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Introduction

“Older refugees have been invisible for too long”. This statement dates back to 1999 and was given by the UNHCR representative Sadako Ogata. In fact they are, for though it is understood that older refugees are vulnerable, they have not received as much attention as children, women and traumatised refugees. Thus refugee-assisting organisations tend to have less knowledge about older refugees’ needs than about other refugee groups. This might be owing to the size of the group and an accordingly small number of projects supporting especially elders and assessment of their needs. The same is true for deeper investigations of their needs. Thus this summary, comprising survey results and good practice approaches, was designed to help building the bridge between the common understanding, that older people do have special needs and the question how these should be met.

In more detail, the first project year was dedicated to identifying organisations, which are assisting older refugees and to setting up a network. Furthermore, with the help of this network a survey on the situation of older refugees throughout Europe was prepared and carried out. The second project year empathised the research for Good Practice in the field of reception, integration and care for older refugees. Information about relevant projects was accessed with the help of the contacts established in the first year, by evaluating documentations of similar projects focusing on older migrants, by research via libraries and the Internet. The workshops on older refugees at the ECRE conference on Reception and Integration, carried out as a part of the project completed this piece of work. Finally, this Guide contains also a variety of recommendations and conclusions deduced from practical work with older refugees. They go out to authorities, service providers and refugee assisting organisations as well.

We hope, that the findings and ideas presented in this document are relevant and encouraging for people active in the field of refugees. But beyond this, we also dare hope that some of the project descriptions will also be of interest to service providers in the field of welfare for the elderly and inspiring to amend some already existing facilities - in order to make them more inviting for refugees to whom feeling welcomed is essential, an experience they might have missed for too long a time.

Acknowledgements

We owe our findings to all who supported us as by completing the questionnaires, and providing us with material and ideas where to find more literature about older refugees. We also are indebted to all who conducted the interviews and to the refugees, unknown to us, who were so cooperative in answering rather personal questions. We would like to thank especially Liz Mestheneos, who provided us with her research, and Ina Manfredini, David Vyssoki, Gerda Netopil, Gertraud Daye, Elisabeth Hechel and Christine Petiocky for sharing their expertise with us. For their assistance throughout the project we would like to thank the staff of the ECRE secretariat in London.

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Our special thanks go out to all of them.

Anny Knapp and Marion Kremla

Asylkoordination, December 2002

1. METHODOLOGY

This report has surveyed the published information currently available and sought additional information through questionnaires and interviews. In this section relevant definitions and sources are described in short.

1.1. DEFINITIONS

Refugees

Where no distinction between asylum seekers and acknowledged refugees has been made we refer with this term to all who seek protection from persecution, without distinction if they have already been granted asylum or any other protection status or if they are still in the procedure.

In some cases the term is used as a reference to the legal status as refugees according to the Geneva convention, acknowledged as such by national authorities. Wherever used this way, differences to the conditions for asylum seekers are pointed out.

Asylum seekers

In this survey we explicitly refer to asylum seekers as those with a decision on their asylum application still pending, where differences, mostly concerning social rights, to refugees whose case has already been decided are pointed out.

1.2. SOURCES

1.2.1. Literature Review

As comprehensive research on older refugees is limited our survey focused on four main documents:

British Refugee Council, 1988: Age in Exile

London, UK, 1988

This document was prepared as a compilation of background information for the UK delegates to the Age in Exile conference that took place in Noordwijkerhout, the Netherlands from 25-27th November 1988. Despite its age the report presents fundamental statements on the needs of older refugees and approaches that are still relevant. The topic papers cover various issues such as housing facilities, projects run by refugee community groups, mental and physical health of older exiles.

Legoux, Luc, 1991: Les refugies ages

Editor : Service Social d' Aide aux Emigrants, Paris, France

Similar to the BRC report with regard to the UK, this document contains a comprehensive overview about the situation of older refugees in France. It contains statistic data on their total number, their countries of origin, age and gender structure and their distribution across France. Furthermore 80 interviews with refugees themselves cover various areas of their experiences in France as a host country, such as language acquisition, social contacts, social welfare assistance and accommodation and their individual estimation of their inclusion in the French society.

Liebaut, Fabrice and Tanja Blichfeldt Johnsen, 2000: Legal and social conditions for asylum seekers and refugees in Western European countries

Editor: Danish Refugee Council, Copenhagen, Denmark

This report compares asylum legislation and practice throughout the whole European continent. It covers both the legal and social aspects of asylum in 19 European countries.. For our survey mainly the information on the legal social rights and social benefits have been used.

Chenoweth and Burdick, 2001: The Path to Integration. Meeting the special needs of refugee elders in resettlement.

Published in: Refuge 20/1, York, Canada, 2001

This article, published in the periodical of the department for refugee studies at the Canadian York university discusses the needs and challenges of older refugees and follows with recommendations for sensitive needs assessment and subsequent integration activities. It is based on the authors' experience as technical assistant advisers to about 130 private and public refugee elders programs in the United States from 1997 to 2000.

1.2.2. Questionnaires

The questionnaires have been developed to get an overview of the situation of older refugees in the EU and in some other European countries as well.

Questions cover the following issues:

- Number of older refugees in a country
- Most frequent countries of origin
- Their level of education,
- Access to language tuition and availability of multilingual advice centres
- Accommodation
- Religion
- Employment and qualification, income situation
- Access to social benefit, pensions and to the national health care system
- Availability of homes for the elderly and inter-cultural geriatric care.
- Assessment of specific needs and useful measures

Questionnaires were returned from the following 14 countries

Austria	France	Luxemburg	Switzerland
Bulgaria	Finland	Netherlands	United Kingdom
Czech Republic	Germany	Spain	
Denmark	Greece	Sweden	

1.2.3. Interviews

Whereas in the first project year information about older refugees derived mainly from refugee assisting organisations we tried to complete this overview by a more direct perspective from refugees themselves. This became possible with the help of the already been established network of organisations. The interview guidelines were designed by asylkoordination österreich and supervised by a psychotherapist experienced in the field of elderly people and traumatised. The document is available in Appendix B.

These interviews, conducted in Austria, Czech Republic, Luxemburg, Greece and Spain, have been involved:

Male	Female	Country of origin	Age
2	1	Kosovo	49, 72, 65
	1	Angola	64
1		Sudan	59
	2	Georgia	51; 68
1		Turkey	58
2	1	Irak	50; 55;64
1		Afghanistan	
7	5		

1.2.4. Recommendations

In formulating recommendations, particular regard was paid to recommendations already produced by individuals and organisations working in the field, including:

- Recommendations set up by expert's working groups at the Age in Exile conference, 1988
- UNHCR's survey on aspects of care for older refugees in mass-camp situations, 1998
- Recommendations of the Second World Assembly on Ageing In May 2002. The Second World Assembly on Ageing issued the International Plan of Action on Ageing, which contains several sections pointing out the importance of special attention towards the needs of older refugees
- Recommendations of the European Federation of Older Persons (EURAG) regarding older migrants, in a statement passed to the European Commission in October 2002

Besides these sources recommendations also reflect the findings of this research, that is:

- Recommendations drawn from the questionnaires completed for this survey
- Recommendations extracted from interviews with practitioners
- Recommendations from the ECRE Conference in Vienna 11-13 October 2002, carried out in the framework of this project, and recommendations that Liz Mestheneos deduced from her collection of Good Practice models in preparation of her statement at this event.

2. SCOPE OF THE SURVEY

2.1 DETERMINATION OF AGE LIMITS

We agreed that a standardised age limit would be necessary for our research. It seemed problematic, however, to assume the concept of ‘old people’ as it is applied in our society, since life expectancy in some refugee source countries, especially developing countries that have experienced prolonged deprivation is lower¹.

Social definition of age

Age is defined by society and therefore depends upon the function of the respective phases of one’s life and the definition of age in the refugees’ countries of origin. In contrast to the European focus on retirement age in some countries age is instead related to family status. From this perspective age is rather a question of grandparent ship than of an active role in the work place.² UNHCR points to various factors in its manual on resettlement, stating that: “there is no fixed age to define an older refugee as older, largely because life expectancy differs among groups, and the process of ageing is affected by a number of factors, such as an individual’s physical and psychological health, along with family and social support, cultural background, living conditions and economic situation.”³

Regional variations

In its report on the situation of older refugees, the Executive Committee of the UNHCR points out the regional variations of the meaning of ‘older’ as follows: “definitions of ‘older’ reflect average life expectancy of the region concerned; they range from the age of 46 in Ethiopia to 73 in Venezuela.”⁴ In the following report the age of ‘older refugees’ is assumed to be 60 or over. “The recent introduction of the age category of 60 and older in UNHCR statistics is not only a reflection of increased global attention to ageing populations, but also of UNHCR activities. [...] The age limit of 60 applied in UNHCR’s global statistics is consistent with the definition of older persons by the World Health Organisation (WHO).”⁵ For the determination of UNHCR operational requirements a flexible age limit is considered sensible as special assistance may be extended to older refugees before they have reached the age of 60.⁶

Individual ageing process

In the report “Age and Exile”, Finlay and Reynolds are quoted in relation to the question of defining older refugees. They identify factors that result in premature ageing:

“The standard definition of the older as being those over retirement age is not always suitable for members of refugee communities. In common with others from different cultures they may have been used to different lifestyles and experiences and to economic disadvantages. Many will have been through traumatic experiences and losses in the course of their escape and subsequent exile. These factors may all have the effect of ageing people earlier. Those who were already in later life when they came to the United Kingdom may have been unable to work and therefore have adopted a retired lifestyle earlier than is usual here. In addition,

¹ UNHCR, *Refugee Resettlement: An International Handbook to Guide Reception and Integration: Chapter 3.4 on Engaging Refugee Elders*, October 2002, Geneva: UNHCR

² Stichting BMP, 2002

³ United Nations High Commissioner for Refugees: *UNHCR Resettlement Handbook. Division of International Protection*. Geneva 1997.

⁴ UNHCR: *The Situation of Older Refugees (EC/48/SC/CRP.39)*, August 14, 1998, paragraph 2.

⁵ UNHCR Women, Children and Older Refugees. Geneva, July 2001, paragraph 9.

⁶ Id. paragraph 9.

dates of birth may have been calculated differently or recorded inaccurately in transit, so that some are actually older than their “official” age.”⁷

Age definition used in this report

We go along with UNHCR’s definition of older refugees as those 60 and older. However, with regard to integration, we suggest that authorities and welfare service providers should pay special attention to refugees of 50 and over, too. For the purpose of this survey we looked at this group

The main reason of this conclusion is that among the various factors, which affect the chances of integration for refugees in any society of the European Union, the ability to work is likely to be most crucial. With regard to that we chose an age limit when finding a job generally becomes difficult, but nearly impossible for refugees and migrants who arrive in EU countries at that age. Finally, some degree of flexibility seems useful also because of the diverging statistical situation in different countries of the EU, even if such flexibility reduces the comparability of the results.

2.2 NUMBERS OF OLDER REFUGEES IDENTIFIED

INFORMATION FROM EXISTING RESEARCH

Available statistical information on older refugees is limited, and a recent report by UNHCR indicates a lack of demographic data about older refugees.⁸ A survey conducted by UNHCR in 1997 indicated that older refugees make up a much larger proportion of the UNHCR caseload than previously assumed. It had long been believed that older people were more likely to choose to stay in their place of origin, or, unfortunately, to perish in flight. In fact, older refugees make up about 10 per cent of the population of concern to UNHCR - reaching, according to government statistics, 30 per cent in the case of Armenia. In many situations they are over-represented in refugee populations.⁹

UNHCR has made some progress in collecting data on groups of special concern, for example older refugees. However, information on the age of refugees in industrialised countries is still missing. Data analysed by UNHCR comprises refugees recognised according to the Refugee Convention and the Organisation for African Unity Convention as well as applicants for asylum and persons of concern. At the end of 2000, the demographic composition of refugees and persons of concern to UNHCR was available for some 6.1 million persons in 115 countries, constituting 41% of the total population of concern in these countries.¹⁰ Due to the lack of data from some countries the results for the regions are not fully representative. UNHCR emphasises considerable deviations both between regions and within regions. Information on older refugees comprises just a few countries such as Croatia or Armenia, whereas in Europe, the gender and age composition was available on 155,000 persons of concern to UNHCR - 87% of whom were located in Croatia.¹¹ Investigations of UNHCR to the end of the year 1998 show relatively distinct deviations. Population ageing in the industrialized countries has reached an advanced stage; in Europe, 19.5 per cent of all

⁷ BRC: Age in Exile – a report on older exiles in the United Kingdom, prepared by the British Refugee Council for the Age in Exile conference Noordwijkerhout, the Netherlands 25-27 November 1988, page 3

⁸ As the age group 60 and over was introduced only recently, some UNHCR operations were not able to report on this category. See UNHCR, Statistics and Registration: A Progress Report, EC/50/SC/CRP.10). 7. Feb.2000

⁹ UNHCR: The Situation of Older Refugees (EC/48/SC/CRP.39) 14.Aug.1998, paragraph 2

¹⁰ UNHCR: Women, Children and older refugees. Geneva, July 2001, paragraph 12

¹¹ id. paragraph 12

refugees were reported to be 60 and over, which is quite similar to the United Nations population projection (20.3 per cent).¹²

A French study, *Les réfugiés âgés*, estimates that the overall number of older refugees and applicants for asylum in France was 23,200 in 1990. According to the data of OFPRA the share of refugees aged 60 and more is 17,6%, and that of 50 to 60 year olds is 7,6%.¹³ Data from numerous organisations of ethnic groups in Great Britain do not give relative numbers. Refugees who have aged in exile are included as well, without distinction to whether they have become naturalised.

INFORMATION FROM OUR SURVEY

Out of 14 countries surveyed, statistical information on the age of refugees is available in five countries. The table below shows absolute numbers of asylum seekers and the percentage of the group of 50+ among them. Ways of statistic evaluation differ significantly. For example, the Czech Republic and Switzerland are the only countries that provide the number of refugees already living in the country listed by age. In all other countries, only the age of asylum seekers at their arrival is available. Another problem is that age categories used by national statistic offices differ from country to country.

Asylum seekers

Despite all differences regarding the documentation we can say that on average about 2.6% of asylum seekers are aged 50+ in the 14 European countries surveyed. Due to the fact that this number is only drawn from the figures of asylum seekers additional research would have to add:

- the number of asylum seekers who became 50 and older while still awaiting the outcome of their asylum procedure
- the number of those who were granted humanitarian or refugee status and have aged in the country.

In some cases, for example Greece, records of refugee-assisting organisations exist which show the age distribution among their caseload. As this figure cannot be compared to the other data, it is not included in the table.

Country	Year	Asylum seekers 50+	Percentage 50+	Source	Asylum seekers Total	Source
Austria	2001	951	3,1	NGO	30300	NGO
Bulgaria	2001	23	0,3	NGO	8366	NGO
Germany	2000	1571,28	2,0	BAFL	78564	BAFL ¹⁴
	2001	1765,74	2,0	BAFL	88287	BAFL
Finland	2001	n.a.		n.a.	1651	Stat Fin
France	2000	n.a.		n.a.	38747	BAFL
Greece	2001	n.a.		n.a.	5499	BAFL
Luxembourg		20	2,9	NGO	689	BAFL
Netherlands	2001	n.a.		n.a.	32579	BAFL
Sweden	2001	825	3,4	Stat. Sweden	24000	NGO
Swiss	2000	910	2,5	NGO	35800	NGO
Spain	2000	72	0,9	NGO	7926	NGO
Czech Republic	2000			OPU	11 011	NGO

¹² UNHCR: Statistics and Registration: A Progress Report. (EC/50/SC/CRP.10) 7. Feb. 2000, paragraph 15

¹³ Legoux, Luc: *Les réfugiés âgés*, 1991. Published by: Service Social d'aide aux Emigrants, Paris 1991, p. 11

¹⁴ Bundesamt für die Anerkennung ausländischer Flüchtlinge d. Bundesrepublik Deutschland: *Zuwanderung und Asyl in Zahlen*, 2002

Denmark	2001	552	6,6	NGO	8375	NGO
UK	2000	1985,85	3,0		66195	
		Average	2,67			

Subsidiary protection and humanitarian status

An evaluation of the age structure of those granted subsidiary or humanitarian status could only be received from Bulgaria and Switzerland, with regional information from Sweden. Except for Sweden the percentage of older persons among refugees with subsidiary protection does not vary much from their share among asylum seekers. For Bulgaria there are data for refugees over 60. Their share in all categories of refugees is 0,3%. Regional results from Sweden show that the share of persons over 50 is only 0.5% among asylum seekers in this region, while they amount to 20% of the persons with subsidiary protection. In Switzerland this group amounts to 2.5% of all persons with subsidiary protection, similar to their percentage among asylum seekers.

Gender

Both data collected by UNHCR and the studies we analysed so far suggest that there are more women than men within the group of refugees aged 50 and over. One of the reasons for this is that women have a higher life expectancy, but the relative overlap of women can not be attributed exclusively to this fact, as there are far more men among younger refugees. This leads to the assumption that male refugees more often leave the country again or are naturalised more often than women.¹⁵ Our own survey did not cover this issue.

2.3 COUNTRIES OF ORIGIN

INFORMATION FROM EXISTING RESEARCH

Information on the countries of origin of older refugees is scarce. Literature analysed so far contains data of this kind but dates back 12 years or longer. In France¹⁶ more than half of the refugees over 60 were European in 1990, although they amount to only 13% of the overall population. Almost 50% originated from South-East Asia, 5% from the Middle East. Almost no other regions were represented in the statistics. However, the authors noted that that this ratio would change within the next 10 years, as the 50-60 year olds in 1990 had come from South-East Asia and Europeans were represented with only 20% in this age group. Refugees from the Middle East already amounted to 8.4% and those from America to 4.5 %. The number of European refugees was rather small overall, but they represented the majority of the older refugees and their migration dated many years back. It was expected that their number would decrease quickly due to mortality and the naturalisation by refugees from Poland, Czechoslovakia and Hungary, which amounted to 40% of all European refugees. The number of refugees from South-East Asia was high, but they were predominantly young and had migrated only recently. The share of persons of 60 years and more was 12.7%. Two out of three refugees from the Middle East were from Turkey, but there were hardly any older persons among them. In the case of refugees from America, refugees aged 60 and over amounted to 7.3% of the overall number.

The results of investigations carried out by the British Refugee Council contain estimated figures on the number of older exiles by country of origin, e.g. Poland (75,000), Vietnam (22,000), Lithuania (4,000), Armenia (3,000), Latvia (2,500), Czechoslovakia (2,000), Sri

¹⁵ Legoux, Luc, page 13

¹⁶ LEGOUX, p. 14ff

Lanka/Tamils (300), Ethiopia (95), Estonia (20-30), Uganda (16), and Latin America (2,500).¹⁷ As far as these numbers are concerned it is important to mention that all refugees age in exile, and they too have to be included in investigations of older refugees.

INFORMATION FROM OUR SURVEY

UNHCR statistics show that there is an uneven distribution of older refugees in the EU countries both with regard to numbers and country of origin. This is also reflected in the statements on the origin of older refugees in the returned questionnaires. In some countries refugees from former Yugoslavia is among the biggest group, and in other countries there is a considerable number of older refugees recently arrived from Afghanistan and Armenia. In the table below, there is no differentiation between asylum seekers and refugees, and the Swiss data also includes those admitted temporarily.

Main Nationalities of asylum seekers and refugees 50 years and older										
Austria	Afghanistan	Armenia	Iraq	Iran	Georgia					
Greece	Iraq	Turkey	Sri Lanka	Congo	Iran	Sudan	China			
Finland	Yugoslavia	Iraq, Russia	Iran, Somalia							
Luxemburg	Former Yugoslavia									
Spain	Colombia	Cuba	Armenia							
Switzerland (incl. temporary)	Bosnia-Herzeg. 1400	Former Yugoslavia (Kosova): 750	Sri Lanka: 531	Vietnam 488	Turkey 356	Afghanistan 201	Iraq: 189	Tibet: 178	Cambodia 157	Iran 148
Czech Republic	Russia	Ukraine	Armenia	Afghanistan						
Bulgaria	Afghanistan	Iraq	Armenia	Iran	Stateless	Syria	Turkey			
Germany	Bosnia									
Denmark	Iraq	Afghanistan	Bosnia	Kosova	Yugoslavia	Serbia	Iran	Palestine	Somalia	Macedonia
UK	European countries									

¹⁷ BRC: Age and Exile, p. 72ff

3. HOLISTIC RESPONSES TO INTEGRATION NEEDS

3.1 OLDER REFUGEES IN INTEGRATION STRATEGIES

Integration is defined by ECRE as:

- a) dynamic and two-way: it places demands on both receiving societies and the individuals and/or the communities concerned. From a refugee perspective, integration requires a preparedness to adapt to the lifestyle of the host society without having to lose one's own cultural identity. From the point of view of the host society, it requires a willingness to adapt public institutions to changes in the population profile, accept refugees as part of the national community, and take action to facilitate access to resources and decision-making processes.
- b) long term: from a psychological perspective, it often starts at the time of arrival in the country of final destination and is concluded when a refugee becomes an active member of that society from a legal, social, economic, educational and cultural perspective.
- c) multi-dimensional: it relates both to the conditions for and actual participation in all aspects of the economic, social, cultural, civil and political life of the country of durable asylum as well as to refugees' own perception of acceptance by and membership in the host society.¹⁸

However, this concept of integration does not appropriately reflect the needs and experiences of older people, especially those beyond employable age, as integration is a particularly difficult process for this group. As shown in the section on language barriers the ability to adjust to new circumstances decreases with age. In addition, even if older refugees had come young and had lived for a long time in the host country this does not mean that they feel integrated in the sense of having become part of the new society. On the contrary, as stressed by a representative of the Russian refugee community in the UK, older people in exile often “revert to their roots and feel themselves to be Russian, or, at any rate not English. Those who had little education and did menial work in some cases hardly learned any English at all, and in old age forget the little English they once knew. Although they have lived in England for seventy years they have never lived in English society, but in a refugee community...they ignore the English and English habits and customs as much as they can”¹⁹

Asking older refugees themselves

Older people in general are likely to be overlooked when their needs are to be examined, as it is easier to turn to professionals working with older people to get the information needed. In less time information about more people can be gathered. This applies even more to older migrants and refugees as questioning their individual needs and preferences takes time, requires interpreters and thus makes a representative study rather costly. But as the Dutch organisation Stichting BMP impressively shows through their study²⁰, it is more rewarding to address the concerned refugees themselves. This point has been backed up by Chenoweth and Burdick, advisors on many US programmes for older refugees, who argue against a single interview meeting, and in favour of a series of conversation, with or without other family members²¹. As Stichting BMP stresses, it is by this approach that also the potential of older refugees becomes visible and thus ideas to empower and strengthen this group can emerge.

¹⁸ ECRE, September 1999

¹⁹ BRC: Age in exile, p 23

²⁰ Stichting BMP 2002

²¹ ²¹ Chenoweth and Burdick, Refuge 20/1

Addressing Older Refugees as part of a community

Chenoweth and Burdick point out that programmes that help refugee families, or refugee communities in cases where there are no families, are the ones that the older generation can benefit from the most. Integration can be most easily facilitated when the entire family unit is functioning at a level of bi-cultural competence, which means becoming familiar with the new culture. This means that family carers have a proper basis regarding their housing situation, their income and their health. Only then is there “ample time and energy to see that the most vulnerable, elders and children are well attended.”²² For example, this can mean to help families overcome impatience with the elders’ slowness to learn the host country’s language. However, it also implies working with families to prevent that they take their oldest members off all responsibilities, be it because of an attempt to spare them failures, be it out of impatience or of a lack of trust into their abilities. In this way it is rather assistance at coping with the new roles exile poses on refugee families that would be recommended than addressing the older isolated from their surroundings.

INFORMATION FROM OUR SURVEY

In the course of our investigations we examined through questionnaires how far older refugees are explicitly included in statutory integration programmes. Here are some examples of programmes that take into account older refugees.

Spain

On behalf of IMSERSO (Instituto de Migraciones y Servicios Sociales), several NGOs run various programmes specifically aimed at facilitating the social integration of refugees in Spain. Under emergency allowances for vulnerable persons, refugees whose access to the labour market is deemed to be especially difficult are entitled to allowances covering the payment of rent deposits, housing rent and living expenses. Eligible persons are likely to be over 55 years of age, single women with children, young people, persons suffering from serious illnesses, as well as persons authorised to remain in Spain under the provisions of Section 17(2) of the Asylum Act (leave to remain on humanitarian grounds or for reasons of public interest) while awaiting the issue of residency and work permits.²³

Denmark

The local municipalities must offer an introductory three-year integration programme to all newly arrived aliens (with the exception of Nordic and EU citizens) over the age of 18 and below the age of retirement. The integration programme must start within one month following the alien’s settlement in the municipality. Persons who do not need or are not able to participate in the integration programme may be exempt, fully or partly, and for a shorter or longer period. People granted disablement pension may be exempt indefinitely.²⁴

Finland

All refugees – including those who wish to settle independently – undergo a special integration programme, which includes language tuition, adult education in Finnish society and culture, vocational counselling and on-the-job training. If necessary, they may also follow specific programmes intended to improve their readiness to working life and training. The content of the integration programme is drafted by the refugee him-/herself together with a

²² Chenoweth and Burdick, *Refugee 20/1*

²³ Liebaut, page 272

²⁴ Liebaut, page 57

representative of the municipality and/or the employment office. The maximum period for this integration programme is three years.

Sweden

Sweden does not have a law-based integration programme for refugees. Under the current system introduced in 1985, the National Immigration Board (SIV) concludes agreements with the municipalities regarding the reception of refugees (and certain other aliens) in their area. Each municipality receiving refugees must establish an integration programme, individually adapted to each refugee. In practice, the programme must be set up in consultation with the refugee him/herself and in partnership with the local employment office. Municipalities receive an extra grant if they receive older and handicapped refugees as well as unaccompanied minors.²⁵

3.2 THE SPECIAL NEEDS OF OLDER REFUGEES

Older refugees are not a homogeneous group. They differ in their origins, traditions and their different lifestyles prior to fleeing. Age sharpens individual strengths, weaknesses, needs and preferences. While recognising that it is important to address their needs as individuals, there are some issues, which commonly affect older refugees, making them a distinct group.

Low income

Refugees who arrive in Europe in their old age are unlikely to find a job and even if they manage to secure employment the question remains if they can collect enough insurance contribution years to be entitled to a pension. This problem applies to refugees in most European countries.

Language barrier

Language skills are a key factor in successful integration into a new society for all refugees. Older refugees might suffer from age related learning difficulties, and have in general more difficulty learning a new language.

Loss of social network and loneliness

In contrast to migrants who normally go to countries where they have some connections or where there already exists a community from their country / ethnic group, and also in contrast to refugees who arrive at a young age, older refugees often lack time and opportunity to develop new networks. The resulting problems of loneliness and total dependency on the family, is being pointed out in most studies consulted for this report. In terms of loneliness, having family members around you certainly eases the problem, but a study of loneliness among South-Asian refugee women in the USA²⁶ suggests that loneliness is not only related to whether older refugees are unaccompanied or not. According to these women loneliness is not only related to the desire for relatives and friends dead or left behind, but also to a loss of meaningful activity and of their social role. Additionally, feeling separated from the culture surrounding them contributes to their feeling of loneliness. As the authors put it “For these women, loneliness is associated with other feelings, and related to an awareness that nearly everything that was once a part of their world is now absent or drastically changed.”²⁷

²⁵ Liebaut, page 238

²⁶ Benett 1997:Loneliness in Cultural Context: A Look at the Life-History of older Southeast Asian Refugee Women

²⁷ Benett, p. 140

Loss of role models

Most refugees come from cultures where the experiences of the older generation are more cherished than in European culture. This is a point stated by older refugees from a variety of countries.²⁸ As a consequence, many older refugees experience an abrupt loss of their social role. In exile, the knowledge of the older refugees is less relevant, and often they cannot financially contribute to the family's existence. In effect, a role-reversal often takes place when the younger generation introduce the older to the new culture and explain it to them.²⁹

INFORMATION FROM OUR SURVEY

Questionnaires:

The table shows answers to our questions concerning special needs of older refugees and measures useful to integration. Exclusion from work, language barriers and integration barriers are seen as most urgent to be tackled.

²⁸ see BMP 2002, also interviews conducted for this project

²⁹ For example see Stichting BMP 2002, Chenoweth and Burdick, Refuge 20/1

Evaluation of questionnaires: Special needs of older refugees

Country	Special needs	Useful measures to integrate
Austria	<ul style="list-style-type: none"> • Social safety • Work • Health and geriatric care 	<ul style="list-style-type: none"> • Work assistance, integrative measure
Greece	<ul style="list-style-type: none"> • Serious health problems • Financial assistance 	<ul style="list-style-type: none"> • Special centres with advice • Social activities • Trainings and employment • Social welfare
Finland	<ul style="list-style-type: none"> • Protection, shelter, special aid for integration 	<ul style="list-style-type: none"> • Support own cultural way of living
France		<ul style="list-style-type: none"> • Easier access to language courses • Access to work • Social integration
Luxemburg		<ul style="list-style-type: none"> • Obligatory language courses • Earlier access to labour market for asylum-seekers • More understanding of their problems by host country • Less red tape !
Spain	<ul style="list-style-type: none"> • Regular income • Social security benefits 	
Czech Republic	<ul style="list-style-type: none"> • Preventive and curative health care, diet, 	<ul style="list-style-type: none"> • Special language courses • Interpreters for medical appointments and hospitalisation, buddies • Short asylum-procedure
Bulgaria	<ul style="list-style-type: none"> • Medical care communication with compatriots • Accommodation in homes for older 	<ul style="list-style-type: none"> • Involve in actions/assistance • Ensure accommodation and financial assistance • Facilitate communication with compatriots
Germany	<ul style="list-style-type: none"> • Mastering the new language: specialised courses would be useful • More spare time activities should be offered 	<ul style="list-style-type: none"> • Strengthening attempts of self organisation community work – • Offering activities that provide contact within the neighbourhood • Offers to approach the new country, offers for cultural exchange; excursions, cultural offers, sports
Denmark	<ul style="list-style-type: none"> • Being close to or live with family 	

Psychological and emotional difficulties of older refugees

Asked which expression would apply to their older clients, refugee-assisting organisations most frequently chose 'anxiety' and 'worry' to describe the psychological or emotional problems faced by older refugees. 'Depression' and 'loneliness' are also mentioned frequently. According to the refugee-assisting organisations, loneliness and a lack of communication as a barrier to integration do apply to older refugees more often than to others. Furthermore, the prolonged absence of friends and the feeling of being excluded from social life are often mentioned as problems, although some indicated that refugees meet friends regularly. According to the organisations the term 'sociable' does not at all apply to older refugees, and 'well integrated into the host society' hardly ever applies. An example we received from the Czech Republic shows the specific situation of older people that fled from the former Soviet Union.

A striking number of them suffers from psychological and mental health problems ranging from depression and neurosis to clearly psychiatric symptoms such as paranoid delusions. A particular problem for staff working with them is that they refuse any psychiatric treatment. As it turned out, this refusal relates to fear that medication would be just another form of oppression as which it had indeed been used in the former Soviet Union.

4. SPECIFIC INTEGRATION NEEDS

4.1 INCOME AND SOCIAL BENEFITS

Since in the case of older refugees employment is even more exceptional than for others they are highly dependent on social welfare regulations. To gain a picture of the financial assistance for older refugees one has to consider general regulations, since there are no special regulations according to age. The report on legal and social conditions and reception³⁰ explicitly states that older refugees have not been taken into account, as for example in Spain, where “in principle, social assistance is not available during admissibility procedure, but vulnerable applicants, such as one-parent families, families with young children, sick persons, and older or handicapped persons may be provided with social support from the time of the submission of their application, without it being necessary to wait for the decision to be made on its admissibility.”³¹ In many countries asylum seekers do not have a legal right to supplementary benefits, and in some countries not even the cover for basic needs is granted.

The Swiss study on welfare assistance systems for refugees investigates these differences in detail and suggests three categories to group the different systems according to their level of provision.

In this scheme Austria and Italy represent the category of systems with limited benefits, which applies to systems that grant assistance only for a limited period of time.

France and Spain are typical for the second category. These countries do grant comprehensive support, but only to a limited number of asylum seekers, while others hardly receive any assistance.

Systems belonging to the third category of comprehensive systems offer provision of accommodation and health care during the asylum procedure for all asylum seekers. This applies to northern European countries such as Denmark, Germany, the Netherlands, Great Britain and Switzerland.³²

4.1.1 Refugees' access to welfare systems and accommodation

The French study on reception conditions for asylum seekers³³ concluded that refugees who came to France at old age need supplementary benefits or similar support. Half of the persons interviewed received at least one kind of financial support, 14 lived in a home for the aged (with the costs covered by social security), even though they are not yet very old. Of 12 other persons interviewed six were supported by their families, three have jobs, and two receive small pensions and are supported by their children.³⁴ In 1990, an analysis of the financial support by the SSAE (social security office, support for emigrants) for refugees older than 60 showed disadvantages on a cumulative basis. 82% had little or no resources, 52% of the women and 33% of the men did not have an accommodation of their own. Half of them had lived in France for less than 5 years.

According to the British study *Age in Exile* on the foremost problems of the different ethnical groups, money is not a problem of utmost priority. Problems of language and housing rate higher more often.³⁵ Convention refugees are entitled to supplementary benefits, still the answers in the questionnaires concerning the estimated income situation show that many

³⁰ Liebaut, *Efionayi-Mder*, UNHCR:

³¹ Liebaut, page 267

³² Denise Efionayi-Mäder: *Sozialhilfe für Asylsuchende im europäischen Vergleich*

³³ Legoux

³⁴ Legoux, page 62

³⁵ BRC: *Age and Exil*, page 72 ff

people think that refugees live in poverty as compared to citizens of the country of asylum. The report lists special regulations for older Convention refugees in Italy and the UK. In the UK, additional benefits are available for older refugees or those with disabilities.³⁶ In Italy needy refugees are entitled to apply for financial assistance to the local Prefectures in connection with a specific integration programme. Vulnerable groups such as persons with a serious illness, older and disabled persons, also have access to the programme after six years of residence.³⁷

4.1.2 Entitlement to Pensions

Regarding pensions, refugees who come at old age are unlikely to meet the requirements to be entitled to a pension, as most European systems are based on the number of insurance contribution years. Non-contributory basic pensions that build on residence years instead of working or contribution years exist in Denmark, Finland, Sweden and the Netherlands. In these countries, in addition to an age of 65 – 67, a minimum residence of three years is required to be entitled to a basic pension. Most other countries restrict pension entitlements to those who fulfil a certain period during which contributions were being paid, with periods ranging from three years in Ireland, or five years in the Czech Republic, to 15 years in Austria, Spain, and Portugal, and 20 years in Italy.³⁸

INFORMATION FROM OUR SURVEY

Interviews

Out of twelve refugee interviewees only one had got a regular job, working at the age of 55 in a bakery. Another man had worked in his host country and was at the time the interview took place awaiting the decision about his pension claim. One woman had a part-time job in a refugee-assisting organisation, which helped her with her legal affairs. In summary, only one person was self-sufficient with the rest of the refugees and asylum seekers interviewed depending on some kind of income support and welfare assistance, be it social welfare assistance or maintenance for vulnerable persons.

Health care and special allowances

According to the eleven questionnaires providing information on this issue, refugees with Convention status are entitled to health care in each of these countries. Allowances that especially older refugees are entitled to, are known to exist in France, Switzerland and Greece, and refer to an age limit of 65 years. From the survey it has not become clear, whether these allowances are especially designed for older refugees or if any residents who meet the requirements are entitled to in. More details are shown in the table in Appendix C.

Pensions

Comments in the questionnaires on the issue of pension entitlements reflected the regulations laid out in section 3.1.2. Additional information was received from Bulgaria, where refugees are granted a pension on a needs-basis if older than 68 years. In Switzerland similar provision exists after 10 years of residence. As for refugees with Convention status they are entitled to pensions on the same conditions as nationals. These are the more difficult to meet the later the date of arrival in the host country.

More details are shown in the table in Appendix C.

4.2. ACCOMMODATION

³⁶ Liebaut , page 320

³⁷ Liebaut, page 174

³⁸ Eurolink Age:

INFORMATION FROM EXISTING RESEARCH

Fabrice Liebaut's and Tanja Blichfeldt Johnsen's study on Legal and Social Conditions for Asylum Seekers and Refugees in Western European Countries, ordered by the Danish Refugee Council, contains a survey on the accommodation of asylum seekers. Older refugees are not referred to specifically. However, the study explicitly mentions a special regulation for older refugees in Spain: social support may be granted to this group even before there is a final decision on their application for asylum.

The study carried out in Great Britain in 1988 repeatedly refers to the problem of a lack of appropriate accommodation, especially sheltered homes, nursing homes or homes with nursing care. The need for accommodation for mentally ill persons³⁹ was also mentioned, as well as the problems of refugees who feel isolated and unable to keep in contact with their religious and social groupings.

Housing problems were also often referred to by refugees in the interviews conducted in the French study. Some refugees were living together with their children, which half of the persons concerned called a problematic situation due to overcrowding and other reasons. Some refugees lived with friends, as they could not afford to rent a flat on their own because they did not have an income confirmation, which led to excessive rents. Additionally, the reality of being a refugee was seen to be one reason for problems on the housing market.⁴⁰

Time spent in reception centres

The period of time older refugees spend in reception centres or similar facilities deserves closer examination. In questionnaires returned from several countries it says that for one year or more asylum seekers live in reception centres that lack appropriate equipment for this group. According to the information we received, further problems related to accommodation are the lack of federal support to rent a flat, insufficient housing capacities and resulting homelessness, the problem of isolation in case of accommodation in remote areas, and central catering, which reduces the opportunity to consider special needs of older refugees.

Both literature and questionnaires analysed predominantly show the housing situation for asylum seekers, whereas there is hardly any information on the situation of refugees with Convention status or subsidiary status. There are some hints to integration homes and to prolonged stay in refugee camps due to a lack of housing facilities, but research has to be continued to get a comprehensive picture of the situation. Even if the acute housing-needs are solved, the accommodation in itself do not necessarily prevent the isolation of older persons. This is the result of investigations in Great Britain that stress a need for accommodation for older refugees.

Old peoples' homes and nursing homes for older refugees

In the UK, refugee community groups themselves have set up and run residential homes for their older compatriots since the 1950s. Almost all of these homes belong to refugee communities from East European countries, as they are the most long-established communities with an aging population. In addition to these homes for distinct nationalities, the British Refugee Council provided an old peoples' home open to all nationalities up until the late 1980s when it was closed due to the development of community services, which made the facility less needed and more difficult to maintain. Old peoples' homes for ethnic minorities are also reported from the Netherlands, and in most European countries the respective Jewish communities offer residential homes and a wide range of other services for

³⁹ BRC: Age in Exile, p.77f.

⁴⁰ LEGOUX, page 64

their elders. These approaches to accommodate older refugees most comfortable are also referred to more detailed in the Good Practice section.

An examination of life for older refugees in the province of Styria in Austria contains among other issues also an account about a nursing department for older refugees from Bosnia as part of a refugee's residential home. Run by a refugee assisting agency it was located in a middle-sized town and provided medical aid and nursing for 22 older refugees from Bosnia. Apart from the nursing department there was generally a large proportion of older refugees in this hostel and the staff implemented activities especially designed for the older residents, such as physical exercises and handcraft lessons to improve the quality of their lives.

INFORMATION FROM OUR SURVEY

INTERVIEWS

In contrast to research findings where housing was stated as a major problem⁴¹, the evaluation of our interviews shows a surprisingly high degree of satisfaction with the respective housing situation. An important factor to explain this contentness might be, that none of them has to share their room with strangers. Seven of them live in their own flats, including one woman who lives alone and six interview partners who have family members in the country and share flats with them. Only in one case were difficulties to adjust to this situation mentioned, as most expressed happiness to live with their children and sometimes grandchildren. The reason why also those five who lived in different kinds of residential homes are quite content with their surroundings appear to be due to factors such as home-ownership, and that each of them has a single room, some of them equipped with TV which proves to be an essential asset, especially if programmes from the respective home countries can be received.

QUESTIONNAIRES

The questionnaires returned contained little specific information on the situation of older refugees as far as accommodation and statutory support is concerned, which is partly due to the fact that there are no statistics on the age structure of refugees. In many questionnaires it is pointed out that the age of a refugee does not make a difference when it comes to accommodation, so that older refugees find the same conditions as others.

According to the information we received so far specific forms of accommodation for older refugees are not a systematic part of the support system for asylum seekers and refugees.

However, there are some examples of facilities designed for vulnerable asylum seekers and refugees, which are also designed to respond to the needs of the older. Descriptions of such institutions were reported from the Czech Republic, Germany, and from the UK.

Additionally, a study about the situation of older Bosnian refugees with temporary status in Austria has been found which contains an account of housing and care facilities for of the older generation of Bosnian refugees.

Czech Republic

The reception centres Kostelec and Orlici, opened in the Czech Republic in 2001, were designed to provide for all 'vulnerable cases', like unaccompanied minors, mothers with special needs, old people and others.]

United Kingdom

Desolate asylum seekers requiring accommodation is provided housing by the National Asylum Support Service in areas where housing is available. This generally means away from London and the south-east part of the country through a dispersal system. However,

⁴¹ see BRC 1988; Legoux

allowances are made for those with special needs, including people over the age of 60 who do not have to be dispersed.

The institutions contacted for this survey are not aware of any statutory programmes or assistance specifically offered to older people in the refugee populations, though a few local authorities have been willing to fund services for older people initiated and provided by refugee organisations themselves. An example of such provision would be drop-in clubs with advice sessions on specialist housing and advocacy with statutory authorities.

The British Refugee Council (BRC) currently provides community development support to refugee organisations wishing to set up services for the older people in their community. In the 1980s, the BRC used to run a residential care home for older refugees, but as communities developed their own resources there was decreasing need for this kind of support from a generic organisation. The BRC run home has since closed down.

Germany

Similar to the responses received from the Czech Republic there is no accommodation facility designed especially for older asylum seekers according to refugee-assisting organisations and other welfare organisations. However, special facilities exist for vulnerable refugees in general, including older refugees, handicapped and traumatised asylum seekers. These homes are set up through the initiative of welfare organisations. For example, in Berlin the German Red Cross runs a residential home for refugee women that focuses especially on those who, for different reasons, are not able to live on their own, among whom there are several older refugees. Because it was not originally designed as a specialised facility, the home has not got additional funding. This means that the staff can cope with the additional care of their vulnerable clients need only by the help of volunteers and students. Activities on offer include handcrafts, gardening, German lessons and also community work. Psychotherapy has been made accessible through cooperation with organisations specialised in this field.

4.3 LANGUAGE ACQUISITION

INFORMATION FROM EXISTING RESEARCH

Language skills always reinforce contacts with other people. They not only facilitate the access to the labour market, but better knowledge of the language also reduces the dependence on others and existing qualifications can sooner be reinstated. Getting in touch with neighbours, looking for apartments, further education, participation in social activities, visiting doctors, authorities, officials and many other things become easier by the acquisition of the language. Therefore, language skill is a key factor regarding refugees' abilities to deal with everyday tasks independently. Lingual uncertainties of older refugees often start a process of growing dependency on their children and grandchildren.

In the study *Age and Exile*, which examined refugee communities in Great Britain nearly all communities mentioned insufficient linguistic proficiency as one of the priority problems of older refugees. A similar French study found out that one third of the older refugees either did not speak French at all or spoke it poorly. The study also established a connection between linguistic proficiency and the reasons to choose a particular country for exile.⁴² This is exemplified in the case of refugees from South-East Asia, who often had very limited linguistic proficiency in French. For them, family connections rather than culture or language were decisive when choosing a country. Half of the refugees interviewed spoke French very

⁴² Id. page 44

well. They acquired their language skills when they were much younger, partly even before they left their country.

INFORMATION FROM OUR SURVEY

Interviews

In our interview guidelines questions relating to language acquisition aimed mainly on gaining information on the kind of language tuition that would suit older refugees the best. It turned out that mainstream language courses were often tried, but with little success. Of seven interviewees who once had started a language course three had dropped out. The reasons they gave for this were the too high speed of the course and an uneasy feeling being in a class with generally much younger people. “Most of the other participants were young and I felt I did not fit in” is how one of them describes his feelings. Though all of the refugees answering the question about language difficulties actually master their everyday life without much help, they make clear that they do not owe this ability to any courses. On the contrary, five of them dropped out or did not even dare to start a course for reasons they regard as age-related. Instead, they found their own way and did so by either making use of offers for single learning assistance or by studying all by themselves. Apart from the age-related problems, two respondents pointed out that another important weakness of mainstream language courses is that they usually take place during the day. These respondents never had the chance to visit a language course during their working hours of the day.

Information from questionnaires

The requirements for free access to language acquisition are different in the various countries of the EU. In principle, refugees with Convention status may attend language courses free of charge, but in a few countries these are only offered by NGOs. As shown in the table below attendance is compulsory in some countries. This is the case in Norway, Sweden, Finland and the Netherlands. Asylum seekers face far greater problems when trying to access language courses, and they often have to rely on NGOs for this. Often, these courses do not meet the needs of the refugees, and there are hardly any language courses aiming specifically at the needs of older refugees. This might cause troubles in terms of accessing legal advice, too, since there are not enough centres that offer advice in refugees’ languages. This is at least what we conclude from the questionnaires that contained information on this issue.

The following survey on language acquisition was compiled using the questionnaires returned and the study on Legal and Social Conditions for Asylum Seekers and Refugees in Western European Countries.

Country	Asylum seekers	Refugees with Convention Status	Refugees with Temporary Protection
Austria	Not entitled / offers only by NGO'S	Entitled, duration between 3-6 months	Only by NGO's
Belgium	Provided, limited places are available	Provided only by private organisations	Only by NGO's
Denmark	All asylum seekers are offered minimum 5 hours per week	18 hours per week. This can be reduced where classes are designed for illiterate persons	Offered
Finland	All reception centres offer language courses in Finnish or Swedish	Language courses form part of the integration programme	Language courses are offered in the reception centres
France	No statutory courses, only by NGO's	Compulsory language courses lasting at least 520 hours	Only in some accommodation centres
Germany	No statutory courses, only by NGO's	Entitled for a 6 months period	Not entitled
Greece	No statutory courses, only by NGO's or universities	Same situation as for asylum seekers	-
Ireland	No statutory courses, only by NGO's	Entitled	Entitled if they have residency documents
Italy	Only by NGO's and in some municipalities and authorities	Same situation as for asylum seekers	Same situation as for asylum seekers
Luxembourg	Language courses are offered but limited places are available, also by NGO's	Entitlement for refugees without resources only	-
The Netherlands	Entitled to Dutch lessons. Asylum seekers under the "self-care arrangement" have no access to language courses	Entitled to attend a compulsory integration programme with 600 hours of Dutch tuition	Same situation as for Refugees with Convention Status
Norway	Entitled to 250 hours with compulsory attendance	Entitled to 500 hours with compulsory attendance	Same situation as for asylum seekers
Portugal	Not entitled	Not entitled, only by NGO's	Same situation as for recognised Refugees
Spain	Only by NGO's and in some reception centres	Same situation as for asylum seekers	Same situation as for asylum seekers
Sweden	Entitled to 20 hours a week with compulsory attendance	Are entitled within the "Swedish introduction for immigrants"	Same situation as for asylum seekers
Switzerland	There is a opportunity to follow language courses which are organised by cantons in the first three months	Same situation as for asylum seekers	Same situation as for asylum seekers
UK	No special programme for asylum seekers. The same situation as for refugees with Convention status	There are no automatic or compulsory English language courses. Tuition is offered either free or for low fees	As for those granted Convention status or Exceptional Leave to Remain

4.4. HEALTH CARE AND INTERCULTURAL GERIATRIC CARE

Refugees are more at risk of severe illnesses than nationals and migrants. What has been suspected by many workers in the field of migrant and refugee health care was scientifically proved in a Swedish study that compared Latin American refugees, South European migrants and Swedish nationals. According to the results, being a Latin American refugee was the strongest significant risk indicator for acute illness, even stronger than life-style factors such as low material standard and overweight. Discussing the results the author empathises social degradation as a powerful psychosocial stressor and as a possible key to his findings, since many highly educated refugees have to work below their abilities and additionally have to endure discrimination and xenophobia⁴³

Since ageing is often accompanied by increasing health problems, access to the national health facilities for older asylum seekers and refugees is essential. Unfortunately, asylum seekers in virtually all European countries have only limited access and even refugees with Convention status are often subjected to limitations. For example, in Germany this group is only entitled to the range of medical services that is granted to recipients of social welfare assistance. But “access” is to be understood in a wider sense than mere legal entitlement – people also have to know about their rights.

Older refugees tend to approach relatives or their communities when they need to be looked after. Therefore, most service providers do not make efforts to adapt their provision to this group and even if they want to do so they first would have to know what these needs actually are. As the conditions of exile make it impossible for many families to rely exclusively on family care, a lack of acceptable institutional care of older refugees and migrants becomes more visible.⁴⁴

Older refugees and their families simply do not know about existing facilities. This becomes obvious as soon as information initiatives take place. These are the experiences of a staff member of an information series on health facilities in Netherlands for older people. “For nearly all participants the information was completely new. As their knowledge of the services increased, they developed an interest, ranging from hesitant to strong, wanting to make use of the various services. It appears, that many black and minority ethnic people have a need for meetings, various kinds of activities and small services such as special transport for older people, or alarm services. They do not ask for services which interfere too much with their private lives”.⁴⁵

A specific problem is that an inadequate knowledge of the language may make some older refugees delay asking for health advice. This can lead to a worsening of their health condition. Outreach services using those who can speak an appropriate language is a valuable method of helping older refugees, and methods to inform older refugees about these services are presented in the Good Practice section.

Health care and nutrition in camp situations

⁴³ Sundquist 1995

⁴⁴ The fact that care within the family becomes a value that is harder cherish in exile is owing to various circumstances. First, there is no extended family to rely on. Then, intensive care would put jobs at risk that refugee families hardly can afford. In addition intergenerational conflicts are likely to be reinforced in exile because the younger generation usually adapts more to the new culture.

⁴⁵ Netherlands Institute on Care and Welfare: 1998, p.65

A study carried out by the UNHCR in 1998 stressed the importance to take special care of the older generation as otherwise they run the risk of being over-looked and neglected, when resources are scarce and only the most vocal and active refugees are heard. In its examination of older refugees' situation in 1998 UNHCR discusses the question if new measures for older refugees should be implemented or if the danger of exclusion of the older is rather a question of access. In summary, UNHCR came to the conclusion that priority should be given to guarantee their access to mainstream measures and adjust them to their needs where necessary. For example, older refugees may need food that is easily digestible, but that need can better be met through appropriate planning within existing programmes. Although older refugees may have specific needs, UNHCR has found that they can best be assisted within overall protection and assistance programmes rather than through the establishment of separate services.⁴⁶

INFORMATION FROM QUESTIONNAIRES

The results of the returned questionnaires show that no special facilities for older refugees exist or that at least they are unknown to refugee assisting organisations. Nevertheless, projects that address the needs of older migrants do exist and they are useful for older refugees too. This will be pointed out in more detail in the Good Practice section.

Geriatric care

In the course of this survey we increasingly got the impression that facilities especially dedicated to the care for older refugees exist mainly in the UK as already pointed out in section 3.2. According to figures presented at the Conference "Age in Exile" in 1988 there were then 18 residential homes for older refugees throughout the whole of the UK. Five national groups were known to have homes for older refugees, namely Poles, Ukrainians, Belo-Russians, Latvians and Lithuanians. All in all there were 563 beds available, which certainly is remarkable given the total lack of comparable facilities in other European countries.⁴⁷

This number has diminished. For instance, of the then four Latvian residential homes at least one has been closed, one is still existent, and on the other two we gathered no information. An example of a home for older refugees of mixed nationality was Agnew home, run by the British Refugee Council. It was run in a way that furthered self-reliance wherever possible. Not only were residents expected to look after their rooms themselves, but also to contribute to the running of the house in some way, be it by helping in the kitchen or by taking over other everyday tasks.

Apart from "classical" residential homes for older refugees there are also examples of newer models like foster care, day care centres and flat-sharing models. Foster care and day care centres both address older people who are still able to live without nursing care. Foster care builds on relatives or neighbours willing to look after an older member of their ethnic community - assist him or her at daily tasks or even take them home and live with them. Day care centres for certain national groups are often offered together with other services by refugee community centres. Again, only examples from the UK are known so far.⁴⁸ Flat-sharing models have been reported mainly from the Netherlands where these groups are established not only for the native Dutch population, but also for the larger Dutch minorities, like the Indonesians.⁴⁹ Four to eight older persons share a flat and are helped and looked after by cleaning staff, and nurses and doctors respond to their health needs.

⁴⁶ www.un.org/ageing/prkit/oldermigrants.htm

⁴⁷ BRC: Age in Exile, p.58

⁴⁸ BRC: Age in Exile, p. 59

⁴⁹ Information by Stichting BMP

5. GOOD PRACTICE IN PROVISION FOR OLDER REFUGEES

5.1 RESPONDING TO THE NEEDS OF OLDER REFUGEES: EXAMPLES OF GOOD PRACTICE

From the answers to our questionnaire it is obvious, that a) scientific data on the situation of older refugees is quite rare, b) that the same is true for programmes that focuses on the situation of older refugees, and c) that if programmes do exist, refugee-assisting organisations do not possess much information about them. However, more than we hoped for, the specific situation of older refugees is being addressed by some projects. A large part of this support for older refugees is provided by refugee organisations themselves. This applies especially to the UK and the Netherlands. But also refugee assisting NGOs and mainstream health care service providers pay increasingly more attention to the older members of ethnic minorities and thus to refugees, too. Even if the larger part of projects and programmes we found addressed migrants in the first place, they are likely to be helpful to refugees as well. For any measures that are set up to help older migrants to access health and care services, any regulation that focus on non-contributory income at old age is for the benefit of older refugees as well.

It needs to be stated that most projects are limited to refugees with Convention status or subsidiary forms of protection. Thus remains an exclusion of asylum seekers from legal access to most services relevant to older people.

This section on Good Practice contains descriptions of programmes and services that take into account the special needs of older refugees or asylum seekers. As mentioned above many of them are not clearly designed for refugees, but rather for migrants and refugees – nevertheless they are listed as they can be accessed and are useful to older refugees, too. A considerable deal of the projects were discovered by Elizabeth Mestheneos, who kindly permitted us insight into her research upon which she built her conference statement.

5.2 PROJECTS TACKLING THE LANGUAGE BARRIER

As pointed out earlier learning a new language becomes considerably harder with increasing age. Thus, for older refugees it is most convenient to be provided with services in their mother tongue or with interpreters to be informed about their rights and entitlements. But despite age-related difficulties or lack of higher level of education, most older refugees try to learn the language of their host country and succeed if proper methods are being used. This chapter contains approaches to both solutions by presenting first, some examples of interpreting services and advice in refugees' native languages, and second descriptions of language tuition for older refugees.

5.2.1. Advice in native languages

Legal advice centres for refugees and asylum seekers often employ permanent staff drawn from the relevant refugee groups. As an example for this practice may serve the many projects set up by refugees (and migrants) themselves as the Centre for Armenian Information and Advice in London⁵⁰, and the Golden Years Club run by Latin Americans in London. But also NGOs of the host countries draw on refugees as advisers to guarantee mutual understanding

⁵⁰ Centre for Armenian information and advice "Hayashen", 105 Mill Rod, Acton, London W3 83 F, www.caia.org.uk

between organisations and their clients⁵¹. Last but not least, also public authorities have become aware of the necessity to make their information available in more than one language. The British Department for Work and Pensions may serve as an example of Good Practice in this regard as they provide their most relevant leaflets in nine different languages among which are many of the largest refugee communities such as Vietnamese, Arabic, Punjabi, and Urdu.⁵²

Health adviser / Switzerland

Published by the Federal Office for Health Issues, the Swiss Red Cross and Caritas Switzerland, the booklet “Health Adviser” contains information on what to do in case of emergency, who to turn to, who will cover the cost of a treatment, how to lower insurance premiums or why additional fees have to be paid. Additionally it provides answers to the 20 most frequently asked questions concerning illness. A glossary explains important medical terminology, and the publication finally also offers a list of the most important social services. The booklet is published in 19 languages: Albanian, Arabic, Bosnian, German, English, Farsi, French, Italian, Croatian, Portuguese, Russian, Serbian, Somali, Spanish, Tamil, Thai, Turkish, Urdu, Vietnamese. It is already available in English, German, Spanish, Italian and Portuguese.⁵³

5.2.2. Interpreting Services

Special centres offer cultural mediation, translation and interpreting facilities.⁵⁴ In some cases, these services are offered by refugee-assisting organisations themselves. But for some authorities it is also common to employ professional interpreting services. Local, police, judicial, welfare and health authorities and services can arrange to use these services on a paid basis. In the UK the Hammersmith Health Authority pays for the use of the Centre for Interpretation and Translation Access by GPs and health centres.⁵⁵ In Rome, CIRE trains and uses refugees as self-employed interpreters, and in Belgium there is a network of intercultural mediators who accompany managers of services during initial contacts with clients and help introduce the home helpers.⁵⁶

In addition to this there is also a market for telephone interpreting services. It is to be doubted if they are used much by refugees themselves as they work on a business basis. Instead, these are used mainly by public bodies dealing directly with refugees, such as benefits agencies, employment services, police forces and health authorities. The two next possibilities to overcome language barriers were reported from Switzerland, in which – being a multilingual nation – information in various languages is quite common.

Professional interpreting and cultural Mediation

The Swiss association *Interpret*, founded in 1999, is an interest group for the promotion of translation and cultural mediation in the health, social and education area. The organisation supports the exchange of experience and the networking of persons and organisations, which

⁵¹ An overview of the degree to which this practice is common in different European countries is provided by the study “Refugee Employment in Europe”, carried out by the British Refugee Council, 2002

⁵² www.dwp.gov.uk

⁵³ Information: Swiss Red Cross, Iris Stucki, Rainmattstr. 10, 3001 Bern

⁵⁴ For example prestigenetwork Translation and Interpreting for Ethnic Minority, Asylum Seekers and Refugee Languages, UK, www.prestigenetwork.com

⁵⁵ Centre for Interpretation and Translation Access, 271-273 King Street, Hammersmith, W6 9LZ, +02082332829.

⁵⁶ Menestheneos Elizabeth: Good Practice-working document (unpublished)

are working as interpreters or co-operate with interpreters in the health, social and education area.⁵⁷

5.2.3. Language tuition

Despite the learning difficulties many older refugees suffer from, most of them express that they wish to achieve command of the host country's language. The interviews conducted for this survey show that older refugees can very well succeed to learn a new language. Out of the sample of twelve interviewees the majority had managed to achieve sufficient knowledge of the language to manage everyday duties. The remarkable point about that is the fact that only two of them felt that they owed their language skills to the courses they had followed. If a conclusion can be drawn from the experience of these refugees it would be a recommendation for single tuition as a complementary way to achieve proficiency in the language of the country of asylum. One example earns special attention as it shows how through very simple means, learning a language at old age can work. A female refugee reported about her constant dropping out of French courses before finally finding a solution: "I was often mocked by other young participants and finally decided to give up. The insecure future also played a part in this decision. Currently I take private lessons (twice a week) by a woman of my age who also became my friend."⁵⁸

Another recommendation is suggested by a refugee interviewee, who started to work soon after arrival in order to maintain his family. Thus, he never had the chance to attend a language course. He suggested that language courses should be offered directly at the workplaces of refugees so that they can attend even if they work in shifts.

If language courses are designed to especially meet older peoples' the results are more positive. Positive experiences with language classes needs show different results. Based on their own experiences, a team of advisers to refugee elders programmes in the USA recommend the following conditions to teach older refugees. "Taking into account older people's needs in the first place means that they need to have a class of their own. Shame due to decreased learning capacities as well as the feeling not to fit in a class of mostly younger ones are important barriers to participation in mainstream courses. Then, programmes, usually designed for employable adults have to be redesigned to prepare older refugees for the situation the encounter in their everyday life. Also the health state of each student has to be taken into account in terms of the design of the curriculum."⁵⁹

A variety of levels: Ireland

An example from Ireland shows a way to take account of different learning capacities by courses aiming specifically at people who are unable to participate in regular courses. The Refugee Language Support Unit was established in 1996 by Foras Aiseanna Saothair (the Training and Employment Authority) in collaboration with the Department of Education and Science and the Centre for Language and Communication, in order to provide direct language services to refugees. The Refugee Language Support Unit currently offers free of charge a number of language classes at various levels for refugees (all categories) in order to prepare them for living and working in Ireland. "The unit (the Training and Employment Authority) has a programme (Community Outreach Programme) for refugees who are unable to access the formal English classes. This project enables women and older people to participate in Irish society to a greater extent. The criteria for persons who are eligible for this service is as

⁵⁷ Interpret, www.inter-pret.ch

⁵⁸ Interviews for the project "Reception and Integration of Older Refugees", interview 8

⁵⁹ Chenoweth and Burdick, Refuge 20/1

follows: lack of child care facilities, distance to travel to classes; age complications and difficulties.“⁶⁰

A combination of teaching methods: Sweden

An organisation in Northern Sweden, one of whose core activities is refugee education, developed a very individual method. The concept combines individual computer-based learning programmes and group classes, as well as weekly individual interviews with the participants. One of its inventors describes it as follows: “Our system is based on very small groups of between four to ten participants maximum. The basic method is called the "portfolio method", which means that every participant on the very first day of classes receives a "briefcase", for saving documentation. At the beginning of every week, the teachers and students have an individual conversation and plan the weekly activities. If a student feels that she needs to work more on her oral skills or pronunciation, this is included as an extra goal. At the beginning of the following week, they then go through and evaluate the work done the previous week. Was the goal met? Did she do any better? If not, why, etc. It is much like a coaching exercise”.⁶¹

As the practitioners point out, the main point is that every student plans for her own improvement based on her own needs and tempo. In addition to the usual group teachings, participants are provided with a computer with special 3-dimensional computer programmes that were originally developed for people with dyslexia. The programmes contain pictures, pronunciation, and written language. If a student has heard the word, she will be able to connect it to the picture and maybe learn to write the word. Though the organisation had to face additional costs at first, as teachers had to be trained and expensive programs to be bought, it turned out to lower cost in the long run, since the need for translators fell.

5.3 PROJECTS PROVIDING INTERCULTURAL HEALTH CARE

The question of health care first poses the question of how to access it. Regarding older refugees and asylum seekers a main obstacle to access to health services lies in an often restricted legal access to the full range of existent health services. In case of asylum seekers these restrictions in some countries come near to total exclusion from the respective social system (see the section on survey results). Another obstacle is a monolingual information policy which leads to the fact that many services such as meal-delivery-services, mobile nurses or home helps are unknown to refugees. A third reason why refugees, even if they are entitled to do so, make less use of health services than nationals lies in the fact that many of these facilities do not fit their needs. In the following section some models show how services can be adapted to be attractive to older people of different ethnic background. But even if services are attractive, refugees still must know about them and dare to try them. Special efforts by both refugee organisations and community service providers are required to ensure that the latter are aware of the specific needs of each refugee community group. Therefore, at the beginning, there are two models that focus on raising awareness among care providers, followed by examples of different ways of addressing and informing older refugees.

5.3.1 Sensitising care providers

Given the number of recent conferences and publications on the issue of intercultural care⁶² it

⁶⁰ Liebaut p. 160

⁶¹ Roya Razani, Studieförbundet i Umeå, Ridv. 5, 903 25 Umeå

⁶²e.g. Germany: Älter werden in Deutschland: Fachtagung zu einer Informationsreihe für ältere Migranten, 2001, published by Beauftragte der Bundesregierung für Ausländerfragen; Workshop Präsentation und Perspektiven

seems as if the subject has raised increasing interest among care providers. Methods of how to meet older refugees' and migrants' needs are at least discussed and in some cases also put into practice.

Charta on intercultural nursing

German welfare institutions put down their commitment to an intercultural approach in all their services and at all levels in the so-called "Charta of cultural-sensitive care". The signatory organisations are concerned that older people of ethnic minority origin scarcely make use of available supporting structures. They believe that this is not only owing to language barriers and thus a lack of information, but also to fear of unknown institutions and to the fact that German health and care institutions are not designed to suit people of different cultural and religious background. The Charta calls for implementing efforts directed towards all relevant actors in the field, to ensure that persons in need of nursing care receive this care in a way appropriate to their religious and cultural values. The recommendations stress the importance of involving self-organised groups of migrants and refugees in decisions, and to reward their efforts with adequate funding. They also call to appreciate migration experiences of job applicants as special assets and to provide native staff members with training towards intercultural sensitivity. Along with the Charta an implementation guide has been published that supports institutions in designing offers and daily routines.

The Cultural Care Kit

A non-European example that might serve as a still more practical example of Good Practice is a package called "The Cultural Care Kit". It is available for health service and care providers and contains information on relevant refugee and migrant communities residing in Australia. Each community section comprises of background information on traditions, food and diet, religion, language, including phrases relevant to care. Furthermore attitudes to residential care and hospitals, and to sickness itself are described as far as they can be generalised.⁶³

5.3.2 Addressing older refugees

As pointed out before, attempts to make refugees and migrants aware of the supporting services they are entitled to have already started. However, the ways and methods on how to mainstream health care provisions so that they take into consideration refugee community groups' needs differ. Whereas refugee and migrant community initiatives struggle for acknowledgement and funding from the host society rather than for acceptance among their compatriots, mainstream care providers face the opposite difficulty. Eventually they need to prove wrong the bad experience / perception refugees are likely to have of the European way of caring for older people.

Approaches of mainstream service providers

An example of what mainstream service providers can do is the information series, which have been developed in the Netherlands and since then adapted to the local conditions in Germany and in Belgium. The information series addresses mainly older migrants and is up to now available in Turkish and Arabic. The method is to tackle first two essential emotional barriers that keep migrants and refugees from even thinking of making plans for their old age. The first barrier the authors describe as the illusion of return. It addresses denial that a return to the home country in many cases actually has become unrealistic – be it for medical or economic reasons, or for a lack of kin and relatives there. The second barrier is called the

innovativer Projekte zur sozialen Integration älterer MigrantInnen, 2002; Switzerland: Fachtagung Alter und Migration 1999; Netherlands: Growing old in a multicultural society, 1998, published by Netherlands Institute for Welfare and Care

⁶³ Residential care rights (rcr), www.sa.agedrights.asn.au/rcr/publications.html

illusion of the ever-supporting family. It has repeatedly turned out that, under the circumstances of life in exile, intergenerational bindings become looser than they are supposed to be in many refugees' and migrants' cultures.⁶⁴ The information series builds on several meetings in a fixed group of which the first ones focus on these subjects by the help of a video with typical, but controversial statements on return and intergenerational solidarity. Only afterwards is it useful to provide information about legal entitlements – for example how pensions can be received abroad – and on facilities for older people - like mobile services. The series turned out to be very successful in terms of the degree of interest and the higher level of information it causes wherever it is run. Although it is carried out by culturally mixed teams, migrant and refugee representatives criticised it as an approach too costly and expensive – and thus preventing refugees' own initiatives in terms of funding - for a target they could reach themselves more easily.⁶⁵

Addressing older refugees – approaches by refugee communities

A lot of health education and information on matters relevant to older people is done within ethnic minority clubs and advice centres. Regarding the UK, a representative from the Standing Conference on Ethnic Minority Senior Citizens stated that “the lack of the statutory sector has resulted in the emergence of a large number of self-help initiatives.”⁶⁶ These take different forms including clubs, day centres or even sheltered housing for the relevant group. To give an example of the wide range of activities offered, an extract of the programme of The Armenian Senior Citizens club may serve as an example:

The club is open twice a week and any person over the age of 55 can freely come and join. Regarding the programme one has the choice between regular activities such as Bingo or other games, Armenian dance and sing-along or shared lunch. Occasionally, special events are organised, such as talks about older peoples' needs chaired by a representative from the local social services, and videos on relevant subjects such as health promotion or protection from burglars. These programmes are carried out as vividly as possible. For example, an evening of health promotion means, apart from hearing about dietary recommendations, also to taste different sorts of health food. Special events also include activities that help to cherish traditions like cooking Armenian dishes and of course Armenian festivities are celebrated.⁶⁷

Similar clubs and meeting points exist in bigger cities, either for all generations of a certain ethnic community or, less frequently, particularly for the older. Certainly these facilities only make sense if the respective community is large enough and it needs the commitment of many to found them. Among those mentioned to us in the questionnaires were an Afghan club in Sofia, Bulgaria, a variety of national clubs in Germany, one of them a very active association of Persian refugees to which also a considerable number of older refugees belong. As far as we know refugee organisations or ethnic community organisation exist in every European country. Therefore it was striking that about half of the returned questionnaires did not contain any information on that subject. However, the questions pointed mainly at information about special provisions for older and as clubs for older are quite rare it is likely that the organisations we requested have no knowledge about the ones that do exist.

5.3.3 Services appropriate for older refugees living on their own

Meals on wheels⁶⁸

⁶⁴ Beauftragte der Bundesregierung für Ausländerfragen: Älter werden in Deutschland: Fachtagung zu einer Informationsreihe für ältere Migranten, 2001; conference documentation

⁶⁵ The mentioned critic refers to a private discussion taking place at a conference where this model was presented

⁶⁶ BRC: Age in Exile, p20

⁶⁷ Centre for Armenian Information and Advice, www.caia.org.uk

⁶⁸ This section is taken from E. Mestheneos, 'document Good Practice towards older refugees

Where meals delivered to the older person's home are part of mainstream provision, some local authorities have adjusted them so they are culturally appropriate to the needs of refugees and migrants. Thus in West London kosher, Halal, vegetarian, Asian, and other meals to cover special dietary needs, are delivered to those who cannot cook. Since mobility and language problems may cause problems with shopping and tasks with banks and services, the role of voluntary and paid helpers is critical and many refugee communities, voluntary organisations and local authorities provide such services enabling older people to stay in their home. However, not all refugee or migrant groups will accept or pay for home care services seeing this as part of some female relatives' normal role.

Sports and health promotion

Exercise classes and health advice is undertaken in many clubs and community centres serving older refugees and is playing an increasing part in health care for older people. Ensuring that older people from minority backgrounds, including refugees, participate in such activities, has been the goal of several efforts in Europe.⁶⁹ Exercise classes designed for special groups of older refugees have been developed, e.g. exercises for Muslim women.

Recreational holidays for chronically ill older refugees

The refugee department of the Bulgarian Red Cross is struggling with a high number of chronically ill and disabled cases. The rates are especially high among the older refugees, where hypertension, diabetes mellitus and heart diseases prevail. In order to improve their state of health a project proposal has been submitted for funding. In case the funding is being granted, ten refugees of 65 years of age or over would spend 14 days in a rehabilitation centre specialised on cardiac diseases and profit from additional treatment like physiotherapy.

5.4 PROJECTS PROVIDING GERIATRIC CARE

Institutional care is a crucial subject for older people. This is true in general, but even more so when connected with the challenges exile poses upon an individual. Even if institutional care, through old people's homes and nursing homes steadily improve – it still has not got rid of its threatening meaning for most nationals. The prospect of spending one's last years in a residential home is even more horrible to refugees. Although this might partly be owing to a lack of information, it has to be admitted that no amount of information would suffice to change the actual difficulties, which ethnic minorities and refugees are likely to face if they are to live in an old people's home. Apart from homes that are run by ethnic communities, there is hardly a chance that older refugees will receive care from nurses to whom they can express themselves in their mother tongue and also it is unlikely that they will find compatriots among the residents in a "mainstream" residential home. However, there are approaches that seem worth following, such as supporting institutions that are founded and/or run by refugees and migrants themselves.

5.4.1 Residential homes for older refugees

Of the residential homes for older refugees referred to in the section on survey results some still exist, others have been closed down or proved underused as the refugee generation died. In addition, increased home care support means many older refugees can stay in their home. Also legislation that enforced expensive construction standards on facilities might have contributed to the closure of some residential homes, as reconstructing and maintaining them became unaffordable. However, despite new developments in care for the aged, and

⁶⁹ Agewell has a Sports Coordinator that runs activities such as rambling, especially for ethnic minority people.

regardless of the fact that “classical” old people’s home may seem antiquated, nowadays these models of residential care designed for special cultural and traditional preferences are certainly worth looking into in more detail. This chapter presents different models.

Rowfant House – a home for Latvian older and others

Rowfant House was founded in 1953 and is run by the London Latvian Evangelical Lutheran church. The church is operating accommodation for people of various religions who are equally helped to attend their respective services. Presently 27 residents live at the premises, 17 of them in the residential home - assisted by nurses, and ten in the main house with less intensive care. Usually there is a waiting list with presently eight applicants on it. Three or four years ago, when the demand was lower, more English born older people joined and they now make up a quarter of all residents. According to the director of the residential home this mixture does not cause any problems. It has to be added that the Latvian residents all speak English too. The staff is Latvian and British. As the house is surrounded by 24 acres of parkland, walks and gardening are popular occupations. Outings and special events, for example a concert with Latvian music, are organised frequently. What seems remarkable is that some of the present residents have lived there for about 30 years and feel more at home at this place than anywhere else. According to Mr Kadiyski it is not only the company of people sharing the same language that draws older Latvians there. It is also the prospect to be understood - in a deeper sense - by people who have gone through similar traumatic experiences during the war. Rowfant House can care for its residents until very late and only in a few cases has it had been necessary to transfer them to a nursing home with intensive medical care.⁷⁰

Residential homes for recently arrived refugee groups

There are sizeable recently arrived groups of refugees, such as the Vietnamese and Chileans, who now have to confront how best to provide support to those who are ageing in exile and who may need residential facilities. The An Viet Housing Association in the UK has developed special sheltered housing for Vietnamese older people in London. Another example of a newer residential home – though designed for migrants in the first place, is the Dutch Transvaal nursing home. When more older people of Hindustani-Surinamese origin were admitted, it was observed that these new residents had difficulties to settle in. Therefore a working group was established to discuss possible changes to their integration. Bilingual staff members were appointed, and the menu was adjusted to the Surinamese taste without putting off typical Dutch dishes. The daily nursing routines are sensitive to the religious duties of the residents. For example, Hindus are used to pray before sunrise, and are therefore washed even earlier when it is still dark. Equally, Muslim residents are not interrupted during times of prayer.

5.4.2 Support for carers⁷¹

Support for older refugee carers, especially those looking after spouses with dementia or Alzheimer’ disease, represents an additional issue since existing facilities and services may be inadequate or non-existent for foreign language speakers. In Scotland, three agencies - Age Concern Scotland, the Alzheimer Scotland Action on Dementia, and the Dementia Services Development Centre at the University of Stirling - have collaborated in pushing for the development of services such as respite care and setting up day care centres to support dementia sufferers and their carers from minority ethnic groups. The Jewish Care Scotland also provides a community based dementia care resource for a minority group including many refugees. Support for carers is also provided by the Centre on Armenian Advice and Information in London by offering to provide care-givers with a deputy to allow them a break

⁷⁰ Telephone interview with Mr. Kadiyski, Director of Rowfant House, December 2002

⁷¹ This section is taken from E. Mestheneos’ document Good Practice towards older refugees, 2002

from their tasks. Finally, Alzheimer's Concern Ealing offers weekends for Asian patients and care-givers with joint recreational activities at their centre, supported by medical personnel speaking the relevant languages.⁷²

5.5 PROJECTS FURTHERING PSYCHOLOGICAL STABILITY, SELF-EXPRESSION AND SELF-CONSCIOUSNESS

The psychological strains older refugees are exposed to are manifold as age related difficulties and the strains of exile collide. Role-loss and lack of meaningful tasks, dependency on others in many aspects and usually a bad financial situation, are only some of many factors which can cause mental ill-health and depression. In addition, traumas experienced at an earlier stage of life often reoccur at older age. Death of close friends, poor health or other bereavements can work as trigger that brings back the past. In these cases, psychotherapeutic help can be offered in many ways and on different levels to assist.

5.5.1 Psychotherapy for torture survivors

Services for survivors of torture and war-related trauma are available in most European countries, either by specialised centres or by specialised psychotherapists. These offers are directed to refugees of all ages. Psychotherapy is something many refugees are not accustomed to. On the contrary, the very word evokes connections with madness and therefore the recommendation to see a psychotherapist can be upsetting. This and the often joint appearance of mental and physical problems lead to the frequent observation that the first contact is commonly established on occasion of a physical complaint. As an illustration may serve the Jewish psychosocial ambulance ESRA (Jewish for "assistance") in Vienna. This centre maintains a department where the staff focuses on the treatment of heavy pains. In most cases the pains do not have a physical source, but are related to experiences of trauma and loss. Encouraged to talk about their pains, but also their life, history, etc. patients open up and follow treatment they might have objected to, had it been presented with the psychotherapy label.⁷³

5.5.2 Projects furthering Self-expression

Mobilising the creative powers of older refugees can serve as a useful activity or, even therapeutic method. Such approaches are found as a regular part of the residential homes and clubs mentioned earlier. For example, art and art therapy is used very intensively by the Latin American "Golden Years Club" which offers art education and practical courses in art and handcraft at its day-centre. A similar project including various forms of art and various ways of self-expression will hopefully get off the ground by the Dutch organisation Stichting BMP in the near future. After a previous project the core of which were interviews with older refugees the staff realised that too few of the strengths and resources of older people is visible – both for the public and for the refugees themselves. Therefore, the project will give older refugees the tools to transfer their experience, their wisdom and creativity into a theatre play, music, poems, and drawing to encourage them to dare a try.

5.5.3 Self help groups

Many self-help groups have been established by holocaust survivors, with or without a chair of psychotherapists. Therapeutic work can help survivors to express feelings that might have suppressed for decades. But a therapeutic setting still involves patterns that keep clients rather in the position of sufferers than of survivors. In contrast to this, self help groups have a

⁷² Netherlands Institute on Care and Welfare, p.55

⁷³ David Vyssoki in his statement about ESRA at the Conference on Reception and Integration of Refugees, Vienna 11-13 October 2002

different, more political focus. A member of the Jewish Welfare Board, supporting these groups to get off the ground describes the difference: “They are not clients, they are not psychiatric cases, but they recognise their needs – to act as a ‘political group’ representing survivors; to bear witness and teach others what really happened. In the group they do not need to explain what happened to them, so they don’t need to talk about it all the time.”⁷⁴ But also the Polish Women’s Association in Edinburgh, founded already in 1947, is reported to still be an important means of support in the life of Polish women in exile. Basically all initiatives that aim at bringing together people in exile might be regarded as self-help approaches as they prevent loneliness and thus combat a major cause for depression.

5.5.4 Reminiscence work

Work with life histories can be used as tool of oral history, but more often it is chosen as a therapeutic method and also as to achieve a holistic understanding of older people. In a therapeutic setting reminiscing proves particularly helpful with people who suffer from dementia. As a tool to understand older peoples’ perspectives it has been used by social workers. Since age organisations have specialised on the issue of reminiscence work, methods and materials have been developed for many purposes⁷⁵. The basic pattern remains similar in all applications: older people are encouraged to recall their past experience with regard to a special subject, which might be as different as games of their childhood, the celebration of festivities or health and social welfare in earlier times.

Reminiscence work carried out with refugees might help them to raise self-esteem and also an ability to reconcile their past, which tends to revive at old age and usually brings painful experiences back to the surface. In addition, if raising awareness goes beyond the refugee community and an output of reminiscence work is made available for the public, then the project can also help to promote a wider understanding of refugees’ situation. A project of that kind was carried out with Vietnamese refugees in the borough of Lewisham in London. As it took place in a frequently visited Vietnamese elderly club it could be smoothly integrated into the regular activities of the club. As the founders recall, the idea was mostly to enhance the self-identity of the Vietnamese elders by discussing common experiences. It worked out and the group proved strong and sensitive enough to assist those who were at some times overwhelmed by memories too hard to bear.⁷⁶

Reminiscence work takes different forms. A Dutch project focused on the history of a multicultural neighbourhood, using three different national groups –from Turkey, Morocco and the Netherlands – to put together the puzzle of this distinct place from different perspectives. These groups worked separated at first and were brought together in a second phase. The result was an exhibition at the local museum and a video – both covered widely by the media.⁷⁷

The Age Exchange Reminiscence centre work with various groups of refugees, according to current projects. Whatever the subject, the centre according to its self-understanding “aims to improve the quality of life of older people by emphasising the value of their reminiscences to young and old, through pioneering artistic, educational and therapeutic activities”⁷⁸. Their current project is a collaboration between Age Exchange and the National Maritime Museum. It features memories of ethnic minority elders who came by sea to Britain in the years after

⁷⁴ BRC: Age in Exile, p.65

⁷⁵ Publications on reminiscence projects are available at Age Exchange as well as Guides and trainings for practitioners. www.age-exchange.org.uk

⁷⁶ see BRC: Age in Exile, p. 38 ff.

⁷⁷ NIZW/NPS: Een Buurt vol Verhalen. Presented at the conference „Presentation and perspectives of innovative projects for gehe social integration of older migrants, 2002.

⁷⁸ www.age-exchange.org.uk

the war. A complete environment has been professionally designed with an original map of the world from the point of view of interviewees, individual life story books and edited sound tapes featuring the words and chosen music of interviewees from many countries.

5.6. PROJECTS PROVIDING SOCIAL AND OTHER ACTIVITIES

Liz Mestheneos states in her collection of projects for the benefit of older refugees that: “befriending by members of the host community or by those drawn from the same refugee community, is very common. Given that social services are often unable to access all those in need of social and welfare support, and that one of the most striking and difficult problems is extensive loneliness amongst older refugees, befriending represents a very important action for volunteers.”⁷⁹

5.6.1 Bringing together host society and refugee elders

One of these attempts is a Danish project carried out through a co-operation between the Danish Age Association and the Danish Refugee Council. Recognising widespread loneliness among older refugees living in Denmark they ventured to sensitise local old peoples’ organisations to pay attention to this group and discuss if and how refugees can be involved in their activities. The first experiences of this sensitising phase show ambivalent results. Many do not understand why or how they should care for others of their age, if they have neither language nor memories to share. But many are very interested to learn to know people of different ethnic background and are willing to think about activities that bring people together, despite the language barrier. Activities such as dinners with traditional dishes of each group, listening to each other’s music and trying to learn their dances are very popular.

A similar exchange project has been reported to us from a day-care centre in Austria, which at the peak of Bosnian refugee influx organised mutual visits between the residents of a refugee hostel and the guests of the day-care centre. Not only food and music were shared, but also memories. The old Austrian people told the refugee children how they, too, had been frightened during the war when they were children or young adults, and the refugee children spoke about how they only recently had to leave home and arrive in an alien country.

5.6.2 Bringing together compatriots

Under this category we find an array of clubs and advice centres that run activities like video evenings, discussions, lectures on health promotion, safety or other subjects, outings, lunches, dances and other subjects offered particularly for older members of refugee communities. These classical approaches are nowadays complemented by projects employing new media, for example the *Age and Ethnicity Network* that provides on its website not only relevant links and useful information but also the possibility to become a member of the network community and enter into chats.⁸⁰

Different to the other projects in this category, a neighbourhood project in Vienna focuses on strengthening contacts between different generations. This is being done in a public park, a place people of various cultures and generations have to share, which often leads to conflicts. Since many years, social workers have been called into some Vienna’s parks to further mutual acceptance of generations and people of different cultural background. One of their projects has brought together older women from Turkey and Arab countries with girls from different cultures. The older women gave the younger ones a lecture in belly dancing, in which they

⁷⁹ Mestheneos, Elisabeth: Good Practice towards Older Refugees, working document 2002

⁸⁰ Age and Ethnicity Web; www.aeeweb.org

taught them the traditional movements, but also to colour their hands and to pick and arrange adequate clothing. In short, they showed them parts of the female culture of the countries they themselves or their parents come from.⁸¹

The example of the Armenian citizen club had already been given with regard to how refugee communities address their older members. To give a better picture we introduce a similar programme, offered by ESRA, the Jewish psychosocial centre in Vienna. It addresses the needs of older people of the Jewish community in Vienna. Among those there are older refugees who fled from Austria during the nazi regime but came back at old age, and also older migrants who have left Russia and its former republics. Although there is a mixture of countries of origin, languages and reasons for migration, the centre tries to set up a programme suitable for all of them. This includes three main features:

- Kosher Lunch - offered Monday to Friday at a reduced charge
- Social club - runs twice a week as a 'Viennese coffee house' with afternoon refreshments and opportunities to meet other people
- Cultural events – with exhibitions, lectures, concerts, films etc. Clients are also invited to exhibit their work

In order to cope with the diversity of their clients ten different languages are spoken by ESRA staff and additional interpreters are called in to assist if native speakers are not available and a client's knowledge of German is insufficient. Due to the manifold difficulties of their clients, e.g. their legal status, lack of entitlements to financial assistance, health problems and severe traumatisations, a multi-professional team is employed in the centre. This team includes psychiatrists, psychotherapists, social workers, and qualified nurses - all of them working together in close cooperation.

⁸¹ Project "Zeit!Raum" ("Time!space"), Vienna, www.zeitraum.co.at

6. RECOMMENDATIONS

The needs of older refugees are well known to refugee-assisting organisations across Europe, but have received little attention from national and local government organisations.

In summary, the key points made in the recommendations are a call to strengthen an active role of refugee communities and self-help groups and thus empower older refugees to speak and act for themselves. It is noted, especially in recommendations from refugee-assisting organisations, that the satisfaction of basic needs is an essential condition for empowerment.

AGE DEFINITION

Modelled on the WHO age categories UNHCR's definition of older refugees is 60 and older, but implies that special assistance may be extended to older refugees before they have reached this age

OLDER REFUGEES AND THE ASYLUM RECEPTION PHASE

Like all asylum seekers, older asylum seekers initially have a need for access to good quality legal advice and a fair and efficient asylum procedure, which is not subject to delays. The quality of the procedure, and of reception conditions while waiting for status determination, impact upon the ability to integrate later on. Among the issues that were claimed most urgently by refugee assisting organisations are:

- Reliable interpreters and interviewers who are culturally sensitive to the needs of older refugees in a situation as stressful as an interview at the asylum authority
- Early access to language courses and special classes, or single tuition for the older who are more likely to drop out of mainstream programmes
- Opportunities to engage in meaningful activities, including training, education, and community life
- Measures to further social contact with local communities

THE INTEGRATION NEEDS OF OLDER REFUGEES

Older refugees have particular needs, separate from the needs of other refugees and the needs of other old people. For instance, compared to native older people, age related frailty and diseases which most people experience at older age are likely to be worsened by health problems deriving from flight experiences. Compared to other refugees older refugees often have special dietary needs –especially with regard to diabetes and high blood pressure – and might be in need of hearing aids, mobility aids and also of nursing care. Similar specifications apply to many areas, be it acquiring a new language, which tends to become more difficult with age, or setting up new social networks. Recognition of these special needs should be considered when establishing projects for older refugees, and in the development of services.

- Older refugees should be considered a special group with special needs in terms of integration. Both national integration programmes and health care services should include specific measures to meet the needs of older refugees
- Particular attention should be paid to the even more difficult situation of older refugees compared to migrants. The stress older refugees and asylum seekers

experience due to their past experiences and their present legally and financially insecure situation makes this group particularly vulnerable.⁸²

INFORMATION, ADVICE AND ACCESS TO SERVICES

- Older refugees should have full access to services of the same quality as older people who are nationals or permanent residents of the country of asylum.
- Older asylum seekers should receive access to mainstream health services and care, on the basis of need, and regardless of their legal status.
- Any projects in this area should ensure that culturally appropriate information on welfare, health and social rights is provided and that it covers the areas especially relevant for older people. A necessary part of this would be to tackle language barriers at all levels of information and service provision for older refugees and their relatives, through providing translation and interpretation services.
- Counsellors at legal advice centres should, apart from taking the necessary legal steps, take enough time to explain to older refugees their legal situation and give them more insight into the rights and responsibilities in asylum countries.
- Another requirement to ensure access to relevant services would be to remove mobility barriers– e.g. by accompanying older refugees to medical or legal appointments or by provision of transport services.

SERVICE PROVISION

- Services that offer psychological support for traumatised refugees and which are culturally sensitive and language appropriate.
- Providing special services for older refugees that face a clash of values resulting from generational and cultural differences. Experiences of existing projects show the importance that teams working in this field have a common policy on how to deal with differences that might concern core issues such as equal rights of men and women.
- To recognise that refugees of different cultural backgrounds growing old in new and unfamiliar surroundings are often in special need of social networks and of extra support. Therefore in many cases there might be a need to assist older persons to re-establish family ties and develop new social networks. Services should take into account the possibility of recurrent post-traumatic stress disorders at old age.

GUARENTEED INCOME

- A basis for all further measures a statutory minimum income or pension has to be ensured for older refugees, even if they have not fulfilled their necessary contribution years. Examples from Europe had shown that in fact there are non-contributory pension schemes that can be used as models. Where they are applied it has to be ensured that they include refugees as well.
- This is in line with demands from older people's organisations claiming a sufficient minimum income for all older persons, paying particular attention to socially and economically disadvantaged groups. Besides non-contributory pension systems they stress the need of a disability benefit system. In their call for a minimum income for all older persons especially the situation of women in particular those living alone is pointed out who have the highest risk of being affected by poverty, in particular when living alone.⁸³

⁸² EURAG Statement on older migrants, 21 October 2002. European Federation of Older Persons (EURAG) involves 105 member organisations throughout Europe and was presented by its General Secretary at the ECRE Conference on Reception and Integration. This statement is a direct result of this meeting.

⁸³ United Nations: Report of the Second World Assembly on Ageing, May 2002, p.20

- Many among the group of older refugees are able and willing to work. Therefore, refugee-assisting agencies would welcome working permits for asylum seekers of all ages and a policy that favours vocational training and employment of refugees, also of the aged ones.

ESTABLISHING NEW ROLE AND INTER-GENERATIONAL CONTACTS

Activities that give older refugees the chance to share their knowledge with the younger generation, in surroundings where this is wanted and valued, are to the benefit of both. While the older ones maintain their role as the keepers of traditions, their descendants are provided with deeper insight into a culture they in many cases know only from hearsay. Ways how this could be achieved are:

- Projects that focus on the intergenerational transfer of knowledge, for example, of myths and fairytales or specific skills such as traditional dances.
- Programmes that address families as a whole to ensure respect towards older family members and to prevent role-loss of the older as a consequence of exile. This does not necessarily mean counselling programmes though this approach is useful to see families through the stressful time of arriving and integrating in a new country. However, it means to provide them with a proper material basis regarding their housing situation, their income and their health, so that they can afford the time and energy to see that the elders are well attended.⁸⁴

DEVELOPMENT OF FAMILY AND COMMUNITY SUPPORT

To avoid isolation and subsequent psychological stress different steps can be taken.

- In order to support carers of older refugees, there is a need for information, education and support-groups for relatives or other carers, to be made available in relevant languages
- Seek to support the development of mutual acceptance and trust between refugee communities and host society – e.g. befriending projects, projects aiming to address prejudices that might exist between the two communities
- Supporting older refugees to get into contact with each other by providing means of transport, helping them to organise meetings, etc.
- Projects that aim at bringing together older nationals and older refugees, and give them a chance to speak about their experiences and their ideas
- Support to initiate and run self-help groups

PARTICIPATION AND EMPOWERMENT

Empowerment is meant to provide a perspective that focus on the resources of older refugees so that support is provided to ensure their voice is heard and that they are involved in the design, implementation and evaluation of programmes. Empowerment can only be realised, if the basic needs of older refugees are covered, such as accommodation and access to health care services. The following steps towards this aim require efforts of policy makers as well as of refugee assisting organisations and refugees themselves:

- Strengthen an active role of refugee communities and self-help groups and involve refugees in social programme planning by inviting into planning commissions refugee representatives, who are able to promote the concerns of the communities older members

⁸⁴ Chenoweth and Burdick, Refuge 20/1

- Encourage a more targeted inclusion of older refugees in all aspects of programme planning and implementation, *inter alia* by helping active persons to be more self-supporting and by promoting better community care initiatives for the very old⁸⁵
- Enabling older refugees to make themselves heard should not be restricted to their demands, but they should also be given the possibility and the audience to speak about themselves, their experiences and their memories. This could lead either to entering an exchange with the host society, or to mutual support by an exchange of experiences and ideas kept within their own community.

STAFF RECRUITMENT AND TRAINING POLICY

- Agencies involved in healthcare services should train their staff in the provision of multi-cultural services sensitive to the needs of older refugees, while ensuring older refugees with healthcare needs are directly consulted.
- Refugee-assisting organisations and service providers should seek to develop recruitment policies that support and promote the employment of refugees, by targeting staff from refugee community groups for all facilities and on all levels, from programme-planning boards to employees in mobile services.
- Refugee-assisting organisations and service providers must undertake education activities in the workplace to ensure a commitment at organisational and staff level towards a policy of equal opportunities

MONITORING

Ethnic Monitoring would provide a basis to ensure that minorities are represented among clients who receive services for the older on an equal basis to their percentage among the local population. From this idea derive recommendations addressing healthcare service providers and local authorities.

- Local authorities and service providers should monitor the ethnic origin of their service users to evaluate which communities receive what services and to identify any shortcomings or gaps
- Funding bodies should promote the employment of multicultural and multilingual personnel so that it would be easier for refugees to accept help from health and geriatric institutions to the same extent as nationals

DATA COLLECTION AND RESEARCH

Due to different ways of data-collection for the time being it is nearly impossible to get a reliable overview about the total number of older refugees and asylum seekers. Therefore, we recommend that:

- To achieve a better basis for developing specific measures, a harmonisation of statistical data collected in different countries and also by service providers, including regularisation of age categories used would be desirable
- More detailed research aiming at programme planning for the benefit of older refugees and at an evaluation of existing approaches would be useful
- Such research should always address older refugees themselves and ask for their ideas and wishes

⁸⁵ United Nations: Report of the Second World Assembly on Ageing, May 2002, p.21

7. EPILOGUE

This survey has shown that supportive projects addressing older refugees in particular are rare and that such projects only occur where refugee communities exist which are strong in terms of their number and in terms of their ability to raise funding and to be heard. For the time being this seems to be the case mainly in the UK and partly in the Netherlands. On the other hand, this survey showed plenty of approaches, which derive from more than these two countries. Most of them are not especially designed for older refugees, but for older migrants including refugees, and proved to be helpful for this special target group. This is very much in line with the position of UNHCR, stating that the main point is not to set-up extra programmes for older refugees but to grant them equal access to existing measures.⁸⁶ However, equal access meaning that older refugees can benefit from these measures as much as nationals, imply that programmes are adapted in terms of language and cultural appropriateness. A repeated observation is that the most suitable projects are run by refugee communities themselves.

Although the amount of good ideas and approaches favours an optimistic conclusion, it has to be taken into account that for the time being most of them concern people with stable residence permits, excluding asylum seekers in most cases. The nearly total lack of measures that older asylum seekers actually are entitled to is striking. As a consequence, age is still an additional risk for asylum seekers. During the ECRE conference on reception and integration the case of an older asylum seeker suffering from diabetes was reported. He had died because he had no one to look after him and his medication. As shown in the last chapter, concern for older refugees goes beyond refugee assisting organisations. They and older people's organisations agree in their recommendations. But to the low extent to which asylum seekers and refugees actually have access and use services and facilities for older people, it is still the refugee organisations that have the most contact to this group. What should be done, even the way it should be done is clear as a wide range of recommendations show

The key points are consistently a call to strengthen an active role of refugee communities and self-help groups and thus empower older refugees to speak and act for themselves. It is noted, especially in recommendations from refugee-assisting organisations that the satisfaction of key needs is the basic condition of empowerment of any kind. This involves acceptable accommodation and full access to healthcare services without restrictions regarding their quality. Equally, a basic income either by opportunities to work or by a non-contributory pension scheme would be required to enable older refugees to age as gracefully as residents of European countries are supposed to.

However, to get the relevant actors involved requires communication. And this takes the time most practitioners in this field cannot afford, especially as their occupation with older refugees is only a small part of their work. Thus, what would help is to fund practical work with older refugees, so that staff would have enough time to strengthen their clients and adapt their regular offers to them. What would be even more useful is if refugee communities were encouraged to launch projects for and with their elders by themselves. Otherwise older refugees are likely to remain a minority within a minority and accordingly highly dependent.

⁸⁶ UN Department of Public Information, 2002, No safety net for older migrants and refugees, www.un.org/ageing/prkit/oldermigrants.htm

Appendix A: List of involved organisations

Partner organisations

Luxembourg, Caritas Luxembourg, Vesna Mirkovic/Agnes Rausch.
Phone: 00352 (0) 213 89 522.
e-mail: agnes.rausch@caritas.lu

Austria, Volkshilfe OÖ, Flüchtlingsbetreuung.
4020 Linz, Schillerstr. 34
e-mail: guenther.dachs@volkshilfe-ooe.at
Phone: 0732/60 30 99
Fax: 0732/60 30 99-14

Finland, Oulu Reception center
E-mail, leila.polkky-pieska@pt6.mol.fi
Phone 00358 8 5345400
Fax: 00358 8 5307663

Sweden, Municipality / Botkyrka Kommun
Fagelviksvägen 1B, 14553
Norsborg, Sweden
E-Mail, hans.nylund@botkyrka.se
Tel/Fax, 00468 53062727

Netherlands, Fundation for Promotion for Social Participation
Sarphatikade 13
NL-1017 WV Amsterdam
E-Mail, bmpadam@xs4all.nl
Phone: 0031 (20) 4282728
Telefax: 0031 (20) 428 29 28

Other involved organisations that have returned questionnaires:

Austria, Volkshilfe OÖ, Flüchtlingsbetreuung.
4020 Linz, Schillerstr. 34
e-mail: guenther.dachs@volkshilfe-ooe.at
Phone: 0732/60 30 99
Fax: 0732/60 30 99-14

Bulgaria, Bulgarian Helsinki
5 Angel Kanchevstr. 1000 Sofia
E-mail, peregrine@aster.net
Phone: 00359 2 9802049
Fax: 00359-2-9813318

Czech Republic, Czech Helsinki Committee, Counselling Centre for Refugee
Senovazna 2. Prague 1
E-mail: refug@helsincz.anet.cz
Phone: 00420-222479

Denmark, Danish Red Cross Asylum Department
Dag Hammarskjölds Alle'28
Kobenhavn
Phone: 0045/354 32 244
email: mca@redcross.dk

Finland, Oulu Reception center
Heikinharjuntie 66
90 630 Oulu
Phone: 00 358 8 53 45 436
E-mail: leila.polkky-pieska@pt6.tempo.mol.fi

France, Forum Refugies
19 rue de la Baisse, BP 105469612 Villeurbanne
Phone/fax: 0033(0)478037475
E-mail: direction@forumrefugies.fr

Germany, Deutsches Rotes Kreuz Berlin
Flüchtlings- und Migrationsdienst
Phone: 0049/30/396001

Great Britain: British Refugee Council
3 Bondway London SW8 ISJ UK
Phone/fax: 0044(0) 20 7820 3080
www.refugeecouncil.org.uk

Greece, Greek Council for Refugee.
25 Solomon 57, Athens 10682 Greece
E-mail: gcr1@gcr.gr
Phone: 0030-10-3802508
Fax: 0030-10-3802508

Luxembourg, Caritas Luxembourg
Phone: 00352 (0) 213 89 522.
E-mail: agnes.rausch@caritas.lu
Phone 003588,5345400
Fax: 003588,5307663

Netherlands, Dutch Refugee Council
Postbus 2894, 1000 CW Amsterdam
E-mail: info@vluchtelingenwerk.nl

Spain: Spanish Commission for Refugee
Plaza De La Constitution Assistance
N°2, BAJO, C.E.A.R Local 15
28760 Tres Cantons Madrid
E-mail: servjuridcent@cear.es
Phone: 0034 91 8046543
Fax: 34 91 8046886

Sweden, Municipality / Botkyrka Kommun
Fagelviksvägen 1B, 14553
Norsborg, Sweden
Tel/Fax: 0046853062727
E-Mail: hans.nylund@botkyrka.se

Switzerland, Swiss Refugee Council
Monbijoustr. 120
Postfach 8154, 3001 Berne
E-mail: sabine.schoch@sfh-osar.ch
Phone: 0041(0)313707575

APPENDIX B: GUIDELINES FOR INTERVIEWS WITH OLDER REFUGEES

Aim:

To assess the situation of older refugees and their needs, as well as get their suggestions on how to improve their situation. The output of those interviews will serve to either illustrate the findings of our survey on older refugees or they will identify the gaps of the survey.

Documentation:

The more detailed, the better! We ask you to give a summary about the answers to each item of the guidelines and of subjects that have been touched on outside the guidelines, in case there were any.

Check list for interviewers:

The guidelines have been reviewed by a psychotherapist experienced in the field of older people and traumatised refugees. She suggested:

- To stress that the whole conversation will be documented without naming the interviewee and that his or her anonymity will be guaranteed.
- To make clear, that the interviewee is free not to answer a question if he or she does not want to. Interviewers might suggest a word or a gesture that means: stop!
- That the question of return to the country of origin should not be brought up unless it is the interviewee himself or herself who starts to speak about it.
- That the interviewers assure that their conversation partners are physically prepared to talk for about an hour or more. Interviews should not interfere with habitual eating or sleeping times.
- That the interviewers assure that they are understood and that in case that the interviewee makes use of a hearing aid it is on.
- That in case the interview is conducted with the assistance of an interpreter, interviewers should check, whether the interpreter and the interviewee understand each other and whether the refugee trusts the interpreter

Please note:

Date of the Interview

Short description of the relationship between the interviewer and the interviewee (whether they have known each other before, and, if yes, in which context)

Age of the interviewee

Sex

Family status

Legal status

Introduction – for example

Most refugees are aged between 20 and 45 years old. There are few older people who live in exile in this country. For all refugees – regardless of their age – the exile poses challenging questions. We assume that those difficulties also change with age. Nearly all refugees have language difficulties or accommodation problems. Many do not know much about their rights and do not know where they can get help. This is why we would like to ask you about your experiences, and find out what kind of support could be useful for refugees aged 50 and older. We hope that the outcome of our survey will be useful to show the needs of older people in exile and how they could be met.

Our conversation will therefore concentrate on your personal experiences in the past and on your current situation. The documentation will be anonymous. That means you can be assured that nobody will get to know your name and nobody will be able to find out who said what.

Central questions

- Needs of older refugees: What do you like about living in this country, what do you like less?
- What are the main differences of growing old in your country of origin and in the country of asylum?
- What should be changed or improved regarding reception and integration matters from your point of view?

These three questions are underlying all themes. The themes of these guidelines aim to trace them in different fields, which we assume to be crucial for the well-being of older refugees. How the questions are formulated is down to the interviewer. The formulations beneath serve only to show which details could be of interest. They can be put in other words as long as the suggested topics are covered.

Opening question

- Could you tell me about your life in this country? How long have you been living here...

Part I – Living conditions and needs

Language

Questions about the ability to communicate in the language of the new country (are there any language difficulties/if yes, in which situations/how do interviewees cope with these situations)

- Has language tuition ever been offered to you?
- Have you tried to learn the language? How?
- Which were your difficulties concerning the new language?
- What kind of language tuition might have been useful for you?
- What kind of measures would you suggest?
- With whom can you communicate in your mother tongue?

Accommodation

Questions to find out how appropriate the housing conditions are to the inhabitants age and needs

- Where do you live? Can you tell me about your housing conditions?
- How do you like your place?
(Details: can you easily leave and reach your place or are you hindered by too steep staircase/ how do you do your laundry? Is the heating sufficient? Are there shopping opportunities nearby?)
- What are your wishes concerning housing?

Consultation

Exploring the interviewee's needs and knowledge concerning advice centres

- If you have a question e.g. related to your rights or to financial matters – do you know where to go to for consultation?
- Do you know any advice centres that offer advice in your mother tongue?
- Are there any matters about which you would like to consult specialists and have no idea whom to address?

Activities

Questions to find out more about how the interviewee spends the day and what are the main obstacles in those daily routines?

- Could you describe a typical day of yours?
Details: When do you get up/do you have breakfast...
- Questions concerning housekeeping: laundry, shopping, cooking, cleaning
- What do you do after your housework is finished?
- How does it feel to go out? Where do you go to alone, when do you need help (e.g. shopping, authorities, doctors, using public transport, orientation in general)?

Contacts

Questions concerning the interviewee's network – does it include family members, community members, inhabitants of the new country?

- Who is living with you or nearby?
- Whom do you meet regularly?
- Do you have a possibility to phone home? How often do you make use of it?
- Would you like to have more contacts? If yes, with whom would you like to establish contacts? (Family members, community members respectively people of the same mother tongue, citizens of the new country?)

Health and psychological situation

As this might be a sensitive point interviewers should possibly remind their interview partners that they do not have to give details if they do not feel like it.

Questions concerning the interviewee's health status in general: how is your health, did any new kind of difficulties did arise in the new country...

- What do you do if you have health problems? (Go to see a doctor, go to the drugstore, try traditional treatments...)
- Do you know doctors whom you trust? Are there any who speak your mother tongue?
- If you need translation - do you know interpreters whom you trust?
- How is your mood in general?
- What can you do if you do not feel dejected? (Persons to talk to, medicines)

Income

Questions about what sources of income are available to the interviewee – if the interviewee does not work interviewers could concentrate more on subsidies and grants

- Did you work in your country of origin (what kind of work/did you like it...)
- What are your experiences trying to find work in this (new) country?
- Have you ever worked here? If yes: What kind of work?
- How do you manage to make ends meet? What would you like to afford if you had more money at your disposal?

Part II Growing old and Future plans:

Introduction: We conduct this interview with people who are aged 50 and older. In this country one uses the term “older generation” for people of this age.

- At which age are people regarded as “old“ or as “the older generation” in your country of origin?
- What to you think are the main differences between growing old in your country and in this country?
- Have you already thought of yourself growing old – what do you suppose to be necessary to lead a satisfying life when you are aged 55 or 60 and more?
- Can you imagine growing old in this country? What would you need to make it a pleasant imagination?

Accommodation

Questions to find out, which housing models interview partners know and what they think about them

- Where do older people in your country usually live?
- Where do they live if they have no one to care for them? Are there institutions comparable to the old peoples' home which we know
- Have you ever visited a home for the aged? What impression did you get?
- Could you imagine living in an old peoples' home? If not, is there anything that could make it more attractive to you (personnel / inhabitants speaking your mother tongue, single bedroom, cooking facilities, public transport within reach)
- Mobile services: Can you imagine, that someone is doing your housework if one day you are not able to do it on your own?
- Could you imagine living in a kind of housing group? This means, that 4-6 people with similar needs share an apartment and are looked after regularly by a nurse, and also are assisted by a housekeeper.

Wishes:

- If you can make a wish for your future in this country – what would it be?

Participation

- What would you think about learning to know people in a similar situation as yours?
- Can you imagine to join forces with others and get involved in putting forward the concerns of older refugees?

Closing

Giving the interviewee the chance to add something or to ask questions that may have occurred during the interview

- We have been talking a lot of how to improve things. Maybe some matters have come to your mind, with which we ourselves could help you?
- Is there anything that has been left out, anything you want to add?

APPENDIX C: TABLES

TABLE HEALTH CARE and SPECIAL ALLOWANCES– RESPONSES TO QUESTIONNAIRES

Access to health care and pension system, special allowance for older refugees						
Country	Health care			Special allowance		
	Asylum-seekers	Refugees	Subs. protect.	Asylum-seekers	Refugees	Subsidiary protection
Austria	depending on the federal state and if admitted to state-provided care. Two thirds of a.s. are excluded from this provision	yes	yes	no		
Greece	yes	yes	yes	no	65+	only housing benefit and old-age allowance with certain strict criteria, 102€/month
Finland	during asylum procedure	yes	yes			
France	yes	yes			65+	
Netherlands	yes	yes	yes			
Luxemburg	yes	yes		specific allowance allocated in centres for as	revenue minimum guaranty (919 € for single, 1545 € for couple)	
Spain	yes	yes				
Sweden	yes	yes			yes	yes
Switzerland	limited to basic care	yes	limited to basic care	for women 63+, men 65+	for women 63+, men 65+	for women 63+, men 65+
Czech Republic	basic health care	yes				
Bulgaria	yes	yes	yes			

TABLE PENSION ENTITLEMENTS – RESPONSES TO QUESTIONNAIRES

Country	Pension system		
	Asylum-seekers	Refugees	Subsidiary protection status
Austria	will not meet the legal provisions	same as nationals: only after 15 years paying insurance within 25 years	
Greece	no	no, but preconditions are going to be set now	no
Finland	no	same as nationals	
France		yes	
Netherlands		yes	
Switzerland	after 10 years of residence if paying insurance	like nationals after 5 years residence	after 10 years of residence if paying insurance
Czech Republic	no	Criteria difficult to fulfil - at least 5 years work in the Czech Republic	
Bulgaria	if needed, 68+		

TABLE ACCESS TO LABOUR MARKET FOR ASYLUM SEEKERS ⁸⁷

Country	
Austria	No access to the labour market and adult education system / only under certain circumstances
Belgium	No access to the labour Market and adult education system / only under certain circumstances
Denmark	No access to the labour market and adult education system / only under special circumstances
Finland	<p>Only under certain circumstances Asylum seekers may apply for a permission to work related to a specific job, after three months in the country. Because of the high unemployment rate in Finland, the permission is only granted by the local employment officer if the job cannot be filled by a national or someone with a residence permit. In practice, very few asylum seekers are able to find work.</p> <p>Work and training activities are organised in the reception centres. Asylum seekers who refuse to participate in the organised activities may have their living allowance reduced^{88*}</p>
France	No access to the labour market and adult education system
Germany	The vast majority of applicants are not allowed to work. Access to work after the first three-month period following their arrival in Germany is dependant on the date of arrival in Germany before 15 May 1997. Despite this restriction, a relatively high percentage of the asylum seekers concerned have found employment, particularly in industrialised urban areas. However, such work is generally unskilled and poorly paid. ⁸⁹
Greece	Can be granted a temporary work permit
Ireland	Access is limited
Italy	No access, many are forced to work illegally
Luxembourg	No access or it depends on date of arrival
The Netherlands	Limited access
Norway	Access under certain circumstances, they need a work permit
Portugal	Generally no access, limited access with a provisional residence permit
Spain	Access is limited. Asylum seekers must apply to the Provincial Division for Labour and Social Affairs for a special authorisation to work. This is not given until they have already been in the procedure for six months, and only after consultation with the OAR. In practice, asylum seekers' access to the labour market varies from province to province, and it is easier to obtain authorisation for a temporary job in agriculture than for permanent clerical jobs. ⁹⁰
Sweden	Access under certain circumstances
Switzerland	Generally no access to the labour market/ only under certain circumstances
UK	Can apply for permission to work , which also includes the participation in vocational training scheme

⁸⁷ Data taken from completed questionnaires and literature (see references)

⁸⁸ Liebaut, p. 75

⁸⁹ Liebaut, p. 116,117

⁹⁰ Liebaut, p.268

TABLE ACCESS TO LABOUR MARKET FOR REFUGEES WITH TEMPORARY PROTECTION STATUS ⁹¹

Country	Refugees with Temporary Protection
Austria	Access only with work permit / no access to adult education system
Belgium	No access to the labour Market and adult education system / only under certain conditions
Denmark	No access to labour market / limited access to education system They are offered special educational activities at the centres, which are performed either in co-operation with Institution of the normal education system or directly by schools and other educational institutions. ⁹²
Finland	Free access to the labour market, but it is difficult to find a job
France	Only in some cases e.g. refugees from Kosovo
Germany	Generally no access to the labour market and adult education system, but it depends on date of arrival (see table on asylum-seekers above)
Ireland	Access if they have received their residency document, limited access
Italy	Free access to labour market and adult education system
The Netherlands	Access under limited conditions
Portugal	Access after work permit application, access to the adult education. However, there is a considerable language barrier
Spain	Access to labour market upon request with special permission
Sweden	Not automatically allowed to work or access to adult education system
Switzerland	Access depends on date of arrival
UK	No access to the labour market and adult education system

⁹¹ Data taken from completed questionnaires and literature (see references)

⁹² Liebaut, p.59

APPENDIX D: LITERATURE

AGE London	Work Programme 2001
Anonym	Older Refugees: Are there specific health problems?, Refugee Health Collection. British paper presented at the seminar on older refugees on 27 June 1979 at the British Red Cross Society
Bafl – Bundesamt für die Anerkennung ausländischer Flüchtlinge (der Bundesrepublik Deutschland) (German authority for the acknowledgement of refugees)	Zuwanderung und Asyl in Zahlen <i>Figures on Immigration and Asylum</i>
Beauftragte der Bundesregierung für Ausländerfragen	Älter werden in Deutschland: Fachtagung zu einer Informationsreihe für ältere Migranten, 2001 <i>Growing older in Germany: Thematic conference on a information series for older migrants, 2001</i>
Bennett, Jane A., Detzner, Daniell F	Loneliness in cultural context, a look at the Life-History Narratives of Older Southeast Asian Refugee Women. USA The Narrative Study of Lives, Volume 5, SAGE Publications, 1997
British Refugee Council	Refugee Employment in Europe, 2001
British Refugee Council, Editor: Ruth Wilson	Age in Exile, 1988, report prepared for the "Age in Exile" Conference, Noordwijkerhout, The Netherlands, 25th – 27th November, 1988
Bundesministerium für Familie, Senioren, Frauen und Jugend (der Bundesrepublik Deutschland) (German Ministry on family affairs)	Altenhilfe in Europa – Rechtliche, institutionelle und infrastrukturelle Bedingungen, 2001 <i>Welfare for the Older in Europe – Legal frame and institutions, 2001</i>
Chenowith J./Burdick L	The Path to Integration: Meeting the special needs of refugee elders in resettlement. In: Refuge, Vol. 20. York, Canada.
Efionayi-Mäder, Denise Editor:Schweizerisches Forum für Migrationsstudien	Sozialhilfe für Asylsuchende im europäischen Vergleich Dänemark, Deutschland, Frankreich, Grossbritannien, Niederlande, Italien, Österreich, Schweiz, Spanien. Forschungsberichte <i>Welfare Assistance for Asylum seekers – a European comparison</i>
Eurolink Age	Pension Schemes in the EU Member States, 2000;
Fraser, Very Rev. Ian W	Older Refugees in New Zealand. The Story of Nansen Home, Lower Hutt. Reprint January 1985.
Greek Council For Refugees	Reception Facilities for Asylum Seekers in the EU Member-States, 2001
Jaeger, Gilbert	An International Conference on Older Refugees in Europe. Report on Conference Proceedings, Noordwijkerhout, The Netherlands

Legoux, Luc Editor: Service Social d'aid aux Emigrants	Les Refugiés Âgés, 1991 Paris /
Liebaut, Fabrice and Tanja Blichfeldt Johnsen Danish Refugee Council, 2000	Legal and social conditions for asylum seekers and refugees in Western European countries.
Mestheneos, Elizabeth	Good Practice towards older refugees. A working document. 2002 (unpublished)
Netherlands Institute on Care and Welfare	Growing old in a multicultural society. Conference report, 1998
Reinans, Sven, Swedish Commission on Immigrant Research	Older Immigrants in Sweden. A fact-paper from the Swedish government, 1988
Stichting BMP	Oudere vluchtelingen aan het woord over hun leven in Nederland. 2002, Amsterdam <i>Older Refugees speak about their life in the Netherlands</i>
Sundquist J.	Ethnicity, social class and health. A population based study on the influence of social factors on self reported illness. 1995. In: Social Science and Medicine, Vol 40, Issue 6.
UN Department of Public Information	Building a society for all ages. No safety net for older migrants and refugees (DPI/2264). March, 2002
UNHCR (United Nations High Commissioner for Refugees) 1999	Older Refugees: Looking Beyond the International Year of Older Persons (EC/50/SC/CRP.8). Report of the United Nations High Commissioner for Refugees, 1999, General Assembly, Official Records, Supplement No. 12 (A/55/12)
UNHCR (United Nations High Commissioner for Refugees) 2000	Statistics and Registration: A Progress Report (EC/50/SC/CRP.10), 7. Feb.2000
UNHCR (United Nations High Commissioner for Refugees) 2001	Women, Children and older refugees, Geneva, 19. July 2001
UNHCR (United Nations High Commissioner for Refugees) 1998	The Situation of Older Refugees, (EC/48/SC/CRP.39) 14.Aug.1998
United Nations	Report of the Second World Assembly on Ageing. (A/CONF.197/9) New York, 2002.
United Nations High Commissioner for Refugees:	UNHCR Resettlement Handbook. Division of International Protection. Geneva 1997
Wiener Integrationsfonds <i>Vienna Integration Fund</i>	Older Immigrants in Vienna, 1999