



RECOMMENDATION NOTE on INCLUSION of OLDER REFUGEES in the RESPONSE - HUNGARY

Introduction.

Emergencies pose a significant threat to older refugees, who often face heightened vulnerability due to their age, health, and mobility limitations and higher dependency on family, social, and financial support networks in daily life.¹ To ensure their protection and well-being, it is important to prioritize the unique social needs of older refugees within the broader humanitarian response.


The United Nations (UN) defines older refugees as those aged 60 and above,² but perceptions vary across governments, families, and communities due to cultural norms and individual circumstances. Diverse needs exist within this group, with individuals over 80 requiring distinct support from those aged 60. Beyond age, it is important to acknowledge the diversity within the group and the unique vulnerabilities some face, compounded by displacement.³

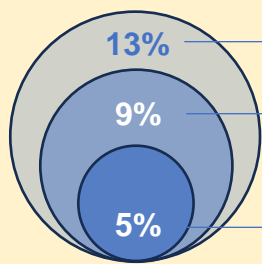
The UN emphasizes the importance of fostering independence, participation, care, self-fulfillment, and dignity for older refugees, placing emphasis on the latter.⁴ This will allow older refugees to maintain control over their lives, make their own decisions, and participate meaningfully in their communities, eventually promoting a sense of normalcy.

In line with these and humanitarian principles, the refugee response in Hungary should further tailor its humanitarian efforts to restore lost independence and autonomy⁵ during displacement. When losses are irreversible due to chronic medical conditions, they must be compensated for by social protection and assistance programs by the government, humanitarian actors, family and community support, upholding standards, and respecting the dignity of older refugees.

Demographics and vulnerability profiles of older refugees (MSNA Hungary 2023)

8%
of refugees are 60+

 **71% female**
29% male



13% of households have a member who is 60+

9% of households are headed by older refugees

5% of households are comprised of only older refugees



4X
more likely to have a chronic medical condition



6X
more likely to have a disability

Socio-economic profile of older refugees (MSNA Hungary 2023)

 **- 50%**

Average income (per month) of HH with older refugees compared to HH without (170,000 HUF vs 347,000 HUF)

 **~ 25%**

Income component from social protection for HH with older refugees (vs 5% for HH w/out older refugees)

 **2 x**

Monthly expenditure on health-related costs for HH with older refugees

¹ UNHCR, Policy on Older Refugees, 2000.

² UNHCR Emergency Handbook / Persons at Risk (2024); also Global Protection Cluster ; UN DESA, 2020.

³ E.g., gender, family support, traumatic experiences, pre-existing mental health conditions, socioeconomic status, rural residency, etc.

⁴ OHCHR, UN Principles Older Persons.

⁵ Independence is self-sufficiency in daily tasks, accessing services and information. Autonomy involves self-governance, decision-making, social engagement, and managing personal finance and health care choices.



Vulnerabilities and Barriers to Services.

Intersecting challenges, from digital divide, disability and chronic health conditions to poverty and age discrimination, are compounded in emergency situations, putting older people at heightened risk. In particular in Hungary:

Health Needs. Older refugees are more prone to chronic health issues and disabilities compared to the adult population: as per MSNA Hungary (2023), the percentage with a chronic illness is significantly higher among older refugees (72%) compared to adults in general (18%) and so is the prevalence of disability (30% vs 5%).⁶ Besides age, pre-displacement factors, such as lower levels of education, less access to healthcare, and poorer diets in their home countries, also affect the risk of chronic health conditions (e.g. diabetes, heart disease, and stroke).

"A 95-year-old lady I know had health problems and could not get medical care in Hungary; once the doctor did not have time, another she could not be registered at the clinic. She returned to Ukraine with the family." (66-year-old retired female refugee living in a collective shelter in Szabolcs-Szatmár-Bereg county, Hungary)

"In Ukraine, we can communicate with the doctor, we are treated in a different way, the health care is different and more understandable and transparent." (64-year-old retired female refugee living in Eger, Hungary)

In Hungary, older refugees with TP status have access to free medical care (emergency, primary, secondary care, care for chronic conditions, medical devices, etc.), transportation, and interpretation assistance.⁷ However, households with older refugees in Hungary are more likely to face healthcare needs (54% vs. 29%), encounter barriers in accessing healthcare (25% vs. 10%), and consequently, experience unmet healthcare needs (25% vs. 10%).⁸ In fact, language barriers, administrative hurdles in registering as patients,

and a lack of understanding about entitlements among refugees, health practitioners, and pharmacies, are reported for refugees in Hungary and are heightened for older refugees. Furthermore, from consultations, older refugees encounter obstacles in obtaining specialized aged healthcare, such as geriatric care, physiotherapy, mental health assistance, and regular access to prescribed medications.

MHPSS. Older refugees in Hungary reported mental health and psychosocial support (MHPSS) needs, some age-specific and others linked to post-traumatic stress disorder, marked by symptoms such as anxiety, depression, nightmares, and flashbacks stemming from war-related trauma. The displacement experience itself contributes to additional challenges for older refugees, possibly combined with survivor guilt and the fear of being a burden for the family members while in displacement. This state of distress and anxiety is exacerbated by the day-to-day difficulties of integrating into a new country at an older age and the uncertainty about the future. Accessing MHPSS services in Hungary poses hurdles for older refugees, as these services may be limited, expensive, or not culturally appropriate for their specific needs. From social media monitoring, older refugees seem interested in community and support, often wanting to join circles where they can communicate with like-minded individuals and seek support in their new environment. Refugees are also looking for caregivers who can provide companionship and emotional support and language courses or speaking clubs and similar activities.

"Old trees can no longer be replanted." (Refugee woman from Ukraine, Hungary)

⁶ [MSNA Hungary 2023](#), note that due to the small sub-sample of older refugees, results are indicative and not representative in nature.

⁷ [Safe in Hungary: Health care \(gov.hu\)](#). In particular, the following medical services are covered: emergency care, primary care provided by a general practitioner (GP), secondary and specialized medical services, oncological and chronic disease specialty care, medical devices and maintenance, dental care (limited to emergency and preservative care), specific medications (either free of charge or subsidized, depending on the drug category), and transportation assistance, if required due to health conditions. Certification by the NDGAP is requested for older refugees to be recognized as vulnerable, otherwise secondary/specialized medical care is available only in case of emergencies. Interpreters are available (phone # 1812) to communicate effectively with specialists/physicians, even though medical personnel reportedly do not accept online/remote interpretation services.

⁸ [MSNA Hungary 2023](#), note that due to the small sub-sample of older refugees, results are indicative and not representative in nature.



Financial challenges. Financial hardships pose substantial challenges for older refugees in Hungary, exacerbating their vulnerability in several ways. Data from the MSNA suggests that households with older refugees are more vulnerable due to a significantly lower income,⁹ combined with a higher dependency on social protection benefits.¹⁰ Obtaining pensions in the host country could be problematic¹¹ due to a lack of appropriate documents, further limiting available financial resources for essential needs like food, housing, and healthcare. Even when accessible, social security benefits alone are likely not enough to cover the costs of living for a retired refugee household in Hungary.¹² In addition, older refugees who are able and willing to work, encounter obstacles in the Hungarian job market, struggling to find suitable employment that aligns with skills and experience.

“We can't afford to rent an apartment. The social benefits are just enough for my medicine. We cannot even rent an apartment back home with our pension. It's the same here.” (66-year-old retired female refugee living in a collective shelter in Szabolcs-Szatmár-Bereg county, Hungary)

As per MSNA data, households without older refugees are more likely to have one or more household members working than households with older refugees (82% versus 31%). This may be attributed to caretaking responsibilities assumed by household members for the older refugees, who may require additional care and attention, limiting the availability of household members for full-time employment. This dynamic can contribute to a reduction in overall household income. As per social media monitoring, refugee households in Hungary look for caregivers during working

hours for older refugees needing assistance with daily activities, such as feeding, bathing, and dressing, movement, and transportation.¹³ Financial constraints can hinder the ability of households to access healthcare, for both pre-existing and newly arising conditions; some older refugees resort to returning to Ukraine for medical care,¹⁴ experience delays/ disruptions in (lifesaving) treatment plans, or deplete savings for costs meant to be covered by their TP status.

Digital Divide, Lack of Digital Literacy and Access to Information.

In addition to language barriers, older refugees often have limited or no experience with using digital devices and online platforms, and when they do, they are at higher risk of being targeted by scammers, particularly if isolated and with no one to turn to for advice with suspicious messages or calls. This can hinder their ability to access information about services, apply for benefits, and communicate with service providers. Also, they have less access to computers, smartphones, or reliable internet connectivity. This can further limit their ability to access essential information and services, and in return, older refugees may miss out on crucial financial support that could enhance their well-being and enable successful integration into Hungarian society.

“Because of language barriers, unfortunately, communication with Hungarians doesn't work. It's not easy to live in a country where you don't know the language. (64-year-old retired female refugee living in Eger, Hungary)

⁹ The disparity in total income is reflected by the fact that households with older refugees have a substantially lower total income (around 170,000 HUF) compared to households without older refugees (around 347,000 HUF).

¹⁰ Households with older refugees rely more on social protection benefits (almost 25% of their income) than households without older refugees (less than 5%).

¹¹ [MSNA Hungary 2023](#), results show that although 66% of older refugees are retired, only 23% of the households with older refugees declared regular access to a pension from Ukraine.

¹² A recent [ACAPS report](#) presents an overview of the available national social protection services and benefits for Ukrainian refugees who have TP. For a single person of retirement age, the available income sources in Hungary (social protection benefits for TP holders and Ukrainian pension) only cover 19% of the cost of living when rent is included.

¹³ UNHCR Social Media Monitoring.

¹⁴ From January to August 2023, UNHCR data reveals that 28% of those moving back and forth to Ukraine cited medical care as the reason, exceeding the 19% regional average in neighboring countries (Poland, Moldova, Romania, Slovakia).



Cross-sectoral Recommendations.

R1. Bridge the digital divide and promote access to information.

- Ensure that online platforms and information resources are accessible, user-friendly, and easy to navigate for older refugees; develop key messages in a range of accessible formats, including audio/radio, word of mouth, information booklets, 'easy-read' formats (text and symbols/images).
- Include older refugees as a target of outreach programs to identify them and keep them informed on legislative changes and about programs they are entitled to access with diverse and appropriate means of dissemination. List hotlines and call centers and share them during outreach to older refugees.
- Offer age-appropriate digital literacy classes, e.g., basic technology and computer skills, internet navigation, social media, how to access online services, online safety, and financial literacy through age-friendly language and teaching methods, breaking down complex concepts into easy-to-understand steps. Also, recognize and address the fear/apprehension some older refugees may have towards technology and address technophobia through for instance peer-to-peer support.
- Ease access to technology with affordable or free access to computers, tablets, and smartphones for older refugees. Consider offering device lending programs, subsidized internet plans, or community tech centers with access to equipment and training.

R2. Strengthen eldercare strategies (medical and social care).

- Cooperate with national healthcare providers to ensure meaningful access of TP holders to national geriatric healthcare, age-appropriate diagnostic assessments (chronic condition, mental health, functional limitations), self-management education and other support programs, rehabilitation services (including therapy and assistive devices), and coordinate with national health systems to streamline recognition of Ukrainian prescriptions, certificates, and expedite medication refills with local pharmacies.
- Integrate preventive healthcare through outreach and awareness of healthy aging practices and promoting health screenings to identify potential health risks.
- Expand in person offer of professional/medical translation and interpretation services to ease communication with health service providers and healthcare professionals.
- Identify accessible, safe, and comfortable accommodation options for older refugees with mobility and/or sensory limitations, considering an interior design that helps to improve personal mobility.¹⁵ Explore smart home options with remote monitoring systems to promote independence among older refugees (when the use of technology is both appropriate and acceptable).
- For older refugees needing assistance with daily activities:

Family-Based Care

Identify households with older refugees and consider financial assistance, training, and resources to family members/adults who are providing care for older refugees, facilitating communication between caretakers and service providers.

Home-Based Care

Identify home care services locally available in areas of residence, e.g., assistance with daily tasks, nursing care, and medical monitoring by trained professionals, while developing a referral system to connect older refugees with qualified home care providers.

Institutional Care¹⁶

Map available institutional care options for older refugees, incl. nursing homes, hospices, and residential care, e.g., types of facilities, costs, admission criteria, and availability of subsidies, and cooperate with government counterparts to streamline the admission process.

¹⁵ E.g., staircases compatible with the ergonomics and usage patterns of older persons, stairlifts, appropriate lighting (as older persons require 3 or more times illuminance than younger adults), adequate flooring material, in case of use of walker, a wheelchair, or a cane.

¹⁶ All reasonable efforts to prevent placing older refugees in institutions unless necessary should be exhausted. This includes assisting in re-establishing family connections, exploring cross-border reunification options (with consideration for non-return advisories), and establishing clear referral pathways.



R3. Combat isolation and promote social inclusion.¹⁷

- Organize social support programs, e.g., language learning classes, cultural events, and recreational activities, to connect older refugees with others, break isolation, build friendships through community activities (also in collective shelters) and cultural orientation programs to help older refugees understand the cultural norms and expectations of their host country. Ensure infrastructure accessibility and suitable transportation options.
- Engage older refugees through volunteer opportunities that align with their interests and expertise.
- Form peer-support groups, networks among older refugees, and mentoring; consider training volunteers/community members to provide peer support.
- Offer MHPSS services that are culturally appropriate and accessible to older refugees. This could include providing individual or group therapy, support groups, and psychoeducation.
- Recognize and support the caregiving roles of older refugees, considering respite care and other support services when needed.
- Promote technology for social engagement and digital storytelling (older refugees sharing stories and experiences through digital media platforms) to connect with friends and family, join interest groups, and stay informed about local events.

R4. Enhance access to social protection and economic opportunities.

- Advocate for extension to older refugees of benefits and services under the Social Act,¹⁸ map social security options, allowances, and other forms of financial assistance available in Hungary and provide information and guidance on how to access and apply for them, supporting – when needed – access to necessary documentation and identity verification.¹⁹
- Collaborate with local businesses and organizations to identify employment opportunities that are suitable for the skills and experiences of older refugees (e.g., job training, connecting them with potential employers, and helping them navigate the Hungarian job market).
- Consider skills training and employment opportunities, this can help older refugees to become financially independent and contribute to their new communities.
- Encourage the development of livelihood and microcredit programs and other initiatives to support older refugees in starting or expanding their own businesses.
- Integrate assistance for housing, food, healthcare, and income with direct cash assistance, vouchers, or other forms of financial support.²⁰

Conclusions.

Recognizing the unique vulnerabilities and barriers to services of older refugees, the humanitarian response in Hungary should strengthen the comprehensive approach to promote inclusion and address the isolation and socio-economic integration challenges they might face. This includes prioritizing identifying and registering older refugees and their needs, easing access to specialized services and social protection schemes through advocacy and culturally sensitive and age-appropriate humanitarian services.

Beyond receivers of assistance, older refugees are actors for change, and their inclusive participation in the different aspects of the response are to be promoted. As volunteers and social workers, older persons bring a wealth of knowledge, experience, and leadership to the humanitarian response. They have lived through diverse life events, developed resilience and empathy, and possess a deep understanding of their communities. As caretakers and head of households, they also provide for others.

¹⁷ This can help to reduce stress, promote physical and mental well-being, and foster a sense of belonging.

¹⁸ Act N. III1993 on Social Services and Social Administration.

¹⁹ This can include assistance to older refugees in locating and replacing lost or damaged identity documents; language interpretation and translation services for older refugees who need help with document processing; collaboration with relevant government agencies to streamline the process of obtaining identity documents for older refugees; awareness among older refugees about the importance of maintaining and safeguarding their identity documents.

²⁰ Also promote a (joint) risk assessment tool to screen/identify older persons at heightened risk, e.g., unaccompanied older refugees, or facing neglect, or head of households, etc., for case management based on jointly agreed protocol (incl. best practice and guidance) and protection cash payments or other forms of assistance, while inclusion into the national social security system is pending.



Their contributions can be harnessed to provide mentorship, role modeling, volunteering, paid employment, cultural enrichment, and community leadership. As a valuable resource, their inclusion in participatory assessments/consultations and as volunteers and social workers is essential for a comprehensive and effective refugee response.

At RCF level, collaborative efforts around the recommendations will ensure stronger partnership and cross-sectoral collaboration. This involves

fostering collaboration and coordination among diverse stakeholders, including government agencies, non-governmental organizations, and civil society.

Recognizing the interconnected nature of challenges faced by older refugees, building more robust partnerships with protection, health, mental health and inclusion actors remains crucial in creating a supportive environment that promotes their well-being and integration within the broader humanitarian response.

Resources and Contacts.

- [UNHCR, Policy on age, gender and diversity, 2018](#)
- [UNHCR, Policy on Older Refugees, 2000](#)
- [UNHCR Working with Older Persons in Forced Displacement, 2013](#)
- [UNHCR Protection in Emergencies Toolbox. Protection Checklists and Emergency/Older Persons](#)
- [Elderly people in humanitarian crises, a forgotten population: A call for action | PLOS Global Public Health](#)
- [OHCHR, UN Principles Older Persons](#)
- [HelpAge International, Older People in Disasters and Humanitarian Crises: Guidelines for Best Practices, 2000](#)
- [HelpAge, Practical Guidelines on Older People](#)
- [IASC, Humanitarian Action and Older Persons, An essential brief for humanitarian actors, 2008](#)
- [Humanitarian Practice Network, Protecting and Assisting Older People in Emergencies, 2005](#)
- [WHO, Elder Abuse, Fact Sheet N°357CBP Community of Practice, 2022](#)
- [Friedrich Ebert Stiftung, Ageing and Care for the Elderly in Hungary General Survey and Problems, 2019](#)

More notes on strengthening the inclusion of vulnerable refugee group in the response in Hungary are available on the [Data Portal](#).

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