



Older migrants

Introduction to Migration

Guidance booklet #14

Who is this guidance for?

Older migrants is part of the *Introduction to Migration* series from the Integration up North project. The series provides a basic guide to migration for people working in public sector organisations: local authorities (including health services), police, fire and rescue services, probation services, Jobcentre Plus, Trades Unions and others. It should also be useful for those working in the voluntary and community sector.

The guidance aims to improve the knowledge and understanding of migration among service providers, so that they can shape their service to support the integration of new arrivals to the benefit of both the newly-arrived migrants and the wider local community. Throughout the guidance there are examples from practice across the northern region, and experiences of new arrivals in these areas. While the focus is migration to the north of England, it should be useable in other areas.

This is intended to be an easy-to-use reference document. It does not provide legal advice or a detailed guide to immigration law and policy. In such a fast-changing context, information can quickly become out of date. All information should be checked with an expert or the Home Office if in doubt. We have highlighted other sources of information and guidance where it exists, for further reading and future reference.

About the contributors

Older migrants was written by Ahsan Malik, the former Business Development Director at the Policy Research Institute on Ageing and Ethnicity (PRIAE). PRIAE was an international charitable institute founded in 1998 and based mainly in Leeds. Its central mission has been to develop the area of ageing and ethnicity through elder and community engagement, ground-breaking research, information and education, policy and service innovation. The Institute's work has been focussed around employment and income; health, social care and housing, pensions, and quality of life, citizenship and migration. All pictures are courtesy of PRIAE.

The *Introduction to Migration* series was edited by Pip Tyler, with most Integration up North (IUN) case studies written by Nahida Khan. The project and guidance documents would not have been possible without contributions and advice from our migrant volunteers, migration champions in our partner organisations, and our training delegates who commented on the materials.

This publication has been produced with the financial support of the European Union's European Fund for the Integration of Third Country Nationals. The contents of this publication are the sole responsibility of Migration Yorkshire and can in no way be taken to reflect the views of the European Commission.

This document should be cited in the following way:

Integration up North (2015) *Older migrants*. Introduction to Migration series, Guidance booklet #14. Migration Yorkshire: Leeds.

The *Introduction to Migration* series is FREE and available online at www.migrationyorkshire.org.uk/integrationupnorth

Older migrants was last updated in June 2015.

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Introduction – why *Older migrants*?

Key message 1: Older migrants form a small but important part of an ageing minority ethnic population in the UK. This community already faces significant social inequalities and new arrivals may face additional challenges in integrating into life in the UK.

An ageing ethnic minority population

Recent years have seen an increase in migration to the UK. The population is also becoming older and more ethnically diverse.¹ Ageing and immigration have been formative elements in socio-demographic change in the UK for some decades.²

Despite these changes in ageing, immigration and an increasingly diverse population, both public policy and information collected about the population rarely present a picture of them in combination. We do know that while black and minority ethnic (BME) groups generally have a younger population structure than those who are ‘White British’, ethnic minority groups are also ageing. The older ethnic minority population (aged 50+) is expected to more than double between 2007 and 2026 from 1.7 million to 3.8 million.³ Projected population changes for Yorkshire and Humber follow a similar pattern.⁴

The ageing of the ethnic minority population for Yorkshire and the Humber will raise important issues for policy makers and planners particularly in localities which have a higher ethnic minority concentration such as Bradford, Kirklees, Sheffield and Leeds. This is not only because of the numbers involved but also the related issues of economic and health inequalities among the BME population.⁵ To add further complexity there will be differences *between* and *within* minority groups in terms of needs and access to public services.

Newly arrived older migrants

Newly arrived older migrants form a part of this older BME population. Newly arrived older migrants are understood here to mean those aged 50+ who have arrived in the UK within the last 10 years. This guidance booklet focuses upon those from third countries (i.e. from outside the EU). Some of these older third country migrants will be among the most disadvantaged people in BME communities, facing additional challenges (compared to other BME older people) that can prevent them from actively participating in UK life.⁶

¹ J Butt and A O’Neil (2004) ‘Let’s Move On’: *Black and minority ethnic older people’s views on research findings*. Joseph Rowntree Foundation www.jrf.org.uk/publications/black-and-minority-ethnic-older-peoples-views-research-findings

² P Ruspini (2010) *Elderly migrants in Europe: an overview of trends, policies and practices*. http://cermes.info/upload/docs/Elderly_migrants_in_Europe_paolo_ruspini_14_07_10.pdf

³ Runnymede Trust and Centre for Policy on Ageing (2010) *The future ageing of the ethnic minority population of England and Wales* www.cpa.org.uk/information/reviews/thefutureageingoftheethnicminoritypopulationofenglandandwales.pdf

⁴ Yorkshire and Humber Public Health Observatory (YHPHO) (2010) *Yorkshire and Humber local authority briefings on age and ethnic group population projections*. Yorkshire and Humber Public Health Observatory (YHPHO) and the School of Geography, University of Leeds. www.yhpho.org.uk/resource/view.aspx?RID=92559 These are provided for individual local authority areas across Yorkshire and Humber and show projections between 2001 and 2031 for different ethnic groups.

⁵ M Demirbag and M Aldridge (2001) ‘Country Position: United Kingdom’ in N Patel (ed.) *Minority Elderly Care, ten country profiles*. PRIAE www.priae.org

⁶ The literature on ageing and migration identifies two types of older migrants, broadly: those who are disadvantaged for various reasons and live among settled minority communities, in contrast to those who are affluent, well-travelled retirement migrants. This booklet focuses on the former who may need support to settle and integrate into life in the UK.

There are a number of ways the immigration system allows older people to come to the UK:

Older non-EU nationals usually require a visa and tend to come to work or join family.

- Older migrants coming on a work visa will usually have to have secured their employment in advance through a registered employer.
- Older migrants coming on a family visa largely cover those coming to join partners who are British citizens or settled here; the partner must meet criteria around income proving they can support the visa holder without recourse to public funds.
- A much smaller number of non-EU older migrants may also come as an ‘adult dependant relative’ of someone in the UK. They must demonstrate as a result of age, illness or disability that they require a level of long-term personal care that can only be provided in the UK by their relative here and without recourse to public funds.
- A small number of older migrants receive ‘settlement’ or ‘indefinite leave to remain’ (ILR) immediately upon arrival, such as refugees on a resettlement programme.
- A small number of older migrants will apply for asylum in the UK and if successful, are granted refugee status and ILR for five years.

Older EU nationals have the right to come to the UK and reside here for at least three months. They may stay to live here in the longer-term.

Some older UK citizens return to live in the UK (they are included as migrants by the Office for National Statistics if they are moving home for more than a year).

This guidance will:

- Outline what we know about newly arrived older migrants in Yorkshire and Humber
- Explore why they may be particularly vulnerable, have complex needs, and can find it difficult to access appropriate services
- Suggest how public and voluntary service staff can work appropriately with such clients and provide inclusive services.
- Highlight the contributions that older migrants provide to UK life.

Throughout the document we present real life case studies of older migrants in Yorkshire and Humber in order to begin to understand from their perspective what it is like to be a new arrival to the region as an older person. They are introduced in *Figure i*.

Figure i: Introducing the older migrants featured in our case studies		
Wafiza moved to Bradford in 2006 when she was 54. She came to join her husband and his children after their marriage in Pakistan.	Mrs Bibi is 81 years old and lived in Pakistan all of her life until she moved to Leeds to be with her son and his family when she was in her mid-70s. She is a widow.	Hanifa is from Afghanistan. She is 52 years old. She arrived in Bradford four years ago to join her British husband, bringing her teenage daughter from her previous marriage.
Their stories will be told throughout this guidance booklet.		

What do we know about newly arrived older migrants in the UK?

Regions of origin of older migrants in the UK

Key message 2: Third country older migrants arrive in smaller numbers than either older EU migrants or older returning UK nationals.

Older immigrants can be returning UK nationals, EU or third country nationals. Returning UK nationals form the largest group while third country nationals form the smallest.

- 23 000 UK nationals returned to the UK in 2013.
- 14 000 older EU nationals immigrated to the UK in 2013
- 7 000 third country nationals arrived in 2013.⁷

Key message 3: Most older third country migrants are of working age and come from non-Commonwealth or 'New' Commonwealth countries. Retired older migrants usually come from 'Old' Commonwealth countries.

Within the 7000 older migrants arriving from outside the EU:

- Those of working age tend to come from non-Commonwealth countries and new Commonwealth countries. In 2013 there were an estimated 3000 and 2000 arrivals from these areas respectively.
- The retired group usually come from the 'Old' Commonwealth countries, with an estimated 1000 arrivals in 2013.⁸

A small subset of older immigrants gain settlement immediately upon arrival to the UK as an 'elderly relative' (rather than having a temporary visa).⁹ In 2013, 155 people were granted settlement on arrival to the UK as an 'elderly relative'. The majority of these were from South Asia (115 people) and the largest nationality group was from Nepal (70 people).

Older migrants' reasons for migration to the UK

Key message 4: Older migrants of working age usually come to work. Older migrants above the retirement age usually come to join family.

Why do older migrants come to live in the UK? See *Figure ii*.

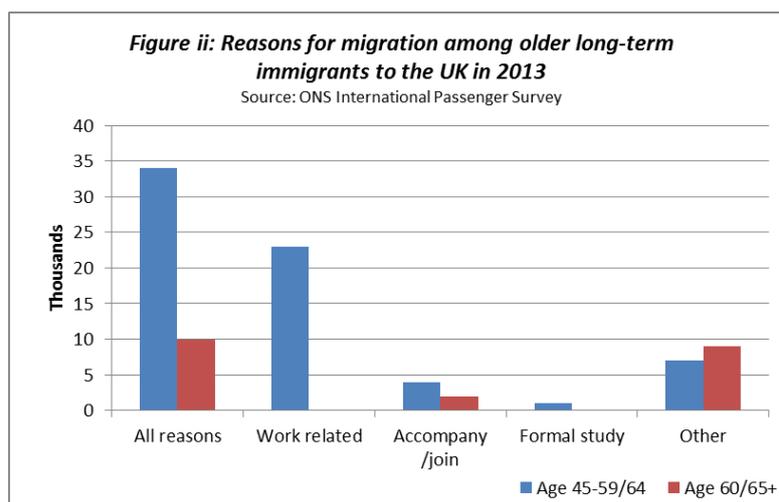
⁷ ONS (27 Nov 2014) 3.05b IPS Citizenship by Age, 1975-2013 Table 3.05b. These figures are for immigrants aged 45+.

⁸ ONS (27 Nov 2014) 3.05b IPS Citizenship by Age, 1975-2013

www.ons.gov.uk/ons/search/index.html?newquery=immigration+age The 'Old Commonwealth' covers: Australia, Canada, New Zealand and South Africa. There are over 40 countries in the 'New Commonwealth' including India and Pakistan, many African states and small island states. There are over 100 further countries that are classed as 'non-Commonwealth' here, including European countries that are not part of the EU.

⁹ Home Office (2015) *Immigration statistics, October to December 2014* Download: *Admissions data tables: tab ad_03_o* www.gov.uk/government/statistics/immigration-statistics-october-to-december-2014

The limited statistics about older migrants' reasons for migration¹⁰ suggest that, fairly obviously, older people of working age tend to come to the UK to work whereas those at or beyond retirement age tend to come (in much smaller numbers) to join family and presumably to retire.¹¹



We also know a small number of older migrants claim asylum, totalling around 5% of asylum seekers in the UK.¹² In 2013 just under 1500 asylum seekers in the UK were aged 50+ (most of whom were the main applicant, with just over 200 as dependents).¹³

Newly-arrived older migrants in Yorkshire and Humber

In 2014 there were almost 2000 older migrant arrivals to Yorkshire and Humber (who were working or claiming benefits).¹⁴ What do we know about them?

- There is a fairly even gender balance with 52% male and 48% female. There tend to be younger males and older females (58% of those aged 60+ are female).
- More lie at the lower end of the older migrant age range
- Most older migrants are from EU countries of origin; 83% were from the EU while 17% were third country nationals
- The dominant region of origin for non-EU older migrants is Asia
- The top country of origin was by far Poland (with nearly 600 arrivals). The top country from outside the EU was Pakistan (with 46 arrivals). See *Figure iii* for top countries.
- The top destinations in Yorkshire and Humber were Leeds, Bradford and Hull although there were older migrant arrivals to *each* local authority area in the region as shown in *Figure iv*.

¹⁰ The source here is the International Passenger Survey (or IPS) at: ONS (27 Nov 2014) *3.11b IPS Main Reason for Migration by Age, 1977-2013* www.ons.gov.uk/ons/search/index.html?newquery=immigration+age ONS groups the data from age 45 to retirement, then retirement+. It uses 60 as the usual retirement age for women and 65 for men.

¹¹ ONS describes any reason given other than work, join or study as 'going home to live'. In *Figure ii* we describe these as 'Other' and combine with non-specific responses and where no reason was given. ONS has confirmed these figures include asylum seekers but only those who identify as such when interviewed for their IPS survey. We assume that 'other' will include those whose reason is to retire in the UK and mainly covers returning UK nationals.

¹² Note that it is not possible to directly compare asylum figures on older migrants (aged 50+) from the Home Office with the earlier ONS data on older immigrants, since the latter does not have a separate figure for the 50+ age group.

¹³ Home Office (2015) *Immigration statistics, October to December 2014* Download: *Asylum data tables: Volume 2* tab as_04 www.gov.uk/government/statistics/immigration-statistics-october-to-december-2014

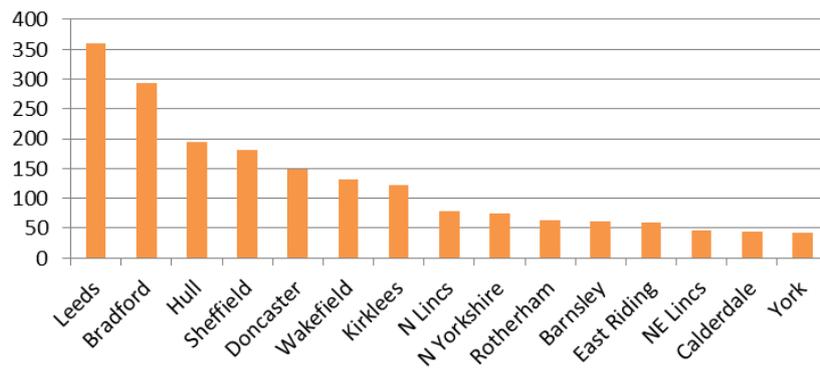
¹⁴ There were 1943 registrations in 2014. The data source is this section is DWP National Insurance Numbers issued to foreign nationals in 2014 who had applied from an address in Yorkshire and Humber. National insurance numbers are needed to work or claim benefits. We have used data for those aged 50+. Source: DWP Stat X-Plore tool <https://stat-xplore.dwp.gov.uk/>

Figure iii: Top countries of origin for older migrant arrivals to Yorkshire and Humber in 2014

Poland	593
Romania	169
Slovakia	151
Czech Republic	86
Latvia	84
Italy	82
Portugal	75
Spain	67
Hungary	63
Bulgaria	63
Lithuania	61
Pakistan	46
United States	22
Germany	17
Ireland	16
Syria	10

Figure iv: Newly arrived older migrants across Yorkshire and Humber during 2014

Source: NINO registrations of those aged 50+ years



The true number of older migrants may be greater than these figures suggest, since those who are self-sufficient may not register for a national insurance number at all and therefore don't appear in this dataset.

We do not have data on older migrants coming to Yorkshire and Humber specifically to join family or for other reasons. Local organisations can also provide useful local information that help to fill gaps in our knowledge as well as being a trusted conduit for communicating with migrants, such as health professionals, community centres and faith organisations.

Given that Yorkshire and Humber supported 19% of all asylum seekers in the UK in 2013, we can assume that 19% of *older* asylum seekers were in Yorkshire and Humber. This means we estimate that approximately 280 individual older asylum seekers were in this region during 2013. The issues affecting older refugees and asylum seekers who have arrived in the UK can be different to the older migrant group in general, so this guidance will also touch on their needs and experiences.

The formal immigration channels only tell us part of the story. The complexity of migration stories aren't reflected in data that focuses on the reason for a visa application.

- Mrs Bibi's story in *Figure v* is an example of the way in which older migrants' reasons for coming to the UK are mixed and her integration into UK life will be affected by her circumstances. Having spent most of your life in a different country takes significant adjustment and does not mean the migrant has a lack of attachment to the UK.¹⁵
- Some difficulties in accessing services may only become apparent as a migrant gets older and starts to use services that they may not have needed in previous years. Affected individuals may not describe themselves as 'migrants' so they may be less easily identifiable than new arrivals. Therefore there could well be a larger and more 'hidden' cohort of people who have migration-related needs.

¹⁵ L Cook et al. (2009) *Intergenerational relations and the settlement experiences of African migrants in northern England*. University of Stirling and University of Leeds www.migrationyorkshire.org.uk/?page=researchdetails&itemid=344

Figure v: Ties in two countries – Mrs Bibi’s story

Mrs Bibi is 81 years old and lived in Pakistan all of her life until she moved to Leeds to be with her son and his family when she was in her mid-70s. She is a widow and has two children and several grandchildren. Sadly her daughter who had remained in Pakistan died five years ago leaving four children - Mrs Bibi’s grandchildren - as orphans.

Mrs Bibi has Indefinite Leave to Remain in the UK. Her life is divided between the UK and Pakistan, spending her time with her son in Leeds and her daughter’s four children back in Pakistan. She also has some land back in Pakistan. Mrs Bibi explains how her immigration status allows her to maintain these two parts of her life:

‘I am very old and it would be nice if I could settle in one country but I have close family in both countries and I want to be able to spend time with all of them. I can’t really [stay in the UK permanently] as I have to keep an eye on my grandchildren my daughter left behind.’

‘I have indefinite leave to remain in the UK. That has been really helpful as I have the flexibility of travelling to Pakistan whenever I need to and returning when I it suits me. This has really improved things for all of us. Previously I could only travel once in a year and could stay a maximum of 6 months. I came here [to the UK] this time to see my son as he has had an eye operation. I have to go back [to Pakistan] soon and I am not sure when I will return again.’

Source: Integration up North (IUN) Volunteer project

Although existing data and research is not as useful as we might hope in relation to newly arrived older migrants, this section provides a starting point. It is probably most effective for delivery services wanting to better target this group to consider undertaking some local research and needs assessment to establish their level of existence and needs further. *Figure vi* outlines publications and research papers not already used in this guidance (as references found in footnotes) that can provide a useful starting point for needs assessments of older migrants.

Figure vi: Further publications and resources on older migrants

Policy Research Institute on Ageing and Ethnicity (PRIAE) www.priae.org has publications and films from primary research, engagement with BME elders (including from Yorkshire), examples of good practice and services. They range from Health, Mental Health, Active Ageing and Citizenship, Palliative Care, Housing, Employment, Pensions and more:

- Publications: www.priae.org/index.php?option=com_content&view=article&id=85&Itemid=109
- Films: www.priae.org/index.php?option=com_content&view=article&id=87&Itemid=111

Age UK (2012) *Fit as a Fiddle: Engaging faith and BME communities in activities and wellbeing* www.ageuk.org.uk/Documents/EN-GB/FaithGood%20Practice%20GuideWEB.pdf?dtrk=true

Runnymede Trust (undated) *Researching Older Black and Minority Ethnic People and Financial Inclusion* www.runnymedetrust.org/uploads/pdfs/Runnymede%20briefing%2008.pdf

The King’s Fund (2013) *Black & minority ethnic older people - health and social care*. Reading List: www.kingsfund.org.uk/sites/files/kf/field/field_pdf/Library-reading-list-bme-older-people.pdf

L Waite and J Cook (2009) *Exploring Migration and Intergenerational Relations Amongst African Migrants to Britain and France* Leeds Social Sciences Institute www.lssi.leeds.ac.uk/projects/migration-and-intergenerational-relations/

The legal framework relevant to older migrants

There is no single piece of legislation concerning older migrants. This is not surprising as they are a small and very specific group of individuals. Instead, arguably all laws and policies are relevant to this group. Inevitably the legal framework is complex and can be seen as confusing. Some key areas of legislation relevant to older migrants include:

Equality Act 2010¹⁶

The Equality Act provides general protection that older migrants may need from discrimination in the provision of services and public functions. Age and race are two of the 'protected characteristics' under the Act.

It is unlawful to discriminate on the basis of age unless the practice is covered by an exception or good reason can be shown for the differential treatment. This means that 'beneficial concessions' are permitted such as cheap haircuts for pensioners, cut price or free travel related to age and winter flu injections for over 65s. The use of age criteria in immigration control is also permitted.¹⁷

Human Rights Act (HRA) 1998¹⁸

The HRA applies to everyone in the UK and is the key source of human rights protection for older migrants. It brought the European Convention on Human Rights into UK law (rather than having to go directly to the European Court to claim the human rights it covers). These rights include the right to: life, freedom from torture and inhuman or degrading treatment, and to respect for your private and family life, home and correspondence. There is also a right to protection from discrimination in relation to human rights in the HRA (rather than protection from discrimination generally; it is not a 'freestanding right'). So older migrants are protected from age or race discrimination in relation to these particular rights.

Local authorities providing public services must take into account these rights (such as planning, commissioning and monitoring home care services). This also applies to other organisations when they are performing 'public functions' but not care homes provided by private and third sector.

Detailed information available about the law in relation to older people is provided for example, by the Centre for Policy on Ageing²¹ and Age UK.²²

Care Act 2014¹⁹

This Act is designed to simplify obligations on local authorities and to introduce new social care duties based on individual wellbeing. Older migrants receiving social care from a local authority are included in the general remit of these duties. They include:

- duties around provision of social care including assessment of care needs, arranging care, funding and provision of prevention services
- a duty to promote wellbeing and promote integration between health and social care services
- duties with respect to safeguarding of adults receiving social care.

Note that local authorities must make available information about the services available to people in its area.

Mental Capacity Act 2005²⁰

This Act covers people who can't make some or all decisions for themselves. The ability to understand and make a decision is called 'mental capacity'.

¹⁶ Equality Act 2010 www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

¹⁷ Examples are taken from: Equality and Human Rights Commission (last updated 2014) *New law to ban age discrimination in services, public functions and associations – with exceptions* www.equalityhumanrights.com/your-rights/equal-rights/age/new-law-ban-age-discrimination-services-public-functions-and-associations-%E2%80%93-exceptions

¹⁸ Human Rights Act 1998 www.legislation.gov.uk/ukpga/1998/42/contents

¹⁹ Care Act 2014 www.legislation.gov.uk/ukpga/2014/23/contents/enacted

²⁰ Mental Capacity Act 2005 www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf

²¹ Centre for Policy on Ageing (2014) *policies on ageing* www.cpa.org.uk/cpa/policies_on_ageing.html

Access to public services and integration into local communities

Key message 5: Many older migrants struggle particularly with issues including poverty, isolation, information and access to services. These may be similar to difficulties experienced by older UK nationals, but are exacerbated by a combination of unfamiliarity with the UK as well as a different cultural background.

The integration of older migrants can be affected by different factors including: when they migrated, cultural differences, English language proficiency, education history, employment experience, gender, UK location, housing conditions, health and family context.²³ Of course older migrants are not all the same; there are language and cultural differences between groups based on country of origin, ethnicity and religion for example. Their needs for support and services will be affected by these differences.

Despite great heterogeneity, different sources suggest that older migrants do experience common issues including language and access to services.²⁴ This section describes some of the main difficulties for newly arrived older migrants settling in the UK, including:

- income and poverty
- isolation
- language barriers
- health and social care
- cultural expectations and cultural sensitivity

It also looks at the additional needs of asylum seekers and refugees. Finally, it suggests ways of working to overcome these barriers and better engage with older migrants.

Key message 6: Some older service users may not be recent arrivals, but may have migration-related needs that only become apparent many years later.

While this booklet focuses on those who recently arrived in the UK, it is important to know that the difficulties some migrants face may only become apparent a long time after they have migrated. For example, they may have prioritised work over integration skills upon arrival, and so not prioritised learning English.

Those who experienced profound loss as a migrant may be reminded of this when they retire and have unstructured time in their daily routine. A useful related resource here is *Caring for Holocaust Survivors*²⁵ which will be relevant for migrants who have left a situation of human rights abuses, genocide or persecution, and some of which may also be relevant for all migrants as they age.

²² Age UK (updated Mar 2011) *Older People and Human Rights: A reference guide for professionals working with older people* www.ageuk.org.uk/documents/en-gb/for-professionals/equality-and-human-rights/older_people_human_rights_expert_series_pro.pdf?dtrk=true See in particular 'Discrimination and disadvantaged groups' p.30

²³ Age Concern (2002) *Black and Minority Ethnic Elders' Issues* www.equalbutdifferent.org.uk/pdfs/BME%20Elders.pdf

²⁴ See for example, S Hussein and S Oglak (2015) *Older Turkish migrants in the United Kingdom – their perceptions of social care*. Kings College London www.kcl.ac.uk/sspp/policy-institute/scwru/res/rowm/projects/turkeyuk.aspx

²⁵ Baycrest (2008) *Caring for Aging Survivors of the Holocaust: A Practice Manual* www.baycrest.org/about/publications/caregivers/caring-for-aging-survivors-of-the-holocaust/

Income and poverty

Key message 7: Older migrants may be at a greater risk of poverty as they will not have the financial securities from long-term employment in the UK.

There is a common perception that extended families will always be able to look after their 'elders'.²⁶ This is largely a stereotype and this perception may mask the true needs among older migrants.

Older migrants may be at a greater risk of poverty than others. Lots of existing research highlights the higher poverty rates among certain ethnic groups such as Bangladeshi and Pakistani groups,²⁷ but this is not true of all minority groups (Indian, Chinese and Caribbean groups tend to experience less poverty for example).²⁸

Poverty among older migrants may be linked to their UK employment history:

- Recent migrants who have worked in the UK are unlikely to have made enough national insurance contributions to qualify for a full state pension.
- They may have worked in a low paid job to be able to enter the UK labour market (lots of research shows underemployment among skilled migrants). Such jobs may not have occupational pension schemes (until recent workplace pension reforms which will not impact on older migrants now)
- New arrivals in low paid jobs are unlikely to invest in a private pension.

Another important reason for financial insecurity among older migrants relates to their understanding of the welfare or pension systems. Understandably they can be unsure of what they are entitled to, given the complexity and dynamic nature of the policy environment.²⁹

Examples of the financial concerns of several older migrants in West Yorkshire are outlined in *Figure vii*.

²⁶ Older Turkish migrants (aged 60+) for example, raised this issue during research into their experiences, needs and perceptions. See S Hussein and S Oglak (2015) *reference as above*.

²⁷ L Platt (2011) *Poverty and ethnicity: Inequality within ethnic groups*. JRF programme paper.

www.jrf.org.uk/sites/files/jrf/inequality-ethnicity-poverty-full.pdf and Age Concern (2002) *reference as above*.

²⁸ L Platt (2011) *reference as above*.

²⁹ PRIAE (2008) *Ageing and ethnic diversity in the UK, A Policy Digest*, PRIAE. www.priae.org/publications

Figure vii: Financial worries for older migrants – Mrs Bibi, Wafiza and Hanifa’s stories

As a recent migrant Mrs Bibi is not entitled to financial support in the UK, and as a widow she has a little money from when her husband died. She receives a little income from the land he left back in Pakistan. However, this is insufficient to live on and make trips between her lives in two countries, and so she is also dependant on her son for some expenses. She explains how she feels about this dependence:

‘I can’t claim any benefits as I am not here long enough. I don’t have a pension and do feel vulnerable but what can I do? I was told about pension credit but again it would only be useful if I lived in the UK permanently. I can’t really do that as I have to keep an eye on my grandchildren my daughter left behind.’

‘My son gives me money and pays for most things for me. I come and go to Pakistan regularly and it does cost a lot of money. My medical treatment also costs money which my son pays for. I wish I had a pension, I would feel more confident and independent, but there is nothing I can do now.’

Wafiza receives some disability benefits and gets a little income from her property in Pakistan. However, she has difficulty in managing her income and since her family helps her, it further reduces her understanding of her financial situation.

She says: ‘To tell you the truth, I am not sure what or how much money I get. My family sort all that out. I would like to understand more about what I get. I ask my family but they just sometimes ignore me and don’t tell me. I want to be able to ask these kind of questions.’

The changing welfare system confuses Hanifa. She also worries about how she and her husband will survive financially as they become older:

‘There are always changes to my family benefits and claims. I do need help with these. I don’t want to lose out. Ideally I would like a professional Afghani person to help me with these as they are complicated and things change quickly.’

‘My husband is old and I am getting older. I am worried about how we will survive as we get older. The children will help but they don’t earn a lot of money. It’s a worry.’

Sources: Mrs Bibi’s story was told to the Integration up North (IUN) Volunteer project. Wafiza and Hanifa’s stories are derived from interviews with the author.



Older migrants exchanging information, advice and guidance (PRIAE)

Isolation

Key message 8: Older migrants may be socially isolated due to unfamiliarity with their locality and services, as well as being reluctant to use public transport. Getting information to them about local groups and services is an important starting point.

Support networks are important to ensure the wellbeing and resilience of individuals in our communities. Older migrants are at greater risk of being socially isolated for several reasons that reinforce one another:

- They may be less mobile
- They have less knowledge of transport and services where they could meet others
- They have fewer social links in the locality because they are new and so have increased focus on their family ties.³⁰

Inevitably as people age they become less able or willing to travel around their area and want services to be available close to their home. This may be for a number of reasons:

- Some may have difficulties with mobility, self-care and household tasks³¹
- Some migrants have reduced mobility for reasons such as injury before or during migration or poorer healthcare
- Despite having travelled to the UK, some migrants may feel vulnerable exploring their new neighbourhood, let alone further afield. They may have fears about this due to previous traumatic experiences. They may also find the public transport system complicated and confusing.

As well as reduced mobility, new arrivals will have a fraction of the local knowledge of other residents to find out about services, public transport or social events that would help to build their social networks. For those whose first language is not English, a further barrier to developing friendships is anxiety about speaking English.

As a result, many older migrants place a significant importance on being close to family or other people from the same ethnic background and to local facilities. An Age Concern survey of older people's housing needs found a common desire among BME older people to live near to local shops in particular, as well as living with family and near a place of religious worship.³² Indeed, community centres and religion are resources that are particularly valued by older migrants.³³

Some older migrants' perspectives on isolation and their suggestions about how to overcome it are provided in *Figure viii*.

³⁰ J Nazroo et al. (2000) *Ethnic Inequalities in Quality of Life at Older Ages: Subjective and Objective Components*. Research Findings: 11 From the Growing Older Programme. ESRC www.esrc.ac.uk/my-esrc/grants/L480254020/read

³¹ Refugee Council (2006) *Older Refugees in the UK: A literature review*. www.refugeecouncil.org.uk/assets/0001/7053/Older_refugees_workingpaper.pdf

³² The survey differentiated some findings according to different backgrounds including ethnicity. For more details see: Age Concern (2002) *reference as above*.

³³ H Afshar et al (2002) *Women, Ethnicity and Empowerment in Later Life' Research findings: 10* from the Growing Older Programme. ESRC. www.growingolder.group.shef.ac.uk/Maynard_Findings_10.pdf

Figure viii: Isolation among older migrants – Hanifa and Wafiza’s stories

Hanifa

Since I have come to the UK, I don’t work but look after my family. I don’t have many friends as I am mainly at home.

The kind of help that I need is somewhere where I can meet more Afghani women. There is not much help for Afghani women around here so it would be nice for some help. Maybe an afternoon in a centre for Afghani women to talk and we can get more advice and help.

Wafiza

I find it hard living in the UK because I am familiar with life in Pakistan – not here. In Pakistan, I know how things work. Here, I don’t understand that much.

I sometimes go to a Pakistani centre in my local area. It’s full of Asian (older) women. Here, we talk, swap stories and learn about life in the UK and what goes on here.

These kinds of centres are very important for me to learn about what is going on. They have people I can speak to, that can listen to me and understand what I need. If I didn’t have this centre, I am not sure where I or my family would go for advice.

I also would like to go on more trips. When I am in the UK, I stay at home mostly. When I am in Pakistan, I am always out and about and going places. I don’t feel I can do that in the UK on my own. I want more trips, either locally or outside Bradford, to get me out of the house.

Source: Interviews with the author.

‘I don’t have many friends as I am mainly at home.’

- Hanifa

‘When I am in Pakistan, I am always out and about and going places. I don’t feel I can do that in the UK on my own.’

- Wafiza



Older migrants enjoying meeting other older people, helping to reduce their isolation (PRIAE)

Language barriers

Key message 9: There may be good reasons why older migrants are not fluent in English. Verbal information disseminated through trusted local networks can be an important supplement to providing translated written information.

Language and communications are one of the biggest issues for older migrants accessing services and welfare support.³⁴ Many older migrants from BME groups have limited awareness of relevant information and services for a range of language-related reasons such as a lack of English, limited translated material or culturally inappropriate information.

Translated materials are often a cost-effective approach to engaging with diverse communities who have recently arrived. Many services will provide an interpreter, although new arrivals themselves may not know this. After living in the UK for four years for example, Hanifa (in our case study) did not know that she could ask for an interpreter during medical appointments.

However, the ability to communicate in English themselves is important in the longer term as it enables older migrants to avoid dependence on younger family members and to be more self-confident in using public services, transport and public space.

Two important barriers arise for older migrants who do not have English as a first language:

- Learning a new language can be more difficult for older people, particularly if they have not experienced formal education for some years or decades.
- Few services are available to teach English to older migrants. ESOL classes are often focused on supporting more economically active migrants to learn English, rather than supporting the older generation to integrate into their new communities.

Language proficiency will affect some older migrants more than others depending on their place of birth and educational background. For example:

- Older migrants from Commonwealth countries are likely to have better English skills than those from non-Commonwealth countries.
- People from urban areas may have had more opportunities to learn and practice English than those from rural areas
- In some countries there is less emphasis on women's education and employment. As a result some older female migrants may have lower levels of literacy even in their first language.
- Older migrants suffering from particular illnesses (such as dementia) may lose their English language skills

Services wanting to reach older migrants could consider providing information verbally in addition to written information, and using existing community networks where information about services is passed on by word of mouth.

³⁴ J Cook (2010) *Exploring older women's citizenship: understanding the impact of migration in later life*. www.migrationyorkshire.org.uk/?page=researchdetails&itemid=355

Wafiza and Hanifa again tell us about their own experiences of this issue, as described in Figure ix.

Figure ix: Communication and language issues – Wafiza and Hanifa's stories

Hanifa

It's important that I learn and improve my English because I live in this country. It is me that mainly looks after my daughter. I'm the one that takes her to the doctors, goes to the school, etc. I know other Afghani women who cannot speak any English and they are struggling in the UK. Without knowing a little bit of English, you will struggle here and you will be depending on other people.

I can communicate with people in the UK with my English but sometimes it is hard. It's not good but they can understand some of the things I say and I can understand them a bit. If I need more help in understanding, for example at the school, then I ask my husband or one of the children to help me.

I did not know that when I struggle at the doctors and hospitals that I can ask for translation help. Its information like this is what I need.

Wafiza

My English is still very poor. It took me a long time to learn a little bit of English. I know it is important that I should learn English but it's hard for me to learn a new language. Now I don't remember much of it because I don't use it enough.

I want to learn and practice more English so I can speak and understand it more with my grandchildren.

I want to make my own decisions based on the information that I find out – not through what my family tell me. When I go to my appointments, I want to ask questions directly myself but there is no-one there for me ask those questions to, unless they are Asian.

'I did not know that when I struggle at the doctors and hospitals that I can ask for translation help.'

- Hanifa

'I want to learn and practice more English so I can speak and understand it more with my grandchildren.'

- Wafiza

Source: Interviews with the author.

Key message 10: Improving health outcomes for older migrants can involve steps such as providing information about illnesses that often develop in older age and building on older migrants' preferred coping strategies.

Health needs

We know minority elders are at greater risk of illness than UK-born elders.^{35,36} The combination of being older, from a minority ethnic group and being a new arrival lead to a number of health needs among older migrants. These are described more extensively in the health and migration guidance booklet; two examples of particular relevance to the issues described here include:

- 'The effect of loneliness on health and wellbeing can be as damaging as smoking, and the loneliness of migrants can be profound. Associations have been found between loneliness (in non-migrant populations) and increased blood pressure as well as lower subjective health, wellbeing and recovery rates from illness'
- 'Pre-exile, journey-related and post-exile stressors make asylum seekers more vulnerable to HIV transmission, increase the number of HIV-related illness and compromise resources to access healthcare and maintain self-care.'³⁷

There may also be gaps in older migrants' knowledge and understanding.

- Older migrants can be unprepared for certain illnesses in old age. They would not have witnessed their own parents suffering from illness in their country of birth if they had already migrated to the UK, and diagnosis and treatment for certain illnesses would not have been available anyway. Therefore these individuals could not anticipate the impact of these illnesses on themselves in old age.
- Some older migrants may lack knowledge of the underlying causes of certain illnesses, such as diet and exercise. A misunderstanding of the causes of dementia (as a form of madness that is contagious and hereditary) can lead to ostracism from a community. Providing this kind of information to older migrants can help them to make more informed choices in the future.

Key message 11: Older migrants may face additional or earlier health problems related to ageing faster than UK-born older people.

³⁵ G Livingstone et al (2001) 'Mental health of migrant elders – the Islington study' and (2002) 'Accessibility of health and social services to immigrant elders – the Islington study'. *British Journal of Psychiatry* Nos 179 pp.361-366 and 180 pp.369-373 www.mighealth.net

³⁶ PRIAE (2005) *Black and Minority Ethnic Elders in the UK: Health and Social Care Research Findings MEC European Research Project*, Leeds, UK: PRIAE. www.priae.org/publications

³⁷ Integration up North (2014) *Health and migration*. Introduction to Migration series, Guidance booklet #10. Migration Yorkshire: Leeds.

Older refugees and asylum seekers can experience additional health problems. In general, they are known to suffer from poor health, anxiety, hardship and despair.³⁸ More specifically in relation to health conditions for example:

- Refugees may be physically or mentally frail at an earlier chronological age due to experiences in their country of origin, en route to the UK or after arrival. (This may not be an issue confined to refugees; older migrant women from Pakistan and Bangladesh have also reported feeling older at an earlier age in one study³⁹)
- They may age faster due to experiences and high stress, causing high blood pressure and strokes (particularly amongst older refugee women)
- There is a lower uptake of breast and cervical cancer screening amongst older refugee women.⁴⁰

Barriers to service access and service delivery

Older migrants consider health to be key to their quality of life⁴¹ and they create a high demand for primary care services, yet some struggle to access to appropriate health services and report poor health outcomes.⁴² There is some evidence that older BME people may not have equal access to social and health services. For example:

- Command of English can unfortunately impact on the level of care received by older migrants. One study found some older BME patients in hospital received different levels of service depending on their English skills.⁴³
- A recent survey for Sheffield⁴⁴ found BME populations were highest users of primary care services yet less likely to gain access to appropriate health services and report the worst health outcomes. Ethnic groups with the oldest age profiles often had the highest proportion of people with limiting long-term illnesses, such as Pakistani and Bangladeshi groups which had around a 30% increased chance of having a limiting long term illness compared to the city average.

Suggested reasons for this unequal access to health and social services include:

- insufficient knowledge of availability and rights to social and public services
- low expectations of their life in the UK
- negative experiences of retirement
- poor mental and physical health
- inadequate support from family
- lack of consultation in service planning and delivery.

³⁸ Social Care Institute for Excellence (SCIE) (2015) *Good practice in social care for refugees and asylum seekers*. SCIE Guide 37 www.scie.org.uk/publications/guides/guide37-good-practice-in-social-care-with-refugees-and-asylum-seekers/

³⁹ H Afshar et al (2002) *reference as above*.

⁴⁰ All bullet point examples here are taken from: Refugee Council (2006) *Older Refugees in the UK: A literature review*. www.refugeecouncil.org.uk/assets/0001/7053/Older_refugees_workingpaper.pdf

⁴¹ H Afshar et al (2002) *reference as above*.

⁴² Age Concern (2002) *reference as above*.

⁴³ Age Concern (2002) *reference as above*.

⁴⁴ Yemeni Community Association and Pakistani Cultural and Advice Centre, Sheffield (2007) *The Right To Be Heard: Removing Inequalities - Consultation Event With Black and Ethnic Minority Elders*

There are also a range of barriers to successful use of health services by older migrants that are partly due to knowledge and cultural issues. One study of older migrants in the West Midlands who came from South Asia illustrates some of these issues very clearly.⁴⁵

A Sheffield study cited earlier recognised the commitment of staff in local services to provide services for a diverse community and acknowledged barriers for services in tailoring services to the needs of older people. These included: limited resources, small numbers of older BME patients presenting suggest a lack of demand, services being unable only cater to one section of the local community and a perceived lack of initiative by BME communities themselves despite a desire among staff to engage with them.

Coping with illness

Older migrants may have proactive ways of coping with illness. These can be a starting point for addressing health needs. For example, the West Midlands study presents two strategies:

- Travel: some older migrants return to their country of birth for health reasons. For example, some return to the Indian subcontinent during winter because of the quality of the air and to enjoy homeopathic treatments. Mrs Bibi fits her healthcare appointments around her travel to see her grandchildren, as described in *Figure x*.
- Homeopathy: this is a popular approach to health treatment in some countries where formal treatment is prohibitive, and it is seen as natural and based in religious and cultural traditions.

Figure x: Accessing health services – Mrs Bibi’s story

Mrs Bibi has limited mobility and is partially sighted. She has a wheelchair for longer trips outside the house. She has hearing aids and general age related issues like arthritis. She is very positive about the UK healthcare system: *‘My son has registered me with a GP [in Leeds]. I have not been many times. I know the doctors are really good here, they are very kind and it is free, it’s very good.’*

At 81 years old, Mrs Bibi’s physical limitations do not prevent her from travelling to maintain her family ties in Pakistan. However this regular travel does impact upon her healthcare. She does not use the NHS much because of waiting times for hospital appointments. She explains: *‘I have had many problems with my eyes. I don’t get to use the hospital in the UK much as I have to keep on coming and going to Pakistan. By the time a referral is made by my GP and the appointment comes through I have to leave for Pakistan.’*

Instead Mrs Bibi feels compelled to pay for private healthcare in Pakistan that fits more readily around her travel plans: *‘I use the hospitals over in Pakistan. You do not really need an appointment you just turn up when you need to. Most good quality doctors are in private hospitals. I can go in and will be seen within less than a week.’*

Mrs Bibi’s family priorities come at a heavy financial cost and mean that she uses health care services in Leeds much less than someone who is settled here full time.

Source: Integration up North (IUN) Volunteer project

⁴⁵ M K Nijjar (2012) *Perspectives on ageing in South Asian families*. Joseph Rowntree Foundation
www.irf.org.uk/publications/perspectives-ageing-south-asian-families

Cultural expectations and cultural sensitivity

Key message 12: Asking older migrants about their needs is a simple step that can lead to more culturally-appropriate services. Promoting accessibility does not necessarily involve translating services or changing a service but may require making services known to targeted user group.

Cultural understanding and dignity in care provision are important factors to older migrants when receiving support services.⁴⁶ What are 'culturally sensitive services'? One study defines it as: '*service provision... that is respectful and responsive to the cultural and linguistic needs of its clients and families as well as the wider community. It involves the understanding of a culture, beliefs and behaviours within a context of working with an individual, family or community. This does not however imply however that a one size fits all approach should be taken.*'⁴⁷

It is widely understood that 'one size fits all' approaches are rarely successful, and partnership working across different layers of society and stakeholders is critical. The challenges of providing culturally sensitive care outlined in one study⁴⁸ include a lack of knowledge among staff and the absence of an infrastructure for advocacy and communities to contribute to planning and providing services.

The role of the family

Some older migrants have expectations around support from their younger family members that are unfulfilled. Their expectations are based on their own experiences growing up in another country, and they may not have anticipated the degree of change in their own family growing up in the UK. This can mean strained communication between the older migrant and younger generations in their family, and leave the older migrant with a sense of being insignificant. One Yorkshire study suggests that an important way of addressing intergenerational strain among migrant families is to develop ways of embracing the new culture while maintaining key traditions from the country of origin.⁴⁹

Services engaging with older migrants

At an individual service user level, older migrants may find it difficult to trust health and social care professionals. Barriers include a perception that staff do not understand their cultural preferences around care, and that staff do not have sufficient time to explain health issues to them. For those whose first language is not English or those whose illness has affected their English skills, jargon can add a further hurdle.^{50, 51}

⁴⁶ As highlighted for example in this Bradford study of older people from eight migrant communities: G Giuntoli and M Cattani (2012) 'The experiences and expectations of care and support among older migrants in the UK'. *European Journal of Social Work*, Vol.15 Issue 1, pp131-147. Summary at: www.scie-socialcareonline.org.uk/the-experiences-and-expectations-of-care-and-support-among-older-migrants-in-the-uk/r/a1CG000000Ga0SMAS

⁴⁷ M K Nijjar (2012) *reference as above*, see p.7

⁴⁸ J Manthorpe et al. (2012) 'Promoting the mental well-being of older people from black and minority ethnic communities in United Kingdom rural areas: Findings from an interview study', *Journal of Rural Studies* Vol.28 Issue 4 pp.406-411 www.sciencedirect.com/science/article/pii/S0743016712000071

⁴⁹ L Cook et al. (2009) *reference as above*.

⁵⁰ PRIAE (2007) *Palliative Care – PALCOPE © information and help for older people*, PRIAE. www.priae.org/publications

Older migrants may be reluctant to allow health professionals to provide care that they expect their family to provide. In addition, older migrant may be reluctant to discuss their difficulties with 'outsiders' for fear of bringing shame or judgment on their family. The West Midlands study recommends:

- asking older migrants about their life growing up in another country, particularly as their younger family members themselves may have a limited understanding of their background and the impact on their health needs later in life. Another reason for this is to sidestep illiteracy issues, and instead draw on the oral history traditions of some cultures.
- when consulting with older migrant communities on a larger scale, services should consider women-only events and more informal settings and a longer process of consultation rather than a one-off event.

In order for public services to identify and meet the needs of newly arrived older migrants, their views and experiences should be incorporated into service planning and decision-making processes.

Figure xi collates some suggested ways of working to engage older migrants, while *Figure xii* provides some case study examples from the NHS where they worked to better engage with BME communities (note that they are not specifically relating to older migrants, since examples of working with this particular group are rare).

Figure xi: Suggested approaches to engaging with newly arrived older migrants

- Identify the profile of the local older migrant community and their needs
- Identify appropriate ways of communicating with and involving older migrants
- Use appropriate interpretation and translation services particularly for newly arrived older migrants or those who do not have English skills. Employ staff who speak minority ethnic languages instead of reliance on family members
- Encourage engagement with older migrants through outreach work, road-shows and specific events
- Publicise and advertise services in relevant languages, through ethnic media and organisations and at places where people meet
- Work with voluntary organisations in developing sustainable relationships between public services and BME-led organisations
- Recruit staff from increasingly diverse minority ethnic backgrounds to reduce language and cultural barriers for older migrant service users
- Consult on service materials with BME led community organisations that represent the mix of the local community
- Offer information in a range of formats including audio-visual materials to address the lower levels of literacy and education among some older migrant populations.

Source: developed from Age Concern (2002)⁵²

⁵¹ N Patel et al. (1998) *Dementia & Minority Ethnic Older People: Managing care in the UK, Denmark and France*. Russell House Publishing Ltd. www.priae.org/publications

⁵² Age Concern (2002) *reference as above*.

Figure xii: Case studies of health trusts' engagement work with BME communities

Wirral Primary Care Trust (PCT)

'Wirral PCT commissioned community development workers to undertake a baseline mapping exercise to identify the range of ethnic communities living within the local population. This mapping identified 26 ethnic groups that lived on the Wirral.

Links with BME communities have improved in recent months, due to the engagement with local community leaders. A positive dialogue has been established with the leader of Birkenhead Mosque and information leaflets for people from ethnic groups are on display in the mosque. This link has been developed through partnership working with Wallasey Citizens Advice Bureau (CAB) and Advocacy in Wirral (a primary care advice service).

A unique service provided by Wallasey CAB and Advocacy in Wirral for people with mental health problems provides an outreach service at a local GP practice, and Wirral Change (an employment advice service) offers translation and signposting for people from BME communities with a common mental health problem.'

Ealing IAPT Pathfinder site

'Ealing PCT, in partnership with West London Mental Health Trust, delivered an IAPT [Improving Access to Psychological Therapies] service in Southall, which has a BME population of over 70%. The majority of the population is Asian, with Punjabi the most commonly spoken language.

Through consultation with users and community groups, Ealing's Pathfinder IAPT project re-designed services in Southall to make them culturally appropriate and accessible to the BME community. This was done by integrating all mental health services into one primary care 'Wellbeing Team' with:

- Punjabi-speaking high and low intensity psychological therapy workers (recruited from the same culture, community and class as the population that they serve)
- local voluntary sector services providing culturally specific therapies (e.g. the Asian family counselling service)
- community development workers to improve access for specific cultural and ethnic groups
- the option of self-referral through a multi-lingual telephone helpline, which is advertised in multiple languages across community sites in flyers and information booklets, and
- an *Overcoming Depression* self-help audio-book in Punjabi, with support provided by low-intensity psychological therapy workers.

Careful monitoring of Southall referral rates in relation to ethnicity has enabled Ealing's Pathfinder site to demonstrate an increase in the number of Asian, Punjabi-speaking clients accessing and using the service effectively.'

Source: Reproduced directly from DH (2009)⁵³

⁵³ DH (2009) *Black and Minority Ethnic (BME) Positive Practice Guide* www.iapt.nhs.uk/silo/files/black-and-minority-ethnic-bme-positive-practice-guide.pdf

Contributions of older migrants to the UK

Key message 13: Older migrants provide significant contributions to local communities and the economy. For example, they provide financial support to their extended family or indirectly through unpaid childcare.

The implications of an ageing society now are often discussed in the public sphere. Older people in the UK are increasingly recognised, valued and celebrated publicly, through for example 'Older People's Day',⁵⁴ the UN International Day of Older Persons⁵⁵ and initiatives like the JRF 'A better life' project⁵⁶ (which includes stories from south Asian elders).

Older migrants provide a valuable resource to local communities and the economy. They have a wealth of knowledge and skills developed from their international experiences. Their cultural heritage can be passed down to subsequent generations born in the UK to help them maintain a sense of identity that is not simply UK-based.

Due to retirement or their children becoming adults, older people have more free time as they age, and can use this time to enrich their own lives through travel, hobbies and religious activities if they have good health and financial resources. Older BME people tend to spend their free time in the ethnic or religious community to which they belong (compared to older white people who are more likely to undertake voluntary work with charities).⁵⁷ However PRIAE's work with older BME people showed a diversity of non-family unpaid roles ranging from setting up self-help organisations, advocacy, interpreters, translators, racial and social justice work among many others that they did not classify under 'voluntary work'.⁵⁸

Many older migrants are parents or grandparents to families living in the UK. Such older migrants make a contribution to their children's and grandchildren's lives. One key way in which they do this is through direct financial support. Another more indirect means of supporting their families is through providing childcare for grandchildren. Despite an increase in the provision of formal childcare in the UK, grandparental childcare can enable parents to work. Providing this childcare is a key way in which older people contribute to the economy as well as strengthening family life. It also contributes to older migrants' sense of purpose as they are building new social networks and support systems.⁵⁹



Older migrants passing on their knowledge and experience to younger generations (PRIAE)

⁵⁴ Older People's Day <http://olderpeoplesday.co.uk>

⁵⁵ UN International Day of Older Persons <http://undesadspd.org/Ageing/InternationalDayofOlderPersons.aspx>

⁵⁶ 'A better life' project <http://betterlife.jrf.org.uk>

⁵⁷ J Nazroo et al. (2000) *reference as above*.

⁵⁸ PRIAE (2000) *Playing our Part After 50*. A BAFTA launched film supported by the Home Office. www.priae.org

⁵⁹ H Afshar et al (2002) *reference as above*.

Local services

Key message 14: A number of organisations in Yorkshire and Humber have expertise in working with older people, BME communities and refugees. They may be able to provide insight and advice into developing appropriate services for older migrants.

Policy Research Institute on Ageing and Ethnicity (PRIAE)⁶⁰

An international charity based mainly in Leeds, PRIAE developed the area of ageing and ethnicity through engagement, research, information and education, policy and service innovation. The Institute's work has been focussed around employment and income; health, social care and housing, pensions, quality of life, citizenship and migration. BME elders and communities have always been at the heart of PRIAE's work. PRIAE is now formally closed, but resources are still available online and through the former Directors who can provide advice and support.

QED Foundation (Quest for Economic Development)⁶¹

QED Foundation in Bradford aims to help address the causes of poverty amongst some ethnic minority groups and to improve the educational, social and economic position of disadvantaged ethnic minorities. Its main focus is to enable and support mainstream organisations to work more effectively with disadvantaged ethnic minority communities. In addition QED manages social enterprises that deliver services in education, training, employment and health as a specialist provider. QED can be contacted for improved methods for public services to better engage with newly arrived older migrants.

Age Concern - Yorkshire and Humber⁶²

Age Concern manages the 'Later Matters' project to help local health and social care services to make their services easier to access for BME older people. It aims to raise awareness of service provision within the Yorkshire and Humber region and increase opportunities for partnership working. It will provide BME elders, carers and organisations with information, advice and a voice in the design and quality of services available to them; and provide organisations with a resource to measure how accessible their services are to BME older people and plan for future improvements.

Leeds Older People's Forum⁶³

The Leeds Older People's Forum has a citywide membership of over 100 voluntary sector organisations working with older people across Leeds. This forum provides a mechanism for public sector staff to meet frontline organisations that work with older people. They currently have a project that aims to tackle loneliness and isolation experienced by many older people in Leeds.

Northern Welcome (formerly NRC)⁶⁴

Northern Welcome promotes the welfare of refugees, asylum seekers and vulnerable economic migrants across Yorkshire and Humber. They specifically offer services for refugees over the age of 50, including advice, information and health related activities, as described in *Figure xiii*.

⁶⁰ Policy Research Institute on Ageing and Ethnicity (PRIAE) www.priae.org

⁶¹ QED Foundation – Quest for Economic Development www.qed-uk.org

⁶² Age Concern - Yorkshire and Humber www.ageconcernyorkshireandhumber.org.uk/our_projects/BME/

⁶³ Leeds Older People's Forum www.opforum.org.uk

⁶⁴ Northern Welcome- formerly the Northern Refugee Centre www.nrcentre.org.uk

Figure xiii: The Over 50s Refugee Project at Northern Welcome

The *Over 50s Refugee Project* is a regular social meeting for older migrants in the Sheffield area. It is aimed at men and women aged over 50 from a migrant background. They meet for a few hours at a time and follow a programme of planned activities such as guest speakers who discuss issues such as health eating, budgeting, or cancer awareness. They also participate in activities such as crafts and games and dancing.

The group began when staff at Northern Welcome noticed that older single clients were particularly isolated and had begun socialising with one another. They wanted to reduce this isolation and improve the self-confidence of older migrants attending their services. They have encouraged clients at other services to join the group and so far have 15-20 attendees at most sessions, most of whom are asylum seekers or refugees.

The project seems to have had some initial success, with participants requesting more regular sessions. Staff members have observed increased self-confidence among participants in speaking English and making friends, as well as improved awareness and access to other services. They are seeking funding for the group and hope to work with public services in the future on issues such as fire safety, as well as start to run outdoor trips and walks during the summer.

Source: IUN interview with the project coordinator.⁶⁵



Tailored events and services are common requests from older migrant people and may be a means of engaging with this group (PRIAE)



Attending a consultation event on the needs of older people (PRIAE)

⁶⁵ You can find more information on the Over 50s Refugee Project at: http://nrcentre.org.uk/index.php?option=com_content&view=article&id=488:over-50s-refugee-project&catid=12:nrc-news&Itemid=9



Older migrants

Summary of key messages

- 1: Older migrants form a small but important part of an ageing minority ethnic population in the UK. This community already faces significant social inequalities and new arrivals may face additional challenges in integrating into life in the UK.**
- 2: Third country older migrants arrive in smaller numbers than either older EU migrants or older returning UK nationals.**
- 3: Most older third country migrants are of working age and come from non-Commonwealth or 'New' Commonwealth countries. Retired older migrants usually come from 'Old' Commonwealth countries.**
- 4: Older migrants of working age usually come to work. Older migrants above the retirement age usually come to join family.**
- 5: Many older migrants struggle particularly with issues including poverty, isolation, information and access to services. These may be similar to difficulties experienced by older UK nationals, but are exacerbated by a combination of unfamiliarity with the UK as well as a different cultural background.**
- 6: Some older service users may not be recent arrivals, but may have migration-related needs that only become apparent many years later.**
- 7: Older migrants may be at a greater risk of poverty as they will not have the financial securities from long-term employment in the UK.**
- 8: Older migrants may be socially isolated due to unfamiliarity with their locality and services, as well as being reluctant to use public transport. Getting information to them about local groups and services is an important starting point.**
- 9: There may be good reasons why older migrants are not fluent in English. Verbal information disseminated through trusted local networks can be an important supplement to providing translated written information.**
- 10: Improving health outcomes for older migrants can involve steps such as providing information about illnesses that often develop in older age and building on older migrants' preferred coping strategies.**
- 11: Older migrants may face additional or earlier health problems related to ageing faster UK-born older people.**
- 12: Asking older migrants about their needs is a simple step that can lead to more culturally-appropriate services. Promoting accessibility does not necessarily involve translating services or changing a service but may require making services known to targeted user group.**
- 13: Older migrants provide significant contributions to local communities and the economy. For example, they provide financial support to their extended family or indirectly through unpaid childcare.**
- 14: A number of organisations in Yorkshire and Humber have expertise in working with older people, BME communities and refugees. They may be able to provide insight and advice into developing appropriate services for older migrants.**