Summary

Our research aimed to understand experiences of ageing and access to care and support.

We interviewed people born in the Caribbean, Ireland and Poland who arrived in Britain as young people and who are now retired.

Most participants were over 80 years old and were experiencing a range of complex health issues related to older age.

All participants were living in their own home or in sheltered housing.

We focused on two areas – London and South Yorkshire.

This report communicates our key findings to those who participated in the research and to the community organisations who support them. The report is the starting point for a process of co-producing recommendations with key stakeholders, including older migrants.
Care ‘in’ and ‘out’ of place: the experiences of ageing migrants

KEY FINDINGS

The contribution of migrants to British society

Most of the people who took part in our research arrived in Britain in the 1940s-1950s and played a key role in rebuilding the country after World War II. Our three groups came via different routes. Participants from the Caribbean arrived as British subjects due to their status as members of the Commonwealth, the Irish mainly entered Britain through the Common Travel Area Agreement, while most of our Polish participants arrived through schemes to re-settle Displaced Persons after the War.

Many were actively recruited to fill vacancies within the National Health Service, transportation and construction. Several participants emphasized the sacrifices and contribution they made in Britain over the decades. ‘They invited us to come and clean up this place, and once it were cleaned up, you just toss people out?... The Caribbean people were the cleaners, the porters, whatever it was to keep that place hygienic and safe, you know? They were the support workers who did everything that the white ones refused to do’ (Samantha, Caribbean, South Yorkshire).

Geraldine (Irish, South Yorkshire) emphasised that ‘the Irish built... They’ve done a lot of work here in England.’

Coming to Britain, participants left behind their families, sometimes their young children, to take part in the post-war reconstruction, including the building of the NHS. Hard physical labour often destroyed their health. Henry (Caribbean, London) worked in a factory: ‘there was no, anything like safety, because sometimes the metal fall on you and you just take out a bit of your flesh.’

The role of community organisations

Our research demonstrates that Non-Governmental Organisations (NGOs), such as community organisations, faith groups and clubs, play a vital role in providing care and support to ageing migrants.

When Mainie (Irish, London), aged 72 with serious mobility issues, was issued with an eviction notice by her landlord, a charity arranged sheltered accommodation for her. Like many tenants, Mainie did not have security of tenure and was faced with homelessness. She endured several months of anxiety, not sure where to turn for help, before being recommended to a charity in North London, which runs an information service as well as a café and weekly activities for older people.

Through the advice and advocacy of the charity, Mainie was referred to sheltered accommodation, where, because of her impending homelessness and her severe health problems, she was quickly offered a ground-floor flat. The spacious one-bedroom flat overlooking the garden gave Mainie the security and peace of mind she had desperately needed.

Such organisations were the most important source of information about benefits and entitlements to health and care services for our participants. Some organisations also provide day care services and carers.

For most participants, the luncheon clubs, exercise, singing and art classes, bingo and game sessions provided the main source of companionship, an opportunity to get out of their homes and meet others: ‘... it’s so important to just get me out of the house... I come here and church, that’s the only two places that gets me out of the house.’ (Melaine, Caribbean, South Yorkshire).
When asked about what makes her happy, Miriam (Irish, London) said: ‘Being in touch with friends and family, and coming here.’ Some organisations provided IT support for older migrants, teaching them how to use mobile phones and computers, so that they can communicate more easily with their long-distance family and friends. ‘I learned all that, you see, up [at the NGO], with the mobile phone, how to send messages and how to receive messages.’ (Cathleen, Irish, London).

Most participants were recruited to our research with the help of NGOs, so our sample is skewed towards people who were engaged with community or faith groups. Nonetheless, what is noteworthy, is just how reliant many participants were on these NGOs. Many had extended families living in the UK, and often within their local areas, but despite the help of families, our older participants also relied on community groups for particular kinds of support. Many had been using the services provided by ethnic-specific associations for decades, others got involved after unsettling events such as bereavement. Often, participants presented detailed weekly programmes of attending various sessions, sometimes at different organisations, depending on local availability.

However, NGOs have been severely affected by the government austerity measures over the last ten years, and were relying on precarious funding and volunteer staff. ‘We used to have people that comes there and explain a lot about foot care, diabetes and different things, but all those things now stopped, because they said they don’t have any money. But we used to get weighed and they used to help us with our diet and things like that. But you don’t get it now’ (Lillian, Caribbean, London).

Even if ‘austerity is over’ and government spending starts rising, it will take years to re-build the support infrastructure of these organisations.

The care needs of older people
Our participants had a range of care needs. Some people were living quite independent lives, others were caring for a partner who had declining health, while other participants were in poor health and needed a considerable amount of support.

Many participants were unsure about what resources were available and how to access them. When asked about where she would go for support, Marjorie replied: ‘No idea. I have no idea. Because I don’t know how to or where would you…’ (Marjorie, Caribbean, London). Many people relied on their GP as the source of all information.

We also found that participants postponed planning for their future care needs. When diagnosed with Alzheimer’s, the support options available were explained to Millicent, such as having a personal alarm, but she declined them: ‘I’m not ready yet for them. As I get older, as the Alzheimer’s takes over, maybe I will have to use all that, I don’t know… But at the moment I’m all right’ (Millicent, Caribbean, South Yorkshire).

Constraints on adult social care funding left some of our participants having to use their own resources to pay for their care. Felix employed private home care workers because ‘the council carers did not have enough time at their hands to help with my care needs because they were given 20 minutes to do my personal care. So you can’t wash anyone properly in 20 minutes’ (Felix, Caribbean, South Yorkshire). Others relied heavily on spouses, who in most cases also needed care: ‘the thing is, we have the carer for two hours and then he’s gone. So everything else is left’ (Iris, Caribbean, South Yorkshire).
Older people and loneliness
Several participants mentioned their loneliness and shrinking social networks - factors associated with other life events linked to growing older, such as bereavement, reduced mobility, onset of dementia and caring responsibilities for partners. For some, such as Phyllis, these circumstances could be overwhelming.

Phyllis, an 86 year Caribbean woman lived alone in a lovely one-bedroom council flat in London. Her flat, however, was located in the basement at the bottom of steep stairs, with no lift. With advancing age and health problems, she increasingly felt trapped there. ‘I am sitting here in front of the TV, and that’s not me.’ As such, getting older meant loneliness for her: ‘Loneliness because most of my friends now, they’ve deceased... There was one time, there was a lot of friends coming in and out, and I would go and visit them. But now, it’s not the same. As you get older, your friends they die out or they, like myself, they are all too old to travel. So, that’s part of getting older, I suppose.’

Others, such as Tekla, found strategies to deal with loneliness.

Tekla, a Polish widow in South Yorkshire, described how, for older people living alone, their house could begin to feel really empty: ‘I have a house. I’d like somebody to come and stay to feel it is a family house and not just a shell.’ After her husband’s death, however, she had rebuilt her networks and social life: ‘I have to organise my social life in [town], coffee shop, social club.’ Now she goes out every day to ‘kill time’, visiting the local charity shops, café and playing bingo, ‘and then when I come home I say, “right, I’ve been somewhere, I’ve done something,” and I’m all right then.’

Some participants, such as Melaine, were very clear about what would help combat their loneliness and isolation: ‘you know what I would love? ... somebody to just come and sit and just talk, because I like to talk...’ (Melaine, Caribbean, South Yorkshire).

Public transport
Many participants relied on public transport and so the availability of good local services was crucially important to their ability to get out and about. Mona, an 83 year-old Irish woman in Sheffield, was no longer able to drive due to health issues but described herself as ‘a great bus woman’ and travelled into the city centre by bus every week to meet friends.

However, we found that location matters enormously to transport systems. Izabela, an 83 year-old Polish woman, lived in a Yorkshire village. The bus to take her to a nearby town, where she attended a Polish club, only ran every two hours. She had to time her activities carefully to avoid missing that bus. While participants in London were usually served by much better transport links, that does not mean transport is accessible to all older people there. Jadwiga, a 74 year-old Polish woman in South London, had reduced mobility and was unable to use her local tube station because it did not have a lift. Transportation, especially in more rural or suburban areas, was also subject to cut backs. Mandek, a 78 year-old Polish man in South Yorkshire, noted how his regular bus service had been cut, without any apparent explanation. As a result, his ability to travel into town was significantly diminished.

Keeping in touch with family ‘back home’
While the issues raised by our interviewees would be common to many older people, as migrants, our participants had additional concerns about maintaining their transnational networks. A common theme in interviews was the cost of family visits ‘back home’, differentiated to some extent along ethnic lines. While many Irish participants were able to visit Ireland frequently, visits to the Caribbean were more difficult: in addition to high airplane fares, travel insurance for those with frail health increased the cost of home visits significantly: ‘For me to go back to Jamaica, I have to find £1,000 for insurance and over... Plus, the fare’ (Charles, Caribbean, South Yorkshire).

Hosting relatives in the UK was also too expensive for many participants, regardless of ethnic group: ‘I can’t afford to keep them... £4.00 to take them to town. We cannot stay 24/7 in [the village].’ (Tekla, Polish, South Yorkshire).
Some participants reported that relatives had been denied a visa to visit the UK by the Home Office: ‘It’s frustrating because I have family there that I would like to see often who are on the other hand restricted from visiting me. Again it’s the system that makes it hard for me to visit Jamaica and for my family to come over and visit’ (Felix, Caribbean, South Yorkshire).

Uncertainty caused by Brexit and Windrush
Participants expressed a range of views about Brexit. Polish participants from London expressed the most worries, including fears about medication shortages: ‘I’ll probably stock lots of medication. Because... lots of them come from other countries’ (Jadwiga, Polish, London); and the loss of care workers from the EU: ‘I don’t know what’s going to happen for these carers that come and go, because they will let you come if you earn £30,000*, but these carers, they don’t earn that sort of money’ (Agnieszka, Polish, London). Agnieszka and Beata both had Polish carer workers for their mothers before: ‘When my mother was in a very bad way and was bedridden for many years... we paid for a lady to come in, to live in with her, from Poland. So I could possibly do that if I’m really on my own and I needed care. But I don’t know what Brexit will do.’ (Beata, Polish, London)

However, some participants were more optimistic about Brexit and thought that it might create new opportunities for Commonwealth countries like Jamaica as trade with the UK might now be increased.

We also discussed the Windrush scandal. Having arrived as British subjects, most of our Caribbean participants had applied for British citizenship as immigration legislation changed in the 1960s-1980s. However, many remarked that they were ‘lucky’ to have received the necessary information, often through informal channels like churches and community groups. Without that information and advice, people may easily have found themselves without British citizenship at exactly the point when they need to access health and social care.

* This figure is now to be £25,600 under the new ‘points’ system.

The role of new technologies
Although new technologies are expected to transform aged care, helping people remain in their own homes for longer, our findings indicate older people’s reluctance to engage with new technologies. While many participants had personal alarms, which they wore around their necks, most people did not use any other forms of care technologies. Mainie (Irish, London) echoed several participants when she declared: ‘I’m technophobic’.

Many interviewees relied on the landline phone for everyday communication because they were not confident in using mobile phones. Some people had quite basic mobile phones which they used only for emergencies:

‘I just can’t get my head around it. It’s not one of those fancy things. It’s one of those little cheap things which I pay as I go, and that is for... I have that for security in case I’m out and something happens...if I fall or something, I can get the ambulance. That’s why I really, more or less have it. But nobody phones me on it, or I don’t phone’. (Marjorie, Caribbean, London)

Some were afraid to use the internet because of risks to their personal data and scamming activities.

While in most cases participants communicated regularly with family members ‘back home’, often they preferred using the landline rather than new communication technologies. As Felix...
Care ‘in’ and ‘out’ of place: the experiences of ageing migrants

(Caribbean, South Yorkshire) said about them: ‘That is for young people, I do not even understand how to use that.’ Similarly, Miriam a widow (Irish, London) stated: ‘My husband used to use Skype, but I can’t be bothered with it. It’s all buttons and things flashing’.

TALKING POINTS FOR DISCUSSION WITH STAKEHOLDERS

In terms of social care, government policy is to keep older people living independently in their own homes for as long as possible. However, our research raises some important issues about how older people are managing to live independent lives.

Risk of being trapped in their own homes

Some of our participants were quite mobile and could get out and about regularly. However, others were experiencing mobility limiting conditions, compounded by limited access to public transport. While in some areas, especially in London, there were good transportation networks, in other areas, especially in suburban and rural Yorkshire, public transport was inadequate. However, even where public transportation is in operation, it can be difficult for older people because of accessibility issues. Without assistance, some participants were unable to leave their homes. Many were unable to afford taxis. Therefore, there was a risk of becoming trapped in their homes. In order to keep older people active and engaged in community life, it is important to ensure affordable support systems are in place to assist with mobility, where needed. Mobility services, such as Dial-A-Ride, can play a crucial role in enabling older people to remain socially active.

Loneliness and isolation

Many participants spent much of their day at home alone, especially those who were widowed and living alone. It was not uncommon for people to pass their day sitting in an arm chair watching television. Many remarked that their social networks had shrunk as friends passed away or became infirm. Relatives, including adult children, even if they lived nearby, were usually working during the day. Although many participants received visits and phone calls from relatives, especially at weekends, that did not combat their sense of isolation for much of the week. Isolation and loneliness are key challenges that need to be addressed in order to facilitate the continued independent living of older people. Befriending services could be useful as a way of ensuring that older people receive at least some visitors during the week.

The role of NGOs

Many participants relied on NGOs, such as faith groups, cultural centres and community groups, for advice, support and companionship. We recruited most participants through these local associations, but were surprised by just how important these groups were in the lives of many older people. As well as providing a place to go, including luncheon clubs, tea dances and exercise classes, these organisations were often a first port of call for advice and information. However, funding cuts have hit these groups hard and many have had to reduce their services significantly. Given their vital role in enabling older people to continue to live independently, the funding of these organisations actually saves money on social care in the long run.

The above points have relevance for all groups of older people, but there are some points which are specific to older migrants.

Recognition of older migrants’ contribution to British society

Participants’ claims for the right to stay in Britain
and receive appropriate care in old age based on the contributions they made during their working years are particularly salient in the context of the Windrush scandal, Brexit and the Government’s ‘hostile environment’ towards migrants. We need to ensure that the ‘Windrush scandal’ will not be repeated with Brexit. For a range of reasons, older European Union migrants may face difficulties regularising their status ahead of Brexit. These include a lack of documentation, and dementia and other debilitating conditions.

Recognition of older migrants’ transnational networks

Older migrants need support with using new communication technologies so they can better communicate with transnational families. But there are limits to the role of technology; sometimes families prefer / need to be together physically. We need to consider the impact of the ‘hostile environment’ on the visitor visa scheme. Refusal of visitor visas to relatives from abroad has a negative effect on older migrants’ transnational family relationships and sense of wellbeing.

Brexit and the diversity of the social care workforce

The Government’s proposals for a new points based migration system from January 2021, will bar entry to ‘unskilled’ migrant labour, including for care work. This will have an impact on the social care sector which for many years has suffered workforce shortages. Migrant care workers contribute to the diversity of the care workforce and help the social care sector meet the needs of an increasingly ethnically diverse older population. We need to consider the impact of the new migration rules on the ability of the care sector to provide appropriate care for ageing migrant populations.

The research

We explored how people born outside of the UK experience ageing in this country, investigating their wellbeing, access to and experiences of care. Between July 2018 and September 2019, we conducted two rounds of interviews with ageing migrants from three ethnic groups: people born in the Caribbean, Ireland and Poland.

Between July 2018 - March 2019, we interviewed 45 participants, who were of pensionable age, still living at home but receiving formal or informal care. Participants were aged between 65 and 92, with an average age of 81, 60% were over 80 years old. Most participants were recruited with the help of NGOs working with specific migrant communities. Interviews were conducted in two areas in England: London (25 participants) and South Yorkshire (20).

In addition, we conducted walking interviews with nine of our participants, accompanying them on a walk in their neighbourhood (July-September 2019). When recruiting participants for the walking interviews, we aimed to include people from both research locations and the three migrant groups. The walking interviews allowed us to explore in-depth how older migrants manage their diminishing mobility within particular local areas.

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**South Yorkshire:**

- SADACCA
- Polish Library and Drop-in Centre
- Sheffield Irish Association
- Anglo Polish Society

**London:**

- Age UK Lambeth
- Ashford Place, Cricklewood
- Balham Polish Club
- London Irish Centre
- Caribbean Hindu Cultural Society
- Polish Social and Cultural Association
- Vida Walsh Centre, Brixton
- Woodlawns Centre, Streatham
Care ‘in’ and ‘out’ of place: the experiences of ageing migrants

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SUSTAINABLE CARE PROGRAMME
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 Findings Report was prepared by Majella Kilkey, Louise Ryan, Magdolna Lőrinc and Obert Tawodzera, and designed by Kelly Davidge.