




## CHAPTER 3.4

# Engaging Refugee Elders

## GOALS FOR INTEGRATION (SEE CHAPTER 1.3)

-  **ONE** To restore security, control and social and economic independence by meeting basic needs, facilitating communication and fostering the understanding of the receiving society.
-  **TWO** To promote the capacity to rebuild a positive future in the receiving society.
-  **THREE** To promote family reunification and restore supportive relationships within families.
-  **FOUR** To promote connections with volunteers and professionals able to provide support.
-  **FIVE** To restore confidence in political systems and institutions and to reinforce the concept of human rights and the rule of law.
-  **SIX** To promote cultural and religious integrity and to restore attachments to, and promote participation in, community, social, cultural and economic systems by valuing diversity.
-  **SEVEN** To counter racism, discrimination and xenophobia and build welcoming and hospitable communities.
-  **EIGHT** To support the development of strong, cohesive refugee communities and credible refugee leadership.
-  **NINE** To foster conditions that support the integration potential of all resettled refugees taking into account the impact of age, gender, family status and past experience.

 The focus of this Chapter

 To keep in mind

## Chapter 3.4

# Engaging Refugee Elders

This Chapter discusses some of the factors that need to be taken into account to ensure that integration planning processes and programs support the integration of refugee elders.

### Why plan to support the integration of refugee elders?

Refugee elders' contribution to receiving societies and refugee families

Many refugee elders make important economic contributions to receiving societies through their participation in paid and voluntary work. Elders also support the integration of refugee families through their involvement in child care and domestic tasks.

As holders of the cultural heritage of their communities, refugee elders transmit important cultural knowledge to the receiving community and to younger generations. This role is particularly important for refugee children and young people since, as discussed elsewhere in this Handbook, engagement with their culture-of-origin is important in the process of developing their identity in the receiving society.

In many refugee source countries, refugee elders are revered for their wisdom and life experience and are a source of advice and support to their children and grandchildren. If refugee elders are supported in their integration, they will be better equipped to play this role in receiving societies.

### Particular planning needs

In many resettlement countries, ageing is associated with increased vulnerability to poverty, poor health and social isolation<sup>1</sup>. As resettled refugees may be at particular risk in this regard, appropriate planning is critical to ensure that both their human rights and dignity are safeguarded.



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## CHECKLIST

## Taking account of refugee elders:

**Integration program component (see relevant Chapter in Part Two)**

**Think about:**

Placement	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> family support;</li> <li><input checked="" type="checkbox"/> ethnic community networks;</li> <li><input checked="" type="checkbox"/> health and social services;</li> <li><input checked="" type="checkbox"/> neighbourhood safety and security;</li> <li><input checked="" type="checkbox"/> public transportation.</li> </ul>
Early settlement and social support	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> offering separate assessments for the family and individual elder;</li> <li><input checked="" type="checkbox"/> fostering linkages between refugee elders and community support services (e.g. meals services, domestic assistance);</li> <li><input checked="" type="checkbox"/> partnerships between aged services and refugee communities to develop culturally relevant social and recreational programs for refugee elders.</li> </ul>
Income support	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> whether refugee elders are eligible for retirement income under national retirement laws and provisions and the sustainability of current income provisions.</li> </ul>
Language assistance	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> the importance of assistance as elders may take longer to acquire the target language;</li> <li><input checked="" type="checkbox"/> target language maintenance as resettled refugees age.</li> </ul>
Language training	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> flexible language training options;</li> <li><input checked="" type="checkbox"/> whether participation in language training/orientation programs should be obligatory for the aged (an important concern in those countries where this is the case for resettled refugees generally);</li> <li><input checked="" type="checkbox"/> curriculum relevant to refugee elders that emphasises socialisation and community connections.</li> </ul>
Orientation	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> information on services and supports available to elders in the receiving country, including ethno-cultural groups and services;</li> <li><input checked="" type="checkbox"/> life skills focussed orientation;</li> <li><input checked="" type="checkbox"/> information about target language publications (newspapers, magazines) and radio and television programs.</li> </ul>
Housing	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> availability of housing stock suitable for extended families;</li> <li><input checked="" type="checkbox"/> physical accessibility of housing, particularly for elders with disabilities;</li> <li><input checked="" type="checkbox"/> culturally sensitive, long term supported accommodation options for frail refugee elders.</li> </ul>
Employment	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> intensive job search support programs and career planning assistance for resettled refugees over the age of 45;</li> <li><input checked="" type="checkbox"/> the adequacy of existing legislative frameworks to prevent discrimination against elders.</li> </ul>
Health care	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> capacity building activities in programs serving refugee elders (e.g. nursing homes, hospitals).</li> </ul>
Welcoming and hospitable communities	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> promoting elder involvement in ethnic community events;</li> <li><input checked="" type="checkbox"/> whether more flexible requirements should apply for citizenship for elders.</li> </ul>
General	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> professional development, training and awareness raising activities for key personnel and professionals to enhance their capacity to support refugee elders.</li> </ul>

For younger refugees, the success of integration is usually measured in terms of their acquisition of the target language and achievement of economic self-sufficiency. While for some elders these may be appropriate goals, for others, integration objectives need to be considered in the context of their physical and mental abilities. Success may need to be measured in terms such as their independence in day-to-day tasks or their social connections with other elders in the refugee community.

Since refugee elders have a role in supporting the integration of other family members and in transmitting important cultural values, another indicator of success will be the extent to which they are respected and valued in their own families and communities and the wider society.

Refugee elders are a small proportion of resettled refugees. They are a highly diverse group and may also be geographically dispersed. As a consequence, their needs can often be overlooked. This may be particularly the case in receiving societies with high expectations of early economic self-sufficiency where the focus in integration planning tends to be on employable adults.

The implications of the refugee and resettlement experiences for refugee elders

In most societies, ageing is a life cycle stage of adjustment. It is a time of coming to terms with a gradual loss of independence, of retirement from paid employment and of looking for alternative sources of practical and emotional support. Ultimately ageing involves coming to terms with, preparing for and coping with death. Refugee elders face some unique challenges in the processes of both ageing and resettlement.

Elder nationals and longer term residents of the receiving society will have had the opportunity gradually to plan for advancing age and to acquire the skills and resources for dealing with it. In contrast, refugee elders are required to make these adjustments in an unfamiliar environment and with few material resources. Many will have to come to terms with very different social conditions for ageing than they may otherwise have anticipated in their countries-of-origin.

Refugee elders have very few years available to them to rebuild their lives and regain their former status and financial position. In view of the time needed to retrain or have qualifications gained elsewhere recognised, they may be forced to accept a labour force position well below that occupied in their countries-of-origin.



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**...regarding student motivation ... we have found that it is sometimes not enough to speak only with the person concerned. Several of the students belong to larger families that have preserved their home traditions including the practice of treating ones' elders with particular respect. His views carry weight when the family discusses right and wrong, should and must, tradition and innovation. Both the school and the refugee officers have learned to consult with the family elder when important matters of principle are to be decided.**

Language teacher





## ENGAGING REFUGEE ELDERS



Some of the challenges resettled refugees face in seeking employment are discussed in Chapter 2.9. These may be compounded for refugee elders by the reluctance of some employers to hire older workers. Further, the higher rate of chronic and disabling conditions among resettled refugees may make them appear older than they are.

Refugee elders may also have to adjust to very different concepts of retirement. In some countries-of-origin, the retirement age is lower than in many resettlement countries and retirement from paid employment may be a more gradual process. As a consequence they may be ambivalent about employment. While they may be conscious of the need for economic self-sufficiency, they may also yearn for the tranquil retirement they might otherwise have had in their home countries.

In refugee source countries, elders are generally valued for their wisdom and life experience, and authority and status is vested in them. In receiving societies, however, this position is likely to be reversed. Given their age and greater contact with the receiving society, children and younger adults tend to learn the language of and adjust to the receiving society at a faster rate than elders. Refugee elders may become dependent on children and grandchildren for the most basic of tasks such as paying bills or reading correspondence. As well as undermining their traditional authority, this can be a cause of humiliation and shame.

The traditional role of elders may be further compromised if children and young people reject their beliefs and values in their own bid to find acceptance in their new country. Also of concern are negative attitudes toward ageing in many receiving societies. These have the potential to affect the self esteem of refugee elders as well as the esteem in which they are held by other family members. Without their traditional role and authority, refugee elders may struggle to find an alternative meaning and purpose to their lives.

Resettled refugee elders are also vulnerable to social isolation in the receiving society. Families struggling with their own integration may find it difficult to find the time to spend with elder relatives. While in established refugee communities support networks for elders are generally well developed, in small and emerging communities this may not necessarily be the case.

Refugee elders may also have limited access to social and recreational programs (e.g. day centres, communal meal services). This may be due to language difficulties, discomfort as minorities in the company of elders from the dominant culture, and the fact that these programs may not readily accommodate the dietary requirements and religious and cultural practices of refugee elders.



Social isolation and dependence of refugee elders may be further compounded by lack of access to, or difficulties in using, public transportation.

While age can be a period of great vitality, it is also associated with increased vulnerability to health problems and increasing dependence on others. In many refugee source countries, frail and sick elders are cared for in the home by the extended family. Refugee families in receiving societies facing their own integration challenges may struggle to provide this support.

At the same time, both families and refugee elders may be reluctant to access services established for the elderly in the receiving society. This may be due to fear or distrust of outsiders, in particular government agencies, and/or a strong cultural belief that responsibility for the support of the elderly lies with the family.

Preparing for death involves particular challenges for refugee elders. For religious and cultural groups with strong links to ancestry, burial in one's homeland is important. Refugee elders from these groups may fear what will happen to their souls if they are buried in their country of resettlement<sup>2</sup>. In others, particular procedures and rites need to be observed in order to ensure appropriate burial and resting. For example, burial may need to take place within a prescribed time or the deceased (as is the case for practising Muslims) may need to be placed in a certain direction. In some cultures there are specific taboos on talking with the sick and elderly about impending death, making it difficult for them to discuss their fears and ensure that practical preparations are made.

In many refugee source countries the dying remain in the home surrounded by relatives, friends and in some cases religious leaders. In contrast, in receiving societies elders may well spend their last days in a hospital where the involvement of family and friends may be limited.



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## ENGAGING REFUGEE ELDERS



## Planning for refugee elders: Overall considerations

### Service and program responsiveness

The small, diverse and geographically dispersed nature of the refugee elder community presents particular challenges for integration planners, and resource constraints may work against establishing special programs for them. Accordingly, a highly targeted approach to planning is required.

A number of methods have been adopted to improve the responsiveness of services and programs to refugee elders, including:

- securing the co-operation of services providing programs for national elders to offer programs in refugee community venues such as community centres or places of worship;
- ethno-cultural agencies working with established service providers to develop programs for refugee elders in existing facilities for national elders;
- providing support to established services to enhance their capacity to provide culturally and linguistically sensitive programs to refugee elders (e.g. bilingual and bi-cultural staff, technical support).

The success of these approaches is highly dependent on effective partnerships between refugee agencies, refugee communities and established services and programs for elders in the receiving society.

Effective models of service delivery for refugee elders have also tended to be multi-faceted, addressing a range of resettlement objectives in an integrated way. For example, in the USA, some success has been achieved by combining language training, orientation and social support.

The experience of receiving societies is that refugee elders do require more intensive integration support<sup>3</sup> and that this needs to be recognised in funding and contractual arrangements, particularly for services providing early assessment and settlement support (see Chapter 2.3).

### Refugee community support and capacity building in refugee communities

Chapter 2.11 discusses strategies to strengthen refugee communities and to build their capacity to support resettled



## Refugee elders

FRESNO Inter-denominational Refugee Services (FRIS), a non-profit organisation based in California, USA, was aware that elders in the local Lao and Hmong refugee communities were not accessing local services for the aged. This was despite high levels of poverty in these communities.

With funding from the local county, FRIS approached a local government service for the aged, requesting that it enter a partnership to provide a culturally appropriate congregate meal program and case-

work services in a neighbourhood centre already used by Lao and Hmong elders, along with a transportation service.

The local authority was initially resistant, believing that the Lao and Hmong elders should access existing programs. However, following a deputation from the elders themselves, it supported the proposal, recognising that existing programs were inaccessible due to cultural, language and other barriers.

Through this initiative, Lao and Hmong elders are now able to enjoy communal meal services in

a familiar environment, while at the same time being assisted to access resources available to them in the wider community through the casework service. FRIS contributes language and cultural interpretation services to the partnership.

This partnership has provided the basis for further initiatives, including the development of a new neighbourhood centre and classes to strengthen the role of elders in caring for children in their communities.



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refugees. These efforts will be particularly important for refugee elders as:

- in the face of dislocation and the stresses of resettlement, connection with their traditional culture can provide a source of continuity and comfort;
- strong ethno-cultural communities provide access to religious institutions. The ability to practise their faith may be particularly important for refugee elders;
- for those struggling to acquire the language of the receiving country, contact with their own community may be their only opportunity, outside of the family, to communicate in a meaningful way;
- refugee communities play an important role in supporting the development of special services for refugee elders and in providing advice and support to general services to assist them in providing culturally and linguistically relevant services. They are also an important source for recruiting bilingual and bi-cultural workers to programs for refugee elders.

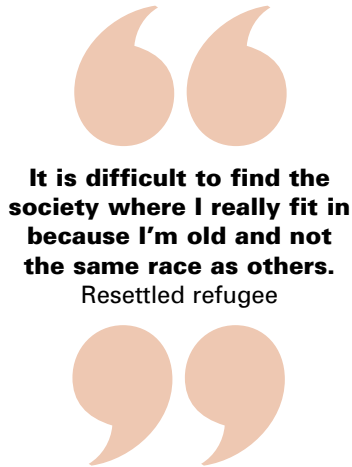


## Factors to consider in key program areas

### Placement

The following will be important factors to consider in the placement of refugee elders:

- personal safety and security. The experience of resettlement countries is that refugee elders may feel particularly vulnerable to threats to their personal safety, contributing to anxiety and social isolation;
- ethno-cultural community and family support;
- health and support services, in particular, services established for elders;
- public transport. Refugee elders are less likely to own a motor vehicle owing to financial and language difficulties and health issues (e.g. visual impairment). Access to public transportation reduces elders' dependence on others and enables them to participate in social activities.



### Settlement and social support

The particular needs of refugee elders will have to be considered in early assessment and settlement support (see Chapter 2.3). In circumstances where refugee elders are dependent on family support, it is important that the whole family is involved in assessment and that social support interventions are developed to strengthen the functioning of the family and thereby its capacity to support refugee elders. Families will also need to be informed about the services and supports available to them in the event of the refugee elder experiencing a health crisis.

There is the risk that if energies focus on employable adults, the needs of refugee elders will be overlooked. For this reason social support providers in some resettlement countries conduct a separate interview with refugee elders, following the family assessment.

Through early settlement support refugee elders can be offered information and help to make linkages with their ethno-cultural communities, and with social and recreational programs in both the refugee and wider communities.

Health care and social support providers may also need to be aware of the possibility of elder abuse which, while occurring across cultures, may be a particular concern as refugee

families struggle to adjust to a new country. While in some cases this may take the form of physical abuse, in others, elders may suffer exploitation, being expected to take undue responsibility for domestic and child care tasks, or may be isolated in the home.

### Income support

In some receiving societies, eligibility for retirement income may be dependent on a history of participation in the labour force or being a citizen. In these circumstances, there may be a need to review income support provisions or to support refugee elders to meet prevailing eligibility requirements.

### Language assistance

Refugee elders are less likely to speak the language of the receiving society on arrival and may be slower to acquire a new language<sup>4</sup>. Accordingly, language assistance will be critical for this group, particularly in key services and systems (e.g. income support, health care) and specialist services for elders.

Elders may be unable to understand written information in either their own language or that of the receiving society. Many will depend on others to explain written information or explain or affirm information provided orally. For this reason information provided directly to elders should, wherever possible, be supplemented with written materials.

Experience suggests that refugees and immigrants begin to lose the capacity to speak their second language as they age, indicating the need for target language maintenance programs.

### Language training

The importance and benefits of language training for resettled refugees are discussed in Chapter 2.6 of this Handbook and apply equally to refugee elders. In addition, language programs can give elders a focus for re-establishing routine, for socialising with others and for learning about the receiving society.

Some countries offer dedicated language training programs for refugee elders and have developed specialist curricula. In many cases these are delivered in services for the elderly, often in the context of a broader social and recreational program or as part of a communal meal program.



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## Factors to consider in planning language training programs for refugee elders

- Learning a new language becomes increasingly difficult with advancing age. Refugee elders may require more intensive language support, or learning objectives may need to be set in accordance with their aspirations and abilities.
- Refugee elders may experience some embarrassment participating in a class with younger people, particularly if they are struggling to learn. For this reason elder-specific classes, if possible taught by older teachers, may be more acceptable.
- As indicated in Chapter 2.6, if adult language learning is to be effective, it is important that it is related to the day-to-day needs and concerns of adult learners. Since these will be very different for refugee elders than for employable-age adults, a tailored curriculum will be of benefit.
- Past negative experiences of education and negative images of ageing in the receiving society can affect elders' self esteem and self worth and act as barriers to learning. Curricula can help to address this by reflecting positive images of ageing.
- Refugee elders may face additional health barriers to language learning (hearing loss, vision impairment, dental problems, depression, dementia and arthritis). Awareness of these among program providers, and sound referral links between language training programs and health services will therefore be important.

## Orientation

Orientation programs and processes are important vehicles for providing assurance to refugee elders that they and their families are safe in the receiving society and for providing information about the supports and services available to them. Helping elders to establish a sense of control can reduce their dependence on other family members. Orientation programs can also help refugee elders to understand the lifestyle, practices, values and beliefs of the receiving society, thereby assisting them to retain their advice-giving roles in refugee families. This in turn can help to reduce the potential for inter-generational conflict.

As indicated above, orientation is more likely to be effective if provided as part of an integrated program of social support and/or language training. Many refugee elders will benefit from 'hands-on' orientation aimed at helping them to learn basic skills such as dialling telephone numbers and using public transport.

## Housing

While refugee elders and their families may prefer to be housed together, in many receiving societies there is a limited housing supply suitable for extended families. Where appropriate housing is not available, consideration may need to be given to housing elders close to family members and other community supports.

## Employment

Refugees who are approaching but have not reached retirement age, or who wish or need to work beyond that age may require more intensive employment counselling and job placement support. For planning purposes this group is generally understood to include those aged 45 years and over.

In the USA, some economic self-sufficiency initiatives targeted to elder refugees have built on and affirmed their roles as advisers and supporters of children and grandchildren. These have included working with refugee elders to establish child care co-operatives and offering them training to work as bi-cultural assistants in social support agencies. Through their participation in these programs, participants are also able to build their understanding of the receiving society, thereby bridging the gap between them and younger generations. Some countries have achieved particular successes with mentoring programs for refugee elders.

## Health

Care will need to be taken when offering post arrival health assessment to refugee elders. They may be particularly reluctant to disclose information about their health prior to or following resettlement, either because they fear that this may jeopardise their application for resettlement or their residency status or because they do not wish to worry or burden other family members.

Elders may be particularly receptive to traditional models of health care and these have been utilised by health services serving refugee elders in a number of countries.

In those receiving societies in which health care is funded through work-related or private health insurance schemes, consideration will need to be given to ensuring that refugee elders who are beyond employment age have access to an appropriate and affordable standard of health care.



**When adult care-givers are secure in their housing, health, employment, education and literacy, there is ample time and energy to see that the most vulnerable, elders and children, are well attended.**

Resettlement worker



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## INTEGRATION IN PRACTICE

## Supporting older workers in Australia

<p>IN THE Australian state of Victoria, Adult Multicultural Education Services (AMES) established the <i>Tool Shed</i>, an initiative providing the opportunity for older refugee men with low levels of formal education to access and participate in vocational skills acquisition programs that would otherwise be out of their reach. The aim was to develop a tool shed as a base for providing</p>	<p>alternative pathways to economic independence for people unable to find employment in the mainstream. AMES has supported a group of older men to develop a company around the <i>Tool Shed</i>. A business partnership with the St Vincent de Paul Society was developed and the <i>Tool Shed</i> is now the provider of tables and chairs offered to newly arrived refugee families as</p>	<p>part of the Australian Government's Integrated Humanitarian Settlement Strategy (see p. 41). From this relatively modest business base, it is hoped that the <i>Tool Shed</i> will expand its role in providing ongoing training and business development opportunities for people who would otherwise face difficulties in entering paid employment.</p>
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Health care providers and refugee advocates will need to familiarise themselves with relevant religious and cultural observances, including those related to the process of dying, treatment of the deceased, and processes for sending remains back to countries-of-origin (where this is possible) for burial.

As indicated in Chapter 3.1 resettled refugees may be particularly vulnerable to psychological problems as they age in the receiving society. This will need to be taken into account in professional development and other capacity building initiatives targeted to health and social support workers serving elders.

Welcoming and hospitable communities:  
Citizenship requirements

In some countries of resettlement a certain level of language proficiency is required to qualify for citizenship. Recognising that elders may find it difficult to learn a new language, some countries have more flexible criteria for them. Efforts to support elders to qualify for citizenship will be particularly important in countries where citizenship is a condition of eligibility for government-provided retirement income.