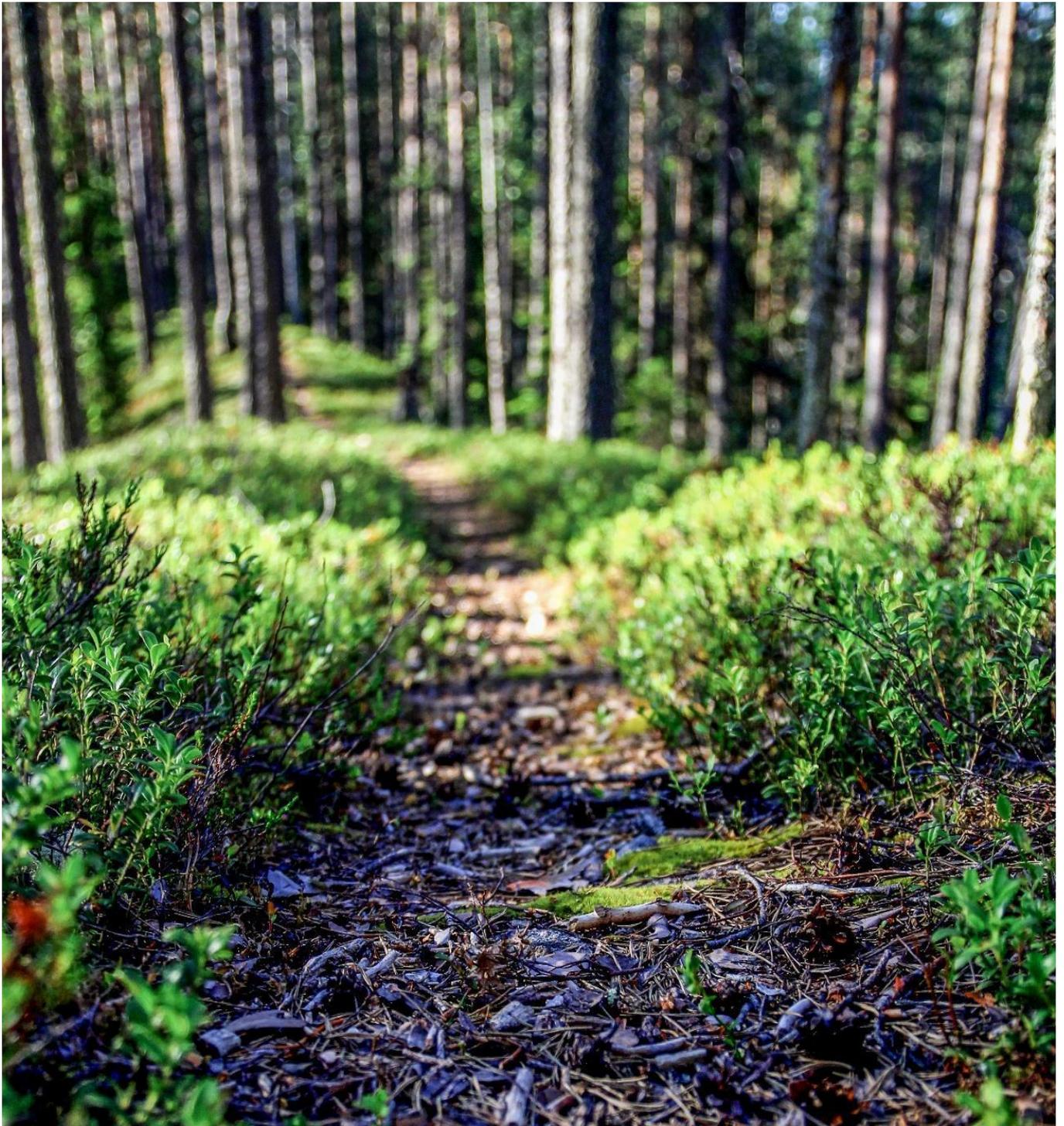


# How are we doing?

The promise of the welfare state to take care of all the elderly- including minorities?

**The effects of COVID-19 pandemic on the lives of migrant older people in Finland**



PICTURE: Kuvia Suomesta/ Roine Piirainen

## Introduction

Like the rest of the world, Finland experienced a major change in the spring of 2020 as a result of the COVID-19 pandemic. The coronavirus that spread from Wuhan Province, China, greatly changed people's daily lives and the effects of the changes extended to everyone. A network of five organizations promoting the inclusion and well-being of older migrants carries out peer group activities, personal counselling and support for older people, as well as advocacy work on a common front. In accordance with the Finnish government's policy, all group activities and meeting places for the elderly were closed in mid-March 2020. As a result, the organizations' activities shifted from day to day meeting to remote activities, in particular a telephone support for older migrants, and for the spreading of important information through native-speaking group facilitators. Shortly after the start of the pandemic situation, a working group was set up within the network of organizations to examine the situation of older migrants in the daily life of this exceptional circumstances.

People move to Finland from abroad for different reasons and at different ages. They do not form a cohesive group and are therefore often invisible in Finnish society. For some older people with a foreign background, it is challenging to apply for services or take a stand on insufficient services. Their lives can also be built around the home and their own community. The diversity of ageing population and its different needs of service have not yet been internalized in the field of elderly services in Finland. When planning services, the starting points, needs or accessibility of linguistic and cultural minorities are not sufficiently taken into account.

According to Statistics Finland's database, the number of foreign speaking people over the age of 55 is growing by about 4,000 a year. At the end of 2019, the number was 57 591. More than half of them live in Uusimaa region, mainly in the Helsinki metropolitan area. In Finland, the retirement age is gradually rising and a person over the age of 65 is generally defined as a customer of elderly services. However, in the case of people with a foreign background, there is a reason to look at a person as older even before the official retirement age, as many ethnic groups, including the Finnish Roma, have a shorter life expectancy than the general population. In these groups, the need for support due to ageing also increases with age. In group activities for migrant older people, the minimum age is therefore set at 50 or 55 years of age.

With the COVID-19 pandemic, concerns about the migrant older people, especially familiar visitors to group activities, quickly arose within our organizations. Employees were concerned about whether the group members had received enough information about the current situation and whether the official information shared in the mainstream media had also reached minority seniors. How are they doing in the new daily life revolutionized by restrictions? We also wanted to find out what means the elderly have to cope in such a situation and how they have coped mentally. Answers to these questions were sought through telephone conversations conducted by the group facilitators.

The working group consisted of five organizations working with older migrants: The Pensioners – Eläkeläiset Association, JADE activity center of Käpyrinne Association, Omaisneuvo activity of The Association of Carers in Helsinki and Vantaa, ETNIMU activity of The Society for Memory Disorders Expertise in Finland and Palvelutaloyhdistys Koskenrinne Association's project (Kotona täälläkin). The common goal of the working group is to promote the position of migrant older people in Finnish society, to increase the authorities' awareness of cultural and linguistic minorities, and to promote the well-being and participation of older people in elderly services.

## Collecting information

For data collection, the team created a common questionnaire on a web platform where each group facilitator was able to save responses during or immediately after the phone calls. In addition, open-ended questions provided background and in-depth information that was not revealed through the completed form questions. The discussions were conducted in the respondent's mother tongue, as the target group is of older age, for whom communication and information in the Finnish or other main languages are not accessible. The telephone conversations of the group facilitators focused on supporting the group members and facilitating everyday life, as well as sharing current information about the coronavirus situation and various instructions. In addition to the responses recorded on the questionnaire, each group facilitator was finally asked for an overall assessment and experience of the telephone conversations through three questions. The responses were collected from the discussion as text in a common file. Telephone interviews and the collection of questionnaires took place from 6<sup>th</sup> to 30<sup>th</sup> of April 2020, the results were analysed in May 2020 and the report was completed on 10<sup>th</sup> of June 2020 (in Finnish) and translated in English on 1<sup>st</sup> of July 2020.

The telephone conversations sometimes lasted more than an hour and going through the questions in the questionnaire was only a small part of the conversation between the group facilitator and the group member. The discussions revealed a great need for social contact among the elderly and a longing for group activities carried out by the organizations. The survey was carried out as part of the ordinary work of the NGO network in order to store hard-to-reach information for future evaluation and to support the advocacy work our NGO's conduct. With this method, we were able to reach those older participants in group activities who had been reached in organizational work over the years. The voice of migrant seniors who have not been reached by organizational activities will not come up through this report. The language groups of the survey were determined according to the language groups involved in the group activities of the organizations, which are also statistically among the ten largest in Finland.

## Results

The results of our survey have been examined and analysed through a number of different perspectives. Initially, we have compiled an overall picture of the material and background information on the target group of the survey. A total of 138 responses were received to the survey (N = 138).

In total, there were respondents from nine language groups, but when looking at the results, groups of less than 10% were combined. The two younger age groups, 30–49 and 50–59, had the highest proportions of respondents in Arabic, Kurdish, Dari and Persian, relative to the size of these groups.

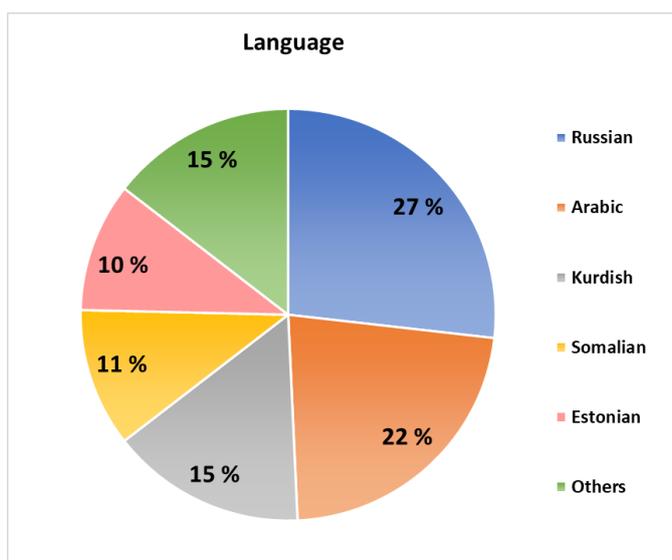


FIGURE 1: There were nine different mother tongues among the respondents. The Other Languages group includes Dari, Persian, Chinese, and Vietnamese.

The age group of 70–79-year-olds had the largest number of Russian-speaking respondents and about one-fifth Arabic-speaking and Estonian-speaking respondents. In the oldest age group, almost all respondents were Russian or Estonian. Somali-speaking respondents were mainly in the 50-69 age group.

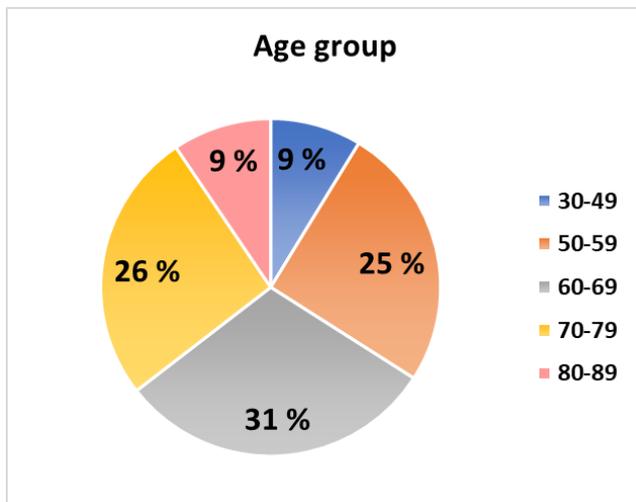


FIGURE 2: The survey reached the respondents aged 50-79 best. Respondents also came from under the age of 50, as the co-operation network includes e.g. group activities for carers, where some of the participants belong to the 30-49 age group.

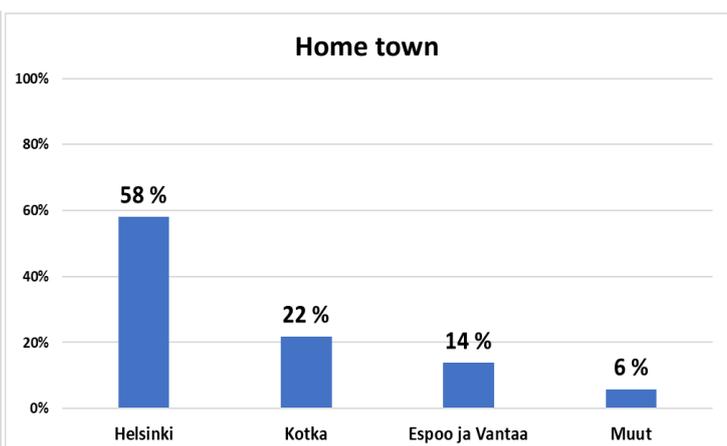
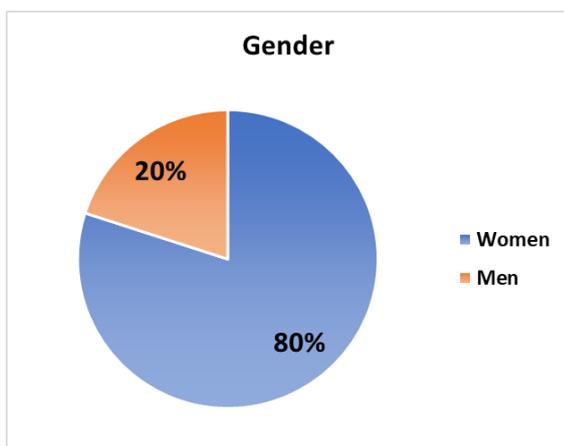


FIGURE 3 & 4: Respondents mainly live in the Helsinki metropolitan area (Helsinki, Espoo, Vantaa) and Kotka, in addition to which individual responses were received from Kuopio, Pori and Turku (Muut). The place of residence of the respondents naturally follows the location of the organizations, as the group facilitators in the working group called the older group members known to the organizations. The majority of respondents were women and a fifth were men.

### The role of public authorities in the daily lives of minority older people

After the start of the pandemic situation in Finland, many municipalities were assured that elderly residents would be contacted and their needs would be mapped out. Based on the responses, it appears that the authorities have not been in systematic contact with the oldest groups of respondents in their municipalities - or at least this has not been remembered by respondents. Slightly more than 70% of respondents over the age of 70 reported that they had not been contacted directly by the authority. In addition to this, there were a few respondents who could not say whether there had been contact (see Figure 5).

Direct contacts of the authorities were taken into account for municipalities with more than 10 respondents. In percentage terms, the authorities had contacted the respondents the most in Espoo (43%) and the least

in Kotka (13%). In Helsinki, about a third of the respondents had been contacted. In Espoo, where the percentage of contacts had been the highest, only two contacts were aimed at people over 70 years of age.

Looking at all communications (see Figure 10), the authority or home care was mentioned as follows: 33-49 year olds 33%, 50-59 year olds 14%, 60-69 year olds 5%, 70-79 year olds 3% (home care) and those aged 80-89 0%. As helpers in everyday affairs (Figure 9), a municipal employee or home care has been mentioned three times and these mentions came from different age groups.

Respondents represent a sample that has been reached within the scope of organizational activities. It is difficult to know how many older people are excluded from the support of both organizations and authorities in this kind of exceptional situation or in general. It is very unfortunate if, in addition to this, they do not have a family to support them in Finland, as the importance of the support it provides was emphasized in this survey for almost all age groups. The results of the survey suggest that the role of the authorities in the daily lives of older people with a foreign background is limited. Previous experiences with organizational activities are also similar.

### Obtaining information in an exceptional situation

The survey examined how information on the coronavirus and official guidance has reached migrant older people. According to their own experience, the respondents had received sufficient information about the pandemic situation and various instructions (eg. restrictions and hygiene instructions), but the correctness of the information cannot be directly deduced from the answers. Only one-fifth of the respondents reported contacting the authorities when asked, although the Ministry of Social Affairs and Health has been in contact with the residents of Finland by letter and the police and the City of Helsinki by text message regarding the situation. Based on the answers, it can be estimated that the information provided by the authorities in Finnish or Swedish does not reach migrants or their families to the required extent. The language challenge can also be met when information is sought from sources in different languages prepared by the Finnish authorities. For example, in the Chinese-speaking group, the challenge was that Cantonese did not understand corona information in Mandarin Chinese.

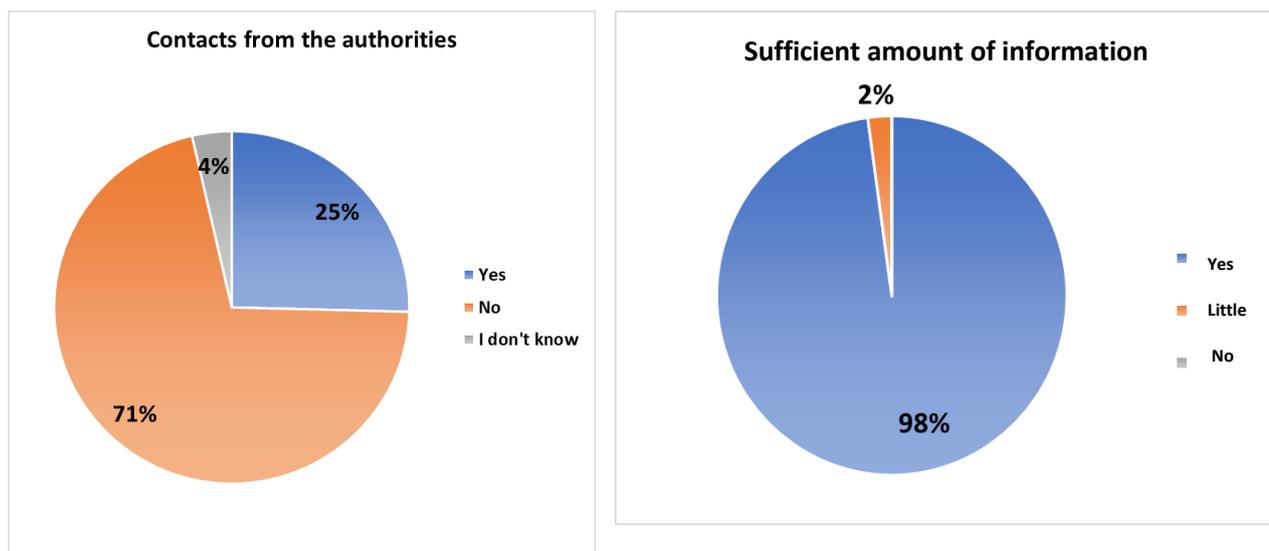


FIGURE 5 & 6: Respondents almost invariably felt that they had received sufficient information and guidance about the corona situation. Only a quarter of respondents reported direct contact with the authority.

### Where do you get information from?

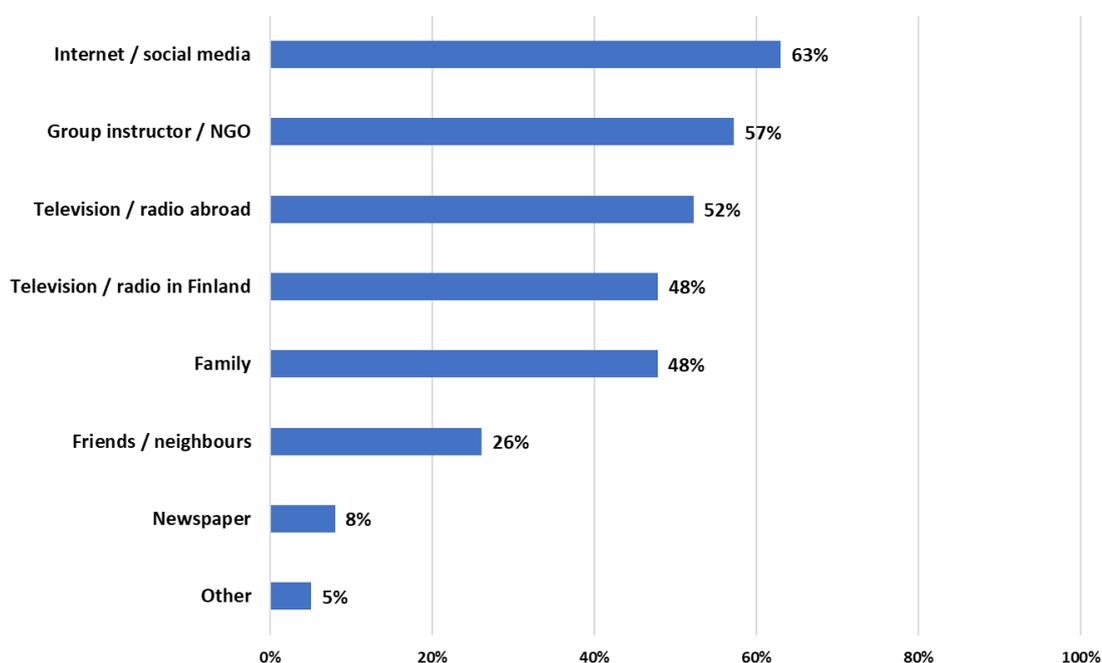


FIGURE 7: In this multiple-choice question, the respondent could choose one or more answer options and, if desired, add an open answer. The most commonly chosen answer options were 1) internet / social media, 2) group facilitator / organization, and 3) television / radio abroad. Respondents chose an average of 3 answer options (average 3.1). The other answer option includes religious communities and government sources as sources of information.

Looking at data sources by age group, as expected, the Internet/ social media received the highest percentage of mentions in the youngest age group, but also almost two-thirds of those aged 70-79 and almost half of those aged 80-89 were Internet/ social media users. The role of the group facilitator/ organization as a source of information was greatest among those aged 30-49, about 80% of them said that they had received information through it. The role of the group facilitator/ organization as a source of information decreased gradually according to the age group. It was lowest in the 80-89 age group, 39% of them had answered this as a source of information. The importance of foreign television and radio was greatest in the younger age group and was a much more popular source of information for them than Finnish television and radio. Only in the oldest age group were Finnish television and radio slightly more popular than foreign television and radio. Family members were mentioned most as sources of information in the 60-69 age group.

Comparing the differences between language groups in terms of access to information, it is observed that the Internet and social media are more prominent among Arabic and Kurdish speakers. Family members and friends are highlighted by other group (Dari, Persian, Chinese) and group facilitators or NGO actors most among Somali speakers. For Russian-speakers, the most important information channel has been television or radio from abroad, but among Estonian-speakers, the most important medium has been television or radio in Finland. The importance of group activities is most emphasized in the answers of Somali, Dari, Persian and Estonian. The newspaper is mentioned as an information channel almost exclusively among Russian- and Estonian-speaking groups who have lived in Finland for a longer period of time.

Information related to the corona pandemic was widely available among the target groups and respondents said they were satisfied with the amount of information. In principle, all respondents to the survey were involved in organizational activities and received information in their own mother tongue at least through a group facilitator. There was also a lot of misinformation going around, in addition to which it was challenging to separate the right information from the large amount of information. The group facilitators' summaries also showed that in foreign-language groups, the elderly sought and received information from a wide range of sources. One of the most important sources was their own relatives as well as a familiar group facilitator they trust. In addition to the Finnish media, the respondents sought information in their own language through the media and communication channels of their previous home country or country of origin.

Monitoring the situation in one's own country of origin had an impact on the group behavior of the elderly even before the pandemic arrived in Finland. Already in January, it was noticed at the JADE Activity Center and the Pensioners' Association's women's sports group that Chinese-speaking group members dropped out. One of the reasons the facilitators thought was possible fear of discrimination because the virus had spread from China. However, the group decided to take a voluntary quarantine in the same way it was done in China (quarantine was not yet discussed in Finland in January). Fear was raised by the fact that some people had either travelled to China themselves just before the epidemic broke out, or had been in contact with Chinese tourists in Finland.

### Coping with everyday activities

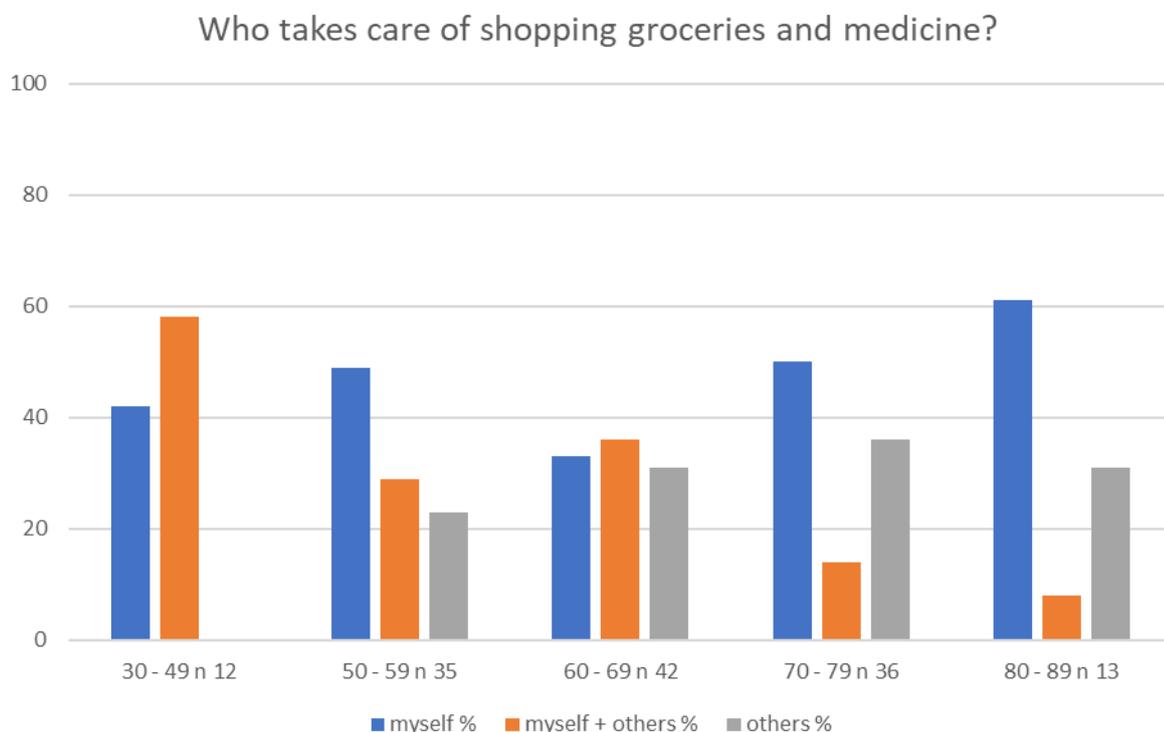


FIGURE 8: In this multiple-choice question, the respondent could choose one or more answer options and, if desired, give an open answer. By far the most commonly chosen answer options were 1) myself and 2) family members. Respondents chose one answer option (average 1.3).

Most of the respondents take care of their own daily purchases (groceries and medicine) independently or with the help of a family member. The Finnish government recommended that someone else take care of shopping on behalf of people over the age of 70 in the pandemic situation. Among respondents, about half of those over the age of 70 reported doing business entirely themselves and just over a third reported someone other than themselves as a shopper. In the oldest age groups, the extremes were emphasized, shopping were mainly handled either entirely by themselves or entirely with the help of another person. The two oldest age groups also have the highest percentage of independent shoppers in relation to response rates compared to other age groups. One reason may be that the respondents are used to coping on their own without the support of society, in which case, even in an emergency or this kind of exceptional situation, it is not thought that society could help. For example, the lack of social welfare in the former Soviet Union taught to cope with one's own abilities, and one may not even be able to receive help.

The most significant party in helping with day-to-day affairs were family members, group of which can also include other close relatives more broadly. In the oldest age group, aged 80-89, family members and the group facilitator/ organization were equal helpers. The city employee/ home care was mentioned as a helper only once, in the age group of 70-79 years.

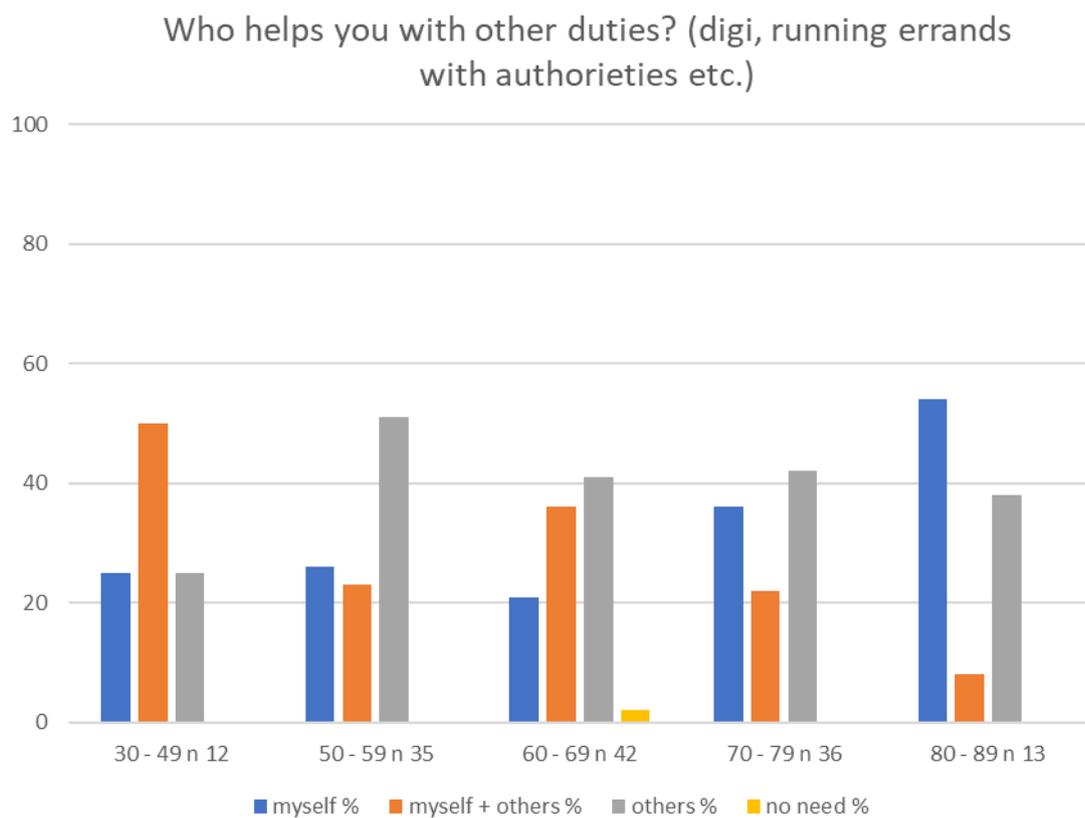


FIGURE 9: In this multiple-choice question, the respondent could choose one or more answer options and, if desired, give an open answer. By far the most commonly chosen answer options were 1) family members and 2) myself. Respondents chose either one or two answer options (average 1.4).

The survey also examined the respondents' need for assistance in other everyday matters, which are referred to as "Who helps with other duties?" (Figure 9). In these matters, the majority of respondents said that they deal with their affairs independently or with the help of a family member, but at this point the role of the group leader or the organization as a provider of assistance also comes to the fore. A few respondents have received help from a friend or neighbour. According to the experience of the employees of the organizations, during the corona situation the need for support for official matters has not decreased

but has remained unchanged. Group members involved in the activities of the organizations have called the group instructors even at a lower threshold than before to handle official matters (eg. appointments for a doctor, renewal of prescriptions, social security matters etc.).

There was more need for help from other people when it comes to other duties. Respondents aged 80–89 were still mostly self-sufficient. Compared to day-to-day matters, the independent performance of the youngest age groups decreased significantly in the case of official matters. Only about a quarter of respondents under the age of 60 and about a fifth of respondents between the ages of 60 and 69 stated that they handle official affairs completely independently. Of the age group, 70–79 years of age were slightly more than one-third of the respondents and slightly more than half of the 80–89 years of age were self-sufficient.

In total, the respondents named a helper 114 times in other everyday matters, of which 17% were by the group leader/ organization. The organisation's work was able to meet almost one-fifth of the need for assistance in official matters. The city employee/ home care and the city official information both received one mention. The family played the largest role of helper in all age groups, but in the eldest group its importance was still less than 40%.

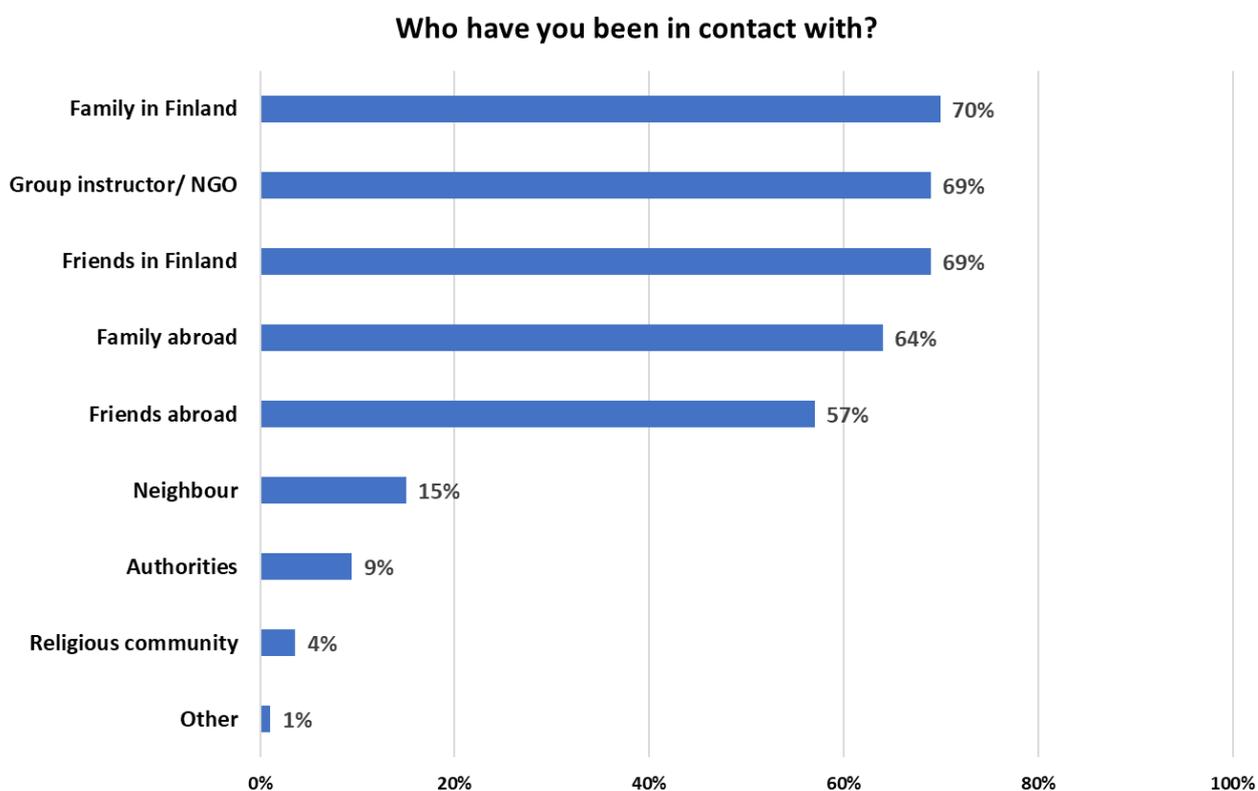


FIGURE 10: In this multiple-choice question, the respondent could choose one or more answer options and, if desired, give an open answer. Respondents chose an average of 3.6 answer options. Authorities in this regard include municipal employees, home care, social work, police and health care.

In a telephone conversation, group facilitators also asked who the respondents had been in contact with during the pandemic situation (Figure 10). The answers emphasize family members, a friend in Finland and a group facilitator/ organization. The answers also mention contact with family members and friends outside Finland. Cross-border family relationships, ie. relationships with family members and close relatives living abroad, are strongly present in the lives of older migrants. Some members of the family may live in the persons country of origin, some in other European countries or even on other continents. Russian-speaking

respondents had received telephone calls from the Russian authorities, as many also are residents of Russia. In contrast, only 9% of respondents reported contact with the Finnish authorities.

The pandemic situation caused many to miss and appreciate the activities provided by the organizations and the help of the employees in the daily life before the corona crisis. As a recent point of contact, group facilitators/ organizations appeared to play an important role. In the age group 30-49 years old, the group facilitators/ organization had been in contact with 83% of the respondents, 63% of the 50-59 year olds, 60% of the 60-69 year olds, 72% of the 70-79 year olds and 92% of the 80-89 year olds .

There are noticeable differences between language groups in communication with family members and friends in Finland and abroad, and in communication with the group facilitator/ organization. Arabic and Kurdish-speaking respondents were most in contact with family members abroad. This can be partly explained by the fact that the respondents belonging to these language groups have often lived in Finland for a shorter period of time compared to others. In Russian and Estonian respondent's answers, the group facilitator/ organization is the primary contact, but otherwise the group answers differ from each other. There was no mention of family members in Finland from Estonian-speaking respondents, but they have only been in contact with friends in Finland or with family and friends abroad (Estonia). In the case of Russian-speakers, communication between friends and family members is fairly even in Finland and abroad, although contacts in Finland are somewhat emphasized. The Russian-speaking group is the only one to highlight contact with neighbours (12% of the language group's responses).

### Mental resilience in the situation

The decline in social life due to the exceptional situation annoyed almost everyone. Respondents longed for human contacts, seeing friends, routines outside the home, and group activities. Everyday activities were now focused on the home and doing various household chores was often mentioned as a daily routine. In the 30-49 age group, the change was also reflected in the fact that children stayed at home in a remote schooling and that pressured their family responsibilities. In the older age groups, on the other hand, empty space had been left to fill everyday life due to hobbies and restrictions on social relationships outside the home were cancelled.

The free-form responses recorded by the instructors contained a wide range of emotions. Data collection was done in the early stages of the pandemic situation, when people had a lot of confusion and adaptation to the new situation. As the situation prolongs, emotional states and coping change as mental resources dwindle. Emotions were mostly negative, but among them was also looking forward and believing in survival. The responses showed strong gratitude for the group facilitators calling and asking how things are going. The contact of a familiar facilitator was of great importance during the physical isolation.

Emotional states were accentuated by fear, anxiety, stress, sadness, grief, anger and fatigue. Time spent at home was perceived as difficult for many reasons. Especially at the beginning, it was felt that people were not allowed to go out and social life was reduced or completely interrupted. Many respondents had been active and no new route to their own activity could be found when they stayed at home. The situation was complicated by the fact that it was not possible to know how long the situation would last and whether they would themselves become infected and sick. Fear and uncertainty emerged in all age groups, but in responses among those aged 80–89, fear was mentioned for only one respondent. Responder feared he would die alone when his daughter could not come to see him from Russia. Otherwise, comments from 80-89-year olds showed isolation and declining social relationships.

*"It's hard not to do anything."*

Fear of the situation arose greatly all over the survey material. It had existential traits like "I want to live," and "I don't want to die". The global nature of the pandemic, the speed of its development and the danger to the elderly in itself created an atmosphere of fear. In addition, knowledge of one's own vulnerability, isolation from Finnish society, and the dependence of aid on closed organizational activities deepened the fear. An additional concern was the daily media coverage of the elderly as a risk group, as well as the detrimental effect of many underlying diseases (lung diseases, diabetes, obesity) on the prognosis of the corona virus disease. A few responses reported that fear caused stress, for which one respondent sought help from a physician. The situation as a whole was perceived as tiring and distressing.

*"Fatigue, being vigilant at all times, Corona coming from everywhere."*

*"Troubled by Corona coming from everywhere, the walls are starting to close in."*

The concerns described the respondents' collective outlook on life. Concern was taken of family and friends both near and cross the border. In addition, the infection situation in the country of origin and the reported deaths around the world were a cause for concern. In three responses, the infection had been caught by a respondent themselves or by a family member. The situation caused serious concern and helplessness about how children or grandchildren cope when parents become ill.

*"My son's family got sick, the children had to be treated elsewhere."*

### With the crisis, social problems are emerging

The exceptional situation highlighted the social problems of certain ethnic groups. The responses expressed outrage that, despite the attempts, large families have not received larger housing. In a situation where physical distance is one of the most important means of protection, living in big families in small spaces increased the fear of infecting grandparents at home. In the Somali community, for example, many work in the transport or care sector, making the possibility of contracting and spreading the virus in the immediate family members.

Respondents to the survey most often state that they take care of the day-to-day affairs themselves or with the help of family members. Elderly people did not take advantage of the home delivery of purchases provided by social workers or shops, which may be due to the fact that older people with a foreign background live on very low incomes and were not willing to pay for such a service.

The reason for the change also affects how the respondents perceived the exceptional situation. Punitive measures perceived as an ethnic group in a previous life came to mind again. For example, the closure of borders brought to the surface of the Ingrians (Russian-speaking minority in Finland) old fears related to experiences of not being able to meet people in the past, being subjugated, and living under various prohibitions and restrictions. Old fears also came to dreams. The disease itself was not necessarily feared, but was treated as fate and acceptance.

*"It comes down to what's to come, we've seen even harder times."*

The closure of borders raised a wide range of practical concerns for older people who moved from neighbouring areas. In particular, Russia's decision to ban travel out of Russia left a few people trapped with

relatives or friends. People didn't have enough medicine or cash with them. In one case, an elderly woman was left behind the Russian border with her son with a disability, for whom the medicines needed were only scheduled for a short visit. The cancellation of commercial shipping caused practical challenges for Estonians. Concerns arose about the illness of the family and relatives and the impossibility of giving them or accessing their help when needed. Helping and caring for the elderly in Estonia is the responsibility of relatives.

### Coping in the exceptional situation

Over the course of their lives, older people have had to deal with many unexpected situations and find suitable means of coping with them. Particularly those who have faced persecution from totalitarian states, such as those from the former Soviet Union, have the life experience to gather spiritual strength when faced with difficult and unexpected situations. Daily routines and household chores play a big role. One of the clearly emerging means of survival was closer contact with relatives, friends, and the group facilitator, either by telephone or a smart phone. When Estonians used to be in contact with relatives once a month, relatives in Estonia were called daily during the crisis. On the other hand, digital literacy divided the elderly into skilled and non-skilled. Those who were prepared to use remote connections were relieved of the isolation's concern with the rapidly organized remote groups in the organizations. Organizations were actively connected to group members through social media applications (e.g., Whatsapp, Wechat, and Facebook), through which the information, safety instructions, news and exercise tips were distributed.

To alleviate the concerns of the situation, all seniors need to get enough information and be offered instructions. In the case of migrant older people, special attention must be paid to information in their own language and access to that information. The Internet and social media emerged as the most important source of information among respondents, along with friends, relatives, and their own community. Respondents also closely monitored the corona situation in their country of origin and information alongside the situation in Finland.

Living with the family was also important for survival. Younger people received information and helped with everyday business outside the home. Living together brought security, but on the other hand, dense living was tiring in those families with a lot of members and especially children present on a daily basis. The elderly would need their own peace. Responsibilities for home routines could pile up for grandparents as their own adult children went to work. Isolation was hampered by overly strict restrictions on older persons by their adult children, based on some responses. Outdoor activities were allowed, but other activities and social contacts were restricted. The Estonian-speaking elderly emphasized living alone, and the respondents did not have family members in Finland from whom they could have asked for help if necessary. In difficult times of life, the importance of religion is also emphasized. Respondents expressed the need and habit of relying on the highest forces. The answers revealed reading the Qur'an among daily routines and believing that God would help.

An interesting finding in terms of survival was the outdoor activities and exercise highlighted in many of the responses. Outdoor activities were mentioned as an everyday routine, but in some, especially in the 70-79 age group, outdoor activities had decreased. This may be due to strict adherence to isolation recommendations. Exercise and outdoor activities as a wellness activity may not be familiar to all elderly people with a foreign background. The general preference of the respondents for sports and outdoor activities is partly explained by the fact that the organizations that conducted the survey have been organizing sports activities suitable for older people with a foreign background for several years. In this way,

the physical lifestyle has become familiar to those involved in group activities. Respondents longed for guided exercise such as swimming and gymnastics. Physical exercise videos sent by group instructors were utilized and praised.

## Summary

Older people with a foreign background, like the elderly in the general population, suffer from being isolated and at risk. Many restrictions that make everyday life difficult have affected the entire Finnish population on the same principles and it can be seen that we are in the same boat. Concerns about the protection of the elderly and large-scale restrictive measures that came to the fore during the corona pandemic caused additional concern for the respondents about being a burden, but also gratitude for the concern from Finnish government. In addition to this, older people with a foreign background had specific additional concerns due to their own situations, such as language, cross-border relationships, migration background, minority status, and invisibility in elderly services.

As the pandemic progressed it was repeated many times that older people would be taken care of. According to the survey, the role of the authorities as a contact person appears to be small. The largest group of helpers in everyday activities are family members and relatives, as well as organizational actors. Concerns are growing especially among those elderly people who do not have relatives in Finland. Where can seniors with a foreign background get help with the basics in a situation where people are advised to avoid human contact? Not everyone has the capacity or resources to find or take advantage of additional services built for older people in society or the help of the authority.

An important source of information for migrant older people was, in addition to their own loved ones, a familiar group facilitator in organizational activities. The personal calls of the facilitators to the elderly played an important role, partly because the instructions and advice received through the organizations and group facilitators were clear in their own language, which were based on information and instructions from the Finnish authorities. In addition, facilitators overwrote incorrect information when necessary. The guidelines provided by different countries differ and the information obtained may be mixed. How the pandemic situation is communicated and instructed in other countries may not be relevant for those living in Finnish society. Knowledge in one's own language is important and many also received information through relatives living abroad. The problem is that the accuracy of the information cannot be ascertained, and the information obtained may conflict with Finnish guidelines.

The foreign language proficiency, literacy and use of various means of communication of a migrant elderly person have a significant effect on where information is obtained and sought. Some respondents are only able to follow the information orally in their own language. Condensed official information translated from Finnish into other languages does not reach the elderly well enough. To understand it correctly, it requires an explanation of things and the opportunity to ask for clarifications so that the information can be applied. Developing accessibility is as important as language choice. In order to ensure in the future that elderly people with a foreign background living in Finland receive correct and up-to-date information in a crisis situation, authorities must take into account the differences between different language and cultural groups more broadly.

Attitudes towards information and instructions are also influenced by the elderly person's own attitude and habits. Some follow the instructions very closely, while others hardly care. There can be many reasons behind this. What knowledge does the elderly put in the foreground? In such an exceptional situation, is it safer to

seize information from within your own community and from the authorities of your own country of origin? Is it perhaps customary in one's own culture to follow the instructions given by a community leader, even though the authorities advise otherwise? And how will the elderly of the target group be able to implement the guidelines in practice? The whole is made up of different factors and there are differences between different cultural and linguistic groups that should be taken into account.

Due to cross-border relations, the situation and its progress were extensively monitored, and the elderly's burden of concern was increased by concerns about relatives in Finland and abroad. The closure of the borders increased concern, especially for Estonian- and Russian-speakers. The intersecting effects of the backgrounds, such as the reason for moving, previous history, ethnic background, health literacy, gender and the ability to function in Finnish society, were related to experiencing the situation. Stress due to minority status and negative experiences in social and health services have affected the well-being of migrant older people even before the corona crisis. The readiness of minority older people to face such a massive and surprising crisis situation was not optimal. Prolonged situation, ignorance of the future and accumulating worries are consuming the resources of the elderly. Fortunately, the respondents found a lot of endurance brought about by life experience and finding solutions even in difficult situations.

The role of organizations in reaching out to older people with a foreign background and promoting their well-being is significant. The results of this survey and the work done in the organizations during the exceptional situation show that in crisis situations, co-operation between different actors is needed in order to take equal care of all the elderly in the Finnish welfare state. The planning processes of elderly services must take into account the diversity of the population, and organizations need to recognize the role of actors and secure the preconditions for action, as the number of foreign-speaking older people is clearly increasing.

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