EU Older Migrants

Pilot Project Stakeholder Report

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Executive summary

This executive summary provides a brief overview of the key components covered in the full pilot research stakeholder report, including an introduction, methodology, key qualitative findings, recommendations, and dissemination and next steps.

Introduction and context

Older migrants from the European Union (EU) living in the United Kingdom (UK) face multifarious pre-existing and new challenges after Brexit. Their particular circumstances were brought to the attention of the research team in the previous Migrant Workers' Mapping (MWM) Project (Greenfields et al., 2019) that investigated the size, mobility drivers, and impact on the local community and service demand of a large East European migrant workforce population resident within Fenland, Cambridgeshire. The findings showed increasing numbers of older workers (around 20% aged 51+) and specifically older female workers (around 18.5%) arriving to the UK before the Brexit date (31st January 2020). Most of these older workers intended to settle in the UK permanently.

The experiences of EU older migrants at the intersection of ageing and migration represent a 'blindspot' (Benson et al., 2022) in the current research landscape. Key issues include legal pathways for residency and access to services and support after Brexit. With regards to legal pathways for residency, applying for British citizenship involves complex intergenerational and intersectional dynamics (Godin and Sigona, 2021). Meanwhile, the EU Settlement Scheme (EUSS) required an online application by 30 June 2021 that triggered widespread concern around barriers to accessibility and the provision of evidence to prove residency for certain groups, including older migrants, who already experienced social exclusion (Sumption and Fernández-Reino, 2020).

In terms of access to services and support for EU older migrants after Brexit, employment and social security issues have arisen, linked particularly to the shift to a more restrictive immigration system (Taylor, Florisson and Wilkes, 2020) and the portability of pensions. Though there is little research into EU older migrants' experiences of health and social care in the UK (Burns et al., 2021), this is likely to be affected by various factors such as shifts in the labour market for migrant carers and challenges around the participation and integration of older EU migrants to support their wellbeing (UNECE, 2016; Barnard et al., 2021; Kumar et al., 2022).

The current pilot research builds on the findings from the MWM Project with consideration of the context for EU older migrants living in the UK after Brexit. The research focused specifically on EU older migrants (aged 55+) and explored how the post-Brexit, post-pandemic world has impacted their social integration, access to services, retirement plans, settled status, and the associated challenges for relatives seeking to join family already in the UK. It was supported by funding from Anglia Ruskin University (ARU) and took place between February 2022 and April 2023 across two research locations: Fenland in Cambridgeshire and Medway in Kent.

Methodology

This small-scale pilot research comprised a qualitative dataset which included two focus groups with older EU migrants and nine interviews with key stakeholders who were practitioners and community leaders supporting older EU migrants across Fenland and Medway. A thematic analysis was conducted on the data. Ethical approval was received from the School of Education and Social Care Research Ethics Panel at ARU.

Key findings

There were eight key themes that were developed from the qualitative dataset:

EU Settlement Scheme and border migration controls

Difficulty in acquiring proof of address, bank statements, and payslips, especially for older EU migrants who have been homeless or frequent movers, made it challenging for them to apply for the EUSS, leaving them less secure. Participants indicated a need for more support and reliable legal advice around applications for British citizenship and registration for children to become British citizens, as well as access to social capital to provide a reference for citizenship applications. They also reported increasing challenges at border control and the need for information around new and changing rules for family migration. While most clients were successful in obtaining settled or pre-settled status after following advice, some experienced difficulties while waiting for their application outcome.

Support with pension planning

There is a high demand for pensions and retirement related information and support among older EU migrants; however, support organisations are limited to providing general advice and signposting people to relevant government services. There is a need for more specialised information about portability, receiving UK pensions abroad, and receiving pension entitlements accrued in other countries in the UK. Some participants raised uncertainties around who was responsible for making National Insurance Contributions, with concerns that employment agencies may not be passing on the contributions. While demand for pensions advice is high, some focus group participants had good knowledge of pensions and welfare systems, which they drew on to make migratory decisions. Nonetheless, there are still barriers to knowledge and access for some, particularly those with poor language and digital skills and for Roma populations whose experiences are compounded by racism and discrimination. Decisions about where older EU migrants intended to spend their retirement were influenced by factors such as family ties, access to EU countries, the cost of living, and the amount of the basic state pension.

Access and quality of healthcare in the UK and in 'home' countries

The findings showed that older EU migrants face challenges accessing healthcare post-Brexit due to confusion and lack of knowledge around immigration status entitlements, resulting in fear and uncer-

tainty, as well as long waiting times for NHS care. While some EU older migrants face challenges accessing healthcare in the UK due to language and digital barriers, others report positive experiences with specialist care and believe the NHS provides better care than their home countries, with some appreciating the equal access to healthcare and absence of corruption in the UK. The access barriers are intensified for the Roma community, leading to reliance on support from local organisations. Pressure on healthcare services in the UK has led to some older EU migrants returning to their countries of origin for healthcare, especially for less complex treatments, but transnational health-seeking may carry risks of people potentially not being able to return to the UK.

Community relations, networks and social activities

The social relations of EU migrants living in the UK are shaped by factors such as geography and household composition, with some tensions reported between different migrant populations, particularly towards Roma people; however, most participants reported getting along well with other migrant communities. The research highlighted that social relations and networks among co-nationals provide important social support and knowledge for older EU migrants, particularly those with low English skills. Despite widely reported tensions between the local UK population and migrants, positive and friendly relations with UK neighbours were the overall and more common experience of focus group participants in both areas, with inter-community relations improving as knowledge of different communities improved. Social activities for older EU migrants who live with their grown-up children tend to be related to their caregiving role, but churches and faith-based organisations were also important for social support. The findings suggested that many older EU migrants living in the UK experience social isolation and loneliness, which is exacerbated by factors such as poor English skills, caring for grandchildren, and austerity leading to the closure of community centres, with elderly Roma migrants being especially vulnerable.

Digital exclusion

The findings highlighted the challenges faced by older migrants in terms of digital exclusion from services such as the EUSS and Universal Credit that have been subjected to digitalisation. Community and support organisations are also moving more of their services online, making it difficult for those who prefer face-to-face interactions. The absence of physical proof of settled status is another major concern that disproportionately affects older EU migrants and Roma communities. It is a widely recognised issue with discriminatory consequences that has not yet been resolved.

Language barriers and lack of interpreter services

Language barriers are a significant issue for many older EU migrants in the UK, which can lead to difficulties accessing healthcare, social care services, and social welfare benefits. Limited English proficiency can hinder effective communication with healthcare providers and access to community support services. This can result in poorer health outcomes and missed opportunities for support and benefits. Elderly Roma, in particular face challenges due to language barriers, and although younger community members often act as translators, this is not always appropriate.

"Advice deserts"

Geographical differences in advice and support provision, compounded by digital and linguistic barriers, make it difficult for older EU migrants to access reliable and trustworthy advice services. The lack of state-funded legal aid for immigration issues is especially pertinent in rural areas, leaving charities and

community support organisations to shoulder the demand for support. As a result, such organisations are becoming overstretched and limited in their ability to support older EU migrants with complex needs.

Poor engagement, fear and mistrust of authorities

Older EU migrants often experience poor engagement with statutory and public authorities due to language barriers, lack of knowledge about legal entitlements, and negative prior experiences. The findings emphasise the importance of providing legal rights information in community languages and accessible formats and noted that churches and religious organisations can play a vital role in supporting migrants. Additionally, Brexit has impacted on migrants' sense of trust and belonging, and the need to prove legal status alongside concerns around language barriers and digital exclusion, has created a climate of anxiety and unease leading to uncertainty and fear over travelling.

Recommendations

Based on the findings, this pilot research generated five key recommendations around supporting EU older migrants living in the UK after Brexit:

1. **Tailored advice and information** aimed specifically at older EU migrants should be provided around the UK immigration system and rules post-Brexit as well as eligibility and how to access healthcare, welfare, and statutory services. This should be available face-to-face, in variety of languages, and in spaces that are familiar for older migrants.
2. **Pensions and retirement** information and support is also required, particularly with regards to the BSP and pensions aggregation and portability. Specialist training on this should be provided to advisors within charities and support organisations who are well positioned to support older EU migrants with post-retirement and pensions planning.
3. **British citizenship advice and support** along with family migration information, especially in the changing context of the EUSS, is needed from suitably qualified immigration advisors. Funding is needed to ensure charities and support organisations can provide this in-house or build relationships for referral to local solicitors or law centres.
4. **Post-Brexit travel documentation** requirements are complex and older EU migrants should be supported to understand and comply, particularly when passports are lost or renewed. Advice should be available across all travel booking sites and agencies.
5. **Mitigating "advice deserts"** should be a priority to support older EU migrants to navigate living in the UK post-Brexit. This could be achieved through collaboration – potentially through digital tools – across charities and support organisations to share knowledge and expertise, which may be facilitated and supported by local universities.

Contents

1. Introduction

This introduction provides the background context for this report, including key findings from previous research that instigated the focus, key issues facing European Union (EU) older migrants living in the United Kingdom (UK) that are considered in the wider literature, and an overview of the current pilot research.

1.1 Previous Migrant Workers' Mapping Project

The current pilot research builds on the findings from previous research conducted by some members of the research team, the Migrant Workers' Mapping (MWM) Project (Greenfields et al., 2019). The MWM Project was commissioned by the Rosmini Centre Wisbech[1] and funded by the Ministry of Housing, Communities and Local Government (MHCLG)[2] and took place between October 2018 and October 2019. It investigated the size, mobility drivers, and impact on the local community and service demand – both as consumers of public services and as suppliers of labour – of a large East European migrant workforce population resident within the Fenland, Cambridgeshire region of East Anglia, UK.

The MWM Project found that there were more arrivals to the UK before the Brexit date (31 January 2020), including increasing numbers of older workers with around 20% aged 51+ at the end of 2018. There were significantly more women aged 51+ when they arrived in the UK compared to men (18.5% and 5% respectively). At the time of the research, 80% of over 51s intended to settle permanently in the UK post-Brexit compared to 73% of all respondents. In 2018 recent arrivals also tended to have lower literacy, numeracy, English language, or digital skills. There was emergent evidence of reliance on family carers, for example older relatives looking after children to support parental working patterns, including shift working.

In terms of EU older migrant's participation in the employment market in the Agri-food sector – which is the core economic sector in Fenland - the MWM Project found that there were labour shortages prior to the 2016 referendum that have recently been exacerbated in the post-Brexit and post-COVID UK economy. It discovered that employers in Fenland were increasing pay, improving work conditions, and providing other services (e.g., National Insurance Number (NINO) registrations, signposting to immigration and other advice on living in the UK) to attract and retain migrant EU workers, as well as investing in automation and considering relocation out of the UK, or recruiting non-EU workers (e.g., from Ukraine) to address growing labour shortages.

1.2 Context for EU older migrants in the UK

The findings from the MWM Project are suggestive of the complex and nuanced consequences and context of Brexit for EU older migrants living in the UK, whose experiences coalesce at the intersection of ageing and migration. Despite the proliferation of research into the impact of Brexit, EU older mi-

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[1] The Rosmini Centre is a community centre with offices in Wisbech and Ely that advises and educates migrant workers about employment rights, transferability of qualifications, legal status, welfare and other rights: www.rosminicentrewisbech.org
[2] Now the Department for Levelling Up, Housing and Communities, DLUHC.

grants represent one of the many research 'blindspots' that have resulted from the wider field of migration studies focusing on a single dimension of migration experiences (Benson et al., 2022). Future publications will explore the limited literature that is available in more detail (e.g., Smith et al., forthcoming), but the key issues include legal pathways for residency and access to services and support after Brexit.

The most prominent legal pathways for residency since the referendum are applying for British citizenship or applying to the EU Settlement Scheme (EUSS) established in response to Brexit. Applying for British citizenship could be seen as 'forced transnationalism' (Rass and Wolff, 2018) and involves complex intergenerational and intersectional dynamics (Godin and Sigona, 2021). Meanwhile, the EUSS required EU migrants to complete an online application by 30 June 2021 to confirm their 'settled status' or 'pre-settled status' (after living in the UK continuously for more than five years or less than 5 years, respectively). However, there was widespread concern around awareness and accessibility of the application process and the ability to provide evidence to prove residency for certain groups - including older migrants - who already experience social exclusion or reduced independence or autonomy (Sumption and Fernández-Reino, 2020).

Access to services and support for EU older migrants after Brexit can be considered in relation to employment and social security, health and social care, and participation and integration. A shift towards a more restrictive immigration system is likely to disproportionately discriminate against labour migrants who are already disadvantaged and cause disruption to the labour market (Netto and Craig, 2017; Taylor, Florisson and Wilkes, 2020), especially older migrants who are often engaged with informal or unpaid work (Greenfields et al., 2019). Additionally, the portability of social security and pensions will be a critical concern for older migrants. Shifts in the labour market are likely to affect the workforce in health and social care services that relies on a high proportion of migrant carers (Kumar et al., 2022), but in general there is little research into EU older migrants' experiences of health and social care in the UK (Burns et al., 2021). While participation and integration of migrants can support their health and wellbeing, EU older migrants face unique challenges in the context of Brexit, particularly around language barriers, cultural differences, and the provision of information (UNECE, 2016), as well as identity and belonging (Barnard et al., 2021).

1.3 Current pilot research on EU older migrants

The current pilot research builds on the findings from the MWM Project with consideration of the context for EU older migrants living in the UK after Brexit. The aim was to focus specifically on EU older migrants (aged 55+) and explore how the post-Brexit, post-pandemic world has impacted on their social integration, access to services, retirement plans, applying for settled status and the associated challenges for relatives seeking to join family already in the UK. The pilot research was funded by Anglia Ruskin University (ARU)[3] and linked to the ARU Research Priorities and Safe and Inclusive Communities Research Theme. The original MWM Project research team led the pilot, with Dr David Smith as Principal Investigator, and Professor Margaret Greenfields and Dr Eglė Dagilytė as Co-Investigators, and the team expanded to include early career researchers Dr Chantal Radley, Dr Gargi Ghosh, and Anna Dadswell.

The pilot research has a wider geographical scope than the MWM Project, as qualitative data was collected from both Fenland in Cambridgeshire (as in the MWM Project) and Medway in Kent (see Figure 1).

Figure 1: Fenland and Medway locations

Both locations have experienced significant inward migration from EU member states. While Fenland represented a largely rural location, Medway represented an urban location approximately 50km south-east of London, although it is also adjacent to agricultural areas in rural Kent and some of the Kent participants had experience working in agriculture and associated industries. The inclusion of two geographic areas allowed for some comparative analysis of how place, supply-side factors such as quality of and access to services, and other social factors impacted the lives and social integration of EU older migrants, although the numbers were too small for generalisation. This was a small-scale pilot study with the intention of highlighting areas that warrant larger and more in-depth study.

This pilot research commenced in February 2022 and this report was launched at the first Inter-University Migration Network Conference in London, UK on 27 April 2023. The Migration Network is a community driven research network, marrying scholarly expertise with local policy making and civil society organisations' work to research and address the challenges and benefits of migration that our local and regional communities face.

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[3] Funded by QR Seedcorn / Bridging Fund 2022 from the ARU Faculty of Health, Education, Medicine and Social Care.

2. Methodology

The methodology begins with an overview, followed by a detailed description of participant recruitment, data collection, and analysis of the qualitative dataset.

2.1 Overview of pilot research

This small-scale pilot research used a mixed methods approach including both qualitative and quantitative elements, informed by a scoping review of the literature; this report focuses on the qualitative dataset. The qualitative dataset included two focus groups with EU older migrants and nine interviews with key stakeholders including practitioners and community leaders across Fenland and Medway. Participants were recruited from advice organisations that had previously collaborated on the MWM Project, as well as churches, local councils, and civil society organisations supporting EU migrants. Ethical approval was received from the School of Education and Social Care Research Ethics Panel at ARU. All participants gave informed consent and participation was completely voluntary.

2.2 Stakeholder interviews

A total of nine interviews were conducted with key stakeholders who worked with EU and migrant communities and had first-hand experience of engaging with older EU migrants and the issues that they face. One interview was with a local authority official in Cambridgeshire, while another was with a clergyman at a church serving a largely Romanian congregation in Cambridgeshire. The remaining seven interviews were across six support organisations, two based in the Medway, Kent region and two located in Fenland, Cambridgeshire. These organisations assisted EU migrants with various issues related to housing, accessing services and benefits, and the EUSS. The final two organisations were national charities dedicated to promoting and advocating for the rights of EU citizens and providing advice and support around the EUSS; one of these provided a variety of services and support specifically for Roma communities.

2.3 EU older migrants focus groups

Two focus groups were undertaken by different members of the research team: one in Chatham which was organised with the help of Medway Plus and a Slovakian community member employed as a Liaison Officer in a local secondary school, while the other took place in Wisbech and was organised through the Rosmini Centre.

The focus groups followed the same topic guide and covered broad themes upon which participants were free to elaborate. The main areas explored in the interviews included length of time in the UK and reasons for coming; whether participants had registered with the EUSS and their experiences of the process; participants' family and domestic situation/circumstances. Their current employment status and some details on their work history were explored along with perceptions of their neighbourhood, relations with their neighbours and social interactions (intra- and inter-community). The focus groups also examined participants knowledge of the welfare/benefits system, entitlements and whether they had, or currently were, accessing any. Discussions also covered healthcare, pensions and pensions-knowledge; retirement plans such as sources of post-retirement income, intended location and what their longer-term plans were vis-à-vis living in the UK.

Though participants were all aged 50+, the composition of the two focus groups differed markedly (see Table 1). The Chatham focus group included three different nationalities, and all were employed at the time of the focus group. Meanwhile the Wisbech participants were co-nationals (Lithuanian), and all but one of the participants had previously worked in the UK but only the youngest participant was economically active at the time of the focus group. One obvious limitation of the focus groups was the under-representation of men. In Chatham this was attributed to the fact that most worked long hours and tended to work a greater distance from home than many of the women who worked more locally to fit around family and other responsibilities. In total twelve participants took part in the focus groups, divided equally between the two locations. All were registered with the EUSS and participants had been resident in the UK for between 6 and 16 years.

Table 1: Focus group participants

Location	Length of time in UK	Nationality	Employment status	Male/Female
Chatham	14 years	Slovakian	Employed	Female
Chatham	8 years	Slovakian (Roma)	Employed	Male
Chatham	9 years	Slovakian (Roma)	Employed	Female
Chatham	9 years	Romanian	Employed	Female
Chatham	16 years	Polish	Employed	Female
Chatham	15 years	Polish	Employed	Female
Wisbech	14 years	Lithuanian	Economically inactive	Female
Wisbech	11 years	Lithuanian	Economically inactive / looking for work	Male
Wisbech	13 years	Lithuanian	Economically inactive/Long-term sick	Female
Wisbech	6 years	Lithuanian	Economically inactive/caring for grandchildren	Female

| Wisbech	15 years	Lithuanian	Economically inactive/ill health	Female
Wisbech	14 years	Lithuanian	Employed	Female

2.4 Qualitative data analysis

The interviews and focus groups were transcribed verbatim, and transcriptions were uploaded to NVivo 16, which was used as a platform to collaboratively conduct a thematic analysis on the qualitative dataset. This involved a process of coding the data to identify pertinent items discussed by participants and the meaning attached to those items. The research team then came together to discuss the codes and look for common issues that were relevant to the aims of the pilot research in order to develop key themes for the findings.

3. Qualitative findings

The qualitative findings are presented across eight key themes developed from the data:

1. EU Settlement Scheme and border migration controls
2. Retirement and pension planning
3. Access and quality of healthcare in the UK and in 'home' countries
4. Community relations, networks and social activities
5. Digital inclusion and literacy
6. Language barriers and lack of interpreter services
7. "Advice deserts"
8. Poor engagement, fear and mistrust of authorities

Each theme has various sub-themes that are illustrated using quotations from participants in focus groups and interviews. The themes were approached from two perspectives. From that of older EU migrants themselves including the realities and complexities of living in post-Brexit UK as an older migrant; some of their main concerns with regards state institutions, their organisations and processes. Secondly from the perspective of agencies and organisations who work with these populations and the key issues that that they see older EU migrants experiencing via their organisations. Given the lack of literature in general on EU older migrants after Brexit, the findings are discussed as relevant with reference to specific literature that provides further context.
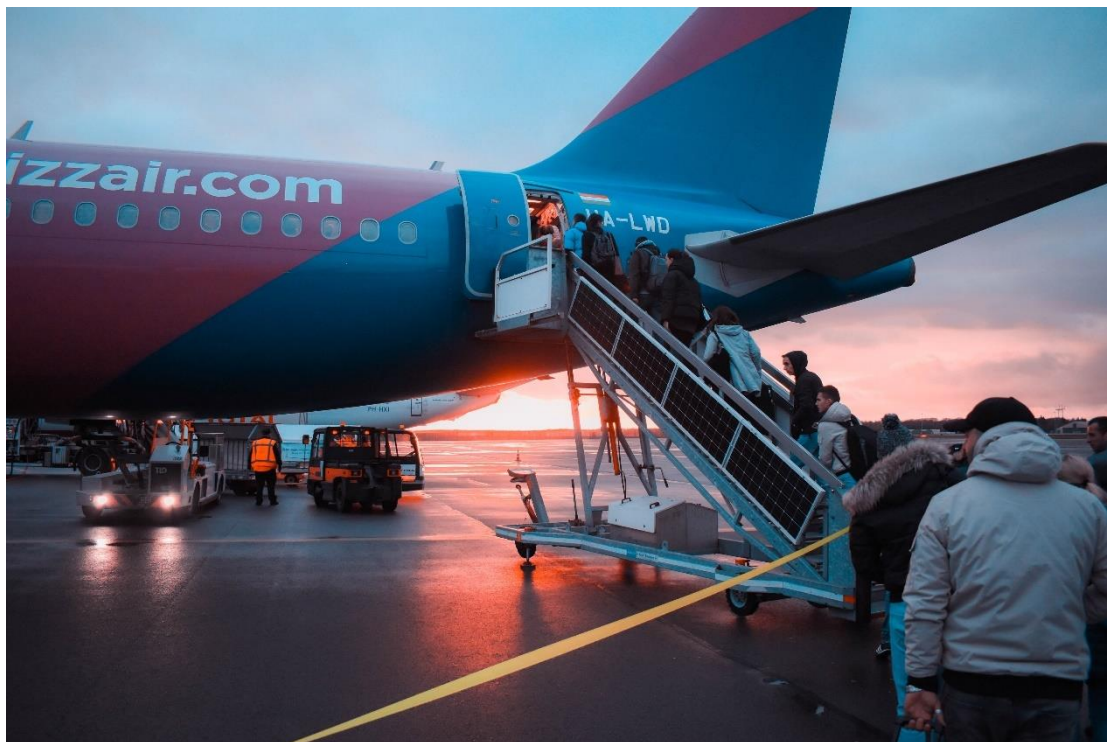
3.1 EU Settlement Scheme and border migration controls

Post-Brexit, immigration for older EU migrants takes place in a very different, and much more fractured legal landscape than pre-2016. Instead of being governed by EU free movement law, the rules that apply today are simply those of national UK law that operates in the 'hostile environment' policy context.[4] Those EU nationals who arrived in the UK from 1st January 2021 must follow one of the specified visa routes for residence in the UK. This may include options for applying for highly skilled job visas, with lower salary threshold requirements for nurses and other specified medical professionals (the Health and Care Visa), Standard Visitor Visa,[5] Student Visa[6], etc. No visa route exists for low-skilled jobs, except for the Seasonal Worker Visa[7] launched as a pilot in 2019 and subsequently extended, in place of the Seasonal Agricultural Worker Scheme (SAWS) that had been scrapped in 2014. The rules on family reunification are quite limited but are very important for many EU migrants and particularly in the context of the Ukraine crisis.[8]

Acquiring settled or pre-settled status under the EUSS – for those EU older migrants who have been living in the UK prior to 1 January 2021 – was much more straightforward than other visa routes: there was no visa fee, the application process was arguably easier, and it offered the opportunity for indefinite leave to remain in the UK. This also permits better protection in terms of legal rights and recourse to public funds (welfare benefits, healthcare, etc.); these themes are addressed from various angles throughout the report.

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[4] Since January 2021. For a brief summary of current UK immigration routes, see EU Citizens' Rights. Arriving in the UK in 2021 under the new immigration rules: https://www.eurights.uk/arriving-in-the-uk-in-2021

[5] https://www.gov.uk/standard-visitor

[6] https://www.gov.uk/student-visa

[7] https://www.gov.uk/seasonal-worker-visa

[8] Generally, family migration is problematic – see the House of Lords' Justice and Home Affairs Committee inquiry into family migration: https://committees.parliament.uk/work/6818/family-migration/publications/

Additionally, the rights of those with pre-settled status are less secure (Fernández-Reino and Sumption, 2022), and such individuals need to subsequently apply for settled status in order to obtain full rights of permanent residence in the UK. In a recent leading case[9] it was found that right of residence cannot be lost just because EU migrants failed to upgrade from pre-settled to settled status by the deadline given to them on an individual basis. There was no appeal to this court ruling (Bounds and Wright, 2023), and a detailed update on the implementation of the judgment by the Home Office is yet to follow.[10] However, until the new arrangements are in place, EU migrants with pre-settled status are encouraged to apply for settled status under the EUSS as soon as they are eligible for it (IMA, 2023).

EU citizens' access to public services and support following the end of the Brexit transitionary period at the end of 2020 was largely dependent on being registered with the EUSS.[11] It has been noted that Central and Eastern European (CEE) countries had been experiencing particular difficulties with registering for such status (Age UK, 2020). Often this was due to multiple vulnerabilities that affected their confidence and independence (Jablonowski and Pinkowska, 2022) with similar themes emerging from this study:

> *…statistically, there are more people who have this need of digital support and language support in the older age group, especially in the digital. Here is where I think a lot of the work of all the charities, especially during the EU settlement scheme... we really focused on supporting people who just needed someone to do the application for them. Even though they understood the process, they had all the documents, they just didn't have the confidence to do an online form.* [Support organisation advisor, Cambridgeshire]

In fact, some of our respondents stated that the EUSS itself created multiple vulnerabilities where they did not exist before:

> *Some people who would not see themselves or be vulnerable before have been ... made vulnerable through the Scheme because they suddenly had to apply to have status having previously had that status in the country.* [Legal advice representative]

It is noteworthy than in contrast to the pre-Brexit era, EU older citizens must now follow the same legal routes to residence as non-EU migrants, but with some specificities. The evidence emerging from the implementation of the EUSS shows a clear lack of awareness amongst eligible residents with regard to 'upgrading' from pre-settled status to settled status in the future. The need to produce a digital-only proof of settlement status to access services such a housing or employment is particularly problematic when it comes to older migrants' digital literacy issues (compounded by English language skills) and often limited awareness of what practical steps need to be taken when travelling, whether in relation to renewing their identity documents (e.g., passport) or other requirements. Finally, it was noted by several respondents that many long-term residents from the 'old' EU states who have been resident in the UK for many years, have mistakenly not applied to regularise their status under the EUSS which poses practical difficulties when living in the UK or travelling abroad.

Significantly, this pilot project found much concern about how the EUSS was being implemented locally in Kent and Cambridgeshire, with many issues resonating nationally. Difficulties with the digital-only

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[9] *R (Independent Monitoring Authority for the Citizens' Rights Agreements) v Secretary of State for Home Department* [2022] EWHC 3274 (Admin).

[10] See Iqbal and Vowden (2023) for case commentary.

[11] Applications for which closed in June 2021.

proof of status and language barriers in the application process are discussed under other themes (3.5 and 3.6 respectively), while this theme covers issues with evidence, the need for support in applying for citizenship, family migration challenges and the impact of waiting for application outcomes.

3.1.1 Evidencing residence and work

Organisational respondents frequently reported ongoing issues with acquiring a proof of address and other documentation (e.g., bank statements) for some EU older migrants. This was especially so for those who have been homeless or frequent movers, relating to difficulties in evidencing the length of residence required for applying for settled or pre-settled status:

> …proof of residence, that was an issue because say homeless people, they don't have a proof of address or had to go and ask the bank – if we're lucky and if they have a bank – to produce bank statements to prove their residence [and], request letter[s] from previous landlords confirming that this person was residing at this address for [a] particular period of time. [Support organisation advisor, Cambridgeshire]

> …not all people keep, you know, seven-year-old bills [to evidence residence at a particular location]. [Christian charity representative, Kent]

Similar concerns related to payslips, especially where digital payslips were not issued by previous employers, for example where the person has changed employer, or where they do no not have digital skills to access their payslips digitally on the employer's online system:

> …employment agencies sometimes as we know, they can be a bit cheeky and not provide them with documents, even as simple as giving a P45 when a person leaves and goes to another employer. It takes sometimes a few weeks for us to battle for it. [Support organisation advisor, Cambridgeshire]

At times, our respondents resorted to engaging a trusted solicitor who would, for example, try to access the client's GP appointment records to evidence their residence in the UK. Otherwise, being unable to establish the five years continuous residence makes EU older migrants ineligible to apply for settled status, a situation which leaves them less secure than if they had been successful in an application for pre-settled status:

> …this lady was homeless so she needed so much help but there are so many people who, same as [her], couldn't get, didn't get the right settlement, just because they didn't have the papers to prove it. And they just have to wait until five years pass by and they have the papers. [Christian charity representative, Kent]

Importantly, we found that the COVID-19 lockdowns had exacerbated these difficulties in locating appropriate evidence in time to comply with the expiration of the EUSS application deadline (30 June 2021).

3.1.2 Growing need for UK citizenship support

As the EUSS was a temporary pathway to apply for legal residency, and uncertainty amongst EU migrants has increased since Brexit, the respondents indicated the need for more support around both primary applicant citizenship and registration for children to become British citizens. This can be complex as, for example, not all EU member states allow an applicant to hold dual nationality by default (e.g., Lithuania)[12] and having two passports at a border may sometimes present more difficulties than solutions with border immigration officials.

Additionally, children born to parents where one of the parents has been resident in the UK before January 2021 may be eligible to either apply for British citizenship or to be registered under the EUSS. EU national parents or grandparents need to be aware of such eligibility and understand the relevant processes to follow, but it seems that information and knowledge about this legal situation is limited amongst many EU nationals.

Our respondents have also highlighted the need for access to both bonding and bridging social capital (Putnam, 2000) in order to provide a reference from a person in good status for their citizenship application.[13] We discovered that very commonly community members turn to their local churches or to other respected members of the community to obtain such letters:

> *My experience more than with any other thing was people come to me to be a referee for their applications for citizenship. So, I've done ... between 10 and 20 I suppose people, applications for families and so on.* [Clergyman, Cambridgeshire]

This growing need for reliable advice on British citizenship is likely to require migrant support agencies to have suitably qualified immigration advisors in-house, or a trusted relationship with local reliable solicitors or law centres, where they could refer clients for more detailed advice. Given the 'legal aid deserts' (discussed in 3.7) that exist in some localities of the UK, it is inevitable that individuals requiring such specialist advice may 'fall through the gaps' when seeking effective and accurate advice, particularly when they are more marginalised as a result of limited social capital, language barriers, digital exclusion and age.

3.1.3 Increasing family migration challenges

Study participants also highlighted the growing need for support for family members who will be joining EU/EEA/Swiss nationals residing in the UK under the EUSS. Migration rules are different depending on the 'inviting family' member's status (settled or pre-settled), the nature of the family relationship, the nationalities of family members, and the date on which each person arrived in the UK (Citizens Advice, 2021, see also Home Office, 2023). According to our respondents, many families are not aware that their family members who arrived after 1 January 2021 needed to apply for pre-settled or settled status or the EUSS Family Permit[14] whilst in their home country (UK Visas and Immigration and Home Office, 2019). This was particularly challenging when some families decided to bring their relatives to the UK to make such a settlement application, because there is lack of access to advice about the EUSS in their country of origin:

> *…if they are in Romania they're expected to make an application from within Romania, and expect to get the results and the decision… and then travel to the UK … [but] the likelihood of*

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[12] https://www.renkuosilietuva.lt/en/dual-citizenship/

[13] 'Minister of a recognised religion' is one of the 'acceptable professional persons' who can provide a reference (see The Home Office, 2022).

[14] https://www.gov.uk/family-permit

finding someone in Romania to help with making the application is even more difficult. So even if Roma families who want to bring the elderlies over know that they need to apply... they will decide, okay, let's bring you over here and we'll do it from here somehow. [Roma support organisation policy officer]

Similarly, entering the UK as a tourist initially then seeking a change of legal status may cause problems later, when applying for settled status in the future (European Union in the UK, 2021).

### 3.1.4 Long waits for application outcome can lead to destitution

Although our respondents reported that most of their clients were successful – after following their advice – in obtaining settled or pre-settled status, there were those who had or were having immense difficulties in leading their life in the UK while waiting for their application outcome:

I know some people for example who had to apply three times and then the waiting time is longer. I have a family who are still waiting … that lady I was mentioning, we knew she's eligible to get a house, help from the council, we knew she could get help with benefit but all of that had to wait until she actually had the Scheme, the Settlement. She had to live outside. She was still sleeping outside and so she was waiting. There was nothing we could do. [Christian charity representative, Kent]

Such concerns are not isolated. Data on complaints made in 2022 from the Independent Monitoring Authority (IMA, 2022)[15] shows that issues around the right to reside – specifically those connected in some way to the EUSS - were the source of most complaints. Such complaints included long waiting times for EUSS applications to be resolved, and for the EUSS Family Permit[16] applications, lengthy and poorly communicated EUSS administrative review processes, and valid identity documents of EU nationals not being recognised by airline carriers when travelling to the UK.

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[15] The Independent Monitoring Authority for the Citizens' Rights Agreements (IMA) is an independent non-departmental public body that protects the rights of EU and EEA EFTA citizens, and their family members, in the UK: https://ima-citizensrights.org.uk/about-us/who-we-are/
[16] https://www.gov.uk/family-permit
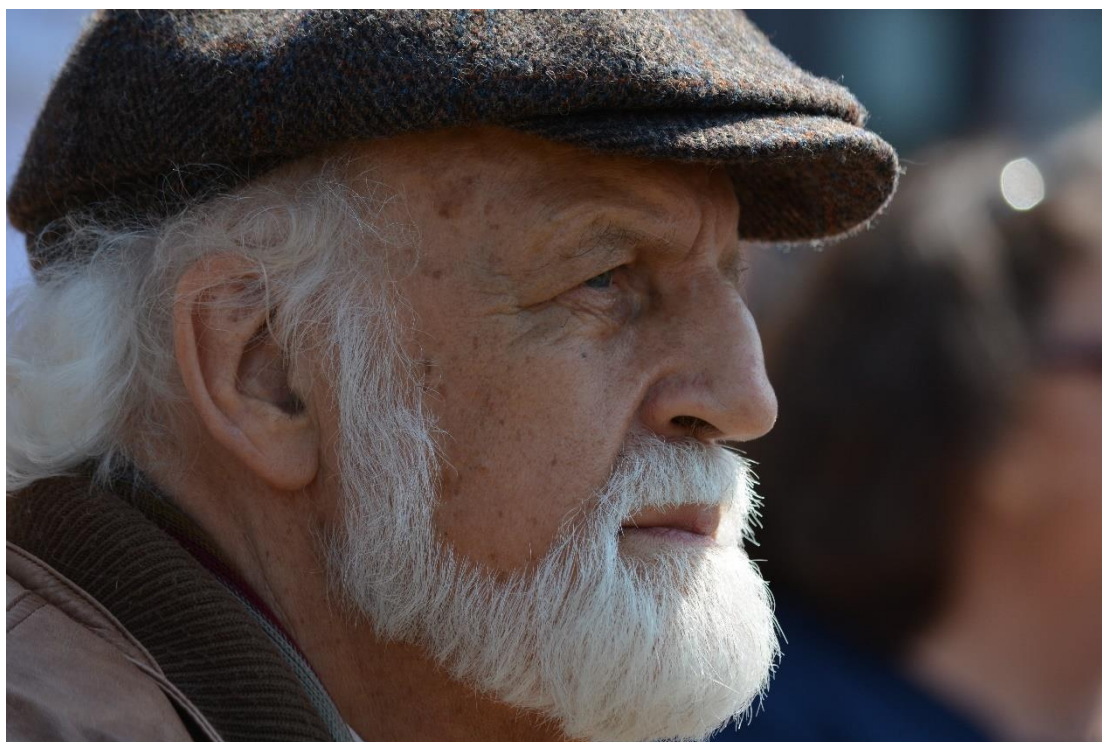
3.2 Support with pension planning

The UK Basic State Pension (BSP) is covered by a new Protocol on Social Security that aims to coordinate social security schemes between the UK and EEA, the principles for which were set out in the guidance from the Department for Work and Pensions (DWP, 2021). This provides for: *aggregation* of social security contributions, meaning that residence or work in one country is accounted for when calculating entitlements in another; *competency* to determine which state is responsible for paying social security benefits and for healthcare; *equal treatment* with members of the host state; and *export* - allowing for the payment of some benefits in one state to people who live in another (HM Govt, 2021). The BSP is payable to those who reach state pension age (currently 66 for men and women and due to start increasing to 67 by 2028) for those who have paid sufficient National Insurance contributions (NICs). Certain means-tested benefits such as Pension Credit and Housing Benefit may also be available for those who have retired and who have settled status or a right to reside in the UK. To qualify for a partial BSP an individual needs to have made at least 10 years of NICs and for a full BSP 35 years of NICs are required (LITRG, 2023). Under the 'aggregation' principle if someone has made at least 10 years of contribution across the EEA and UK they can claim BSP based on their UK contributions. This also applies to those who arrived after the end of December 2020 and will apply until at least the end of 2035 (HM Government, 2019).

Pensions-related issues were a prominent theme in the interviews with support organisations and during focus groups, particularly about portability (whether it would be possible to keep pension entitlements by transferring them to a new scheme); eligibility for the BSP and social security benefits; and accessing appropriate information and support. There is very little published research or knowledge about how the pensions landscape post-Brexit is impacting on older EU migrants or whether, and in which ways, this is changing expectations and intentions surrounding work and retirement in older age. Findings indicate the need for improved knowledge both of the impact of the post-Brexit retirement trajectories for EU migrants themselves, and on the capacity of support agencies to provide suitable

advice given the complexity of pension rules and entitlements across the three tiers of state, occupational and private pensions.

3.2.1 Demand for pensions advice

As retirement planning and considerations tend to increase with age a large demand for information and support surrounding pensions among older EU migrants was reported in both study areas. Demand for pensions and retirement related information has increased due to two main reasons. Firstly, the rise in older migrants moving to the UK from the EU in the run up to and following the Brexit vote (Greenfields et al., 2019), and secondly, due to the ageing of longer-term residents who are now approaching retirement meaning they may be eligible for the BSP and related retirement benefits. As most migrants who arrive in the UK tend to be young this is a relatively recent phenomenon facing support organisations as noted during the following interview:

> *We have now started to see a new generation of elderly Roma in the UK. As Roma started to arrive in the UK about like 30 years ago, we are just now starting to see - I would say in the last five years - we started to support the first Roma to apply for pension credit and these kinds of things.* [Roma support organisation policy officer]

Organisations reported that queries and concerns around pensions was the most frequent topic for which people approached them for advice:

> *The main one probably will be questions about pensions. That's a struggle because they don't understand the system and the system is different going back to their home country. So, they struggle to understand when they can apply, why it was enrolled automatically, how to get the pot back if they turn 55.* [Support organisation advisor, Cambridgeshire]

This could encompass a variety of both general and more technical issues requiring specialist knowledge. Often the support requested is related to difficulties in not knowing where to access information and the fact that much of this is available online:

> *…they're starting from one question, "When can I go, when is my pension age even?" That's the very question, so we just go online, check by the date of birth because they don't access computers, they don't even use it.* [Support organisation advisor, Cambridgeshire]

Because the organisations we spoke to are not authorised to dispense pensions advice and do not possess the necessary expertise to do so, they are limited to providing generic advice and signposting people to relevant government support services:

> *We get a lot of questions about pension coordination and because we're not accredited to advise on this – there are many organisations that probably get the same questions but all we can say is, "Okay, here is a Q&A online from an official site" and we can't actually help.* [Support organisation advisor, Cambridgeshire]

A focus group participant in Fenland, Cambridgeshire confirmed that in her experience support agencies were only able to give general support and advice. What people needed, she argued, was to tap into information about portability, receiving UK pensions abroad if they intended to return home to their country of origin, or receiving pension entitlements they may have accrued in their own or other countries in the UK:

From my experience in the past, they [organisation] could get with filling in the documents or standard forms. Or they could call on the client's behalf. But I don't think there is any information or advice offered by [organisation] about such pension planning. [Focus Group, Fenland]

3.2.2 Employment agencies and NICs

Many focus group participants in both areas had been or at the time of interview were employed via employment agencies. Employers who hire workers through an agency are responsible for paying the employee's NICs and Statutory Sick Pay (SSP), but a significant level of uncertainty existed among participants as to who was responsible for making their contributions. The issue elicited considerable discussion in the Medway, Kent focus group and a level of disagreement and confusion among participants:

I don't think the agency's paying it, it's just the companies are paying. You have a contract with the company, they will be paying agencies … I don't think they will pay their contribution … They are paying but only the National Insurance contribution and not the private one like the companies. [Focus Group, Medway]

In the focus group in Fenland, Cambridgeshire, where over half of the sample of EU/EEA migrants surveyed in the previous study were employed via employment agencies (Greenfields et al., 2019), it was noted that agencies may be deducting NICs from the employee and not passing the contributions on:

I have payslips from the agency, everything. They used to deduct money for the pension contributions. But when I asked [DWP] to calculate my estimated pension, I didn't see any additional income from the time I worked in the agency. I've never seen that money. And he sits in Peterborough, the millionaire babai [derogatory term used for South Asians]. [Focus Group, Fenland]

3.2.3 Knowledge of pensions and post-retirement benefits

Despite charities and support organisations reporting a high demand for pensions information and advice, a significant number of focus group participants had a good knowledge of the pensions and welfare systems and eligibility requirements. Generally, this was related to English skills, level of education and type of job, with those in more skilled or professional roles more knowledgeable. The following participant from the Medway focus group, for example, had researched how the system worked before deciding to pay a voluntary NIC to ensure that she met the qualifying years for the full BSP:

I'm paying myself my National Insurance contribution. I don't have to literally because I'm still having child benefits, so in theory I don't have to pay because I'm covered once receiving the child benefit. But… I pay voluntary contribution. [Focus Group, Medway]

Due to the nature of her employment on a self-employed casual basis, her employer the local authority was not paying her NICs:

Because I am self-employed. As I work for the other agency, so I have to be self-employed as well as a council worker. So, as I'm aware the council is not paying for me because I'm just a casual worker so to be eligible I do pay the voluntary because I'm not earning enough. [Focus Group, Medway]

Similarly, a minority of participants had researched the issue and had a good knowledge of what they were and were not permitted to do. One of the participants in Fenland explained:

> *The system is like this: you need to have worked for 10 years, but there are conditions. You can leave England only three times a year, each time no longer than a month. And you need to notify the Inland Revenue about it [otherwise you may lose social entitlements]. But you must live only in England and if not – goodbye.* [Focus Group, Fenland]

One participant argued that pensions considerations were an important factor in shaping migratory decisions among older migrants. Firstly, they can build up a relatively larger pension income by contributing to the BSP compared to their pension income in their own countries, and secondly, the BSP would go further if they returned to their own country due to the lower cost of living:

> *People over 50 who have come here sometimes will say, "OK, maybe I will get a state pension from the UK. Whatever pension I will get, when I go back to Romania it will count for something. It'll be an additional income" … and when they consider retiring, they'll probably go back to Romania, also thinking that, well, they'll have an extra income from the time that they've worked in the UK. So, this also is something people consider in this over 50s bracket.* [Clergyman, Cambridgeshire]

The same participant noted that the possibility of a better income post-retirement could persuade some people to delay their retirement and remain working in the UK for longer than they may have anticipated:

> *I was talking to a lady very much in this bracket 50 to 60, more pushing 60, but she had been here for about 10 years … And now she's moved back to Romania, more basically to help her daughter who had a child now. But she always said, "I'm going to stay for another year, another year." She was thinking of her pension.* [Clergyman, Cambridgeshire]

However, although in the UK pensioners as a group are less likely to be in poverty than the average resident, there is a widespread public lack of awareness surrounding pensions and how much people should be contributing to achieve their desired income in later life (Andrieux, 2022; Cribb et al., 2023). Additional barriers to knowledge of pensions entitlements or how to access the BSP may exist for migrant populations particularly those with poor language and IT skills as discussed elsewhere in this report and for Roma populations these barriers are compounded by the legacy of racism and discrimination.

3.2.4 Post-retirement and location

Focus group participants gave mixed responses to where they intended on spending their lives post-retirement. Some would prefer to return to their home countries but were conflicted due to their children wishing to remain in the UK:

> *I go my country. My pension. [Laughs] Because my daughter is, I don't know, maybe live here, maybe come back, I don't know. Me, I go my country, my house because I old.* [Focus Group, Medway]

Another participant also noted that the age of her children prevented her from returning to Lithuania:

I would leave today, but my children's age prevents me from doing so. My daughter is 17 and she is planning to go to university. My son has a year left at the secondary school. So, if they come to Lithuania now, I would ruin their lives. We have to keep our patience until the little one gets settled with what he wants and then I get my luggage ready! Otherwise, I would go today. [Focus Group, Fenland]

Others noted that being in the EU with freedom of movement afforded them a lot of possibilities post-retirement, such as moving to southern Europe to a more favourable climate. The terms of the Settlement Status allow them to leave the UK for up to five years thus maximising their options if they decide to return to the UK:

If we decide to go with my retirement to Spain or France or wherever I wish to go. I'm not saying it's going to be Poland because it doesn't have to be. My old bones need some warm fresh air so it will be other nice country. Why not? Because it's kind of the easy way for us in this place. And I know even with the settlement status we can go abroad and live abroad for five years. [Focus Group, Medway]

Another Slovakian Roma participant noted that with family members living in various EU nations that she had plenty of options regarding location:

If I need it I can go, but not longer. Maybe one year I can go to my sister in Belgium, another family, but not stay in Slovakia all my life. Not here, another country. So many countries in the world. [Focus Group, Medway]

One barrier to remaining in the UK was the cost of living in relation to the relatively low BSP. For those without savings, private or occupational pension membership surviving solely on the BSP would be a struggle. The fact that their BSP entitlements could be paid overseas was a significant inducement to return especially to countries where the cost of living was significantly lower:

It's kind of only you have really big savings all the time, or the private pension is really good, then you can afford to live only from this money … There is two of us and hopefully there will be still two of us so we might survive, but we'll survive strictly on the pension. Because that's the truth if we look only at the state pension at the moment. [Focus Group, Medway]

3.3 Access and quality of healthcare in the UK and in 'home' countries

Access and quality of healthcare was a pertinent theme across the qualitative findings, discussed here in relation to access difficulties linked to immigration status, logistical challenges and barriers, the experiences of Roma families, and the issues of transnationality and going 'home'.

3.3.1 Access difficulties linked to immigration status

Access to healthcare in the UK presented challenges to participants in several ways. Respondents told us that EU older migrants did not always access healthcare when needed due to concerns over their immigration status, or because there were long waiting times to access healthcare on the NHS:

> And many of them in this case would travel back to the home country because it's going to be quicker and even if you pay there probably [you are] going to pay the same amount as you would pay here for the private care, including tickets, travelling and stay there, but access [to] the healthcare [is] much quicker. [EU migrant organisation advisor]

Confusion abounds over who can access healthcare under different immigration status and how to do so, with a lack of knowledge within communities and around where to access this information. People are unclear about what their particular situation means in the context of healthcare, and there was concern that access to NHS services would be affected by Brexit (see section 3.3.4).

People reported being afraid to access healthcare services out of fear - though often misplaced - that their immigration status would be questioned, that the Home Office may become involved, or that they will be charged for services even when they are entitled to them:

> What I find quite common when I speak to Romanian people who know very little about their rights is that often people are afraid to access healthcare services in the UK because they feel like, "I don't want them to check my immigration status," or maybe they have an application pending, or they fear they will get charged. [Local authority official, Cambridgeshire]

Sharing on social media reports like these exacerbate fears and contribute to people being afraid to register with a GP or access care when needed. This fear and lack of trust in UK healthcare provision demonstrates the need for accurate information and understanding of entitlements, and reassurance to communities that they can safely access the healthcare they need.

3.3.2 Logistical challenges and barriers

Respondents reported difficulty in accessing GP services due to language barriers and having to use intermediaries to make appointments for them:

> *When I needed a sick note from my GP, I learned by heart what to say in English. My daughter said, "I am not going to ring the GP on your behalf anymore, I'm at work. I don't have time." So, then I had to learn.* [Focus Group, Fenland]

Digital medical services like E-consult were reported as very difficult to use, due to language and/or digital literacy issues. The combination of language and digital difficulties compounds issues in accessing appointments and healthcare more generally. In these cases, people seek support from local organisations where they exist, or ask their neighbours or other people from their social networks. Having to call at specific times to make appointments or receive calls from doctors poses problems where EU older migrants cannot guarantee to have an English speaker with them to translate, even though some are able to use assistance of digital translation tools in everyday interactions:

> *…in the neighbourhood, we have all English people. If we don't understand anything, I put my Google translator and we speak on the phone via translator.* [Focus Group, Fenland]

Experiences varied around ease of getting access to see a GP and referrals to specialists. People felt that once specialist care, either as an in- or out-patient was underway, treatment was very good, but it was problematic to get to this point:

> *Here it is like that: if you were able to go to your GP yourself, you are likely to be prescribed paracetamol - for most cases. But if you have been taken to hospital, you will be put back together piece by piece. So, once you are in hospital, then everything is fantastic.* [Focus Group, Fenland]

Some respondents felt it was difficult to be heard or taken seriously within the NHS. They reported a lack of attention by GPs to their symptoms and felt that they were not paid attention to unless they had a previously diagnosed condition:

> *For my illness, until I brought the officially translated medical files from Lithuania, no one was listening to me*. [Focus Group, Fenland]

However, sometimes even bringing medical files is viewed with a high degree of scepticism by local GPs:

> *I had a friend who also brought the documents from Lithuania, but her GP did not believe her. He said she did not have anything serious, threw the documents back at her and said she had water on her knees. That's it!* [Focus Group, Fenland]

3.3.3 Quality of healthcare in the UK

There were also positive aspects reported in the pilot study. Some participants felt that they received better care from the NHS than they would have in their home countries, especially for serious health conditions that require surgery or ongoing treatment:

> *…when I got sick … in 2010, if I was in Lithuania, I would have been dead long time ago. Or if not dead, I would not have had the money to pay for the treatment, because for two and a half months I have been receiving plasma transfusions, one bag of which costs £100. I used to re-ceive two bags per day.* [Focus Group, Fenland]

This participant was impressed by the extent of NHS provision for her condition, which consisted of daily treatment at a hospital for several months. She stated that in her home country, this treatment would not have been provided for her and therefore believed that the NHS was better than the medical provision she was used to at 'home'. Positive feedback was also given by a cancer survivor:

> *They just did the mammogram, then tests, in days, and there was an early appointment avail-able for operation. In three weeks, I had no time to think dark thoughts – really, it was so good that it was quick.* [Focus Group, Fenland]

Another participant observed that the NHS is viewed as providing more equal access to healthcare without the corruption that may exist in some CEE countries, which is seen as positive:

> *…sometimes healthcare comes up as a thing for them because they associate England or the UK as a place where they could get good healthcare and they don't have to let's say … you know, by paying doctors extra, like sometimes is the practice in Eastern Europe...* [Clergyman, Cambridgeshire]

The pilot findings, therefore, indicate a mixed experience of accessing healthcare, with local GP provi-sion seen as problematic, while specialist care was praised as excellent.

3.3.4 Experiences of Roma families

Roma people who have been long established in the UK – especially from Poland, Slovakia and the Czech Republic - possess adequate knowledge of the healthcare system and engage with local charities, but those who came later in life are more isolated and dependent on support to navigate healthcare:

> *Roma who came as young or younger in UK and have worked in the UK … They are aware of the system … as they become sort of elderly, they have more health-related issues and so on, they will come to us … for example we have a mental health group session going on…* [Roma support organisation policy officer]

Support organisations reported beginning to see small numbers of Roma families who have become unable to care for elderly relatives, whereby the latter end up alone and isolated, needing support to access health services. Elderly Roma often seek support from the support groups when they become ill and cannot rely on family for assistance:

> *…they will only get in touch with us only like when there are serious things going on, so when they are very ill, and they tried with the GP and it didn't work out and they really need someone to help them with that. Or, I don't know, their family members have left them behind, they*

moved and they said, "I'm sorry, we can't look after you. You have to deal on your own." [Roma support organisation policy officer]

There is confusion around the differences in what services people can access free of charge depending on their immigration status, especially if they did not apply for EUSS before 30 June 2020. Where a healthcare charge would apply, people may elect to travel to their countries of origin instead:

…if, for example, they have a GP appointment, they will not be charged. If they go to the emergency services, they will not be charged for that. But if, for example, if they are being referred to a specialist, then seeing a specialist and get further health support, that will be charged. And then in those situations, families would rather just like travel to like countries of origin with their elderlies to get health support [Roma support organisation policy officer]

Barriers to accessing services for this group include reported experiences of discrimination within healthcare settings and difficulties in obtaining GP appointments or referrals, particularly for Roma who have been in the UK for many years and require more health interventions as they become older:

They might also mention discrimination. So, they will say, "I went to the hospital, I went to the emergency unit, and I was told … you are loud and Gypsy, you go back to your country", and these kinds of things. [Roma support organisation policy officer]

Whilst Roma can usually access informal family support, this has posed problems in some situations. For example, healthcare professionals are sometimes unaware of cultural difficulties caused by medical consultations interpreted by family members of the opposite gender:

Let's say an elderly Roma man will have a urological problem, and he has only a daughter, for example, to interpret. It is very highly, highly likely … that was his problem because his daughter will be there, or because … for example, if he will have a female interpreter there. [Roma support organisation policy officer]

There have been cases where the patient feels unable to speak freely about their medical issue which has led to severe illness and even death:

…a Roma woman died because she has not disclosed her health issues, because always, always she was asked to bring her son to interpret. [Roma support organisation policy officer]

3.3.5 Transnationality and going 'home'

Worsening pressure on services in the UK mean that people sometimes decide to return to their countries of origin for healthcare, especially among older migrants who are more likely to have health concerns. This was true in certain circumstances, for example support organisations observed that people would return home for dental treatment readily but remain in the UK for more complex situations like major surgery:

I know… that people will possibly go to Romania to do their dental work rather than the UK, particularly people in their over 50s … because it might be a little bit cheaper, and they might get more variety. [Clergyman, Cambridgeshire]

Participants mentioned that they were entitled to see a GP and access emergency care, free of charge but where they were faced with having to pay for treatment to see a specialist they would choose to

go 'home' rather than do this in the UK. However, this is not always possible, during the COVID-19 pandemic for instance, or when treatment is needed urgently. Transnational health-seeking behaviours carry risks for people potentially not being able to return to the UK:

> *So they will, for example, they will either go to the emergency unit or travel to the country of origin if things are really, really serious and so on. And that means that they will risk not being able to return as well. And then access to any kind of services for this particular group of people who joined as elderlies in UK, it's very problematic.* [Support organisation advisor, Cambridgeshire]
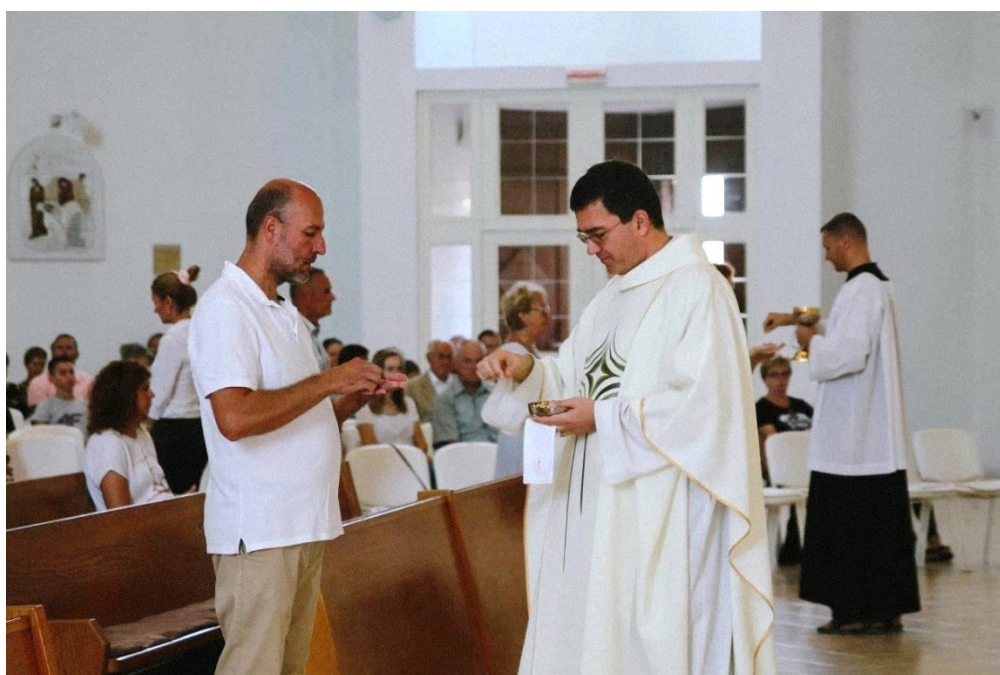
3.4 Community relations, networks and social activities

This theme includes findings across intra-community relations, social networks and support, inter-community relations, social activities, and loneliness and social isolation.

3.4.1 Intra-community relations

Social relations both within migrant communities and between other communities and UK-born locals is shaped by structural factors such as local industries, labour markets, residential patterns and household composition. In both areas EU/EEA migrants tend to be geographically concentred within particular local authority wards and often sharing accommodation with co-nationals, which impacts and shapes their networks of social interactions (Smith, 2018; Greenfields et al., 2019). Although some tensions between different migrants was reported due to wider events such as the war in Ukraine, this was rare and most participants in both areas reported getting along well with the other migrant populations they lived and worked alongside:

There was a couple of tensions since Ukrainian and Russian tension happening at the minute. Even Lithuanians would say different opinions: one would support Russia another would support Ukraine and there would be a tension between Lithuanians. [Focus Group, Fenland]

Some focus group participants displayed prejudicial attitudes towards Roma people in both areas, indicating that much of the hostility aimed at Roma comes from other migrants more than the UK population who are not always aware that they are Roma (Smith, 2018):

The support worker who is quoted below had worked closely with the local Roma community for many years and reflected on the fact that poor language or work-related skills combined with cultural expectations surrounding familial roles restricted the job prospects particularly of older community members:

From Roma communities they are people who don't work in here, just claim the benefits so yes, so most of them don't work [Support organisation advisor, Kent]

If the problem of the Gypsy labour could be solved, that would be completely amazing. They create a lot of mess. Dirt. That area was so clean before, do you remember? [Focus Group, Fenland]

In both areas however it was reported that the different migrant communities largely get along well in the workplace and in their neighbourhoods:

I think they're getting on quite fine. Latvians, Lithuanians, Polish speakers, even Portuguese speakers – I don't, I'm not aware of any tension at the minute in the communities [Support organisation advisor, Cambridgeshire]

In the Medway focus group, it was argued that negative perceptions of the area and of poor relations between its people were often assumed by people from outside, but these did not match the reality of day-to-day living:

Always saying if we're supposed to be not happy here why would I live here. So, it's kind of "pfff," then go somewhere else. If I start to think I'm not happy here only make it worse. So that's absolutely pointless to think in this way. [Focus Group, Medway]

3.4.2 Social networks and support

Social relations are an important aspect of social support and older migrants in both areas were able to tap into networks of co-nationals for support and advice (Ryan et al., 2008; Keskiner et al., 2022). Informal support and knowledge circulated through social networks among co-nationals as observed during one interview:

…each nationality they have their own internal networks, and they get together. I think there is a lot of community peer support going on. [Clergyman, Cambridgeshire]

To some extent this mitigated the low English skills particularly of older migrants as other community members were able to assist them to access the services they required:

If they don't speak the English, they still have got someone who is able to speak English who can help the access to the services or they will come to see me as well so I can advise them and

contact the organisation or the services that they need help from. [Support organisation advisor, Kent]

3.4.3 Inter-community relations

Both localities have experienced tensions between the local indigenous UK population and migrants. Our earlier work suggested however that these tensions were often exaggerated by the media and driven largely by the pace and scale of inward migration and a lack of resources and infrastructure to support this process rather than hostility to migration per se (Flemmen and Savage, 2017; Smith, 2018; Greenfields et al., 2019). Some antipathy from locals was reported in the Fenland focus group, but this was reported as being less commonplace than in the past:

> *Maybe in the beginning they were different scenarios. And someone would say something if it's older people would not say it to your face. "Go home" or anything like that. The difficulty was for children in the secondary school. It was not a welcome.* [Focus Group, Fenland]

As the migrant population became a familiar presence in both areas, such incidents became increasingly rare. None of the participants of the Fenland focus group had direct experience of hostility, but reported the experiences of friends and others in the community:

> *No one demonstrates hatred openly. Except maybe for the kids or the youths who are actually say what they think. They also say that to adults. This is because the teenagers have all the freedom and you cannot say anything to them. And if you tried to do something they are going to shout that they're 15 years-old, not 16, even though they may be 16 or older.* [Focus Group, Fenland]

Positive and friendly relations with their UK neighbours was the overall and more common experience that focus group participants reported when discussing social relations with people in their neighbourhood:

> *But in the neighbourhood, we have all English people… I have interacted with very cultured and polite people so far. They say, "Hi, how are you? How is your health?" And I always reply politely. That's how we communicate.* [Focus Group, Fenland]

Similarly, it was reported that inter-community relations in Medway were improving, and as localised knowledge of the different communities improved not all EU migrants were classified as 'Kosovan' as had previously been the case locally (Smith, 2018). This was accompanied with a decline in racist incidents and greater social mixing between different communities:

> *I can see that it's improving and it's better now there is lots of different communities, people recognise like, "This is not Kosovan, they are Russians, Slovak, Polish" so they know this and then their communities integrate as well so you can see it's improving … I can't see the racist stuff like before and yeah, it's improving from my point, yeah.* [Support organisation advisor, Kent]

3.4.4 Social activities

For those living with their grown-up children and caring for grandchildren social activities tend to be related to their role as carers, for example through meeting other people at school or by attending

school events and activities and socialising within their families. Attendance at churches or faith-based organisations tends to be higher among older age groups generally:

> *I do observe that there is a mix of ages but quite a lot of the people there are probably over 50, the people who are going to the religious activities.* [Clergyman, Cambridgeshire]

Likewise, in Medway churches and organisations affiliated to religious institutions are an important resource in terms of accessing social activities and support services for many elderly migrants. The local church-based organisations also appear to share knowledge and liaise with each other and certainly more effectively than the communication between local authority and other advice or support organisations, where a lack of coordination was identified as a serious problem in meeting the needs of this population:

> *Well, there's the Salvation Army and also, I believe the Methodist church is just across the road. You know, sometimes we have the same people, we meet the same people and sometimes because I know the lady from Methodist church, she would call me to make sure she has the right information for that person.* [Support organisation advisor, Kent]

Many of the larger migrant communities also have their own Saturday schools for the children to learn in their parent's native language. In areas that have such schools these provide an opportunity for elder community members to meet and socialise with co-nationals:

> *There is some kind of Romanian activities – not in Cambridge but in London, there are Romanian Saturday schools. We don't have one in Cambridge, but they are in many parts of the country, not just London but there is where you see quite a lot of grandparents bringing their grandchildren to Saturday school and they may be chatting to other people as well.* [Clergyman, Cambridgeshire]

Likewise in Medway there are a number of nationally based community organisations and churches as well as the more general black and ethnic minority support organisations that cater for all of the migrant communities and which older migrants utilise:

> *There are lots of places in this area supporting the communities, so they have Medway Council, the MDF [Medway Diversity Forum] and then NHS because I've been contacted by NHS during the COVID to promote vaccination as well, so I delivered the posters to different local eastern European shops in different languages … Kent Police as well, so I am working with police, NHS, Medway Council, there are lots of different departments who are supporting and helping the communities so it is, yeah, a help.* [Support organisation advisor, Kent]

3.4.5 Loneliness and social isolation

A significant level of social isolation and loneliness (although the two are not necessarily synonymous) was reported by the support organisations in both localities, mirroring other findings concerning loneliness among older migrants (Fokkema and Ciobanu, 2021). This was often exacerbated when they were living with family and/or caring for grandchildren, had poor English skills, or had retired and were no longer working. Factors such as austerity and local authority budget cuts were also highlighted since this had led to the closure and depletion of community centres and activities:

In terms of community activities, there is very little because local authority budgets are very cut over the years on this and there's very little you can actually provide free of charge in the community in general. [Support organisation advisor, Cambridgeshire]

Where community activities and provisions did exist, such as evening classes in local authority colleges, these tended to be poorly attended by older migrants:

There are some community provisions but then the provision is in college, so this is where you have the barrier from, I guess older compared to younger migrants because if you're a migrant in your 20s, it's quite easy for you to go to – whereas I'm thinking about someone like my mum who is almost 60, she wouldn't necessarily feel comfortable to go to a college for a course, even if it's like a social experience. [Support organisation advisor, Cambridgeshire]

While opportunities to improve English are available for older migrants it was argued that learning a new language could be more difficult for them than for younger migrants and a lack of attendance did not necessarily indicate a reluctance to integrate:

…if you are older then imagine you know, you have to learn the language, it's more difficult to integrate. It's not a lack of willingness, it's just difficulty. [Support organisation advisor, Kent]

Social isolation is compounded by poverty, ill health, homelessness, and other barriers impacting elderly people that are identified elsewhere in this report:

No money for utilities due to benefit issue, ill in hospital, technically homeless people ... people not having IT skills … I guess just by in inference rather than directly evident from the database that a lot of these people would be socially quite isolated. [Legal advice representative]

Elderly Roma migrants were argued to be especially vulnerable to loneliness and social isolation. This is due to a number of interconnected factors such as a higher likelihood of being economically inactive and living with family, poor IT and English skills, a lack of knowledge of what social activities are available, and anticipatory discrimination making many hesitant to access social activities for older people:

So I would say that elderlies are the most isolated of the Roma … because they tend to be at home all the time … elderlies clubs or social groups for elderlies in the community and so on, they are not aware that charities work in the way in the UK, and we are seeing that the elderly Roma are the most isolated … their attitudes towards going to a social club might be that why should I go there, because they will just say I'm Roma, no one will speak with me and so on. So even if they will not be discriminated, they might see discrimination where there is no discrimination. [Roma support organisation policy officer]

It was also noted by the clergyman that the reduction of the migrant population to a workforce only valued for their economic contribution and little else also restricted social integration and fostered a cynical attitude among some migrants:

…they're very much treated or were treated as a workforce, whether they're individuals who had families, who possibly had a career behind them. So that kind of depersonalising element … is also there … it possibly has a knock-on effect on integration or other elements of being, feeling welcome. [Clergyman, Cambridgeshire]
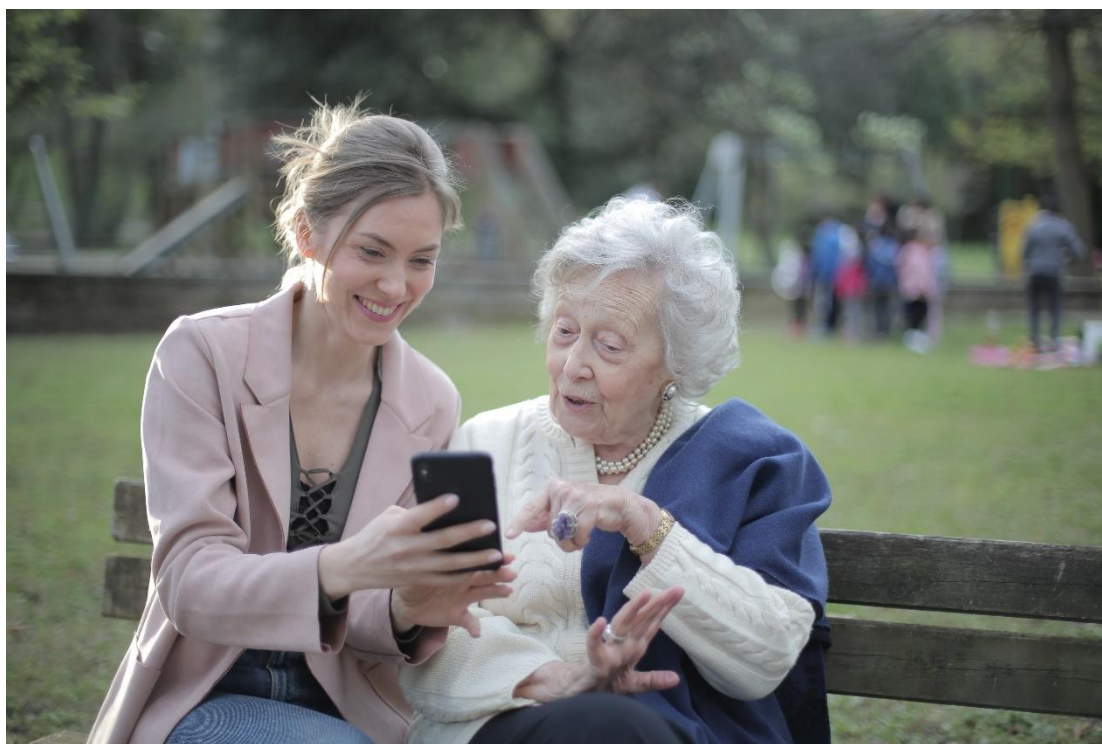
3.5 Digital exclusion

Digital exclusion was pertinent across a number of the themes already discussed. This included challenges for digital access, digital issues relating to immigration status, and digital exclusion compounding pre-existing vulnerabilities.

3.5.1 Digital access challenges

As the findings of this report indicate, the move to digital systems in many UK services has brought major challenges for older migrants who are in many cases unable to access and use these increasingly mandatory processes. This starts from the most basic issue, that many people do not have or cannot use a smart phone or computer, which immediately limits their ability to perform initial tasks required to access services. People are hampered by the need for different log-in details for multiple services, either they are unsure how to obtain these in the first place or these log-in details may be lost. Further, older migrants may not know how to undertake various digital activities which then hinders their ability to access necessary services:

> *…so many older people don't know how to use the [IT system and automated] phones.* [Support organisation advisor, Kent]

Digital activities that posed continual problems for older migrants, and were identified by those who represented them, include the necessity of scanning or taking photographs of documents and knowing how to update email addresses and telephone numbers on automated or digital systems. Payslips are now typically online rather than physical which means many people are unable to access these:

> *Everything went digitally. They have old-fashioned phones, they cannot access it. Even if you signpost them to library and say, "You can access it from the library," they have no idea where to get log-in details and employers - not employment agencies - most of the time are not that*

keen to provide with [log-in details] basically. Or they were given it once, they lost it and now they can't access it. [Support organisation advisor, Cambridgeshire]

Support and community organisations are also moving more of their services online and using digital technologies, largely as a result of the COVID-19 pandemic. They report that their clients prefer face-to-face interactions and that the move to digitise support services clearly makes accessing support even more difficult, as in many cases people are seeking support precisely because of their lack of ability to utilise digital services. Relying on peers for support to access digital services can pose additional difficulties as shown by this comment from a support worker:

…when they seek advice from advice sharks, or they seek help from different friends or family [with] whom they're not like very close friends. Then this friend moves out and they have no access to their own status… [Support organisation advisor, Cambridgeshire]

This was a common issue faced by many older migrants who had relied on others for support and subsequently are left without access to their own email or telephone-based systems such as two-stage verification when the support person moves on elsewhere.

3.5.2 Digital issues and immigration status

Where someone is unable to use digital services, this also prohibits easy access to the EUSS, Universal Credit, and other services for many older migrants. Existing issues of language and literacy difficulties together with other vulnerabilities are compounded by the digitalisation of many services. This leaves people excluded from being able to use them without significant support, an issue which particularly affects older migrants. There was a clear concern by many of the respondents about digital proof of the settled or pre-settled status being available online only:

The older you are, the more likely you are to be digitally excluded or not have any practice with modern, online immigration systems. The fact that we don't have a physical proof of settled or pre-settled status … [for example, someone may say], "Well, I want to request this physical proof for my mother because she doesn't have a smartphone, she doesn't use the internet, she needs something." That will create a massive issue … this disproportionately affects for example Roma communities, and also disproportionally affects older people. [Local authority official, Cambridgeshire]

The negative impact of the digital-only settlement status is a widely recognised issue about which many third sector organisations have been campaigning nationally,[17] though so far unsuccessfully (Tomlinson and Welsh, 2020). In fact, the government has plans to roll-out digital immigration status across other immigration routes (HM Government, 2018), regardless of its potentially discriminatory effects, such as those recently evidenced by research into the experiences of migrants seeking to access the private housing sector (Meers et al., 2023).

Problems also persist at the UK borders, as the digital status is attached to the identity document: upon the expiry of that document, a new document (e.g., passport) needs to be registered alongside the digital status. Therefore, respondents have noted the necessity to provide and share advice for people to carry two passports – both the expired document with the digital status and the new one:

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[17] For example, see the campaign and alternative proposals by the3Million: https://the3million.org.uk/node/1100850182

…if the indefinite leave to remain is not linked to their current travel document or identity document, then they cannot prove their rights because this system for settled status is all digital.
[EU migrant organisation advisor]

This situation is frequently exacerbated by the loss of old passports, changing mobile telephones, or disrupted access to email accounts. This has been repeatedly noted to be a particular issue for Roma people and for older migrants in terms of their ability to continue living and working in the UK:

That will create a massive issue because obviously there are people who are still working, they have to prove their immigration status, there are people who owe still rent, there are people who are in your target group, like over 55 who are still working, still need to rent rooms or flats and so not everyone lives with their family, and they need to prove their immigration status.
[Local authority official, Cambridgeshire]

The comment illustrates the related effects of being unable to access physical proof of settled status and the need to prove status for a range of daily needs. It was frequently reported in both areas that people are experiencing problems at borders where they need to prove their settled status but have this status linked to an expired passport instead of their new one. They are therefore issued 28-day immigration bail notices, which support organisations have to subsequently help them resolve. Typically, people were unaware of the need to travel with old and new passports in this situation and the requirement to change passport data on the immigration system on acquiring a new passport. In some cases, people have thrown away old passports, not realising that these are fundamental to proving their entitlement to be in the UK.

3.5.3 Compounding existing vulnerabilities

Older EU migrants may have multiple pre-existing vulnerabilities such as mental or physical health issues, language difficulties and poor literacy, homelessness, or may be a victim of modern slavery or exploitation (Craig, 2019). These vulnerabilities can exacerbate and be compounded by the effects of digital exclusion. For example, in relation to the EUSS, people may need to prove their immigration status in order to access other support services and if they cannot, they are excluded from provision of advice:

It was often an intersection of multiple vulnerabilities and I think yeah that captures [it] I think most people had an intersection of issues that together made them quite vulnerable. [Legal advice representative]

This comment refers to the difficulties observed in many of their vulnerable older clients who found understanding and accessing the digital provision of many services and benefits problematic, and frequently impossible without assistance. People with vulnerabilities, whose ability to access support and services is dependent on their competence, language skills, and ability to provide proof of their immigration status, are consequently living precariously with almost every interaction with state providers requiring evidence of their legal status in the post-Brexit world.

3.6 Language barriers

A key finding that cuts across many of the themes in this study is around language barriers for older EU migrants. This was exposed in the example of the phone helpline established by the government to support with enquiries about the EUSS. Despite the helpline designed specifically for migrants, all advice was provided in English:

> *…when you ring the helpline, they do not provide interpreters. And I was really surprised they don't, because even services, the DWP or if you ring Universal Credit helpline, they all provide interpreters and then EUSS didn't. And we heard from quite a few clients, so if they seek help about their status and there are no interpreters, there is no way they will get help.* [Support organisation advisor, Cambridgeshire]

This further marginalised older EU migrants who are more likely to experience language barriers (UNECE, 2016). Additionally, our study revealed that limited English proficiency among elderly Roma in particular can hinder their ability to communicate effectively with healthcare providers, it also hinders their access to community support services and social and welfare benefits. Whilst findings pertaining to Roma were particularly striking, many older migrants may face language barriers, as English is not their first language and access to translators may be erratic depending on locality in which they reside. Additionally, acquiring a new language is often more difficult for older migrants (as mentioned in 3.4). This can make it challenging for them to communicate effectively with health and social care providers, community support services, and government agencies. However, as noted by the support organisation in Kent, elderly Roma language problems are to some extent offset by having younger community members translate for them (also see 3.4).

Difficulty in understanding and expressing EU older migrants' needs and concerns may result in inadequate access to appropriate health and social care services, advice, and social welfare benefits. As one

participant noted, it is crucial to have the ability to verbally express a problem to seek appropriate healthcare support:

> *Let's say we book the appointment, the client usually, they go there, then they realise they can't communicate, they need an interpreter, they book a second appointment. It might take eight months to do something as they get the next appointment in two months' time.* [Roma support organisation policy officer]

Linguistic skill is widely recognised as key to helping people articulate their concerns when accessing healthcare (Samkange-Zeeb et al., 2020) and subsequently liaising with a multidisciplinary support team. Therefore, language diversity can result in misunderstandings, miscommunication, and misinterpretation of information between patients and healthcare professionals and lead to barriers to accessing the right support and resulting in poor quality of care (Whitaker et al., 2022). Hence, elderly people, and particularly older Roma who are not familiar with the UK health and social care system, and social benefits may struggle to navigate the complex system. Language barriers may also prevent them from fully understanding their health conditions, treatment options, and medications, leading to decreased health literacy and poorer health outcomes (Whitaker et al., 2022). Accordingly, such migrants may not be aware of the available services, their rights to consultations and treatment, entitlements, and the process to access such care. This can lead to missed opportunities in accessing necessary support and interventions, as well as benefits which are legally available to a claimant (Ahmad and Walker, 1997). Language can therefore be considered a key barrier:

> *First, I will say the language one, the language barrier is the first thing because if they are not able to speak English it's so difficult for them to connect to other organisations.* [Support organisation advisor, Kent]

3.7 "Advice deserts"

As noted previously, relative to the size of their population, older EU migrants tend to access support via community organisations, support organisations, and churches, etc., significantly more often than their younger counterparts:

> *I would say probably 25% would be the elder people rather than younger people. I can't say exactly by numbers because that's where we will need to look at statistics. But generally, from the day-to-day duties, I would say there would be probably 25%.* [Support organisation advisor, Cambridgeshire]

However, our research found that geographical differences in advice and support provision had a markedly negative impact on EU older migrants' ability to access support and advice, and these geographical difficulties were compounded by digital and linguistic literacies as outlined in 3.5 and 3.6. It is widely established that since the legal aid reforms in 2013[18], the availability of law firms providing free legal advice with legal aid support has reduced in many parts of the UK (e.g., see Organ and Sigafoos, 2018). This lack of state-funded immigration legal aid is especially evident in rural locations that are in 'advice deserts', including the two areas in the focus of this research - Medway and Fenland. This is illustrated in the heat map (see Figure 2) for England and Wales, which clearly shows a shortage of providers of legally aided advice on immigration and asylum (Law Society of England and Wales, 2023).

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[18] Introduced by the Legal Aid, Sentencing and Punishment of Offenders Act (LASPO) 2012.
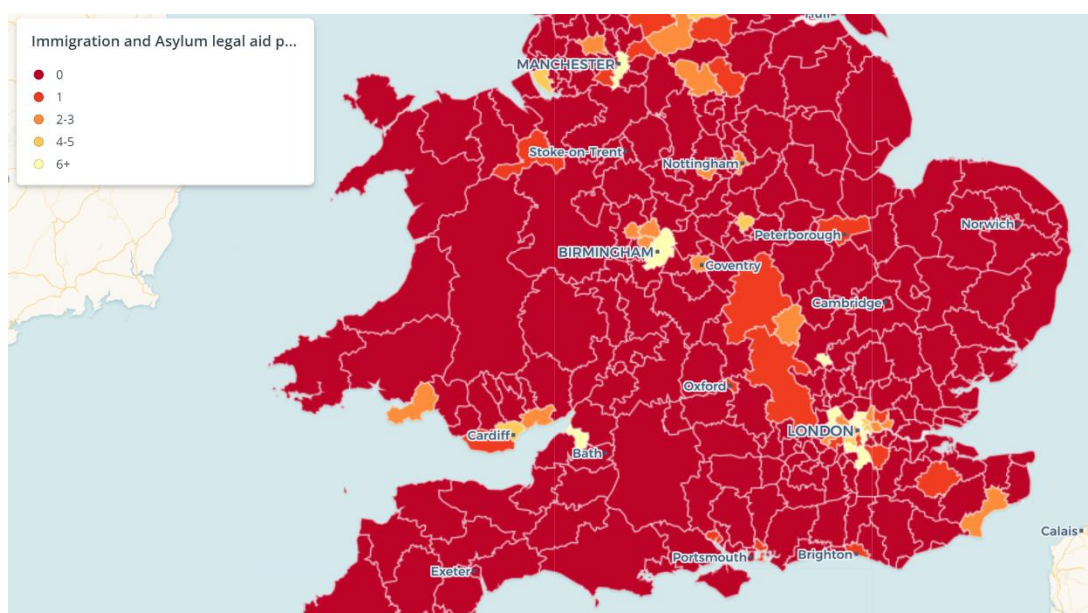
Figure 2: Shortage of providers for legal aid on immigration and asylum

Difficulties in accessing legal advice for EU older migrants were highlighted by a number of our research participants:

> *But there are areas where there is no support available … in those areas, places like Citizens Advice Bureaus [or law centres] are completely not accessible.* [Roma support organisation policy officer]

Such support can include not only specialist legal advice regarding older migrants' immigration status or employment rights, but also general information and guidance, including signposting, about various other matters of living in the UK:

> *We cover quite a big area in East Anglia and we support people starting on benefits, housing, we're supporting newcomers, we're helping them to register for the GP services, we're helping them to complete forms for schools, advising them on nurseries and things like that.* [National migrant support organisation representative]

This means that the demand to advise EU older migrants on their legal and welfare rights falls on the shoulders of the relatively small number of third sector community organisations operating in some areas. These are not always easy to reach in rural locations, compounding the challenges experienced by older people with more complex needs that later trickle down to local councils to support. This in turn impacts authorities that also have limited financial resources to support the demand for high quality advice:

> *You need to find someone to help you, and in many areas, there is very little support. Even in Cambridge, which is very multicultural, comparatively wealthy city – although there is a lot of inequality, it's very difficult to find specialist advice and there's always more need.* [Local authority official, Cambridgeshire]

Unsurprisingly, in such a context, charities and support organisations have become extremely overstretched:

...there are a few charities, there's a lot of demand but there is not so much a capacity in the sector to help immigration... [Support organisation advisor, Cambridgeshire]

This unmet need for immigration advice remains a huge problem across the UK, which is increasingly more and more difficult to address. As a consequence, the third sector organisations and local councils are therefore required to be increasingly creative with their limited resources (Wilding, 2022 and 2023).

3.8 Poor engagement, fear and mistrust of authorities

A consistent finding of this study is that older migrants often experienced poor levels of engagement with statutory and public authorities exacerbated by a lack of knowledge about legal entitlements:

[Help is required] especially accessing services because so many of them don't know what they are eligible to get or what help that they may get. [Christian charity representative]

In turn this links to language barriers (see 3.6), which are particularly experienced by older migrants who may not have been resident in the UK for a long enough period of time to gain significant social capital and learn processes for negotiating a heavily bureaucratic system, exacerbated by anxiety or mistrust when coming into contact with statutory services (Wallace et al., 2019). Indeed, these concerns to avoid engagement with 'the authorities' are often rooted in negative prior experiences, either in the UK (Rzepnikowska, 2019; Frost, 2020) or in countries of origin (Commissioner for Human Rights, 2012, e.g., Chapters 3 and 7, pp.174-175, etc.; Epperley, 2019; Soaita and Wind 2020).

It is however important to nuance this perception of poor engagement with statutory services, as the majority of those agencies with whom we were in contact indicated that this experience predominantly held true for those individuals who had migrated from less affluent CEE countries since the widespread EU expansion in 2004, or who were members of minoritized communities within their countries of origin like the Roma:

[No] engagement in their lives with services, like elderly related services in the country of origin have nothing, absolutely nothing to do with Roma, [they are] even against including people from the Roma communities. And Roma will be aware of this kind of thing, so they will simply think that, "These things are not for me. I can't access them." [Roma support organisation policy officer]

In addition to language barriers, lack of information on legal rights in pertinent community languages or accessible formats, legal aid 'advice deserts' (see 3.7), and a general retrenchment of welfare benefit access for EU migrants (Dwyer et al., 2018; Greenfields and Dagilytė, 2018; Voivozeanu and Lafleur, 2023), may impact both opportunities for the development of social support networks that can act as conduits to advice-seeking, and development of a sense of 'belonging' in the location in which they live (see also 3.4):

Romanian people … know very little about their rights … often people are afraid to access healthcare services in the UK because they feel like, "I don't want them to check my immigration status," or maybe they have an application pending, or they fear they will get charged. [Clergyman, Cambridgeshire]

Importantly, churches and religious organisations were flagged up in a number of interviews and both focus groups as a locale of trust and providing the means of effectively engaging people with both

access to services and social support. This finding echoes Ciobanu and Fokkeman (2017) who noted the important role provided in France of Eastern Orthodox Churches in reducing loneliness and supporting the development of social capital for older Romanian migrants who otherwise risked isolation post-migration, regardless of whether they were recent or longer-term residents.

Professionals whom we interviewed indicated that for some long-term resident A12 member state citizens, the profound shock of realising that after many years of residence in the UK, settled status was not automatic could cause significant distress and fear to them and their family members:

> *So some months ago they sent them some DWP letters saying, "We see that you have an EU passport, but we don't know what status you have, so if we don't get an answer from you in 28 days we'll remove your pension or your benefits" and you're like, "What?" … it makes them panic and they don't know what to do and that's when they come to us or their children panic and they ring us like, "You need to sort out my mum, she got this very scary letter."* [National migrant support organisation representative]

This lack of awareness amongst many over 65s, particularly from 'old European' accession states and who had been long-term residents in the UK but who had failed to apply for settled status, was noted in the House of Lords, European Committee Report of 2021 (Gentleman, 2021). This highlighted that only 2% of settled status applications were from those in the post-retirement age group, with concerns expressed by the Chair of that Committee about isolation from, and misunderstanding of, legal requirements and limited access to documentation evidencing their status (akin to the plight of the Windrush generation) for those who had settled in the immediate post-World War Two era. Similarly, the Law Centres Network expressed concern for those older people most vulnerable to negative status change as a result of failing to comply with settled status requirements in time to meet the rigidly imposed statutory deadlines (Jablonowski and Pinkowska, 2022). They particularly highlighted the increased number of enquiries from those who had lived in the UK for over 20 years, who had limited English language skills, or who experienced digital exclusion. Such conditions could be seen to create a climate of anxiety for a number of the focus group participants, even impacting highly qualified professionals with excellent English language skills, strong levels of social capital, and UK-born family members:

> *People do not trust the settlement scheme, you can tell them, you can reassure people that it's very difficult that the government is going to tamper with this, they might try here and there but they cannot do it, this is an international agreement and it's binding … and still, people are scared thinking what is going to happen in a few years, "Maybe this is going to be changed and I won't be able to stay." In fact, I applied for a British citizenship myself and I wouldn't have done otherwise. I didn't need to but then I thought if I have to go each step of the way proving and generating [evidence] and proving myself and having issues with the border where my husband and son who are British are going to come in and I'm going to be there and I'm going to be stuck here trying to explain after living 20 years here and working, I have a property here you know, I'm not going to do that, I want my doors open.* [National migrant support organisation representative]

Regardless of country of origin, it was clear that Brexit has had a profound impact on the sense of trust and belief in the fairness of the UK legal process. Whilst this was particularly noteworthy amongst more recent migrants and those from CEE countries it is important to stress that the ripple impact goes further than this, with both a profound unease and a hyper vigilance to the fact that migrants from certain countries are especially at risk of being 'targeted' by immigration control:

For us, things have changed so it's what I'm telling you, all the time you need to prove your immigration status, there is a lot confusion, the border [is] a very, very weird place, people get stopped. Bulgarians and Romanians get stopped more than others for some reason and people might have a [settled] status, but they have the status in an old passport, they don't have it related to the new passport so then they [UKBA] give 28 days' immigration bail notices, we deal with that all the time, so it's more difficult now. [National migrant support organisation representative]

Overall, we found that concerns over Brexit; uncertainty and fear over travelling; anecdotal evidence about older people being unable to re-enter the UK; or suddenly experiencing issues with their pensions, employment rights, access to health care or rental opportunities, were prominent themes in the interviews and focus groups. It may be extrapolated that this environment is likely to have impacts on the wellbeing of older migrants and their families, impacting a sense of safety and belonging (Frost 2020; Sotkasiira and Gawlewicz, 2021). Concerns over 'correct papers' seemed especially impactful for older long-term migrants, for example those who settled in the UK in the early 1970s or as young people or children in the post-war period, or who are migrant Roma from Central and East Europe whose paperwork may be subject to the vagaries and challenges around registration in country of origin, or who may not be literate in the first language of either their country of origin or English.

The impact of such cases, whilst devastating for affected individuals are also profound for extended family members who may themselves have British citizenship, have been born here, and who anticipated that their parents or grandparents were secure and safe in the UK. Furthermore, relatively recent migrants themselves may find that their own employment prospects and childcare support are impacted negatively by their parent or older relative no longer being available to assist with childcare due to status change and loss of right to remain in the UK.

4. Recommendations

These five recommendations have emerged directly from the findings of this pilot research. Given that many of the difficulties older EU migrants face are, in many cases, related to poor knowledge of immigration requirements, welfare and pensions eligibility and where to access information and support regarding these, the core of the recommendations focused on these aspects. They are certainly not exhaustive and are intended to stimulate further research and advocacy around support and stability for EU older migrants living in the UK after Brexit.

4.1 Tailored advice and information

Tailored advice and information programmes on the UK immigration system and rules post-Brexit and around eligibility for and how to access healthcare, welfare, and statutory services is required. This should be aimed at older EU migrants and delivered in an appropriate format (e.g., the preference was for face-to-face rather than digital support) and in variety of languages. Furthermore, it should be marketed in spaces where older migrants are more likely to frequent, such as churches and faith-based organisations, community events, Saturday schools, and community and support organisations. Specific effort should be made to engage those who have been resident in the UK for lengthy periods of time to explain the requirements for obtaining settled status and their legal rights. Three other emerging areas for advice and support are related to post-Brexit family migration, obtaining UK citizenship and identity documents at UK borders (see recommendations 4.3 and 4.4) - plans should be made to resource these growing needs.

4.2 Pensions and retirement

There is a high level of demand for information about and support for applying for the BSP and the eligibility criteria and rules surrounding other post-retirement benefits. Likewise, there is significant confusion surrounding rules about pensions aggregation and portability; whether pensions earned in other European countries can be received in the UK and vice versa. Alongside the tailored advice suggested in recommendation 4.1, pensions advice and information should be targeted at the growing cohort of older EU migrants via the same channels. Agencies and organisations did not possess the specific advisory expertise necessary and were restricted to offering generic advice and signposting of those seeking pensions advice. Specialist training for advisors should be provided to enable them to offer more comprehensive and specialised advice and support including post-retirement planning and the implications for pensions income and availability depending on retirement location (e.g., in the UK, home country, or another country). Older EU migrants may also benefit from tailored pension-planning events and educational leaflets that signpost where to find more information.

4.3 British citizenship advice and support

The support organisations interviewed noted that they were not accredited to give specialist immigration law advice. As there is a growing need for UK citizenship advice (via naturalisation or by birth) and family migration advice, we would recommend that organisations consider having suitably qualified immigration advisors in-house, or a trusted relationship with local reliable solicitors or law centres, where they could refer clients for more detailed UK citizenship advice. It is important to continue supporting EU older migrants and their family members who are yet to apply under EUSS – under exceptional circumstances – and lobby the Home Office for extending funding for organisations that provide support to vulnerable and at-risk EU citizens applying to the EUSS, if such need remains beyond 2024/25 (UK Government, 2023).

4.4 Post-Brexit travel documents

A considerable level of uncertainty exists with regards to travel documentation and requirements for leaving and entering the UK post-Brexit. Many of these concerns and complications at the UK border could be alleviated through the provision of advice on airline, ferry and continental coach company booking sites, and by travel agencies. This information should emphasise the need to have a passport which contains a minimum of 6 months post-travel validity on the date of anticipated return to the UK (Citizens Advice, 2023) and has not been issued more than 10 years prior to the exit date (Brignell, 2023). Furthermore, this information should stress that settled or pre-settled status needs to be 'attached' to the passport used for travel.

4.5 Mitigating "advice deserts"

It can be problematic for EU (and other) migrants to access appropriate advice and support in many parts of the UK. Despite their limited resources, it is recommended that third sector charities and support organisations collaborate with each other, so that information and know-how could be exchanged with regards to relevant expertise, resources, and funding sources for their activities to support older EU migrants. Where possible, organisations could explore digital tools to enhance referral exchanges among themselves, to ensure that appropriate needs are addressed for their clients without clients having to travel long distances, or waiting for a long time, where this is workable. Collaborating with local universities to research and produce a list of all the third sector charity and support organisations that operate in the locality would help grow a tighter network for advice and support.

5. Dissemination and next steps

As identified, there is a lack of research into the consequences of Brexit for EU older migrants. Dissemination of the findings from this pilot research is therefore highly important, along with a pathway for next steps for the research.

The pilot research report was officially launched at the Inter-University Migration Network Conference in London, UK on 27 April 2023. During the course of the research, various findings have also been presented at several conferences and events, including:

- ARU Safe and Inclusive Communities event in Chelmsford, UK – 8th March 2023.

- PISTE Mid-Term Conference in Thessaloniki, Greece – 13th March 2023.

- Socio-Legal Studies Association (SLSA) Annual Conference in York, UK – 7th April 2022.

- Social Policy Association (SPA) Annual Conference in Swansea, UK – 8th July 2022.

Based on the research, we have also made submissions to the following policy consultations:

- The House of Commons Business, Energy and Industrial Strategy Committee's Inquiry *'Post-pandemic economic growth: UK labour markets'* – July 2022.

- The House of Lords Justice and Home Affairs Committee Committee's Inquiry *'Family Migration'* – September 2022.

Further dissemination through conference presentations and academic publications in high impact journals will follow in due course. The pilot research will also underpin a future grant application for more substantial funding to explore the experiences of EU older migrants living in the UK after Brexit.

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