



## **Spinal Injuries Association (SIA)**

**Response to:** Consultation by the Migration Advisory Committee (MAC) on the level of an annual limit on economic migration to the UK

**Response deadline:** 07/09/2010

**Sent to:** [mac@homeoffice.gsi.gov.uk](mailto:mac@homeoffice.gsi.gov.uk)

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**Sent on behalf of:** Spinal Injuries Association (SIA)

### **Background:**

**SIA** is the national organisation of spinal cord injured (SCI) people. **SIA** represents all their interests regardless of how the impairment occurred, whether or not it has resulted in full or partial paralysis. **SIA** support all those who are affected by SCI, including the family and friends of the disabled person.

**SIA's** purpose is to promote the integration and full participation in society of SCI people by encouraging and enabling them to become fulfilled and in control of their lives. It is estimated that there are currently 40,000 people with a SCI in the UK. Approximately 800 - 1000 people each year become newly SCI

The onset of a SCI represents a traumatic change to a persons life and those with a severe high lesion injury (Tetraplegics) will require many months of adjustment for body and mind followed by an intensive programme of rehabilitation. For the rest of their life, many in this group will also require a

complex care package around the clock delivered by a trained and skilled workforce providing such specialist areas as:

- Bladder and bowel care
- Skin care and pressure relief
- Ventilator and tracheostomy care
- Prevention of Autonomic dysreflexia\*

*\*An autonomic reflex causing a sudden, severe, increase in blood pressure in response to pain or discomfort, usually originating below the level of paralysis. Tetraplegics are more prone to this complication as their autonomic nervous systems are unable to oppose the reflex. Commonly caused by an over-full bladder or bowel it presents as profuse sweating, flushing and a blinding headache. It is a medical emergency, and if untreated can cause death.*

Although **SIA** has no direct opinion about the various immigration levels and rules the government sets we would like to take the opportunity via this consultation to air concerns if any new rules surrounding Tier 2 migrants (non EU) prevent specialist care agencies recruiting Personal Assistants (PA's) outside the EU to provide the type of specialist, live-in care described above.

These specialist care agencies have traditionally found it hard to recruit UK workers with the necessary medical background to work as live-in PA's for SCI people requiring this high level of specialist care. The main reasons for this are:

1. UK workers with the necessary medical background are already working in the health profession
2. SCI people commissioning live-in PA's (via direct payments, compensation awards or private funds) through specialist care agencies often require the PA to stay with them for periods of several weeks or months to enable a level of continuity in their care delivery – which would mean a PA would have to be away from their home environment for long periods

To plug this gap in a very highly specialist area of care delivery the pre-described agencies have to look not only at recruiting from the EU but beyond, often from commonwealth and ex-commonwealth countries Australia, New Zealand and South Africa.

These countries often provide a rich source of workers with the right medical background. Their ties with the UK mean that many of their younger citizens, including medical students, nurses, etc wish to come here for a gap year to widen their experience. Therefore working as live-in PAs in the UK suits such a person as they are able to earn a wage and have accommodation provided during their visit.

The benefit for the individual commissioning from an agency providing this type of worker is that they can draw on a continuous pool of English speaking, well trained and highly motivated PAs.

**SIA believes that our comments fit in with the following areas in the consultation questions:**

*Question 1: What factors should the MAC take into account, in order to inform its recommendations for Tiers 1 and 2 in 2011/12, when assessing the impacts of migration on:*

- *The economy;*
- *Provision and use of public services; and*
- *Wider society.*

**SIA – When considering any new rules/restrictions on specialist care workers like the PA's we have described MAC should always first consider the impact to the individual(s) relying on such care if they are unable to commission it to a high standard because of lack of suitable workers. On the issues outlined in Q1 SIA would like to make the following comments:**

**The Economy:**

**If a person with a high lesion SCI is unable to commission care to a high standard and their long term health suffers due to avoidable complication they are likely to:**

- **Require costly medical treatment and/or;**
- **Will require long periods off work if they are employed; both situations meaning an unnecessary drain on the public purse**

**Provision and use of public services:**

**If a person with a high lesion SCI is unable to commission care to a high standard via specialist care agencies and/or their long term health suffers there is a likelihood that:**

- **Agencies like Social Services and NHS will be called in to provide cover, and/or enhanced rehabilitation/re-ablement after hospitalisation putting extra pressure on their resources**

**Wider Society:**

**It is important that a person with a high lesion SCI is able to commission care to a high standard via specialist care agencies so they can play an active part in wider/mainstream society not only for their individual benefit, but from the benefit of society as a whole to enable it to become wide and diverse.**

**NB - it is also important that the UK government meets its responsibilities to disabled people under articles 1, 3, 19, 25 & 26 of the UN Convention for the Rights of People with Disabilities\***

\* For a full copy of the UN Convention see: <http://www.un-documents.net/a61r106.htm>

*Question 2: How should the MAC measure or assess these impacts?*

**SIA – If any new rules surrounding Tier 2 migrants (non EU) prevent specialist care agencies providing the type of specialist, live-in care described above recruiting Personal Assistants (PAs) outside the EU MAC could measure the number of PAs the specialist agencies were short of (if this was the case) against any increase in hospital re-admissions of high lesion SCI people.**

*Question 9: What would be the impact on your organisation, sector or local area of reducing the number of main migrants through the Tier 2 shortage, Resident Labour Market Test, and intra-company transfer routes?*

**SIA – If any new rules surrounding Tier 2 migrants (non EU) prevent specialist care agencies providing the type of specialist, live-in care described above recruiting Personal Assistants (PA's) outside the EU and the affects are as we have outlined - it is likely that SIA would find a greater demand for our advice and support services requiring SIA to raise more funds through the public and private sectors to meet an increased demand for those services. SIA is likely to struggle to find such funding in the present economic climate which would put added pressure on our already stretched service demand.**