Older Refugees

Older refugees face a number of challenges that are additional to those of the Australian-born and migrant elderly population. Their past experiences can have a profound impact on their health, the way they will access services and the way aged care services are provided. Broadly speaking, there are two groups of older refugees living in NSW:

1. People who arrived in the past as refugees and have aged in Australia form the largest group. They include people who fled Southern and Eastern Europe after WWII and from later conflicts in South East Asia and Central and South America.

2. People who arrived in Australia as elderly refugees. This group has been increasing as a result of the humanitarian crisis in Syria and Iraq. They typically arrive with family or reunite with family in Australia after many years of separation.

Identifying refugee clients

Refugees are not identified in standard assessment tools. Using non-probing, gentle and supportive inquiry is the best way to identify refugee clients. Reflecting this approach in your history taking forms will be helpful. Asking your patients’ country of origin and year of arrival is useful. Older people may have a refugee-like background if they arrived after WWII from Germany or Eastern Europe; or came from countries such as Afghanistan, Argentina, Bosnia, Burma/Myanmar, Cambodia, Chile, Colombia, Croatia, El Salvador, Eritrea, Ethiopia, Iraq, Iran, Kosovo, Laos, Serbia, Sudan, Syria, Somalia, Vietnam or Uruguay.

Psychological health needs

War and organised violence can continue to affect people long after the event. Psychological symptoms can remain many years after repeated war trauma and may develop long after the trauma has occurred. These symptoms include chronic states of anxiety, depression, guilt about surviving, nightmares and flashbacks, and Post-Traumatic Stress Disorder.

Anxiety will be higher if relatives remain at risk overseas. Symptoms may also resurface when the death of a spouse or of friends here triggers memories of previous losses during war and exile.

There may be some cultural variation in how psychological problems are manifested and addressed. Some people may be suspicious of workers coming into their homes, and reluctant to seek help outside the family. Others may find that the way they usually coped is not effective - for example, people who usually suppress painful emotions may find it more difficult to do so when memory is disrupted by the aging process.

- Consider re-traumatisation as a cause of distress & challenging behaviors
- Always use interpreters when making assessments
- Be aware that certain events & actions may trigger past memories of torture & trauma

Physical health needs

As well as the usual conditions of old age, older refugees may face health problems from previous injuries and inadequate access to health care as part of their refugee experience. Stress-related psychosomatic illnesses are not uncommon and require sensitive investigation.

The impact of dementia

When short-term memory is impeded, such as with dementia, old memories can re-emerge, forcing people to relive extremely painful events such as torture experiences or time spent in concentration camps. This is extremely distressing for clients and can manifest in challenging behaviour.

People at home or in residential care that have experienced hunger or had their food restricted in the past may collect their uneaten food, hiding it in inappropriate places (under their pillow etc.) or may refuse to throw away expired food.

As a result of age-related memory loss, older refugees may also lose English language skills and revert to their first or other language. If bilingual staff or interpreters are not made available from the earliest assessment time, the patient’s confusion is likely to be heightened. Language is a crucial factor in determining a client’s needs and abilities - a reliable aged care assessment of a non-English speaker cannot be made without a professional interpreter.
The impact of institutionalised aged care

Some older refugees find institutionalised aged care reminiscent of their experiences in concentration camps or in prison, triggering painful memories. This can be manifested in a variety of ways. For example, people may be concerned about why their personal histories are being recorded; staff may be confused for guards/torturers; or they may become distressed when night staff at hospitals or residential facilities do welfare checks.

Loss of status

The refugee process can have a significant impact on the status of older refugees. Instead of being a respected member of the community, some older refugees find that their skills and opinions are not valued in the same way in Australia. Roles may be reversed, with people who arrived as older refugees becoming dependant on their children to negotiate their world. This cultural change may be expressed through depression, anxiety or conflict with the family.

Social isolation

For some older refugees, social isolation is a product of their refugee experience. Their experiences may make it difficult to develop the trust needed to develop a supportive social network. Additional risks include: their lack of family in Australia; the small size of some communities in Australia making it difficult to link with people from their own age and background; the lack of bilingual workers; and financial hardship. Compounding this is an inability to learn English at an older age.

Limited access to aged care services

Older refugees tend to be cared for in the home by their children and may be unaware of aged care services available in the community. They may only come to the attention of aged care services when they have developed complex needs or during a crisis.

Culture is particularly important for older people. They may not accept services that don’t try to accommodate preferred language, food, dress and religion. Unintentional cultural transgressions by staff can cause distress.

A small group may not be eligible for certain support services e.g. those not receiving an Australian pension will not be eligible for Commonwealth Hearing Services. Others may be staying long-term with their children on a visitor’s visa and will also not be eligible for Medicare and some aged care services.

Develop ways that refugee communities can be consulted and informed about aged services

Supporting the Carers

Families caring for aging parents often do so without the support of extended family networks, as refugee families are often fragmented in exile. Caring for a frail-aged parent while families struggle to meet the multiple demands of settlement can be stressful. Different generations will adapt to Australian culture at different rates, a source of potential conflict within the family.

Carers may not know about Respite Care and Day Care options that could help support them, and will require help to access services through My Aged Care.

Target information on home support services to refugee communities

Relevant services and organisations

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<thead>
<tr>
<th>Service</th>
<th>Contact Details</th>
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</thead>
<tbody>
<tr>
<td>NSW Refugee Health Service</td>
<td>8778 0770</td>
</tr>
<tr>
<td>STARTTS</td>
<td>9794 1900</td>
</tr>
<tr>
<td>Partners in Culturally Appropriate Care</td>
<td>02 4229 7566</td>
</tr>
<tr>
<td>My Aged Care</td>
<td>1800 200 422</td>
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</tbody>
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Recommended Readings


Knight K (2011) Working with HACC clients from refugee-like backgrounds; Resource Kit. STARTTS & NSW Department of Family and Community Services Ageing Disability and Home Care.


