

## **Elderly Refugees in Europe - Problems and Initial Solutions**

### **Introduction**

This report is based on an investigation by the *Verein Asylkoordination oesterreich* (Asylum Coordination Austria), which was carried out as one of the projects funded by the European Refugee Fund. The focus of the project was an investigation of the situation of elderly refugees. Before discussing the results, it may be useful to briefly discuss the study's context and conditions of the framework

The European Refugee Fund was established about two years ago by the European Commission. It is, as it were, a budget "pot" which sponsors projects by refugee associations which are involved in research and data collection, networking and exchange of experiences, but also in providing practical support. One of the conditions for receiving funding stipulates that the projects have to be conceptualized trans-nationally, that is, investigations have to be carried out or the same support programme has to be implemented in several European states. This is not very easy to accomplish, because, apart from the fact that the project partners cannot communicate in the same mother tongue, the social security systems of the individual European states are completely different. This also applies to the admission of refugees, even though the Geneva Convention relating to the status of refugees of 1951 invariably forms the common basis for the legal regulations of asylum. For instance, there are glaring differences in regard to the rights of newly arrived asylum seekers: in some European states, asylum seeker receive accommodation, at first in refugee centres, which is financed by the state and, if necessary, he/she can also claim health insurance, while in other states these benefits are severely curtailed.

The trans-nationality of this project regarding the acceptance and integration of refugees in Europe was ensured because NGOs from six countries participated in it, with each NGO investigating a specific aspect. All participating organizations are members of the European Council on Refugees and Exiles which, as co-ordinator of the project, was responsible for the project's administration and financial accounting.

### **The Project - "Reception and Integration of Elderly Refugees"**

The objective of the Austrian project - conditions of admission and possibilities of integration for elderly refugees - included both the investigation of the status quo as well as of the networking of relevant actors and, finally, the improvement of the living conditions of elderly refugees. Two steps were required. First, relevant NGOs had to be located and brought in contact with each other. Once the network was established, the second step involved the exchange of experiences and projects which could also be adapted in other countries. The investigations and evaluations

have been completed and, after a concluding conference, the project ended with a presentation of the final report in November 2002. The background for the selection of themes was the consideration that elderly refugees - as well as, for instance, women and unaccompanied minors - belong to the group of refugees with special needs. However, the consequences which were derived from this classification yield but scant results. It is obvious that, compared to the largest group of refugees between the ages of twenty to forty years, elderly refugees have different specific needs, but there are few investigations which have more closely examined these needs. Similarly, although there are individual projects which address specifically elderly refugees, the refugees' experiences were not investigated and, considering how small the elderly group is, there are few attempts to establish specific programmes within the financial and time restraints of refugee assistance. Thus, it is particularly encouraging that our research was able to locate several support services for elderly refugees. The majority of these services were initiated by refugees themselves and are aimed at the elderly of their own ethnic group. It is hoped that these are the avant- garde, the trail blazers, whose experiences will be relevant in the future as a model for projects sponsored by nation-states or by Europe. The current funding guidelines by the European Refugee Fund, which tend to assign priority to projects for refugees with special needs - and thus also the elderly - could be a step in this direction.

## **Results**

Apart from assembling relevant investigations, the focus of the research was a survey, based on a questionnaire and interviews with experts, about the current living conditions of elderly refugees by the service providing organization. Statistical data and replies to the individual integration domains included in the questionnaire were received from 13 European states and analysed.

### **Elderly Refugees - Statistical data**

“Older refugees have been invisible far too long.” Sadako Ogata, the then United Nations High Commissioner for Refugees, made this statement already in 1999. They still are, which, among other things, can be attributed to an inexact statistical data collection.

According to UNHCR, the proportion of refugees over 60 years of age ranges from 13.5 per cent to, sometimes, 30 per cent. The high proportion includes, for instance, also the large refugee camps in the border areas of countries engaged in civil wars. In accordance with an established pattern that refugees most in need of protection travel the least distance, the proportion of elderly asylum seekers in Europe is substantially lower. Data from those European states which actually record the age of asylum seekers, range from 0.2 to 3 per cent.<sup>1</sup> In some cases, the age of asylum

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<sup>1</sup> The data collection differs significantly between the individual countries. The age of asylum seekers could only be obtained for those whose asylum application has not yet been decided.

seekers is unfortunately not collected or the data are recorded in different categories- for instance, "50 and older" in Germany, "55 and older" in Sweden, or "41 - 60" and "61 and older" in the Czech Republic. In view of the inconsistent data, we can cautiously assume that, in most of the investigated countries, the proportion of elderly refugees comes, on the average to two per cent.

### **Special Needs of elderly Refugees**

The research was carried out with the co-operation of organisations who joined the project in its first phase as partners and agreed to investigate the relevant information in their respective nation states. Asked for their own assessment of the needs of elderly refugees, the organisations drew a profile which revealed a shortage of age-adequate assistance in several areas of integration.

In particular, a modification of existing language course programmes for the elderly would be required. This is also necessary even though the concept of integration, which is modelled after the life perspectives of refugees with an average age of thirty years, will need to be newly defined for elderly and very old refugees. Language is and remains a central point of integration in the sense that it enables a person to reclaim a self-determined life in a new environment.

Unfortunately, the starting conditions for learning a new language are twice as poor for elderly refugees. Apart from age-related impediments of the ability to learn, the mostly limited educational background is an additional factor. Thus special programmes are absolutely necessary, because, without it, the frustration of all participants is pre-programmed.

Unfortunately, with the exception of Sweden where an integration plan is drawn up which is adjusted to the individual needs of each refugees, there is no systematic assistance for the elderly who have a different pace of learning and, placed together with younger refugees, simply feel ashamed. This does not mean that occasionally special courses are not offered for slow learners: in Ireland, for instance, there is such a project but the individual integration assistance is not differentiated according to age-related needs. However, only recognized refugees but not asylum seekers can receive financial support for attending language courses.

Anybody who wants to learn the language of the country before the asylum proceedings are completed, is dependent on assistance by religious and private NGOs or on an exemption by language institutes.

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The age of refugees who have already been accepted is hardly ever recorded. A realistic survey of their number is also difficult since accepted refugees receive preferential treatment as far as naturalization is concerned. However, a survey of their country of origin would make it possible to obtain it. As far as we know, only the Netherlands record the country of origin of refugees and migrants.

## **Employment**

Unfortunately, integration on the labour market is rarely a realistic option for persons over 50 years of age. Yet, most service providers consider it an important necessity. If this is not possible, the availability of meaningful work or of social activities would be beneficial not only inter-culturally but also for native language speakers. In this context, an example of a “good practice” is the “Golden Years Clubs” in London. This initiative was created by Latin American refugees and is also managed by former refugees. The club is designed as a day centre for Spanish speaking older refugees, who are trained as artists-craftsmen and who receive also art-therapy - provided as well through home visits for those who are bedridden or infirm. Generally, many of the centres created by refugees themselves include home services which have a dual effect: preventing the isolation of the very old and providing a meaningful activity for those who want to and can be active but no longer have any chances on the labour market.

## **Isolation**

Isolation is one of the major problems. On the one hand, apart from exceptional cases, elderly refugees are excluded from the labour market, and, on the other hand, contact with members of the same mother tongue is frequently made difficult because of transportation problems. Elderly refugees also experience obstacles preventing them from visiting each other for financial reasons but also because of orientation and communication problems and infirmity (Asylkoordination oesterreich 2002; Chenoweth 2001). Part of the isolation is also the “disappearance behind the family.” Steps toward regaining the independence of older family members are being prevented not only by the younger and more active family members, but, de facto, an incapacitation is also being introduced which replaces the traditional authority accorded to the older generation in most countries of origin. This dynamic which is frequently observed by service organisations concurs with the literature on family dynamics in refugee and migration families (e.g., Bennett/Dezner 1997; Grinberg/Grinberg 1990). The consequences are several which, in this process, lead to increasing helplessness and dependence which by far exceed the age dependent dimensions. In addition to the isolation due to the exclusion from the labour market, the problems which, for older people, make learning a new language more difficult constitute another hurdle (compare Chenoweth/Burdick 2001). Service organisations rank problems of language acquisition and isolation as the most frequently mentioned problems of older refugees (Asylkoordination oesterreich, 2002). Thus, it becomes the more obvious that the older persons of a group require special assistance in order to cope with the demands of exile and the process of integration

## **Care for the Elderly and Old Age Homes**

With the exception of Great Britain and the Netherlands, refugee service organisations have no experience as far as the inter-cultural establishment of care for the elderly and counselling of seniors are concerned. In Great Britain, the scene of refugee advisory service organizations is characterized by initiatives which have been introduced and are being managed by refugees and women migrants themselves. These include numerous facilities and services for the elderly, such as residential homes, day centres, home visits as well as social and cultural activities which are provided by the ethnic communities. Despite this participatory structure, refugees and ethnic minorities generally lack access to social service benefits (British Refugee Council, 1988, pp. 10-19). It has been established that the service regulations are adapted to the needs of the majority population and do not agree with the habits of people with a different cultural origin. However, investigation of asylkoordination österreich did find out that in the meantime the lack of multicultural orientation, criticized in 1988, was partly redressed. For instance, in many districts of London, meals prepared according to kosher as well as islamic or hinduistic rules are a normal part of the meal delivery service provided by the local authority. Professional translation services which are not especially designed but essential for the elderly because of communication difficulties are provided free of charge by local health authorities in several districts of London and, in Italy by NGOs. Similar models can also be found in Switzerland, Belgium and Italy (Mesthenos 2002).

In the Netherlands, the elderly benefit also from the large ethnic communities through which elements of daily life from the country of origin can be more easily retained. There are homes for the elderly for members of different cultures. It is obvious from a report about the reactions of other migrants against one of these projects, that the key to an adequate care for older migrants and refugees does not solely consist in the availability of care which is culture specific and based on the native language, but that the concept of care outside the family receives little acceptance and is put up with as a requirement of exile (compare Stichting BMP 2002).

### **Familial and Institutional Care of the Aged - Tradition versus Humiliation**

Compared to the country of origin's culture, institutional care has been mentioned time after time as the central critical point of the European "way of life". Given the conditions of exile, the denial by the generation of parents as well as of children in refugee families, that the traditional care of the aged cannot be retained is one of the facts that make it impossible to prepare for old age. Indeed, for the second generation who grew up in the country of migration, care of the parental generation is neither a matter of course nor - because of employment and possibly because of their own children - practically possible. Refugee service providers in Styria, Austria observed an extreme case of this break in tradition. The charitable organisation established a nursing home for elderly Bosnian refugees. Against all expectations, it became apparent that the

roughly 20 occupants were only visited in exceptional cases by family members who frequently lived very closely near-by, but were not invited to family festivities. The family members' behaviour was ascribed to the elders' loss of status, based on property and useable experience. The loss of material goods and the devaluation of knowledge transformed the role of the older generation from a source of support to a burden (Schoepfer 1998, p.22 ff). This transformation of a traditional contract between generations created ambivalence: on the one hand, migrants can envisage to be cared for by their children significantly more frequently (42 per cent) than Austrians do (25 per cent); *On the one hand for older migrants familial care is the most attractive alternative when it comes to the question of care. about 42 per cent of a sample of Viennese migrants would choose this solution, far more than within the sample of Austrian natives.* On the other hand, care by ambulatory services is the next best alternative (Reinprecht 1999).. On the one hand, the normative pressure continues, that care should "really" be provided within the family, resulting in a feeling of shame which constitutes a barrier against any inquiry into the availability of institutional care (Mueller-Wille, 2001).

On the other hand, as part of the study, refugees, for instance, stated in interviews that they are impressed by the high standard of Austrian homes for the aged, which they came to know through visits. Respondents who personally knew a home did not find the prospect attractive but at least acceptable to live later-on in one (asylkoordination oesterreich, 2002). Altogether, the Viennese study of Reinprecht (1999) found that mobile services are more acceptable than being placed in a home. This finding was confirmed through interviews conducted as part of the study by the asylumkoordination *by asylkoordination oesterreich*

### **Access to Services of Care for the Aged**

As the German Red Cross learnt from its information campaign, aimed at Turkish migrants but not Turkish refugees, information regarding care of the aged outside the family will only be accepted once the emotional barriers connected with it are dismantled. Long before information about German health and nursing organisations is provided, in short video-films excerpts are shown about returning to the home country and about the obligation of children to their aging parents. By selecting very controversial quotes from these interviews, the objective is to start a discussion. A genuine interest in at least becoming informed about existing services only emerged after an open discussion in which the return as well as the care of the aged in the bosom of the family turned out to be an illusion. The information campaign was also very practically oriented, including, for instance, a field trip. Only then, institutions and available services which were viewed with ambivalence and fear, became tangible and hence acceptable, such that countless registrations for mobile services followed. A similar programme is tested in Frankfurt am Main, Germany, where trial accommodations in old age homes are offered to women

migrants. A Dutch study, based on interviews with elderly refugees, highlights a further aspect of access to an organisation of the aged, which is foreign to their own culture. In some interviews, age appears as a stage in one's life which is denied and for which, as a result, no preparations are made. A different attitude toward aging forms the background. Preparation for aging is foreign to them, because "old age arrives on its own." Accordingly, the respondents did little to actively research on their own information about assistance for the aged. However, quite a few became rather interested when this information was offered in direct discussions and with the opportunity to visit old age homes (Stichting, BMP, 2002).

### **Summary**

Mostly, elderly asylum seekers and refugees are not yet recognized as a relevant target group whose specific needs demand specialized services within the limited support possibilities. However, the emphasis is placed on "not yet", because the population trend toward an increasing aging of society does not stop when it comes to refugees and migrants. Facilities for the care of the elderly are beginning to respond by, for instance, increasingly employing nurses who speak the native tongue of the most important countries of origin. This is an important step which should be combined also with the co-workers' increasing sensitivity toward the situation of exile experienced by some of their clients. As commendable as these beginnings toward an inter-cultural opening are, they lack the element of personal initiative which distinguishes the day centre of the Latin American community in London, described earlier, or the home visits, meeting centres, and chess clubs which were formed in many larger cities. It is not an accident that the most developed and elaborate facilities can be found in cities or countries respectively in which there are large communities of members of former colonial states or of migrants who have already succeeded in their struggle for the possibility of participating, and of refugee and migrant communities who have been active and successful in achieving not only having a voice in community affairs but also in securing their financial assistance. In 1998 UNHCR has described the central problematic situation of elderly refugees with the concepts of social disintegration and dependence which create many daily problems. Interventions and programmes to change this situation should not begin with the elderly only. This would be the battle against a symptom which occurs most distinctly among the older generation but the cause of which affects all age groups and which - considered medically - can be described as a deficiency of the important vitamin of economic chances and of the trace elements of self-determination and of the feeling of being welcome.

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