Growing Old Far From Home:
Migration, Ageing and
Ethnicity in Europe
Growing Old Far From Home: Migration, Ageing and Ethnicity in Europe

Perspectives from Seven Countries

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Published by the Runnymede Trust

European Network on Ageing and Ethnicity (ENAE) Report
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Foreword and Acknowledgements

This report is the result of ENAE's first workshop for educationists and trainers engaged in the field of black and minority ethnic older people in Europe. Some 30 participants attended the 3 day event held in Maastricht at Driekant Conference Centre on 30 November-2 December 1995.

One common theme to emerge in the report is that age, `race' and ethnicity do matter in contemporary Europe. Much needs to be done in direct care and welfare services and in education and training to respond to the growing needs of black and minority ethnic older people who themselves are actively engaged in demanding such changes (see Mr. Monpellier's chapter). Support, maintenance and further developments to build a solid foundation for today's and tomorrow's black and minority ethnic older people in Europe is therefore essential.

The workshop was jointly organised by CCETSW (UK) and NIZW (Netherlands). The organisers wish to thank the European Commission DG-V for their support and encouragement of ENAE and its plans. Our thanks are also due to Abena Asantewa (CCETSW) and Onki Leung (NIZW) for workshop administrative arrangements. Resi van Gestel at Driekant Conference Centre ensured that the venue arrangements reflected the wonderful setting at Maastricht. We appreciated the support of Helena Scott, Age Concern Scotland and Robin Richardson. Runnymede Trust who helped with the workshop programme and all the participants who got involved fully in the three days, often working in different language to their own and generating so much enthusiasm and warmth. We admired the long concentration span of Kaushika Amin and Onki Leung who took copious notes throughout the event.

Finally we thank you for picking up this report which we hope will lead to more than just a good read!

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Ageing and Ethnicity in Europe: the tasks and achievements of a network

Harry Mertens

Harry Mertens works for the Netherlands Institute of Care and Welfare (NIZW), a national organisation for research and development and one of the partners of the European Network on Ageing and Ethnicity (ENAE). His national programme is intent on improving the overall quality of life for black and older ethnic minority people. This paper describes the work of ENAE in promoting and developing education and training in the care, welfare and social work of minority ethnic older people in Europe.

Why the Network was set up

It could be said that older people from ethnic minorities are in danger of falling between the ship and the shore, or, as an older Turkish gentleman put it, falling between two chairs. That is one of the reasons why we need the opportunity to focus attention on this group of older people.

Across Europe, there is a rapidly growing number of older people from ethnic minorities. People who were born or grew up in another culture who came to Europe later in life. Most of them will, according to expectations, not return to their country of origin. They will stay in Europe and grow old here together with their children. Their numbers are increasing both in absolute and relative terms.

An overview of the European situation

Black and minority ethnic people came to Europe for three main reasons:

A large percentage now live in Europe as a result of a colonial past. They came for example, from Pakistan and India to the United Kingdom, from Dutch Guyana to the Netherlands, from Morocco to France and from Zaire to Belgium.

The second largest group came for economic reasons. The European countries invited people from Turkey and Morocco to live and work in for instance Germany and the Netherlands. There was a flow from the relatively poorer countries in the south of Europe like Spain, Greece and Portugal to countries in the east and in the north like Germany and Switzerland.

The third group is made up of political refugees. You find people from Iran in Sweden, Vietnamese in Denmark and people from Uganda in the United Kingdom.

In general there is a large variation between several European countries with regards to population movement of black and ethnic minority older people and in their reasons for settlement.

Until recently there was little attention given to the problems that these new residents face at a European level. In several European programmes, and in the first European programme on older people, they have been more or less neglected. However, bemuse of a growing awareness and sensitivity to the needs of these older people by individual countries this situation is beginning to improve.

Most black and minority ethnic older people face an uncertain future and for them a central concern is the question of who will care for them in their old age. The prospect of returning to their original home has become increasingly an unrealistic option for many. Family values are changing which further marginalise older people and the commonly held view that `families look after their own' from the mainstream providers further compounds marginalisation.

Alison Norman, author of Triple Jeopardy in 1985, proposed an explanation for this when she said that `Black and minority ethnic older people are not merely in double jeopardy by reason of age and discrimination but in triple jeopardy, at risk because they are old, because of physical conditions under which they live and because services are not accessible to them.'

Work already undertaken across the European Union acknowledges that minority ethnic older people are not recognised in all aspects of social and welfare provision. Not only are they unaware of the services available but
service providers are unaware of them and their needs.
Chapter 9

The European Year of Older People and Solidarity Between the Generations in 1993 provided an opportunity for much of this interest, work and understanding to develop. Events in Copenhagen, Munich, Eindhoven, Edinburgh and Preston had black and ethnic minority older people as their specific focus.

Although each of these events was different, the co-operation across Europe and the resultant cross-fertilisation of ideas left all those who took leading roles in developing programmes for the Year of Older People with one common concern: That awareness, interest and goodwill which had been created had to be continued.

Several of the organisations which initiated work with black and minority ethnic older people during the European Year of Older People recognised their mutual concerns and determination to continue to promote the needs of this group of older people. Representatives of the organisations met and formed a working group to promote joint working and in January this year ENAE was born.

What does ENAE want to achieve? What are its objectives?

Our main objective is to promote the cause of black and ethnic minority older people, striving to give them greater control over their own lives. We want to help create structures that are appropriate and accessible for black and ethnic minority older people across the range of service provision from social services, education, leisure to housing and welfare. Therefore we want to, for instance, promote, develop and disseminate research and project experience within Europe. We would like to empower practitioners working directly with ethnic minority older people as well as academics, researchers and professionals in related fields.

Last but not least we want to promote education and training through trans-national initiatives and programmes.

In the area of education and training our aim is to improve understanding and competence in working with black and ethnic minority older people, to create educational opportunities for them in seeking to confront ageing in rapidly changing economies. One of the objectives of the workshop is therefore to identify what education and training materials and opportunities exist. We also want to better understand the issues facing minority older people in the context of service provision.

Issues involved in a Pan-European conference

We would like to introduce tried and tested training products and methods to many other EU countries but we recognise that modifications in content and approaches may be needed to suit different contexts.

We use the term black and minority ethnic older people to refer to those people who have or have had migrant or refugee status in Europe. To use the term black older people could be difficult in France and in several other European countries. The term migrant as often used in Germany, the Netherlands and Denmark is almost certainly unacceptable in the United Kingdom.

Even the words training and education do not mean the same in Europe. In the United Kingdom much is done within the formal education. In the Dutch context issues about the multi-cultural society are more dealt with in vocational training following formal training. I am convinced that the situation in Germany and Belgium will also be different again.

Although I am aware of the fact that you cannot ignore the differences between the countries in Europe, I think that the similarities are much greater than the differences. I am also completely sure that it is possible to use examples of good practice in other countries.

In our NIZW programme we have adapted a training film from Age Concern England for the Netherlands and the Dutch sneaking part of Belgium. We have recently published a hank called The -heel of the Neighbours In which we describe the race relations act and equal opportunities policies in the United Kingdom. In the book we give an overview of all kinds of projects that could serve as an example to the Netherlands. Unfortunately at present it is only available in Dutch.

The next comment I wish to make is that I hope that we do not focus too much on the problems facing ethnic minority older people. The first reason for this is not because I think these are unimportant issues but because I would like to focus more on the potential and the opportunities that can be created than on the problems per se. In my opinion the problems are more or less the same in the several European countries.

It is clear that black and ethnic minority older people in Europe are cut off from care and welfare services by problems of language, racism and ignorance of cultural and religious differences and that their needs are often poorly met.

I would like to thank DGV of the European Commission for giving ENAE the financial support to organise this
workshop. We are encouraged by their response and hope that they will continue to support the issue of black and ethnic minority older people on the European agenda.
Setting the Context:
Who cares for black and minority ethnic older people in Europe?

Naina Patel

Naina Patel is an executive member of ENAE and works as a Projects Manager, Equal Opportunities with Central Council for Education & Training in Social Work (UK). She is the author of A 'Race' Against Time? Social Services Provision to Black Elders (Runnymede Trust) and has written extensively in this area. She designed and led a major curriculum development project in antiracist social work involving some 400 people and producing 30 authors working collectively in multi-racial teams.

INTRODUCTION

Welcome to our first ENAE workshop in Maastricht. My colleague Harry Mertens has covered the range of people we refer to as black and minority ethnic older people and their reasons for settling in various countries of Europe. To answer the title question, let me illustrate this by reference to a man and a woman of 78 and 76 years old respectively, of Gujarati Indian background, whom I know most well. Their lives were characterised by happiness and struggles, perhaps you may say no different to yours. But the time, the context, their age, `race' and status in society are all important matters. For instance, this man of 78 years arrived to the UK in 1968 in his fifties from another former British colony, Kenya, to take jobs well below his experience, capacity and worth. They called his former British colonial experience in the late sixties as `lack of marketability' when he had applied for equivalent jobs!

As he approached retirement age he began to visit local Day Centres to see `what life was going to be like after work'. These Day Centres were mainly used and staffed by local white people. Recognising his personal need, he with his peers from similar cultural background began to frequent a local Day Centre. It soon became clear that their presence was not always welcomed nor the range of activities reflected their experience and needs. Eventually they succeeded in obtaining use of the Day Centre for Asian elderly for one half day a week, then two. There were other matters to occupy his time as well: helping friends, relatives and their friends with application for benefits, and even educating his GP doctor on the need to be referred to care and welfare services for minority ethnic elders. At a domestic level, this man and woman in their early seventies, recognised the changes in extended families and the need to be independent. They decided to live in an apartment near to the family home, causing alarm to some while an education for others.

In March of this year, clad in his winter coat, this older man took a taxi to the Emergency ward in a local hospital, having made prior arrangements with an Asian Care officer when his GP doctor prescribed more sleeping tablets. This man had recognised that something out of ordinary was afoot. He was right: 3 damaged valves to his arteries and a liver cancer. The surgeons were `miffed' he recalled, `surrounding his bedside and wondering why he was not crying out in pain, but instead negotiating the type and dosage of medicine'. This older man had not explained to the surgeons his specialised knowledge and practice of Ayurvedic medicine and yoga. Three weeks later, independent and alert he died at home with his wife by his side. That was my father - and my mother. Her story is for another time!

In this brief account the rich complexity of their lives cannot be fully illustrated. Nevertheless it covers the answer to the title : as black and minority ethnic older people have aged they have had to seek out their own ways of caring, with or without the help of others. To not recognise this is to suggest that without us, the professionals, they are nobody. There is however much to be done but again we see countless examples of how minority ethnic older people have continued to enthuse professionals and direct them on the development and service plans of care and welfare.
For those of us involved as educationists, trainers, social workers, planners, managers or policy-makers in care and welfare of minority ethnic older people in Europe, I believe there to be three key things which we should consider and respond to. After all, the core issues facing minority ethnic older people in the mid-nineties are similar across Europe: poverty, discrimination, lack of appropriate, adequate and accessible services while their numbers are rising. Changes in their own families and communities are taking place altering their roles. In this workshop we will hear more about these issues for specific European countries and the solutions and strategies deployed or not.

The three questions to consider and respond to then are:

1. **How do we conceptualise the issues facing black and minority ethnic older people in our specific countries and in Europe generally?**

   Do we see the problem as one of ageing, or as a language-culture issue or as one of discrimination based on race’, class, gender and disability or a combination of all these? How we construct the problem and conceptualise the issues determine the goal and the type of education, policy and services planned and delivered. So an understanding of perspectives of assimilation, integration, antiracism, multiculturalism, equal opportunities do matter in practice.

2. **Why are we interested in this area? What is your goal?**

   The issue of care and welfare of any person is not a small matter. The low level of development in services for today's minority ethnic older people demand certain urgent measures. Inevitably as black or white professionals, our personal position will determine the type and length of solutions and strategies we may employ and the efforts we will make in ensuring their success. Hence the specific question about our goal in this area: is to advance knowledge (and for whom) or is it about personal progression and career prospects or is it about the achievement of racial and social justice? If it is a combination of all three then what priority do we attach to them? Where do black and minority ethnic older people and indeed workers(or unemployed members seeking such work) from same backgrounds feature in our thoughts and actions?

3. **What impact are we making in helping to achieve our goals for the overall enhancement of quality of life for black and minority ethnic older people in Europe?**

   How significant are our ideas, thoughts, plans, research, workshops and publications to the overall change in services? Each have individual utility and are important but do they translate into appropriate actions?

In summary, the fact then is that when we talk about black and minority ethnic older people, ‘race’ and ethnicity are an important ‘tracer’ in the determination of their life chances, opportunities, and quality of life in contemporary European societies. The learning and training is not only about appropriate input of knowledge but about the development of practice competence. In other words, essentially a synthesis of values, knowledge, understanding, skills and practice relating to black and minority ethnic older people. A good example of this is shown in CCETSW's own CD Project publication, ‘Improving practice in working with black elders’ which Tim Leung is going to present shortly. I look forward to hearing from participants coming from the eight countries today about the issues, experiences, strategies and solutions adopted in working with black and minority ethnic older people in their countries. The extent to which we can learn and transfer good practices in the interest of black and minority ethnic people growing old today in a changing Europe is urgent and of considerable importance.

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Migration and Life Stories: 
case studies for training in social work

Dr Ken Blakemore

Ken Blakemore is a lecturer in Social Policy at the University of Wales, Swansea. The focus of this paper is on a training exercise and discussion session with British social work students, almost all of whom are white and from the majority community. The migration and biography case studies which follow have been used in sessions with a variety of student groups, but mainly with those who are following a Diploma in Social Work/postgraduate Masters degree programme in Applied Social Studies.

A case study approach: the purpose

Most of the students are 'mature - that is, aged 25 years or over - and the majority are experienced in social work, with a background of at least two or three years' employment in a social services department or equivalent setting.

The object of the discussion of migration and biography case studies is primarily to (a) extend students' thinking about the nature of `race', racism, ethnicity and culture, and (b) to encourage them to explore the ways in which individual experiences of migration and change illustrate common themes in ageing.

The case studies have been constructed from a range of source material and from interviews with respondents in research studies. It is made clear to the students that no case study summarises the actual life story of a person living or dead, but that a combination of elements have been selected from a number of biographies to highlight certain points.

In Wales as a whole, the proportion of members of ethnic minority groups as defined in the UK census (for instance 'Black Caribbean'. Chinese and the various South Asian communities) is low: between one and two per cent of the population, though percentages are slightly higher in south coastal areas such as South Glamorgan, and appreciably higher in localised districts of the main cities, Cardiff and Swansea. In addition to officially-defined minority groups, there are also long-standing communities of European minorities in Wales, notably of Italian, Irish and Jewish communities.

Most Welsh social workers, however, confront a situation in which minority communities have been rendered invisible'. Small and dispersed populations of black and Asian people make it easy for social service departments to either ignore or down-play the significance of minority needs, especially as far as older people are concerned. Yet the position of older people of minority groups who live in dispersed or small communities can prove to be particularly isolating and precarious; they often lack the level of community support from families or voluntary agencies that can be provided in larger, inner city communities.

A leading purpose of the case studies, therefore, is not only to make social work students in the Welsh context aware of the existence of older people in minority communities, but also to do so in a way which helps them to identify with the older people themselves and to see them as individuals, each with a unique past or biography.

This is why, along with case studies of older black and Asian people, examples of minority and majority white older people are also included (see case studies). By comparison between white, black, minority and majority cases, students are prompted to trace, on the one hand, the specific impact of `race' and racism, and colonialism, and - on the other hand - to discuss the impact of migration (either late in life or at a younger age) and cultural change or dislocation upon identity.
In recognising that a position in the majority community by no means guarantees 'successful' ageing (a term which is introduced critically by the tutor), students are often drawn to a discussion of the ways in which, despite experience of racism and other forms of oppression, ageing in a minority community in Britain can be 'successful'. However, there are examples of events and forms of oppression in the case studies which illustrate such concepts as 'double jeopardy' or 'multiple hazard', as they apply to black and Asian people, and these simultaneously show how a position in a minority community can result in the experience of inequalities - poorer health, income and social support - in later life.

**Method of use and benefits**

The case studies are also used as ways of either questioning or illustrating common images of ageing in minority groups: for example the images of 'the passive victim', 'the gradually adjusting migrant' and 'the self-reliant pioneer' (see K. Blakemore and M. Boneham, 1994). These images are not so much descriptions of reality as stereotypes of older black and Asian people, and they often have a powerful influence upon the ways in which service providers and managers perceive needs in minority communities. The case studies can be used to challenge stereotypes by giving specific examples of the ways in which individuals may not be self-reliant, for instance, or may not be passive victims of circumstances. In this way the case studies prompt discussion of service providers' views and actions.

The case studies can also provide a starting point for beginning to question reductionist definitions of ethnicity or culture, showing how one's ethnic or cultural identity may change over time, during the ageing process, and how rediscovery of ethnic identity may occur - in later life. Thus neither the ethnic identities of whole communities in Britain (for example Sikhs, Pakistani Muslims), nor of individuals, are static. In student sessions, combining discussion of both majority white and minority case studies seems to have the valuable effect of driving home the message that everyone possesses an ethnic identity; ethnicity is not solely a property of exotic or marginalised communities.

In sum, discussion of biographical case studies could be considered by social work educators as a small but significant part of a larger programme or curriculum which deals with age, 'race' and ethnicity. At the moment, there is a strong emphasis in much of the social work training curriculum on 'race' and other aspects of the majority-minority relationship, such as the marginalisation of migrant workers. These are important themes, but discussion of the ageing process or theories of ageing is often left out of 'race'-oriented training materials. A greater use of case study material, as illustrated below, is recommended as one way of helping to bridge the gap.

It should be emphasised, by way of conclusion, that the case studies presented below are both modest and exploratory in nature. Further consultation with voluntary agencies or organisations in minority communities, and with older people in various communities, would help to build up a more extensive and representative set of case studies. It would also be possible to develop a series of exercises to test students' understanding of the themes suggested by the case studies, and to obtain feedback on their usefulness or otherwise in practice.

**The Case Studies**

*Mr A.*, is a 73 year old ex-serviceman from the Sikh regiment in India. He saw active service during the Second World War (in Burma) and as a result of a combat injury is an amputee.

Mr A. has lived on a small army pension in Amritsar (northern India) since 1946, supplementing his income by running a small watch and clock-mender's shop. His wife died last year, and all his six children have migrated to other parts of the world: Canada, the United States and Britain.

Mr A. has some distant relatives living in the Punjab, but he does not feel he can depend on their support. He is facing increasing problems in getting around, as his remaining leg is causing problems. He arrived in Birmingham last year to live with his middle-aged elder daughter, Meena, who has three teenage children. He finds both good and bad in life in Birmingham but sees little beyond the four walls of his bedroom in his daughter and son-in-law's house.

*Mrs B.*, grew up in a small English village, the only daughter of a bank clerk and a primary school teacher. She is now aged 91. In the early 1930s she decided to travel to India. Chances of marriage or employment in England seemed extremely restricted.
She was one of the many women who joined the "fishing fleet" in search of better marriage prospects among the well-paid officials of the colonial service. She married an English civil servant in India in 1938. Mrs B. felt that her lower middle class background worked against her; her relations with other civil servants' and officers' wives were marked by insecurity and feelings of being left out of parties and other events.

Tragically, her six year old daughter died of a tropical illness in 1945. Her son, born in 1943, returned with her to Britain in 1947 (upon India's independence). But by that time Mrs B's marriage had broken down. Her husband left her for another (Indian) woman. As a result, Mrs B. has a strong racially motivated antipathy to Asian. and especially to Indian, people.

Managing in a self-reliant way until the age of 88, Mrs B. then suffered a stroke which has severely restricted her mobility. Last week a new home care assistant was allotted to Mrs B., a Mrs Gupta...

Mr C., came to Britain from Jamaica in 1956, when he was 26. He had already left his family s up country farm of a few hectares, mainly because he did not get on with his father or older brothers, two of whom who are now dead. In 1953 Mr C. had moved to Kingston, and on leaving for Britain left behind two sons of his own with his partner, Matilda.

Mr C. had intended to return to Jamaica within two or three years, but almost decided to return within a few months. Life in Britain proved to be very hard: jobs in the economic slow-down of 1956-57 were harder to come by than he had been led to believe, especially for a black man. Coolness, hostility and sometimes open racial abuse from whites have left a long-standing scar. However Mr C. did eventually find an unskilled job with British Railways and remained a British Rail employee until recently.

Matilda joined Mr C. when he found his first job in late 1957. Their two sons, by then aged 7 and 5, joined them in 1961. At the time the children did not seem to have been too badly affected by their early separation from their parents. However Mr C. now thinks that one of the reasons he rarely sees his sons is that they never really 'took to him' as a father. Matilda left Mr C. for another man in 1966 and has now returned to Jamaica.

Mr C. still entertains dreams of returning to live in Jamaica, but he has never been back and knows little about his family there. He is now 65 and is wondering what to do with the rest of his life.

Miss D., aged 68 is Jewish and originally from Poland. She speaks Polish, Yiddish, English and German, though sometimes she is a little difficult to understand when she uses words from each language interchangeably. Miss D. is rather hard of hearing and not willing to use a hearing aid, does not always pick up what people are saying to her.

Miss D. was traumatised at the age of 12 when (in 1939) she was sent alone, by her parents, to live with distant relatives in Canada. Her parents planned to stay a little longer in Poland but, in 1939, were trapped - with Miss D's three younger sisters - by the rapid German take-over. Though a few letters eventually reached her, Miss D. never saw or heard from her parents or sisters again. She is haunted by the conviction that at least one of her sisters survived. She has vivid dreams in which her sisters live only in the next street, but somehow she cannot identify the house in which they're staying.

Miss D. visits a local day centre regularly. It is run by the local council in partnership with the Polish community group. She is terrified that two understanding volunteers will return one day to ask her to reminisce - part of a 'reminiscence workshop' - something that she loathed before and found intolerably painful.

Mrs E., aged 61 also came to Britain as a refugee - from Uganda. She is a Gujarati speaking Hindu, her father migrating from a town near Bombay in the 1920s to work as a railway clerk in Uganda. Mrs E. married another Gujarati man, a Muslim, who had built up a network of four successful pharmacies in and around Kampala. In the 1960s in Uganda they had enjoyed having a large house, a beach-side bungalow, servants, three cars and lots of parties. Mrs E. has a clear memory of leaving one of their cars on a road near the airport, on the day they left Uganda. They simply locked the car; walked away and threw the keys into a drain.
Life in Britain (Leicester, then south London) was quite hard. Her husband found it difficult to set up as a pharmacist to begin with. Apart from problems in getting recognition for his qualifications, they encountered racial prejudice at the bank and from other pharmacists. The government did little or nothing to help them. They opened and ran a fast-food ‘Chinese’ take-away for nearly a year. Mrs E. remembers putting too much red (cayenne) pepper in the food for English tastes!

Now, however, they have re-established themselves. Mr E. amassed enough capital to start again as a pharmacist. He branched out into computers and software sales, and their two sons are now heavily engaged in that business. Their one daughter is studying for a PhD in sociology. Mrs E has many friends and helps to run a day centre for older Asian people.

Mr F., is a Yemeni ex-seaman, aged 69, who lives for most of the year in Cardiff. He worked first as a labourer at the docks of Aden, but worked and travelled on merchant ships after 1946. In 1951 he married a Yemeni woman from San’aa (interior of Yemen), who still lives there and bore him five sons and five daughters. Mr F visited Cardiff often during the 1950s and 1960s, eventually finding enough money to purchase a small terraced house there. Mr F. took a second wife in 1963. The second Mrs F is also from Yemen. She had been divorced in 1962, and had accompanied her-first husband to Cardiff before the Commonwealth Immigration Act of 1961.

Mr F. finds it possible to balance his Cardiff and Yemeni lives, having become a respected community leader in both places (he has organised several fund-raising drives to help build a mosque in Cardiff and a new school in San’aa); however the second Mrs F is uneasy about his first wife and the amount of time and resources he devotes to his San’aa family and community. She would like him to gradually withdraw from his Yemeni ties; ‘after all, he’s getting old’, she says, ‘and all this travelling will make him ill’.

Mrs G., 85, has just moved to a very sheltered housing scheme near Bournemouth (English seaside resort, south coast). She has lived all her life in Bolton (northern England, near Manchester) and has very little experience of life outside the town.

Mrs G. herself cannot really walk unaided and finds it difficult to cook or clean. Her son, a well-off company executive, decided that the best thing for her would be to move to within a few miles of where he and his wife live. But Mrs G. is deeply unhappy. She feels self-conscious and awkward in what is obviously a prestigious private accommodation scheme. Her accent and manner seem to stand out in the polite southern chatter of the one or two coffee mornings she has tried to attend.

Mrs G. misses her plain-talking friends and the ‘good natters’ they used to have.

Reference:
Chapter 4
Ageing in a Different Place and a in Different Way: reflections on experiences in France

Omar Samaoli

Omar Samaoli is a Gerontologist based at the Observatoire Gerontologique des Migrations en France (OGMF) where he is the Director. In this paper he describes the situation of elderly migrants, noting in particular the great differences in views of ageing and old age which may exist between their own culture and that of the country in which they have settled.

As Europe becomes a place of increasing social integration, it must make provision both for its own nationals and for its guests. The problem of ageing in immigrant populations is not just a political perception. It is also a sociological reality which is receiving increasing attention because it has implications for the overall provision for elderly people. It is probably this sociological legitimacy, which has often not been the case in our exploration of old age and old people, which is encouraging us to look more closely at immigration from a gerontological point of view.

Background

In France, we tend to distrust the claim that immigration is in some way a scientific subject with its own sociology, anthropology, medical science or for that matter gerontology. Immigration must be seen as a natural part of the overall scientific context. If we are to ensure that this is the case, we must develop tools, resources, strategies and spaces which we can use to analyse immigration.

It is clear that the issues at stake are the decisions our respective countries make about the integration of elderly immigrant populations. We know that the options range from recognising specific communities or ethnic groups through to absorption.

I believe that as a matter of intellectual discipline, I should not make judgements about the merits of these different options; that is not the purpose of this conference. However, I sincerely believe that we must share and publicise our experiences. Not only must we facilitate debate between ourselves; more importantly, we must use our experiences to develop services which respond to people's needs and aspirations. This applies both to your work and to ours, and I hope that what each of us has to say will be of interest and inspiration to the other.

First, as far as the gerontological study of immigration in France today is concerned. I think it is true to say that we have sufficient\textsuperscript{1} strong evidence of the constant growth in ageing immigrant populations as a result of various censuses, statistical and demographic work carried out by experienced researchers.

What we need more of, however, are qualitative longitudinal studies of large cohorts of people, showing how they experience and perceive their situation as elderly people. These studies must also look at their needs, aspirations, and ease or difficulty of access to the general welfare provision for the aged.

We are getting there little by little, partly by dint of determined scientific curiosity about this problem, but also as a result of increased government awareness of the structural changes which have affected immigration to France, particularly by workers. Immigration used to be regarded as simply a temporary phase in the lives of these men and women from other countries. It can still be seen as something temporary, but the cruel reality is that increasing numbers of immigrants are growing old and dying in France.

Looking at elderly immigrants in France helps us to appreciate the radical changes which have taken place in this country; the position of old people within the family, the relations which still exist between the generations, the role of old people in society, and the problems of urban life. It also tells us about the identity of elderly immigrants having to take on new statutory social duties and assume a completely different role to that of old people in their home countries in North Africa and elsewhere.
An issue for gerontologists

Immigration has also become an issue for gerontologists concerned with access to welfare services as a result of changing medical and social attitudes towards old people, particularly those who are institutionalised.

Placing elderly immigrants in sheltered accommodation can certainly help to mitigate the absence of a family, just as it can for elderly French people. But many of these people are living in furnished rooms, apartments or even workers' hostels which are not suitable for elderly people, particularly if they are invalids or need someone else to help them with their basic day-to-day needs.

There are still relatively few elderly immigrants in geriatric institutions because the individual and collective problems of old age are only just starting to creep up on the immigrant community.

These situations also show what is happening to the cohesion which exists within individual communities. This cohesion may have survived the actual process of immigration, but it is now being eroded for a multitude of reasons. They also reflect people's increasingly negative perceptions and experiences of their own ageing, and of old age in general, both in France and in western society as a whole.

Old people will tell you that immigration has dramatically uprooted them from their ancestral traditions, in which old people were looked after and even venerated. They become increasingly frustrated at the great differences between their own culture and that of their country of settlement, which they cannot identify with. This can spark off a whole range of psychopathologies which have not been widely apparent until now.

Some immigrants will constantly tell you about the place accorded to old people in their own cultures. They firmly believe that it is wrong to accept outside help, because this is the role of the family. This nostalgia about their own societies' treatment of the elderly should also make us more aware of the difficulties faced by old people in general in France, particularly when there is a possibility or likelihood of being institutionalised.

It also needs to be emphasised that placing elderly immigrants in nursing homes or geriatric hospitals is fairly problematic. This situation highlights another feature of their lives: extreme social, emotional, psychological, linguistic and even sensory isolation.

The problems resulting from this changing situation are likely to grow as the number of old people increases, and they will be an issue for medical, paramedical and social workers. Language is already a problem for immigrants in their daily lives, but it can be a source of increased conflict and isolation when they grow old.

It is not surprising that people become confused when they are living in institutions or dependent on home helps, and when all that can be provided for them is help in fulfilling their most basic and intimate daily needs. They regard old age as an illness, and this dependence is a constant reminder of their declining physical strength.

As we know, different cultures, religions and philosophies have different attitudes to the body and to looking after its needs. Care workers do not receive anthropological training enabling them to understand these differing traditions, which makes communication, care and support for the old and dying a difficult if not impossible task, no matter how caring and generous they are.

Growing old means living for a long time, as long as possible, but it also means starting to come to terms with death. Not even the most ambitious gerontologist believes that death is reversible, but Western society increasingly deals with its fears by blotting out the reality of death from its mind. Other cultures celebrate death and have an intimate relationship with it, treating it as an ordinary and natural process, often associated with strong spiritual or religious feelings.

Apart from teaching care workers the skills they need to help elderly immigrants lead dignified lives, we must also simplify the complex legislation on the subject, to meet the ethical needs of people who never had any intention of dying or being buried in France.

Immigration is likely to be a challenging issue for a long time to come. Although the immigrants have been with us for a long time, some of them are still torn between two cultures: they have never become totally westernised, nor have they remained true to the cultures from which they came.

This is an extremely complex area, and no policy of integration will be relevant and effective unless it deals with all the different areas involved, including health, access to welfare, housing, urban integration and social protection.

If we were not optimists, nothing would ever get done. We are optimistic about what we are doing and what we can offer the people we are helping in our different capacities. This conference itself is also a great act of optimism.
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Chapter 5

Growing Old as an Immigrant: perspectives and trends in Germany

Uwe Brucker

Uwe Brucker is a scientific consultant in the department of further education, with special reference to the welfare of the elderly at the German Association for Public and Private Welfare in Frankfurt. He is responsible for the development, organisation and execution of scientifically funded education and training events and conferences, and for publicising them.

Background

The German Association, Deutscher Verein, goes back some way; the institution was founded in 1880. The work and brief of the German Association can only be understood when seen in the context of the German welfare system. Deutscher Verein's main tasks are:

- to initiate and influence trends in social policy,
- to develop recommendations on practical aspects of social work carried out by public and voluntary agencies,
- to prepare commentaries on issues arising from social legislation and promote relevant disciplines,
- to provide information to those engaged in the field and promote exchange of views and experiences,
- to provide in-service and other forms of continuing training for professionals and managerial staff in the social field,
- to monitor and evaluate trends in social work in other countries and promote international co-operation,
- to publish papers and other works on social work issues.

As a result of such a brief we have managed to initiate and sometimes contribute to the knowledge and practice which relate to the needs and issues of elderly immigrants in Germany. The following illustrates our understanding and experience in this field.

Social care insurance and elderly immigrant workers

One of my tasks is to help to implement social security medical insurance with the aid of conferences and further education. This law, which comes into effect in two stages, will significantly change the organisation, financing and quality of nursing and social work with regard to the welfare of the elderly. The first stage regulated out-patient treatment from January 1995, and the second stage: with regulations on in-patient treatment dates to July 1996. It will revise the concept of nursing both for the institutions, services and providers, and for those in need of care. One thing is already different: those people who are dependent on the help and support for care and external resources are now called customers or users (as in the UK). This new title should on the one hand emphasise a new culture of caring and a consciousness of service in the care providers which up until now has not been universally apparent. However, on the other hand, it should also underline that the service recipient is an independent consumer who is free to make his own choices. Whether this still applies to people who are to a great extent in need of care or are otherwise dependent on external help seems doubtful.

Social security medical insurance is also important to elderly immigrant workers. The law on medical insurance answers the question of whether an immigrant worker who is now in need of care in Germany can claim at least some of the necessary care services outside the territorial limits of the area within which the law operates, that is, in his country of origin. In the version of the social security insurance law which has applied up until December 1995, the
answer is clear: no. The care, which the customer in need of care can claim either as benefit in kind or as money in Germany, cannot be transferred to his country of origin. The benefit in kind cannot be checked by German authorities abroad as to whether it is being provided in accordance with the medical insurance law there. German medical insurance does not pay for benefits in kind which are provided abroad. This is in keeping with the line of argument usual in the law on benefit in kind. In the case of payment of money, which in other areas of social security law, for example the old age pension, can be transferred abroad, a very subtle argument is used: namely, the money paid by social security health insurance is not in fact money, but a "surrogate for benefit in kind". It is therefore almost benefit in kind; and benefit in kind cannot be transferred abroad!

This decision taken by the legislator does not take into account the ethno-gerontological findings on immigrant workers living in Germany. Studies covering the whole of Germany, as well as surveys confined to smaller areas, concur in that about 30% of the elderly immigrants surveyed go back and forth between Germany and their country of origin, or intend to. They return home from time to time for various reasons and, in individual cases, all these reasons may apply: keeping up their familiarity with the country, (also their illusions), contacts with family in the country of origin or Germany, homesickness for the place where they are presently not living. There are also legal necessities, however. For example, if residence status is not fixed, an absence of more than 3 months from Germany puts at risk the residence permit of some nationalities. In addition, the immigrant who returns home puts at risk his additional provision for old age which can only be collected in Germany.

The anxieties of the majority of elderly immigrants who go back and forth would be lessened slightly if social security in Germany were to make the transfer of the nursing allowance abroad easier for those who are recognised as in need of care. The reform of the social security medical insurance law which was announced in November 1995 but which has not been carried through, stated that EU citizens can collect the nursing allowance for a maximum of 6 weeks in the year in other EU countries. However, when this ruling was considered, elderly immigrant workers were not in the mind of the legislator, but German pensioners living in the EU countries of southern Europe.

Now is not the time to speculate about the reasons for this restrictive measure with regard to elderly immigrants. One thing seems certain: claiming for benefit in Germany is by no means cheaper than in the countries of origin, according to experts at the Ethno-medical Centre in Hanover.

Growing old as a foreigner in the Federal Republic of Germany

A conference on the subject of "Growing old as a foreigner in Germany" took place at the German Association in Frankfurt in November 1995. 25 experts exchanged views on the themes of educating and training individuals who are involved in this sphere of activity.

A few introductory remarks will discuss German attitudes to this subject and the practical initiatives already in place concerning the training of various people.

a) Some facts and figures

At the end of December 1992, about 80 million people were living in Germany, of whom 6,496 million (8%) were foreigners. 6,313 million (97%) live in the former West Germany and Berlin and 183,000 (3%) in the former East Germany. 15% of foreigners living in Germany are older than 50 and 2.9% of foreigners are older than 65. About 9% of employed people are foreigners. They contribute about 8% to the statutory pension scheme, but their share of pension benefits is wily about 2%.

In Germany, when we refer to elderly immigrant workers, we usually mean foreigners, i.e. people without a German passport. From a scientific and practical point of view, this group also includes elderly asylum-seekers and "aussiedler". The latter even if they are German in the eyes of the law they were not born in Germany, nor did they grow up there. These people have come to Germany during the last ten years from Poland, Romania, Hungary and the republics of the former Soviet Union, mainly, with several generations of their families. They are minorities of German origin, whose forefathers settled in these countries of origin, often at a time when Germany did not exist as a nation-state; for example, in Romania during the reign of Empress Maria-Theresia in the 17th century.

b) Problems of "elderly immigrant workers"

In Germany, immigrant workers are foreigners, even if they have been living and working in Germany for 20 or 30 years. The rights of foreigners are poor compared with those of non-foreigners. For example: the law relating to
foreigners connects the right of residence and the residence permit (restricted or unrestricted) with a regular, minimum income and a fixed place of residence, among other things.

What has often been said about other countries, also applies to the situation in Germany: most elderly immigrant workers living in Germany have a poor standard of education, a modest income, suffer bad health, have poor living conditions and do not (cannot?) take advantage of the welfare and nursing assistance available for old people. Above all, the first generation of immigrants do not speak German or speak it badly.

Immigrant workers in Germany age earlier than Germans. They become of pensionable age as young as 42-45. The reason for early retirement is quite often not age but unfitness for work. The causal relationship between their work histories and the often very hard jobs is quite obvious. The pensionable income is dependent on the length of the contributory period of employment, the contributions paid and the amount of wage/salary. The periods during which the immigrant worker pays contributions are often shorter than those of Germans. Further as their incomes are lower the size of their pensions are considerably below average. This also applies to old age pensions. The available income of elderly immigrant workers is therefore low.

About 20% of immigrant workers, even those of retirement age, desire to return home. The dream of one day returning to their homeland, old but not too old and in good physical and mental shape, into a happy and admiring family has for many years determined how most immigrant workers live their lives. This dream is often still a dream in old age, in the certain knowledge, presumably, that it will perhaps one day not remain a dream. Maria Dietzel-Papakyriakou, a professor at the University of Essen, has carried out detailed research in this field and anyone who has been involved in this subject in Germany on a scientific or practical level will inevitably find themselves discussing the findings of Frau Dietzel-Papakyriakou's work.

The question of qualifying for work with elderly immigrant workers

How much attention is given to this subject and to elderly people from other cultures in Germany? And how does this affect their day-to-day lives?

Elderly people from ethnic minorities receive attention in Germany. Certainly from science, at congresses, conferences and meetings. The results and conclusions are not incorporated into the practice of social work and even less when it comes to old people's welfare. We are not worried by this, however. The situation is similar in other European countries. We are confident that practical studies in the area of old people's welfare, which have hitherto been few, will increase and that good quality work will be to the satisfaction of the immigrant workers concerned.

The realisation that a previously unknown client group, or should I say consumer/user group, with specific requirements is ready for old people's welfare. Social work is increasingly gaining ground with the providers of these services. Organisations which have up until now only been marginally involved with the welfare of old people could corner this "market" and try to use this sector of social work for the benefit of elderly immigrants.

In view of the present state of the technical discussion, the field of work at the conference in Frankfurt was deliberately limited. We wanted only to address the following questions at the discussion:

• Which of the ideas concerning education and training have already been tried out in practice in the area of old people's welfare?
• Who is qualified for this work with elderly immigrant workers?
• What materials are available for education and training in this field?

a) Care of the elderly in health field in dealing with elderly immigrant workers

Exclusively German standards apply in the welfare of old people. This is true both to the curricula in the training of nurses working with old people as well as acknowledgement of technical know-how gained abroad.

Education is far from being an issue which embraces all cultures. Valuable technical expertise which is gained abroad and which is essential for working with elderly immigrant workers is not considered by the administration to be as good as German qualifications. The training for care of the elderly received in Romania is classified by the employment exchange not as specialist training but is placed on the lower salary level of an old person's helper. Socio-cultural and linguistic abilities and the specialist Romanian standards are not considered useful to the elderly Romanian aussiedler and, in the opinion of specialists, are not required as a qualification.
Orthodox medicine in Germany still regard illnesses and changes in the health of the elderly as a deficiency. Too often the solution to a problem is a pill to repair the deficiency.

The understanding and way of dealing with illness, pain, fear, grief and death in other ethnic groups and cultures are different from those of German orthodox medicine. The difficulty of using any criteria other than the known and recognised ones, when considering the expressions used by patients from other cultures to describe pain, is demonstrated in the way in which medicine describes "unclear" expressions used by immigrant workers: Morbus Bosporus, Mama-mia syndrome etc.

The role which Islam for example can play in the overcoming of illness in elderly Turkish men and women has been demonstrated by the psychologist Soner Tuna from the Ethno-medical centre in Hanover. In all religions, faith is a good starting point for interpreting the patterns of human thought, feeling and behaviour and its impact on one's mental and physical health.

In one training situation small work groups examined the influence religion has on Islamic immigrants on everyday care. In a second stage, the participants were then asked to discuss the possibilities, and the limitations, of care which goes across all cultures.

Consider the results of this exercise: existing old people's homes and nursing homes must be orientated towards the individual requirements of the elderly immigrant worker. The awareness of staff should first be raised with regard to the needs and requirements of these people. There must be a new level of tolerance and flexibility. There was a discussion as to whether the care provided in an existing institution should be in the form of individual places for elderly foreigners and/or in separate, smaller establishments, separated from German senior citizens.

In my opinion, the discussion should not be along the lines of Either-Or. As long as the elderly immigrant worker can express his individuality in an old people's home, where his "otherness" is not only tolerated, but encouraged and supported, and as long as integration is not confused with assimilation, then life can be lived in various types of institution, if other inhabitants provide a welcome.

b) Education for multicultural and multi-lingual people in the field of old people's welfare

This topic was discussed with the example of a project currently taking place in Dortmund. The qualifications required by the qualified employees in all areas of old people's welfare were considered; nursing of the elderly, medical service of nursing insurance, social services for foreigners, initiatives and associations, self-help organisations, district work; but also cooking and cleaning staff. In order to prevent staff becoming confused or concerned, at the beginning of the project a copy of "Elderly foreigners in our home" was provided for the information of all participating workers and employers.

There was a need for additional staff, educational materials and special supplies for immigrants. This list of minimum requirements has however been counteracted by reality; job cuts, agreed declassification of bilingual staff (because of inadequate knowledge of German) and the growing trend of accommodating elderly foreigners in German state-run institutions.

In the so-called "open work with the elderly ", there is a shortage of interpretation and translation services, such as those found in Hanover, for example. Interpreters, when they are available, are organised by associations and self-help groups.

c) Training programme for the socio-cultural encouragement of elderly Spaniards

The "Adentro" project in Frankfurt was received enthusiastically. In the German state of North Rhine-Westphalia, Mr. Sanchez-Otero initiated a plan extending over three years to establish groups of elderly Spanish immigrant workers. The aim is for participants in his scheme to take the initiative where they live, by forming groups of citizens who are active in the town. This plan is, in many respects, pioneering work. Adentro works on the material first and then begins a Train-the-Trainer programme to build up the membership.

Basic assumptions at the heart of the project

Much time and energy is expended by immigrant workers at their jobs or in bringing up children. During this time, certain aspects of their personality are not developed fully. Cultural, artistic, intellectual, social and emotional needs and tendencies are human qualities which help an individual to develop and realise his full potential in old age. Opportunities can make a difference. Up-to-date and realistic images and ideas about old age should be discussed.
Elderly immigrant workers seldom imagine what it can and should mean to be useful in old age in their adopted country of Germany. This group of people know even less about the different types of out-patient and in-patient care available. Whether they meet the needs of elderly immigrants is a matter for discussion with those concerned.

The target group for this training programme are Spanish speakers of 50 and over with, if possible, experience in management and co-ordination committees of social groups (e.g. parent associations, holiday and cultural centres, pastoral councils of missions, factory committees, advisory councils for foreigners, women's, senior citizens' and youth groups). These people should also be prepared to make practical use of the qualifications they have gained through the training programme in their place of residence. The working language is Spanish. There are no minimum requirements for academic or professional qualifications in order to take part. The project welcomes and encourages the participation of spouses or partners.

The aim of the programme is for those taking part, as they are gaining qualifications, to help other, elderly compatriots to shake off their isolation. The participants should have the ability to promote activities in the areas of culture, organisation of leisure time and promotion of good health at the traditional meeting places of Spaniards and Latin-Americans. The participants should also be qualified to be spokespersons with regard to any problems, requests and suggestions the elderly immigrants in the district may have. The programme should also promote the social involvement of Spanish-speaking immigrants for the benefit of elderly fellow countrymen. The promotion of voluntary social involvement in old people's homes, health and advice centres and also child care and education counselling is included in this. Information and advice is given on the legal aspects and problems of old age. Living and working with elderly people of other nationalities is another aim.

**The First Phase**

The setting-up period (April 94 to June 95) comprised, for example: legal aspects relevant to elderly immigrant workers, techniques and methods of involving elderly immigrants in society, experience in the organisation of, and participation in, groups.

**The second phase**

This began in September to December 1995, the basic knowledge and skills referred to are built on over four weekends.

**The Implementation phase**

During this phase (January 96 to March 1997), four weekend events were held, during which the participants share and assess their experiences of using the skills and abilities gained on the training programme in the places where they live. The group response is good. The participants are carrying out their work with enthusiasm and success.

The conference in Frankfurt showed that the development of qualifications and teaching material dealing specifically with the needs and problems of elderly immigrant workers in the Federal Republic is still in its infancy. A start has been made. In order that in the short term, institutions and individuals in various places who do not know about each other, should not feel they have to "re-invent the wheel ". The German association, Deutscher Verein, has set itself the task of discussing the subject of old people's welfare in the next few years at a national level, and seeing that the results are publicised. Another conference on this theme held in Frankfurt from the 2nd-6th September 1996. So that there is input from other European countries on their experiences in this area, efforts are being made for international participation.

As can be seen, the agenda on the needs and problems of German elderly immigrants is gaining attention beyond discussion stage. However much needs to be developed in practice in the coming years - unlike some other countries, our demographic situation which makes this area significant must determine the pace of progress.
Chapter 6

Identifying and Meeting Training Needs: programmes and courses in Scotland

Helena Scott

Helena Scott is currently employed by Age Concern Scotland (ACS) as its European Development Officer for the European Network on Ageing and Ethnicity (ENAE). She has been actively involved with ACS since 1991 when she led the national development theme Growing Old in Multi-cultural Scotland, and later for the European Year of Older People and Solidarity Between Generations 1993, and the Age Concern Project Ageing in Multi-cultural Europe. She has worked freelance in research and training, for ACS and for other organisations and ethnic minority groups. She is herself of Polish origin, chair of Polish Connections Scotland, and a carer for an elderly Polish parent. She is currently completing doctoral research at the University of Edinburgh, Department of Social Anthropology, on the post-war generation of Poles in Scotland.

Background

Age Concern Scotland has been promoting the needs of black and ethnic minority older people since 1991, principally through two major development themes; Growing old in Multi-cultural Scotland (1991-1992) and Ageing in Multi-cultural Europe (for the European Year of Older People & Solidarity between Generations 1993). Through Age Concern Scotland’s national seminars and conferences which have focused on particular themes, e.g. transcultural health, equal opportunities and racial equality for ethnic minority older people, information has been offered and used by a range of targeted groups. These include workers, volunteers and older people from minority ethnic groups and organisations; multi-ethnic day care services and professionals within statutory and voluntary sector services within social work, housing and health. At this time, Age Concern Scotland piloted a training pack aimed at organisations working with older people which complemented the theme.

Leading on from the European Year 1993, Age Concern Scotland has been an active partner in the setting up of the European Network on Ageing and Ethnicity (ENAE) which, along with other partners in the UK, Netherlands and Denmark, has taken education and training as one of the key development areas since it commenced working in July 1995.

As the leading organisation, working towards the improvement of the quality of life for all older people in Scotland, Age Concern Scotland is well placed to provide focused training in this field which is augmented by its now well established experience with black and ethnic minority older people, their organisations and others working in race equality.

This current training initiative, as with previous training days, was stimulated by workers and volunteers within a number of multi-ethnic services such as day care, advice & information, welfare rights. These group of workers in identifying their own training needs felt that there was an absence of good quality training which suited their particular requirements. These related to their work with black and ethnic minority older people, and reflected their working environment largely within the voluntary sector.
Aims

- To improve knowledge and understanding of older people in society, particularly those older people from black and ethnic minority groups;
- To identify, learn and develop professional skills in the promotion and development of ethnically focused services, and,
- To build a resource for identifying future training needs.

Projected Target Groups & Locations

This training initiative was aimed at paid workers, volunteers and older people from black and minority groups in Scotland who are directly engaged in providing community care services to older people from different minority ethnic groups.

Methodology

Identifying Training Needs

- Process of consultation, by letter / telephone, questionnaire and interview schedule
- Collation of information / indexing
- Interim assessment of training needs

Course Outlines

- Identification of trainers, followed by consultation •
  Programme planning and co-ordination
- Feedback (participants and trainers)

Training methods

The training methods were intended to be highly participative using a range of methods to enhance learning. They were brainstorming, information-gathering, illustrative case studies and video, pair and small group exercises, full group discussion, personal action planning and completion of feedback forms.

Evaluation Methods

Consultation, course content and feedback forms constituted the evaluation process. The training initiative also identified areas of unmet training. This can serve as indicators of future training needs.

Key Outcomes

The training initiative placed clear emphasis and importance on the process of consultation and discussion, course planning and delivery with the designated organisations. This was in the belief that direct involvement from workers, volunteers and older people from ethnic minority groups would lead to clearly focused training around areas of immediate concern. It would also provide a firmer commitment to the training and better quality of feedback to the overall evaluation.

The Training Co-ordinator was already familiar with the organisations and known to them. The majority of workers had been involved in different activities ranging from in-service training to national and European conferences and seminars. This familiarity was an important qualification because it helped to reduce the time that might otherwise have been spent in forging links and developing trust with key workers and their organisations.

Similarly, it greatly enhanced the degree of willingness and co-operation at various stages of course planning and delivery with and between prospective participants. This became evident at each of the training days during which there was a relaxed and informal atmosphere.
Use of the term 'Training'

From information obtained through the questionnaires and discussions, there is clear indication that the term 'training' carries a broad and generic interpretation. While a few organisations stated that they had been 'offered training' on community care and how to complete forms, for example, through social work, the methods used suggested that this might have taken the form of information-gathering about different aspects of social work policy and practice, rather than interactive learning.

Examples given, such as attendance at conferences and seminars concerned with wider issues confronting black and minority ethnic groups did reinforce the degree of expectation on the part of some participants. They felt that the training methods which were subsequently used in this training initiative, were different to the traditional model of classroom teaching whereby the activity is passive. Individuals engage in a relatively passive activity. This perception of the didactic approach was reinforced in feedback by some participants who felt that in one of the training days, in particular, they had been the ones 'who had done all the work'.

Training for Whom and for What Purpose?

The training initiative was aimed specifically at paid workers and volunteers engaged in providing some form of service delivery to black and minority older people. They had identified for a skills based training within a multi-ethnic framework. However, it became quite clear that many of the staff did not hold formal qualifications in social and/or community work but may in fact be qualified in totally unrelated professions such as engineering or business studies (an observation supported by a couple of participants). When coupled with the knowledge that there can be a high staff turnover within a number of organisations, the implications when attempting to identify immediate training needs became apparent.

This is a crucial area because training in general may be viewed by senior staff and management as a low priority area in the context of poorly resourced services. It is not that these organisations may undervalue training. In reality the issues are about maintaining existing services. Training opportunities, such as promoted in this initiative, may therefore seem particularly attractive at one level especially when there is no immediate cost to participating organisations. However at another level there are implications on whether resources are sufficient to provide for adequate cover for staff to be released to obtain training. The constraints within this initiative meant that training could only be focused on middle management and basic grade staff in relation to skills-based learning which would directly benefit their practice and the quality of service delivered. Comments were made by staff that management committee members should be trained in, for example, managing a voluntary organisation, staff and volunteers. In addition they should learn about the potential for developing new and innovatory projects and services to older people.

It was necessary to provide a common focus between the various groups and organisations to concentrate on the basics of service provision within this training initiative. The need to develop staff potential was also built into the framework. The initiative began with members wanting training themselves rather than be persuaded and this was reflected in the attendance. Serious concerns remain about how in the future, unmet training needs identified below, will be met.

Areas of Training Interest

Within the training initiative, emphasising direct and indirect consultation with organisations, the range of training participants identified was quite extensive.

These training areas showed a serious need to address the deficit of training opportunities specific to individual organisations. Moreover it showed the importance of providing opportunities for organisations to discuss their past training experiences and their current training needs. There was evidence of openness to share the full extent of training need provided by the familiarity of organisations' own working contexts. Furthermore, any exercise which requires identification of training needs must entail a thorough understanding of the nature of the organisation(s) concerned.

Age, 'race' and ethnicity is a growing area of concern for black and ethnic minority groups in Scotland with populations of older people (50+) who are increasing significantly. And while there is an increased knowledge and
awareness of the issues and service provision developments within community care and housing, it nonetheless remains a marginalised area. Therefore, training initiatives must be seen to be essential now if the demand by these groups of older people is to be met in the near future.

There were differences in training interest and needs between organisations which included the fundamental areas of 'caring for older people' and basic day care; management and staffing issues and staff development. What underpinned these differences, setting aside previous training opportunities, were factors relating to the staff turnover rate, the length of time the organisations had existed and the degree of growth and development within each organisation.

The following training areas were highlighted by the majority of organisations:

- Staffing Issues
- Organisational Development
- Education & Information
- Skills Based Learning
- Programme Design and Course Content

Programme Design and Course Content

The Training Co-ordinator provided outlines for each course which formed the basis of discussion with sessional trainers. The task of identifying professional trainers experienced in working within an age and 'race' context proved to be exceptionally difficult. Most certainly there were many excellent community workers willing to give presentations on many related themes and were supportive of the training initiative. However trainers who had recognised knowledge and experience of black and minority ethnic older people and who were also able to promote a range of training methods which used participative learning were required. The difficulty of securing trainers who met this criteria placed a severe tension upon the timing of the training days. Such difficulties have presented an important finding for which further work needs to be done.

Generic trainers were found and it was largely due to their professionalism and experience that they were able to grasp not only the subject matter but also the complexity of underlying issues and concerns which affect the success of service provision and its development. These concern for example, funding and staff resources, equal opportunities and anti-racist awareness. Each of the trainers stated how much they had enjoyed the experience of working with the groups and how challenged they had felt by the participants who were able to question appropriately different aspects within individual training days. They felt that they too had learned from the experience which in both cases had been their first experience of working with black and ethnic minority workers and volunteers.

Conclusions

The most overriding comment was the clear statement that there was a definite need for more training and that this should be as closely related to their working contexts as possible. The participants may have preferred more time for different parts of the current programmes to practise and reinforce their understanding and, in respect of practical tasks, their level of practical competence. In general there was the opinion that the training was worthwhile, that there was clear indication of preparation on the part of the trainers, and that the courses showed structure, format and conclusion. A rewarding and an enjoyable experience, so said the evaluations!

Trainers had received some briefing from the Training Co-ordinator but the onus was upon the trainers to prepare their own materials and course content. There was the expectation that they would have the ability to adapt their programme in line with how they experienced the groups.

In all cases, written material was given in English and in some instances the question of English as a Second Language for some participants must be considered. Trainers spoke clearly and sought feedback from participants at each stage of the programme. In terms of the small group or pair tasks where written English was used it was difficult to gauge how much some participants were able to fully understand; this may have prevented them to fully
participate in discussions. It may also affect the future application of the learning in the work place.

The style of training method used, which stressed high levels of participant interaction, was viewed by a few participants negatively as it did not meet their expectations. They had perhaps expected a more traditional schoolroom setting. Ultimately, from feedback forms and verbal comments, the majority felt that the training did challenge them sufficiently and that it was pitched appropriately to their working contexts.

It was a prerequisite of the training initiative that a variety of training methods would be used with the main stress upon high participant interaction. With a few exceptions, there were virtually no materials or resources to hand. Therefore training materials were specially commissioned for two courses. It was noticeable that existing materials held by Age Concern Scotland, particularly relating to day centres and day care was not only mono-cultural and mono-lingual in content but perceived these subject areas in particularly traditional ways.

Recommendations

In respect of the Age Concern Scotland Training Initiative

• That the training days offered as part of this initiative are followed through with the organisations concerned to assess how learning may have been applied to the participants' workplaces.

That further training opportunities not covered by this training initiative are pursued with the organisations concerned and training days run accordingly.

As part of Age Concern Scotland’s Equal Opportunities Policy and Practice

• That all future training promoted and offered by Age Concern Scotland, nationally and locally has a multi-cultural perspective which is represented through appropriate images and texts of black and ethnic minority older people.

• That Age Concern Scotland Training unit develops links with the Age Concern Scotland European Development Officer whose role and function of Information and Exchange within the ENAE can facilitate information of training and education initiatives.

• There should be a clear policy statement where all staff, member groups, advisory committees and the Board of Age Concern Scotland are provided with appropriate knowledge and information of black and ethnic minority older people as part of their induction training to the organisation. This information should be included in the staff handbook.

• The Age Concern Scotland training pack Growing Old in Multi-cultural Scotland piloted for the national development theme in 1991 should be revised and marketed.

• There needs to be a register of sessional trainers recruited from black and ethnic minority groups who can be called upon for future training courses, and for whom appropriate training should be offered. Opportunities for training in ethnic minority languages should be investigated.

• Training for Trainers within Age concern Scotland should be developed and offered to existing training staff.

• Material resources should be developed in conjunction with the participating groups and organisations and consideration must be given to multi-lingualism.

• Sources of funding for further training should be identified.

• Age Concern Scotland should investigate the feasibility of becoming an accredited training centre for black and ethnic minority workers offering SCOTVEC modules in social and community care for older people from black and ethnic minority older people.

Other organisations

• This report should be shared with other professional groups and organisations to develop a training strategy for those working with black and ethnic minority older people.

• There should be a clear attempt to develop joint partnerships with other professional groups, organisations and member groups of Age Concern Scotland to promote and develop training opportunities.
Chapter 7

Training for Home Care Workers: an initiative in Belgium

Francine Degroote

Francine Degroote has been working as a social worker for 16 years at the OFamiliezorg, Oost-Viaanderen, a Christian inspired home care delivery service. In March of 1995, she was asked to participate in the first congress in Belgium on the subject of elderly migrants in Antwerp under the title 'Elderly migrants; forgotten by policy?'. Through private and personal circumstances, she has had a great deal of access to the migrant Turkish population. In this paper she describes these experiences and uses them to give an insight into her work with migrants.

Background

I have been working as a social worker for 16 years at 'Familiezorg, Oost-Vlaanderen', a home care delivery service. 'Familiezorg', the Dutch word for 'family care' is Christian inspired but gives help to everybody regardless of their political, philosophical or religious background.

The aim of our service is to provide help to families, elderly and single people no longer able to lead an independent life. Help is given on the domestic, physical, social and psychological levels.

The most important starting point or principal in Familiezorg O.-VL. is that absolute priority has to be given to informal care. This is the non-professional care offered by the immediate surroundings of the client: first of all the children, but also other relatives, friends and neighbours. Our aim is to assess the capacities of the informal care and to give support where necessary.

As a social worker I am responsible for a confined district, the vicinities Ledeberg-Gentbrugge, where a large number of migrants live.

I am in charge of approximately 30 home care helpers. For the last twenty years I have lived in a working-class quarter among migrant families. My immediate neighbours are migrants. My son has friends among the migrant population. They are always about the house. Because of my own interest in other cultures, I have a lot of contacts with the Turkish residents.

When I look around in my own neighbourhood, I notice that the migrants of the first generation are looked after by their children. In my own street, an elderly grandfather is living in with his son and daughter-in-law. Across the road lives a middle-aged couple. Their son and daughter-in-law are living with them. Their disabled daughter, along with her husband and children, is living next door to them. The elderly grandmother moved from Turkey to Belgium, after the death of her spouse. At first she was living in with her own son. When the two sons were getting married, the grandmother moved in with her oldest grandson. This was due to the son's dwelling becoming too small.

A few years ago, a retired Turkish couple returned to Turkey because of health problems. Every year, they return to Belgium for a period of six weeks, during which they stay with their oldest son. For the granddaughters, who are studying and are used to a great deal of freedom, this is not always a comfortable situation. They live in a fairly well-integrated nuclear family and have trouble adjusting to a larger, traditional family setting.

The middle generation, people of 45-55 years old, came as children to Belgium accompanying their parents. Nowadays they have a very difficult time. They are between the devil and the deep sea and are criticised by both sides.

Among them the insecurity about what is going to happen when they become older is growing. They are taking
care of their own elderly parents but are aware that they cannot expect the same from their own children. They refer to examples in Germany where separate old people’s homes exist for elderly immigrants with the same faith and tongue. They see that as a possible solution, but doubt if they want this for themselves.

Through their children, many are integrated to a certain extent. They speak Dutch, not always perfectly, and have taken over a lot of the Belgian customs and habits. However, home care for the aged is unknown to them. They keep to themselves, isolated and idealise the way of life in Turkey. Language problems are an important factor in this process.

The youngsters are balancing between the two cultures; still brought up with the Islamic values of care and respect for the elderly and family tradition they have their own ideas and opinions about the nuclear family. They are afraid to admit to their own relatives that they would prefer an independent life and not be solely determined by their family or migrant community. By a lack of possible alternatives, this subject is a taboo in their own community.

As an outsider one has to build up a confidential relationship to be able to talk to them about this. The youngsters are the first to let something slip or to grumble about family troubles.

Management of Familiezorg and the problems of working with migrant families

Time after time we have searched for solutions for ever changing problems. The journey is still long. But congresses like that in Antwerp which I mentioned at the beginning of my contribution - and like this one in Maastricht - offer me the chance to reflect on the situation and to build in an evaluation.

Days like these show the necessity to work with combined forces on this subject and motivate the organisation to give it our special attention so that we don’t lose it amid the routine tasks.

We started offering help in young migrant families years ago. We set to work without any preparation and treated them as ordinary Belgian families. The communication problem was solved by using their (sometimes very young) children as interpreters. The help often failed. It was not put to us directly that the home help did not do her job properly. The help was cancelled without any reason. In other situations, the home help found herself confronted with a closed door, without any explanation given.

Learning from these experiences, we tried to find out what was wrong about the way we were offering help. We soon came to the conclusion that we were unaware of the domestic habits and customs in Islamic culture. What we were doing was completely contrary to their conceptions of purity and domestic tasks.

Practical consciousness-raising courses

In co-operation with the centre for integration `De Poort-Beraber' and the health practice `De Sleep' we offered interested home helpers the possibility of following some educational day courses with Turkish and Moroccan women.

First some general information on their migration history was given; from what parts in Turkey or Morocco they originally came from, what were their motivations and reasons to migrate and how have these developed over the years? How do Turkish and Moroccan women think about health and how is this translated into their customs and habits? Furthermore, in small mixed groups (Belgian professional home helpers and Turkish and Moroccan women) personal experiences were exchanged about cooking, washing up, making beds, sorting the laundry, personal hygiene and other domestic topics.

The importance of habits such as removing shoes on entering a house and washing one’s hands suddenly became very obvious. Notions of purity and impurity began to become clearer to us.

We learnt about the importance of hierarchy in Turkish families and about their vision of raising children. Enthusiastically our helpers learned to make Turkish coffee and Moroccan mint-tea, which they tried with their own families.

Visiting Turkish shops, they learnt about products they had never heard about before, and found out that Turkish shops were good value for Belgians as well!

As neighbours they organised to come over for coffee in Turkish families. There they experienced personally what Turkish habits and family relations were about. As an important side-effect, the helpers dared to work in
migrant families. The fear of the unknown now became an interesting challenge and an opportunity.

Some time after this co-operation, the centre for integration 'Poort-Beraber' asked if some Turkish women could follow a course in home maintenance. During four afternoon sessions, these women were introduced to the use of maintenance products and the concrete approach to the upkeep of the kitchen, the living room and the sanitary provisions. They learnt to use the right product for the corresponding floor-covering or kind of wood.

Every six months, we welcome a new group of migrant women of different ethnicity's to follow courses in our training centre. At first we considered this as a service of return. Now we are convinced of the importance of this co-operation. What we learn from these contacts is passed on to the students in our own training.

The women in these projects have learnt by now what home help services for families and elderly people can do, and how the elderly can be taken care of by using home help.

Until now, we have been unsuccessful in recruiting people from these groups for our courses. Their knowledge of Dutch is mostly insufficient to follow these courses successfully. The fact that help is offered not in a central location, but in different families on changing addresses seems to be a barrier for the migrant community. The taboo among the elderly on the acceptance of help by outsiders still makes it difficult to call for professional home help. Employing migrant home helpers could well be a possibility to make this kind of help a success in migrant families.

A successful example

In our organisation `Familiezorg' we now have a home helper working, -a child of a mixed marriage - from a Moroccan father and a Belgian mother. A few years ago she was trained within our own educational centre. She works under my supervision and I notice how smoothly she is working within migrant families.

During her training period as well as in her present job we involve her in training and workshops on the subject of migrants. In this way we try to assess if we are on the right track. She is our entrance gate and shows us the way to her colleagues. She has contributed to the papers presented here and in Antwerp and awaits enthusiastically the results of these encounters. We also recognise the pressures on her as a result of our demands.

Another example : a case study in trial and error

A home help took over a lot of domestic tasks like the laundry, ironing, maintenance, and shopping giving help to a Turkish elderly couple where the woman was seriously ill. A small number of domestic tasks were taken over by the husband.

They had a married daughter, who has a job and is the mother of four children. Every now and then she prepared a meal. The remaining days, the daughter-in-law brought some food to be warmed up by the father. The home helpers sometimes prepared spaghetti. Once a week, the daughter gave her mother a bath. She accompanied her mother to the general practitioner or specialist and took care of everything when her mother had to be hospitalised. She gave a hand with administration and acted as an interpreter in the absence of her brother.

Her brother, just graduated, lives in with his parents. When his mother was bedridden, he gave physical assistance. He passed on orders to the home helpers: his parents did not speak Dutch which sometimes led to difficult situations.

The home helpers did not feel respected because the son was ordering them around without doing anything himself in the household. Because they thought that this was their culture (men cannot be given orders and do not help with domestic tasks), it was difficult to discuss this situation. After contacting the daughter, it appeared that the son 'had become like Belgian men', according to the Turkish customs. For Turkish people this means that one pays someone to fix certain jobs and to have somebody at one's beck and call.

This example shows once more that a superficial knowledge of each others' culture often leads to myths like the idea that 'culturally inspired customs and habits cannot be discussed'. The same attitude or situation, namely a son who does not help in the household, is considered as typically Turkish by Belgians and as typically Belgian by Turks.

Respect for each others' culture means that every bit of behaviour can be discussed, even if at first glance it appears to belong to the fundamental characteristics of identity of that culture.
This is the story about our experiences in Familiezorg in working with migrant families. I think it is a recognisable situation to a lot of other services and organisations. It is a typically Belgian story as well: toiling and moiling, drudging and plodding, working with what is available and hoping for financial or logistic support or assistance from above.

**Inter-cultural mediators**

For a few years we have the opportunity to ask for assistance from a network of `inter-cultural mediators'. Inter-cultural mediators in this case accompany the district manager during the first contact with the client. They assist in communication and `translate' culture - specific questions or situations. They are also available for the home helper for introducing her to this new care-giving situation.

In one Moroccan family the home helper and the inter-cultural mediator were working together in the household during the first days. Her presence was of considerable assistance to us in translating and explaining what was expected from the home help.

After this introductory period, the inter-cultural mediator stayed in touch with the district manager as well as with the home help. She regularly visited the family while the home help was at work so that she was able to answer possible questions.

**What unifies the Belgian elderly and the elderly from ethnic minorities?**

The answer is, the care they receive from their children. The importance of home help however can be that this kind of help is less intrusive. The elderly person has the possibility of staying in his/her own house with a familiar neighbourhood and to live with their own family. The habits and values are respected. He/she and his family are directly involved in the care giving situation.

This is not only a value within the migrant culture, but reflects the vision of the services for home help. We see ourselves as complementary to and in support of the informal care. For Belgians as well, children and relatives come first. We try to strengthen the bond that unifies parents and children by taking over some tasks so that the burden is reduced.

When services make migrant population confident that by accepting this kind of help one does not run away from one's familial responsibility, we may be able to remove the anxiety from the middle generation and from the youngsters.

In the Belgian community, children take care of their parents as well. But mostly they cannot bear the full care and need assistance in time consuming tasks - that often have to be done while they are at work - by professional help.

For the children, it can be a relief to know that the emotional responsibility for the welfare of their parents remains untouched, but that for a certain number of tasks they can get help from a home help. In this way, they do not have to give up their opinions on the nuclear family or the possibility of paid employment for women. In a word, they can still have an integrated way of life.

**Further training and logistic support needs**

Information on home help for the elderly by means of posters and brochures will not suffice. A dialogue between the care-givers and potential care receivers is needed.

A training programme on `elderly migrants and services' such as the one that exists in Holland, is needed in Belgium as well. We hope that the government is prepared to think this over and to create possibilities in the near future.

Familiezorg, as a service of family and elderly home care, is certainly prepared to think this over and to take up its own responsibility. In the meantime, we continue to publicise the programme through our contact with centres for integration, general practitioners with migrants among their patients, in our education courses with migrant women and in our contacts with the network of inter-cultural mediators.

We are actively working on the recruitment of migrant home helpers.

The preparation of workshops like these offer Familiezorg the chance to reflect on the situation. We try to find solutions for problems we encounter almost on a daily basis.
The need for a **systematic approach**

Several questions need to be systematically raised:

- How do we initiate a demand in migrant families?
- How do we explain our work and procedures in an understandable way?
- Are we addressing ourselves sufficiently to the inter-cultural mediators?
- How do we assess the caring capacity and the emotional involvement of the children?
- How far can we go in following other habits and customs?
- What opinions do they have on our habits and customs?

Information and knowledge on each others' habits and customs is necessary but does not take away the responsibility of keeping the dialogue going. Otherwise we risk that knowledge leads to presuppositions which hinder or make it impossible the help required.

If we choose for a helping relationship in dialogue / partnership, this will demand extra time from the district manager to make house calls; extra time for supervision and support of the home helpers.

Social workers, family and elderly home helpers, cleaning women who are confronted with this care-giving situation during their office hours, also need extra time for education and training. Extra time, because otherwise we have to encroach on the already limited amount of education time (20 hours on a yearly basis) reserved for a general education.

It is obvious to me that giving help from a 'dialogue /partnership principle' is the only proper way that will result in a qualitative satisfying care for migrant families and their elderly. It is hoped that policy makers come to see this and will create the necessary opportunities.
Chapter 8

Staff Development in Local Authorities:
the role of Social Services Departments in Britain

Ian Richardson

Ian Richardson is a human resources manager at Calderdale Social Services Department, in Halifax, England. This paper explains the context of how English and Welsh Social Services Departments deliver services for older people, the training system, how they are staffed, and details of Richardson’s particular organisation.

Services and Changes

Statutory social services are arranged by municipal social services departments. You will notice that I said arranged; they are not necessarily provided by the council. There has been a strong theme of privatisation under the present Government which I believe has been exported to other countries. So we have given Europe privatisation, pollution and football hooligans! We now have what is called a mixed economy of care, with the majority of residential and nursing homes run by the private sector; the independent sector (in which I include voluntary organisations) is increasingly running day services and home care services. Will social work be next?

Henderson Holmes and Ken Blakemore have referred to the Community Care Act (N.H.S. & Community Care Act 1990), an important piece of legislation that says Social Services Departments (SSDs) must assess the needs of potential users and take into account their views and those of their carers, that is partners/family, etc. If this Act worked well - and there were resources available to provide the services to meet the assessed needs - then everything would probably be wonderful, as the Act and the guidance behind it require us to have regard for the culture of users in assessing their needs. Unfortunately, resources are not available and public spending is being restrained in order to enable tax cuts to be made.

One of the purpose of the Act was to promote community care in the hope that this would reduce the increasing cost of providing residential care for a rising number of elderly people. It required an assessment before somebody could be placed in a nursing or residential home care. You might argue that effective and responsive community care might be more expensive than residential care, and I would agree with you. As Henderson said, there is an opportunity for empowering service users and their informal carers by involving them in the decision-making. I fear that we have not made the most of those opportunities and too many organisations are still offering people a restricted choice of services rather than developing creative needs-led responses to the community care needs of elders, whether majority or minority ethnic elders.

The services provided tend to be residential care (either short-stay, rotational respite or long term) day care, or home care services such as meals on wheels or a visit of a home care assistant to help people with personal care tasks and occasionally housework. There are also some specialist services such as the fitting of aids and adaptations to the home to overcome physical disabilities, or specialist help for visually handicapped or deaf people. We still provide a social work/counselling service for some older people although our services for elders tend to be more practical than therapeutic.

Some SSDs have handed over many of their services to the voluntary or private sector. The Government is keen that Local Authorities should do so, as it believes they are more flexible, responsive and cheaper. From what we know of the development of services for minority elders this might work in their favour; local government is slow to respond to the communities needs and it might be better to find voluntary organisations to do the job. Unfortunately many voluntary organisations have found that their funding has been squeezed in the last few years.

Where SSDs have handed over services to the independent sector, the SSDs are then left with the important tasks of assessing the needs of elders, managing the package of care services and reviewing it from time to time.
This emphasises the importance of the assessment and care management process which is generally in the hands of qualified social workers. A few employers however, including my own, are willing to accept suitably qualified community nurses or occupational therapists. Ken Blakemore spoke of how the social workers he is training have a negative image of work with older people. I have to say that thanks to the efforts of some committed people within CCETSW newly qualified social workers will be familiar with principles of antiracist and antidiscriminatory practice (although some might be more familiar with the principles than the practice), especially when applying it to elders.

Training, local minority ethnic community and services

In my department the social worker or social care assessor, as we have renamed them in this context, number about 50, including Team Leaders. They will all have a professional qualification and most will have substantial experience of working with older people, and a few will have advanced qualifications.

However, in my Department the vast majority of staff working with older people will have no professional or vocational qualifications, and will only have received some on-the-job training. I do not have time to go into details about the National Vocational Qualifications (NVQ/SVQ in Scotland) system, which I understand is largely a British phenomena. There is some optimism that the large number of untrained care staff will undergo training in order to be assessed as competent and so attain an NTVQ. Level II or III. Already we have registered 120 of our staff for this award.

These people - Home Care Assistants and Care Assistants in our residential homes, are the ones who will provide the direct, hands-on care services to elders, whether for the majority or minority ethnic communities, and they have little or no training.

Let me say something about the area in which I work and live. It is a mixture of industrial towns and rural villages in Yorkshire, with a population of 200,000. Just over 8% of that population are black, mainly from the Mirpur area of Pakistan. They migrated to Halifax 20 or more years ago to work in the textile industry. The minority ethnic community is mainly settled in one particular area of Halifax where they comprise 40% of the population. I fear that we are typical of many local authority departments - our work force of 1,890 comprises 1,850 White UK/Europeans, 4 Afro-Caribbean, 4 Chinese and 4 Other groups; and only 16 employees of Pakistani ethnic origin. This is about 0.9% of the work force compared to 7%-8% of the population being of Pakistani origin.

You will not be surprised to know that the local minority ethnic community does not make appropriate use of the Department's services. We do keep data to give us some indication of the ethnicity of our users and we estimate that only 1 %-2% of our clients are from the Pakistani ethnic community.

This suggests that they may have no use for our services. It also could be that we are not offering ethnically sensitive or appropriate services.

So we have a basically white Department that should be offering services to the minority ethnic community, but is not doing so effectively. How does it improve its service take-up rates and respond to these needs? One way is to increase the number of staff from the minority ethnic community, but we have not been successful despite goodwill and some trainee schemes, and the Department appears to have an image problem. Another is to promote partnerships with the voluntary sector. We have paid voluntary home carers, a weekend luncheon club and the Halal meals on legs' service.

The other method is training. I said earlier that social workers/social care assessors are a key group; they have professional training, but their training may be somewhat deficient regarding minority elders' needs. They are generally responsive to the notion that our services should be adequate and appropriate, and I suggest that information and staff-based training is designed along the case studies to be found in the Training Pack Improving Practice with Elders(CCETSW) which Tim Leung has spoken about.

However, a particular difficulty is that most of our front-line staff, that is the Home Care Assistants and Residential Care Assistants, have hardly any training. Tim Leung and I sighed and groaned when we heard that Danish home carers had a year's training. In England they are lucky if they get a week's training! This is becoming more of an issue because of the need to reduce costs linked with the need for our Home Care Service to compete on labour costs with the independent sector.

Many of our staff are starting from a position of ignorance and prejudice (in the literal sense of the word). Some
do express racist sentiments, such as "Why should `they' get special treatment?", or "When in Rome, do as the Romans do". Is it a waste of time engaging in this debate and trying to persuade staff of the wisdom and necessity of providing appropriate services. Do we just say that this is Council Policy which you must carry out or face the consequences, such as disciplinary action? This is probably not helpful in promoting positive thinking and I do want to be positive. I must tell you that the majority of our staff are amenable to persuasion and are hungry for information. They do want to provide good services for all users including minority ethnic elders, and recognise the barriers they experience in doing so.

Where we need to start from is a very basic level. What staff want is basic information; the sort of material that slightly more sophisticated people might find embarrassing; for example the origins of the local Pakistani community or naming systems (not referring to someone as Mr. Mohammed!) There are some teaching packs around which we use, for example Central Lancashire University pack. I stress the importance of having a trainer from the appropriate community to share or co-lead the training.

There may well be dangers of stereotyping or making the minority ethnic community seem peculiar when it is often the majority community that is at odds with recognising the multi-racial nature of the society. I fear that we trainers have on occasions become paralysed with uncertainty about the best way forward. We were confused by the sometimes negative impact of anti-racist training, so we have done nothing except wring our hands.

You will also appreciate that training may be forgotten (if not wasted) if people do not have the opportunity to reinforce what they have learnt. The limited contacts with the biggest minority ethnic community mean that few staff will have the choice to test out their skills.

We do have another significant cluster of minority ethnic communities in our area from East Europe, principally Poles and Ukrainians, who came to England during or after the last war, many of whom suffered great hardship and trauma. Our white staff are more likely to be familiar with them - some care staff will come from those communities or be married into them - and here one can attempt to transfer learning.

An example of well-meaning bad practice

An elderly man was about to be admitted to hospital for a mental health assessment because of his lack of communication skills. The interpreter eventually discovered that he was Lithuanian and that was why he did not respond well to Polish interpreters!

Ideally one should include training programmes for middle and senior managers who have a key role in formulating or interpreting policy. Unfortunately, they tend to be too busy managing to undergo training. We should also seek to involve elected Members - the Councillors who agree the organisation's policies and approve the funding.

However, the key issue for me is that as a Department we have unfortunately failed to recruit black/minority staff to posts like Home Care Assistants, or provide much training for our front-line staff who are most likely to provide direct services. Unfortunately, there is not tradition of training for these staff. There has been a view that all you need is common sense, a strong stomach and a sturdy back. I hope and believe that this is changing with the advent of community care and National Vocational Qualifications, which require a demonstration of competence and a commitment to the anti-oppressive care values.

I would like to end on this positive note that staff are hungry for information and skills training, so as to provide better services for minority ethnic elders. I hope that organisations will provide the necessary commitment and resources to enable this.
Chapter 9

Facts and Trends in Social Work: a case study from Switzerland

Claudio Bolzman and Rosita Fibbi

Claudio Bolzman is a professor and researcher working with social work students at the Institut d'Etudes Sociales, in Geneva, Switzerland. Rosita Fibbi is an associate manager at Fonds National Suisse de la Recherche Scientifique, Bern, working on migration issues. This paper aims to give some information about elderly immigrants in Switzerland and their place in social policy, to specify some issues related to social work with immigrants and to education and training of social workers in this field.

Elderly immigrants: from rotation to settlement in the country of residence

The foreign residents of Switzerland are settling. Of the 1,300,000 foreigners living in Switzerland in 1994, 75% had a long term residence permit. This stabilisation is accompanied by a new phenomenon now emerging, namely the gradual ageing of the immigrants, particularly Italians and Spaniards who came to Switzerland in the 1950s and 1960s. The data presented below show that, in the last years the number of Spaniards and Italians aged 65 or over grew both in absolute terms and in percentage of their category.

Table 1: Spanish and Italian residents (annual and long term) aged 65 or over in Switzerland: number and percentages of total (sub-) population in 1987 and 1994

<table>
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<tr>
<th>Year</th>
<th>Spaniards total</th>
<th>Spaniards 65+ %</th>
<th>Italians total</th>
<th>Italians 65+ %</th>
</tr>
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<tbody>
<tr>
<td>1987</td>
<td>112,561</td>
<td>1.5</td>
<td>385,080</td>
<td>4.5</td>
</tr>
<tr>
<td>1994</td>
<td>103,729</td>
<td>2.8</td>
<td>364,011</td>
<td>6.7</td>
</tr>
</tbody>
</table>

This process of ageing is not as marked as it is for the Swiss population (14.6% of people are aged 65 or over), but it points to a transition from work migration to a long-term settlement.

Elderly immigrants: a population largely ignored by social policies.

In Switzerland however, as in most European countries, migration was for many years regarded as a transitory phenomenon and is still regarded as such to a certain extent. According to this point of view immigrants will be going back to their country of origin at the moment of retirement. That means that elderly migrants are largely ignored by social policies because they are not supposed to stay in Switzerland. (Bolzman, Fibbi, Vial, 1993, 1995).

In Germany, on the other hand, awareness of migrants’ settlement and the presence of elderly immigrants arose from the discovery of “social problems” posed to society by the most disadvantaged among them. (ISS, 1993: Holz & al., 1994). In Switzerland the presence of immigrants is evaluated more from the standpoint of the costs and benefits to Swiss society. The situation and needs of elderly immigrants are subjects that have not yet created much interest. Swiss politicians and social scientists perceive migrants as a work force helping to rejuvenate the population.
and finance the Old Age and Survivors Insurance (OASI). In June 1993 a member of parliament asked the Federal Government if a proportion of 40% of foreigners would be needed by the year 2040 to finance the OASI. Worried, he felt that this would not be a solution. He projected the phenomenon to some future time pointing out that the immigrants would naturally grow old themselves.

It is interesting to note that in Switzerland we usually do not speak about elderly ethnic minority, but about elderly immigrants. This distinction is not only a semantic one; in fact it means that these elderly are not perceived as a settled population, as being part of the national reality, as it is in the case in the Netherlands, in Denmark, or in Great Britain. In these countries they are perceived as a minority suffering double or triple jeopardy needing specific social and health care. In Switzerland they are perceived as “birds of passage”. Consequently social and health policies are not devised nor implemented which may give special measures to help them to live a better life during their old age.

The social situation of immigrants near retirement

This vision does not fit with current reality. A study we have carried out about ways of life and future plans of 442 Italians and Spaniards near retirement residing in Geneva and Basel City respectively, two urban areas that have large immigrant populations, show that one third of interviewees have already decided to remain in Switzerland and that another third will continue living there one way or another.

Furthermore, immigrants, and especially those who are planning to stay, indicate the existence of some current health, economic, and cultural problems which make the retirement transition more difficult. Let us examine these problems and their implications for social work in more detail.

For elderly immigrants, health problems are a daily preoccupation, whether because of age, or as an aftermath of their working life. Work accidents are known to be more common among immigrants, who work more often as manual workers in high risk places, than among the Swiss: 23% of work accident victims among foreign workers compared to 16% among Swiss. (Bollini and Siem, 1995)

Taking the standard practice of self assessments of health as a subjective but still a reliable indicator of the situation concerning both physical and mental health, (which assumes an implicit comparison with contemporaries), some interesting statistics have arisen. Various cantonal level studies published in the 1980s show that in Switzerland 7 to 11 percent of persons over 65 years of age consider their health to be poor. (Commission 1995: 235). The Italian and Spanish population of our survey, though younger (55-64 years), differs from the Swiss in that it has a higher rate of health problems which affect 22% of the people interviewed, half of whom are disabled and receive a disability allowance.

One third of the interviewees claimed to be in financial difficulty. Often this situation is related to unemployment, health problems, or involuntary early retirement. Unemployment is much more important among foreigners than among the Swiss: 7.5% and 2.9% respectively (La Vie Economique September 1995). Long lasting unemployment is even greater at the age of 50-64: 43.9% unemployed of this age are in this situation for more than a year. Only 27% of younger people are in this position. (La Vie Economique, 1995).

One of the major causes of economic hardship is undoubtedly being disabled and receiving a disability allowance. Such people account for 22% of the economically deprived compared to 11% in our sample as a whole. They represent a third of all households in financial difficulty compared with an average of 21% in our sample. It is well known that disability allowance is not enough to guarantee a minimum standard of living. People in this situation can receive supplementary benefits from the state, but access to this income is subject to restrictive residence requirements which immigrants cannot always meet.

Immigrants who are already experiencing health and economic problems are more likely to have a negative image of retirement than others. They perceive retirement as a situation where these problems will increase.

Relations with Swiss officialdom are particularly disheartening and frustrating for immigrants of both communities, especially for the Spaniards. Thus few have anything to do with officials and 34% of Spaniards and 12 of Italians say they feel completely at a loss and even more say they feel powerless. These feelings are related to the fact that they do not speak the local language and they are not well informed of their rights. Because of their legal status foreigners are not self confident enough to defend their rights vis a vis the Swiss bureaucracy.

Staying is a hard decision, often experienced as a big dilemma. It is important to stay close to children but it can also mean a renouncement of part of one’s cultural identity. Elderly people particularly look for ways of keeping their cultural identity.
Implications for social work

We have seen that elderly migrants are largely ignored by social policy. We have also observed that a growing part of them are staying in Switzerland after retirement and that a great deal of them are facing health and/or economic difficulties. The questions that arise are: who helps them to improve their life conditions? Is there any specific social work service that takes their needs into consideration?

It is difficult to answer these questions accurately because until now there has not been any systematic research on these matters. Historically most Social Services for immigrants were created by the institutions of the country of origin (trade unions, church or state), or by immigrant associations. Thus it is not surprising that today immigrants still rely on social services from the country of origin to face most of their bureaucratic problems. They speak their language; they feel better understood, and communication is easier. For instance, when immigrants go through the formalities connected with retirement, they look for support mainly among trade unions (Patronati for instance), consulates and sometime immigrants associations and social services. Italians have a wider network of support at their disposal than Spaniards.

These services give information about retirement and old age pensions in both the country of residence and the country of origin, also about disability allowances and supplementary benefits. They also help to fill out application forms and sometimes they accompany the person in various stages of the administrative process.

More recently local social services are becoming more receptive to the problems of elderly immigrants. This evolution is due partly to the presence of immigrant social workers in the official services, partly also to a greater sensitivity to "multi-culturalism". For instance, immigrants who have financial problems must look for help in the local social services, like the Hospice General (public assistance), in Geneva. This institution, which has social services in every quarter of the Canton, has created an Immigrant Unit to advise and support social workers finding specific problems in dealing with immigrants. "Difficult cases" are directly assumed by this unit which was created by an Italian social worker. This unit underlines the fact that social consequences of a breakdown in individual biography are not the same for immigrants as for local people due to different legal status, social background and cultural skills.

This new sensitivity relates more particularly to early retired immigrants. Swiss organisations working with the elderly, like Pro Senectute are becoming aware that their courses on preparation to retirement are not followed up by immigrant workers and that they must adapt the contents and the pedagogy of this training activity to the reality of immigrants.

Older immigrants, such as those in their eighties, are not touched by this new trend. for instance. There is no policy with respect to institutionalisation of elderly immigrants, no study about their specific needs and preferences about living arrangements. Nobody knows how many elderly ethnic minority are still living in nursing homes. We do know that in Geneva there are three "ethnic orientated" nursing homes. La Provvidenza, created in 1936 by La Societe de la Chapelle Italienne. This is an association related to the Italian Catholic church which houses 50 pensioners from the Italian community in the Commune of Carouge. A similar establishment is Notre Dame which has many Italian residents, and the third is Les marroniers which is mainly for the Jewish community. There must be other such places but there is no information on them.

The question of living arrangements for immigrants in old age is an important one. Younger immigrants from the first and second generations often criticise the institutionalisation of the elderly in Switzerland saying that in their country of origin families take care of the elderly. It would be interesting to know if they implement these ideas when their own parents become old and to what extent it is possible to keep them at home, especially when they have a handicap.

Education and training in social work with ethnic minority elderly: an emerging field

In Switzerland it is clear that there is a lack of research in this field. Besides our study the only other research is a work from Leser and Seeberg (1993) about Hungarian refugees in Basel.

It also appears that there is an important hiatus between the reality of elderly immigrants and the knowledge of their situation by social workers. To fulfil this need of education and training in social work with elderly immigrants some initiatives are appearing.

In Zurich, Pro Senectute, together with Italian Patronati are preparing a seminar for trainers and social workers dealing with elderly migrants. It is one of the first attempts to introduce social workers, particularly those from ethnic minorities, into these matters. The idea is to train "extension agents" to enable them to sensitise local and immigrant communities to the situation of elderly immigrants.
In the same city, the Schule fur Angenandte Gerontologie is planning for the first time a two day introductory seminar on elderly immigrants where we have been asked to participate.

The Continuing Education Diploma for social workers at Neuchatel University also organises a seminar on elderly policy which includes the issue of elderly immigrants.

In my seminar on "Migration and intercultural relations", I have also introduced the issue of ageing, migration and social work at the Institute of Social Studies in Geneva. The question of what these education and training seminars should propose now arises and below are some suggestions.

A study conducted by our colleagues Elizabeth Hirsch and Etienne Christe (1992) from the Institute of Social Studies in Geneva shows that for employers of trained social workers, efficient and appropriate social work intervention in elderly services or institutions are primarily generic skills. Such skills are for instance verbal and written communication ability, training in dealing with families, understanding of social policy formation at a local level, project management skills, ability to listen and understand the demands of the elderly, etc. However some training to job-specific skills such as knowledge of nursing homes, elderly policies, etc. should be emphasised in the general curriculum or through continuing education.

There should also be a place in the general curriculum of social work faculties to introduce the issue of elderly immigrants. The training should focus on:

- Awareness of prejudice bias in everyday life both in the interaction with elderly people and with people of foreign origin.
- Introduction to the notions of culture, immigration and inter-cultural communication.
- Information about the situation of elderly immigrants in Switzerland and at a local level.
- The specific needs and demands of these populations in different areas, that is, economic, social, legal, health, and cultural.
- Inter-generational relations and the meaning of being old in different cultures.

Faculties of social work should also encourage the placement of their students in social services, nursing homes, hospitals, day centres to work with the elderly.

In conclusion we would like to underline that the development of appropriate education and training in this emerging field is closely related to a better knowledge of the field. This knowledge can of course be provided by the experiences of professionals already working in this area. It can also be constructed by doing more research in the field.

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Chapter 10

Learning from Practice in Liverpool: developing curriculum materials for the CD project

Tim Leung

Tim Leung is a qualified social worker and an external assessor for CCETSW, the statutory body responsible for social work training. He works as a principal officer Quality Assurance at Liverpool Social Services Department. He has considerable experience in working with social work students and ethnic minority older people. Under the leadership of Naina Patel from CCETSW and the Curriculum Development Project Steering Group, a team from different backgrounds came together with one aim: to produce a training publication that is suitable for use by social work and allied professionals, both trainers and practitioners, to improve their practice in working with the service users. This paper describes the development of the publication, how materials were selected and how the publication can be used in training.

Background

Initially we worked as a group to discuss the limit of such a publication and what should be included in the content. We agreed that we shall not be able to cover all the areas g regardin social work with elders. Therefore we limited ourselves in certain core areas, that is:

• the law
• the organisational context
• assessment and practice.

We knew that the aim for the Curriculum Development Project (CD project) was to develop a non-discriminatory, anti-racist social work educational material to improve practice with elders from the black and minority ethnic communities. Therefore, we drew our conclusion with a section on developing anti-racist social work practice with elders. The result of our work in the CD Project was our publication, Improving Practice with Elders. I will be very selective in explaining how it can be used in training. It can therefore only give a flavour!

The main characteristics of the publication are the use of exercises; case studies; training notes for trainers and supplements with resource papers to illustrate the issues from the different areas. The purpose is to allow trainers to adapt the materials for their particular training circumstances. The publication after all is aimed at a range of personnel but more specifically to social work teachers, students and social work professionals. It is designed for self-study or directed by a teacher / trainer.

Use of the Training Publication

Without going further into the details of how the publication was produced (though this is an interesting process where in our group five of us black and white, women and men working as academics or practitioners having had no prior collaborative work experience with each other worked on this CD Project enterprise), I can now go straight into how we can use the publication.

1. Preparation

In preparing for a training session or a workshop or even a series of training units one needs to determine the following:

a) What is the aim of such training?

• Is it to raise the trainers or the field workers awareness in racism, inequality and discrimination in our society? Or;
• Is it to develop services for those minority ethnic groups which normally do not receive the appropriate services from the state agencies and voluntary organisations alike? Or:
• Is it to improve the professional knowledge and skills of the social and community workers in working with these disadvantaged groups? Or;
• Is it a combination of the three above?

The answer to those questions will guide us the selection of the materials; the format; the length of the run time of the training session or sessions.

b) What is the target group of the training?

• Is it for the senior managers and policy makers? Or the first-line manager, senior practitioners; or the training is for the field workers and students of Social Work course.

The answer to this question will determine the different emphasis and the specific exercises and case studies the trainer will select from the publication.

2. The selection of materials

Within the publication, there are many exercises and case studies. These exercises and case studies can be used in isolation or can be combined. It can also be staged depending on the nature of the training programme. The resource papers can be used as background reading and the reference as pointers to other linked topical studies.

For example, for an awareness course for a beginner level or social work student, one may suggest reading of a resource paper on a key issue together with discussion.

An in depth field worker training session could be on a case study from the Assessment and practice section.

Workshop for policy makers and service developers would need to study the case study on The Chinese elders. So on and so forth.

3. The organisation and conducting the training

There are different ways of using the publication in the organisation and actual conduct of the training.

• Trainees can be asked to work individually, in pairs, in small groups, or in a large group.

• The exercises can be combined with case studies and or resource papers together with audio/visual aids.

• The trainees can be put in a ‘real situation’ to observe, participate, joint work etc., with other qualified, experienced workers. An example of this is the use of interpreters and bilingual materials.

All in all, the publication provides sufficient materials to be used in a combination of ways to give enough flexibility to apply to each training circumstance.

Here is an example of how the material can be used in the work of the Chinese elders.

You decided that the training is for the senior managers and policy makers. First session:

You select a combination of a background paper on law and policy with a case study of the Chinese elders Day Care Service.

You give an introduction and ask the group to work out the relationship between law, policy and service developments to the users.

Then you illustrate this from the publication's flow chart on ‘law and policy’. The second session:

You ask the trainees to read the Chinese case study.

Then divide them into groups of six to eight.

Ask them to feed back their discussion before the Analysis part.

Group them together in a large group to have a plenary discussion as to how they in their position they can deliver the appropriate services to the Chinese elders and in a non-discriminatory way. They could also reflect on how the issues emerging on service development in the case study could be applied or not to other minority ethnic groups.

The experience of the publication suggest that the materials are comprehensive and clear enough for a range of training situations: to be used for training social work students or professionals already working in agencies. They both need understanding and skills not only for direct work with users but to use their position to develop the services which are urgently required not only in form but in their adequacy. We hope that the publication offers an important tool for advancing this aim not only in the UK but perhaps in your organisations and countries.

Reference:

manual, no. 3 in the Antiracist Social Work Education Series, CCETSW: London
Chapter 11

Universals and Diversities:
transcultural nursing in Rotterdam in the Netherlands

Yolande van den Brink

Yolande van den Brink is a Registered Nurse (RN) and works as a Co-ordinator with a transcultural elderly home care organisation. The concept and definition of transcultural nursing has been developed by Madeleine Leiniger, an American Nursing researcher. It has been taken up as a new area in developing the quality of Dutch health care and is a method of cross-cultural nursing. The following paper describes this concept in more detail and discusses its implications.

Transcultural Nursing

Madeleine Leiniger defines transcultural nursing as a "fornwl area of study and practice which focuses on a comparative study of human cultures." Its aim is to discover universalities and diversities in nursing phenomena of care, caring, health or illness patterns within a cultural context with a focus on cultural values. Beliefs and lifestyles of people and institutions are at the crux of the study. Using the knowledge gained, culture specific or universal care practices can then be provided. What is central to this theory is the interrelationship between concepts of care and culture.

With this kind of study and practice, universalities and diversities of care phenomena are considered. I will describe the care of the elderly of the Turkish migrant community in care institutions in Rotterdam. This shows that "culture specific care" can indeed be provided.

The concept of care in many reference sources is very often inadequately defined. Leiniger refers to care and caring as "the abstract and concrete phenomena related to assisting, supporting or enabling experiences or behaviours toward or for others with evident or anticipated needs to ameliorate or improve a human condition or lifeway."

The word education can also bring to light difficulties and Professor V. Damoiseaux of Maastricht University defines it as a "planned learning and communicating process with a purpose, formulated with the involved person(s) to achieve changes in knowledge, views, skills, attitude and behaviour which is positive for the healing and illness process."

Courses are provided for the lay care-givers in Rotterdam based on the research findings of several people. The research has shown that the Turkish elderly want and expect to stay at home, knowing that the first and second generation children will take care of their parents because of the care obligation. The development of this research has been that the Turkish elderly stay at home with the help of community care nursing units for as long as possible. Consequently only now the sick elderly will be accepted into care units. This is also for political reasons; home care is much cheaper. Now elderly people who ac i calthy cannot go into nursing homes.

In one area in Rotterdam the Turkish inhabitants outnumber the Dutch inhabitants and migrants from Surinam are increasing as well. The Dutch people in turn are leaving (See pie chart sheet).

One thing the Turkish elderly and the Dutch government do have in common is the desire for the elderly to be cared for at home. Research findings do show however that support by professional community carers is not sought and not wanted by the Turkish elderly. The care of their offspring is by far preferable to any professional help which is unfamiliar and embarrassing (for instance washing etc).

The community carers have a monopoly on home care; and research findings have shown that care is so "Dutch-minded" that they have no contact with migrant families. This could be a serious problem since the Turkish elderly form a much larger proportion of some communities than the Dutch groups, and so they may not get the care they need and deserve.
From training to employment

From August 1993 to January 1994 experimental training courses were started to train Turkish daughters and daughters-in-law as more skilled care workers. The aim was to develop a Turkish support network, and the courses were divided into four phases. First there was a preparation period where a support group was used to support the development of the course. The project co-ordinator used the advice of health care officials and involved doctors in the support group. Financial problems arose from building, hire of rooms etc. which had to be solved. A recruitment phase of 12 weeks followed. The Mosque and the Imams were consulted and informed on the purpose of the course. The family doctors were asked to help where informed consent was given. Also visited was the informal institution of the Basiseducation where local Dutch language teaching takes place. Here Turkish people of all ages go to learn the spoken language and to write in Dutch and Turkish. With a list of addresses of willing Turkish families the project co-ordinator visited homes several times. This was to get acquainted with the daughters, to survey the women's interests, schooling, background culture, and to invite them to go to the course if they wanted experience in care of the elderly.

Twenty eight course members were recruited, making three course groups. One group could understand the Dutch language very well. The second group with elderly lay caregivers who could not read or write either Turkish or Dutch. The third group consisted of Dutch-Turkish speaking people.

Every group came one morning per week for twelve weeks. This included a week for a test and certificates were awarded to successful members. These could be used with other institutions when seeking work. The content of the teaching course comprised of anatomy and the physiology of the organs and blood; the body care of the elderly; the function and forms of medicine; lifting techniques and skills; blood sugar control and the pancreas; and customary care methods.

The home care theory and practice and day-care experiences were also looked at. Very few teaching materials were used; only diagrams which the students could take home, and video material. Each meeting was evaluated by everybody to see if it had been successful. There were two teachers; the co-ordinator and one nurse, and the course took place in a the privacy of a consultation office in the community youth health care centre. One rule was privacy and that meant that men were not admitted.

The course members' average age was 32 years; the youngest was 17 and the oldest 57. All were married; none divorced, and all with several children. Their education was average, and based on primary education. There was a large variation in ability in the Dutch language. Some could speak well, others could not read or write even in Turkish. Most importantly some of the women were highly motivated and intelligent but had no previous opportunity to go to school. Most of the women lived in the same area as their parents or in-laws, and all worked in their own family homes.

The course to date has had 56 members and it is been divided into beginners' and advanced courses. More recently the Surinam and Chinese community have shown interest, which is good because these communities are often ill-informed about Dutch health care and more professionals from these and the Moroccan communities are needed.

Eighty percent of the course members gained their certificate. The course members commented that the course was too short. One-third of the group wanted to follow on to a professional qualification. This represents good progress and creates hope for not only appropriate nursing care at home but employment prospects in health care within the migrant communities.
Chapter 12

Partnership:
Educating the young immigrants to take care of their older people in Denmark

Suna Palsholm and Kirsten Jacobsen

Suna Palsholm works as a consultant and co-ordinator for the Elders Division of the Municipality of Arhus in Denmark which educates carers working with the elderly. The people she deals with are not qualified nurses and are from the lower levels of the care system. Kirsten Jacobsen works with Suna Palsholm as the head of a local centre. In this paper Suna Palsholm explains what work is done to get younger immigrants into the Danish educational system so that they can work at caring for both Danish and immigrant elderly in the community centres. Kirsten Jacobsen describes the practical care of elderly people in Arhus and particularly of ethnic minorities.

Suna Palsholm

We recently got a new educational course system which raises the level of basic education in the area of elderly. That means that you will have at least one year of education before you start working with the old people in the community centre; that is care taking and doing practical tasks like cleaning. Before, you needed only a seven week course.

This new course is in many ways different from the old one. It has a much broader scope where before you had several specialised shorter courses.

The point is to have as few people as possible involved with the work around the older people.

The municipality of Arhus is directly involved in the education, because the students are employed by us during their education-period. It consists of one-third school and two-thirds field-work in the community centre, where you are closely associated to someone who is responsible for showing you the daily tasks.

I am connected to the fieldwork-part, not so much to the school.

The new educational system has become a great success, and we usually get four times as many applicants as we can take.

So much for the educational system. Now

to the immigrants.

In Denmark the situation with immigrants and refugees is relatively new. They have come to Denmark on a large scale only within the last 20 years. We also still call them immigrants and not ethnic minority people. That means that there are not that many older immigrants in Denmark. But we know that this situation will change. And we know that it will be a challenge to our community centres when they do come. There may be communication problems both around the language and in cultural matters. Therefore we want to get the younger immigrants educated, so they can help ease the process. This can also help their employment prospects.

And many young immigrants want too to get that kind of education. Until now only a very few have succeeded the competition involved with the many applicants.

In principle we choose the best applicants; it is important for us that the level of education is as high as possible, and we also have other groups - maybe groups with not so many resources - trying to get into that education, do put pressure on us in different ways.

So we experience some kind of conflict here.

The barrier for young immigrants is the language, the working culture, and - if they happen to get in - the way the school system functions.
We have to set up relatively high requirements for the language, because they must be able to communicate with old Danish people also. And their own culture is often not in accordance with the Danish culture of the work-place. Danish work-place culture can have requirements opposite the requirements their own family may have. And the requirements of their own family might naturally have first priority for them (especially for the women).

Also the Danish educational system functions in a way that is foreign to them. We have experienced that even if some of them get into the education system, often they do not complete their courses.

We have ended up by creating a one year project with a greater emphasis on the Danish language, the "culture of the work-place", and the methods in the schooling system. If they go through that year in a satisfactory way, they have a guarantee to get into the basic education.

It starts in January next year.

There are some political and technical issues involved in this. It is in fact something special that we can guarantee these students a place in the formal course, when they have finished the one year project. But it is too complicated and specific to explain about here. The fact is that we are very glad that we can do this.

I am not involved in the education methods personally, but more with implementation of the students to the local centre. My task in the project will be - besides some organising work - to prepare and help the community centres, when they receive a young immigrant student on fieldwork. What expectations do the community centres have? Where shall they focus their attention in the learning process? Where do they themselves get an opportunity to get a wider view of their daily work? How do they introduce this student to their Danish clients etc.? All these points have to be raised.

I do not yet have a clear picture of in what way I will have to help the community centres in this process. As I said this situation is quite new for us. My feeling is that help in this process is necessary and important. To make this a challenge and not a burden. To create an open and curious approach, and not a closed and prejudiced one is our aim. Not all old Danish people are too happy to get that many foreigners into the country, and especially not to have them close to themselves. Yet I do think that we will still have a climate for attitude change, where openness can be created in these situations.

Kirsten Jacobsen

The Social and Health Services Department is the biggest department of the Municipality of Arhus. We are about 13,000 employees and "we spend" approximately 1 billion US-dollars a year The department is organised as a Departmental Management: staff units and three divisions, which are responsible for contact with the users through decentralised units.

As far as the Division of Elderly People is concerned, the users' contact takes place via the community centres.

The first community centre was established 10 years ago and the last is going to be established next year. By that time all pensioners will have a community centre near their home and thereby a place where they can find almost all the services and offers they need. Though all the local centres have the same possibilities because we are working within the same objectives we are of course different depending on the population in each district and on the physical settings.

We have decentralised the budget which gives us considerable freedom for action.

The local-centre Gellerup where I am the leader is three years old and it is situated in that part of Arhus where most of the immigrants and refugees are living. The area is dominated by high-rise buildings and often in the media described as a ghetto.

There are 11,000 inhabitants and 60% of these are foreign speakers . In other words, 6,000 people have an ethnic minority background.

There are 1200 pensioners and a quarter are immigrants or refugees.
The local Centre offers:

Health care day and night, nursing staff, home help, personal care, housekeeping and cleaning services.

Activities, activity rooms and meeting facilities, therapists, activity staff who focus on the weakest users, and a cafe.

Technical aids.

Housing: nursing home/two room flats/sheltered homes.

A Users’ Council that can take interest in any matter concerning the community and participates in the operational planning of the community centre.

The Elderly Ethnic People Project

One and a half years ago we held a theme meeting with our Danish users where the following questions were discussed:

• What is it like to be a refugee or an immigrant in Denmark? and
• What is it like to be a Dane in a time with many refugees and immigrants?

We had hoped that the Danish users would change their attitudes towards the immigrants in the district. The conclusion was that the Danish users said that they felt like an ethnic group in the local area. Consequently the local centre was their oasis.

They did not want to participate with the immigrants before the immigrants were able to speak Danish. We had to base our actions on that fact otherwise we would have had an uprising!

We tried to devise a project to strengthen the cultural background of our elderly Danes in order to take away the fear of foreign cultures but they did not want to participate.

We had to do something since we knew that within a number of years there would be a large number of elderly people with an ethnic background. We lacked knowledge of what these people required.

We assumed that some of the elderly immigrants in the area had a need for care, which was not being met and that this need was, and is, increasing as their family culture is changing.

And we assumed that the first and second generation immigrants did not know about the offers of the public elderly sector.

We knew that the Palestinian and Turkish immigrants were the largest groups in the district. Half a year ago we decided to make a project regarding these two groups, concerning elderly over 60 years of age.

The purpose was:

• to identify the needs
• to offer our knowledge
• to inset thy; demand in relation to our services
• to offer special services

and we had to find suitable rooms for the immigrants in immediate vicinity of the local centre. The purpose is that "we move our offers" for the ethnic minorities to these rooms, in order to slowly integrate the elderly immigrants into the centre itself.

In order to prepare the elderly people and their families for the investigation and to get advice, we visited the boards of the Turkish and the Arabic associations in the district.

After that we invited all the members of these associations with their families and friends to an information and debate meeting at the local centre. We held one Turkish evening and one Arabic evening.

Representatives from the staff gave information about our offers and I about the coming project. About 60 people,
mainly men, joined two debate evenings and there the need for our investigation and offers was indeed expressed. Now we have almost ended the work with the interviews and it seems that almost all the elderly immigrants would like to use our offers; especially our activities and a place where they can meet other elderly people including Danes.

After the interviewing we intend to gather the elderly immigrants into groups in order to go into details about how we shall proceed together.

The staff has over the years been educated in dealing with immigrants and foreign cultures but the process with this project, the dialogue with the ethnic elderly in their homes, has given the whole staff a huge boost.

It has caused a lot of debate and discussion with the staff as a whole and all are eager to find out what actually is going to happen and to carry out our offers regarding the ethnic elderly people.

Concerning our Danish users, we are keeping a low profile. We constantly inform about the project with the immigrants; nothing is hidden. But we have to respect - even if we cannot accept - their feelings. That is why we are working on a slow integration.

We hope that the workshop can bring the Elderly Division in Arhus and myself inspiration to start other projects regarding training and care in social work with ethnic older people. Knowledge would be useful about if any of the participants have had similar experiences as we have with resistance from our Danish users and would like to know what has been done about it.

The Elderly Division in Arhus and I would be very pleased if it was possible to create network with some of the participants in order to inspire and support each other.
Chapter 13

Five Fields of Concern:
minority ethnic elderly in the Netherlands

Cyril Monpellier

Cyril Monpellier is involved with the Stiching Landelijke Organisatie Surinaamse Ouderen (O.S.O) in the Netherlands. The present society of Holland has become multi-ethnic, multi-racial and multi-cultural and the number of ethnic groups is ever increasing. This short paper looks at the situation of the elderly in the country and what work is being done to deal with difficult issues. He himself is a member of the elderly group!

Areas of concern

The fields which are important for elderly people are these:

1. Housing
2. Income
3. Education
4. Provisions of care/welfare
5. Recreation

1. A great number of the elderly are living in rather old houses. They who live in newly built flats (apartment buildings) face high rent. Fortunately the situation is improving by building group-housing for ethnic elderly or for elderly with married children and grandchildren.

2. At the age of 65 every citizen receives a monthly old-age pension, dependent on their years of stay in Holland. It is a full pension or partial. Some elderly have an old-age pension and social assistance, but still they have a hard time: these are situations of hidden poverty, far below the level of minimum existence.

3. For a great number of the elderly education is of no need. Learning the Dutch language is often a personal matter and although a very few take courses in order to get a new job, the high levels of unemployment are not encouraging. Some, however, are greatly interested in manual training courses.

4. Provisions on care are offered by all municipalities in different ways. It is known however that the elderly do not make good use of the possibilities and a large amount of money is useless, unused.

5. Recreation depends on one’s personal interest and whether there is money available. As we know the elderly look for recreation within their own community. Outside their community, recreation depends on their social participation.

There are 240,000 people of Surinam origin in Holland and 10% of them, 24,000 people, are over the age of 50. Other large ethnic groups are the Turkish people (16,000) and the Moroccans (13,000).
Some 15 years ago a great need for social contact was found among the Surinam elderly. An organisation was formed, named The Foundation of Surinam Elderly. Their main purpose was to achieve full social participation of the members in the Dutch society, which would lead to an acceptable form of integration. They organised a range of activities, which were financed by the Department of Welfare, Health and Culture.

Organisational Goals
An advisory committee, composed of staff members of local elderly organisations, initiates themes which come from daily life. The different goals of the organisation are:

1. Prevention of loosing the feeling of self-esteem by organising meetings where elderly are not only listeners but also active participants.
2. Activities to keep up self-confidence and prevent isolation through social participation by visiting museums, concerts and public events.
3. Strengthening moral values and religious feelings with extensive information and enlightenment.
4. Training the staff-members of local organisations on issues of general interest.
5. Bringing to their attention the different provisions on care and welfare offered by their municipality.
6. The most difficult issue, no doubt, is to improve understanding from the major ethnic group, the white group.

Recently we learnt from participants during a one-week training session that the ethnic elderly are not welcome in white organisation's meetings. On the other hand, participation of white elderly after invitation is often poor.

I am pleased to mention the foundation of the Round Table Consultation of Old-Nedelanders, where delegates from almost every residing ethnic group are gathering with delegates from 3 large white elderly organisations. The aim is to combine efforts at improving life-circumstances of all elderly.
Chapter 14

Consumer Councils and Care Standards: proposals from an international conference

Henderson Holmes

Henderson Holmes is a consultant and an external assessor for the Central Council for the Education and Training of Social Workers. This paper aims to build on the conference report and recommendations arising from the International Conference in Preston in September 1993 on Race, Migration and Older People in Europe.

Legislation and its impact on services

The White Paper 'Caring for People' and the National Health Service and Community Care Act 1990 sets out the Government policy framework for community care in the next decade and beyond. The policy builds on the best of good practice which already exists in many places. However, for people from the black and minority ethnic groups a number of concerns have been raised over the years with respect to adequate and appropriate provision.

In the 1950s Britain needed workers to help rebuild society, and today's black elderly are the pioneers who answered the call for help sent out to the Commonwealth all those years ago. Whole villages in the Caribbean lost their able-bodied young men and women as they signed on as conductors, train guards, nurses and factory workers. Most only intended to better themselves and stay for a few years but things did not always happen that way. Many of these people now face retirement in Britain. Many live in extremely poor circumstances and suffer inner city problems of bad housing, poverty, crime and decay. These are compounded by age, race and class; African Caribbean people suffer cultural insensitivity, discrimination and outright racism in almost every walk of life. What seems ironic is that having faced racism and being outcast during their young working lives, they now face even greater problems as they reach( are in) retirement.

This paper highlights the developments of community care and its impact on Afro-Caribbean elders and discusses the need for a 'Community Care Consumer Council' to promote user empowerment, and b) the need for Mental Health care standards.

The take up of services such as home helps, health visitors, day centres, residential care and sheltered housing is disproportionately low among African Caribbean elderly people. Often the services offered are unsuitable; for example these people are not made to feel welcome; the food and recreational activities are alienating and daunting, especially in cases of mental illness.

An objective of the White Paper is to reduce ill-health and death caused by mental illness. There are quantified targets for reducing suicide rates overall and in the severely mentally ill. The White Paper points out that mental illness has been the subject of immense stigma and discrimination. This means that black and ethnic minority people who are mentally ill suffer the double discrimination associated with mental illness and race.

The recent changes in community care mean that most elderly people who go into local authority care are those who are physically or mentally unable to care for themselves in their own homes, even with community based support services. The National Health Service and Community Care Act 1990 and Health Service reforms, together with the Citizens Charter and the Health of the Nation strategy have had a considerable impact in that local and health authorities now have a duty to consult the wider community in planning services.

Although care management plays a key role in achieving the objectives of the government, the reality for those who rely on the system has shown to be the reverse. The failings of Community Care have resulted in complaints, objections, and to some degree life-threatening situations. Users and carers now have new rights which ideally should give rise to empowerment which in turn promotes choice and a better quality of life.
The reality of legislative changes: consumer councils

The reality however is that the legislative changes have not given the Community Health Council ("CHC") any legal powers to enforce users' rights. As a consequence quality assurance and complaints systems and procedures are being used to provide this role which does not meet users' and carers' needs. Where major disputes arise around service provision the routes used are lengthy and inefficient, e.g., Ombudsman, Courts or Judicial Review process. A new body is needed to update the legislation and relate it to current practice and strengthen policy and legal representation of users. This council could articulate the need for improved community care for survivors and help social care purchasers and providers in the planning of new services.

The Community Care legislation on the one hand gives users and carers rights to access services, but in the main these rights are counter-balanced. On the other hand sometimes they are negated by the rationing processes for scarce care resources through the enforcement of local authorities statutory duties and practices.

Whilst there is recognition and considerable information about user empowerment for ordinary people trying to access services, e.g., securing a case assessment or challenging the bureaucratic eligibility criteria for the gatekeeping of services, in the main this area remains a minefield.

A Community Care Consumer Council (CCCC) could draw on the experience of the Community Health Council 'health watch dog' model. Rather than having another new body CHC's role and functions could be revised and their structure altered to take on board the broader issues of Community Care. What is needed is a clear mechanism which separates complaints from service objections. This system referred to as the Community Care Consumer Council should be able to help users and carers assess the reasonableness of requests for services arising out of the community care legislation. An example might be where disputes arise in regard to legitimate requests by users or carers for help and the local authority refuses to co-operate, a system of arbitration/mediation could be looked at in arriving at a practical solution for help. This is particularly so where there are borderline cases of people not qualifying under the eligibility procedures. The 'CCCC' could also influence the implementation of the 'care programme planning approach' to encourage service users to expect quality assessment, continuing care treatment and support, for which they stand in need.

The potential objectives of the CCCC could be to ensure that all statutory and independent agencies involved in providing community care comply with the continuing commitment to conform to corporate care arrangements and to uphold the law and the Citizens Charter. The CCCC could also strengthen user and care forums in the community, raise the profile of survivors and users, promote communication around closure of hospitals and improve services in mental health care settings. Care assessment and continuing care could be ensured to reinforce Section 117 of the Mental Health Act 1983.

Where disputes or professional negligence occur legal representation could be provided by the CCCC to seek redress or financial compensation. Work towards discrimination against mental illness being made illegal could be stepped up, and campaigns could be mounted to change international agreements on refusal of passports in Commonwealth countries on grounds of mental illness.

The next question would be to ask in what instances could the CCCC become involved in consumer issues around community care? There are many cases where it could become involved. For instance it could help where there has been a refusal of care assessment under the eligibility criteria of the Community Care Act 1990 (Social Services Inspectorate (SSI) guidance proced--s). It could deal with emergency placements of safety of the mentally ill under section 136 of the Mental Health Act. It could enforce section 13/14 of the Mental Health Act whilst interviewing people with suspected mental illness in a suitable manner. Where breaches occur involving Approved Social Workers who fail to carry out their duties properly, it could intervene, e.g., poor response time that endangers life; inadequate assessment where all the available evidence to make a clinical judgement is not carried out. It could help mental health users and carers prepare their cases for Mental Health Review Tribunal: it could deal with official complaints or advocacy to the courts in civil proceedings. It could work towards providing a mediation service as opposed to lengthy judicial reviews to solve care management problems. It could better inform the mental health Act 1983 Tribunal arrangements of the true facts which can sometimes be skewed by poor representation.

The above list of suggestions is not exhaustive and there are considerable implications if one is to give teeth to "User Empowerment" as enunciated by the SSI guidance and enshrined in the National Health Service Community Care Act 1990 and the Disability and Discrimination Act 1995.
What does this mean for mental health of black elders?

Another area to concentrate on is specifically mental health provision for the elderly population of Afro Caribbeans. This section of the population from age 65 to 85 is rising rapidly. There is little co-ordination of services nationally by a designated body like Age Concern to address the culturally sensitive needs of Afro Caribbeans. Standards do exist in individual residential care homes for dignity, choice, respect, self esteem, information, and level of care, and these are monitored by the inspection arrangements. But where people are growing old and become affected by mental illness the standards for care assessment, continuing care, management and enforcement of eligibility criteria and changing policies are blurred. It would appear that Government policy should intervene and firm up the legislation.

Any new changes in such policy should be underpinned by a well resourced training strategy, and to address the many dilemmas such as dietary problems and stress diabetes, a training video could be developed and used. Such a training package, lasting only thirty minutes, could contribute towards the raising of awareness of professionals of the special needs of Afro Caribbean elders suffering mental illness. Issues addressed in the video package would be the effects of psychosis and Alzheimer’s in Afro Caribbean people. How the existing services meet these needs would be looked at. What can be done to promote independent care at home and how professionals assess these requirements would be dealt with, along with the question of home helps, state benefits, and adequate housing.

A documentary video would be a useful format to illustrate typical situations, especially if it could focus on interviews with users, professionals and carers whose observational skills are paramount. Supported by graphic information the video would aim to show how social and health care providers and planners can help to address these needs. A video, "Mind Out : A Challenge for User Empowerment", is such an example. This training package is intended to address the changing role of staff within social services departments, and community and mental health workers as required under the Community Care Act. The objective is to provide a framework for the development of skills which will enable workers to respond sensitively to the needs of its users. The material will also seek to provoke thought and exploration, by depicting a variety of situations which call for judgement to be credited. The budget for developing a versatile video to be used as a training aid is in the region of £56,000.

Conclusion

In conclusion it must be stressed that user empowerment becomes meaningless unless user and carers’ voices can be heard and action taken on legitimate objections and complaints. What is needed is clearer social audits of the effectiveness of quality assurance arrangements to promote unified standards of care.

There are ethical issues too of eligibility screening information about the residential day care and respite services. Consumer choice should be promoted and respected. Information is power, and it is important for quality information of service and preparation of staff to provide adequate client care through the medium of training. User empowerment could begin to become a reality.
Chapter 15

Education Methods and Training:
an information programme in the Netherlands

Henny Nelissen

Henny Nelissen is executive director of a project which provides information to elderly migrants at the Netherlands Institute of Care and Welfare. She is involved in developing education methods and materials, and in the training of staff. In this paper she describes a training programme for elderly migrants which provides elderly people with concrete and coherent information on the care they can receive in Netherlands.

For more than two years I have been working on an information programme for elderly migrants on `ageing in the Netherlands, by order of the NIZW. The NIZW opted for a national investment in a method that might be used on a local level. The method had to meet one requirement and two conditions. The requirement was, that elderly migrants should really acquire an understanding of the way in which elderly people in the Netherlands receive the care they need. Therefore, information that is of sound quality, concrete and coherent.

The conditions were, that the information had to be geared to participants with little or no command of the Dutch language, sometimes unable to read or write in their own language. So it had to be suitable for illiterate people who do not speak Dutch. A programme of six meetings was devised, geared to various groups of elderly migrants. Each time the programme as a whole was executed by way of trial for a group of elderly migrants. So we had six pilot projects, each project in local co-operation between self-organisations and Dutch organisations.

The process of this co-operation was also part of the test. The programme and its additional materials are now ready for information to elderly Turkish and Moroccan people, but also to elderly Chinese, Moluccan, Surinamese, Antillian and Aruban people and Spaniards.

The programme's design is the same for each group. Materials, video films and details are geared to the specific group. The participants themselves determine the atmosphere of the meetings and the direction discussions take. It is possible to provide information which lessens resistance and which even raises enthusiasm for elderly care in the Netherlands, in spite of tremendous communication barriers.

Experience however teaches us to proceed in a careful manner in order to ensure that a sense of trust in the Dutch organisation is created and maintained. Trust can be maintained only when, after the information is given, a provision of services is developed that is useful to elderly migrants. I will not elaborate on this: I only say, you are responsible for a follow-up, whenever you start an information programme. First I will discuss the method we chose.

The method of information. In a way, this method is universal. Our tries to transfer information to elderly people in a respectful manner, in this instance information on help and care for elderly people in the Netherlands, in order for them to make their own decisions. This transfer of information must be done properly and meticulously, and for this, one uses one's professional expertise, agogic knowledge and also some psychology.

What we do, is to show elderly migrants in as concrete a manner as possible, how elderly people in the Netherlands receive the help and care they may need. Point of departure is the observation that there is a circle. Elderly migrants are often unaware of the availability of facilities for elderly people in the Netherlands, so if they have any needs or wishes, they put their hopes in their children. Dutch organisations do not know the wishes of elderly migrants, so they have little cause for developing a supply. And yet the facilities are available to elderly migrants, too. The supply must become multi-cultural, the circle must be broken.
We begin with the elderly. Point of departure is to give elderly people sound and concrete information on the facilities in their home towns and after this intensive introduction, ask them what should perhaps be changed in the offer (or what should be added) in order for them to say: yes, I too, could benefit from that. Therefore the objective of the series of information meetings ‘Ageing in the Netherlands’ is twofold: providing information to elderly migrants, and revealing their wishes with regard to Dutch organisations.

The information programme is based on the idea that people will be open to information only when emotional barriers are not too high. We know from experience that two fundamental barriers are nearly always to be expected among elderly migrants:-They are faced with the dilemma: remaining or going back-They expect to be able to appeal to their children, at the same time they doubt whether they can count on their help.

Therefore the information programme decided on the following order:

• first: emotions
• second: information
• third: wishes

• first, attention is paid to the emotions concerning the dilemmas. The remigration dilemma is dealt with briefly. In fact it is circumvented by stating in the first meeting: “Perhaps you will stay here, perhaps you will go back - but as long as you are in the Netherlands you must be comfortable. Therefore it is important that you know what is possible for elderly people in the Netherlands.” This way it can be prevented that the remigration issue becomes an obstacle. You want to achieve that elderly people consider their position in the Netherlands. Expectations concerning children are dealt with more extensively in each group.

So much for the emotions regarding the two dilemmas.

• then information is given on the possibilities for elderly people in their own home towns.-

then it is asked, which provisions or services they would like to use; and what ought to be changed in the offer in order for elderly people to make use of it.

All this is done in a series of six meetings, which take place at weekly intervals. The intention is that elderly people are given the opportunity to think about each meeting, to talk it over at home, and to ask any questions they may have, at the following meeting. You want people to go through a process, and this takes time.

A maximum of 15 people can participate. That way discussions are possible and everyone has their say. Perhaps this is very Dutch: an individual change of opinion is aimed at, not convincing large groups.

The basis of the manner of providing information is: acceptance of all cultures, and respect for everyone's opinion. Supervisors are requested to be impartial in their judgement. It is the supervisor's task to allow everyone's opinion to be expressed and to do nothing but show, in as concrete a manner as possible, which services are available to elderly people in the Netherlands. The fact that participants usually have a negative image of the way the Dutch take care of their elderly, is accepted. Nothing is done to contradict this.

In this information provision, no value judgements on the various cultures are given, and no recommendations are made. Nor are special solutions propagated or promises made. So we do not say: "Perhaps there will be a Turkish residential home here in a few years' time" or "Perhaps group living is the right solution to all sorts of problems". We show, in as concrete a manner as possible, the availability of services in the Netherlands, or rather in people's home towns. People are allowed to form their own opinions, draw their own conclusions. In literature on information this is called 'respect for the autonomy of the train of thought of the person receiving the information'. It is a contradictory fact, that the more room one provides for undesirable conclusions, the greater the chance is that one is believed.

Experiences with the information programme confirm this. The participants’ opinion changes, and there is an interest, ranging from hesitant to strong, in making use of the various services. Usually the turning point can be observed during the fourth meeting, the excursion. This is an extra-ordinary experience for the information supervisors. It must be stressed that it is a moment in a process; it cannot take place without that which precedes it.
All meetings are structured to a great extent with a substantial programme. From the very start participants experience that this is not done ad lib, but that it has been prepared thoroughly. The approach appears to be very successful. Recruiting participants has its specific difficulties. But once a group has been established, participants attend faithfully, there are hardly any drop-outs and evaluations show that people appreciate being asked to give their opinion on the available facilities.

As one Turkish participant in the Almelo project put it to the interpreter: I have had many bad experiences in the past. I worked in a factory for nineteen years and nobody ever asked what I thought. The Dutch employees only spoke to me when I'd made some mistake. This is the first time that someone in the Netherlands is asking me what I think. It is very special, and I really appreciate it. Of course I was shocked when he said this. And I was very glad, that part of the programme is, asking people about their wishes.

Now, for the practice. First of all: who is participating? Participants are: elderly people with health problems, who doubt if they will receive all the help they need from their children, when it is necessary.

We have a method with photo charts, by means of which can be established what problems participants feel strongly about. This is done in the second meeting. Almost all groups most often pick out the photo chart `who will take care of me when I'm ill?'. So they are worried about the future. That is also their motivation for participating in the information programme. This of course, is an important group: these elderly people will make use of a suitable service provision, when the time comes. Participants, therefore, have a genuine interest in the information.

The first time elderly migrants and professionals meet, both parties are nervous. The participants can turn to each other for support, the professional is either Dutch or comes from the participants' culture. The professional finds support in his or her knowledge of the field of work, or is familiar with the participants' culture and he or she is experienced in working with groups. It is seldom that the professional is familiar with both the culture and the care structure, often one element is new.

Providing information to elderly migrants is not a beginner's job, you must assign it to your best employees and provide considerable supervision to less experienced staff. The subject is important to participants, the programme is intensive, there is much to gain, but also much to lose.

The supervisor must have what it takes: just give it a try: explaining this curious Dutch system of self help, family care, activities, voluntary aid and professional care to people who are totally unfamiliar with it. It requires discipline on the part of the supervisor to think in terms of the participants' knowledge all the time and then to provide information in a concrete and simple manner.

The group process is important. This subject is an emotive one. People first arrive in a spirit of `wait and see'. For most groups, video films have been found that are highly confronting. They deal with what parents can expect from their children. Some participants are moved to tears (men too), others are quiet and at times the atmosphere is extremely tense. In a way we want them to cry; the confrontation is deliberate, for the information is all about the fact that people cannot expect everything from their children -but the supervisor must be up to it. Then it is explained how people in the Netherlands make sure that the elderly receive the help they need. At that particular moment a certain tension can arise within the group: it is really important to know this.

The participants then have an excursion in their home towns. They travel by special elderly transport, if available, eat at a meal service for the elderly, receive an explanation of how the local alarm system works, talk to elderly people in a residential home (interpreters are present) and all in all become acquainted with a service offer they knew nothing about.

In a final meeting they are asked about their wishes, which creates the hope that perhaps they need not worry so much about the future. Agreements are made on how their wishes will be dealt with. Then they separate. A supervisor, obliged to make use of the services of an interpreter, must be able to keep a grip on the course of the meetings while being in indirect contact with the group.

The supervisor will have to find a balance between raising an interest in the Dutch offer of facilities and raising too many expectations. This requires expertise, commitment and common sense.

This brings me to the second part of my introduction: training supervisors to provide this information. There is a need for this kind of training. We had not expected that need immediately, because we had just completed a method with full instructions and material, which was developed to be put directly into practice locally. And it works too.
The material can be borrowed or bought, and the programme has now been carried out some twenty times without our help. Nonetheless, there are two groups which require training.

The first group consists of counsellors from self-organisations. They often feel a close bond with their people, but have never worked with a group of elderly people and are not familiar with the structure of care for the elderly in the Netherlands.

The second group with a need for training consists of Dutch professionals. Although they are well-acquainted with the structure of care for the elderly, they often feel very insecure when it comes to establishing contact with elderly immigrants. In addition, they are not familiar with the structure and culture of the immigrants self-organisations.

In order to meet the different kinds of needs, we have developed six modules which can be used to develop training courses lasting one, two or three days, depending on the particular need. They are, thus, customised training courses.

In my experience, the best structure for a training course of this kind runs parallel to the structure of the information programme

- first, start by focusing on the emotions •
- second, provide information
- third, provide practical training.

The first stage: focusing on the emotions

- Dutch participants must be emotionally affected by the life stories of these elderly people. Most Dutch professionals participating in this training course have very little knowledge about and have had practically no contact with elderly immigrants. Stereotypes and vague images have to become living people from the very beginning of the training course. We achieve this primarily by using effective videos, in which these elderly people speak for themselves.

- We want to present these elderly people to counsellors from the same cultural background as courageous individuals with an unusual life story. These counsellors are usually from the second or third generation and are closely involved at a personal level, but sometimes lack the distance necessary to provide professional service. Videos or slides are used to present the situation of elderly immigrants in order to establish some measure of objectivity.

By starting with the emotions, a positive atmosphere is created which, makes it possible to discuss certain questions with a proper perspective, such as: why they do not return to their country of origin, or why their children do not care for them. When these questions are ignored, they inevitably recur later in the training course, often at unexpected moments when one is engaged in something else.

The second stage in the training course is information about the method. The key words are: respect for the different cultures, counsellor neutrality, and quality in the method of organisation and information provision. The third stage is practical training in the most difficult aspects of the information programme.

I have noticed a certain trend in the training group as well. At first, participants are sceptical about the information approach. They do not believe that these elderly people, who are often illiterate and are not used to meetings, will come to six meetings. They find the idea of investing so much work in such a small group, exaggerated.

But then they become impressed by the fact that it is possible to work intensively with elderly members of immigrant communities. They are surprised by the demands which are made. The process of providing quality, having respect, and deploying all one's professional capacities is an eye-opener for participants: it brings them to the realisation that this very group, which does not occupy a high rung on the social ladder, requires you to make use of your best staff and to provide quality.
The change in attitude among the participants takes place when the trainers texts are repeated. For example, somebody asks: Can't the information be provided in a weekend, because that would be quicker? No, no, the elderly people have to go through a process, the others reply. That is when you, as the trainer, can lean back in satisfaction for a moment: the method has been accepted.

Of course, a training course lasting one, two or three days is not enough. On the other hand, I am prepared to trust in the common sense and professionalism of the people who follow a course of this kind. It is a push in a process of becoming fascinated by the unusual lives of these elderly people and the situation in which they find themselves today. It is a push to be able to deploy all the professionalism at one's disposal for these elderly people. I hope that our approach will be a source of inspiration to you as well.