

Informal Care of elder refugees in the Netherlands

A qualitative research, summary (2005)

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Introduction

The Netherlands has a growing population of elderly from ethnic minorities. Especially in the non-western group, immigrants' health and health consumption is a point of interest. Due to language barriers and socio-cultural barriers, this group runs the risk of receiving insufficient healthcare. Refugees are especially vulnerable because of their past as a refugee and their traumatic experiences in the past. The risk of neglect and social isolation is larger to them. With the approaching changes in the Dutch healthcare legislation - the WMO (Wet Maatschappelijke Ondersteuning) - it becomes more important for everyone to arrange and organise its own healthcare(givers). Volunteer aid will fulfill an important function, especially when it concerns domestic tasks and support. Volunteer aid is defined as: *"Care which is given outside a professional context to a person who is in need of help, by one or more members of his direct environment. The care-taking results from the social relation"*.

This qualitative research contains the following subjects: who takes care of elder refugees; what is the motivation of the voluntary, informal carers; which activities do they provide and what are the consequences and bottlenecks of that care-giving? The research also sheds light on volunteer aid support, the familiarity and the use of it in this particular group.

Methods

Insight into the bottlenecks and problems that informal carers of elder refugees are facing were obtained through semi-structured in-depth interviews with this focus group. The 15 interviews were analysed with the programme QSR Nvivo. The assembled focus group supported the research and brought up new subjects. The result is a research report which included a proces description.

Conclusion

The emotional and social load of informal carers of elderly from ethnic minorities is probably heavier compared to native informal carers. This is due to the mental problems of the care receiving older refugees. Problems mentioned by the interviewed carers are anxiety, depression and PTSD. Moreover, as a result of the shared (escape) history, family ties are often very close and thus leaving the care of family members to others is difficult. Also, the social web of the informal carers is in many cases smaller, and they see less possibilities to share the care. Some carers mentioned that the elder person did not dare to go to a day-care due to language problems. Furthermore, gratitude seems to be a factor that plays a role when one chooses not to make use of the various services that can support the caretaker. Informal carers also have more tasks in the domain of guidance than native informal carers do. These tasks imply interpreting and performing administrative tasks. From the institutes that support informal caregivers, there is little to no attention at all for informal caregivers of elder refugees.

Discussion

This is the first scientific research on this subject that has been conducted in the Netherlands. It is recommendable to develop more activities in this domain in the EU. A weak point of this study is that the research group contains no respondents from African cultures. Moreover, the number of respondents is low and the results from the focus group can not be considered valid.