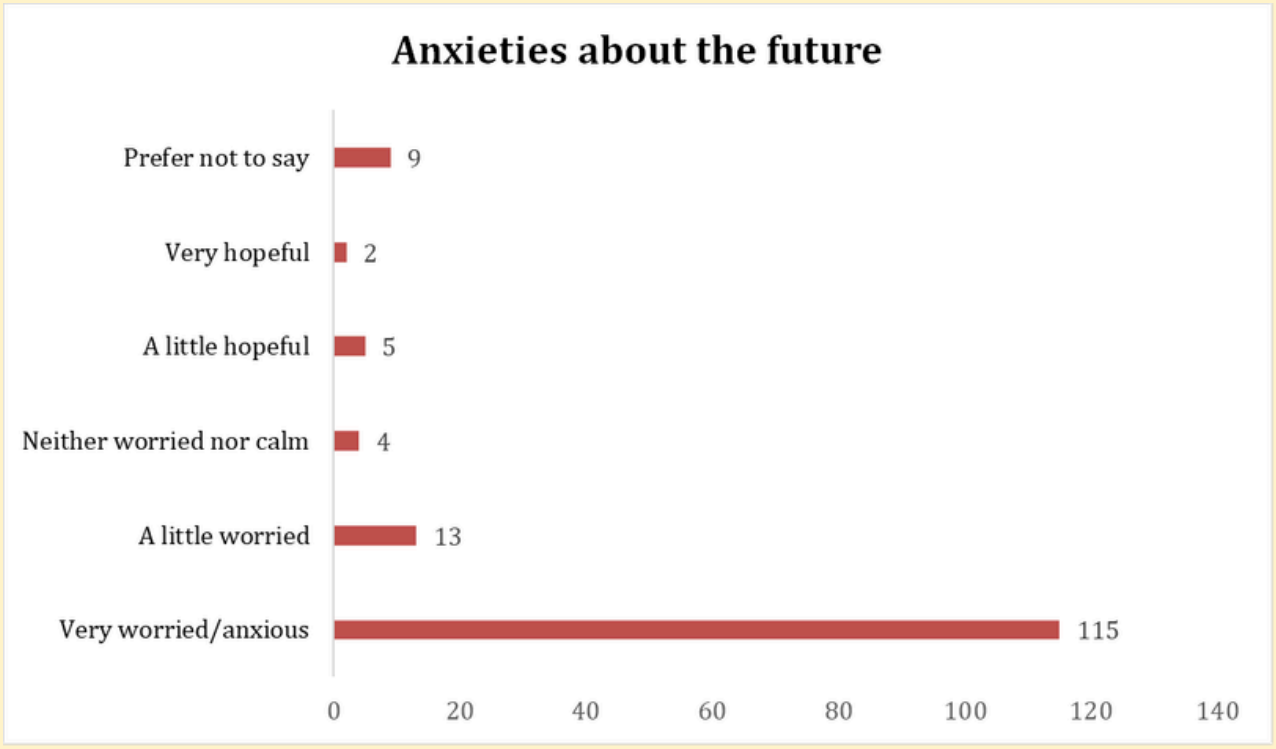

Figure XII: Future anxieties owing to proposed changes to health and care visa by 2028

Majority of the respondents (92 out of 148) also expressed that their biggest fear was the uncertainty of not knowing what is to come. Furthermore, qualitative evidence is clear that information sessions alone can feel inadequate when workers urgently need income, a new sponsor, rent money or legal help.

Focus group participants valued updates and engagement but expressed frustration when support did not translate into employment or direct practical help. The participants highlighted waiting times, fear of consequences and trust issues as important access barriers. One carer interview identified an information pack as useful, particularly where workers do not know where to go for help or worry about services being incompatible with visa conditions.

Current SESCA provision offers substantial information infrastructure: IR bulletins, guidance pages, webinars, compliance resources and a legal helpline for providers. However, our survey data indicates that 45.9% did not know where to go for help, and 41.8% reported waiting times as a barrier. The information pack should be part of a broader navigation offer. Workers need not only lists of services, but warm referrals, eligibility clarity, escalation routes and follow-through.

6. The system also needs ethical provider engagement

Our interactions with the two service providers brought forth how they are struggling with staff recruitment, compliance complexity and fear of sponsor licence consequences. This does not remove responsibility for ethical employment, but it does indicate that a realistic legacy model should support ethical providers as well as workers. A provider-facing strand could reduce avoidable displacement, improve compliance understanding and encourage safe sponsorship practice.

The care providers interviewed for this scoping study described worry about sponsor licence suspension/revocation, strict reporting requirements and uncertainty about how to protect existing sponsored staff.

> *"It's stressful, it's fearful and also that I feel guilty sometimes… their future they are trusting me." (sic)*

One interview also emphasised that residents value continuity and may be uncomfortable with repeated agency staff, linking worker stability to quality of care. Survey responses requesting help finding new sponsors indicate that employer engagement is central to any practical support pathway, indicating the need for a dual pathway of worker-centred support and provider-centred guidance. The care providers reiterated the centrality of international care workers for the sector with one noting that;

> *"The government does not understand without those people the care home not going to run." (sic)*

It is important to note that the findings presented here in relation to care provision are based on interviews with two care providers only and therefore, should not be seen as a generalisation across the sector. Despite some of the limitations of the study that this report acknowledges, the consistency of the survey, interviews and focus group discussions brings forth critical evidence for a coordinated pathway as an imperative. Interventions must support a coordinated model covering worker voice, employment navigation, regulated immigration advice signposting, hardship support, wellbeing and provider engagement.

Conclusion and Recommendations

Looking ahead, the conditions that produced displacement are set to intensify. With immigration reforms expected to take full effect by 2028 and funded International Recruitment support ending in March 2027, the coming years will test whether the system can absorb sponsorship failure humanely or whether displaced workers will fall permanently out of sight.

The choices made in the next two years will determine which path Sussex follows. A successful transition would involve: retaining experienced care workers, reducing hardship following sponsorship failure, establishing clear referral pathways and assigning responsibilities supported by sustainable funding.

Recommendations

This scoping project and the evidence we collected call for a layered model rather than a single service which can identify what infrastructure is needed beyond the short-term project period and how partner organisations could coordinate risk, advice and practical support. As part of the survey, we asked the respondents about their service recommendations for a legacy support program in Sussex. The question had multiple options, and most respondents chose more than one option (Figure XIII).

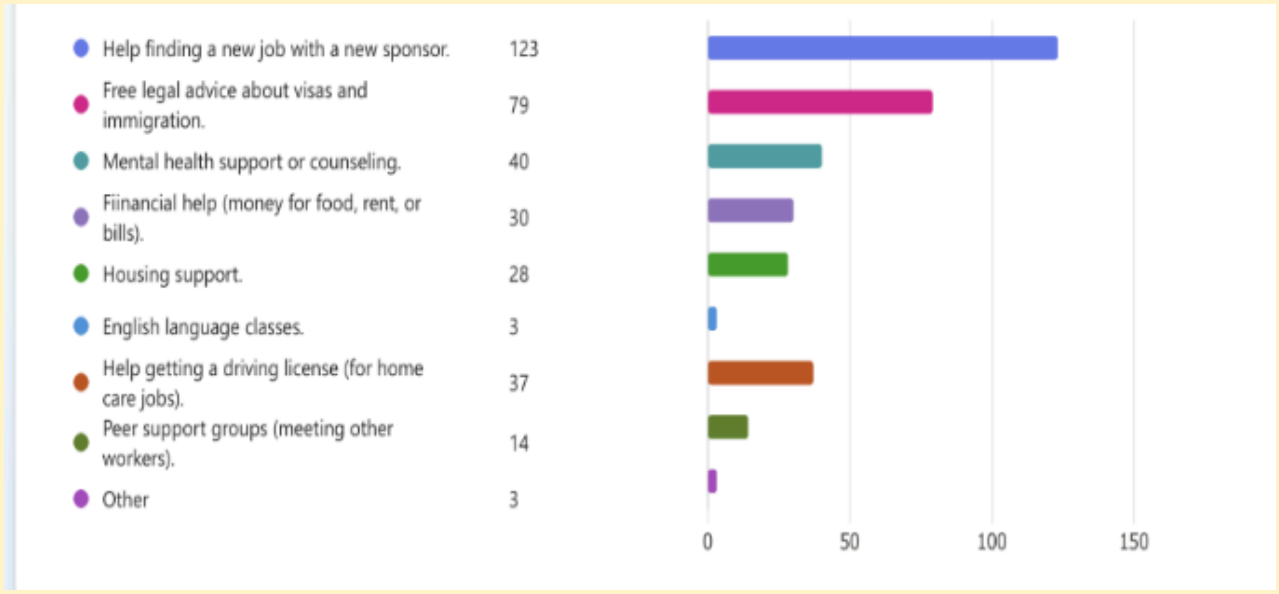

Figure XIII: Respondents' recommendations for support services for international care Wokers

Reflecting these voices and needs of the respondents, some of the recommendations this report puts forward include:

- **Early Identification and Navigation**: A single trusted entry point for workers who have lost sponsorship, fear licence loss, receive reduced hours, or do not understand their position. This should include a triage conversation, anonymised recording of risk type and referral into appropriate support. For this pathway community organisations like Diversity Resource International (DRI), Tresacare, Voices in Exile, and Black & Minority Ethnic Community Partnership (BMECP) can work together to develop a joint service for early identification and navigation. All these organisations have trust developed among the carer communities and some of them have team members who share similar lived experiences. Escalation arrangements should route complex immigration cases to WoRC and safeguarding concerns to local authority adult social care teams. Sustainability depends on Sussex Integrated Care Board workforce development budget with supplementary Home Office Displacement Support Grant application.

- **Immigration and Employment Advice Signposting**: The existing provision of worker facing immigration legal advice remains underserved as compared to provider facing options. There need to be clear boundaries between general information and regulated immigration/legal advice. Workers need plain-language guidance on what is confirmed policy, what is proposed policy, and where to obtain qualified advice. Some of the identified organisations for this pathway are Voices in Exile, Citizens Advice, and University of Sussex Migration Law Clinic. Workforce Rights Centre (WoRC) can lead the regulated advice component given its OISC accreditation. Escalation routes for cases requiring representation go to WoRC's legal team. Any provider compliance concerns escalate to Home Office Sponsorship Management System reporting channels. Funding should draw on legal aid contracts for eligible cases and charitable funding for NRPF clients.

- **Employment and Ethical Sponsorship Pathway**: This should include practical navigation towards ethical employers, including use of legitimate sponsor information, support with references, CVs, interview preparation and realistic advice about employer sponsorship appetite. Matching should use transparent criteria and must not imply that employment or sponsorship can be guaranteed. All participants must be informed at intake that employment or sponsorship cannot be guaranteed as employers retain independent decision-making authority over recruitment and sponsorship decisions. SESCA should lead this pathway with an attempt to form direct relationships with care workers and not just through their past employers. Further collaborations with the job centre and employment and resettlement teams in the local councils would make this pathway more effective. Escalation for discrimination or unfair rejection complaints goes to WoRC and employer non-compliance reports to UKVI Compliance Team. Sustainable funding requires workforce development levy contributions and DHSC Adult Social Care Workforce Fund.

- **Crisis and Hardship Pathway**: There should be referral routes for food, housing, utilities, emergency grants and debt advice where eligible. This must include clear information about No Recourse to Public Funds and which services are safe to access. Services must clearly distinguish between restricted benefits (requiring British citizenship or settled/pre-settled status such as Universal Credit, Housing Benefit, Council Tax Support for NRPF individuals) and available support (charitable and discretionary assistance open to all regardless of immigration status including food banks, emergency grants, utility hardship funds). Workers facing unclear immigration status regarding benefit entitlement must be directed immediately to regulated immigration advisers (WoRC or OISC-registered providers) before accessing any potentially restricted services. For this local food partnerships and foodbanks like the Eastbourne Food Partnership, Brighton and Hove Food Partnership along with National organisations like Trussell Trust could be useful partners to work with. Escalation for urgent housing crisis goes to local authority homelessness prevention teams and safeguarding concerns transfer to adult protection teams. Funding should combine Sussex Community Foundation pooled fund, local authority emergency support budgets, and faith-based network fundraising.

- **Wellbeing and Peer Support**: Currently there is no care worker specific wellbeing support or targeted peer support available for displaced care workers. A legacy support Programme must include trauma-informed mental health signposting, peer groups, community activities and spaces where workers can speak without feeling isolated or blamed. The identified organisations for this pathway are UOK—a partnership of 23 community services working together to support good mental health and wellbeing in Brighton, Hove and East Sussex. DRI's Friendship Bench service and Tressa care are other possible avenues for this pathway to explore. Mind in Sussex can lead mental health signposting given existing commissioning relationships, with DRI coordinating peer facilitation. Mental health crisis cases escalate to adult crisis mental health teams and safeguarding concerns to local authority teams. Sustainable funding should draw on IAPT commissioned slots for eligible workers and charitable mental health funding.

- **Provider Support and Prevention**: Guidance for care providers on sponsor responsibilities, ethical recruitment, early warning signs and how to avoid preventable worker displacement. When a licence is at risk of suspension or revocation, there should be;

  - Early communication with staff without waiting for the formal notification
  - If applicable, written confirmation of continued employment during appeal periods
  - Facilitating introductions to other assured sponsors where internal transfer is not viable
  - Supporting workers to understand their options without creating panic
  - Maintaining pay and conditions until formal curtailment takes effect
  - Documenting all communications for compliance audit trails
  - Offering exit support packages including reference letters and skills validation

  Escalation routes for compliance concerns go to UKVI Employer Compliance Line and Care Quality Commission (CQC). Providers anticipating licence risk should activate early intervention protocol by contacting SESCA within 5 working days for mitigation planning. Sustainable funding requires provider contribution model, CQC inspection-linked improvement funding, and regional care quality improvement grants.

Please see a consolidated list of potential organisations that have a potential role to play in the recommended legacy support programme pathways for Sussex.

Table: List of Identified (potential) organisations for the Legacy Support Programme in Sussex

Organisation	Type	Role	Relevant Pathways
Diversity Resource International	Community Organisation	Lead/Partner	Early Identification and Navigation; Wellbeing and Peer Support (Friendship Bench)
Tressa Care	Community Organisation	Partner	Early Identification and Navigation; Wellbeing and Peer Support
Voices in Exile	Community Organisation	Partner	Early Identification and Navigation; Immigration and Employment Advice Signposting
BMECP (Black & Minority Ethnic Community Partnership)	Community Organisation	Partner	Early Identification and Navigation
Workers' Rights Centre (WoRC)	OISC-accredited legal advice organisation	Lead (Immigration advice); Escalation partner	Immigration and Employment Advice Signposting (Lead); Early Identification (escalation); Employment pathway (discrimination complaints); Crisis pathway (NRPF eligibility)

Integrated Care Board- Surrey and Sussex	Health commissioning body	Funding body	Early Identification and Navigation
Local Authority Adult Social Care Teams	Statutory service	Escalation partner	Early Identification (safeguarding); Wellbeing (safeguarding); Crisis (adult protection)
Citizens Advice	Charity/advisory service	Partner	Immigration and Employment Advice Signposting
University of Sussex Migration Law Clinic	Academic/legal clinic	Partner	Immigration and Employment Advice Signposting
SESCA (South East Social Care Alliance)	Sector alliance	Lead	Employment and Ethical Sponsorship; Provider Support and Prevention
Job Centre	Government employment service	Partner	Employment and Ethical Sponsorship
Local Council Employment & Resettlement Teams	Local Government	Partner	Employment and Ethical Sponsorship
UKVI Compliance Team / Employer Compliance Line	Government (Home Office)	Escalation CHannel	Employment and Ethical Sponsorship; Provider Support and Prevention
Eastbourne Food Partnership	Food partnership	Partner	Crisis and Hardship

Brighton and Hove Food Partnership	Food partnership	Partner	Crisis and Hardship
Trussell Trust	National Charity	Partner	Crisis and Hardship
Sussex Community Foundation	Charitable foundation	Funding partner	Crisis and Hardship
Mind in Sussex	Mental Health Charity	Lead	Wellbeing and Peer Support
UOK	Community service partnership (23 organisation)	Partner	Wellbeing and Peer Support
Adult Crisis Mental Health Teams	NHS mental health service	Escalation partner	Wellbeing and Peer Support
Local Authority Homelessness Prevention Teams	Statutory housing service	Escalation partner	Crisis and Hardship
CQC (Care Quality Commission)	Regulatory body	Escalation/Stakeholder	Provider Support and Prevention
Home Office Sponsorship Management System	Government system	Escalation channel	Immigration and Employment Advice Signposting
OISC-Registered Advisers	Accredited advisory providers	Referral partner	Crisis and Hardship (NRPF eligibility)
Care Providers	Social care sector	Funding contributor/ stakeholder	Provider Support and Prevention

About Diversity Resource International

Diversity Resource International (DRI) is a non-profit, Community Interest Company (C.I.C) , working to reduce inequalities and create opportunities for ethnically diverse and migrant communities across South East of England. We work with ethnically diverse communities and partners to turn community voices and lived experience into evidence, meaningful action and lasting change through a person-centric approach across community development, community-led research, health and wellbeing support, training, and collaboration.

You can reach us at admin@driorg.com for any queries, partnerships and collaborations!

About East Sussex Partners in Care

East Sussex Partners in Care (ESPIC), formerly known as the RCA, is a not-for-profit membership organisation established in 1980. We represent care providers and managers of adult social care services across Brighton and Hove and East Sussex. Our members include care homes, home care providers, hospices, supported living services, and voluntary community sector enterprises. he association is governed by an executive committee of elected volunteers, including current and former care providers, who collaborate to lead decisions, plan events, and support the local care community.

About South East Social Care Alliance

SESCA (South East Social Care Alliance) is a not-for-profit company, which brings together south east care associations across the region to promote best practice, support the workforce and advocate for the South East's adult social care sector. SESCA is the operating name of the Care Association Alliance south east, the regional arm of the Care Association Alliance (CAA), and brings together the nine local Care Associations representing care homes (residential and nursing), domiciliary care (home care, extra care housing and supported living) and other care services.