



Luxembourg

**Population**

626,000

Area2,586 km²**Capital**

Luxembourg (city)

3 largest cities

Luxembourg (city)

(122,000)

Esch-sur-Alzette

(36,000)

Differdange (27,000)

Neighboring countries

Belgium, France,

Germany

1. Migration history
2. Estimated number of people with a migration background with dementia
3. National dementia plan
4. National dementia care and treatment guidelines
5. Services and information for people with a migration background with dementia
6. Professional qualification and people with a migration background in healthcare
7. Support for family caregivers
8. References



1. Migration history

Between 1840 and 1870 approximately 72,000 people emigrated from Luxembourg. After the discovery of iron mineral deposits at the end of the 19th century, a large number of foreign workers (mainly from Italy and Germany) came to the country. In the 20th century, this development continued and especially white, Catholic, and European immigrants (mainly from Italy and Portugal) were admitted. From the mid-1980s onwards, immigration to Luxembourg increased significantly [1]. At the beginning of the 1990s, Luxembourg accepted over 2,000 asylum seekers, most of them from Bosnia. During the Kosovo war (1998/1999), 5,300 asylum applications were filed in Luxembourg, of which only 4% were accepted. As a result of a campaign carried out by the Luxembourg government in 2001 to legalize asylum seekers, 2,850 people were accepted as legal immigrants. Most of them came from the former Yugoslavia [2]. In the period

after the Kosovo war, most of the immigrants came from other EU countries. In 2017, for example, people from France, Portugal, and Italy represented the largest immigrant groups [3]. Immigration to Luxembourg is historically and currently dominated by flows from other European countries. In 2015, the proportion of immigrants from European countries was approximately 85% [1]. By country of origin, people from Portugal are the largest migrant group (16% of all foreigners), followed by France (7.6%), Italy (3.6%), Belgium (3.4%), and Germany (2.1%) [3]. Luxembourg's migrant population (born abroad) more than doubled between 1990 and 2019 (113,800 to 291,700). At the same time, the proportion of migrants in the total population has also risen significantly (from 29.8 to 47.4%). As of 2020, the net migration rate is about 16.3 [4]. These figures show that Luxembourg is an immigration country.



2. Estimated number of people with a migration background with dementia

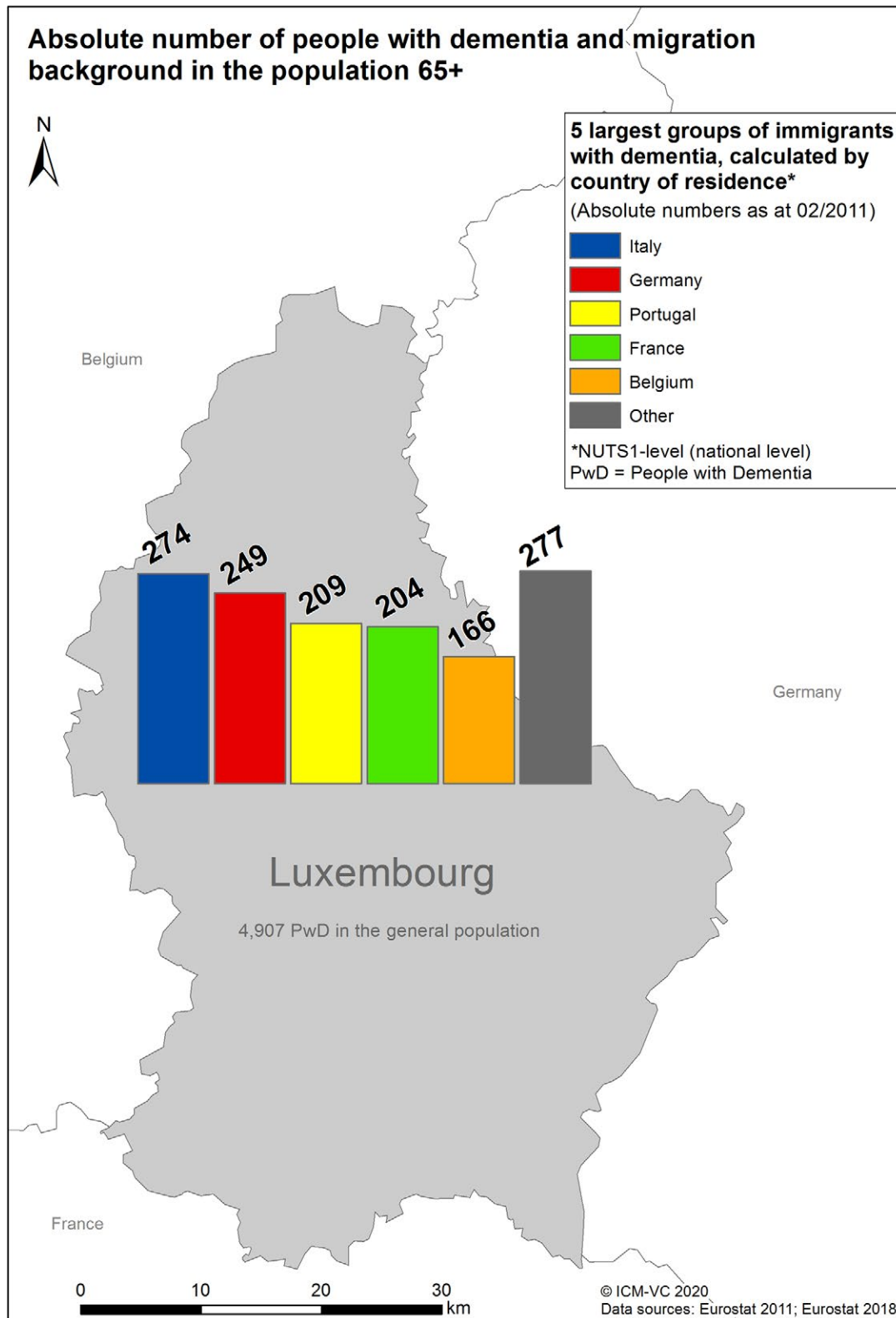


Fig. 3.7.20.1: Absolute number of PwM with dementia aged 65+ (Luxembourg – Nation)

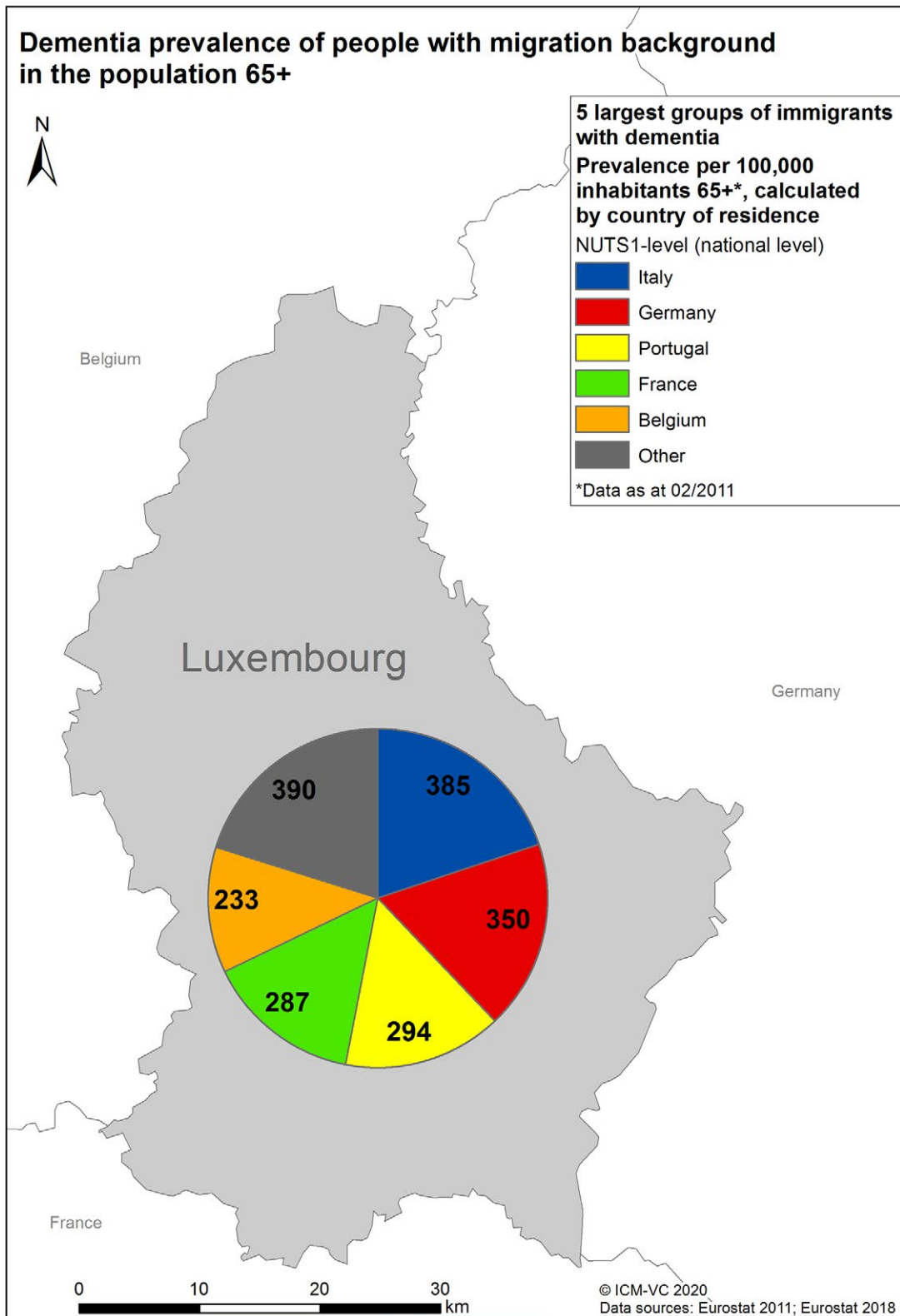


Fig. 3.7.20.2: Prevalence of PwM with dementia among the population aged 65+ (Luxembourg – Nation)



Tab. 34: PwM with dementia: Absolute numbers, prevalence among PwM aged 65+, and prevalence among overall population aged 65+ (Luxembourg – Nation)

NUTS	Total	LU	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Absolute Numbers								
Luxembourg	4,907	3,529	IT 274	DE 249	PT 209	FR 204	BE 166	277
Prevalence/10,000 inhabitants with migration background 65+								
Luxembourg	2,458	-	IT 137	DE 125	PT 105	FR 102	BE 83	139
Prevalence/100,000 inhabitants 65+								
Luxembourg	6,900	4,963	IT 385	DE 350	PT 293	FR 287	BE 233	390

Data source: Eurostat (2011)

There are 20,000 PwM aged 65 or older. Of those, approx. 1,400 are estimated to exhibit some form of dementia. Figure 3.7.20.1 shows the most affected migrant groups presumably originate from Italy (approx. 300), Germany (approx. 300), Portugal (approx. 200), France

(approx. 200), and Belgium (approx. 200). The second graph highlights the number of PwM with dementia in Luxembourg per 100,000 inhabitants aged 65 or older (figures 3.7.20.2). Table 34 displays the values depicted in the maps on the national level [5, 6].

3. National dementia plan

Luxembourg has a national action plan on dementia published in 2013. This 130-page document addresses the issues of quality of life of affected people, prevention, mild cognitive impairment, dementia diagnosis, medical care, care needs of families, monitoring of the disease and management over time, the ac-

companiment of the affected person and their environment, home care, institutional support, ethical aspects, rights and protection of affected people, social exclusion, healthy aging, and dementia-friendly society. However, the NDP does not refer at any point to the topic of migration [7].

4. National dementia care and treatment guidelines

The guideline 'People With Dementia in Hospital' from 2018 consists of 40 pages and discusses the topics of admission to hospital or rehabilitation facility, accompaniment by relatives and/or healthcare professionals, hospital accommodation, technical and structural measures, volunteers, and specialised training

for all persons involved in the care. PwM or aspects related to migration do not receive special attention [8].

The following parts on services and information for PwM with dementia, professional care and support for family caregivers are based

on a conducted interview and reflect the experience and opinion of the expert. A selection

bias in information and a discrepancy to results from the previous sections might ensue.

5. Services and information for people with a migration background with dementia

Based on the interview with the expert PwM in Luxembourg can be divided into two groups: The 'early' migrant groups from Spain, Italy, Portugal, and former Yugoslavia that settled in Luxembourg a long time ago and the 'newer' migrant groups from Afghanistan and Syria that arrived in the last 10 – 15 years.

The healthcare strategy in Luxembourg is an integrative one. The 'early' migrant groups are fully integrated in Luxembourg culture and also almost fully integrated into the healthcare system according to the expert. PwM with dementia are not included to this extent because Luxembourg has a problem with detecting dementia in general. The 'newer' migrant groups are not integrated into the healthcare system, which is shown in the low utilisation of available healthcare services. The expert assumed that one reason for this is the lack of awareness about dementia as a disease. But from his experience with other migrant groups, he assumes that utilisation will increase the longer the people live in Luxembourg. The healthcare services and service providers do not discriminate between people with and without a migration background. They try to include PwM and try to adapt to

the needs of this population. Information is also available to everyone. In Luxembourg, there is an 'Info-Zenter Demenz' (=information centre on dementia) that informs the public about dementia and supports them in utilizing help. This service is open to people with and without a migration background. Inpatient and outpatient care services are available for PwM with dementia. Furthermore, the expert stated that measures to ensure interculturally sensitive care are nationwide in development. Additionally, if there are problems with communication in healthcare and other services, providers can consult a translator to help with that. This translation service is financed by the government.

Regarding participation in designing information material and healthcare services, the expert noted that PwM with dementia from the newer migrant groups are very rarely included. That is because the government wants to focus on integration this group into Luxembourg culture, by helping them learn the local language and customs, rather than engaging them in creating specialised services that would segregate them from the mainstream.

6. Professional qualification and people with a migration background in healthcare

Intercultural care does not seem to be a part of the professional qualification of healthcare professionals on a national scale. There are training and learning opportunities about intercultural care for healthcare professionals but

they are provided on an individual basis, not as large-scale, group courses.

The expert assumed that the proportion of PwM who were born in another country than Luxembourg working in healthcare is low.



Those that are working in healthcare are originate from the former Yugoslavia. But there is

a rather large proportion of PwM from the second generation working in healthcare.

7. Support for family caregivers

According to the expert, families and religious communities play a crucial role in supporting family caregivers of PwM with dementia while migrant organisations play only a moderately important role. Healthcare service providers are important for the 'early' migrant groups but not so much for the 'newer' migrant groups.

The expert estimated the need for developing specialised services as low since adequate services already exist and they are always being adapted to the needs of migrants. However, the expert acknowledged that the utilisation of these services by PwM is still moderately low.

8. References

1. Beine M, Souy B: The evolution of immigration and asylum policy in Luxembourg: insights from IMPALA. In: Luxembourg: University of Luxembourg; 2016.
2. Kollwelter S: Immigration in Luxembourg: new Challenges for an Old Country. [<https://www.migrationpolicy.org/article/immigration-luxembourg-new-challenges-old-country>]. (2007). Accessed 27 Mar 2020.
3. Le Gouvernement Du Grand-Duché de Luxembourg: International Migration in Luxembourg. In: *Continuous Reporting System on Migration - OECD*. Ministère de la Famille, de l'accueil et de l'Intégration, ; 2018.
4. International Organization for Migration: Net migration rate in the next 5 years prior to 2020: Luxembourg; 2019.
5. Eurostat: Nomenclature of Territorial Units for Statistics (NUTS) 2016; 2018.
6. Eurostat: Census 2011; 2011.
7. Le Gouvernement Du Grand-Duché de Luxembourg: Demenz: Rapport final du Comité de pilotage en vue de l'établissement d'un plan d'action national «maladies démentielles». In. Edited by Ministère de la Famille et de l'Intégration, Ministère de la Santé; 2013.
8. Le Gouvernement Du Grand-Duché de Luxembourg: Menschen mit Demenz im Krankenhaus: Vorschläge für Akutkrankenhäuser und Rehabilitationseinrichtungen für die Betreuung und das Verständnis von Menschen mit Demenz im Krankenhaus. In. Edited by Ministeré de la Santé. Luxembourg; 2018.