The Rt Hon Shabana Mahmood MP
Secretary of State for the Home Department
2 Marsham Street
London SW1P 4DF

The Rt Hon Yvette Cooper MP
Secretary of State for Health and Social Care
39 Victoria Street
London SW1H 0EU

29 October 2026

Dear Secretaries of State,

We the undersigned oppose the Government's 'Earned Settlement' proposals and call for immediate action. We write to you on behalf of Windrush survivors, racial equity, health and care and migrant rights groups to urge you to stop history from repeating itself. The changes will increase workforce instability in the health and care sector – which in turn risks worsening the health and wellbeing of everyone in the UK.

Windrush was a scandal borne from racist immigration policies. The Labour Government recognises the need to repair the harm done to the Windrush generation:

- In your words Ms. Mahmood: "The harm that was done to the Windrush generation can never be fully undone. But we can and must do everything in our power to right this historic wrong." But this situation is not historic when this same wrong persists, and the same groups are targeted by current immigration proposals.
- In your own words Ms. Cooper, those affected were nurses, doctors, care workers who "worked hard all their lives to strengthen our communities, our culture and our country". And yet, the 'Earned Settlement' proposals are an iteration of Windrush era policies.

The proposals are unfair: doubling the baseline qualifying period for Indefinite Leave to Remain to 10 years and tripling this period to 15 years for care workers. Additionally, retrospective application for people already in the UK is punitive. The proposals will affect allied healthcare professionals including doctors, nurses, physiotherapists right through to healthcare support workers and social care workers. Even with limited exemptions for public sector workers, the impact on dependants and workers in the independent sector who fall out of scope will threaten the number of available personnel to deliver health and care services. These professions are critical to health and care services along with the NHS. Ultimately, these proposals are justified by targeting those migrant workers who came in this country's time of need during the COVID-19 pandemic, much like the Windrush generation answered the call at the birth of the NHS.

The health and care sector is already dangerously under-staffed. While the average vacancy rate in the UK is 2.1%, the NHS and care sectors face vacancy rates of 6.7% (around 100,000) and 7% (around 111,000). Job vacancies are a persistent issue across the NHS including and especially for radiographers, who are critical in providing early diagnosis and treatment for cancer – but radiography requires recruitment and retention of internationally trained professionals. Recent data from the Health and Care Professions Council shows 2 out of 3 new radiography registrants are internationally trained. Put simply: the Government will be unable to meet waiting list reduction targets or cancer treatment targets without retaining and growing the pool of professionals. Further, by increasing the risks of family separation, the proposals risk exacerbating existing recruitment and retention challenges across the health and care sector.

Within adult social care, these proposals represent a further tightening of international recruitment at a point where the sector remains structurally reliant on it. International workers are essential to maintaining current levels of care. Without them, services will contract and unmet need will increase. The domestic workforce pipeline continues to decline, with Skills for Care reporting a reduction of 30,000 British nationals working in the sector in 2025. The wider cost pressures are rampant, where £1.4 billion will be lost from care workers'

take-home pay due to frozen tax thresholds. In this context, further restrictions on international recruitment risk deepening workforce shortages and undermining the delivery of care.

Pushing skilled migrant workers away from the UK risks undoing the work the Government has put into cutting the NHS waiting list. As set out in NHSE data, a total of 7.29 million patients face waiting over 18 weeks in the NHS today. This wait will only increase with fewer health workers to provide patient care. Health and care workers in RQF3-5 are also skilled, difficult to recruit and critical to the system functioning.

Luckily, some solutions have already been proposed to prevent future harms. In the Windrush Lessons Learned report, Wendy Williams provided a series of solutions to cure a toxic racial legacy through immigration policy. She specifically raises (among other recommendations) the need for impact assessments and immigration policy which proposes a range of options instead of single solutions along with committing to ongoing changes. But these lessons have sadly not been learned. For example, this government has promised to publish an impact assessment for the Earned Settlement proposals 'in due course' since November of 2025, but to date none have been released.

We are concerned both about the implementation and lack of impact assessment to understand the harm these proposals will cause. While we support the Government's efforts to grow the supply of UK-educated health workers and implement a Fair Pay Agreement in social care, increased capacity will not be achieved by limiting the rights of workers who are already here and making a vital contribution to UK health and care services. These changes are reckless and will only worsen patient care.

We call for the Government to honour its commitment to the Windrush generation and stop these proposals. Further, we call on the government to implement the Lessons Learned from Windrush, including and especially around immigration policy. At the very minimum, we ask to:

- **Delay implementation until Impact Assessments are scrutinised**. The Government is making sweeping immigration reforms without transparency regarding its own forecasts on the economy, public services and communities with protected characteristics. Implementation must be delayed until robust data is collected and impact assessments are available. These assessments must be published and scrutinised (through further public consultation) before any implementation can begin.

- **Rule out retrospective application.** The Government must immediately rule out applying new immigration rules retrospectively both to individuals and to migrant families already in the UK. Thousands of workers in the health and care sector and their dependents have planned their lives around current rules. Changing the goalposts is unfair and will push many health and care workers to reconsider their futures in the UK.

- **Public Service Exemption to All Health and Care Workers and Dependants.** If the Government proceeds with a version of these proposals (after taking into consideration the above), it is essential that **all** workers across the health and care sector and their dependants are exempt from any extension to the settlement period.

Yours Sincerely,

Bell Ribeiro Addy, Diane Abbott, Sian Berry, Ellie Chowns, Carla Denyer, Clive Lewis, Seamus Logan, Baroness Ruth Lister, Rachael Maskell, Manuela Petreghella, Adrian Ramsay, Hannah Spencer and Zarah Sultana

Work Rights Centre, Action for Race Equality, Care England and the Society of Radiographers