

CZECHIA

OLDER REFUGEES FROM UKRAINE: ASSESSING AND SUPPORTING THEIR NEEDS

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TABLE OF CONTENTS

KEY FINDINGS	4
INTRODUCTION	9
METHODOLOGY	10
LEAVING UKRAINE AND DESIRE TO RETURN	12
HOUSEHOLD SITUATION	15
HOUSING SITUATION	17
LABOUR MARKET PARTICIPATION	19
INCOME SECURITY AND SOCIAL SUPPORT	24
HEALTH SITUATION AND HEALTHCARE	29
SOCIAL INCLUSION	32
RECOMMENDATIONS	35
CONCLUSION	38
REFERENCES	39

KEY FINDINGS

DEMOGRAPHICS

- 403 Ukrainian respondents (60 years and over)
- 78% 22%
- 33% Single-headed households
- 74% Of respondents aged 65 and over

HEALTHCARE

- 77% with serious health specific needs
-
- registered with the General Health Practitioner (GHP) 73%

LANGUAGE

- 34% speak Czech
- 35% 30%
- 54% Attended language courses

HOUSING

- 47% Individual housing
- 53% Collective housing
- 54% Paid 46% Free
- Average amount spent on accommodation per household – 12,375 CZK per month

EMPLOYMENT STATUS

- 12% work (employed, self-employed, casual/daily work)
- 29% work without written contract
- Work 160 hours or more per month 50%

FINANCIAL SITUATION

- 54% cannot afford 2,500 CZK as unexpected expense
- 63% have monthly household income less than 12,500 CZK
- Women, those aged 65 and over and those living alone **struggle most financially**

PARTICIPATION IN LOCAL GROUPS

- 31% hobbies
- 28% religious beliefs
- 16% activities met through ICs, MICs
- 8% volunteering
- 2% occupation
- 1% social or political causes

INTENTIONS

- 79% would like to return to Ukraine
- 12% had been internally displaced (within Ukraine)
- 5% are going to move within Czechia or to another country soon

SUPPORT REQUIRED

- Reported at least one need 82%
- Health services (50%)
- Financial support (47%)
- Accommodation (25%)
- Medicines (23%)

LEAVING UKRAINE AND DESIRE TO RETURN

The majority of respondents came from the **eastern and southern regions of Ukraine**.

Older refugees were often **more reluctant to leave than their younger family members** and postponed their decision to move as much as possible, which sometimes can lead to additional risks.

Among respondents, **12 per cent were already at least once internally displaced** (in Ukraine) after 2014. For these people, the decision to go abroad was influenced by the economic and housing situation in the safer parts of Ukraine, which is currently facing high unemployment and high housing prices.

Some respondents referred to horrible war experiences, when asked if they face any problems in Czechia, to make it clear that after what they had to endure, the troubles they currently must deal with are not so substantial.

The place of origin influenced not only respondents experience of war and their decision to leave their home, but it is also among the main factors impacting their prospects to return.

Despite the challenging circumstances and the fact that many respondents came from occupied territories or had no place to return to, they **expressed a strong belief in their eventual return to Ukraine**.

HOUSEHOLD SITUATION AND SOCIAL SUPPORT

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). **The majority of older refugees are cared for by relatives**. They either live together and share household costs, or they live separately. This situation can be particularly challenging for younger family members, who may themselves be considered vulnerable.

Displacement also affects the structure and size of refugee households and can significantly **challenge family patterns and roles**. For many of the older refugees who were able to live financially independent lives while in Ukraine, to be completely dependent on their children, is difficult. The **feeling of being a burden** to their children puts pressure on their mental state and makes them question their social identity.

Many respondents therefore 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.

The **need for social support** is most pronounced for people with no (or partial) family support, living in an older person headed household, especially when living alone and dealing with complicated health situations.

The situation can be also challenging for a household consisting of a mother, grandmother and (grand) children. It is usually the mother who works, while the grandmother looks after the children (although both may work or neither). If a household comprises either of two older people or, in another instance, when one or more older people who are responsible for the care of a child or a disabled or severely ill person.

HOUSING SITUATION

Slightly **less than half of respondents (47%) live in individual housing**, while 53 per cent stay in collective housing. 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 by their family members (40% of those living in individual housing and 14% in collective housing). Most of the respondents have lived in their current accommodation for a relatively long time. In 45 per cent of cases, they have not changed accommodation for more than a year, and in 16 per cent of cases for more than two years.

Not all older refugees want to move to individual housing (although many of them do). Older people are guided by two needs in their housing choices. The need for more stability in their lives and the fear of the unknown (and the reluctance to move and adapt to life in another place and location), and the need to be surrounded by a supportive community (or to have access to regular social support).

Among the barriers for relocating to individual housing is also the financial aspect (they would not be able to cover the costs, deposit and furniture if needed). Those who wanted to move to individual housing mentioned their desire for more privacy, comfort, and homely environment.

An **optimal housing solution for older refugees** (or other vulnerable individuals) could be a community-type housing arrangement, wherein residents reside in separate apartments within a single apartment building and pay regulated rent. Residents would have access to shared common areas, such as a garden or laundry room, and could potentially benefit from the assistance of a social worker or interpreter, who would be present on a regular basis.

EMPLOYMENT

Prior to their departure from Ukraine, most **respondents were retired**: 80 per cent of those older than 65 years, and fifty-three 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. The high unemployment rate for both age groups while in Ukraine is explained by the statutory retirement age and retirement conditions, which since 2021 is 60 years for both women and men.

Many respondents would like to work in Czechia, regardless of their age. The wish to contribute to society (to be involved/integrated), and to be active and to earn money in order to be financially independent (from the state, family) or to increase their financial security (to cover daily expenses).

Nevertheless, only 12 per cent of respondents were working at the time of the interview, 30 per cent of those aged 60 to 64 and six per cent of those aged 65 and over. Those who were unemployed and not actively looking for work accounted for ten per cent of respondents. More than 75 per cent were retired (92 per cent of those older than 65 and 28 per cent of those aged 60 to 64).

Finding a (suitable) job is extremely difficult for refugees older than 60 years, both for those who would like to work part-time (which is often the case for people over 65 or those with health-related problems) and for those who would like to work on a full-time basis.

According to the survey data, those who are not employed and not actively looking a job (n=41) most often indicated that their absence from the labour market was mainly due to a language barrier (80%) or their health condition (59%).

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

The majority of respondents (71%) who are currently employed in Czechia report that they work with written contracts, while the remaining 29 per cent have verbal agreements.

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.

INCOME SECURITY AND SOCIAL SUPPORT

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%).

The amount of HuS paid to the TP holders is calculated based on the total income and potential savings of refugees, including any income they are entitled to in Ukraine. In case of older refugees, this concerns mainly retirement or/and disability pensions. **The average Ukrainian pension is significantly lower than the Czech one**, which renders it inadequate for the financial independence of older Ukrainian refugees in Czechia.

Seventy-four per cent of respondents indicated that their household had an income in the previous month, from Ukraine, in 78 per cent of cases their income (for the whole household) from Ukraine was below 5,000 CZK, while only 22 per cent reported an income above this threshold.

It is not unusual that some do not have access to their Ukrainian pension while in Czechia. This occurs primarily in instances where the pension is disbursed via the post office in the place of origin in Ukraine, rather than through a bank. Those unable to receive their pension were found to be among the most financially disadvantaged. Even if respondents reported some income from Ukraine, this does not mean that they are able to utilise it fully to cover their daily expenses, as they still have expenses in Ukraine.

Older refugees often have difficulties to make ends need, event though, they live modestly spending money only on the most necessary thing. In most cases they are trying to stay positive about it, emphasizing that they do not need more and that they are very grateful to Czech people for their help.

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).

A notable proportion of respondents expressed concerns about the potential implications of the changes that will take effect on 1 September. This suggests that they anticipate difficulties in maintaining financial stability in the event of reduced state support.

Other respondents explained that their family provides for all their needs, and that they had never applied for HuS. Sometimes they talked about having to cope with feelings of shame and of being a burden to their relatives (or the state).

Providing for older family members can be challenging for the younger ones, due to their own unstable economic situation. The situation can be especially challenging, those who have only one working family member in the household (due to the presence of small children, or disabled/ill people in the household).

For those living in a single-headed household, or an old person headed household, their income security situation depends, among other things, on whether or not they are supported by family members and whether or not they work.

The share of respondents' households who has between 5,000 and 12,499 CZK per household left after paying the rent 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.

The largest share of respondents (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.

The financial insecurity of older refugees is considerable, and it is among the principal factors that, in conjunction with the inability to address their health needs while in Czechia, makes them inclined to formulate plans to return to Ukraine, even at the risk of endangering their lives.

HEALTH

Older people are more likely to experience psychological distress and health problems than the general refugee population.

The vast majority of respondents (77%) have at least one person with serious health specific needs in the household, including themselves. Healthcare services ranked first among the top 10 priority needs among respondents. Specifically, 50 per cent of the 331 respondents mention healthcare services, while 23 per cent mention medicines, making it the fourth most common need.

Many respondents talked about having to cope with various types of diseases, either chronic or acute, or both, such as severe diabetes, cardiovascular diseases, cancer, or mobility problems (walking problems, spinal conditions). In addition, some of the respondents who are in good health condition themselves have to take care for family members with health problems or disabilities.

The health situation of many is not only unfavourable but also declining. This should not be attributed only to the age factor, but also to constant (pre- and post-migration) distress, which can cause old and new chronic diseases to exacerbate.

The research findings confirm that mental health, can be very fragile among Ukrainian refugees as 33 per cent of respondents have at least one person in the household who suffers from depression.

The most common **obstacles to accessing healthcare** were language barrier (71%)¹ and long waiting times (68%), especially when specialised treatment or surgery was needed.

Furthermore, 27 per cent of respondents cited the unavailability of the service as a significant challenge, while 13 per cent highlighted additional costs associated with certain treatments or medications, particularly in the context of dental care. Additionally, eight per cent of respondents reported difficulties in accessing their preferred medication, which they had previously used in Ukraine.

The respondents encountered difficulties not only with the language, but also with navigating the Czech health-care system, which differs from the Ukrainian system. According to key informants, another significant challenge for this age group is their limited IT literacy.

¹ The problem of the language barrier does not only affect access to healthcare services but also other areas of life and integration (we have already mentioned feeling of loneliness earlier) and it will be discussed separately (See Chapter Social Inclusion).

The situation was particularly highlighted by those who did not have any (younger) relatives in Czechia or who lived in places where social services were not available. Getting help from outside can therefore be crucial for older refugees and have a major impact on their wellbeing.

Twenty-seven per cent of respondents had not registered with a General Health Practitioner (GHP) (in most, 32 per cent of cases, due to language barrier). And for 32 per cent of respondents it was somewhat difficult (20%) or very difficult (12%) to see a doctor.

On the one hand, some of the respondents who were unable to get treatment, mainly because of long waiting times, decided to resolve their situation by temporarily moving to Ukraine to receive treatment there. On the other hand, there were respondents who stated that their health needs/situation was among the main reasons why they decided to go to Czechia in the first place. Unfortunately, not all were able to get the treatment they needed.

Among **other discussed problems** were dependency on local social/healthcare, which made it difficult for them to move to a more suitable location/accommodation (if necessary), not being recognized as disabled by the Czech state and specific problems related to people living in collective accommodation if they were not suitable for disabled people.

A **very specific problem**, linked to another issue, was raised by two respondents, who expressed great concern about how they could ensure, that their bodies would be repatriated to Ukraine, after their death.

Not all people in the 60+ age group have health problems. And there has been also very positive feedback about the Czech healthcare system.

SOCIAL INCLUSION

Most of the older refugees are in Czechia with other family members, who provide an important source of social contact and support. On the other hand, those who have experienced separation from family members can deal with a lot of stress, making their inclusion in Czechia much more difficult.

In any case the findings suggest that **social isolation or feelings of loneliness**, can be experienced by both groups and that maintaining relationships with other people outside of family, especially with Czechs, can be beneficial to them.

Respondents also regardless the fact, if they were alone in Czechia or with family, often raised the topic of loneliness and loss— by talking about losing their friends, routine, roots, and future - living in a state of constant temporariness, without a clue how, at this point in life, they possible could start all over again.

Fifty-five 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.

The respondents' involvement in various activities and organisations/groups is worthy of note, with some participants exhibiting a high level of regularity in their participation. **Moreover, NGOs, voluntary, diasporic, or religious organisations play a significant role in the respondents' lives, providing them with social, economic, and cultural support.** Furthermore, participation in a variety of activities contributes to a sense of belonging and attachment to the local community.

The decision to participate in different community activities sometimes is not matter of choice, but it depends on local presence of organizations aiming at activities for refugees.

Thirty-four per cent of the respondents report they could speak Czech language. Almost half attended language courses (46%), while more than half 54% did not attend. Among age groups, no major discrepancies have been recorded.

Among those who do not speak the local language and do not participate in language classes, the most frequently mentioned reasons include language complexity (52%), self-learning or learning with help of household members (42%), the lack of time (18%). Women are notably more likely to attend language courses than men (52% compared to 26%).

For refugees who find themselves in the state of constant temporality it can be difficult to motivate themselves to learn a new language. This counts especially for older refugees, who most often wish to return home and who less work (or are pressed to work). They also more often encounter learning difficulties and have fewer social contacts that could promote their language knowledge.

INTRODUCTION

As of 1 April 2024, 338,736 refugees from Ukraine were registered for temporary protection in Czechia according to national authorities.² 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 are women aged between 18 and 65, and four per cent are over 65 years old—became a major challenge for the state administration.

On 17 March 2022, the Government approved a package of laws (“Lex Ukraine”) which introduced conditions whereby it is possible to obtain temporary protection (further referred to as “TP”). This legislation provided Ukrainian TP holders with free access to public health care, education, social services, and the Czech labour market. Furthermore, Lex Ukraine defined the right for humanitarian assistance and housing subsidies for refugees and accommodation providers.³

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 children or people aged 60 to 64 to work is an inappropriate solution. This conclusion was drawn from a secondary data analysis of the financial circumstances of Ukrainian refugees, which revealed that women with children and older refugees are among the most affected and that more than half of refugees live below the effective income poverty line (IOM Czechia 2024; PAQ Research and Institute of Sociology 2023).

THE RESEARCH AIM

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 (IOM 2024; 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 an 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 these people 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.

MAIN RESEARCH QUESTIONS

The research questions were developed based on previous findings and aimed at a more comprehensive understanding of the following issues:

- What is the household composition/social background of older refugees in Czechia? (Who do they seek assistance from?)
- What challenges do older refugees face in relation to their health and healthcare?
- Are they in a financially secure position?
- What is the current state of economic (for the age group 60-64) and social integration, and what challenges do they face in this regard?

² <https://www.mvcr.cz/clanek/statistika-v-souvislosti-s-vaikou-na-ukrajine-archiv.aspx>

³ Since then the Lex Ukraine went through many changes, while writing the Report, the sixth amendment to Lex Ukraine was in force.

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.

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 and publicly available statistics.

LIMITATIONS

The results cannot be generalised to the situation of all older refugees in Czechia. However, they provide a sufficient data set for the interpretation of their situation. Furthermore, the results provide a more profound understanding of the challenges they face in terms of their health, employment, social and housing situations.

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 60.⁴ 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.

The situation of migrants and refugees is frequently analysed through the lens of integration. **The integration concept** is both a highly utilised and contested term. Its most elementary definition being “the process of becoming an accepted part of the society on the legal-political, socio-economic and cultural religious level” (Penninx and Garcés-Mascareñas, 2016). It is important to recognise that the capacity of refugees to integrate, is significantly influenced by the policies that shape their social and material context (Hynie, 2018).

4 <https://www.unhcr.org/facilitators-guide-working-older-persons-forced-displacement>

While this perspective may be useful in addressing some of the issues concerning refugees, it is also important to acknowledge its limitations.

One of the principal reasons for this is the fact that the refugees' futures are affected by considerable uncertainty and temporality. Moreover, they lack information regarding the future, in the next two months, but also over a longer period, given the uncertainty surrounding their situation in both their country of origin and in the country where they are currently residing. This makes it considerably more challenging for them to find the motivation to learn the host country language at a higher level and to find a job that aligns more with their experience or to invest in housing (for example, by deciding to move out of non-standard accommodation facilities). As previously indicated, these challenges are of particular significance for older refugees.

It is therefore beneficial to utilise **the concept of temporality**, when attempting to explain the experiences and practices of refugees. The term "temporality" has various meanings, it is a governance strategy that is intentionally produced to control and manage the refugee situation. However, it also can help to explain refugees' experience of uncertainty and temporal or spatial feeling of liminality ("in-betweenness and constant uncertainty").

Uncertainty is defined as the lack of information and inability to predict the future of refugees' situations for all actors involved (government, civil society members, refugees).

Liminality is an anthropological concept used extensively in social and political research which refers to the "experience of finding oneself at a boundary or in an in-between position, either temporally or specially" (Thomassen, 2015:40). In the case of refugees, it refers to a highly insecure social position resulting from their lack of knowledge and predictability about the future.

LEAVING UKRAINE AND DESIRE TO RETURN

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 are most affected by direct fighting.⁵ The remaining respondents (35%) lived in 19 other oblasts throughout Ukraine.

According to previous research, older people are those who are most salient, in terms of not wanting to give up on their homes, even in war circumstances (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.

This can be shown by a 70-year-old woman who explained that although there was no fighting in the proximity of her village, her home had been severely damaged, due to the incident at the local hydroelectric power station. Another 77-year-old woman shared her story about rapid and ruthless shelling of her village.

“ I had to leave my home in 8 minutes, I will never forget this moment. ”
Woman, 77 years



5 ACLED Data, (2023). "Ukraine: A Looming Escalation as the War Enters Its Second Year", <<https://acleddata.com/conflict-watchlist-2023/ukraine/>>, accessed 21 May 2024.

Others stayed in their homes until the last possible moment. For instance, a married couple (aged 63 and 65), whose daughter decided to go to abroad shortly after their village was occupied by Russian troops in February 2022, were reluctant to leave, even after witnessing lot of atrocities from the occupants. It was not earlier than November 2023 that their daughter finally persuaded them to come and join her and her family in Czechia.

As the testimonies from the respondents show, postponing the decision to leave can create an additional risk. This was exemplified by the case of another respondent - a 64-year-old woman from Kharkiv. Despite having a serous from of cancer, she decided to follow her daughter to Czechia only after the electricity and water supply was completely shot down. At that point, escaping was so complicated, she required the assistance of volunteers who helped her to travel through Finland.

Among respondents, 12 per cent was 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 there.

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.

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 in place of origin 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



“ 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

An additional participant, aged 67, articulated that the hardships she encountered during her three-day journey on foot, which was persistently subjected to shelling, have resulted in a severe psychological condition. Consequently, she finds herself incapable of expressing even the slightest dissatisfaction regarding her current living conditions.

“ I have aged a lot and do not feel like myself anymore. ”
Woman, 67 years

THE SISTERS FROM KHARKIV

Olena and Kateryna (69 and 65 years of age, respectively) came to Czechia in October 2022 from the Kharkiv region after liberation of their village, which is located near Russian border, and has been occupied since February 2022. Their house was destroyed and they could not stay there any longer due to the escalating conflict. Both widows lived together in harmony for over 15 years, running a joint household. They grew vegetables and fruits in their garden and had chickens and a goat. They were satisfied with the life they had and never dreamed of anything else. The war destroyed everything they had created for the last 15 years. Olena's son with his family fled to the Russian Federation, but she could not imagine following him as she feels a sense of hatred towards this country. At the same time, she suffers from separation from her son, making her very depressed. Kateryna's son serves in the Ukrainian army. Both sisters have health problems. Olena can move only with the assistance of a walker. They live for free in a dormitory and their only income is the humanitarian allowance from the Czech state.

Olena shared her memories of the day when the war began. Few hours later, after the war was announced on the radio, Russian tanks and armoured personnel carriers and infantry entered the village and began to rampage. Olena and her sister were hiding in the basement and were very scared. At some point, the military (Buryats) burst into their house.

“

We were satisfied with our lives and never dreamed of anything else. The war destroyed everything we have created over the past 15 years.

”

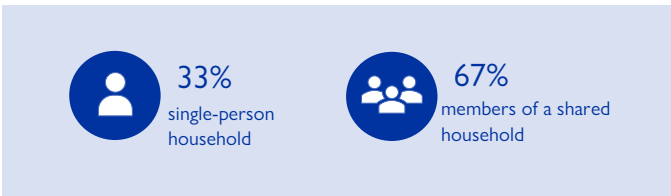
“

They shouted at us and threatened to shoot us because we did not respond. One of them, I remember his ugly face shouted, "You should be grateful that I did not throw a grenade and you are still alive". Another man grabbed my sister's phone and then they left, ordering us to remain silent and not interfere if they wanted to live.

”

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 promotes 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). How this situation affects the role of older people in the family has not been studied as extensively, but there is some research suggesting that the changes brought about in families in displacement can make difficult it for older people to rely on family support, which can negatively impact their lives, especially in countries/cultures where the family is the main source of material and non-material support for older people (Ekoh et al., 2021).

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 example, one of the respondents, who lives under one roof with his wife and children who provide for them, explained that he realizes how difficult it must be for them to have to work 12 hours a day, from 5 to 6 days a week.

“ This is what I was most afraid in my life, to become a burden for my children. **”**
Man, 70 years

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’ COMPOSITION

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 another 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.

Within multi-person household the majority of them are headed by an older individual. This could involve two older people living together, or they might share their home with a dependent, such as a child or a person with a disability or severe illness. There

are also instances where a single older person lives alone with a dependent. Indeed, these situations can be particularly difficult. For instance, a household shared by a 71-year-old man and a 67-year-old woman, who care for their 36-year-old disabled daughter, can face significant hardships. Similarly, a couple aged 66 and 61, who are responsible for their grandchild while their son and daughter-in-law serve in the military, may also encounter difficulties. Despite the lack of resources, these individuals often do not voice their struggle, whilst the need for external assistance is evident.

Another common type of household consists of a mother, grandmother, and children. Typically, the mother is the primary earner, while the grandmother tends to the children's needs. However, it is not uncommon for both to be employed or for neither to work. The study findings indicate that these households often face significant challenges, particularly concerning financial independence and housing conditions.

In the case of people who are living alone, a distinction must be made between those who are supported by family members and those who are not. This applies to respondents who do not have relatives in Czechia, as well as to those who have relatives who are unable to provide for them because of their own complicated situation. Some of those who cannot support their parents materially try to do so at least in other possible "non-material" ways – socially and emotionally.

For example, Liudmyla (82y) came to Czechia in November 2023 to join her son (who has been living there for 20 years). However, she lives separately in a hostel, and her son does not support her financially (except for bringing her groceries occasionally) because of his own complicated situation. He lives with his daughter and his wife in a one-room flat, and his wife is seriously ill and unable to work. Despite this, he tries to support his mother as much as he can, taking her to doctor's appointments, translating for her, among other activities. Liudmyla's financial situation is difficult because she spends more than half of her humanitarian aid on medicines. However, the moral support of her son, together with her active participation in activities organised by NGOs and the diaspora, has a positive effect on her mental state and well-being, so she is able to "keep going".

Those who do not have any relatives in Czechia either have no relatives at all (this is the case for widowed woman without children, some of them who have lost their husband while in Czechia), or their relatives are abroad. In this case we can distinguish between those whose relatives stayed or returned to Ukraine, and those whose relatives moved to another country, usually a distant one, which influenced the respondents' decision not to accompany them (as they did not want to be too far from Ukraine).

Those whose children are abroad are supported (financially) fully, partially, or not at all by their children. The reason children do not support them is again mostly because they are facing some unprecedented challenges themselves.

Research shows that older people need as much support as they can get, and that family support is important in building resilience. Separation of older people from their families and their inability to support them can make them very vulnerable as they lack the resources to look after themselves (Ekoh et al., 2021). This study adds to these findings, and it shows that older refugees who are alone in Czechia, without family, are the most vulnerable, especially if they must deal with some health issues. Thus, external help for them is essential.

Not all respondents who are alone in Czechia can be considered vulnerable, as some of them came with the primary aim of supporting their family back in Ukraine. For example, a 62-year-old man, from Mykolaiv, works as many hours as possible in a factory so that he can send 21,500 CZK (850 EUR) per month to his family back in Ukraine. However, this does not happen very often.

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

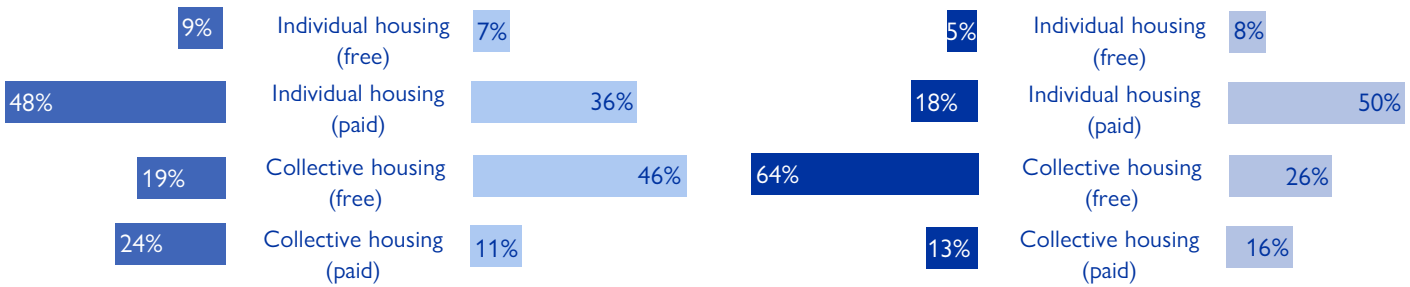
MORE THAN A HALF OF OLDER REFUGEES LIVE IN A PAID HOUSING

Less than half of the respondents (47 %) live in individual housing, while 53 per cent stay in collective housing⁶. Those aged 65 and over are more likely to live in collective housing than those aged 60-64 (57% compared to 43%). Also, more respondents who live alone are in collective accommodation compared to 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 46 per cent live for free (39% in collective housing and 7% in individual housing).



Figure 3: Type of housing and payment arrangements by age group and household composition, total (%), n=403



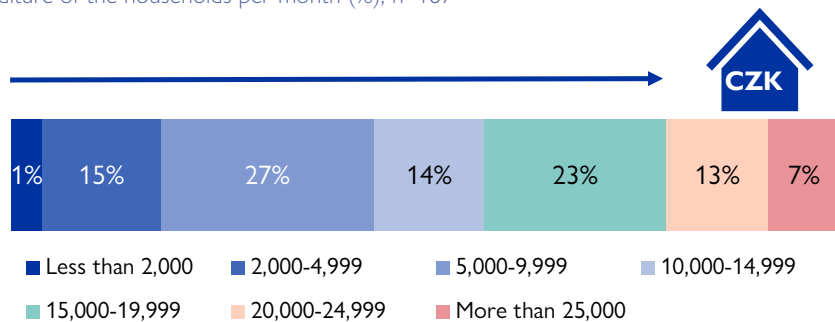
HOUSING EXPENDITURE

In the month prior to the interview, the majority of respondents households (27%) spent between 5,000 and 10,000 CZK on housing (rent or mortgage) and bills (electricity, gas, water, etc.). Almost a quarter of respondent's households (23%) allocated between 15,000 and 19,999 CZK, 20 per cent of the respondent's 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 was 36,000 CZK per household and the lowest was 1,502 CZK. The average amount spent was 12,735 CZK per respondent's household.

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 its location (urban or rural areas) play a key role in pricing.

Figure 4: Total housing expenditure of the households per month (%), n=187

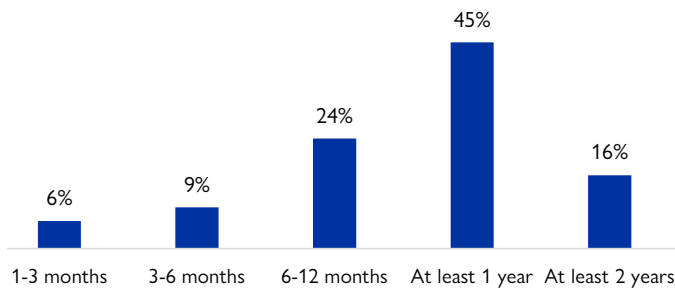


⁶ For the purpose of this study, individual housing refers to apartments or parts of houses provided by locals or friends, and collective housing refers to hotels, hostels and dormitories

DURATION OF STAY IN CURRENT ACCOMMODATION

Most of the respondents have lived in their current accommodation for a relatively long time. In 45 per cent of cases, they have not changed accommodation for more than a year, and in 16 per cent of cases for more than two years (see Figure 5).

Figure 5: Duration of stay in current accommodation (%), n=403



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 live in collective housing facilities and are reluctant to move elsewhere 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).

They explained that they feel comfortable living with people of different ages, who support one another with varying problems, and where everyone has a role and is needed. They discussed situations where those who do not work look after the children of those who do, or where those with better IT and language skills can help those who are less able. The age mix in the collective housing facilities was highlighted by older refugees as an important integration factor, having a positive impact on their wellbeing and motivation for persevering. According to them, this would not be the case if they had to live only with people of their own age, who would tend to talk about sickness and loss, and would feel depressed all the time.

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 key informants, living alone in individual housing may not always be the best option for older (or other vulnerable) refugees. One provided an example that many refugees in her city, including the older refugees, were placed in individual housing by the authorities (KACPU), which led to their isolation, and made them vulnerable to fraud and the spreading of disinformation. She stated that people living in collective housing facilities, were screened and supported by various organisations from the start, while those living on their own, were overlooked. An ideal housing solution for older (or other vulnerable) refugees, could be presented by the case of a social housing project, which was implemented by the municipality of Pardubice. Here, people live in an apartment building, in separate flats, paying regulated rent, with the possibility of using common areas (garden, laundry room) and the assistance of a social worker or interpreter who is present on a regular basis.

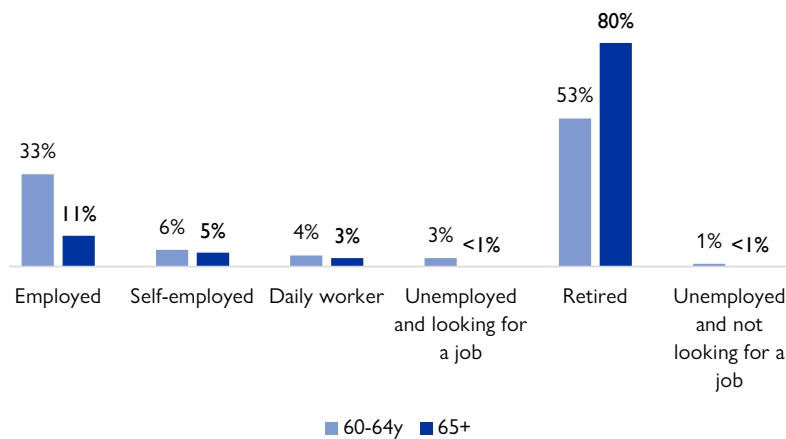
LABOUR MARKET PARTICIPATION

ECONOMIC STATUS BEFORE COMING TO CZECHIA

Prior to their departure from Ukraine, most respondents were retired: 80 per cent of those older than 65 years, and five per cent of those aged 60-64. Almost half of those aged 60-64 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 6).

Figure 6: Employment status of respondents in Ukraine prior to displacement, by age group (%), n=403

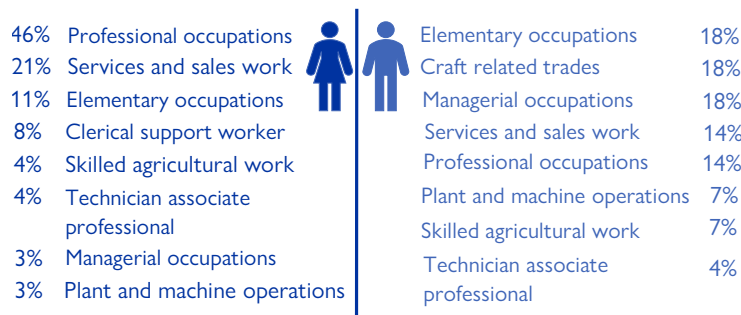


The high unemployment rate for both age groups while in Ukraine is explained by the statutory retirement age and retirement conditions. Until 2018, Ukrainians retired at different ages depending on their gender. Subsequently, the retirement age for women gradually increased to match the male retirement age of 60 by 2021.⁷ 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%).

Figure 7: Types of occupations of respondents in Ukraine prior to their displacement, by gender (%), n=403



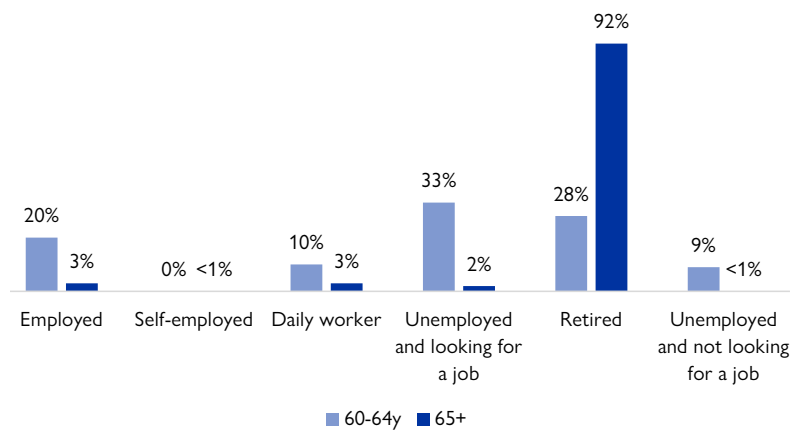
⁷ Not all citizens can be assigned a pension upon reaching the age of 60. The law establishes that a person can also retire at the age of 63 or 65 years. It depends on the insurance record which is the indicator that determines the assignment of an old-age pension. The insurance record is the period during which an individual was employed and their employer paid insurance contributions on their behalf. Each year, the requirements for the necessary insurance length of service change. This increases by 12 months. If, in 2018, 25 years of employment was sufficient for retirement at 60, then by 2028, 35 years will be required.

DESIRE TO WORK WHILE IN CZECHIA AND BARRIERS TO EMPLOYMENT

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 useful to others), the need to be active and the need to earn money in order to be financially independent (from the government or family) or to increase their financial security (to cover daily expenses).

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

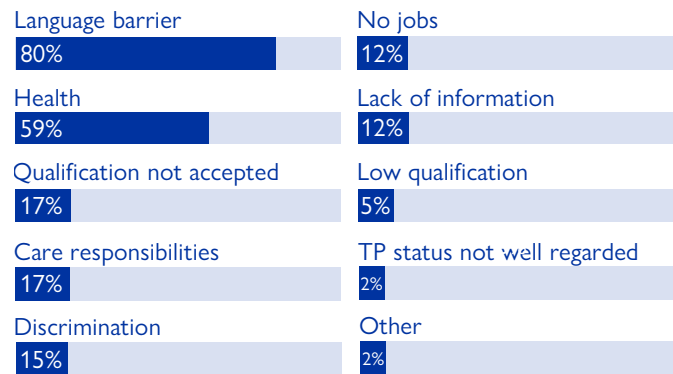


Securing appropriate employment appears to be an insurmountable challenge for the majority of respondents. This holds true for both individuals seeking part-time work, a preference often expressed by those over the age of 65 or those contending with health-related issues, and those who aspire to full-time positions. This is further confirmed by the key informants who, depending on the city they come from, rated the possibility of finding a job for older refugees on a scale from difficult to almost impossible. Their experiences in trying to find jobs for their clients overlap with the experiences of the respondents who stated that they were often dismissed because of their age, as employers prefer younger and healthier employees.

Some respondents also mentioned that they found a job but they were either dismissed or had to stop working because of the physically demanding aspect of the job (long working hours, lifting of heavy things) and its negative impact on their health. Others quit because they were paid much less than their colleagues.

Those who are not employed and not actively looking for 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%).

Figure 9: Barriers to employment for those looking for a job, total (%), (more than one answer possible), n=41

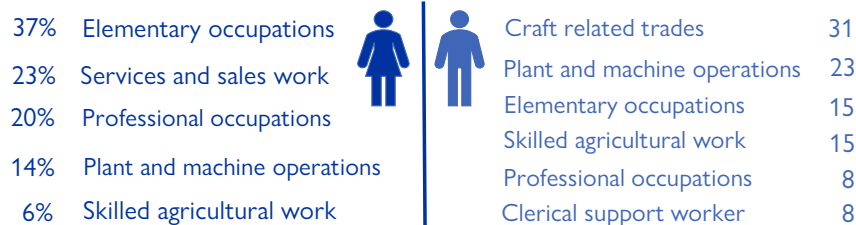


MOST COMMON OCCUPATIONS IN CZECHIA

The survey data show that the most common occupations in Czechia for all respondents are elementary occupations (31%), professional occupations, 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%).

Figure 10: Types of occupations of respondents in Czechia, by gender (%), n=403



During the qualitative part of the interviews some of the women talked about their desire to work as teachers or care workers, as they had done before. However, it was only in exceptional cases that they were able to secure such a position. The most

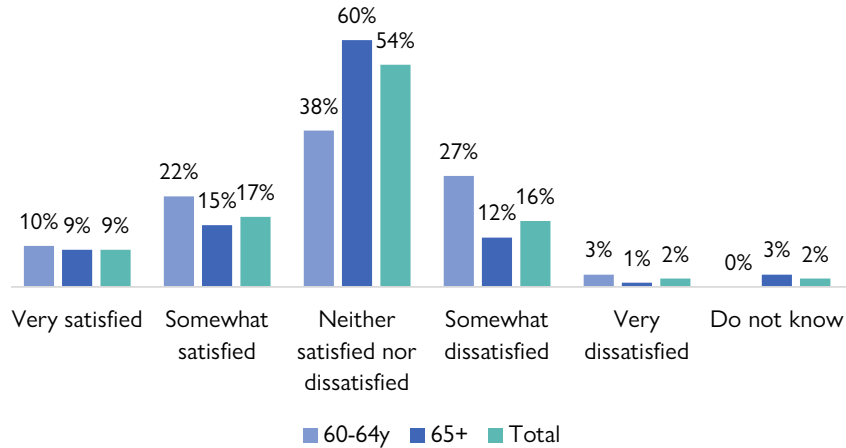
common positions mentioned were cleaner, housekeeper, store-keeper, manual factory worker or, at best, cashier or factory worker doing a less physically demanding job.

EMPLOYMENT/ECONOMIC 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.

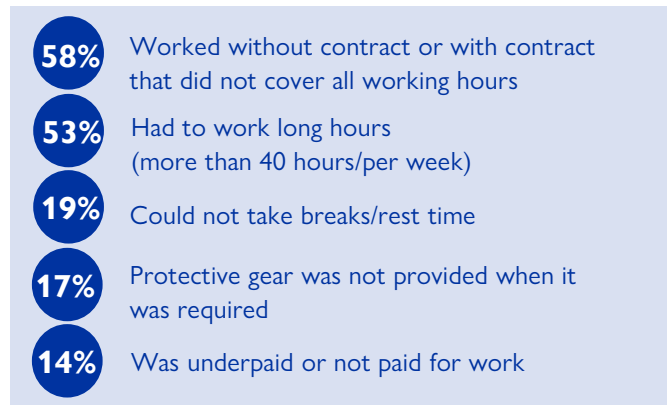
Figure 11: Employment status satisfaction by age group and in total (%), n=403



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 12: Problems faced by respondents at work (%), n=36



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 in one person-headed household 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

Ukrainian refugees are not eligible for the Czech social insurance system and do not have the same entitlement to social benefits as Czech citizens or migrants with other types of visas. However, they are eligible for housing support and humanitarian benefits (further referred to as “HuS”), which are subject of specific regulations. During the initial 150-day period, the recipient is entitled to humanitarian allowance that covers basic needs, with the amount varying according to age. The adult allowance is 4,860 CZK per month, while the child allowance is either 3,490 or 4,188 CZK. Subsequently, if the refugee is not registered as a job seeker at the Labour Office and is not considered vulnerable, the allowance is reduced to the minimum amount required to cover basic living expenses (3,130 CZK). The housing allowance is provided directly to TP holders as part of the humanitarian benefit in the amount of the countable housing costs for the first 150 days. After this period, the allowance is only provided to persons who have been designated as vulnerable by the relevant legislation. Since September 2024 the support will be significantly reduced⁸.

Table 1: Ability to cover an unexpected expense of 2,500 CZK, by gender, age group, household composition, total (%), n=403

	Women	Men	60-64y	65+y	Single-headed household	Shared household	Total
Yes	30%	41%	47%	28%	20%	39%	33%
No	57%	47%	46%	57%	72%	45%	54%
Do not know	8%	8%	2%	10%	4%	10%	8%
Prefer not to answer	5%	4%	5%	5%	4%	6%	5%

INCOME SOURCES

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

During the interviews, respondents frequently stated that it was not possible for them to survive on just one source of income. Key informants mentioned that their savings could represent their life savings, although they also referred to smaller amounts accumulated before July 2023, when they received higher state support. Additionally, they frequently indicated relying on any available humanitarian aid, such as products distributed by food banks or other organizations.

This aligns with the observations of key informants, who noted that older individuals are among the most regular recipients of humanitarian aid. These workers also highlighted that, prior to July 2023, older individuals could set aside a small amount of money for unexpected expenses, even though they often had only 500 or 1,000 CZK per month left for food and other necessities, such as medicine. Since the reduction of state support, this is often no longer possible.

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

FINANCIAL SITUATION

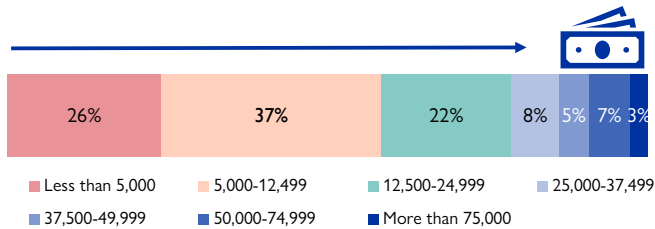
Despite some older refugees being more financially stable than others, the general financial situation remains unfavourable. This can be illustrated by the fact that more than a half of respondents (54%) stated that their household cannot afford to cover an unexpected expense of even 2,500 CZK (100 EUR). 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 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.

8 <https://coda.io/@konsorcium/ukrajina/lex-ukrajina-pravidla-pobytu-a-podpory-uprchliku-z-ukrajiny-34>

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.

Figure 13: Total net household income in Czechia, total (%), n=288



INCOME AND EXPENSES GENERATED IN UKRAINE

The amount of HuS paid to the TP is calculated based on the total income and potential savings or refugees, including any income they are entitled to in Ukraine. In the case of older refugees, this concerns mainly, retirement or/and disability pensions. However, it should be noted that many people in fact do not receive the pensions, or that some may still have necessary expenses in Ukraine (in this case referred to as remittances and other expenses).⁹

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. According to the Pension Fund of Ukraine, the average retirement pension is CZK 3,418. At the same time, 62 per cent of pensioners in Ukraine receive a pension of less than CZK 2,976 (Ministry of Social Policy Ukraine 2024a) The minimum monthly amount of the retired pension granted in 2024 in Czechia is CZK 5,170.¹⁰ The average amount of retirement pension in Czechia in 2022 was 19,807 CZK for men and 16,509 CZK for women.¹¹ This shows that the value of the average Ukrainian pension is much lower than the Czech one, and that it does not enable financial independency of older Ukrainian refugees in Czechia.

According to the information shared by respondents, during the qualitative part of interview, it is not unusual that some do not have access to their Ukrainian pension while in Czechia (this could explain the 33% of respondents who answered they do not have income from Ukraine). This occurs primarily in instances where the pension is disbursed via the post office in the place of origin in Ukraine, rather than through a bank. (As of April 2024, 18 per cent of pensioners (1,8 million) are accrued and paid through branches of “Ukrposhta”)¹² or when the ATM cards expired. Changing the modality of pension payment or renewing the ATM card, was not according to respondents (and the key informants) possible without travelling to Ukraine and solve the issue in person. These people also were unsure, if they will be able to withdraw the amount accumulated meanwhile in Ukraine, particularly, for people residing in occupied regions. Overall, those unable to receive their pension were found to be among the most financially disadvantaged.

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.

“ 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. ”

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. Specifically fifty-six per cent Specifically fifty-six spent 2,000 CZK in Ukraine. The remaining 44 per cent of those respondents reported expenses above this threshold.

Some also mentioned that they had to stop paying their expenses in Ukraine (rent of apartments e.g.) and that their debt in Ukraine are piling up because of this.

9 <https://www.migrationdataportal.org/themes/remittances>

10 <https://www.cssz.cz/duchodova-kalkulacka>

11 <https://www.czso.cz/csu/czso/graf-prumerna-vyse-starobniho-duchodu-v-ceske-republice>

12 [Інформація щодо розподілу чисельності пенсіонерів за способами виплати пенсій станом на 1 квітня 2024 року - Пенсійний фонд України \(pfu.gov.ua\)](https://pfu.gov.ua)

INCOME SECURITY

The qualitative data 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. In most cases, they try to remain positive, emphasizing that they do not need more and expressing deep gratitude to the Czech people for their help. However, they are worried about the situation after September 1st, as they believe they will not be able to manage financially if state support is reduced.



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



Other respondents explained that their family provides for all their needs, and that they had never applied for HuS. Some people who were living with younger, economically active relatives, were unaware of the financial issues and did not want to interfere with it. Sometimes they talked about having to cope with feelings of shame and of being a burden to their relatives (or the state).

As previously stated, the majority of older refugees are cared for by their family members. However, this can be challenging for them, as the financial situation of many refugees is not favourable. Previous 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 58 per cent of refugees live below the poverty line (PAQ Research and Academy of Science 2023).

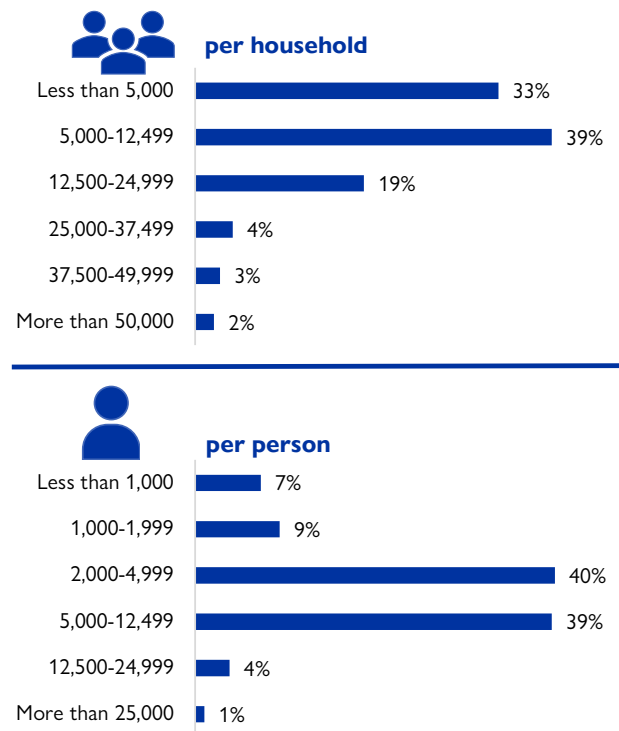
The qualitative findings indicate that the situation can be complicated especially for those who have only one working family member in the household, for example, due to the presence of young children, or those disabled or ill in the household. For those residing in a single-headed household or an older 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.

The data show that the share of respondents who have between 5,000 and 12,499 CZK per household left (per month) 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 monthly 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 14: 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.

RESPONDENTS' STORIES

Svitlana, 61 years old, has been living in Czechia for over a year, with her husband and their 5-year-old granddaughter. They are from Dnipro and their son and daughter-in-law are both serving in the Ukrainian Armed Forces. For the first two months, they lived in an apartment with distant relatives, who later helped them to find an apartment where they now live. Due to their age and health condition, they have been unable to find employment. Currently, they receive about 15,000 CZK on humanitarian benefits, with the amount varying based on funds received from Ukraine (usually 600-700 EUR, including pensions and support from their children). After covering rent, they have approximately 10,000 CZK for living expenses. According to the respondent, it is enough for them, and they can cover their basic needs. The respondent is actively engaged in different activities: attending language courses, participating in various clubs and interest groups. At home they study Czech with their granddaughter, using educational videos and language applications. They are focused on finding a suitable school for their granddaughter which she can start to attend in September and are worried about what will happen when their visas will not be extended after 2025.

Tetiana, 64 years old, has been residing in Czechia since March 2022. She resides in a dormitory with her dog only and is satisfied with the living conditions. Despite battling a severe form of cancer (which has necessitated multiple surgeries and chemotherapy sessions), Tetiana has not been recognised as a person with a disability in Czechia, and subsequently as vulnerable person according to Lex Ukraine. It is expected from her to be economically self-sufficient, but due to her health condition, she is unable to work. Because of this her financial situation is very bad. She is required to pay 5,500 CZK per month for accommodation, but her only income is currently approximately 6,000 CZK per month (3,500 from HuS and 2,500 CZK per month from Charita). Her only child, a son, lives in Ukraine and is unable to provide financial support due to his own complex economic situation. Tetiana would like to return home, but she is concerned that the current circumstances would prevent her from accessing adequate healthcare.

Irina, 62 years old, has lived in Czechia since February 2022, with her daughter, and two grandchildren. She has not seen her husband, who is a medic in the Army, for more than a year and misses him terribly. She has a disability and cannot work. According to the respondent, her daughter has a good job and income. Together they have 20,500 CZK/838 EUR (wage) + 1,600 CZK/68 EUR (pension from Ukraine). They pay 9,400 CZK (275 EUR+110 EUR,) for accommodation. This leaves them with approximately 11,000 CZK per month. According to the respondent they are doing fine.

Maryna, a 65-year-old widow from Kharkiv, lives in Czechia with her disabled son, who uses a wheelchair. They were relocated to Czechia with the help of the Czech Paralympic Union, since her son is an active paralympic athlete. This organisation also helped them with finding housing in collective accommodation in a small provincial city, where they now live in a one-bedroom dormitory. The son would like to take language or IT classes but could not find any that are wheelchair accessible. Although he is mentally capable, finding work is a huge challenge for him. They cover their daily expenses with the help of humanitarian subsidies (8,000 CZK) and Ukrainian pensions (3,000 CZK), living on a total of 11,000 per month.

Anna, 68 years old, arrived in Czechia in December 2022 from the occupied city of Tokmak. Her daughter and grandson had departed the city 10 months prior, but she had initially been reluctant to follow suit, hoping that the war would conclude in a relatively short period of time. In Czechia the family has had to relocate several times, but currently they are quite settled, residing together in a rented apartment in Mladá Boleslav, paying 15,000 CZK per month. Her daughter and grandson are employed in a local factory, where they earn approximately 33,000 CZK net per month. She herself attempted to work part-time in a bakery, but the job was physically demanding, and she suffered from hypertension, which required her to cease working. Her sole source of income is her pension from Ukraine, which equates to approximately 1,400 CZK. However, her daughter and grandson provide for her and do not want her to go to work, because of her fragile health. She asserts that being with her family provides her with strength and hope for the future.

HUMANITARIAN ALLOWANCE (HUS)

As of 1 July 2023, the amount of HuS is calculated based on the total income and potential savings of the refugee. As with benefits for Czech citizens, the calculation is based on the subsistence level and the minimum living wage. The calculation is based on the sum of benefits received by the household members and the countable housing costs.¹³ Subsequently, the aforementioned sum is deducted from the total household income, including savings in order to determine the allowance amount. If the income exceeds the benefit to which the person is entitled to, by one CZK or more, they are not eligible for HuS.¹⁴

HOUSING ALLOWANCE

The housing allowance is provided in the amount of the countable housing costs and is limited to the first 150 days (5 months). Subsequently, the allowance will be paid only to persons defined by law as vulnerable. These include children up to the age of 18, students, persons caring for a child up to the age of 6 (only one person at a time), pregnant women, persons over 65 years of age, persons with disabilities, as well as persons who care for them.

In order to pass the vulnerability assessment and be eligible for free social housing, the person must be a recipient of HuS. If a person is not eligible for HuS due to their employment and the total income exceeds the benefits to which the household is entitled to, all members of the household should cover living expenses in social housing through their own means, even if they themselves qualify as vulnerable.¹⁶

¹³ Countable housing costs are determined as 2,400-3,000 CZK per person (not exceeding 12-15,000 CZK per household). This figure is dependent on whether the property is registered in the MoLSA database.

¹⁴ For example, the person who is alone and not classified as belonging to a vulnerable category, will not get HuS, if their income exceeds 4,860 CZK or 3,130 CZK, depending on the date of displacement.

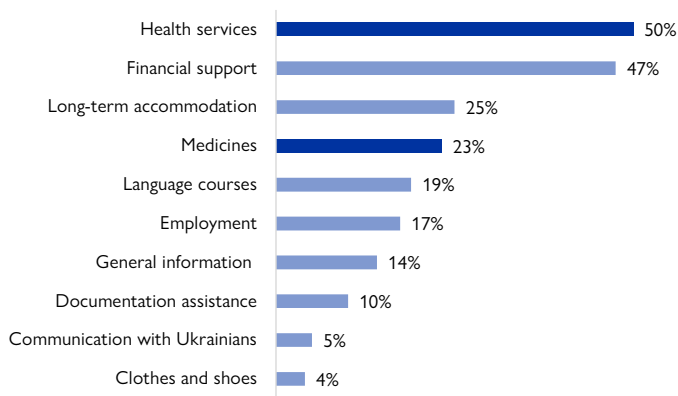
HEALTH SITUATION AND HEALTHCARE

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



These findings are consistent with the more detailed information provided by respondents during the qualitative part of the interviews, according to which many of them have to cope with various types of diseases, either chronic or acute, or both, such as severe diabetes, cardiovascular diseases, cancer, or mobility problems (walking problems, spinal conditions).¹⁵ In addition, some of the respondents who are in good health condition themselves have to take care for family members with health problems or disabilities.

DECLINING HEALTH

The interviews further revealed that the health condition of many individuals is not only unfavourable 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., 2022). 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.¹⁶

The problem 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. One of them, a man, aged 63, for example, explained that he had recently lost his job in a factory because of his recurrent and excruciating headaches, which at time made him completely paralyzed. He attributes this to the unfamiliar climate and the stress of the recent loss of his daughter. 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.

MENTAL HEALTH AND LONELINESS

The aforementioned 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. For example, a woman from Bakhmut, who is alone in Czechia with her 17-year-old grandson, and whose house was destroyed by shelling. Along with not knowing what awaits her after the legislative changes from first September, is putting a lot of pressure on her mental state. "Never in my life, I could have imagined to be in this situation", she says.

¹⁵ According to WHO, 84% of all mortality in Ukraine is caused by cardiovascular diseases (CVD), diabetes, cancer, chronic respiratory disease and mental health conditions. <https://iris.who.int/bitstream/handle/10665/352494/WHO-EURO-2022-5169-44932-63918-eng.pdf?sequence=3>

¹⁶ The life expectancy which already was very low, decreased during last two years from 64 to 57 for men and from 70 to 64 for women <https://www.thelancet.com/action/showPdf?pii=S2666-7762%2823%2900192-8>

Another respondent a 63-year-old man came with his daughter and granddaughter to Czechia and started working from the beginning to provide for his family. After his son died in the war, he became very depressed, and lost the motivation to work or learn the language.

A significant observation made by one of the key informants was that when older 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.

BARRIERS AND PROBLEMS FACED BY RESPONDENTS IN RELATION TO HEALTHCARE.

Temporary protection holders from Ukraine have access to public health insurance in Czechia. However, they face many obstacles in accessing it. When asked about barriers and problems faced by respondents in relation to healthcare, the most common barriers to accessing healthcare were language barrier (71%)¹⁷ and long waiting times (68%), especially when specialised treatment or surgery was needed. Also mentioned were non-availability of the service (27%), additional costs for some treatments or medicines (this was most often related to dental treatment) (13%), or problems with getting the medication people were used to while in Ukraine.

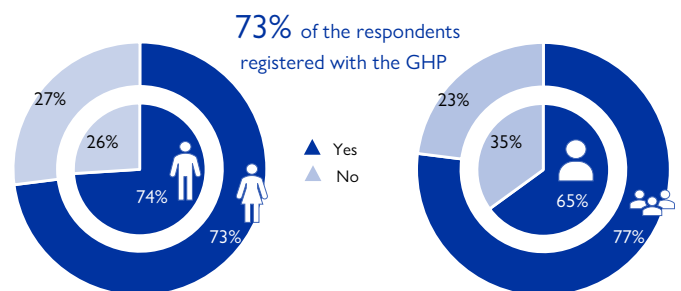
Figure 16: Top five barriers to accessing healthcare (%), (more than one answer possible), n=300



According to the qualitative phase of the interviews, people not only had language problems, but they also found it difficult to navigate the Czech healthcare system, which is different from the Ukrainian one. According to the key informants, another major barrier for people in this age group is presented also by their low level of IT literacy. It can be very difficult for these people to look up information on the internet, or to make a phone call somewhere. The need for a person who would make the appointment or accompany them was highlighted by those who did not have any (younger) relatives in Czechia or who lived in places where social services were not available. As some of the respondents, who were helped by volunteers/social workers explained, they would not be able to get a doctor’s appointment and solve their medical issues without them.

This may also explain why over a quarter (27%) of respondents had not registered with the General Health Practitioner (further referred to as 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 for offered services. 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 17: Registered with the GHP, by household composition, by gender (%), n=403

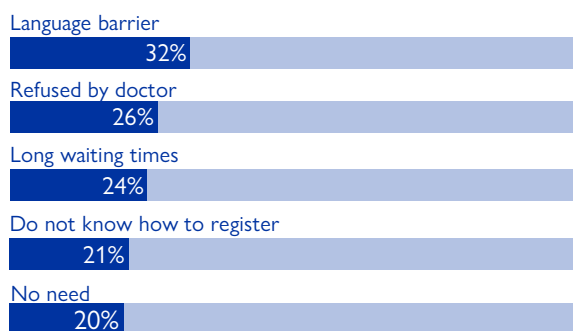


¹⁷General Health Practitioner (GHP)

¹⁷ The problem of the language barrier affects not only access to healthcare services but also other areas of life and integration (we have already mentioned feelings of loneliness earlier).

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 resolve their situation by moving temporarily to Ukraine to receive treatment there.¹⁸ However, this was only in the case of specific and more accessible treatments, as in the case of one respondent who stated that she went to Ukraine (Uzhhorod) in May 2023, to get a joint replacement surgery for her husband as they were unable to register either with either a GHP or a specialist in Czechia.

Figure 18: Top five reasons for not being registered with the GHP (%), (more than one answer possible), n=107



On the other hand, there were respondents who stated that their health needs/situation was one of the main reasons for their decision to go to Czechia in the first place, such as Lydia, who came to Czechia with her daughter, who is a cancer patient and whose health and mental state had been negatively affected by the war circumstances. Here in Czechia, they were able to receive comprehensive and free treatment, which would not have been possible if they had stayed in Ukraine.

It is a well-known fact that healthcare system in Ukraine has suffered greatly under the pressure of the war (Barten et al., 2023). According to the Ministry of Social Policy of Ukraine: “the war leads to limited access to medical care in the occupied territories and in areas of active hostilities”.¹⁹ This is in line with the experiences of other respondents besides Lydia, who mentioned that in their region, only life-threatening operation (mainly on soldiers) are conducted, or that they were unable to obtain necessary treatment or medication, due to the lack of services or restrictions on travel.

Unfortunately, not all respondents who came to Czechia mainly for health care reasons were able to get the treatment they needed. Either they did not find a doctor at all, or are still waiting for an appointment, while their health is further deteriorating. Some feel desperate, others say, that 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.

Having to rely on medication from Ukraine, was another problem mentioned by respondents in connection with health care. This occurred either when respondents could not get a GHP, or could not get a doctor's appointment, or when they were used to a 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). Of the non-recognition of disability by the Czech government and specific issues related to those living in collective accommodations not sufficient for disabled people. For example, one respondent mentioned that he was in a wheelchair and lived on the 4th floor of a building without a lift. Another couple, who lived with a disabled daughter, mentioned how difficult and embarrassing it was for them, having to share their room with two complete strangers. 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.

The study and the questions directed at the respondents were guided by the aim of finding out the problems people face in relation to their health situation and care. However, it should be noted that the data clearly show that not all people in the 60+ age group have health problems (during our fieldwork we met people who were healthy and able to lead an active life). And that some people also gave very positive feedback about the healthcare system. For example, one woman pointed out that all the doctors she met, were very helpful and willing to use Google Translate to help her. Or a woman who talked about the good experience with her daughter's delivery, or another one who expressed gratitude to a doctor for his accurate diagnosis and treatment that made her feel much better. Also, people who were cancer patients, or had a family member with cancer, were also very appreciative of Czech cancer treatment, which they thought was at a much higher level than in Ukraine.

18 According to DTM IOM Ukraine 16% of respondents returned to Ukraine because they were not able to access healthcare services in the country of refugee. [Ukraine Displacement Report, December 2023" Pg. 4.](#)

19 [Міністерство соціальної політики України. Обговорення проєктів нормативно-правових актів - Міністерство соціальної політики України \(msp.gov.ua\)](#)

SOCIAL INCLUSION

Social inclusion is a broad term covering various areas of life. In this chapter we focus on the, the knowledge of the Czech language (cultural dimension of social inclusion) and on the quality, frequency, and nature of social contacts with the majority population as well as with other migrants and refugees (interactive dimension of social inclusion) (Rákoczyová, Trbola, 2009).

Research shows that older refugees can be particularly affected by social exclusion and loneliness (Madoxx, 2021) and that contact with the majority can prevent feelings of social isolation, improve refugees' well-being, and provide an important source of information (Sieger, 2019; Paiva Lareiro et al., 2020 as cited in Madoxx, 2021).

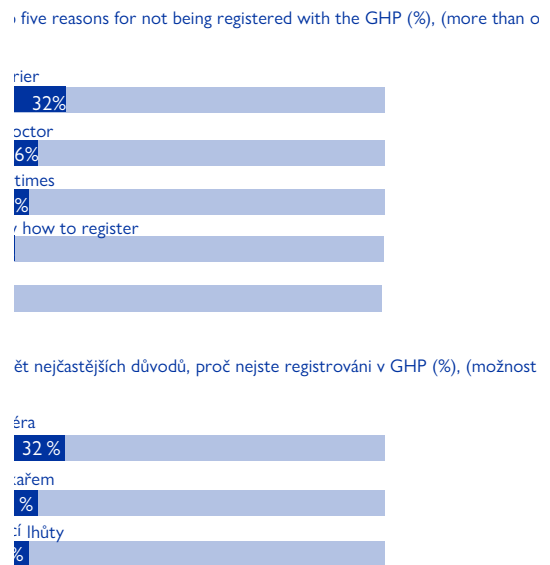
SOCIAL CONTACTS

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) 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.

Thirty-one per cent of those who indicated involvement in different activities, specified that it was a group related to hobbies,

another 28 per cent mentioned group related to religious beliefs, followed by 16 per cent of those who attend activities or a group met through integration centres for foreigners and eight per cent of those who were involved in other types of voluntary organisations. The remaining three per cent reported participation in a group related to work and a group related to a social or political cause (2% and 1%, respectively).

Figure 19: Involvement of the respondents in various types of groups or associations, total (%), n=403



The greatest opportunity to meet with Czechs was in job related groups (union, business, professional organization), groups met through ICs, MICs (Integration Centres, Migrant Information Centres, etc.) and in other voluntary organization (see table 2).

Table 2: Presence of locals in different groups and associations in which Ukrainian refugees participate, total (%), n=307

	Group related to work (union, business, professional organisation)	Group related to religious beliefs (church, mosque, synagogue, etc.)	Group related to hobbies (sport, leisure, culture)	Group related to a social or political cause	Activities or a group met through ICs, MICs (Integration Centres, Migrant Information Centres, etc.)	Another voluntary organisation
All	0%	0%	1%	0%	0%	0%
Most	14%	11%	10%	0%	8%	4%
Half	43%	18%	10%	20%	34%	32%
Few	43%	29%	48%	60%	42%	36%
None	0%	42%	31%	20%	17%	28%

The qualitative findings indicate that the involvement in activities and organisations/groups of some of the respondents is very regular. And that NGOs, and 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”.

The decision to participate in various community activities is sometimes not a matter of choice, but it depends on the local presence of organisations providing activities for refugees. Here we can point out the case of the city of Domažlice which, according to study findings, represents a city with a broad network of (interlinked) organisations providing a wide range of activities for refugees. Or the opposite one, of the city of Tachov, where these organisations and services are absent. It could be said that the respondents from Domažlice felt supported and included because of this fact, as opposed to those from Tachov, who often struggled with all kinds of problems and felt helpless and isolated.

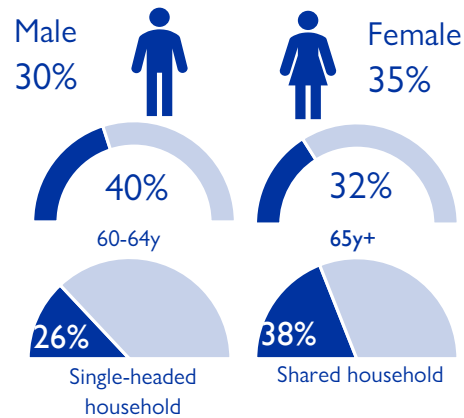
LANGUAGE KNOWLEDGE

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

CZECH LANGUAGE PROFICIENCY

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 (single-headed household) and those who live with other people (shared household).

Figure 20: 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%).

The majority of those who had taken a language course cited language schools as their provider (43%). This was followed by NGOs or UN agencies (36%). Other options were less common (see Figure 22).

Figure 21: Total number of language courses attended (%), n=403

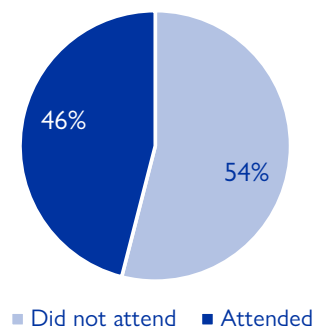
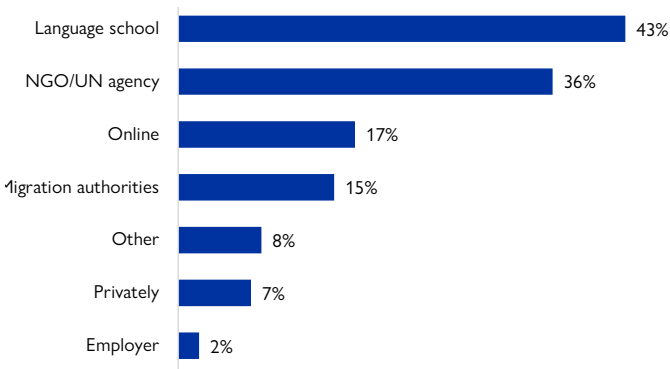
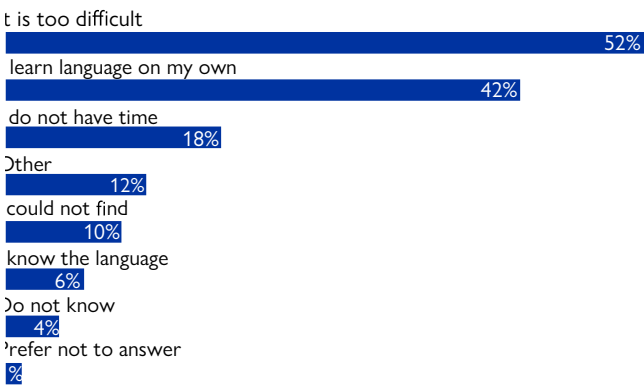


Figure 22: Language courses provider (%), (more than one answer possible), n=181



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%).

Figure 23: Main reasons for not attending Czech language courses (%), (more than one answer possible), n=211



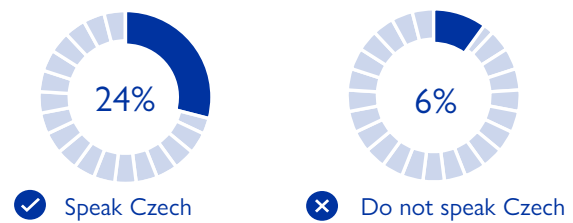
The “other barriers” that prevented them from attending language courses included health or mobility problems, lack of information about the available courses, care responsibilities, work, or feeling depressed. Overall, people were struggling with economic issues, stress, and various other/daily tasks, and did not have the energy or time to do anything else.

Some of those who went to language classes also said that the classes were mainly attended by young people and did not meet their needs. Others explained that their participation in language classes was mainly driven by “socialisation motives”, because they represent a rare opportunity to meet other people, make friends and not feel so isolated and alone.

LANGUAGE KNOWLEDGE ENHANCE SOCIAL ORIENTATION AND INCLUSION

The data show that having a certain level of proficiency in the Czech language is associated with a higher level of employment. Individuals with no knowledge of the local language (n=267) only in six per cent of cases participated in the local labour market (employed, daily worker, self-employed), while those who reported Czech language knowledge (n=136) participated more often (24%).

Figure 24: Participation in the labour market according to the Czech language knowledge (%), n=136; 267



Respondents who spoke the local language were more likely to be better integrated and to have access to different services than those who did not. For example, 82 per cent of those who speak Czech language have been registered with General Health Practitioner compared to 69 per cent of those who do not speak. In addition, 71 per cent of the respondents cited the language barrier as one of the main barriers to accessing health-care services. Eighty per cent of the unemployed reported that lack of language skills is one of the main barriers to employment.

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 adopted 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

- Ensure that upcoming regulations under Lex Ukraine do not discriminate against older refugees and that they will be allowed to legalise their stay without the work/study requirements.
- Develop a comprehensive, long-term social integration strategy that addresses the specific circumstances and long-term needs of various refugee groups, with particular focus on the needs of older refugees.
- It is recommended that efforts be made to promote regular social fieldwork, with a particular focus on the identification and assistance of the most vulnerable refugee groups. Furthermore, the range of free or subsidised interpreting and intercultural services should be considered.
- It is recommended that the provision of free language courses, which are specifically designed to meet the learning needs of older refugees, be enhanced and promoted.
- It is imperative to address the risk of social exclusion faced by older refugees that can be achieved by strengthening the links with the community, providing opportunities for them to meet with each other and with the majority population, engaging in different types of social and cultural activities.
- Promote the availability of social services for older refugees, which are governed by the Social Services Act. The capacity of these services must be strengthened to receive Ukrainians, and their staff should be methodically trained to assist this target group effectively.
- Ensure that older people have access to information concerning their rights and entitlements. To consider the specific needs and circumstances of older refugees when developing informational campaigns on diverse topics and issues.

- It is recommended that personalised information sessions are organised in advance of any significant legislative alterations, or the provision of new services, which could impact upon older refugees.
- Promote education project and information/media campaigns that are aimed at combating against prejudice and stereotypes, directed towards Ukrainian refugees. This could be accomplished through the utilisation of various public channels, whereby the refugees themselves could be permitted to share their life stories, thus providing a first-hand perspective on the situation.
- Provide training on IT literacy.

FINANCIAL/ECONOMIC SITUATION

- Make the Czech social welfare support system accessible to Ukrainian refugees.
- Accelerate the integration of older refugees into the Czech national old age pension scheme. This should include the top up of Ukrainian pensions to the Czech minimum pension, given the fact that the value of the average Ukrainian pension cannot enable financial self-sufficiency of Ukrainian pensioners in Czechia.
- The refugees aged between 60 to 64 should be included among the vulnerable groups and extended support should be provided to this age group.
- It is recommended that the provision of material support to refugees, in the form of food and hygiene packages, be maintained.

HEALTH

- Maintain the existing system of access for refugees to public insurance.
- Design programs to subsidise the costs of medicine for the most vulnerable refugee groups.
- Promote mental health through the provision of accessible psychological, therapeutic and crisis intervention services, with the aim of assisting those who experienced pre- and post-migration stress.
- It is recommended to that an information campaign be introduced which addresses the functioning of the Czech healthcare system. This should include an explanation of any issues which differ from what is usual in Ukraine, with the involvement of Ukrainian diaspora.

- Provide information and support on the topic of transporting deceased persons to Ukraine.
- Promote intercultural training of health personnel and to support the provision of interpretation and intercultural services.
- Continue to support the training of Ukrainian health professionals, with particular focus on language courses.
- Develop appropriate community-level identification and referral systems for older persons and monitor their access to services.
- It is recommended to launch project aimed at training of community health workers who could take care of dependent older refugees.

THE IMPLEMENTATION OF THE DATA-BASED POLICIES

- Develop and support research projects targeting older refugees on topics like inter-generational relationships and changing of family roles during displacement, as well as options for durable solutions for older people.
- Ensure regular collection, analysis and presentation of data on refugees, disaggregated by age, gender and disability, then will inform programming and policies. It is of particular importance to direct attention to the needs of older refugees, who are frequently overlooked.

HOUSING

- Continue the provision of free or subsidised accommodation for older refugees in collective type of housing, with the regular presence of a social worker ensured.
- Ensure that minimum material standards and house rules will be established and enforced in accommodation provided to refugees. This set of standards and rules could be incorporated into contracts with private owners, or alternatively could be proposed as a set of conditions of subsidized housing projects. Otherwise, they could be included as part of the conditions of cooperation with cities.
- It is highly recommended that efforts be made to avoid placing (not only) older refugees in collective housing facilities in remote locations lacking in adequate transport and social services. Such locations increase the risk of social exclusion.
- Enhance regular mapping of temporary protection holders in need of housing assistance, after September 2024.
- Provide barrier-free and dignified accommodation for people with severe health problems and disabilities.

FACTORS HINDERING INCLUSION OF OLDER REFUGEES:

- Dependency on family members who themselves experience economic and social challenges
- Lack of family support, or absence of any kind of social networks
- Care responsibility for disabled /ill family members/minors in older person headed household
- The substandard housing conditions and geographical isolation from essential services
- Absence of suitable job opportunities
- The inability to work, even when the person is motivated to do so
- The financial insecurity and income uncertainty
- Unfavourable health situation and/or inability to find timely/ any treatment
- The absence of social services in place of residence
- The lack of Czech language knowledge, and facing barriers when trying to learn it
- The shifting family roles, sense of uprootedness, loneliness, pre an post migration stress
- State of temporality: unpredictable future and insecure status
- No possibility to return to Ukraine

FACTORS PROMOTING INCLUSION OF OLDER REFUGEES:

- Family support: financially/socially/emotionally
- Housing security and good living conditions (sufficient privacy, supportive community, central location, presence of social services)
- Knowledge of the Czech language
- Having a suitable job
- Sufficient income and financial security
- Diverse social networks
- Possibility to use social/translator services
- Being active part of a larger community (religious, diaspora, volunteers, NGO)
- Good working conditions
- Good health
- Good housing conditions, central location
- Being able to contribute to society, family, and/or to be self-reliant

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. This mixed-methods study aimed to explore the situation of older refugees in Czechia, focusing on their social, health, and economic conditions. Additionally, the study sought to propose recommendations that could inform policy design and programming to better support older refugees.

We described how economic self-reliance and language adaptation can be problematic for many older refugees, especially when they also have to cope with health issues, which is often the case. As a result, older refugees tend to rely on external support, whether financial, social, or 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. Subsidized housing, in particular, is often the only affordable option for many refugees. Financial support, such as social allowances, and social support, including social assistance and interpretation services, are also very important. Additionally, socio-cultural and community-oriented activities are highly appreciated, as they positively impact the well-being of older refugees and help prevent 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 the 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. Our findings clearly show that older people 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. However, this is not always easy for them. Employers are often reluctant to hire them, 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 for others 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.

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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 final destination and prospects of permanence in the country of the survey/first reception; 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.

DTM is part of IOM's Global Data Institute

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