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**MIGRATION AND AGEING:
SETTLEMENT EXPERIENCES AND EMERGING CARE NEEDS OF
OLDER REFUGEES IN DEVELOPED COUNTRIES**

Eleni Hatzidimitriadou
University of Kent, UK

Abstract

Migration is a phenomenon usually associated with younger people, so issues of older migrants attract less attention in research, policy making and welfare service provision. On the whole, older refugees are frequently put 'at the back of the queue' and overlooked by aid programmes due to assumptions that their needs are of less importance than those of other vulnerable forced migrant groups such as children. Nonetheless, older people who experience forced migration and exile are faced with serious difficulties such as traumatic experiences in origin country and during flight, health deterioration due to migration stresses, severed family and friends' networks, limited choices of resettlement due to financial difficulties and lack of support. In addition, there is a disparity between service providers' perceptions of user needs and older refugees' own priorities. To date, there has been little research on their experiences in receiving countries despite the fact that evidence on settled older migrants depicts them as among the most deprived and socially excluded groups living in developed countries. In this article older refugees' health and social care needs and their implications for policy makers are reviewed.

Key words: Migration, Older refugees, Health care, Social care services

Address: Eleni Hatzidimitriadou, European Centre for the Study of Migration and Social Care, University of Kent, Beverley Farm, Canterbury, Kent CT2 7LZ, UK. Phone: +44-1227-824045. Fax: +44-1227-763674. E-mail: E.Hatzidimitriadou@kent.ac.uk

INTRODUCTION

International migration has been acknowledged as a major phenomenon that permeates the social fabric of the developed countries worldwide. Current efforts to harmonise policies of reception and integration for immigrants in Europe point to the need for an adequate understanding of their settlement process for national welfare systems and service providers to be able to plan appropriate responses to their health and social care needs. This is particularly important for the most vulnerable migrant populations, namely women, children and older people. While the first two groups have attracted some attention from policy makers and researchers, this is not the case for older migrants. Old age is not seen as a relevant target group when studying international migration.

When considering forced migration in particular, the majority of refugees are typically young people, migrating due to an amalgam of economic and socio-political causes but assumed to be in a fair position to start a new life and contribute in the host country's growth. On the other hand, older refugees are commonly perceived as a rarity and, when noted, a burden in the demands upon welfare provision and wider socio-economic support systems available to displaced populations. Influenced by such ageist assumptions, the majority of policy makers and service providers often put older refugees 'at the back of the queue', due to their comparatively low numbers vis-à-vis the total refugee populations in developed countries and biased assumptions that their needs are of less importance than, for example, those of women and children (Goveas, 2002; Macdonald, 2002). Yet, research shows that many elderly people have specific needs such as frailty, lack of mobility and chronic health problems, that can become acute and life threatening as a result of stressful migratory experiences.

Older people, who experience forced migration, may be faced with a number of serious problems of health and mental well-being in pre- and post-migration. They may have suffered trauma in their country of origin as well as during their flight. Their health may have deteriorated due to the stresses of migration; for a significant number of them, networks of family and friends will have been severed; the majority will have limited choices of settlement due to financial difficulties and lack of support (HelpAge International, 2002a). On the other hand, research carried out by HelpAge International in 1999 and 2000 suggests that there is a disparity between aid agencies' ideas of what older people need in exile and what older people themselves see as most important (HelpAge International, 2002b; HelpAge International/United Nations High Commissioner for Refugees/European Commission's Humanitarian Aid Office, 1999). According to this research, older refugees' most acute problems are income, access to health services, shelter, food and nutrition, and isolation/separation from families. Moreover, after the initial settlement period, long-term integration of older refugees in a host community is a significant challenge and it depends heavily upon opportunities for them to maintain their status within family networks and to become active members of their cultural group and the wider community. To date, there has been little systematic research on older refugees' settlement experiences despite that related evidence on settled older migrants depicts them as being among the most deprived and socially excluded groups in developed countries (Blakemore, 1999; Warnes, Friedrich, Kellaheer, & Torres, 2004).

In this paper, I will review issues of settlement of older refugees in developed countries. To this end, I will examine conceptual and definitional challenges in examining the needs of this particular refugee group. I will then review existing evidence on elderly refugees' needs and welfare service responses. Finally, I will discuss policy implications in terms of conceptualising this population and introducing strategies for successful integration in host countries and ultimately successful ageing. My analysis will be informed by suggested typologies of migration in later life and will draw on explanatory gerontology frameworks.

EXPERIENCES OF OLDER REFUGEES

To date, there has been little systematic research with a focus on older refugees' settlement¹ experiences in the developed world. Apart from the lack of interest noted above, there are also other challenges that hinder the development of a substantial body of evidence for this population. These are (a) the difficulty of defining "old age" in the refugee populations, (b) the distinction between refugees/asylum seekers and other migrant groups, and (c) the stark contrast in migratory experiences and reasons for migrating. All these issues have a significant impact on the nature and extent of support systems that are or should be made available to the older refugee population. I will now examine in more detail these issues.

Definition of old age

Most of the relevant refugee-focussed literature is preoccupied with defining the "older" populations. Age, beyond its biological meaning, is largely defined by society therefore its definition in refugees' countries of origin may be varied. Indeed, it is a well-known fact that different cultures may perceive old age in particular ways (Gozdiak, 1988). In some societies, old age is defined in functional terms, based on one's ability to perform certain activities, for example, when the body loses physical vigour needed to work or carry on demanding everyday tasks. In other societies, ageing is defined in formal terms based on external events, such as retiring or becoming a grandparent. In most western societies, the age at which one is eligible for state pension is usually defined as the beginning of old age; this is usually between 60 and 65 years. In addition, ethnic groups may also differ in their attitudes towards their elderly members, the status attributed to old age and the expectations older people have in terms of the respect they expect to receive from their children and grandchildren, as well as lifestyle, roles and responsibilities they anticipate for themselves.

Defining old age for refugee populations as a whole is even further complicated by their migratory and settlement experiences. The United Nations High Commissioner for Refugees (UNHCR) notes that regional variations in life expectancy, traumatic experiences and economic disadvantages may influence the ageing process for these populations; hence a conventional limit should be used with flexibility, especially when considering integration and settlement processes (United Nations High Commissioner for Refugees, 2004b). Some of the challenges associated with applying a "western" definition of "old" are found in Wilson (1988):

The standard definition of the elderly 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 can 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, dates of birth may have been calculated differently or recorded inaccurately in transit, so that some are actually older than their 'official' age (Wilson, 1988, p. 157).

The introduction of the age category of 60 years and over in UNHCR statistics is a reflection of increased worldwide attention to ageing populations but also of increasing UNHCR efforts to address the needs of this particular refugee group. This age limit of 60 years is also consistent with the definition of elderly persons by the World Health Organisation (United Nations High Commissioner for Refugees, 2001). Having a conventional age limit is fairly important for two reasons: for enabling policy making which

¹ The term "settlement" refers to the adjustment of refugees in the host country at political, socioeconomic and psychological levels. It is also related to processes of adaptation and acculturation. (For a more detailed discussion, see Bloch 2002, pp. 80-98)

will address this group's needs, and for allowing people to access welfare provisions offered to the host older population. Even so, anecdotal evidence indicates that often the age limit has quite the opposite result; it may be a barrier to family reunification and repatriation applications. Similarly, age limits adopted in host countries may not reflect the impact of premature ageing that a lot of refugees experience due to the hardships they live through during flight and settlement. Finally, the age definition has been a controversial issue for research into these populations, as researchers have not always used the age limit of 60 years and have included people from 50 years onwards, in response to the challenges discussed above. Although a justified choice, it renders impossible to use this evidence for the purpose of comparative analysis of this group's needs and experiences.

International statistical data collected by UNHCR in 2003 and 2004 indicated that six to seven percent of refugees were aged sixty years or over worldwide (United Nations High Commissioner for Refugees, 2004a, 2005). Europe had a much higher percentage, 18%, of which the majority lives in South East Europe. This is consistent with the broader demographic trend of ageing in these countries. Most of the older refugees were women and were living in urban areas. Nonetheless, available statistical information on older refugees (aged 60 years and over) living in Europe is limited therefore it is difficult to provide accurate numbers for this age group at continent or national level.

A report by the European Council on Refugees and Exiles (Knapp & Kremla, 2002), surveying older refugees' needs in fourteen European countries between 2000 and 2002, noted that on average about 3% of asylum seekers were aged 50 years and over in the European countries surveyed. However, there was an uneven distribution across countries; for example, in the Netherlands, numbers of older refugees were estimated at about 15% of the total refugee population. In the United Kingdom, 3% of asylum seekers were aged 50 years and over; however, this number reflected only a proportion of the total older refugee population. Statistical information in Southern European countries was very difficult to establish and information was inaccurate as it failed to take into account the significant number of irregular or undocumented immigrants. For example, in Spain only 1% of reported asylum seekers were aged 50 years and over in 2000. However, this figure only relates to age at the time of applying for asylum. An estimate of the total population of older refugees should also include the number of people who became older than 50 years while awaiting the outcome of their asylum claim or after being granted humanitarian or refugee status, as well as the elderly relatives who were brought over to Europe by their children because they would otherwise not have been able to look after them properly.

Refugees/asylum seekers and other migrants

Another important problem in exploring older refugees' issues is the distinction between refugees, asylum seekers, and other migrant groups. These terms have particular legal meanings which usually determine these populations' access to state welfare provisions and support systems. For example, the term 'refugee status' is used to indicate protection under international law and has an explicit definition (United Nations High Commissioner for Refugees, 1951). Nevertheless, the Geneva definition of refugees is narrower than the notion of 'forced migration' which includes escaping persecution, violent conflict or natural disasters. Beyond their legal definition, the distinction between refugees/asylum seekers and other migrants is constantly produced and reproduced in the practices of state agencies, international organisations, and non-governmental organisations, as well as in academic discourse and within the immigrant communities. Griffiths argues that the legal construction of these terms is only one element in the overall conceptualisation of these groups. He suggests that «the refugee/migrant distinction blurs in practice, and this is the simple fact that "refugees" will eventually become sellers of labour power or otherwise integrated into the indigenous labour market» (Griffiths, 1990, p.1).

Similarly, from a Marxist perspective, Sivanandan (2000) dismisses the distinction between political refugees and economic migrants as irrelevant in today's globalised world

and argues that globalism obscures the boundaries between economic and political spheres by driving poorer regimes into bankruptcy and massive pauperisation. Erosion of socio-political infrastructure is inevitable and people are compelled to resist to both economic despondency and political oppression. Hence, the economic migrant is also the political refugee and vice versa. Countries, such as Britain, admitted immigrants from the former colonies without making a distinction between economic migrants and political refugees, as long as there was a need for cheap labour. As Sivanandan (2000) puts it, “governments choose their terminology as suits their larger economic, political or ideological purpose”. In addition to legal and labour market issues, overlap of these terms is very evident in their representation within the media and the public arena of host societies, where a blame culture continually attributes crime and employment crises to both groups, often distorting statistical and other evidence to construct such claims (Buchanan & Grillo, 2004).

How is the discussion about old age and migration affected by this distinction of terms? First, although there is a growing body of research evidence on older migrants (Blakemore, 1999; Patel, 1999; Warnes et al., 2004), very few researchers have included the refugee experience as part of their studies, plausibly assuming that their low numbers and invisibility do not justify such attention. The limited evidence that exists, though, suggests that both groups have similar experiences in the host country and face comparable challenges in terms of integration and quality of life (Becker & Beyene, 1999; Bruxner et al., 1997; Burholt, 2004; Cylwik, 2002; Griffiths, 1990; Ucko, 1986; Van der Geest, Mul, & Vermeulen, 2004). Thus, it is likely that the terms “refugee/asylum seeker” and “other migrant” have very little or no weight when we evaluate their health and psychosocial care needs as well as their life experiences in the host country. In fact, other factors may be more meaningful in the analysis of older people’s experiences, such as the age at which migration took place, country of origin, original motives for migrating, developments in majority host community, relationship between minorities and majority group in host country, attitudes to a further move in later life (Blakemore, 1999; Warnes et al., 2004).

Furthermore, although there are undoubtedly significant differences between people’s motivation to migrate, one could argue that the distinction “forced vs. economic” is to a certain extent an artificial one, because in reality a vast number of people are usually “forced” to migrate due to harsh socio-political conditions and do not do so willingly. Likewise, when it comes to making decisions about whether or not to return to the country of origin, the issues facing refugees and other migrants may not differ much. When getting old in a host country, choice is limited, if not practically unattainable; for both groups it is very difficult to return to their home country when they are older for a number of reasons such as lack of financial resources, absence of family members and potential carers, fractured family relationships and loss of close personal ties in country of origin (Blakemore, 1999; Hugman, Bartolomei, & Pittaway, 2004; Scott & Bolzman, 1999). Also, both groups may be faced with legal complexities in that they may have no citizenship status in the host country, so that going back “home” – even for short periods – may be very difficult for them if they want to maintain the links with the host country, as in most cases they have children and grandchildren living there (Van der Geest et al., 2004). Finally, both groups may feel that they do not wish to return to country of origin as they have adjusted to the lifestyle in the host country and feel anxious about going back to a place with poor support systems and inadequate welfare provision for the elderly.

Despite common socioeconomic circumstances that both refugees/asylum seekers and other migrants face in the host country, there are undoubtedly important differences between these groups that one should take into account when developing services and implementing aid programmes. For those refugees who are forced to migrate at old age and short notice, without planning and preparation, problems of cultural adjustment and life reorganisation may be acute (Becker & Beyene, 1999). Therefore, for an analysis of welfare needs, it is important to differentiate between those people who grew old in exile and those who were already considered old when they migrated (Scott & Bolzman, 1999).

Migratory experiences

The third challenge one faces when exploring older refugees' issues is the sheer variety of migratory experiences and reasons for migrating. As a number of authors in refugee studies point out, not all refugees have similar experiences when migrating, and they do so for a wide range of reasons (Castles & Miller, 2003; Harrell-Bond, 1999). This makes it impossible to generalise about the experiences and needs of older refugees as a group. Refugees who live in western countries may have better experiences in the host countries, as there are well-established support systems for the elderly due to their increasing number in the majority community and their increased political power as voters. By contrast, refugees in developing countries may have different experiences in terms of support as welfare mechanisms are not developed and economic hardship is shared by both indigenous and refugee populations. Even if statistics show that a smaller proportion of older refugees (4%) resides in developing regions such as Africa, it is still an issue that needs attention as these elders will require greater support given the severe lack of resources; it is also likely that their families will be the main providers of caring (Davis, 1996; Goveas, 2002; Habyarimana, 2002; Kessely, 2002; United Nations High Commissioner for Refugees, 2000).

Certain factors are shared by all refugees regardless of age: they have lost their homeland and may have suffered traumatic experiences before or during flight; they have to learn a new language, function appropriately in a new culture and adapt to a new social position (Gozdiak, 1988; Wong, 2003). Many of the tasks that have to be faced are harder for older people, for example acquiring a new language and understanding and adjusting to a new society. Some of the problems older refugees struggle with are shared by all elderly migrants, namely ageing in a foreign culture. Other problems overlap with difficulties experienced by indigenous older people since they relate to the very fact of being old. Nonetheless, the ethnic origin and culture of older refugees have a significant impact on their settlement experiences and expectations because, as mentioned earlier, old age is culturally and socially defined. When researching older refugees' issues there is also need to acknowledge their individuality and difference in terms of migration history and to account for their cultural particularities in the design of appropriate responses.

I will now turn to the discussion of what is known about settlement of older refugees in Europe and elsewhere as well as their needs and the responses of agencies in the host countries.

EMERGING NEEDS OF OLDER REFUGEES AND AGENCY RESPONSES

Because older refugees tend to be invisible, their experiences in Europe or other parts of the developed world are poorly documented. If such documentation exists, it is usually obtained within country surveys of refugees, older people or ethnic minorities, a fact that usually influences the quality and relevance of age-specific information. A few reports in the late eighties from the United States and Europe attempt to shed some light on this group (Gozdiak, 1988, 1989; Wilson, 1988). These reports are based on a limited amount of first-hand information and are mainly qualitative accounts of older refugees' lives and service responses. In this work there is little discussion about policy-related matters that affect these populations, namely how state interventions should deal with older refugees in line with policies for older people or refugee integration strategies. It should be noted that these early reports were mostly charting an unknown field and were concentrating on evidencing the group's needs and service provision shortcomings. They all emphasise the uniqueness of recently arrived older refugees, whose problems are more severe than those faced by indigenous elderly people or settled older migrants because of the challenge of ageing in a new culture and the lack of the culturally appropriate coping skills that the other two groups will have developed over the years.

Elzbieta Gozdiak's nationwide study in 1988 explored older refugees' needs and service responses in five locations throughout the United States of America (USA). She interviewed refugee programme administrators, service providers, staff of various voluntary

agencies, and academics in order to obtain information on programmes for older refugees and strategies to address their needs (Gozdiak, 1988, 1989). In addition, she interviewed over a hundred older refugees and local community leaders representing several ethnic groups such as Cambodians, Vietnamese, Hmong, Cubans, Soviet Union Jews, Russians, and Poles. Finally, she conducted a postal survey to localities with considerable numbers of refugee residents in order to identify model programmes serving older refugees, assess special needs and document barriers to accessing services. In her report Older refugees in the United States: From dignity to despair, Gozdiak identified a number of challenges older refugees face during settlement in the new country: financial insecurity, language barriers, psychosomatic health problems, intergenerational tensions, nostalgia, cultural differences in attitudes towards death, lack of knowledge about available services in host country and difficulties in accessing them. She particularly noted the high dependency of older refugees on welfare support, the loss of the social status they had enjoyed in their home country, and the lack of family support of the kind normal for elderly people in the country of origin.

With regard to service provision, Gozdiak found few programmes within USA targeted at older refugees due to the emphasis of refugee policy on employment. As the elderly were considered unemployable, they were given low priority for service provision. Additionally, mainstream services for the elderly were rarely in a position to address the needs of this particular group due to a lack of information about the special circumstances of refugees and a lack of linguistic and cultural resources to communicate with potential service users. Professionals working with older refugees noted that in some communities it was more acceptable to these groups for religious establishments or mutual assistance associations to provide services. In terms of service delivery model, providers indicated that the “paternalistic approach” had to be abandoned and replaced with assistance which would enable older refugees to help themselves. As for the actual services offered, community leaders stressed the need to restore the older refugees’ self-esteem and give them an opportunity to feel useful to their communities by recruiting them to teach language and culture classes to the young refugees and by getting them involved in the activities of ethnic community organisations. Successful programmes in meeting the needs of older refugees included: (a) survival skills enhancement projects, language and literacy programmes targeted at older refugees, (b) employment services for refugees between 45 and 60 years of age, (c) health programmes combining traditional medicine with western health care practices, and (d) intergenerational programmes.

In Europe, one of the earliest reports was Age in Exile, compiled by the British Refugee Council in 1988, in preparation for an international conference on this topic which took place in the same year in the Netherlands (Wilson, 1988). In this report, there were a number of papers on state policy and the situation of older refugees in the United Kingdom, and the contribution of refugee communities groups, voluntary agencies as well as housing schemes and mental and physical health service needs and provision. Also, a compilation of conference papers was published including contributions on the situation of older refugees in European and other countries such as the Netherlands, Germany, Switzerland, Italy, and Egypt (Gilbert, 1988).

Both USA and UK reports highlighted the lack of reliable statistics on the elderly refugee population in all countries and the need for more research and thorough overview of their specific circumstances. In the UK report, the priority problems mentioned by respondents were analogous to the ones mentioned in the American report: language difficulties, physical and mental health problems, money and accommodation, isolation and culture shock. Very few refugee community organisations were exclusively dealing with the needs of the elderly and their programmes were severely hindered by government cutbacks of welfare and local expenditure on older people’s issues. Furthermore, many older refugees might not be in contact with a refugee organisation, due to lack of knowledge, transport difficulties, or reservation towards such organisations. Housing was mentioned as an urgent problem for elderly refugees who were living in sub-standard conditions and were not accessing sheltered accommodation or nursing homes. According to the report, older refugees

were facing a quadruple jeopardy: getting old, living in poor housing, not being able to access services and never having the opportunity to participate fully in life in the host country.

A more recent study on older refugees' settlement experiences was presented in 2002 with a European Council on Refugees and Exiles Good Practice Guide (Knapp & Kremla, 2002). The study examined the needs of older refugees and good practice approaches in fourteen European countries. Evidence was collected through refugee-assisting organisations while a very small number (12) of older refugees provided first-hand information about their situation and needs. The information provided from organisations about needs and service provision was fragmented and partial, demonstrating once more the disparity of knowledge about this refugee group. Despite the rather discouraging picture presented by this report in terms of good practice examples, a number of small-scale national projects were successfully conducted in Europe looking at the challenges that older refugees face in exile and their needs from service provision. For example, in the Netherlands, Stichting Bevordering Maatschappelijke Participatie (BMP)² initiated a project on the situation of older refugees in 2001, using expression and reminiscence activities as a research method of exploring their experiences. Findings indicated that older refugees were at risk of isolation and loneliness due to factors such as the non-established nature of refugee communities, unemployment, and inability to return to their country of origin and language difficulties.

At international level, an attempt to flag up the needs of older refugees was made by UNHCR with a report in 1998 Assistance to older refugees, with the intent "to examine the processes that can increase the isolation and dependency of older refugees and displaced persons of concern to UNHCR, to analyze the issues involved in seeking durable solutions for them and to survey the measures that may help in the rehabilitation of the young elderly, and in the provision of care of the very old" (United Nations High Commissioner for Refugees, 1998). The report presented findings from field surveys on two hundred elderly refugees in Bosnia, Croatia, Russia, Egypt, Sudan, and Yemen. There were great differences between problems and situations in the different host countries but the main difference was between the Eastern European countries, where the elderly refugees were normally entitled to state pensions, were forced to flee in old age and formed a well known part of the refugee population which had often benefited from special UNHCR programmes, and the other three countries studied, where refugees were not entitled to any form of state aid and had to rely on traditional family-based networks, had fled as young or middle aged persons and aged in exile, and their presence had been little noticed or attracted any special community service programmes.

Despite these significant differences, there were a number of factors that affected the older refugees' situation in all host countries: social marginalisation, discrimination and chronic dependency. Likewise, the implications for aid agency assistance were broadly similar in all countries; programmes needed to focus on better integration of the elderly in all aspects of programme planning and implementation, more emphasis on targeted community services projects and greater advocacy on behalf of the elderly during the crucial initial settlement phases.

As a result of UNHCR's increasing concern for older refugees, in 2000 a Policy on Older Refugees was introduced (United Nations High Commissioner for Refugees, 2000). Despite its well-meaning intentions to tackle failings of aid programmes, the policy was criticised for not considering sufficiently individual population movements and the specific needs of older people under these conditions (Refugees International, 2001). More specifically, groups that policy should acknowledge in particular are: resettled older refugees in developed countries, repatriated older refugees in their country of origin, older refugees in protracted refugee situations, older immigrants in developed countries, older internally displaced persons, and older people in other humanitarian emergencies. Vijayakumar (2002)

² The Foundation for the Promotion of Social Participation, Stichting Bevordering Maatschappelijke Participatie (BMP), is a Dutch project organisation operating both at national and European level. In recent years, BMP has focused on ageing of society and the position of older people and developed various programs in the Netherlands focusing on older refugees.

called for a holistic approach, which would permit the recognition of the importance and relevance of all stakeholders, including the refugee communities, as well as of the protracted nature of long-term refugee and resettlement situations (Vijayakumar, 2002).

To sum up, despite the scarcity of first-hand research evidence on the situation of older refugees, existing studies in developed countries highlight health and social care needs among this population which are comparable with those of older economic migrants, along with comparable failings of the statutory or even the voluntary sector to respond to these needs. It is also evident that there is need for the diversity and complexity of older refugees' experiences to be studied in more detail so that their welfare situation is better acknowledged and understood. For example, there is need for more participatory action research so that the voices of older refugees will be listened to as well as longitudinal studies which will record the long-lasting effects of exile on ageing and mental health. Appropriate policy making for this population is another vital priority, given the increasing numbers and associated frailty of this group, and it is this issue that I will discuss in the following section.

POLICY IMPLICATIONS

The lack of appropriate welfare policy and service provision for refugee populations has already been highlighted by various authors and has been attributed to service providers' inadequate understanding of refugee needs, fragmented policy making and care provision for settled ethnic minority groups, and broader context issues such as overemphasis on the impact of traumatic experiences in refugees' origin countries and restrictive asylum policies (Silove, Steel, & Watters, 2000; Watters, 2001; Watters & Ingleby, 2004). However, the reasons why policy makers and service providers overlook older refugees may be more particular to this age group, namely the relatively small numbers of this group within the refugee population and widespread assumptions that they will be looked after by their own families (Knapp & Kremla, 2002; Murray & Brown, 1998). Further, it may be assumed that existing services for settled older migrants will be able to meet older refugees' needs, despite the fact that older refugees may be disadvantaged by having less established networks, lower income, and less awareness of available services and how to access them (Blakemore, 1999, 2000; Knapp & Kremla, 2002). On the other hand, research suggests that settled groups also suffer from being invisible to the welfare system despite their growing numbers, especially people who live alone and may be vulnerable to neglect and isolation. In settled communities, like in refugee ones, there is evidence of great diversity in experiences and needs among various ethnic groups and inadequate responses from services, signs of change in intergenerational relationships and lack of family support for a significant number of elders (Ahmad & Walker, 1997; Blakemore, 2000; Brockmann & Fisher, 2001).

To discuss policy making for older refugees, one must employ a combination of migration and theoretical gerontology frameworks for considering welfare implications. Models of policy and care of settled older migrants and of the indigenous older population are useful in such considerations. Nonetheless, a number of gerontology scholars have already acknowledged the difficulty of generating culturally relevant theoretical models (Torres, 1999) or analysing health and social care policies for migrant and ethnic minority elders (Ahmad & Walker, 1997). To date, we have a few attempts towards a typology of older migrants and their welfare situation. For the purposes of this paper, I will examine the typologies suggested by Warnes et al. (2004) and by Blakemore (1999).

Typologies of older migrants' welfare needs

Warnes et al. (2004) discuss provisional hypotheses about the relative human capital or preparedness for later life of four groups of international migrants: (a) European and non-European labour migrants who are getting old and have "aged in place"; (b) return labour migrants who move from northern Europe to their "origin" southern European countries or from Great Britain to Ireland; (c) "amenity-led" northern Europeans who migrate to southern Europe for their retirement; and (d) "family-oriented" old people who move internationally

to live near (and some with) their relatives who already migrated in scattered destinations worldwide. Their typology is based on groups' place of birth, the ages at which migration took place and the primary motives for migration. According to this typology, the two groups of labour migrants may be in more need of support as they have detached themselves to some extent from their parents' and siblings' generations and therefore may have no kin support network in old age. Factors such as strong gender-selection, low rates of marriage, family formation and fertility, will lead to weak family resources and subsequent disadvantage in old age.

Warnes et al. (2004) acknowledge limitations in this typology, as there are considerable variations in advantage, exclusion and human capital for older people within these categories. They also note the legal status of the migrants and its impact on their quality of life, as well as the importance of gender when considering 'human capital', roles and activities. Although acknowledging the profound impact of citizenship status on the circumstances and welfare of elderly immigrants, the situation of older refugees is not included in this typology nor is the impact of legal status on access of services for this population. Nonetheless, the typology identifies high levels of social exclusion and unmet social support and health care needs that some groups of older migrants may be faced with, in spite of widely held assumptions by policy makers and providers to the contrary.

On the other hand, Blakemore (1999) comments on the validity of the social theories underpinning the study of human ageing when analysing the needs of older migrants. In particular, criticises notions such as disengagement (Cumming & Henry, 1961), activity and modernisation (Cowgill, 1986; Lemmon, Bengston, & Peterson, 1976) as being essentially ahistorical and too universalistic, therefore obscuring or playing down the impact of particular historical trends and events. He notes that migration, as an important life change and a result of particular socio-economic events, cannot be discussed under these well-known gerontology notions.

Blakemore (1999) suggests a typology of "migration possibilities" that ascribes central significance to migration or re-location in the lives of almost all older people. He considers different patterns of migration and suggests how these may affect patterns of ageing and possible care needs. Specifically, the typology examines principal reasons for migration earlier in the life course and attitudes to a further move in later life and proposes nine different groups of older migrants: economic/labour migrants, dependants and refugees (at an earlier stage of life) who intend to stay in adopted country, uncertain migrants, "circular" migration visits, returnees to origin country, those moving to another third country, and those moving within the adopted country (at a later stage of life).

According to Blakemore's (1999) typology, migration at an earlier life stage is important in affecting care needs when getting old. Thus, the attitudes and expectations of older people who arrive in the host country as refugees will be usually quite different from those arriving as economic migrants at earlier life stage. Also, views about moving again in later life have a significant influence on growing old while in exile; in some cases, there is no real choice for older people, as they may have to leave if they are not legally allowed to stay in the host country. Similarly, a wife may be under pressure to return to the country of origin by her husband and family. For the majority of older migrants, there may be uncertainties about who might care for them in old age and whether they have enough resources to resettle again. Blakemore suggests that the typology is a descriptive framework rather than an explanatory model and its utility will depend upon applications to wider theoretical perspectives and will hopefully be applied to generate policy-related questions concerning care and family support for these groups.

On the whole, both typologies discussed have helpful elements in examining welfare needs of older refugees. It is clear that there are many complexities and variations when analysing the different groups and that there is need for more research to shed light on people's views and experiences before developing these frameworks further. Blakemore's typology is possibly more relevant to and useful for older refugees' issues as he acknowledges forced migration and its impact on ageing in the host country, in contrast with the typology of Warnes et al. (2004) presented earlier. However, neither of these frameworks

deals with significant related issues that older refugees face in times of crisis such as trauma and uprootedness, discrimination, social marginalisation, and chronic dependency (Becker & Beyene, 1999; United Nations High Commissioner for Refugees, 1998). Also, such typologies contribute little to understanding how people experience old age in exile and how older refugees view the ageing process in an unknown land. As Becker and Beyene (1999) found in their study of older Cambodian refugees living in the United States, people continue to live in a state of liminality even if they have some time in the host country. They continue to feel uprooted, especially when they face financial and social hardships. To cope with the cataclysmic changes they go through in the host country, older people cling to cultural traditions and «strive to maintain a semblance of life as they knew it before the disruption began» (Becker & Beyene, 1999, p. 310), which may lead to further disappointment and conflict with young generations of their group, and feelings of emptiness when they do not receive the social respect they counted on in later life. Such difficulties have to be understood and addressed in theoretical investigations and policy strategies to effective welfare provisions.

DISCUSSION

Growing old in exile is an inevitable phenomenon that affects increasing numbers of refugees and migrants who decide willingly or unwillingly to stay in the host country as they get older. For the majority of people who migrate, choices are limited in old age and are highly dependent on financial, political and social factors. Although the threshold of “old age” is defined differently in various countries and cultures, migration statistics worldwide indicate that there is a rise in the numbers of economic migrants and refugees who are considered to be ‘old’; this is especially true for European countries. In the light of this reality, it is important to acknowledge the particular experiences and care requirements of this age group within migrant or refugee populations, so that host countries are in a position to facilitate their settlement and integration.

The analysis of the experiences and needs of older refugees should take on board a number of theoretical questions. First, matters of age definition are crucial since they affect legal status, including family reunification and involuntary return, and access to the host country’s welfare system. Concepts of old age as applied in industrialised countries may be inappropriate to cultures based on agricultural economies and having different family and social infrastructures. Hence, definitions of old age must be flexible and culturally sensitive when applied to refugee and migrant populations.

Furthermore, the legal and conceptual boundaries between refugees and economic migrants may be blurred and irrelevant when discussing ageing in these populations. Both groups may be faced with similar worries in relation to returning to the origin country or being cared for by kinship networks. Both may also experience mental health difficulties arising from the feeling of ‘ageing in the wrong place’ (Brockmann, 2002; Hugman et al., 2004). Finally, extreme variations in migration experiences and reasons for migrating need to be considered when designing and implementing strategies to address older refugees’ and migrants’ welfare needs. It is inappropriate to treat these groups as homogeneous once ethnic differences have been acknowledged.

Regardless of age, refugees experience many barriers to integration in a host community. Common obstacles are lack of work, language difficulties, and racism (Mestheneos & Ioannidi, 2002). In addition to these difficulties, older refugees experience unique challenges such as loss of social status and cultural identity, failing health and an age-related inability to learn new languages. In terms of social status and cultural identity, available evidence indicates changing relationships between older refugees and younger family members during the settlement process while culture and religion are challenged and the social status of the elderly diminishes (Omidian, 1996).

The neglect of this refugee population has been recognised only recently and there are serious deficiencies in policy and care provision, in spite of the fact that some developed countries, e.g., a number of northern European countries, have fairly sophisticated welfare

systems in place to address the needs of the indigenous older population, and in some cases, countries such as the United Kingdom, have made a lot of progress in addressing the needs of the settled ethnic minority elders. A few researchers have offered suggestive typologies of older migrants, in an effort to make them more visible in the public arena. These typologies provide a useful background for further analysis and discussion; however, more research is needed to explore the settlement experiences of older refugees and migrants, and to develop appropriate theoretical models that will inform state and professional responses.

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