



Return counselling for older people A perspective of caseworkers



September 2022



Europäische Union

Dieses Projekt wird aus Mitteln des Asyl-, Migrations- und Integrationsfonds kofinanziert.



Bayerisches Landesamt für
Asyl und Rückführungen



Dieses Projekt wird aus Mitteln des bayerischen Landesamtes für Asyl und Rückführungen kofinanziert.

Contact

Dr. Vincent Horn (author), research associate at the Institute of Education at the Johannes Gutenberg University Mainz.

E-mail: hornv@uni-mainz.de

Phone: +49 6131 39 23 240

Salome Maxeiner, Project Manager Project Transnational Exchange V, Caritasverband für die Diözese Augsburg e. V.

E-mail: s.maxeiner@caritas-augsburg.de

Phone: +49 821 50 89 635



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1. INTRODUCTION

This study emerged from an online conference on the topic of “Return and old age – return and reintegration counselling for older people”, which took place in April 2022. The conference targeted return counsellors from European countries and was organized within the AMIF-funded project “Transnational Exchange V”. This project is carried out by the Caritas Association for the Diocese of Augsburg e. V. in cooperation with the Diakonie Augsburg.

Running from 2020 to 2022, the project primarily addresses the topic of voluntary return of third country nationals with specific vulnerabilities, such as the lack of social networks in the country of origin or health issues, during its workshops and conferences. It aims to promote transnational exchange on the respective challenges for counsellors working with assisted voluntary return and reintegration (AVRR) programs and to develop best practice solutions together.

AVRR programs have become a key element of European migration and asylum policies and are sometimes referred to as a ‘soft’ alternative to forced return (Cleton & Chauvin 2020; Leerkes et al. 2017). European member states count on them not only for higher return numbers, but also for a broader social acceptance of their return policies (Biehler et al. 2021).

The focus of this conference was on return counselling for older people, a topic hardly considered by policymakers and scholars in the field of migration so far. In fact, only a few qualitative studies on older people returning voluntarily can be found (Lietaert 2019; Handlos et al. 2015). Similarly, the topic of older returnees appears to be largely absent at the level of inter- and supranational organizations. Thus, no specific references to older people are made in key documents on return and reintegration from the European Commission (EC) and the International Organization for Migration (IOM). If older people are mentioned, it is usually as part of the larger group of vulnerable people, including children, pregnant women, people with disabilities etc. (EC 2008; IOM 2019b).

Nonetheless, older people are far from uncommon in AVRR counselling as indicated by official statistics about returnees during the last years. Accordingly, in 2018, 3,799 and in 2019, 3,897 people aged 50 and older returned to their countries of origin from the European Economic Area and Switzerland with the help of voluntary return programs (IOM 2019a, 2021). Due to COVID-19, their return number dropped to 2,953 in 2020 (IOM 2021). However, the share of older people among all returnees remained stable at 7%.

The relatively widespread participation of older people in AVRR counselling was also reflected in the results of a flash poll at the conference, which revealed that many of the participants had already had experiences with older people in their daily work. This sparked the idea to explore the

perspectives on return in old age from the AVRR counsellors in order to shed some more light on this phenomenon.

Methodologically, a two-step procedure was chosen for this, which first involved collecting quantitative data by means of an online survey. The results of this survey are presented in this report. The next step is the collection of qualitative data by means of guided interviews. The interviewees will be return counsellors who participated in the online survey and agreed to participate in the qualitative part of this study. The collection of the qualitative data is planned for the fall of this year and the presentation of the results for the spring of 2023.

2. METHODOLOGY

The results presented in this study are based on an online survey of European return counsellors conducted between the end of June and the end of July 2022. A total of 530 AVRR counsellors from 20 European countries who are saved in the database of the Caritas Association for the Diocese of Augsburg e. V. were contacted. The survey tool LamaPoll was used for data collection. To prevent multiple participations, a cookie lock was activated. To protect the data of the participants, all answers were anonymized. An assignment of the answers to individual persons during the analysis or the export of data was, therefore, not possible.

The prerequisite for participation in the study was working experience with at least one older person seeking AVRR counselling within the last 5 years. This rather large time interval was chosen to include as many return counsellors as possible in the study. At the same time, the question served as a control question for the participants who were thus able to decide at an early stage whether they should continue or cancel the survey (on the dropout rate, see below).

People in this survey were defined as old when they had already reached the age of 50. The relatively low age limit was chosen, among other reasons, to include people of working age who may face age-related barriers in the labor market upon their return (Mercier et al. 2016). Considerations of divergent images of ageing in the countries of return, e.g., due to lower life expectancy, also had a bearing on this decision.

Participants could choose between a German and English questionnaire. The answers of the participants were mostly recorded in the form of binary answer options and multiple response scales. In addition, there were some open-ended questions that were coded in the course of data processing. The aim of the questionnaire was to gain initial insights into the experiences of AVRR counsellors with older people and to obtain their assessment of various statements.

Four thematic blocks were formed for the survey: general information about the older returnees (country of origin, residence status, etc.), the counselling process (autonomy of the return decision, participation of the family, etc.), return preparation (career prospects, making a living, etc.) and the consideration of older people in voluntary return programs (matching of needs and support offered, sensitization in dealing with older people in return counselling, etc.).

3. SAMPLE DESCRIPTION

Overall, 137 return counsellors participated in the survey, 76 of whom answered the questionnaire completely. This corresponds to a dropout rate of 45 %, which is primarily explained by the fact that the questionnaire was started even though no experience had yet been gained with people aged 50 and older in AVRR counselling (applies to 85 % of the dropouts). Regarding the language of the questionnaire, 49 of the 76 participants opted for the English and 27 for the German version. However, the countries from which the European participants came were not asked, so that only a rough distinction can be made between German and non-German speaking participants.

The majority of participants (58 %) identified themselves as female, 41 % as male and 1% as diverse. The average age of participants was 41 years and the average work experience in AVRR counselling was 6 years. The average work experience overall was significantly greater at 16 years. Nearly all participants reported having completed further training in the field of return counselling. As total duration of the advanced and further training measures, 12 % indicated up to 10 hours, 15 % 11 to 20 hours and 73 % over 21 hours.

As far as the participants education is concerned, 17 % reported that they had completed an apprenticeship in a company. A similarly high percentage of reported having completed either a bachelor's (13 %) or master's (3 %) degree in social work at a university of applied sciences. 4 % stated that they had either a bachelor's degree or a master's degree, diploma, etc. in social pedagogy from a university. The remaining 59 % had a bachelor's degree (17 %) or a higher degree (master's, diploma, etc., 42 %) in another subject (free response option). In this respect, there was a wide range of subjects (anthropology, ethnology, law, political science, etc.), which points to the multidisciplinary nature within this field of work.

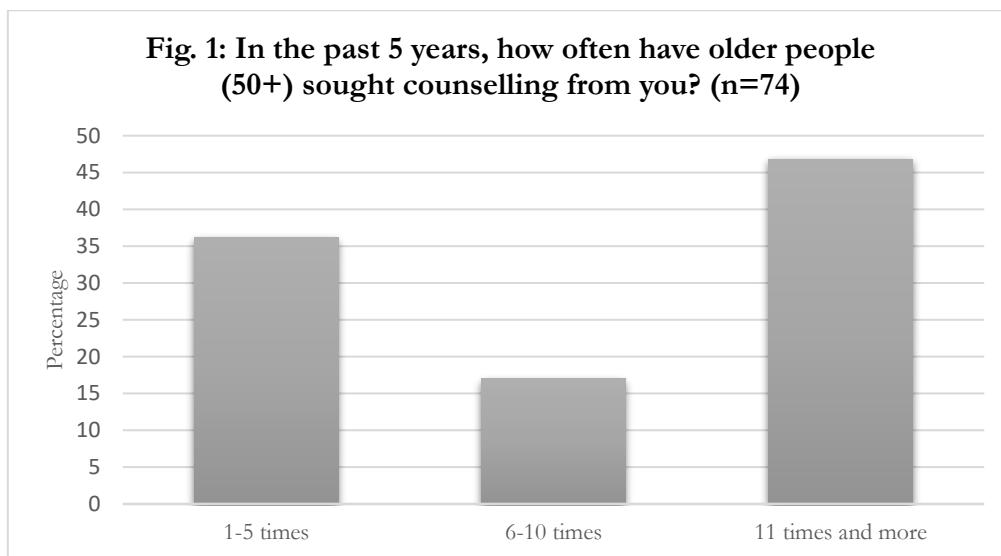
One in three participants (35 %) worked for a non-governmental organization, 22 % reported working for a charity organization, and 19 % for an immigrant or social welfare authority. One participant was employed by a church at the time of the survey. 23 % chose the answer option 'Other', with only a few participants making use of the free response option. Among the freely

given answers, the entry ‘international organizations’ dominated, but government organizations, such as the Austrian Federal Agency for Reception and Support Services (BBU), were also cited.

4. KEY FINDINGS

4.1 General information

The first question was how often people aged 50 and older had sought counselling from the participants in the last 5 years. 39 % answered that this had been 1-5 times, 18 % answered 6-10 times, and 43 % said they had counselled 11 or more older people during this period. Differences in consulting frequencies can primarily be explained by years of professional experience. Thus, the proportion of those with 11 or more consultations in the last 5 years increases from 33 % in the group with a maximum of five years of professional experience to 73 % in the group with more than ten years of professional experience.



The next question referred to the older people’s country of origin. Participants could choose between different countries and/or regions. Multiple answers were possible, as was the entry of further countries and/or regions in the form of open answers. According to this question, most older people came from the Western Balkan region¹ (51 %), Russia (42 %) and Iraq (38 %). Quite many originated in Armenia and Turkey (18 % each) and Afghanistan and Sub-Saharan Africa (17 % each). The countries and/or regions of origin less frequently mentioned were North Africa (14 %), Iran (10%) and Lebanon (5 %). Besides a large number of countries and regions was mentioned

¹ The following countries were included in the Western Balkan region: Albania, Bosnia and Herzegovina, Kosovo, Macedonia, Montenegro, Serbia, Slovenia.

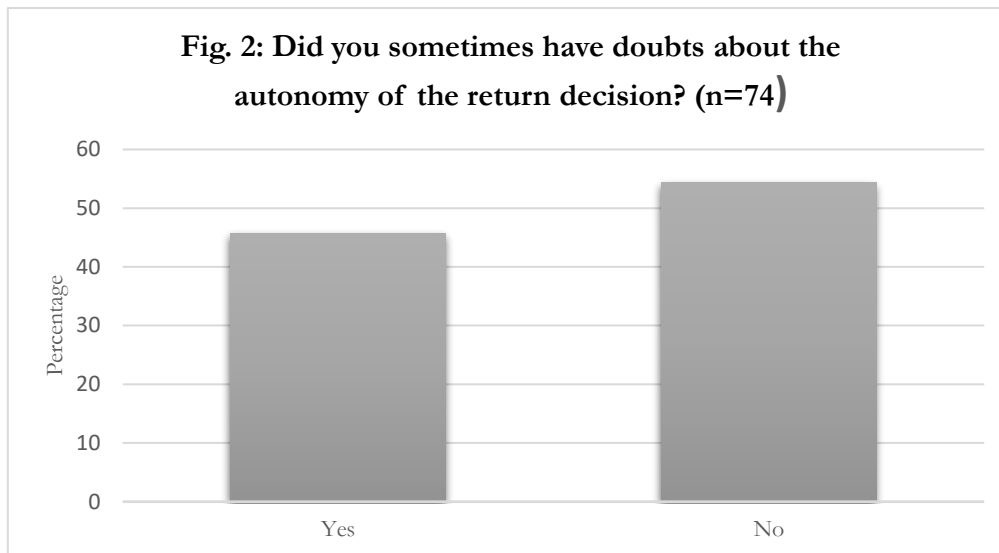
in the open answers, although very sporadically (e.g. Azerbaijan, Georgia, Cuba, Japan, Pakistan, South America).

In addition, participants were asked about the average length of stay of the older people in the host country prior to seeking AVRR counselling. Answers showed that about one third (30 %) sought AVRR counselling on average within the first 2 years of their stay, 43 % after an average of 2 to 5 years and 27 % after an even longer period of stay. When asked about the group of persons to which the older people belonged, 62 % of them belonged to those who were obliged to leave the country (multiple answers were possible). The next largest group was the one of third country nationals without sufficient means (37 %), followed by persons with a deportation ban (26 %), recognized refugee and refugee with protection status (22 % each).

4.2 Counselling process

The topic of the counselling process was introduced with the question of which reason(s) the older people gave for visiting the return counselling center (multiple answers were possible). The most frequently mentioned reasons were longing for family and friends (66 %), the lack of prospects in Europe (59 %), the threat of forced return (59 %) and the feeling of not having settled in Europe (55 %). Uncertainty about the outcome of the asylum procedure was also mentioned quite frequently (29 %), while an improved security situation in the country of origin only rarely seemed to have had an influence on the older people's consideration to return (12 %). The open answers to this question included the wish to die in the country of origin and the concern that they would not be able to receive adequate old age care in the host country.

To the question of whether the participants had the impression that the older people sought out the return counselling center voluntarily, 27 % answered 'Yes, definitely', 57 % 'Mostly' and 16 % 'Rather not'. The return counselling centers seemed to be well prepared for possible language barriers during the counselling process. Thus, 92 % of the participants stated that an interpreter would have been available if needed. Family members seemed to play an important role in the decision-making process. Three-quarters of the participants confirmed that they had been considered in the decision-making process.



Not always was a return decision taken at the end of the counselling process. Thus, only 22 % of the participants said that the older people always opted to return. However, slightly less than half (46 %) reported that this had often been the case. In contrast, 29 % said the older people had sometimes decided to return and 3 % said the older person never decided to return. It is noteworthy that 44 % of the participating AVRR counsellors had had doubts about the autonomy of the older people's decision to return at some point. How these doubts arose, however, cannot be shown on the basis of this data and therefore requires further research.

Finally, participants were asked whether they considered the need for counselling among older people to be higher, similar or lower than among younger people. A higher need for counselling was seen by 41 % of the participants, 40 % saw a similar need and 19% even a lower need as in case of their younger counterparts. Again, further research is needed to better understand these assessments (e.g., how specifically does a higher need for counselling manifest itself and what does this mean for the course of the counselling process?).

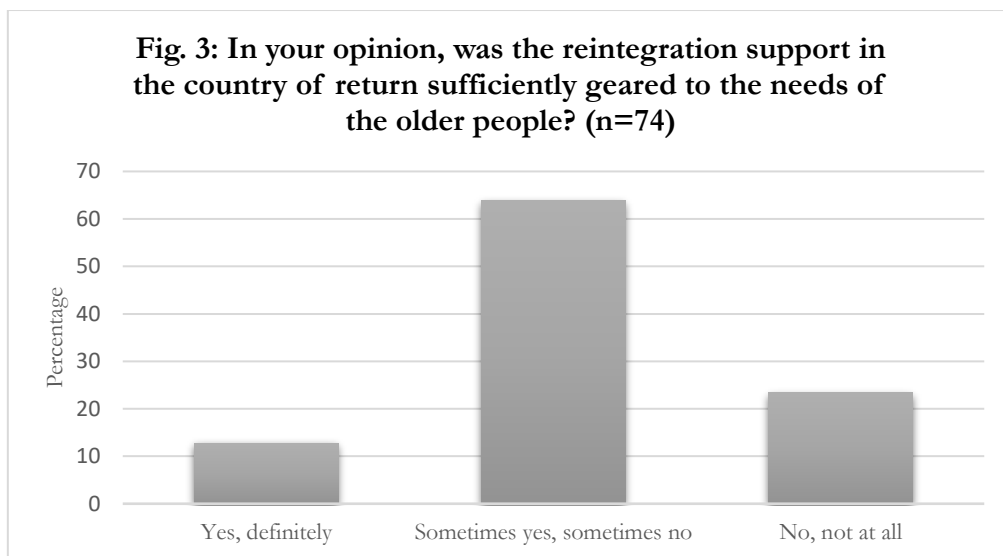
4.3 Preparation for return

If the older people decide to return to their country of origin, the preparation of return begins, in which questions of transport, accommodation in the country of origin, etc. are being addressed. Pre-departure trainings (e.g. training on business start-ups), which are intended to promote independent livelihoods in the country of origin, are also an optional part of the preparation process. According to the participants, they were at best of marginal importance in the return preparations of older people. Only 9 % affirmed the question whether the older people had participated in such a measure prior to their return. In general, questions of integration into the

labor market seemed to play only a subordinate role in the return of older people (71 % of the participants agreed strongly or agreed with such a statement).

Instead, health and medical care played an important role in the return process, as shown by 92 % of the participants agreeing strongly or agreeing to a related statement. According to the return counsellors, if necessary, health and medical support and/or care could be ensured in most cases (at least temporarily). Long-term health and medical support and/or care for the older returnees, however, was only provided according to 21 % of the participants. By contrast, 68 % stated that it had ended after 6 months at the latest, and as many as 11 % stated that it was not available at all.

In addition to health and medical care, the question of how older returnees are to earn a living in their country of origin is of central importance. Since livelihoods can come from various sources, multiple answers to this question were possible. The most frequently mentioned source was the family (90 %), followed by temporary financial benefits from the return program (70 %), the establishment of a livelihood (38 %), a pension from abroad (21%) and taking up paid employment (12 %). Also, in the answers to the question of who should support the older people in their daily lives after their return, family was clearly in the lead with 88 %, followed by charity organizations (41%), social services (40 %), non-governmental organizations (32 %) and friends (29 %).



Asked whether the reintegration support in the country of origin had been sufficiently geared to the specific needs of the older people, 10 % of the return counsellors answered 'Definitely'. Two-thirds (66 %) gave a mixed answer to the reintegration support ('Sometimes yes, sometimes no') and 21 % thought it was 'Not at all' oriented to the needs of the older returnees. However, only 23 % reported that they had been informed comprehensively about the reintegration process 'Very

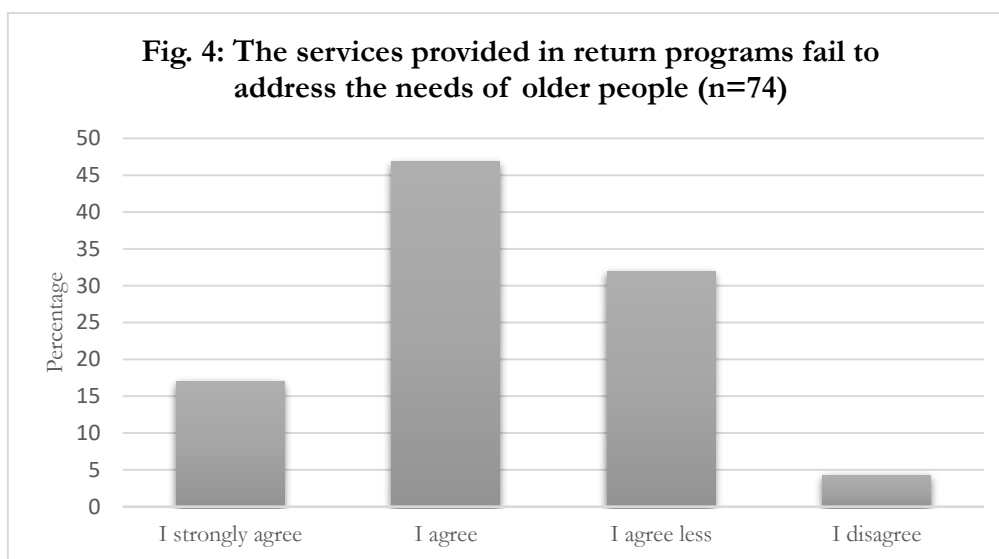
often' (5 %) or 'Often' (18 %) after their return. 64 % reported that they had received detailed information 'Sometimes' and 13 % reported that they had 'Never' received such information.

It is worth mentioning that about one in four (26 %) return counsellors became aware of older people whose situation seriously deteriorated after their return. Equally interesting is the finding that over half (53 %) of the participants indicated that they did not have sufficient information about how the return of older people to their country of origin had developed. Overall, the data indicate that the exchange between actors in the host country and the country of origin is often limited and that the knowledge of the return counsellors about the reintegration processes of the older returnees is, therefore, extremely sparse.

4.4 Voluntary return programs

The aim of the last thematic section was learning more about how age-sensitive voluntary return programs are from the participating AVRR counsellors' point of view. To explore this question, participants were confronted with a series of statements they could agree or disagree with to different extents. The statement that return programs primarily focus on children and young adults was agreed with very much by 19 %, agreed with by 34 %, less agreed with by 38 % agreed less and disagreed with by 9 % disagreed. This means that more than half (53 %) of the return counsellors felt that the focus of return programs was more on younger people.

In view of this, it may not surprise that 60 % agreed (or strongly agreed) with the statement that the services provided in the return programs do not meet the needs of older people. Only 5 % of the participants disagreed with this statement and 35 % agreed less. However, the majority of participants did not consider chronological age to be the main factor in AVRR counselling. Thus, 70 % agreed (or strongly agreed) with the statement that not age, but health condition as well as social and financial resources were decisive for a sustainable return. 23 % of the participants agreed less and 7 % not at all with this statement.



Finally, participants were asked to state their degree of agreement or disagreement with the statement that return counsellors are not sufficiently prepared for working with older people. This statement was agreed with (or strongly agreed with) by 38 % of the participants, less agreed with by 35 % and disagreed with by 27 %. This result suggests that there may be a fairly widespread need among return counsellors for continuing training in the area of counselling older potential returnees.

5. Conclusion

In their everyday praxis, return counsellors repeatedly meet older people who are considering returning voluntarily to their country of origin. The longing for family and friends plays an important role in their considerations to return as do the threat of forced return or the feeling of not having prospects in the host country. In many cases, family members are involved in the counselling process. The extent to which this contributed to the finding that almost half of the return counsellors had doubts about the autonomy of the return decision of older people needs to be further investigated.

It can be concluded that the family represents the most important resource for older people after their return. According to the return counsellors, many of the older people are no longer able to provide for themselves financially and to cope with everyday life without the support of others. As a result, the focus of the return preparations is less on reintegration plans into the labor market but rather on questions of support by social networks as well as on access to health and medical care.

In this regard, discrepancies between the needs of older returnees and the design and objectives of voluntary return programs become particularly evident.

In short, return programs ultimately aim to minimize the probability of remigration of returnees. In order to achieve this goal, instruments are primarily available that are intended to ensure that returnees can earn a living in their country of origin. Support for income-generating activities tends to come in form of training and coaching measures, networking and financial support in the initial reintegration phase. While these instruments may be effective for younger returnees and/or those with entrepreneurial experience, they fail to address the needs of older returnees who are rather dependent on continuous support. While they may also receive financial benefits from the return programs, once they expire, they are dependent on others for their livelihood. Especially for older people who cannot fall back on social networks, the focus on income-generating activities in return programs as well as the temporarily limited structure of support benefits can pose a particular risk of poverty.

Another aspect that is characteristic for the design of the legal framework of voluntary return programs is the particular commitment to act on behalf of the best interests of the child (Caritas 2018; UNICEF 2019). This commitment is closely linked to the UN Convention on the Rights of the Child, which has now been ratified by all 196 UN member states with the exception of the USA. In contrast, there is as yet no binding treaty under international law to protect the rights of older people. This may explain, at least in part, why older people receive only scarce attention in official documents compared to children.

Additionally, it seems to be problematic that older people are mainly referred to as part of the group of vulnerable persons in the context of (forced) migration. After all, older people are a highly heterogeneous group with very different needs, experiences and abilities. Categorizing them as vulnerable runs the risk of overemphasizing their deficits while losing sight of their individual resources. This also requires AVRR counsellors to reflect on their own understanding of ageing and to dispose of insights into ageing in the context of the country of origin.

Finally, the limitations of this study should be briefly mentioned. First of all, the selective sampling of participants should be mentioned. Thus, participants were not selected randomly but recruited from a specific data pool. Therefore, no conclusions can be drawn about the population of return counsellors as a whole. Furthermore, the number of cases, i.e. the number of persons included in the sample, is small and thus also the statistical significance of the results are limited.

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