Summary

- The UK adult social care system has long relied on care provided by family members to ageing and disabled relatives. However, greater separation of families due to migration and mobility has transformed this context. Today, a growing number of families are caring for their relatives 'at a distance'.
- Older migrants are often more exposed to social isolation, poor health and socio-economic conditions. Their care needs and expectations, support systems, and complex networks of care, overlooked in research, result in poor understanding of their difficulties and challenges, and a lack of policy responses.
- This Sustainable Care Policy Perspective provides insight from expert contributors on these issues and makes recommendations relevant to policymakers, social care providers and researchers in the Sustainable Care programme. These include: improving ageing migrants' access to more equitable social care services; ensuring social protection for older migrants after Brexit (both EU migrants in the UK and British migrants in the EU); recognising and addressing transnational caring arrangements in policy and social care provision; and providing better understanding of the care needs, provision and outcomes of older migrants in the UK.
**CONTEXT**

How best to support the sustainable care and wellbeing of an ageing population in mobile and diverse contexts is an urgent current issue. It was one of the topics chosen for a series of Re-Imagining Care Round Tables, held in London and Birmingham in 2018, bringing experts, practitioners and members of the Sustainable Care team together to discuss issues crucial for the sustainability of care arrangements in the UK. At a time when social care is high on the policy agenda and a growing focus of much public debate, the round tables were designed to inform the development of the Sustainable Care research programme and to guide the Sustainable Care team’s advice to policymakers.

Government has promised a Green Paper on Social Care, and better practical support for families and carers feature in the priorities for this, set out by former Secretary of State for Health and Social Care, Jeremy Hunt. In his speech on 20 March 2018, he stated: “as a society we [also] must tackle the epidemic of loneliness. It is truly a scandal that over 30% of people in Britain over the age of 65 say that television is their main form of company”. Acknowledging that support from family and friends should not be “taken for granted”, in his speech, the Secretary of State delineated a care system based on a traditional caring model and geographically bounded populations, with family members, friends and neighbours readily available, able and willing to provide care and support: “the principle of shared responsibility continues to be right and people should continue to expect to contribute to their care in the future as they prepare for later life”.

Yet, for many older people traditional care arrangements are neither optimal nor possible. Mobility and migration, changes in family structure and increased life expectancy are transforming the context of caring in the UK. Often, family members are not available to provide support for their relatives. Among people aged 65 or over, almost a third live alone, fewer than half (46%) spend time with family on a daily basis and just 35% meet with friends most or every day. Some (12%) never meet family members, and the proportion is the same for those who never meet friends. Age UK estimates that 1.4 million older people lack the help they need to carry out essential everyday tasks (including getting up, washing, getting dressed and using the toilet), a 19% increase since 2015. 164,217 people receive no help at all from paid services, family or friends, despite needing help with three or more essential daily activities.

Geographical mobility and migration, separating family members from each other, are elements in the ‘crisis of care’. Growing numbers of families care for relatives from a distance, and are involved in transnational and multi-locational networks of care. Increased mobility challenges care systems in other ways too, as more people arrive from places with different expectations of care. Especially since the 1950s, inward migration has contributed to the diversification of the UK’s population. Many former migrants are now entering their senior years; among older people (65+) the percentage who are not ‘White British’ increased from 14% in 2001 to 28% in 2011. Their care needs raise particular challenges for sustainable care and wellbeing, as their need for and expectations of care can be different, and their networks of support dispersed. Older people from ethnic minorities are among the loneliest and have less access to support from family and friends.

In addition to migrants who choose to grow old in their host country, the international mobility of older people is also increasing. Migration from the UK, especially international retirement migration, means more British people are ageing overseas with increasing (and often unplanned for) care needs and dispersed care networks. Some have difficulty accessing care locally or in returning to the UK to do so.

An unknown number of UK citizens and settled persons also have ageing family members overseas. Recent changes in migration law have all but closed the Adult Dependent Relatives route, making it virtually impossible for older relatives to come to the UK to be cared for. How UK citizens and settled persons manage to reconcile their paid work commitments with transnational family care obligations is unknown and a gap in the wider research agenda on working carers.

These issues are of growing importance in the context of Brexit and the Windrush scandal. Their impact on and concepts for migration rights, access to welfare and healthcare, portability of entitlements, and networks of support remain unknown. This Policy Perspective provides insight from expert contributors on these issues and makes recommendations relevant to policymakers, social care providers and researchers in the Sustainable Care programme.
KEY ISSUES
The Round Table discussions and experts' contributions raised important issues about migration and diversity, which are relevant to policy and research agendas.

Access to equitable social care for ageing migrants
- Older migrants are often at risk of limited access to and/or inadequate social care provision, as their migration status, age, a lack of clear, relevant information about the UK care system, language barriers and other factors may constrain their access to social care services and support.
- At present, social care provision for diverse communities tends to focus on the attributes and cultural/religious differences of specific communities and people. This means solutions also focus on these communities, for example through 'add-on services' to meet cultural needs, and rarely on how mainstream services need to change, the universal entitlements of care users, or the importance of equitable provision and outcomes. Matching 'culturally sensitive' services with local populations becomes particularly challenging when working in 'superdiverse' areas.
- Some community organisations report that migrants can be reluctant to seek support from health and social care services for fear their immigration status may be checked.
- There was a consensus among contributors that ageing migrants' poor social care experiences are affected by a complex interplay of inequality and prejudice associated with deprivation, gender, age, migration patterns, differences in education and social networks, and entrenched racism. Services need to respond to these intersectional aspects of experience. It was also felt that framing unequal access and outcomes as simply 'cultural' issues ignores other causes of inequality, such as deprivation accumulated through the life course.

Transnational and multi-locational caring
- Currently, most care for older people is delivered by family. This has serious implications for migrants who do not live in close proximity to their relatives. Those affected include the UK’s ageing migrant population, its working-age migrant population and UK citizens and settled persons with ageing family members overseas in need of care or support. Despite the growing number of families involved in caring at a distance, little is known about its true scale, the characteristics of transnational and multi-locational networks of care, and the strategies and technologies that support them. Contributors agreed that transnational caring needs to be recognised and addressed in both research and policy.
- It was mentioned too that transnational family members often face difficulties in communicating with health and social care services, due to concerns about confidentiality and lack of awareness.
- Visa rules can create 'hostile environments' for transnational carers. Participants noted that disbarring family members in the UK from caring for their ageing relatives is a lost opportunity with high cost implications.

Social protection and pensions portability after Brexit
- The European Union has a comprehensive framework on pensions and healthcare insurance portability, which currently covers UK citizens/residents. Little is known about government policy intentions and social protection frameworks post-Brexit. It is clear that the UK will need to develop bi-lateral agreements and multilateral treaties to safeguard the rights and entitlements of older migrants living here and British retirement migrants in the EU, as well as those returning to their home country after an extended period living abroad.

RECOMMENDATIONS
Round Table participants felt these major issues called for policy, provider and research responses.

For policymakers:
1. In social care policies and the forthcoming Green Paper, address the challenges of mobility and migration, and recognise that in many cases family members and friends are not readily available to provide support.
2. Improve information and raise awareness among older migrants about social care provision, including rights, services, entitlements and how to claim them. Older migrants often have limited knowledge of how the system works, and how to get more information; some may struggle with paperwork. Targeted information is needed for these groups in highly visible, accessible places, and in relevant languages.
3. Ensure new policies provide social protection and pensions portability after Brexit.
4. Recognise transnational caring in immigration schemes, making them flexible, and allowing
transnational family members to come to the UK to provide care and family reunification for aged family members overseas in need of care.

5. Separate the enforcement of migration regulations from health and social care provision, to avoid creating hostile environments for vulnerable migrants.

6. Encourage and facilitate social participation and local support groups to reduce the risk of isolation and loneliness among older migrants. Provide opportunities for older migrants to learn English/the language of the receiving country and access the information they need.

For social care providers

1. Focus on equitable provision and outcomes for all and avoid making potentially discriminatory assumptions about people's care needs and cultural expectations based on their background.

2. Develop new and more appropriate means of communicating with families caring at a distance.

3. Acknowledge the important role of family visits in transnational caring contexts in housing provision—for example, offering spare rooms for rent at affordable rates in sheltered housing complexes.

For the Sustainable Care research team and partners:

1. Collect data on various protected characteristics, so as well as the care needs, provision and outcomes of older migrants in the UK.

2. Intersectional analysis: explore how inequalities are created in the care system; and how different aspects of diversity (including cultural and religious requirements, gender, age, ethnicity, class, language knowledge, availability of support networks, educational disadvantage, attitudes towards the care system, deprivation, etc.) interact and affect experiences of care.

3. Gather evidence on the scale and importance of transnational caring and care networks, including when researching working carers’ needs.

4. Explore new technologies that successfully mediate distant care, and consider how these can be made more widely available.

5. Investigate how ‘culture’ and ‘cultural difference’ play out at multiple levels, including at institutional and structural levels.

6. Identify good practice examples from overseas.

Footnotes

1. Other research reports even higher figures for loneliness among older people, for example a survey for Age UK found that 49% of over 65 year olds had television or pets as their main form of company, Evidence Review: Loneliness in Later Life (2015), S Davidson & P Rossall, Age UK.

2. Labour Force Survey (2016), ONS.

3. Survey of public attitudes and behaviours towards the environment (2011), Department for Environment, Food and Rural Affairs; quoted by Davidson and Rossall (footnote 1).

4. New analysis shows number of older people with unmet care needs soars to record high (2018), Age UK.

5. As footnote 4.


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The recommendations in this Policy Perspective are from the Sustainable Care team, and do not necessarily reflect the personal and/or collective opinions of those taking part in the Round Table or the ESRC.

ABOUT THE RESEARCH

The Sustainable Care: connecting people and systems programme explores how care arrangements can be made sustainable with wellbeing outcomes. It studies the systems, work and relationships of care in the context of changes in technology and mobility and aims to support policymakers, the care sector and academics to conceptualise sustainable care as about ethics, justice and the distribution of resources. The programme focuses on adults living at home with chronic health problems or disabilities and their families, carers and paid workers. Funded by the ESRC, it is delivered by eight universities and Carers UK, led at the University of Sheffield by Professor Sue Yeandle. This Policy Perspective was prepared by Magdolna Lőrinc, Majella Kilkey, Louise Ryan and Obert Tawodzera. Policy Perspectives were designed by Kelly Davidge.

EXPERT CONTRIBUTORS TO THE ROUND TABLE

- Asif Afridi, Deputy CEO, brap
- Tim Gunning, Equality and Human Rights Commission
- Richard Ross, UASC Manager, West Midlands Strategic Migration Partnership

sustainablecare@sheffield.ac.uk // @CircleShef