

KEY ISSUES FOR NEWLY ARRIVED OLDER REFUGEES

Survey Report 2017

**Prepared by the NSW Refugee Support Network Older Refugees Working Group -
December 2017**

Key Issues for Newly Arrived Older Refugees

January 2018

Executive Summary

Until recently it was rare to see people aged 65 and older arriving as part of Australia's Refugee and Humanitarian Program. This has changed and with the change come challenges for service providers not used to working with this vulnerable group.

Newly arrived older refugees have particular needs: they may require health interventions or mobility aids on arrival, they are likely to have little or no English and no understanding of the options available to them or their carers and they have a finite period of access to settlement services before having to negotiate mainstream services unaided.

This paper describes some of the practical and policy challenges presented by this cohort, informed by a survey of community services working with refugees who arrived in Australia when they are elderly as opposed to refugees who have aged in Australia.

Prepared by the Older Refugee Working Group of the NSW Refugee Support Network (RSN), the paper uses survey results to demonstrate that newly arrived older refugees have a range of specific needs that are as yet unmet. In summary, the paper recommends that:

- i. further and more detailed research into the needs of older refugees to inform the implementation of its Ageing Strategy;
- iii. inclusion of the unique and specific needs of the growing cohort of newly-arrived older refugees in the NSW Government's discussions with the Commonwealth Government in areas such as aged care, settlement support and health;
- iv. training be provided for mainstream and specialist service providers in working with older people from refugee backgrounds;
- v. specially targeted resources be developed to help older refugees and their families understand and negotiate the aged care system;
- v. local government outreach to communities of newly arrived refugees;
- vi. frail aged refugees be fast-tracked into services to ensure safety soon after arrival.

1. Background

Recognising an increase in the number of refugees aged 65 and over arriving in NSW and mindful of feedback from service providers about the specificity of their needs, the NSW Refugee Support Network¹ established a working group to focus on the issue.

One of the first tasks of the Working Group was to conduct preliminary research to capture the issues being identified by service providers. This purpose of this paper is to report on the survey findings and place it in the context of current trends in Australia's Refugee and Special Humanitarian Program and the responses required by Commonwealth and State Government and service providers. .

2. The New Cohort of Older Refugees

Prior to The Commonwealth Government amending its stringent health requirements for Humanitarian entrants in July 2012, the vast majority of refugees who resettled in Australia were under 45 years of age. The much welcomed changes allowed families to stay together but they also resulted in a significant increase in the number of older refugee arrivals, as well as refugees with health issues and disabilities. The Department of Social Services' Settlement database shows a doubling of arrivals aged 65 and over from 2008 to 2016, and a two thirds increase in the number of 55-64 years arrivals for the same period.

In 2016-17 there was an even greater increase in the numbers of older arrivals as a result of the decision to resettle additional refugees from Iraq and Syria. 548 refugees aged 65 and over arrived in NSW in 2016-17 compared with 162 in 2015-16.²

Settlement service delivery has traditionally been focused on ensuring the (predominantly young) humanitarian entrants have access to language and vocational training to equip them to enter the workforce. This service delivery model is not suitable for the older cohort and service providers have had to adapt the support they offer.

It is not, however, the responsibility of settlement service providers to do everything for humanitarian entrants on a long term basis. They focus on the initial period after arrival and rely on mainstream services to meet ongoing needs. The issue they are facing is that programs and services

¹ The NSW Refugee Support Network (RSN), established in the 1980s, is a forum of government and non-government agencies, individuals and community groups working with refugees and humanitarian entrants in New South Wales. It aims to improve service provision and support for refugees and humanitarian entrants in New South Wales through dialogue, sharing of information and identifying strategies to address key issues.

² Figures from the Department of Social Services' Settlement Database.

of mainstream agencies are yet to reflect fully the needs of this new group. Typically aged care services currently cater for people who gradually need more care as they age, not those who arrive frail aged and in need of sometimes urgent care or equipment.

In addition to all of the challenges faced by people as they age, refugees resettled when they are older face a number of specific challenges:

- The likelihood that if they had no English prior to arrival, they will never become proficient in English.
- Their confusion about Australian culture and their concerns about their family losing their traditional culture.
- The trauma of having lost their home and homeland, and also the trauma that comes from having been exposed to violence and/or having lost family members.
- Their dependency on their family or sponsor – which sometimes does not line up with their family's capacity to support them. For example the sponsor may have known them many years ago and have little awareness of their current capacity until they arrive.
- In some cases – their family's dependence on them – for free babysitting, their pension etc. In some (fortunately rare) cases this can amount to elder abuse.
- Elderly refugees have higher settlement needs and recovery needs to younger refugees.
- Symptoms of depression, anxiety and post-traumatic stress can be confused with that of dementia making assessment difficult.
- Their lack of friends and social networks and the difficulties in establishing these.
- Their grief about having everything for which they worked all their life for disappear, along with their expectations for their old age and their vision about where they would lie at rest.

3. The Policy Context

One of the Priorities of the NSW Government is to promote opportunities for Older People to lead active and rewarding lives and ensure NSW responds effectively to the challenges and opportunities of an aging population.³

The NSW Government's Aging Strategy for 2016 to 2020 sets out five priority areas:

³ NSW Aging Strategy: 2016 – 2020; page 18.
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1. Health and wellbeing
2. Working and retiring
3. Housing choices
4. Getting around
5. Inclusive communities.⁴

The Strategy also acknowledges that:

Older people from CALD backgrounds who migrated to Australia at later ages often face cultural and language barriers as they look for work or to participate in the wider community.⁵

It therefore follows that NSW Government programs need to factor in the particular needs of the refugees who arrive when they are older and have not had the benefit of having 'aged in place'.

By extension, to realise their policy objectives, the NSW Government can also play an important advocacy role at the national level focusing on the programs managed by the Commonwealth Government, especially but not only My Aged Care.

Case Study

Mrs M is a recently arrived refugee from Iraq. She was accompanied by her adult son who has a disability. They joined her other son and his family who had arrived several months earlier and now live in South-West Sydney.

Mrs M has a number of significant health issues and has limited mobility. As the main carer of her son, however, she has always placed his needs above hers.

She does not know anyone in Australia other than her immediate family and does not feel confident to go out of the house by herself, even to walk to the local shops. Not having any walking aides, she is worried that she might fall if she ventures out alone and that no one would help her.

Mrs M is not aware that there might be aged care services that can help her, and even if she did know, she has neither the confidence nor English skills to contact My Aged Care independently to seek assistance.

⁴ Ibid; page 18.

⁵ Ibid; page 17.

Fortunately Mrs M was linked to the Refugee Health Service for initial health screening and they were able to follow up on her behalf with My Aged Care, as well as seeking NDIS support for her son. The Refugee Health Service was also able to connect Mrs M with social groups so she can make friends outside her family. But Mrs M is one of the lucky ones. Not all refugees are able to benefit from specialist advocacy to help them through the complex negotiations with My Aged Care or to support them through the lengthy waiting period.

4. The Survey

The Working Group established by the Refugee Support Network⁶ developed an on-line survey (*Workers Working with Older Refugees Survey 2017*) to build an evidence base around some of the needs and establish to what extent these needs are currently being met. The survey was made up of thirty five questions, of which eight were quantitative and twenty seven qualitative.

The survey was sent to eleven organisations in NSW working with recently arrived refugees, many of which focus on the provision of settlement services. Twenty seven workers completed the survey.

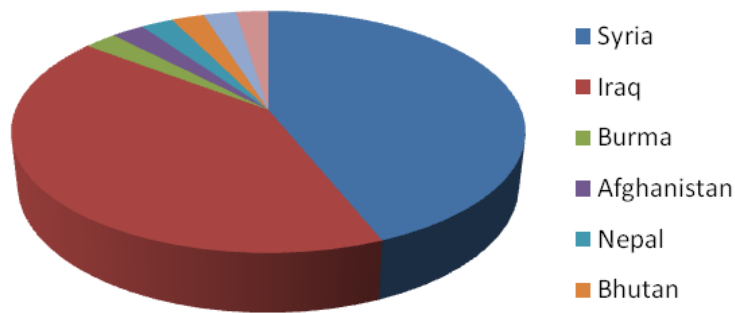
5. Findings

5.1. Demographics

Respondents were asked to identify the main countries of birth of their clients aged 65 and over. The following table shows their responses:

Table 1: Main countries of birth of clients

⁶ The Older Refugee Working Groups included RSN members (Margaret Piper, Marisa Salem, Susan Cunningham and then Sue Maddrell) as well as Yvonne Santalucia (SWSLHD, Chris Maidment (NSW Refugee Health Service) and Carrie Hayter.



This clearly shows the impact of the recent shift in the humanitarian program to focus on refugees from Iraq and Syria and the recent increase in the number of older entrants.

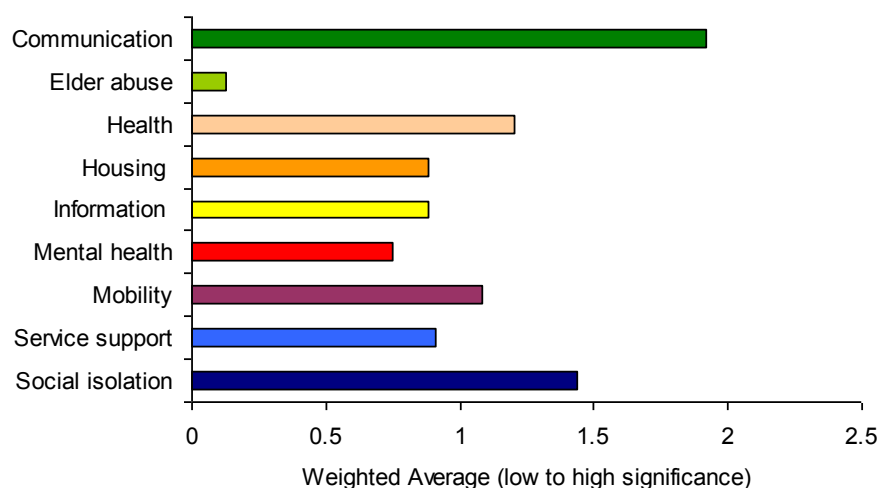
It follows that the largest group identified by respondents was older clients who had been in Australia for less than a year; the second largest group were those who had been in Australia for less than 5 years, the target settlement period identified by the Commonwealth Government.

5.2. Key Issues for Older Refugees

Issues identified by survey respondents are consistent with the priority areas identified in the NSW Ageing Strategy. These areas include health and wellbeing, housing choices, mobility, and social isolation. It is important to note that many of these issues are inter-related and were identified by survey respondents as such.

Respondents were asked to rate the significance of a number of issues for their older refugee clients:

Table 2: Perceived significance of issues for older refugees



These issues are explored below in the order of significance ascribed by service providers.

i. Communication

Older refugees face a number of communication challenges which impact on their access to services. Respondents identified the following:

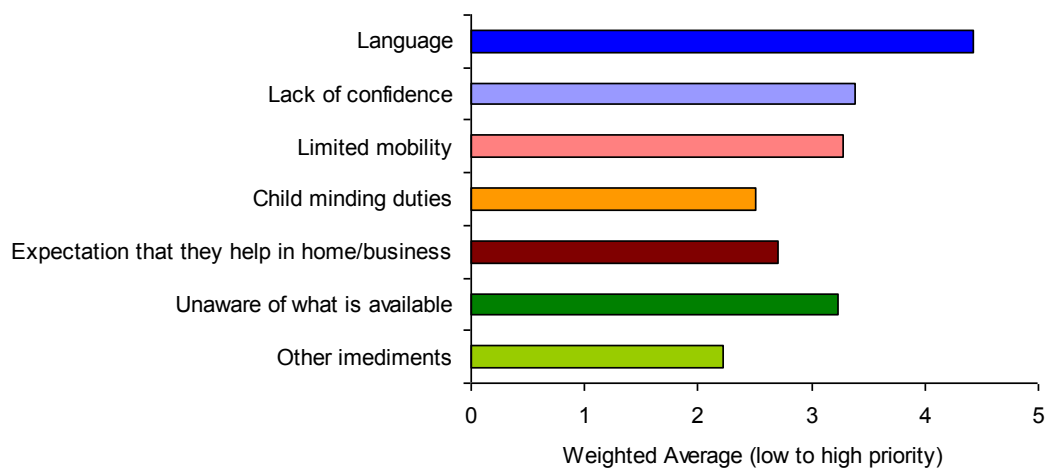
- low levels English competency;
- routine failure by services, including GPs, specialists, and aged care assessment services, to provide a professional interpreter and instead rely on family members as interpreters;
- lack of knowledge about how to access the Australian care system;
- cultural barriers.

ii. Social Isolation

Social isolation was also perceived as a major issue for older refugees and one which in turn impacts on their physical and mental health. The importance to clients of participating in social, religious and education groups was mentioned throughout the survey.

Respondents identified a number of barriers (see Table 3) to participating in social and other activities outside the home, as well as practical strategies to address them.

Table 3: Perceived barriers to client participation in social and other activities outside the home



Respondents identified a range of ways to address barriers to social participation and engage older refugees, including:

- organising language-specific social and activity groups;

- involving Australian born volunteers as assistants in activities such as visiting libraries and excursions, noting that this could be of benefit to both parties;
- arranging transport so that older people can participate in social and religious activities;
- ensuring older people are included in excursions, picnics, markets and cultural festivals;
- promoting participation in health education and supported information sessions that focus on empowering older people to be more confident, independent and able to make informed decisions.

STARTTS' **Older Persons in Cultural Transition** (OPiCT) program has been developed as a specific way of providing opportunities for older refugees to talk about what it feels like to age in another country, or their experience of coming to Australia, to provide an opportunity for their reflection and engagement in a range of areas and services.

iii. Health

Respondents perceived two categories of health issues:

1. Those related to the ageing process including diabetes, heart problem, high blood pressure, knee problems, arthritis, hearing problem, oral health, chronic pain, cognitive decline.
2. Those which had been exacerbated by traumatic experiences, poor nutrition, living in refugee camps and in poor conditions, and PTSD.

Barriers experienced by older refugees accessing health services as reported by respondents include those that are both personal and systemic:

- difficulties in using public transport and lack of confidence and knowledge about community transport;
- high out-of-pocket fees to see specialists;
- too few enough GPs who speak the clients' language and/or who understand the refugee experience;
- specialists refusing to use telephone or face-to-face interpreters;
- difficulties keeping track of their doctors' appointments and follow-up appointments;
- lack of confidence in seeking medical assistance;
- lack of knowledge of the system, leading to reliance upon others to assist them to seek services;
- reluctance to be open about their health issues due to stigma and cultural constraints; some are afraid to ask for help.

Key suggestions for addressing these barriers included provision of assistance with transport to attend appointments, and the provision of more orientation and education programs on how the health and aged care systems work.

iv. Mobility

Respondents highlighted the following issues:

- Personal mobility as a result of age or disability is a barrier to social participation by older refugees, to meeting their health and mental health needs and to ensuring they have access to relevant information
- Inadequate provision of public and community transport is a barrier in supporting older refugees.

Suggestions to improve mobility included:

- better orientation for older refugees in the use of public and community transport;
- more targeted and cheap public and community transport options for older refugees;
- home visiting as a strategy to address mobility issues for older refugees with mental health issues.

Reference was also made to the particular need to address mobility issues for older refugees living in rural and remote areas where there is limited public and community transport.

v. Service Support

Respondents identified service support as another relevant issue. Their concerns about this can be extrapolated from their suggestions about how services can be enhanced:

- Provide education to older refugee communities about My Aged Care to increase their confidence in using the service.
- Provide training to bilingual workers, in particular settlement workers, about My Aged Care.
- Encourage My Aged Care to compare its current client base data to ABS and DSS data to identify which communities and localities are not being adequately supported and take action to ensure its access and equity obligations are reflected in the services offered.

It is relevant to note that a number of other sections touch on service delivery too.

vi. Information

Key information needs for older refugees were identified as being related to two broad categories:

- General information about Medicare and pension cards, using TIS, using the phone to contact family members, and Australian law and culture
- Specific information about how to access specific services such as aged care services, accessing public transport, and booking a GP appointment.

Barriers highlighted for refugees included:

- not understanding of how to access information and what to ask for;
- low levels of literacy (in English and own language);
- lack of willingness of individuals and family members to consider new resources;
- being hampered by physical and/or mental health;
- family dynamics;
- reluctance to bother others;
- lack of familiarity with technology and social media;
- being home-bound and not having access to transport.

It was also noted that services, especially generalist services, lack cultural awareness and fail to tailor information to the clients' needs.

Respondents suggested that service providers could address the information gap by:

- making greater use of bilingual workers;
- ensuring relevant information is translated into community languages;
- conducting community information sessions;
- disseminating information through community leaders;
- working closely with settlement service providers, MRCs and other agencies trusted by entrants;
- making use of social media to reach the entrants' communities.

Reference was also made to the need for better analysis by service providers of their target and potential client base in order to ensure that their service is able to address their needs.

vii. Housing

In relation to housing for older refugees, the following issues were identified:

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- Rental housing:
 - Lack of appropriate, affordable housing in locations close to family and services, in order to maintain independence
 - Cost of accommodation is particularly an issue when people need to meet high specialists' bills
 - Discrimination by real estate agents
 - Lack of rental history and/or lack of understanding of how the rental market works
 - Rental accommodation not being appropriately fitted out for older refugees
 - Includes need for ground floor accommodation for single occupancy.
- Public housing:
 - Long waiting lists mean older refugees are forced to live with families for a significant period of time
 - Rental accommodation not appropriately fitted out for older refugees
 - Includes need for ground floor accommodation, for single occupancy.

Suggestions for improving access to housing for older refugees included:

- Increasing case management support for application assistance
- Housing supply:
 - Increase the supply of social housing
 - Increase purpose-built accommodation, particularly for people with disabilities
 - Legislate for quarantining 10% of units for older people when granting apartment building approval
 - Discourage segregation into one particular suburb.⁷

viii. Mental Health

The range of mental health issues reported by respondents included PTSD, dementia, depression, traumatic grief, anxiety, substance abuse/addictive behaviours and severe mental illness.⁸ Other needs identified related more to how people function as older refugees: social isolation, family dysfunction, and interpersonal difficulties.⁹

⁷ It was noted that this is a complex issue and the suggestion might contradict client choice.

⁸ The researchers query how much of this information was based on diagnosed conditions and how much was interpreted by respondents, noting that this could be a significant issue which could be better explored in a more targeted and extensive review.

⁹ Again, naming the need implies a whole cohort of more complex needs and possible solutions which require further exploration.

Barriers for older refugees in accessing mental health services were identified as including:

- stigma and taboos around mental health in refugees' community;
- physical access (particularly but not only in rural and regional areas) due to lack of transport and lack of outreach services;
- the sensitivity of the organisation providing services to the specific needs of older refugees in particular that related to how they promote their services, the way they engage clients and the accessibility of the service;
- the readiness of older refugees to seek out and use services.

Suggestions for improving mental health services for older refugees included:

- more bilingual counsellors, especially for small and emerging communities;
- more social activities, including home-based social support;
- more home-based services, to address mobility issues;
- more mental health clinics;
- community education on mental health topics and services to raise awareness of services and promote community demand for culturally-appropriate services.

ix. Elder Abuse

While the issue of elder abuse did not rank as high as the other issues in the survey, it was identified as “a hard issue to tackle” and something that is hard to detect.

The strategies that workers can use to identify and address elder abuse included:

- building rapport with clients and their carers and continuing to check in with them frequently;
- seeking guidance from senior staff when issues of concern are detected;
- providing education/information about elder abuse and the law in Australia so older people will be more confident to ask for help;
- encouraging the clients to contact 000 if they feel threatened;
- assisting the clients to get free legal advice;
- encouraging clients to be active and to participate in social groups and educational and community engagement activities so they can get information;
- ensuring there is information in print and in accessible media (especially SBS radio and language-specific community media) about elder abuse.

6. Relevance of Findings

6.1. For the NSW Government

Section 3 outlined the five priority areas of the NSW Government's Aging Strategy for 2016 to 2020. There is merit in considering what insights the survey provided in relation to each of these.

- **Health and wellbeing:** not only do the newly arrived refugees face the same issues as other older people in relation to health but they also confront a range of additional issues directly related to their:
 - exposure to conflict and deprivation, exacerbated by the trauma they have experienced
 - lack of proficiency in English
 - lack of understanding of the services available in Australia.

This is further complicated by the services' lack of familiarity with this cohort and lack of understanding of how to address their particular needs.

- **Working and retiring:** unlike people who have aged in Australia, the newly-arrived older refugees will not have had the experience of having worked here and as a result, will not have the contacts and networks on which they can draw nor an appreciation of what one can do if not working. They are heavily dependent on their families who, in turn, are likely to be preoccupied with meeting their own settlement needs. Further, they have little opportunity to build up financial reserves, including superannuation, so are more likely to remain welfare-dependent for the rest of their lives in Australia. Older refugees are thus very vulnerable to isolation.
- **Housing choices:** in addition to the challenges faced by all older people in securing suitable and affordable accommodation, older refugees (and their families) face additional challenges due to their lack of a rental history and discrimination from real estate agents.
- **Getting around:** older refugees share the challenges faced by many other people. Their independence and ability to participate in activities outside the home are impacted by physical limitations and lack of access to suitable transport. In addition, older refugees often lack confidence to go out because of their lack of English and unfamiliarity with public transport and the local area.
- **Inclusive communities:** communication and social isolation were seen as the two most significant issues facing older refugees. Both are directly related to their ability to participate in the wider community and to have an active and meaningful old age.

6.2. For the Commonwealth Government – specifically for My Aged Care

My Aged Care is the main entry point to the aged care system in Australia. While a major advance for many older people, the survey results suggest that My Aged Care fails to recognise or address the specific needs of newly arrived older refugees.

My Aged Care relies heavily on the older person, or their family, to articulate their needs and develop a suitable care plan. Newly arrived refugees do not know how the system works, or what services are available: most will be coming from countries with no equivalent services. While the vast majority of older refugees arrive with family, their lack of knowledge of the system, trauma history, and competing demands can make them poor advocates.

The first step in accessing services is registering with the My Aged Care, which is usually done online by a service provider or GP. Within a few weeks the client will be contacted by My Aged Care. If, after two attempts, the client does not respond, the client may be disengaged. For newly arrived refugees this is a significant barrier as they are unlikely to speak English, are likely to be sharing phones with multiple family members and be in the chaos of being moved from temporary on-arrival accommodation to rental accommodation. The lack of English makes it very difficult to answer calls, particularly if the My Aged Care representative does not use an interpreter. As a result, people may be removed from the waiting list despite still needing services.

The settlement or specialist health service that made the initial referral to My Aged Care is not automatically notified if their client has been disengaged from My Aged Care. The client is unlikely to be able to illuminate the situation: after arrival clients are often very unclear on what services have contacted them. Rigid privacy conditions can preclude investigation or follow-up by service providers. For example, the older person must be present at time of the contact call to give permission for the call to proceed.

The timing and quality of the aged care package can also depend on the expertise of the settlement workers providing the initial case work. Engaging effectively with the aged care sector requires a special skill set.

Disability as a result of aging usually develops gradually in Australia: but those arriving from a refugee background often have immediate equipment needs on arrival such as wheelchairs, commodes, incontinence pads. They may require modified housing such as ground floor access, minimal steps, and handrails. Services usually only have a few days' notice prior to the person's arrival. Those sponsoring an elderly family member may also be unprepared, particularly as the person's health may have deteriorated in the intervening years since they were last together. Sponsors similarly lack the ability to access appropriate equipment in an urgent timeframe. Despite the need for urgent services or goods, the process of identifying eligibility for a service package and then purchasing services is lengthy. Services can be further delayed by waiting lists. For example, some Care Plans require an Occupational Therapy assessment before services are provided, but there is currently a fourteen month waiting list for public Occupational Therapy services.

The result is often that services are delayed; this may put the older person and their carers at risk of physical injury and a period of lengthy hospitalisation (e.g. a fall due to not having appropriate aides or hand rails installed). Delays may further add to their isolation without appropriate transport or linkages for social connectedness.

Timing can be critical: a person may be exited from settlement case management before any aged care package is brokered yet cannot do it unaided. Finding the right service is particularly difficult for older refugees as they are likely to also need language support and public transport accessibility. If they receive a plan but don't trigger the package within the required time then it can lapse.

In order to be effective, My Aged Care has to ensure that its service delivery model is fully cognisant of the cultural complexities and the impact of a proximate refugee experience. Services also need to look at delivery models that respond to the specific needs of this emerging and vulnerable cohort.¹⁰

7. Conclusions and Recommendations

Intentionally the survey conducted by the Working Group of the Refugee Support Network was simple in scope and limited in its reach. It achieved its purpose of establishing whether there are issues worthy of deeper examination and if so, what these are.

What the survey did was to confirm that the following issues are relevant for older refugees:

- Communication
- Social Isolation
- Health
- Mobility
- Service Support
- Information
- Housing
- Mental Health
- Elder Abuse.

It also confirmed that newly-arrived older refugees have needs in relation to these issues additional to and distinct from other older people.

¹⁰ It is relevant to note that while many aged-care services have had experience working with refugees who have aged in Australia, very few have been required to work with newly arrived older refugees and few services have experience in this area.

The Working Group is therefore confident in recommending that:

- i. further and more detailed research be undertaken to gain a deeper understanding of the needs of older refugees in each of the identified areas and explore strategies to address these needs;
- ii. the NSW Government use these preliminary survey findings and later research findings to inform the implementation of its Ageing Strategy;
- iii. the NSW Government include the significance of addressing the unique and specific needs of the growing cohort of newly-arrived older refugees in its discussions with the Commonwealth Government in areas such as aged care, settlement support and health. A particular focus should be on advocating for targeted delivery of My Aged Care services to older refugees;
- iv. funding agencies include a budget for training staff of **mainstream and specialist** service providers in working with older people from refugee backgrounds;
- v. service providers recognise the importance of ensuring staff are appropriately trained to meet the needs of newly arrived older refugees and their families or carers **and, where possible, recruit bi-lingual staff**;
- vi. **TAFE NSW Aged Care and Community Services course include specific training about newly arrived older refugees**;
- vii. **those developing resources for newly arrived refugees and their family take into account the multiple barriers they and their families face, including poor English, low health literacy and lack of self advocacy**;
- viii. **targeted information be developed for affected communities about how to gain access to and negotiate My Aged Care**;
- ix. local councils reach out to communities of newly arrived refugees to explore their needs and where possible address these through, for example, providing accessible community transport, profiling relevant local activities, linking the newly arrived refugees to established groups etc; **and last but by no means least**
- x. frail aged refugees **be** fast-tracked into services to ensure safety soon after arrival.

It is acknowledged that some of these recommendations are easier to implement than others but each one forms part of the solution and each one is worthy of consideration.