

## Diversity in older age – Older refugees and asylum seekers

### Refugees and Asylum seekers

A *refugee* is a person who, 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of their nationality (or habitual residence, where stateless) and who is unable or, owing to such a fear, is unwilling to avail themselves of the protection of that country'. [1951 United Nations Convention relating to the Status of Refugees]<sup>1</sup>

In the UK, only a small proportion (4%)<sup>2</sup> of migrants are refugees and, internationally, not all refugees formally seek asylum but, in the UK, *refugee status* is only awarded to someone the Home Office recognises as a refugee as described in the Refugee Convention. An *asylum seeker* is someone who has asked the government for *refugee status* and is waiting to hear the outcome of their application.

A person given *refugee status* is normally granted leave to remain in the UK for 5 years and, at the end of that period can apply for *Indefinite Leave to Remain* (permanent residence).<sup>1</sup> An applicant who is refused asylum because their circumstances do not meet the terms of the Convention definition but is recognised to be in need of international protection, or where there are humanitarian or other compelling reasons why they cannot be removed, can be granted either humanitarian protection (HP) or discretionary leave (DL) to remain in the UK.<sup>3</sup>

### Demographic overview

In December 2016, the United Nations High Commission for Refugees (UNHCR) estimated that there were over 16 million refugees worldwide with a further 5 million displaced Palestinians and 10 million stateless people. More than half of refugees worldwide come from Syria, Afghanistan and Somalia. By December 2016 UNHCR had registered 4.8 million refugees from the conflict in Syria, mainly in countries near to Syria itself. Of these, 3.2% or approximately 154,000 were older people aged 60 and above.<sup>4</sup>

The United Kingdom has very few refugees and asylum seekers, particularly in proportion to the size of its population.

UNHCR estimates that over 1 million refugees and migrants crossed the Mediterranean Sea in 2015, in an attempt to reach Europe, and 3,771 drowned or went missing on the way.

In Europe, Germany had the most asylum applications in 2015 [Figure 1] but Hungary had the highest in proportion to its population. Nearly 1,800 refugees per 100,000 of Hungary's local population claimed asylum in 2015. Sweden followed close behind with 1,667 per 100,000. The

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<sup>1</sup> <http://www.refugeecouncil.org.uk/glossary>

<sup>2</sup> Hawkins O (2016) *Asylum Statistics*, House of Commons Library Briefing

<sup>3</sup> Harris H (2004) *The Somali community in the UK - What we know and how we know it*

<sup>4</sup> UNHCR (2015) Figures at a glance, <http://www.unhcr.org/en-us/figures-at-a-glance.html>

figure for Germany was 587 but for the UK it was just 60 applications for every 100,000 residents. The EU average was 260.<sup>2</sup>

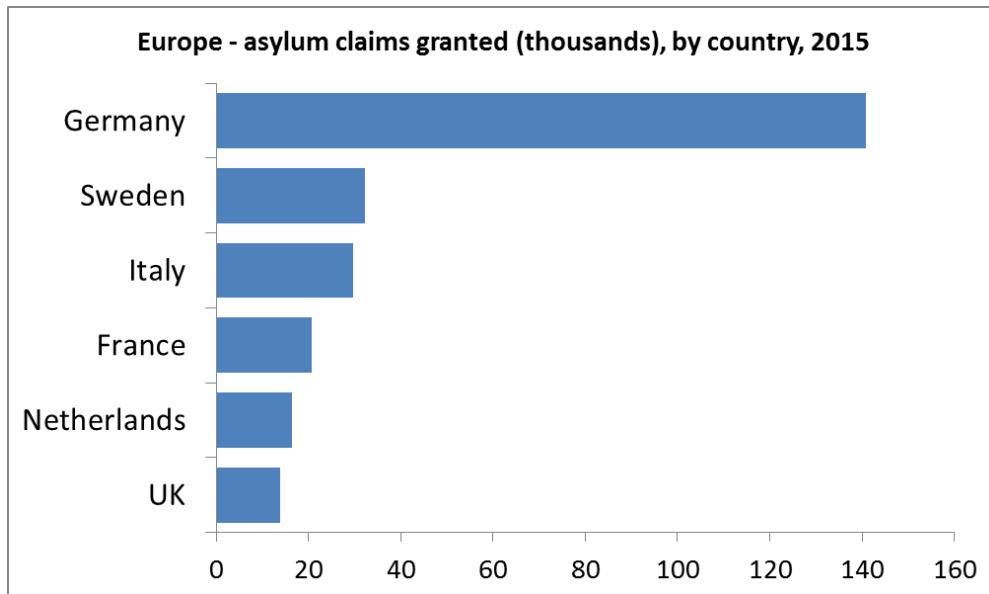


Figure 1

There were 25,771 asylum applications to the UK from main applicants in the year ending June 2015 mainly from nationals of Eritrea (3,568), Pakistan (2,302) and Syria (2,204).<sup>5</sup> The proportion of successful applications, either granted asylum or a form of temporary protection at initial decision or after having an appeal allowed by the courts, was estimated to be 43% in 2014.<sup>5</sup>

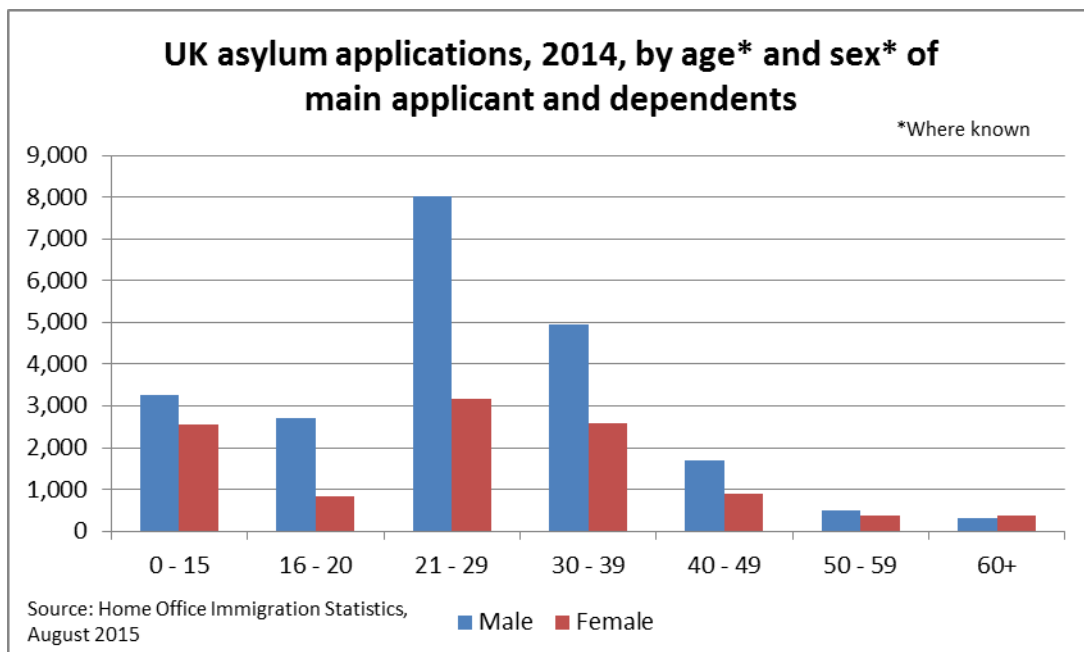


Figure 2

<sup>5</sup> National Statistics: Asylum, August 2015, <https://www.gov.uk/government/publications/immigration-statistics-april-to-june-2015/asylum#key-facts>

Applicants, and their dependents, are mainly young and male. [Figure 2] In 2014, in the UK, there were just 706 asylum seekers aged 60 and over,<sup>5</sup> [Figure 3] the great majority of whom (83%) were the principal applicant.

Although small in number, the number of older asylum seekers per year in the UK (aged 60 and above) has increased by over 70% in the period 2008 to 2014. [Figure 3]

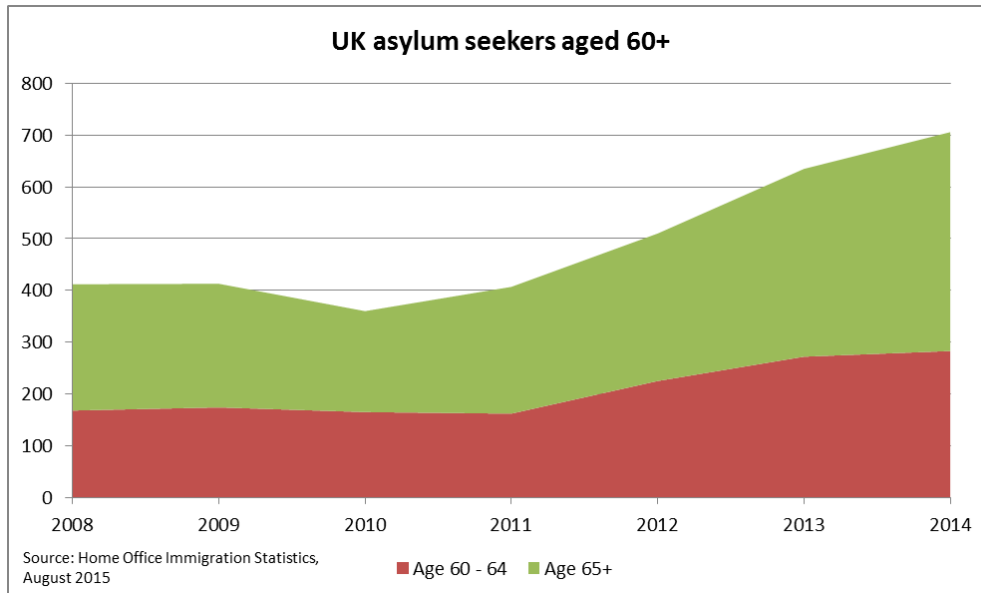


Figure 3

### The special needs of older refugees and asylum seekers

A 2002 survey of older refugees in Europe determined that the main special issues facing **older** refugees and asylum seekers were *low income, the language barrier, loneliness and a lack of social networks* and a *loss of social status*.<sup>6</sup>

Asylum seekers are not eligible for mainstream welfare benefits. If they are destitute, they can apply to UK Visas and Immigration for accommodation and/or financial support ('asylum support') including cash support (in 2015) of £36.95 per person per week. Usually, asylum seekers are not allowed to work whilst they are waiting for an asylum decision.<sup>7</sup>

After being given asylum, low income is a particular problem for older refugees. Older refugees are less likely to be able to obtain paid employment or become eligible for pension payments<sup>6</sup> so older refugees face even greater income problems than refugees in general.

Having good English language skills is an important requisite for successful integration into the UK. Since language learning ability is generally at its best in childhood, older refugees may experience particular difficulty in acquiring these necessary language skills.<sup>6</sup>

<sup>6</sup> Knapp A and Kremla M (2002) *Older refugees in Europe*, European Council on Refugees and Exiles (ECRE)

<sup>7</sup> Gower M (2015) 'Asylum support': accommodation and financial support for asylum seekers, House of Commons library Briefing Paper

Refugees, including older refugees, do not form a homogeneous group. The make-up of the incoming refugee population can change rapidly over time, depending on the changing global political situation and the rise and fall of individual local conflicts and wars. Older Vietnamese refugees in the 1980s would have had very different cultural needs and experiences from older Somali refugees in the early 2000s or older Syrian refugees in 2015.<sup>8</sup>

The natural tendency of refugees and asylum seekers, as with other migrant or ethnic minority communities, is to seek the company of others from the same community. Assimilation and dispersal programmes will, on the other hand, wish to spread the task of looking after refugees more evenly across the country and away from London and South East England.<sup>6</sup> This creates a tension between the social networking needs, particularly of older refugees, and the desire of the host country to avoid ghettoization. In the UK, asylum seekers have no choice over accommodation which is generally offered away from London and the South East.<sup>7</sup> This lack of social networks, coupled with language difficulties, can lead to particular problems of loneliness and social isolation for older refugees and asylum seekers.<sup>6,9</sup>

It is argued that many older refugees come from cultures where older generations are more highly cherished and older age more highly valued than in Europe. This loss of social status and the abrupt loss of a social role can be strongly felt by older refugees, particularly if they become dependent for cultural explanation on younger family members you are quicker to assimilate.<sup>6</sup>

Mental health issues can be a particular risk for older refugees and asylum seekers. Refugees and asylum seekers may have been subject to the trauma of detention, torture or rape, either in their country of origin or while fleeing that country. These experiences can have a long-term effect on the mental health of individual refugees and asylum seekers.<sup>10,15</sup> When asked which expression would apply to their older clients, refugee-assisting organisations in Europe most frequently chose ‘anxiety’ and ‘worry’ to describe the psychological or emotional problems faced by older refugees.<sup>6</sup>

A meta-analysis of mental health studies of over 22,000 refugees found that being older (along with being female, better educated, having higher social status and coming from a rural environment) was one of the factors mitigating against sound mental health.<sup>11</sup> Exposure to torture is the strongest predictor of symptoms of post-traumatic stress disorder among refugees.<sup>12</sup>

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<sup>8</sup> Griffiths D J (2000) *Fragmentation and Consolidation: the Contrasting Cases of Somali and Kurdish Refugees in London*, Journal of Refugee Studies 13 (3) : 281-302

<sup>9</sup> Oglak S and Hussein S (2016) *Active Ageing: Social and Cultural Integration of Older Turkish Alevi Refugees in London*, Journal of Muslim Minority Affairs.

<sup>10</sup> Connelly N, Forsythe L A, Njike G and Rudiger A (2006) *Older Refugees in the UK: A literature review* [A Refugee Council Working Paper for the Older Refugees Programme] Refugee Council

<sup>11</sup> Porter M and Haslam N (2005) *Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons*, JAMA 294 (5) : 602-612

<sup>12</sup> Steel Z, Chey T, Silove D, et al (2009) *Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis*. JAMA 302: 537-549

### Older refugees compared with older migrants and ethnic minority groups

Recent older refugees, and current asylum seekers if their request for asylum is accepted, will over time, become well established ‘former’ refugees and will be less easily distinguishable from other older migrant and ethnic minority groups.

Ethnic minority and migrant groups in general tend to have poorer health and mortality and a worse financial situation than the majority White British population, but this is not universally the case.<sup>13</sup> Where health and social care is required in later years for individuals from different cultures, the need may arise for cultural awareness and the provision of ‘culturally competent care’ for members of these former refugee communities.<sup>14</sup>

The main distinguishing feature of older, well established, refugees, as oppose to other migrant or ethnic minority groups, is possibly the greater risk of mental illness arising from the trauma leading to, or resulting from, the refugee experience earlier in life,<sup>15</sup> although the mental resilience of these refugee communities is also frequently noted.<sup>16</sup>

A Canadian review found that, among immigrants, the prevalence of common mental health problems is initially lower than in the general population, but over time, it increases to become similar to that in the general population. Refugees who have had severe exposure to violence, however, often have higher rates of trauma-related disorders, including post-traumatic stress disorder and chronic pain or other somatic syndromes.<sup>17</sup>

### Summary

The United Kingdom has a very small number of older refugees and asylum seekers but the numbers are currently growing. Different waves of older refugees may have little in common with each other and, over time, the fact that someone came to the UK as a refugee may become less important and their needs may become little different from those of other older migrant or ethnic minority groups.

The main issues facing older refugees and asylum seekers are low income, the language barrier, the risk of loneliness and a lack of social networks, and possibly a loss of social status. In addition some older refugees may suffer mental health issues resulting from the trauma of their refugee experiences.

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<sup>13</sup> Lievesley N (2010) *The future ageing of the ethnic minority population of England and Wales*, Centre for Policy on Ageing

<sup>14</sup> Lievesley N (2013) *Evidence to the Birmingham Policy Commission: Healthy Ageing in the 21st Century*, Centre for Policy on Ageing

<sup>15</sup> Hatzidimitriadou, E (2010) *Migration and ageing: settlement experiences and emerging care needs of older refugees in developed countries* Hellenic Journal of Psychology 7 (1) : 1-20

<sup>16</sup> Watters C and Ingleby D (2004) *Locations of care: Meeting the mental health and social care needs of refugees in Europe* International Journal of Law and Psychiatry 27 ( ) : 549-570

<sup>17</sup> Kirmayer L J (et al) (2011) *Common mental health problems in immigrants and refugees: general approach in primary care*, CMAJ 183(12)

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