

The Path to Integration: Meeting the Special Needs of Refugee Elders in Resettlement

Jeff Chenoweth and Laura Burdick

Abstract

Refugee elders in resettlement represent a small but very vulnerable population. Regardless of age, vitality, or employability, elders play a critical role in upholding a family strength and stability through the difficult period of forced migration. Yet, most resettlement countries provide few services to elders beyond those given to the whole family in the forms of housing, income support, and health care. The lack of elder-specific services may be the result of limited resettlement numbers, inadequate resources, or unfamiliarity with elders' unique needs. This article discusses the many common needs and challenges of refugee elders through a literature review and follows with recommendations for interventions and integration activities. The authors suggest that skillful needs assessment and creative program design can help to restore elders' dignity and vitality, thereby strengthening the family unit. The article is based on the authors' experiences as technical assistance advisers to over 130 private and public refugee elder programs in the United States from 1997 to 2000.

Résumé

Dans le contexte de la réinstallation, les personnes âgées parmi les réfugiés constituent un segment de la population qui est petit, mais extrêmement vulnérable. Cependant, quels que soient leur âge, leur niveau de vitalité ou d'employabilité, les personnes du troisième âge ont un rôle essentiel à jouer pour la préservation de la vigueur et de la stabilité de la famille pendant la période difficile de migration forcée. En dépit de cela, la plupart des pays de réinstallation fournissent très peu de services aux personnes âgées en dehors de ce qui est fourni aux autres membres de la fa-

mille pour le logement, le soutien du revenu et les soins de santé. L'absence de services spécifiquement axés vers les personnes âgées pourrait s'expliquer par des nombres insuffisants pour la réinstallation, des ressources inadéquates ou le manque de familiarité avec les besoins spécifiques des personnes âgées. Cet article examine les nombreux besoins qui sont communs à toutes les personnes âgées réfugiées, ainsi que les défis qui les confrontent toutes également, en passant en revue la littérature afférente, et continue en formulant des recommandations pour des interventions et des activités visant à promouvoir l'intégration. Les auteurs soutiennent que l'habileté dans l'évaluation des besoins, allée de la créativité dans l'élaboration des programmes, peuvent aider à redonner aux personnes âgées dignité et vitalité, contribuant ainsi à renforcer la cellule familiale. Cet article est basé sur l'expérience amassée par les auteurs au cours de leur travail comme Conseillers techniques au sein de plus de 130 programmes pour les personnes âgées réfugiées aux États Unis pendant la période allant de 1997 à l'an 2000.

Introduction

Refugee elders in resettlement reflect the broad diversity of the world's refugee populations but are fewer in number compared to younger age groups. Therefore, assessing needs and challenges requires a careful review of resettlement numbers over several decades as elders newly arrive and age in place. Before assessing needs, it is important to analyze both national and local refugee demographics. The United States, for example, has resettled approximately 1.8 mil-

lion refugees since 1980. In 2000 there were over 173,000 refugees age sixty or older in the United States, with the largest numbers concentrated in the states of California and New York. By country of origin, the largest numbers of elder refugees in the United States are from the former Soviet Union, Vietnam, Cambodia, and Laos.¹ The relatively small numbers of refugee elders, their ethnic diversity, and their geographic dispersion can cause their special integration needs in resettlement to be overlooked. The goal for service providers is to recognize the common challenges faced by all elders, place these challenges in their cultural and migratory contexts, and modify services to be respectful, culturally appropriate, useful, and life-enhancing.

Case Study: An Iraqi Elder in the United States

Mrs. Aziz, age fifty-nine, is a Kurdish refugee from northern Iraq who was resettled in the United States in 1997. She came with her husband, age sixty-two, and their single, adult daughter. The family shares a one-bedroom apartment in a suburb of Washington, D.C. Although she is not old enough to qualify for age-based cash assistance from the government, Mrs. Aziz receives disability-based cash assistance due to severe arthritis in her knees. Soon after her arrival, she underwent knee replacement surgery and was confined to her apartment during the long and painful recovery. Mrs. Aziz speaks no English and is semi-literate in Kurdish. As her husband also speaks no English, Mrs. Aziz is heavily dependent upon her daughter for help in negotiating the medical system, public benefits system, and other American institutions. Her daughter works full-time and attends classes in the evenings, so she has very little time to spend with her parents. Mrs. Aziz is frequently depressed and misses her five other adult children and her grandchildren who are scattered, some in Iraq and some in Europe. She often worries about them, especially the two children remaining in Iraq. She feels isolated in her apartment. There are a few other Kurdish families in the building, but all are much younger, and they work and attend school during the day and evenings. In Iraq, Mrs. Aziz lived with several of her children and their families in a large home with a garden. She knew all of her neighbours and was accustomed to frequent visits by friends and family. She feels that daily life was much more relaxed and social there, compared to the hectic pace of life in the United States.

Needs and Challenges

Common challenges faced by all elders include: (1) adjusting to retirement; (2) accepting a loss of independence; (3) finding sources of support; (4) searching for personal meaning through life review; and (5) coping with one's own death.² These challenges are magnified for refugee elders because they are undertaken in an unfamiliar environment. Gozdzia notes that in the United States, refugee elders have more severe problems than American-born or long-time immigrant elders because they

“lack the culturally appropriate coping skills older Americans have developed in the process of socialization or that some immigrants have acquired.”³ The experience of old age for refugees in resettlement is far from what they expected before their life in exile began. Compared to their younger family members, elder refugees have more difficulty adjusting because they “experience more losses and fewer gains after coming to America.”⁴

Older refugees often must adjust to a different concept of retirement in their new country. In Afghanistan, for example, retirement is a gradual process where a man slowly turns over responsibility for the family to his eldest son.⁵ This contrasts sharply with the tendency to retire suddenly at a certain age in many industrialized countries. In addition, some elder refugees are surprised to learn that they are not considered old by their new country's standards, and they are expected by society and public assistance rules to work and be self-sufficient. For example, in the United States they face a legislated definition of elderly as sixty-five years of age. This is when a person is old enough to receive a full pension, Supplemental Security Income (SSI), or other age-based public benefits. Yet, in some cultures, old age begins with grandparenthood, even if this happens in one's thirties.⁶ In other cultures, people in their fifties are considered elderly. Varying cultural concepts of the relationship between age, employment, income, and retirement become stark during resettlement, when immaterial losses are overshadowed by the suddenness of material losses and the need for immediate economic recovery.

Elders are often concerned about being a burden to others and make a strong effort to contribute to the family rather than enjoying a full retirement as defined in most resettlement countries. Those who choose or are compelled to enter the workforce are confronted with a dilemma in the lack of appropriate jobs. In the United States, elder refugee men in particular experience downward mobility because they lack English, their skills are not transferable, and employers are reluctant to hire older workers.⁷ They may have to accept poorly paid work that is, in their minds, demeaning. Elder refugee women will often continue to perform work in the home, such as cleaning, cooking, or child care. Yet these roles, while familiar, leave them isolated and prone to depression.⁸ Alternatively, it is not uncommon in the early days of resettlement for older women to find more gainful employment than older men, and this situation can exacerbate differences between genders in the family.

Unlike native-born elders who tend to experience a gradual loss of independence as their health declines, refugee elders face a sudden and severe loss that is mainly

tied to their inability to speak the language of the host country. From the moment they arrive in the host country they are dependent upon others for help in negotiating an unfamiliar society. While younger family members might quickly learn the new language in the school or work environment, refugee elders confined to the home do not have the same level of exposure to the host country's language. In addition, they have different learning needs and styles to which second-language teachers must adapt.⁹ Those who attempt to enrol in second-language classes find that few classes are geared toward their needs. Also, they may feel ashamed to make mistakes in front of younger students.¹⁰ For others who have little education in their native country or are illiterate in their native language, learning a new language may seem like an insurmountable obstacle.

Instead of experiencing greater independence over time as younger family members do, elder refugees remain dependent on help with even the smallest tasks of daily living. As stated by Fireman and Tannenbaum, "Seemingly trivial exchanges such as paying an electric bill or making a bank deposit can become occasions for lasting humiliation."¹¹ In the United States, even those who speak enough English to handle the tasks of daily living have a lot of trouble when dealing with formal systems such as social services or medical care.¹² This dependence upon others undermines elders' authority and their traditional role in the family as advisers.

Another area in which elder refugees are dependent upon family members is transportation. However, the other family members are often busy working all day and into the evening, while grandchildren are at school, leaving elders trapped in the home. Public transportation can be limited in many cities and, even if available, it may not be accessible due to language and physical barriers. For some refugee women from male-dominated cultures, the norms may prevent them from going out in public without an escort.¹³ A 1996 survey of ninety-eight elderly Arab and Chaldean residents in the Detroit, Michigan, area found that sixty per cent experienced difficulties with transportation for these reasons.¹⁴

Finding both informal and formal sources of support can be very difficult for elder refugees. In keeping with cultural norms, they tend to look to an informal source, the family, for support. Sengstock states, "In the close-knit Muslim extended family, members feel a strong sense of responsibility for each other and have a strong tradition of providing assistance in numerous ways."¹⁵ However, refugee families are often separated by forced migration and the resettlement priorities of receiving countries, so they lack the network of extended members that existed in the native country. Even unified families can become overwhelmed and too busy to provide all the support that is needed. Informal sources outside the family, within the ethnic community, can be limited and less

responsive when the refugee community is new and still in the early stages of integration.

Refugee elders have a particularly strong expectation for the family to provide support when their health declines. In many refugee cultures, an in-patient, nursing facility is not an acceptable option, and frail elders are cared for at home by dutiful family members. Althausen notes that in the Russian culture, nursing homes are viewed as "dumping grounds for the elderly."¹⁶ Yet when a parent becomes ill or incapacitated, the adult children may find that their busy work lives make all-day home care impossible, so a nursing home placement appears inevitable. This unexpected turn of events causes pain and anxiety for both parent and child.

A 1984 study of seventy-five Cuban elders in Miami, Florida, pointed out the many creative ways in which they were able to use their limited resources, such as charm or skill, to garner informal help in the family and community. For example, one woman who was a good cook became well known and respected in her neighbourhood for sharing her food and cooking advice. Children would stop by for her sweets, and she could ask them to run errands or help her around the house. Still, the elders in this study lived in fear of losing what little control and influence they had, especially when dealing with formal institutions such as health care facilities and the public assistance department.¹⁷

The experience of receiving formal support from a government organization such as an agency for the aged may be very unfamiliar to elder refugees. A needs assessment of elderly from eleven ethnic groups in Chicago, Illinois, found that many are unfamiliar with American social services and reluctant to use them. Knowledge of social services and willingness to use them varied among ethnic groups. The study found that the biggest barrier to the elders' use of social services was a belief and expectation that their children would provide full support.¹⁸ Some elder refugees fear or distrust the government due to past experience of state-sponsored persecution, or they may view reliance on the government for elder care as a shame on the family's reputation. Sengstock notes that Muslims are uncomfortable seeking help from outsiders because within the ethnic community, "It is highly critical that the family be viewed as capable of taking care of its own problems and needs."¹⁹

Even with refugees who are familiar with the concept of broad government support and who expect it, such as those from the former Soviet Union, language and cultural barriers may make the services inaccessible. The menu of services offered by government elder programs may not match refugee elders' needs and interests, while

the location may be unfamiliar to them or the food served may not be culturally appropriate. In addition, there may not be any staff who speak the elders' language.

Katz and Lowenstein note that studies of immigrants from the former Soviet Union suggest the importance of formal support in facilitating better adjustment, and find that older people may need both formal and informal support because immigration is more stressful for them. Their 1999 study of one hundred immigrant families from the former Soviet Union living in Israel found the highest adjustment reported by married older immigrants who received formal support with which they were satisfied.²⁰

Many elder refugees are in need of long-term financial support, having lost everything of value in their native country: land, savings, home, or business. Sengstock's 1996 survey of elderly Muslim immigrants in the Detroit, Michigan, area found that many live below the poverty level.²¹ Yet, depending on the laws of the host country, formal financial support in terms of public benefits may be time-limited for refugee elders. For example, under the United States' Personal Responsibility and Work Opportunity Reconciliation Act of 1996, known as "welfare reform," they are eligible for cash assistance, medical insurance, and food vouchers for their first seven years of status in the country. Afterwards, they must become citizens in order to remain eligible. However, obtaining citizenship is not an easy task because it requires passing an English test and demonstrating basic verbal, reading, and writing skills. While many refugee elders are able to meet their fundamental needs through the time-limited welfare programs, there is no money for additional expenses.

Life review and the search for meaning is difficult for elder refugees because it is done outside a familiar cultural context and is greatly different than what was anticipated. A critical concern for elders in the search for meaning is ensuring the well-being of the family and the next generation. While they may expect to find meaning and purpose in their role as head of the family, this role is minimized and sometimes lost in migration. Bastida's 1984 study of elderly Cubans found that the elders' role models of old age were no longer valid.²² As stated by Fireman and Tannenbaum, "For many, the familial role of parent and grandparent provided authority and emotional sustenance. Now without the ability to help their children financially and without the needed knowledge and experience to be an authority, they are faced with a new, often empty family role."²³ Elders' tradition-based advice for the immediate needs of resettlement may be viewed as outdated and inappropriate. If denied the role of family advisers, elders must struggle to find a new role to give their lives meaning.

Compounding role loss is a role reversal, as elders become students instead of teachers, dependent on their grandchildren to explain the new language and culture.²⁴ Some elders try to

maintain their traditional role as transmitters of the native language and culture. Yet in their efforts to acculturate and fit in, grandchildren may be uninterested in their family's cultural heritage.²⁵ This situation can cause a great deal of distress and worry for refugee elders, as well as intergenerational conflict among grandparents, parents, and grandchildren.

Many elder refugees turn to religion in their search for life's meaning, as they would in their native country. For example, in Cambodia, elders often go to live at the temple, tending the building and grounds, in order to prepare their souls for death.²⁶ Similarly, in the United States, some refugee elders seek spiritual renewal and refreshment in weekly visits to the local Buddhist temple. A 1994 study of forty elderly Muslim immigrants found that religion plays a significant role in their lives, providing comfort and an overall sense of order while reducing their sense of alienation. Those who were not very religious in their native country would sometimes rediscover the faith of their heritage after moving to an unfamiliar society.²⁷ Many refugee elders find renewed meaning in resettlement by giving their time and talents to their descendants through home child care and to their peers in community centres and houses of worship.

The task of preparing for death in a foreign country can be terrifying for refugee elders. Gozdzia, writing about elders in the United States, notes two reasons for their fear. First, elders may worry about what will happen to their souls if they die and are buried so far away from their ancestors. The link with one's ancestors is especially important in Southeast Asian cultures where people honour or worship their ancestors and visit their graves often. Second, elders find that the experience of death is very different in American culture, where the dying are segregated in sterile hospital rooms "full of medical equipment where there is no room for traditional offerings, incense, or worship."²⁸ In contrast to this scenario, many refugee elders prefer to die as they would in their native country, in the comfortable and familiar context of the home, surrounded by family members.

Unfortunately, talk of impending death is taboo in some cultures for fear that it will depress the dying person and hasten the death process. Family members may neglect the dying person's need to discuss peaceful conclusion to his or her life. A refugee elder caught in this situation, outside the familiar social and spiritual context of the native country, may feel a magnified sense of isolation.

Clearly, refugees have many special problems in dealing with the challenges of older adulthood. The experi-

ences of retirement, loss of independence, finding support, searching for life's meaning, and coping with death can be very negative because they occur in an unfamiliar environment that is filled with uncertainty. Refugees' lack of integration in the host country exacerbates these problems. Rather than allowing refugee elders to sink into despair and crisis as they age, service providers should consider intervention and integration activities that support and facilitate refugees' successful negotiation of these final life-stage challenges.

Integration Defined

Direct experience working with refugee elders proves that integration is possible for most, but at varying levels. The definition of "integration," usually expressed in economic and linguistic terms, needs to be modified to include what is important to the elder and the elder's family. In the process of defining integration, it is important to consider a key question: Does the elder feel respected and valued by the receiving country and its social service providers or, as a result of resettlement, has the elder become subservient and undervalued?

It is useful to see integration in terms of levels and stages, rather than as a single point of achievement. For example, navigating an unfamiliar health care system indicates a level of integration. So does the ability to use public transportation to explore a neighbourhood beyond walking distance from home. Increased awareness of the changing lifestyles of younger family members at work and school, which enables elders to give input and have decision-making authority, is another indication of integration. Conversation in second-language classes and communal dining with refugees from other countries is an integration experience. It is important to recognize the different, yet equally valid, levels of integration based on each elder's physical and mental abilities and personal goals.

Intake and Assessment Steps Leading to Intervention

Several case management and community organizing efforts can be made to empower each elder in the integration process. First, each refugee elder must be interviewed at home alongside the entire family and again separately, if possible, to conduct an intake using gerontological assessment tools. Second, follow-up visits to the home are critical to ensure that elders' needs are met. Each visit should openly address the family's combined assets and special needs, giving each member an opportunity to address his or her fears, needs, and desires in resettlement. Understanding the assets and needs from all points of view brings about more clarity and accountability between the social service worker and the family for the benefit of the beloved elder. Third, it is important to provide linkages to community activities and services that are accessible and of interest to the elder. These will reduce the elder's depression and sense of isolation, reduce dependency and stress on the caregiver, and

increase the number of professionals observing the elder's stages of development over time. Ultimately, the goal of elder refugee integration services is to enhance the elder's dignity as a survivor.

Evaluating the success of elder refugee integration is difficult, particularly when goals vary between migration officials, social service providers, family members, and the elder in question. These groups may be at odds if services are imposed based on what others want without regard to what the elder says he or she needs. Sometimes needs are incorrectly perceived by well-intentioned helpers without directly asking the elder.

The importance of the intake process cannot be overstated in ensuring that elders speak for themselves. An intake should be viewed as a process rather than a one-time meeting. This series of conversations is an opportunity to collect a full biographic history, eliciting the elder's answers, questions, and concerns. Elders particularly need to be reassured that the family unit is safe and secure in the receiving country. Intake, orientation classes, and home visits are a time to alleviate fear and anxiety, establish trust, and empower refugees with information and activities they can pursue that promote integration.

Younger people interviewing elders need to be sensitive to different patterns of communication that elders may use, especially if they are confused, lonely, depressed, or suspicious. At times, the conversation may seem slow, indirect, or inconclusive in relation to the question. Patience is often needed to reach a conclusion when elders stray from the original subject or want to talk about entirely different matters more important to them. Elders may have an unspoken doubt about the interviewer's knowledge and skill due to his or her younger age.

It may be necessary to interview elders at a separate time or place to ensure that their needs are not overshadowed by those of the entire family. Interviewers should be alert when elders fail to speak about their own needs, giving preference to the needs of others, particularly the grandchildren, or when adult caregivers interject and prevent the elder from answering directly.

A particular problem in interviewing elders is obtaining important health information. Too often this vital information is absent or lacking in resettlement documentation and rarely elaborated upon after arrival. Elders may fail to mention health problems prior to their resettlement, fearing rejection by immigration authorities. Sometimes the health problem brings embarrassment or is unspoken to avoid burdening family members already stressed by their own resettlement

needs. Information on health care and other elder support systems written in the refugees' native language is necessary. When shared only orally, it is easily forgotten or misunderstood due to its complexities. Even illiterate people need written information so their literate helpers can guide them.

All too often, a refugee elder is not visited exclusively by a resettlement social worker after the first days of arrival. While employable adults are regularly assisted in seeking education and employment, it is assumed that they are meeting the needs of the elderly as well as their school-aged children. Most families have well-developed systems for coping, and as time progresses they demonstrate new skills in pursuing their goals. Unfortunately, time moves against elders as they age and their vitality and strength diminish. The demands to care for aging parents while meeting one's own occupational and educational needs create extreme stress. A severe health problem for an elder, leading to surgery, hospitalization, or frequent doctor visits, can cause a family crisis. Young adult caregivers who have not experienced the aging process may struggle to understand the problem and identify helpful resources in an unfamiliar society.

Without specialized gerontological services adapted to their cultural and linguistic needs, elders may be misdiagnosed, resist recommended treatment, or avoid treatment altogether. It is important for family and service providers to acknowledge the special dangers faced by elders in crisis. Elders who are depressed by poor health and social dislocation can be at risk of committing suicide. Tragically for some elders, suicide is seen as the only option to solve a chronic problem or to relieve their misery. Elders who live alone, especially after the death of a spouse, are particularly at risk.

Recommendations for Intervention: Family and Community

Given good circumstances, old age can be a vital period. This idea is not readily accepted in societies that favour youthfulness and see aging as a weakness. Yet, many refugees come from societies that traditionally favour the elderly, honouring them for their contributions and wisdom. While resettlement to a new culture often separates them from the people and traditions that honoured them, refugee elders do not have to experience extreme social dislocation.

Elderly integration can be most easily facilitated when the entire family unit is functioning at a level of bi-cultural competence. Through bi-cultural competence, the family fulfills its needs and desires in a new society while retaining useful and cherished values transmitted by the older generation. This form of competence brings needed information and services to the elders. When adult caregivers 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. Therefore, social service providers are encouraged to view the needs of elders both individually and holistically within the family unit, eliciting family strengths and unresolved needs.

A functioning family unit can ensure that the elder is not only a passive recipient of services but also an active member of the community. An optimistic attitude about an elder's ability to learn new skills is an important beginning point in promoting integration activities. Often, loving family members do not believe that an elder can learn new ways or are impatient, failing to recognize the elder's need for more time in the learning process. These family members may foster dependency by doing everything for the elder, even though the elder was more or less independent prior to resettlement. Sometimes the balance between honouring elders and making them completely dependent is lost in the integration process. Service providers need to help people overcome discriminatory attitudes about age while preserving cultural norms.

Because elders often lose their personal power in the resettlement process, it is important for family members to restore that power through encouragement. Ensuring that elders pursue familiar activities, even in a new culture, can help them to regain their dignity. An important activity is spending time with grandchildren, who are often pulled by competing cultural expectations and easily become estranged from their grandparents. Other activities include traditional cultural and religious celebrations, weddings, and funerals, as well as spending unrestricted time in the company of close friends. In these situations, refugee elders nurture a feeling of continuity in their lives despite dislocation. They are able to demonstrate their competence and years of experience while learning new information about the home and native country.

Most elders benefit from the loving care of their families. However, the challenges of resettlement and integration affect all families, some more severely than others. When challenges exceed coping skills and resources, the most vulnerable elders can be at risk of neglect and abuse. The problem of elder neglect and abuse cannot be ignored. This occurs across all societies and cultures. It is often precipitated by a health crisis. Elder neglect and abuse occur in the forms of diminishing levels of nutrition, lack of bathing and proper hygiene, no medical care, ignored medication, abandonment, physical punishment, or restraints. For protection, elders must not be isolated from people they can trust and depend on to ensure their good health and care.

Community Case Study: Hmong and Lao Elders in Fresno, California

Fresno, California, is a city of six hundred thousand people, approximately ten per cent of whom are refugees. Most of the refugees are Hmong and Lao from Southeast Asia who were resettled in the United States in the 1980s. Of these, a significant number are elders age sixty or older who, along with their families, are fully dependent upon government-based cash and food assistance to meet their basic needs. Fresno has a very high unemployment rate of sixteen per cent, compared to the current national average of less than five per cent. In the refugee community, the unemployment rate rises to sixty-five per cent. Ninety-two percent of Fresno's refugees live below the poverty line.²⁹

The United States' welfare reform laws of 1996 imposed strict limitations on public benefits for refugees and other non-citizens, hurling many of Fresno's refugee elders into financial and emotional crisis. Consequently, many Hmong and Lao elders sought to obtain United States citizenship as a means of preserving their public benefits. In response, a private, non-profit organization, Fresno Interdenominational Refugee Ministries (FIRM), began providing English and citizenship test classes for the Hmong and Lao elders, most of whom were illiterate in their native language and spoke no English. FIRM's classes, held at neighbourhood churches and other accessible locations and funded by the county government, became a popular gathering place for the elders where innovative methods were used to teach the class material. The elders, accustomed to singing traditional folk songs, composed similar songs about American history and government to help them remember the answers to the citizenship test. As masterful quilters, the elders created colourful quilts illustrating the American flag, presidents, and other aspects of American history to aid their learning and memorization.

Despite the large population of Hmong and Lao elders in Fresno, their poverty, and their strong need for services, FIRM found that very few accessed services from the local government aging agency. Language, cultural, physical, and other barriers made these services inaccessible to them. In 1999, again with funding from the county government, FIRM began seeking partnerships with the local aging agency to obtain aging services for the Hmong and Lao elders. FIRM initiated a series of meetings with aging-agency officials to alert them to the needs of the Hmong and Lao elders. Specifically, FIRM asked the aging agency to provide case management services, culturally appropriate meals, and formal transportation at a church site where twenty-nine elders were meeting on a regular basis for classes. The aging agency was initially slow to respond, citing many bureaucratic barriers to programmatic collaboration with FIRM. The agency wanted the refugee elders to get their meals at another site where a small number of native-born elders met rather than designating a new meal site at the church where the refugees already gathered. In addition, while culturally appropriate meals could be arranged, they could not be

mixed with traditional meals at a single site due to restrictions on meal costs. The aging agency yielded only after FIRM arranged for twenty-eight elders to visit and testify before the aging agency's advisory board.

Today, Hmong and Lao elders receive culturally appropriate meals five days a week at the church where they attend classes. FIRM has also expanded its services to work with nearly two hundred elders, including Slavic elders and Ethiopian elders. Dozens have become citizens through elders' own commitment and FIRM's assistance. FIRM staff provide interpretation for the aging agency's case management services, and elders are assisted to access other traditional aging services as needed. FIRM raised the funds to purchase a van and received financial support from the county government for a driver and other operating costs required to transport elders to and from the church.

Elders are now part of a community group which is working with the county recreation agency to remodel and obtain a fifty-five year lease on a building to establish a community centre within walking distance for many elders. For the past two years, the county government has supported additional work at FIRM to strengthen elders in child-care training and emergency preparedness. Such training is necessary as elders increasingly fulfill child-care roles when their grown children are required by the welfare system to go to work. Elders also participate in frequent "cultural field trips" to gain comfort in functioning in their new homeland. And, they enjoy monthly intergenerational activities to re-establish links with children and youth, enhancing family unity and their voice of influence in home affairs.

Because FIRM enlisted the elders as self-advocates for systemic change, the experience has been very empowering for them. The refugee elders of Fresno now enjoy a tangible improvement in the quality of their lives through increased community awareness of their needs, expanded services, and regular contact with gerontological professionals.

Programming for Integration Activities

Resettlement countries generally lack well-established programs for refugee elders. Most assistance to them is given in the form of government welfare programs for housing, income, and health needs. Creating specific integration activities for elders can be challenging due to limited resources, the small number of projected clients, the dispersion of refugee populations across the country, and the diversity of language and culture among them.

One approach is creating an elder-specific program within the refugee community. However, given the limitations described above, an alternative is the centres available in most resettlement countries for the native-born elderly population. These drop-in, non-residential

centres often provide services such as transportation, health screening, congregate meals, exercise classes, and social events. However, as mentioned earlier, the activities and services are designed for native-born elders' needs and interests. Without modifications, refugee elders are unlikely to visit or return.

Establishing elder refugee programs requires new or expanded attention to their needs, policy and resource adjustments, interagency co-operation, and input from the elders. A good degree of flexibility, creativity, and innovation is needed in order to modify traditional aging services. Locations may have to change, bilingual staff may have to be hired, new menus may have to be made, and transportation alternatives may have to be found. These tasks can be intimidating, but a partnership between established aging and refugee centres can produce desirable and meaningful integration activities, including language classes, congregate meals, and others.

Community needs assessment can be undertaken to gather information on the size, concentration, ethnicity, language, duration of residence, and age range of the expected beneficiaries. From a community assessment, it is possible to identify the most vulnerable elders, determine whether the elders are healthy and active or debilitated, and determine whether segregated or desegregated programs are feasible. In addition, the frequency and intensity of programming can be decided, whether by the hour, half-day, or all day, leading up to professional adult day care.

Location of the elder refugee program is key to its success. Do refugee elders feel comfortable and safe there? If sharing space with native-born elders, do they feel welcome? In addition to the native-born elderly centres, integration activities may be located in a resettlement or other social service agency, a refugee community centre, a house of worship, or a neighbourhood apartment. These kinds of non-traditional sites may have to be modified to meet government requirements for wheelchair accessibility. In selecting a site, elders should have the opportunity to provide input. In addition, transportation to the site must be dependable, affordable, and physically accessible to ensure broad and sustained participation.

At the centre, elders can meet voluntarily and organize their own activities with independence. They may wish to use a community organizer from their peer group, possibly an elder who is also hired to drive. Alternatively, a staff person hired by the sponsoring agency may coordinate activities and services. Various kinds of media can greatly enhance the program, such as magazines and newspapers in the native language or native television and radio programs enhanced by cable and satellite systems. The Internet can provide up-to-date information in the native language and new computer skills, while computers can be used to teach literacy using adult-based learning methods.

Language classes are frequently held in elder centres, teaching semi-literates their first written language or a second language. When possible, it is desirable to have an elder or older adult teach the class, as elders rarely feel comfortable learning and making mistakes in front of young instructors. For similar reasons, elders need to have a class of their own rather than being mixed in with younger, employable adults. Still, it is not enough to simply replicate language programs for employable adults and invite elders to attend at a separate time. The curriculum must be redesigned for the unique needs of elders so they can become more aware of and competent in their particular surroundings. The instructor must be familiar with adult learning methods and the special social and health needs of elders. The barriers of previous learning failures, poverty, and negative attitudes about aging must be overcome to gain full participation from the students. Each student's health needs must be understood and addressed in the program design and instruction methods before long-term learning can be expected. Health issues of primary concern for this purpose are dementia, hearing loss, vision impairment, arthritis, diabetes, dental problems, and depression.³⁰

Language classes can be more than just a learning experience. Bringing elders together on a regular schedule allows the teacher and the other students to continually assess their health and vitality. Early intervention can be achieved as a result. Regular attendance brings a routine to the elder's life that may be missing and offers more social contact than would otherwise be available. Information learned, especially through field trips outside the classroom, can increase knowledge of the host country and decrease anxieties about the future. Classes can be therapeutic for those who have experienced great loss. In the words of a Bosnian community organizer, "Classes are also therapy for learners as they are able to concentrate on subjects other than their loss or loneliness. Nearly every class includes short crying periods of one student or another."³¹

In addition to language classes, congregate meal programs for refugee elders can be established in community centres, either privately or through government sponsorship. Congregate meal programs are often designed for the native-born population to ensure socialization and good nutrition for the aged. Refugees can access similar programs but often need to advocate for modifications in the menu to make it culturally appropriate while still meeting the financial supporter's nutritional requirements.

Elders who gather for language classes and meals are more likely to get involved in other activities. Exercise

classes such as Tai Chi or yoga may be offered for muscular, heart, and lung strengthening. Outdoor gardening is an enjoyable community activity that connects people to the land and the process of nurturing and growth, especially for former agrarians who feel estranged in an urban environment.

Intergenerational activities foster greater contact and understanding between elders and the younger generations. In the United States, refugees have successfully participated in a government-sponsored program that places elders in child-care facilities and primary schools as tutors or teacher's assistants. Through creative programming, elders can be accompanied by a cultural interpreter to places and events where adolescents spend time. Elder community centres can also evolve into child day-care centres for elders who are active and have interest in this form of employment. The requirement of learning the host country's child welfare laws and theories of child development can advance an elder's integration. Becoming official child-care providers in a co-operative has proven successful for some refugee elders in the United States.

For very frail elders, service providers may wish to establish all-day adult care programs. These programs are geared for elders who are unable to care for themselves at home while their caregivers are at work. With appropriate activities and a visiting nurse, adult day care can help forestall advancing age-related illness and institutionalization. In the United States, there are two models for adult day-care programs for refugees. In some cities, adult day-care programs for those who are severely infirm have been established within refugee-based community centres. In other cities, refugee-specific programs have been established within traditional adult day-care programs for native-born elders.

Sometimes death occurs soon after resettlement, putting a family in turmoil. Proper burial practices may be difficult to fulfill in the resettlement country. In some religions, such as Islam and Judaism, the deceased must be buried within one day. It is important for service providers to have a plan to assist in the burial process and help fulfill this responsibility when the refugee community is not yet self-sufficient. Refugee advocates also need to become familiar with the complex process of sending a deceased person to the native country, when possible upon request, for burial.

The life of a resettled refugee elder can be precarious or vital depending on personal health, family support, and community resources. When assisting elders, it is important to always pursue their concerns in a way that preserves their dignity. Careful intake and assessment aimed at empowering each elder in the integration process is essential. At the same time, the important role of the family and community in either hindering or supporting integration cannot be ignored. Creative and flexible programming is needed to ensure that elders have adequate, meaningful, and culturally appropriate oppor-

tunities for integration activities. Organizational partnerships can enhance programming by harnessing all available resources to support vulnerable and isolated people. When strengthened, refugee elders gain the knowledge and perspective to explain the most important questions to others in their community: where they come from, where they are going, and who they are as a cultural group of people in a foreign land. This affirms their traditional status as elders, helping to bring stability to the family unit and the community for the future.

Notes

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23. Fireman and Tannenbaum, 4.
24. Gozdziaik, 6.
25. Yee, 25.
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27. Ross-Sheriff, 52.
28. Gozdziaik, 7.
29. "Groups That Change Communities: Fresno Interdenominational Refugee Ministries (FIRM)," on-line: <http://www.grass-roots.org/usa/firm.shtml> (date accessed: 20 July 2001).
30. See Becker for a full discussion of health issues and how to address these in the classroom.
31. Thomas Robb in Becker, 59.

Jeff Chenoweth and Laura Burdick are, respectively, Division Director and Project Coordinator at the Catholic Legal Immigration Network, Inc. (CLINIC) in Washington, D.C. CLINIC is a subsidiary of the United States Conference of Catholic Bishops and, with over 130 affiliates, the largest network of non-profit immigration legal service providers in the United States.
