

ENIEC Newsletter



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Godelieve van Geertruyen

Wednesday September 8th arrived the sad news that Godelieve van Geertruyen, one of our members from the first hour, died on August 24 in Lhasa in Tibet. Her close colleague David Talloen, sent the sad message. David wrote: *'diep verdriet om een grote madam: Godelieve van Geertruyen'* (a deep sadness for a great lady). I cannot say it better. Godelieve was involved in intercultural care and she had a great expertise. One of her big wishes was to bring the ENIEC annual meeting to her city, Gent in Belgium. She has worked hard on it. In Godelieve we also as ENIEC has lost a great lady.

Jan Booij

Journey through the Care

A method to reach new client groups

Different sectors have different achievements. By making use of it, new methods are created with a different, better output. The following case is an example of a different approach. It was first performed in April 2010 and is planned for 2011. The project was developed and supervised by an external developer.

We talk about the educational excursion *Journey through the Care*. This excursion was organized for a hundred Dutch women with many different cultural backgrounds. In the morning they were offered an educational program about health and about elderly care. In the afternoon they visited the Keukenhof, a national flower park in the Netherlands.

From the autumn of 2009, there were consultations with all partners about how to shape the excursion. Also were started the applications for subsidizing the project. Two municipalities and two care-organizations, Cordaan en GGZ-Ingest were partners in this project. And there were five organizations that organize women's activities, who were also participants in the project.

The goals we formulated were:

1. Increasing knowledge of immigrant women on health and on the elderly care.

2. Inform them about the possibilities of the elderly care , including of working there and of volunteering activities.
3. Showing them new areas and crossing borders.
4. Develop a different concept of information and information services.
5. Understanding the demands and needs of this migrant women.
6. Working with role models to make the distance smaller to the " white " organizations.
7. More insight for the health care organizations into the questions of potential customers.

With the organizations and the women there were during the excursion and afterwards several evaluations. For 2010 , the targets were largely achieved. The women experienced it as very informative, groundbreaking and they very much wanted a sequel. Two health care institutions, and the services they offer, have come to the attention of this audience. There are new links established between welfare and care. They work further to address the questions that still live on the subject. The concept entails potential to overcome large groups of immigrant women in a different way to become acquainted with health and healthcare. We can see also in creating a relationship with these women continued possibilities to create new groups of customers , employees and volunteers in the care.

An important value is that they have had access to organizations they might not be in this way - as a guest – but were a lot of questions about exist. The concept allows for healthcare organizations to connect with the questions of these women, but it certainly needs certain changes and developments to optimize.

Marja van Berkel

The discovery travel

ActiZ, national organisation of care providers and Aedes-Actiz Kenniscentrum Wonen-Zorg, the knowledge centre for housing and care, launched in June 2010 the book 'The discovery travel'. The book gives an overview of 25 years of intercultural care for the elderly in the Netherlands.



Photo made by Claudia Kamergrodski

Dutch ENIEC members

A lot of Dutch ENIEC members contributed to the book. Rohina Raghoebier and Yvonne Witter composed the book, Patricia van den Brink wrote some of the interviews. Jan Booij, Harry Mertens, Ine Bertens and Kristel Logghe have been interviewed. Harry Moeskops and Freddy May wrote inspiring columns. Furthermore the book contains project descriptions from Anne-Rose Abendanon (about Kraka-e-sewa), Lucia Baboebal (about diabatic centre), Deniz Özkanli (about Sefkat) and Wendela Gronthoud (about Foe Ooi Leeuw and ZEG project) and descriptions of innovative projects in the Netherlands...

Just start and learn by doing!

Since 2005 the amount of older migrants in the Netherlands has increased significantly from 210.000 to 360.000 (in 2015). Until recently many people believed older migrants would return to the country they came from. Nobody thought about these migrants as a group that would become older and as a group of people

that would need other services because of ageing. However, the majority of migrants stayed in the Netherlands and became older. Nothing was arranged for these older migrants.

A few pioneers started with providing care for this target group. Pioneers like Jan Booij and Frits Rijsemus provided care for older migrants in residential and nursing homes. Their advice? 'Just start and learn by doing'. According to Harry Mertens we do know a lot about care, welfare and housing services for older migrants, but the sense of urgency is underestimated. Mertens and Freddy May of NOOM (Network of Organisations of Older Migrants) stress the importance of the so called 'silver value' or 'silver power' of older migrations. Older migrants have contributed a lot to our society and still contribute a lot!

Listen!

Older migrants have not received a lot of support or attention from the national society. But local professionals in care, some welfare organisations, housing corporations and a few local authorities have made a big difference a lot in the last 25 years! Thanks to their passion, creativity, patience and driving force, they have managed to organize a lot of services and projects, in cooperation **with older migrants**. The key factors of success of these projects are the following:

- o Listen to the voice of people involved (target group) and let the older migrants play the most important role
- o Pay attention to the many different groups of older migrants
- o Involve professionals as well as clients from the start, from the very first beginning until the very end
- o Make sure that Dutch values are not overruling
- o Be aware that cultural differences *between* older migrants could cause tensions
- o Ongoing counselling is necessary for groups older migrants that live together



Photo made by Claudia Kamergorodski

The next 25 years...

Many care professionals working with and for older migrants wish that within the next 25 years of intercultural care it will not be necessary to look back at 50 years of intercultural care. Because by that time, intercultural care should be common.

Have a nice and safe journey! Stay curious and cheerful!

More information

More information about the book and the conference:

http://www.kcwz.nl/bijeenkomsten/ontdekkingsreis_symposium_over_interculturalisatie/impressie_symposium_de_ontdekkingsreis

http://www.kcwz.nl/dossiers/kleurrijk_wzw_boek_over_interculturele_ouderenzorg_n_eemt_u_mee_op_ontdekkingsreis

Yvonne Witter

Quote of the month

'Shoot for the moon. Even if you miss it, you will land among the stars'

Yvonne Witter

Sharing opinions

'Interculturalisation is normalisation'

The latest saying within the Municipal of The Hague is "interculturalisation is normalisation"

I ask myself what does that mean? It is not clearly formulated and also questionable.

If the meaning is that we can't go the extra mile for migrant elderly it will be a loss.

By thinking that it's normal for organisations to pay attention to diversity is still a bridge too far. It would be the ideal situation, but I wonder if this step isn't too big to bridge the gap from where we stand and where we would like to stand?

I believe that migrant elderly care should be business as usual for everybody. Still, nowadays not every organisation is equipped to deliver this type of care, and it is still necessary to be creative in finding opportunities and means for reaching out towards migrant communities.

For the last 25 years we have been trying to achieve interculturalisation in care and cure facilities. Why are we still at the beginning of this process? Why is it not possible to incorporate this in business as usual? Is this because it is a money issue? I refuse to believe that. Interculturalisation comes from the heart. It's all about having the right kind of people in the right places within organisations, people with a clear opinion on the subject and not afraid to proclaim that opinion.

A forward player or an accelerator who can go the extra mile, break down walls and keep this subject on the top of the agendas. It's also an ability to be able to look at your organisation and it's culture. Is there acknowledgement for diversity, or do we still think new members should adapt themselves to standing cultural values? I believe we still need to ask ourselves these questions before we can take the step towards "interculturalisation is normalisation".

Lucia Baboelal

Mental health intermediaries for Turkish and Moroccan immigrants in the Netherlands

GGZ inGeest is an institution for mental health care. Apart from the regular mental health professionals such as psychiatrists, psychologists, and psychiatric nurses, it also employs Turkish and Moroccan mental health intermediaries, both female and male.

Marileen van der Most van Spijk, prevention worker for adult and senior immigrants and coordinator of a team of six mental health intermediaries in Amsterdam, tells us more about their work:



Working with such health intermediaries started already twenty five years ago in Amsterdam. An Egyptian female general practitioner realized that she could not treat her foreign patients properly, as they lacked basic information about their anatomy and about health in general. A foundation named El Samra was set up to organize health education for Moroccan and Turkish women in their own language. A first group of Moroccan and Turkish women was trained in basic knowledge about health and disease and about the Dutch health care system, in order to become health educators. El Samra received an annual budget from the Amsterdam Municipality.

After a number of years this foundation became part of the Municipal Health Service of Amsterdam. Not only women, also men were trained to give education

on subjects such as HIV AIDS, and other diseases. At first topics like anatomy, vaccinations, child care, healthy food, contraceptives and child diseases were discussed. Gradually other themes, related to their situation and needs were introduced, from pedagogy to diabetes, menopause, and old age problems.

Today also mental health problems as depression and schizophrenia are relevant topics. These psychiatric problems have become more common among immigrants, and immigrants themselves are more eager to gain knowledge about it.

However, many immigrants, especially the elderly fail to make use of the professional mental health care. They are not used to consult a mental health institution. They are reluctant, as they do not know what to expect.

There was a clear gap between the perceived need and their actual demand of mental health care. One of the measures to bridge this gap was the recruitment of a number of Turkish and Moroccan health intermediaries by GGZ inGeest in 2006 and 2007. Most of these intermediaries had been working or were still working (part time) at the Amsterdam Municipal Health Service. There they gained a lot of experience in reaching groups of immigrants and giving education on health related subjects.

The mental health intermediaries of GGZ inGeest have two main tasks. The first task is to give mental health education to groups of Turkish and Moroccan citizens, in locations where they gather, such as community centres, primary schools, women clubs or mosques. The second task is rather new in the mental health care: to act as a mediator between the mental health professional and the Turkish or Moroccan patient in order to improve the communication and the effect of the therapy.

As mental health educators they give information about psychosomatic problems, the relation between body and mind. How can stress lead to depression?

What is the difference between normal tension and depression? What can be done to avoid a depression? Is there a treatment for depression? What is an anxiety disorder, what kinds of disorders do exist? What is dementia?

These subjects are being discussed within groups of about ten to fifteen women or men. The elderly immigrants in general prefer to be among people of their own gender and country of origin, and to speak their own language. Younger parents more and more often prefer culturally mixed groups and Dutch as the medium of communication.

The Turkish and Moroccan health educators stimulate the participants to speak, ask questions, support each other and not to judge. Often participants recognize each others problems and together discover ways to handle them. Some years ago it was often difficult for Moroccan and Turkish people to admit that they had mental problems. Nowadays they are more open about it.

The second task of the Turkish and Moroccan mental health intermediaries is their role in-between client and professional. As said, older immigrants often do not know what to expect from a mental health professional. They sometimes expect an immediate result and do not realize that treatment may take a long time and also requires an active attitude of them. In these situations the Turkish or Moroccan intermediary can be of great help: explaining the role of the mental health professional, smoothing the communication with examples from local culture or religion, often using metaphorical language, or on the other hand giving the mental health professional insight in the complex family relationships. The intermediary tries to help the client and the mental health professional to understand each other. Of course he or she first needs to gain the confidence of the patient. Only then (s)he can act as a mediator. The mental health intermediary is more than an interpreter, as (s)he participates and interferes actively in the conversation.

Their presence makes the immigrants feel that they are understood, which is an essential basis for a successful treatment.

Marileen van der Most van Spijk
GGZ inGeest

Chanese older people

The Orebro Theological Seminary in Sweden looked at how older persons in Ghana perceive their own life situation and role in family, church and society. Older people tend to be advisors in their families and care for family members. Churches are urged to pay more attention to older persons in Ghana by visiting, bringing gifts and providing financial support to older people.

<http://www.globalaging.org/elderrights/world/2009/ghana.pdf>

Yvonne Witter

Gift 100th birthday

What gift would someone like to receive for his or her 100th birthday? A retiree from Holland gave himself a brand new car. The birthday person explains that he continues safe driving habits and stays calm in all situations. His doctor recently confirmed that his state of health indicates he can still drive safely.

Article available for Russian speaking members.

Yvonne Witter

<http://www.globalaging.org/elderrights/world/2010/100years.htm>

Invitation 5th annual meeting of ENIEC March 9-11 2011 Göteborg/Sweden

Dear members,

After the inspiring meeting in Helsinki we are looking forward to see you here in Göteborg next spring. There is much going on with the preparations, with very useful help from the board of ENIEC and our friends in Helsinki. We hope that we can make your visit here as giving as it has been in the previous host cities.

The organizing committee of Göteborg
Ria Lidén
Houda El Machharawi
Eva Ternegren
Haklime Hassan
Merja Heed
Nubar Kino



ELAC for migrant elders

One of the characteristics of Europe's demographic change is the growing ethnic diversity of the population, also within the older age groups. This is due to the different migration processes of the past and the increasing mobility of the older population who spend their retirement in a European country they chose in the context of the freedom of movement. This development is enriching Europe.

The debate on the quality of life of migrant elders living in Europe has only begun and urgently needs to be continued in a structured way. New research

initiatives, cooperation of volunteer organisations and especially initiatives of local and regional authorities need to be strengthened.

Therefore, the Ministry for Intergenerational Affairs, Family, Women and Integration of the State of North Rhine-Westphalia (Germany) and the Council of European Municipalities and Regions (CEMR) – in partnership with the Committee of the Regions – launched this year: a **“European Local Authorities’ Competition of Good Practice on the Support of Migrant Elders’ Initiatives”** (short: ELAC for migrant elders). The President of the European Parliament is patron of the competition.

The pdf-file ‘call for submissions’ is attached to this newsletter.

Cornelia Schröder
AKTIONCOURAGE e.V. - SOS Rassismus
ELAC for migrant elders

Article Turks abroad

Suggestion to read in your garden or balcony in during the after-summer:

Turks Abroad: Settlers, Citizens, Transnationals –Introduction, article written by CHRISTINE INGLIS

University of Sydney and SAMIM AKGONUL AND STÉPHANE DE TAPIA National Centre for Scientific Research (CNRS)/Str

Christine Inglis, Samim Akgönül and Stéphane de Tapia. Turks Abroad: Settlers, Citizens, Transnationals – Introduction. *IJMS: International Journal on Multicultural Societies*. 2009, vol.11, no.2, pp. 104-116, UNESCO. ISSN 1817-4574.

<http://unesdoc.unesco.org/images/0018/001886/188648e.pdf#page=3>

Yvonne Witter

New ENIEC members

Freddy May, Utrecht, the Netherlands is a new member of ENIEC. He is a drs. and from the network NOOM, which is Netwerk van Organisaties van Oudere Migranten.

Our new member writes: "The position of the elderly migrants is bad in the Netherlands. The access to care leaves much to desire. At the moments their demand of care does not correspond to the supply of the care institutions. With my knowledge of the elderly migrants I will contribute to improve their position."

Christina Harrevelt is the president of the organisation NOOM in Utrecht.

Elisabeth van der Voorn, director and drs. at ZGAO in Amsterdam. Elisabeth is especially focused on the elderly migrants without family, poor and maybe without a place to stay. One of the methods of caring is to visit the elderly's countries of origin to try to make connections.

Sophie Demeere, Brussels, Belgium. Sophie is working in Kenniscentrum Woonzorg Brussels/Knowledge Centre Living and Care.

They wish to know more about how they can reach the elderly migrants in Brussels and get to know, how they want to become old and how to meet their needs and requirements. The organisation's goal is to encourage organisations to customize care and living for elderly migrants.

We warmly welcome Freddy, Christina, Elisabeth and Sophie in our association!

Grete Madsen



Presentation of an ENIEC member

Sema Oğlak

Born:
Adana/
TURKEY

Home:
İzmir/
TURKEY



Profession:

After graduating since in 1982 as a nurse, than, I graduated in Health Management in 1986. I had worked as a nurse only 5 years. I already have been working in Dokuz Eylül University of The Vocational School of Health Services as an instructor. As well as, I had been worked as a Project Coordinator which founded by European Union and supported Turkish Employment Agency (İşkur) in İzmir. Project name is "To Educate Social Care worker who will be Employed on Adult Day Care Centers". I am interested in issues; home care, social care services, Long-term care insurance and social policies for elderly people and disabled person, training and employment policies for caregiver, migration and care, voluntary working, quality of life for elderly people and LLL program for the elderly. I am also a member of the Home Care Association in Turkey. My the greatest aim to collaboration and make a common projects about the community care systems with the EU Countries. I also had studied elderly care and community care systems as an observers and researcher in Holland, Italy, Germany, Greece and UK between 2007 and 2010.

Relation to ENIEC:

I firstly heard the last summer to the ENIEC from my friend (Harun EROL) who had been worked in Germany (Frankfurter Verband) as a social worker.

Unfortunately, he is not a member to ENIEC, yet!!

Thoughts about ENIEC:

The network is important for bringing up important issues concerning elderly immigrants on the agenda. With many European countries together we get stronger, especially participation from Turkey is important. Also is important to share experiences to be able to form suitable services and activities to different groups of elderly migrants.

Have you been to the Annual Meeting in Helsinki?

It was my first meeting in Helsinki and I was most impressed by the group of people who all are concerned about the elderly and met different countries friends who are related to the same issues.

Something about your personal situation:

I am married and have one son and one daughter (Tonguç (24) and Zehra (14)). Tonguç graduated and he is working in the Pfizer, Istanbul. My character consist of optimistic, determined, responsible, and works hard to achieve. My hobbies are reading, travelling, taking photos, bike and walking.

Where will you be in March 2011?

Of course I will be in Goteborg.

Invitation:

I would like to pass on the word as next month's profile to the ENIEC member:

Tinie Kardol

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Send your items for the next ENIEC newsletter before October 1st, 2010 to c.schippers@ggzingeest.nl