

CZECHIA

OLDER REFUGEES FROM UKRAINE:
ASSESSING AND SUPPORTING
THEIR NEEDS.

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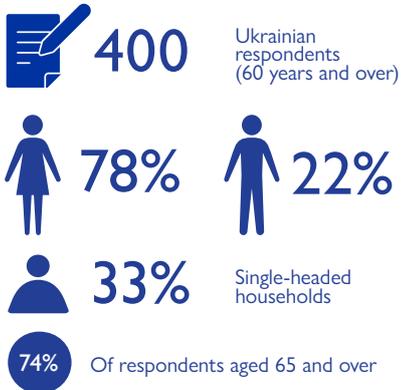
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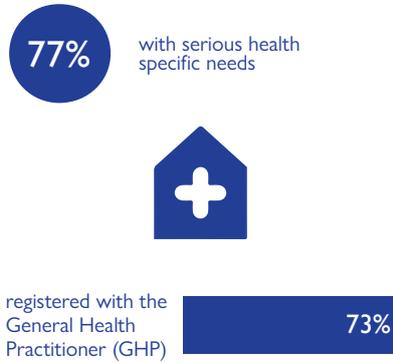
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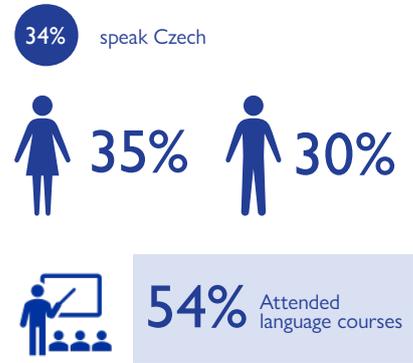
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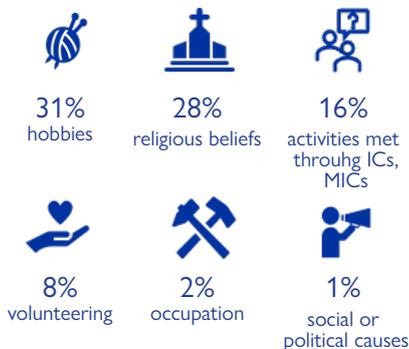
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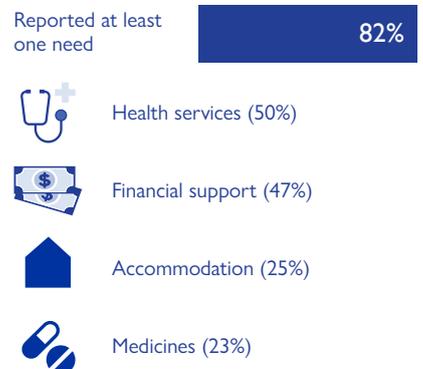
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INTRODUCTION

As of 1 April 2024, 338,736 refugees from Ukraine were registered for temporary protection in Czechia according to national authorities. (MV ČR 2024) This makes it the country with the highest number of refugees from Ukraine per capita. How to respond to the needs of this unprecedentedly high number of refugees - 26 per cent of whom are children, 43 per cent women aged between 18 and 65, and four per cent refugees older than 65 years - became a major challenge for the state administration.

The Government's effort to facilitate refugees' access to essential services, along with the substantial support of Czech citizens, the Ukrainian diaspora, and NGOs was crucial in navigating this challenging situation in its first months.

The main strategy of the Czech government was the prompt transition from the "policy of reception and protection" to the "integration stage" and to make refugees independent from the state as soon as possible. The primary focus was on facilitating a rapid labour market participation, rather than, for example, intensive language integration. This strategy has brought some positive results. Previous research indicates that a relatively high proportion of displaced persons from Ukraine have integrated into the Czech labour market, with more than three quarters economically active refugees working. However, the other side of this coin is that many Ukrainian refugees work in precarious working conditions, for low wages, while others are stuck in work far below their qualifications (IOM Czechia 2024; PAQ Research and Institute of Sociology 2023).

This strategy has also demonstrated its limitations in addressing the needs of all. The data suggest that "pushing" refugees' groups such as mothers with young children or those aged 60 to 64 to work is an inappropriate solution. This conclusion was drawn

from the secondary data analysis of the financial circumstances of Ukrainian refugees, which revealed that women with children and older refugees are among the most vulnerable and that more than half of refugees live below the effective income poverty line (IOM Czechia 2024; PAQ Research and Institute of Sociology 2023).

This report focuses on older refugees, a group that has been identified by previous research, including that of IOM, as being among the most vulnerable. Adapting to a new society is a challenge for everyone. For older people it can be even more challenging (UNHCR 2024). Older refugees encounter difficulties in the process of ageing and integration. The process of ageing is accompanied by an increasing demand for healthcare and the maintenance of an adequate income. The success of integration is measured in terms of language adaptation and economic self-reliance, which may be unattainable goal for older people. Older refugees are less likely to have resources and opportunities to rebuild their lives from scratch, as is the case with their younger counterparts. Furthermore, the social conditions for ageing between the country of displacement and the hosting country can vary (e.g., in Czechia the pensionable age is higher). As a consequence of displacement, roles within the family are altered, with older refugees becoming dependent on their children for the most basic tasks. This can give rise to feelings of guilt (for being a burden) and shame (Hachem et al., 2022).

The objective of this study is to describe how respondents adapt to life in displacement and to identify the specific challenges and risks they must confront. Furthermore, the study aims to provide the stakeholders and other involved organisations with information about this specific group, which they can use for strategic planning and for designing targeted support.

LEAVING UKRAINE AND DESIRE TO RETURN

LEAVING UKRAINE

The majority of respondents came from the eastern and southern regions of Ukraine. Sixty-five per cent of respondents came from six oblasts of origin (habitual residence) before leaving Ukraine. These were: Kharkivska (17%), Donetsk (13%), Zaporizka (12%), Dnipropetrovska (8%), Kyiv city (8%), Khersonska (7%). These areas most affected by direct fighting (ACLED 2023). The remaining respondents (35%) lived in 19 other oblasts throughout Ukraine.

According to previous research, older people are more reluctant to give up on their homes, even in times of war (Bolzman, 2014). The idea of abandoning everything and being unable to return to the place where a person spent three or more decades living is a deeply distressing prospect. From respondents' testimonies, it is however evident that for some of them leaving was the only option, so they did without hesitation.

“ I had to leave my home in 8 minutes, I will never forget this moment.
Woman, 66 years ”

Others stayed in their homes until the last possible moment. As the testimonies from our respondents show, postponing the decision to leave can create an additional safety risks.

Among respondents, 12 per cent were already displaced internally at least once after 2014. These respondents were residing mostly in the eastern parts of Ukraine, with high unemployment and extremely high housing prices (World Bank 2024). For them the decision to go abroad was influenced by the bad economic and housing situation.

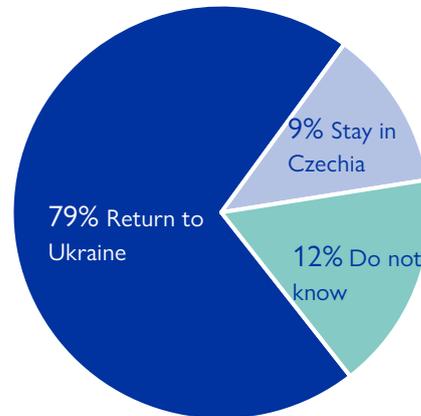
Regarding the problems refugees encounter abroad, respondents mentioned that what they were facing in Czechia was insignificant compared to the horrible wartime experiences they had in Ukraine.

“ Although it is difficult for us financially to live here, it is much better than living all the time in fear for our lives.
Woman, 66 years ”

DESIRE TO RETURN BACK HOME

Respondents' place of origin in Ukraine influences not only their experience of war and their initial decision to leave, it is also among the main factors impacting their prospects to return. Despite the challenging circumstances and the fact that many of them came from occupied territories or had no place to return to, they expressed a strong confidence in their eventual return. However, when asked about their near future, they expressed a preference for remaining in Czechia.

Figure 1: Long-term movement intentions (%), n=403



HOUSEHOLD SITUATION

Of the 403 respondents, 33 per cent represent a single-person household and the remaining 67 per cent are members of a shared household (mostly consisting of relatives). Analysis of the qualitative data provided a more nuanced picture of these two groups, showing that the household and family situation of older refugees is very diverse and influenced by different factors. On the one hand, it shows that not all respondents living in a single-person household are completely alone in Czechia or without any support from relatives. On the other hand, not everyone who lives with other relatives is better off. Here it is very important to look at the age, state of health and economic activity of the person/s with whom they share the household.



In any case, it can be said that most older refugees are looked after by their relatives. Either they live together and share household costs, or they live separately. Research shows that family support in displacement is crucial for older refugees as it enhances their quality of life (Gaveras et al., 2014). So, the fact that most older refugees are cared for by their family members is certainly a positive finding. However, it is important to note that this arrangement can be financially unsustainable for many families. Additionally, research has shown that displacement affects the structure and size of refugee households and can significantly challenge family patterns and roles, particularly those based on gender (Coben, Deng, 1998; Pirtskhalava, 2015).

The findings of this study shows that many of the older refugees were able to live financially independent lives while in Ukraine, and that the war and its aftermath made them dependent on their children, creating challenges on both sides. On the one hand, respondents expressed gratitude to their children for all the care they provided, solving administrative problems, accompanying them to the doctor, taking them on trips, arranging the accommodation and paying the bills. On the other hand, they also mentioned that being a burden to their children puts pressure on their mental state and makes them question their social identity.

For this reason, many respondents who share a household with their children try to help by looking after grandchildren or collecting as much humanitarian aid as possible to contribute to the household budget and make their children's lives easier.

DIFFERENT TYPES OF HOUSEHOLDS

According to the Survey data the most common household structure is a single-headed household (33%). Twenty-six per cent of households consist of two or more older people with no other adults or children, while one out of five households (20%) consist of one older person, one adult, and a child. Sixteen per cent include one older individual with one or more adults. In a small portion of households (5%), there is one older person with one child.

Figure 2: Most common household compositions, total (%), n=403



The findings from qualitative data show a more in-depth picture of the social situation in different types of households. For example, in case that only two older people live together, it is important to take in account if one of the two is not disabled and dependent on the other. In case when the household is headed by an older person it is also important to differentiate between those who receive support from family members and those who do not.

The same counts for individuals who reside alone. Older refugees who are unaccompanied in Czechia are particularly vulnerable, especially in the context of managing health concerns.

The study findings also show that some individuals who are unable to provide material support to their older family members (usually parents), due to their own complex life circumstances, attempt to do so in other ways, such as through social and emotional means. And that external assistance is of vital especially to older refugees who live in Czechia without any family support.

HOUSING SITUATION

Less than half of respondents (47%) live in individual housing, while 53 per cent stay in collective housing.¹ Those aged 65 and over are more likely to live in collective housing than those aged 60 to 64 (57% compared to 43%). Those who live alone are significantly more likely to live in collective accommodation than those who share their household with others (77% compared with 42%). In more than half of the cases (54%), regardless of the accommodation type, the housing costs are paid by the respondents themselves or their family members (40% of those living in individual housing and 14% in collective housing) and only 46 per cent live for free (39% in collective housing and 7% in individual housing).

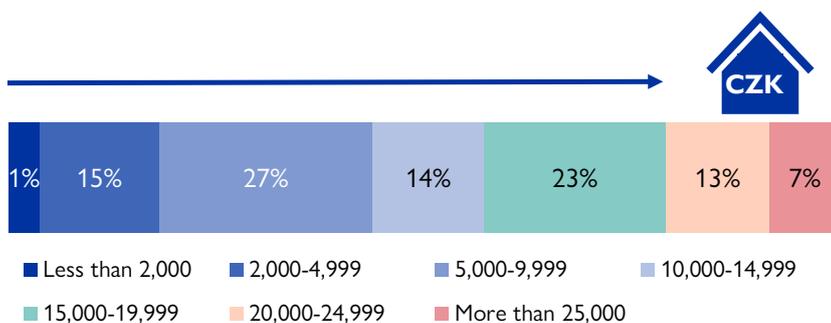
HOUSING EXPENDITURE

In the month prior to the interview, the majority of respondents' households (27%) spent on between 5,000 and 10,000 CZK on housing (rent or mortgage) and bills (electricity, gas, water, etc.). Almost a quarter of respondents' households (23%) allocated between 15,000 and 19,999 CZK, 20 per cent of respondents' households spent more than 20,000 CZK and the remaining 16 per cent spent less than 5,000 CZK.

The highest amount spent on housing per household was 36,000 CZK and the lowest was 1,502 CZK. The average amount spent was 12,735 CZK.

The findings also indicate that the household composition is not the main factor that influences the total amount spent on housing. Factors such as the type of housing (individual or collective) and location (urban or rural areas) play a key role in pricing.

Figure 3: Total housing expenditure of the households per month (%), n=187



HOUSING NEEDS

The findings from the qualitative interviews suggest that not all older refugees who currently live in collective housing, wish to move to individual housing. This is not only due to the financial aspect (they would not be able to cover the costs, deposit and furniture if needed), but also due to other reasons that we found to be specific to this age group.

Older people's housing choices are driven by different needs. Some of the respondents who did not want to move mentioned the need for more stability in their lives and the fear of the unknown (and the reluctance to move and adapt to life in a different place and location), and the need to be surrounded by a supportive community (or to have access to regular social support).

Those who wanted to move to individual housing mentioned their desire for more privacy, comfort, and a homely environment, the possibility to prepare food and wash clothes when needed and not according to a schedule, and the possibility to customise the living environment according to their tastes and needs (e.g., purchase and installation of orthopaedic mattresses). Choosing a location with accessible transport, and available social (and other) services was also seen as a positive factor in relation to individual housing. At the same time, these respondents suggested that regular visits from a social worker, who would inform them about changes in the law and help them with various kinds of problems, would be a great asset.

According to some of the key informants, living alone in individual housing may not always be the best option for older (or other vulnerable) refugees as placing them in individual housing could lead to their isolation, and make them vulnerable to fraud and the spreading of disinformation. The refugees living in collective housing facilities were screened and supported by various organisations from the start, while those living on their own were more often overlooked.

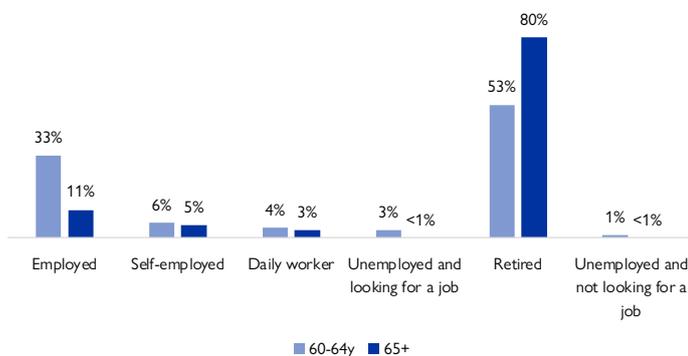
1. For the purpose of this study, individual housing refers to apartments or parts of houses provided by locals or friends, and collective housing refers to hotels, hostels and dormitories

LABOUR MARKET PARTICIPATION

TRENDS BEFORE DISPLACEMENT

Prior to their departure from Ukraine, most respondents were retired: 80 per cent of those older than 65 years, and 53 per cent of those aged 60 to 64. Almost half of those aged 60 to 64 were employed in Ukraine, while only 19 per cent of the respondents aged 65 and over had a job. A total of four per cent were unemployed but actively looking for a job (Figure 4).

Figure 4: Employment status of respondents in Ukraine prior to displacement, by age group (%), n=403



The high unemployment rate in Ukraine before displacement among both age groups is explained by the statutory retirement age, which is 60 years since 2021 for both men and women. According to the Pension Fund of Ukraine as of April 2024, there are 10.2 million pensioners in Ukraine (which is 11 per cent of the total number of Ukrainians), 73 per cent of whom are old-age pensioners. Of the total number of pensioners, 2.7 million of them participate in the labour market (Ministry of Social Policy of Ukraine 2024a).

The three most common occupations in Ukraine for all respondents are professional occupations (37%), services and sales work (20%), and elementary occupations (13%). Women were most likely to work in professional occupations (46%), services and sales (22%) and elementary occupations (11%). Men were most likely to work as plant and machine operators, in craft related trades (18%), and in elementary occupations (18%).

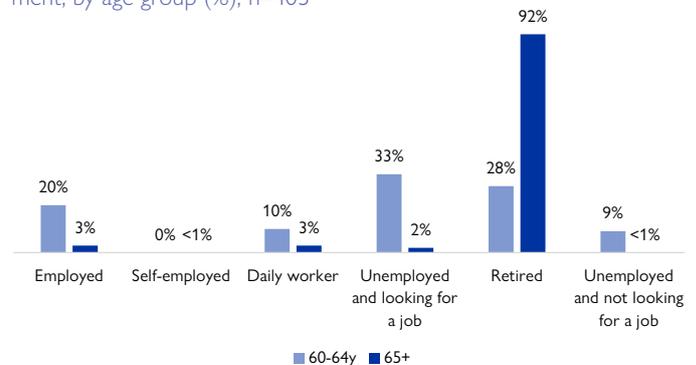
TRENDS AFTER DISPLACEMENT

The findings indicate that many respondents would like to work in Czechia, regardless of their age. Factors that increase their motivation to work are the following: the need to contribute to society (to be involved/integrated), the need to be active and the need to earn money in order to be financially independent (from

the government and family) or to increase their financial security (to cover daily expenses). These factors often overlap.

Nevertheless, only 12 per cent of respondents were employed at the time of the interview, 63 per cent of those aged 60 to 64 and six per cent of those aged 65 and over. Those who were unemployed and actively looking for work accounted for ten per cent. More than 75 per cent were retired (92% of those older than 65 and 28% of those aged 60 to 64).

Figure 5: Employment status of respondents in Czechia after displacement, by age group (%), n=403



The survey data show that the most common occupations in Czechia for all respondents are elementary occupations (31%), professional occupations (17%), plant and machine operators (17%), and services and sales (17%). Women are most likely to work in elementary occupations (37%), services and sales (23%), and professional occupations (20%). Men are most likely to work in craft related trades (31%), as plant and machine operators (23%), in elementary occupations (15%), or in agriculture and forestry (15%).

MAIN BARRIERS TO EMPLOYMENT IN CZECHIA

Those who are not employed and not actively looking a job (n=41) most often indicated that the language barrier (80%) or health conditions (59%) prevented them from looking for work. Others cited family care responsibilities, such as looking after children, elderly family members or those with disabilities (17%) as one of the impediments. Another 17 per cent said their qualification was not accepted. Fifteen per cent reported discrimination in employment, followed by the lack of employment opportunities (12%) and lack of information (12%). Other impediments included insufficient qualifications (5%), negative perceptions of temporary protection (TP) status among employers (2%), and other factors (2%).

EMPLOYMENT STATUS SATISFACTION

Just over half of respondents (54%) say they are neither satisfied nor dissatisfied with their current employment status. Seventeen per cent are somewhat satisfied, followed by 16 per cent who are somewhat dissatisfied, nine per cent who are very satisfied and two per cent who are very dissatisfied.

Of those respondents who were employed in Czechia and disclosed their working conditions (n=36), some problems were reported. The two most common problems are that respondents work without written contract or with a contract that did not cover all their working hours (58%) and that they work long hours (more than 40 hours per week, 53%).

Figure 7: Problems faced by respondents at work (%), (more than one answer possible), n=36

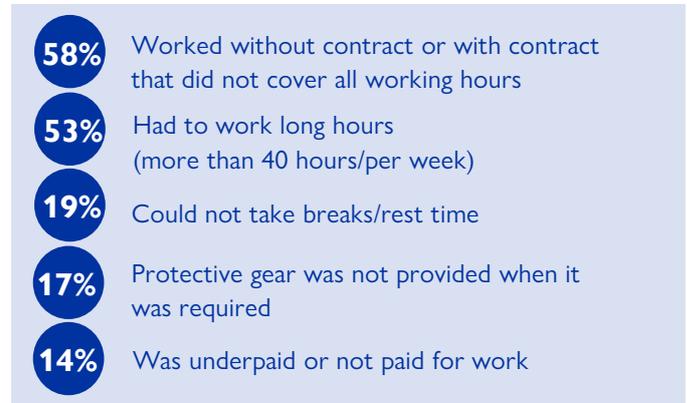
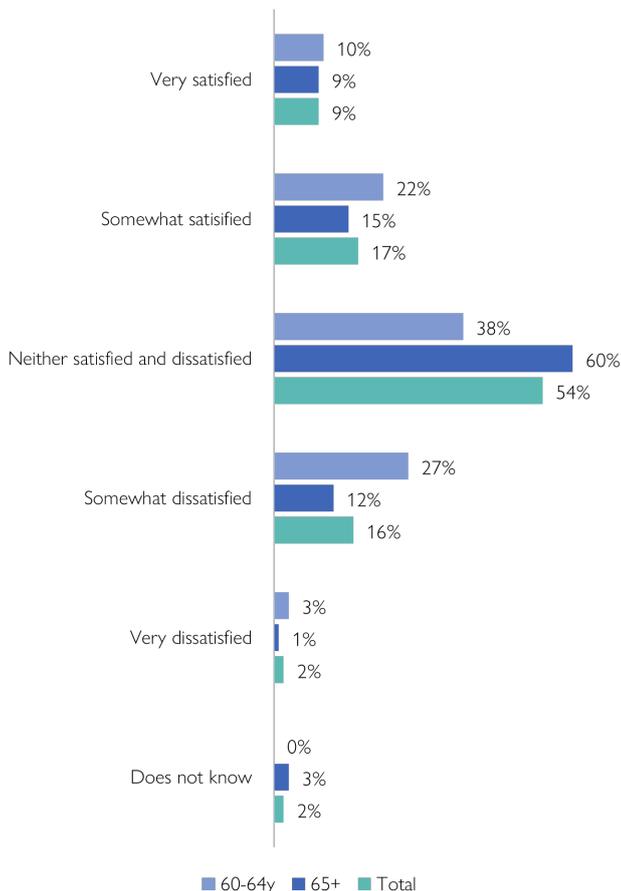


Figure 6: Employment status satisfaction by age group and in total (%), n=403



WORKING ARRANGEMENTS

The majority of respondents (71%) who are currently employed in Czechia report that they work with written contracts, while the remaining 29% have verbal agreements. There is no significant difference between the proportion of women and men who work with written contracts (71% versus 69%).

Upon comparison within the age groups, it becomes apparent that respondents in the 60 to 64 age group are more likely to be employed with a written contract than respondents in the 65 and above age group (77% versus 59%). Additionally, those who stay in Czechia alone are more likely to work with written contract (75%) than those who are with other household members (69%).

HOURS WORKED IN A MONTH

Half of respondents (50%, n=48) work 160 hours or more per month. Thirty per cent of respondents reported working between 160 and 180 hours per month, while 20 per cent reported working 200 hours or more. The remaining half of respondents (50%) reported working 160 hours or less per month.

There is significant difference in this regard within the age groups. For instance, only 37 per cent of respondents in the 60 to 64 age group work less than 160 hours per month, in comparison to 79 per cent of respondents 65 years old and over. This can be attributed to factors such as a lack of alternative job options that are less demanding, workplace expectations that necessitate longer working hours and the need of stable income because of no vulnerability status and no eligibility for humanitarian financial assistance for the refugees aged 60 to 64.

INCOME SECURITY AND SOCIAL SUPPORT

FINANCIAL SITUATION

Despite some participants being more financially stable than others, the general financial situation remains unfavourable. This can be illustrated by the fact that more than a half of respondents (54%) stated that their household cannot afford to cover an unexpected expense of even 2,500 CZK (100 EUR). Out of those who answered that they can afford at least some unexpected expenses, 33 per cent reported that their household could cover an unexpected expense of 2,500 CZK, 19 per cent reported that they could cover 5,000 CZK, 11 per cent could cover 12,500 CZK.

The ability to cover an unexpected expense of 2,500 CZK differed significantly by gender, age group and household composition. The situation is most challenging for women, respondents older than 65 and those living alone. The data show that 72 per cent of those who are alone in Czechia cannot cover an unexpected expense. Furthermore, women and respondents aged 65 and above are also at a disadvantage, with 57 per cent of them stating that they lack the ability to meet such expenses.

INCOME SOURCES

Most respondents relied on more than one source to cover their living expenses. Overall, the top three most mentioned sources are support from authorities (74%), welfare from Ukraine (55%) and support from family (43%).

Seventy-one per cent of the respondents disclosed the precise monthly income of their household while in Czechia (n=288). Thus, more than one third of the respondents (37%) report that their household have a monthly income between 5,000 and 12,499 CZK, followed by 26 per cent those whose income is less than 5,000 CZK and 22 per cent of those whose income is between 12,500 and 24,999 CZK. The share of those who have income more than 25,000 CZK was 15 per cent of the total number of respondents who disclosed their monthly income.

INCOME AND EXPENSES GENERATED IN UKRAINE

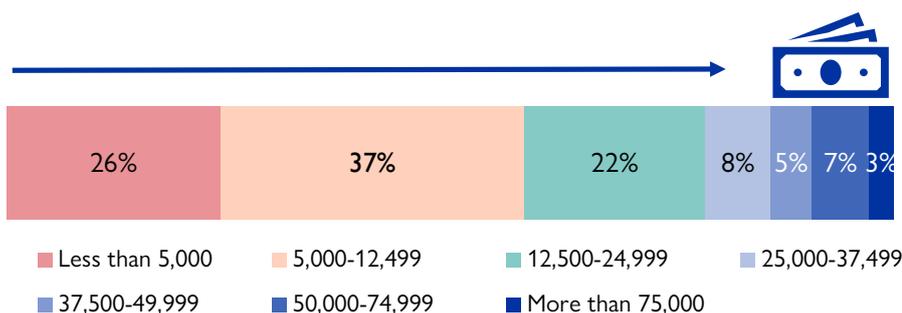
Of those respondents (n=363) who disclosed the precise monthly income of their household from Ukraine, 36 per cent of the respondents indicated that they had no income in the previous month, while the remaining 64 per cent (n=231) specified the precise amount between 1,191 and 17,579 CZK. Seventy-eight per cent of those respondents, indicated that their income from Ukraine was below 5,000 CZK, while only 22 per cent reported an income above this threshold.

The majority of respondents indicated that their income in Ukraine was derived from either age- or disability-related pensions. The value of the average Ukrainian pension is significantly lower than the Czech one, and therefore does not provide sufficient financial independence of older Ukrainian refugees in Czechia. Furthermore, it is not unusual that some do not have access to their Ukrainian pension while in Czechia (according to our estimation it can be more than 30 per cent respondents).

Although participants have indicated the receipt of some income originating from Ukraine, it does not conclusively suggest that they possess the capability to fully allocate it towards their daily expenses, as they have existing expenses in Ukraine such as: rent, utility bills, loans, maintenance of property, or support of family members. As one of the social workers explained:

“ One of our clients, a 64-year-old woman, who works as a cleaner, she is so thin, so scuffed, trying her best to be able to make money to pay rent, but also to send money to her son, who is on the front line. ”

Figure 8: Total net household income in Czechia, total (%), n=288



Of those respondents who disclosed expenses they meet in Ukraine (n=383), 64 per cent did not spend money in the country of origin, while remaining 36 per cent spent between 177 and 25,000 CZK in the month prior interview. Notably, 56 per cent of those specified the precise amount spent (n=139), who reported having expenses below 2,000 CZK in Ukraine. The remaining 44 per cent of those respondents reported expenses above this threshold.

INCOME SECURITY

The qualitative findings suggest that older refugees frequently encounter challenges in meeting their basic needs, despite evidently maintaining a modest lifestyle, in which they spend solely on essential expenditures.

“ I don't understand how we will pay for housing from September if the housing supplement is 4800 CZK, and a bed in a hotel now costs 7500 CZK. But maybe by September it will become even more expensive. ”

Woman, 71 years

As previously stated, the majority of elderly refugees are cared for by their family members. However, this can be challenging as the financial situation of many refugees is not favourable. Previous IOM research indicates that 31 per cent of the respondents reported being unable to cover their daily expenses, while 53 per cent of respondents are unable to cover an unexpected expense of 13,600 CZK (IOM Czechia 2024). Furthermore, according to PAQ research and Institute of Sociology, 58 per cent of refugees live below the poverty line (PAQ Research and Institute of Sociology 2023).

The situation can be complicated especially for those who have only one working family member in the household, for example, due to the presence of young children, or those disabled or ill in the household. For those residing in a single-headed household or an older person-headed household, their income security situation is contingent upon a number of factors, including the extent to which they are supported by family members and their employment status.

By studying the numbers derived from calculating the difference between total income in Ukraine and Czechia and respondents' expenditure on housing in Czechia and on various needs in Ukraine, we can get a more nuanced understanding of the respondent's financial situation and income security.

The data show that the share of respondents who have between 5,000 and 12,499 CZK per household left is 39 per cent. This was followed by 33 per cent of the respondents who have less than 5,000 CZK left and 19 per cent of those who have the amount of 12,500-24,999 CZK per household after mentioned expenses. The remaining nine per cent of the respondents have more than 24,500 CZK per household left.

Taking into account the variations in household compositions, calculations were conducted to determine the net amount per individual post expenditure in both Czechia and Ukraine. The findings show that the majority (40%) has 2,000-4,999 CZK left per person, followed by 39 per cent who have in disposal 5,000-12,499 CZK. The smaller proportion of the respondents (9%) have between 2,000 and 4,999 CZK left and seven per cent have less than 1,000 CZK. Only five per cent of respondents who disclosed the information about income and spendings in Czechia and Ukraine have more than 12,500 CZK left.

Figure 9: Balance between total net income in Czechia and in Ukraine and housing expenses, per household and per person, total (%), n=291



It can be concluded that the financial instability experienced by the older refugees in Czechia is significant. Interviews with key informants suggest that this, coupled with their inability to access necessary healthcare during their stay in Czechia, serves as a major factor influencing many to contemplate returning to Ukraine.

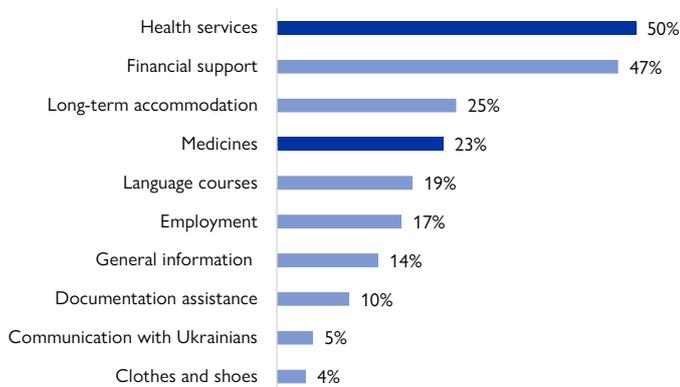
HEALTH SITUATION AND HEALTHCARE

Existing research shows that during war and displacement, older people are more likely to experience psychological distress (Loi and Sundram, 2014) and health problems (Strong et al., 2015) than the general refugee population.

The survey data show that 77 per cent of respondents have at least one person with serious health specific needs in the household including themselves. Among these households (n=311), 88 per cent have at least one person in household with a chronic disease or serious medical condition, 51 per cent have someone with visual impairment, 45 per cent have someone who has difficulties walking or climbing steps and 33 per cent someone who suffers from depression.

Healthcare services ranked first among the top 10 priority needs according to respondents who reported pressing needs. Specifically, 50 per cent of the 331 respondents mention healthcare services, while 23 per cent mention medicines, making it the fourth most frequently mentioned need.

Figure 10: The top 10 needs among respondents (%), (more than one answer possible), n=331



DECLINING HEALTH

The interviews further revealed that the health condition of many individuals is not only unfavorable but is in fact declining. This should not be attributed only to the age factor, but also to constant distress (not only related to pre-migration trauma but also to post-migration stress, see Li et al., 2016), which can cause old and new chronic diseases to exacerbate (Hachem et al., 2012). These concerns coupled with the most recent data

indicating a significant decline in the life expectancy of Ukrainians, portray a bleak scenario regarding the health of Ukrainian refugees (Ministry of Social Policy of Ukraine 2024b).

The issue of the declining health situation was raised by both the key informants and some of the respondents, who explained that their health had deteriorated severely, either already during their time in the war zone, or later after they came to Czechia. Another situation which, according to respondents contributed to their declining health was not being able to get timely treatment, either while still in Ukraine, or later in Czechia.

BARRIERS AND PROBLEMS IN RELATION TO HEALTHCARE

When asked about barriers and problems faced by respondents in relation to healthcare, the respondents mentioned five most common barriers to accessing healthcare shown in Figure 11.

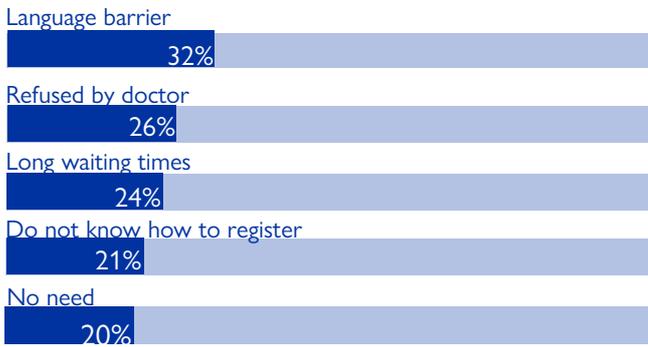
Figure 11: Top five barriers to accessing healthcare (%), (more than one answer possible), n=300



According to the qualitative section of the interviews, respondents not only experienced language problems, but they also found it difficult to navigate the Czech healthcare system, which is different from the Ukrainian one.

This may also explain why over a quarter (27%) of respondents had not registered with the General Health Practitioner (GHP) because they did not know how. As revealed in the key informants interviews, these individuals are more susceptible to fraud and are more likely to pay unjustified sums of money to people who offer to help them. Therefore, seeking external help can be vital for older refugees, significantly influencing their wellbeing. It can be particularly crucial in addressing their health-related challenges.

Figure 12: Top five reasons for not being registered with the GHP (%), (more than one answer possible), n=107



For 32 per cent of respondents it was somewhat difficult (20%) or very difficult (12%) to see a doctor. Some of the respondents who stated that they were unable to get treatment, mainly because of long waiting times, decided to move temporarily back to Ukraine to receive treatment. However, this was for specific and more accessible treatments.

On the other hand, there were respondents who indicated that their health needs/situation was one of the main reasons for their decision to go to Czechia in the first place. In the current country, they were able to receive comprehensive and free treatment, which would not have been possible had stayed in Ukraine.

Unfortunately, not all respondents who came to Czechia for healthcare reasons were able to receive the treatment they needed. Either they were unable find a doctor, or are still waiting for an appointment, while their health is further deteriorating. Some are desperate, others however, mention being in a country where there is no war has helped them so much psychologically, and that they now feel at peace, which is crucial for them.

“ The only thing I need is peace and absence of unrest, any other issues can be resolved, just so there won't be war. ”

Woman, 63 years

Having to rely on medication from Ukraine, was another problem cited by respondents in connection with healthcare. This occurred either when respondents could not get a GHP, a doctor's appointment, or when unable to access their usual type of medicine, that is not recognized, or/and sold in Czechia.

Among other discussed problems was the dependency on local social/health care, which made it difficult for respondents to move to a more suitable location/accommodation (if necessary). Also, non-recognition of disability by the Czech government and specific issues related to those living in collective accommodations not sufficient for disabled people, were mentioned. A very specific problem, linked to another issue, was raised by two respondents, who expressed great concern regarding how they could ensure, that their bodies would be repatriated to Ukraine, after their death.

It should be noted, not all respondents in the 60 years and above age group have health problems and there has also been positive feedback about the healthcare system.

MENTAL HEALTH AND LONLINESS

The mentioned example underscores an important health concern, specifically mental health, which can be particularly fragile for refugees from Ukraine (33 per cent of respondents have at least one person in the household who suffers from depression) (see also Hachem et al., 2022). Although respondents themselves did not always talk openly regarding mental health, the researchers who conducted the interviews often noticed that people were in great distress, sometimes even crying.

A significant observation made by one of the key informants was that when elderly individuals lack a topic or activity to engage in during the community club meetings organised for them, they often become consumed by negative emotions and thoughts. These feelings originate from their precarious and seemingly hopeless circumstances, where they perceive no future for themselves. Regardless of whether the respondents were alone in Czechia or with their families, they frequently brought up feelings of loneliness and loss. They spoke of losing friends, routines, roots, and their future, living in a state of "liminality". At this stage in their lives, they were at a loss as to how they could possibly start anew.

SOCIAL INCLUSION AND CZECH LANGUAGE PROFICIENCY

SOCIAL CONTACTS

The majority of the older refugees are in Czechia with other family members, who are an important source of social contact and support. Conversely, individuals who have undergone family separation may encounter significant stress, complicating their integration into Czech society. Regardless, our research indicates that both groups can experience social isolation or feelings of loneliness. Maintaining relationships with people outside of their family, particularly with Czech nationals, can prove beneficial for them. The data show that 55 per cent of respondents (n=223) reported that they were involved in various types of groups or associations, either in person or virtually. The remaining 45 per cent of respondents said they did not belong to any groups.

Figure 13: Involvement of the respondents in various types of groups or associations, total (%), n=403



Our qualitative findings indicate that the involvement in activities and organisations/groups of some respondents is very regular. Also, NGOs, voluntary, diasporic, or religious organisations play an important role in the lives of older refugees, providing them with a source of social, economic and cultural support. In addition, participation in different activities helps them to feel “rooted”.

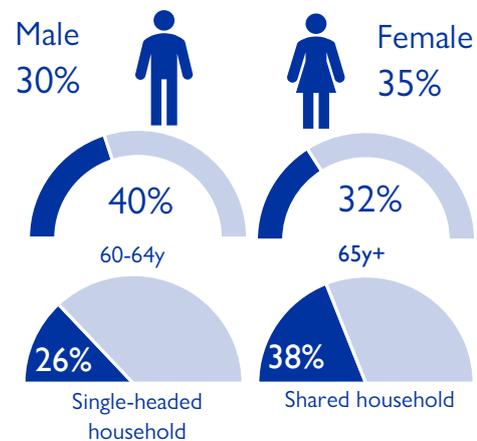
LANGUAGE KNOWLEDGE

Learning the host country’s language is important and can facilitate certain aspects of integration. It is a prerequisite not only for finding a suitable job, but also for coping with everyday life

issues and for building relationships with the majority of the population. The study findings suggest that for refugees who find themselves in the state of constant temporality it can be difficult to motivate themselves to learn a new language. This is particularly true for older refugees, who are more likely to want to return home and less likely to work (or under pressure to work). They are also more likely to experience learning difficulties and have fewer social contacts that could help them to improve their language skills.

Thirty-four per cent of the respondents report that they could speak Czech as one of the languages other than their mother tongue. As the figure below shows, there are differences according to age and gender, as well as between those who live alone and those who live with other people (in a group).

Figure 14: Czech language knowledge by gender, age group and household composition (%), n=403



LANGUAGE COURSES

Of the total number of the respondents (n=403), almost half attended language courses (46%), while more than half (54%) did not attend. There were no major differences between the age groups. The difference is more significant when comparing those who are in Czechia alone or in a group (52% versus 46% respectively). In particular, women are more likely to attend language courses than men (52% compared with 26%). Among those who do not speak the local language and do not attend language courses, the most common reasons given are the complexity of the language (52%), learning on their own or with the help of household members (42%) and lack of time (18%).

RECOMMENDATIONS

Based on the findings of the study, we propose recommendations aimed at enhancing the circumstances of older refugees in Czechia. These suggestions could inform future policies and initiatives, thereby addressing the needs of this often neglected demographic group. Emphasizing the importance of involving older refugees in the design of social support measures, policies, and programs tailored to their needs is highly recommended. Furthermore, it is proposed that measures and policies towards financially disadvantaged older refugees should adopt an integrative approach encompassing all older people in Czechia who experience poverty.

SOCIAL INCLUSION AND INFORMATION

It is of the utmost importance to ensure that older refugees are treated equitably under Lex Ukraine. It is recommended that they be exempt from the work/study requirements for the legalisation of their stay. It is recommended that tailored integration strategies be developed, which should include promoting of social fieldwork, intercultural work and language courses. It is necessary to combat social exclusion through the implementation of cultural activities and the promotion of access to all types of social services with trained staff. Information sessions should be provided on an individual basis in order to combat prejudice.

FINANCIAL SITUATION

It is crucial to ensure that the Czech social welfare support system is accessible to Ukrainian refugees. Therefore, the integration of older refugees into the Czech national old age pension scheme should be accelerated, including topping up Ukrainian pensions to meet the Czech minimum. The support should be extended to refugees aged between 60 and 64, by recognizing them as a vulnerable group. Moreover, the provision of material support, such as food and hygiene packages, should be maintained for these individuals.

HEALTH

It is recommended to maintain refugee access to public insurance and subsidize medicine costs for vulnerable groups. To promote mental health through accessible psychological and crisis intervention services. To launch info campaign on the Czech healthcare system, involving the Ukrainian diaspora. To provide support for transporting deceased persons to Ukraine. To train health personnel in intercultural understanding and interpretation services. To support Ukrainian health professionals with language courses. To develop community-level systems for identifying and referring older persons to services. And to initiate training projects for community health workers to care for dependent older refugees.

THE IMPLEMENTATION OF THE DATA-BASED POLICIES

It is important to initiate and fund research projects focusing on older refugees, examining inter-generational relationships, shifting family roles during displacement, and durable solutions. And to implement regular data collection and analysis on refugees, disaggregated by age, gender, and disability, to inform policies and programs, with particular attention to the needs of older refugees often overlooked.

HOUSING

It is crucial to continue to offer free or subsidized collective housing for older refugees, with regular social workers' presence. And to enforce minimum material standards and house rules in refugee accommodation, possibly integrated into contracts with private owners or subsidized housing projects. Placing older refugees in remote locations lacking transport and social services should be avoided, to mitigate social exclusion risks. Mapping of temporary protection (TP) holders needing housing assistance post-September 2024 is also important. As well as providing barrier-free and dignified accommodation for those with severe health issues and disabilities.

CONCLUSION

Although the vulnerability of older refugees in humanitarian contexts is widely recognised, there is a lack of research targeting this specific age group in the context of displacement. The aim of this mixed-methods study was to explore the situation of older refugees in Czechia, with a focus on their social, health and economic situation, and to propose recommendations that could be useful for policy design and programming that directly affects older refugees.

The challenges of economic self-reliance and language adaptation are highlighted, which can be particularly problematic for many older refugees, especially those grappling with health issues. Consequently, these individuals often depend on external support, which could be financial, social, or a combination of both.

In most cases, this support is provided by their family members. However, there are also many who cannot rely on this support, or only to a limited extent. In addition, transferring responsibility for older family members to younger ones is an unsustainable solution, as many younger refugees are also made vulnerable by displacement.

Support from the state and civil society organisations is therefore crucial, in particular for subsidised housing, which for many refugees is the only option they can afford. Similarly, financial support (in the form of social allowances) and social support (in the form of social assistance, interpretation services) are very important. Finally, socio-cultural, community-oriented activities would be highly appreciated, as they can have a positive impact on the well-being of older refugees and can prevent their social isolation.

Without this support, many will face (or sink further into) social exclusion and poverty, rapidly deteriorating health or homelessness, which will ultimately have a negative impact on Czech welfare and health systems. They may also be forced to return to Ukraine, even though this could be life-threatening for them.

Although we describe older refugees as vulnerable, we want to contradict the ageist stereotype that portrays them as weak and helpless. The findings of this study clearly show that older refugees have a strong desire to contribute to society and be self-sufficient. However, their inability to do so can lead to feelings of guilt and being a burden, which can have a very negative impact on their mental state.

In the context of integration, contribution to society is most often measured in terms of economic self-sufficiency. Our research shows that many older refugees, regardless of their age, want to work. Nevertheless, this is not always easy for them. Employers are often reluctant to hire older people, and when they do, the jobs tend to be physically demanding. Those who do not work are often caring for children or disabled family members. Others are involved in community activities, preparing food or looking after the children of unrelated refugees. It is important to recognise this kind of contribution and to think about how to involve older refugees who can contribute in different ways that will ultimately be beneficial to all.

METHODOLOGY

The target group for this research is Ukrainian refugees aged 60 and over. The research was conducted using a mixed method approach combining elements of quantitative and qualitative methods, in order to enhance understanding of the research problem and to avoid information loss.

Quantitative and qualitative data were collected (and analysed) simultaneously through the DTM Intentions, Needs and Integration Challenges Survey and through additional open-ended questions focusing mainly on family situations, healthcare needs and finances. The answers to open-ended questions were noted down by the researchers directly during or after the end of interviews.

The data collection was further enriched by eight key informant interviews. These individuals ranged from social, intercultural workers and one integration coordinator, representing municipal authorities and non profit organisations (further refer to as “NGOs”), who provided valuable insights concerning their cases and experiences.

Data collection took place between the dates of 13 February and 28 March 2024, resulting in 403 interviews with refugees from Ukraine. In 128 cases, additional information was collected during the qualitative interview phase.

The data presented in this document are representative of the individuals surveyed in the covered locations and during the indicated timeframe. The selection of respondents was purposeful, with an attempt to reach as wide range of respondents as possible, in terms of housing, employment and household situation.

Ethics and consent. The surveys were conducted in Ukrainian and Russian by IOM’s trained DTM enumerators (all females) on a mobile application. The interviews were anonymous and conducted one-on-one with respondents who gave their consent to be interviewed after a brief introduction. Only older adults (60 years old and above) were interviewed.

The analysis is supplemented with information from a secondary data review, analysis of primary data collected by the IOM DTM during previous data collection on a wider age range (18 years and over), and publicly available statistics

KEY TERMS AND CONCEPTS

Temporary protection is an European Union (EU) emergency mechanism that is activated in exceptional circumstances of mass influx to provide collective protection to displaced individuals from non-EU countries. The Temporary Protection Directive was adopted in 2001 and first activated by the European Council on 24 February 2022 in response to the Russian invasion of Ukraine.

Lex Ukraine is the legislative package in Czechia introducing conditions for the granting of temporary protection together with key measures on access to health insurance, the labour market and education, as well as humanitarian allowances and housing subsidies for refugees and accommodation providers.

Older person/refugee — the United Nations (UN) defines an older person as a person who is over the age of 60. However, the concept of age is understood and defined in different ways in different cultural and social contexts. Often governments use the retirement age to define “elderhood” (e.g., 65 years), which should reflect the life expectancy of the country. In Ukraine, where life expectancy is among the lowest, particularly for males, and declines sharply, the age of eligibility for social benefits is 60 years. In Czechia, the retirement age is 65 years.

Older people/person-headed households refer to households composed exclusively of people older than 60 years or older people with children.

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DTM

Displacement Tracking Matrix (DTM) is a system to track and monitor displacement and population mobility. The survey form was designed to capture the main displacement patterns – origin country and region – for refugees of any nationality fleeing from Ukraine because of the war. It captures the demographic profiles of respondents and of the group they are travelling with, if any; it asks about intentions relative to the intended destinations and prospects of permanence abroad or return; it gathers information regarding a set of main needs that the respondents expressed as more pressing at the moment of the interview.

Since the onset of the war in Ukraine, several IOM's DTM tools were deployed in countries neighbouring Ukraine and in other countries particularly impacted by the new arrivals of migrants and refugees from Ukraine.

For more information, please consult:

<https://dtm.iom.int/responses/ukraine-response>