

WORKING WITH OLDER PERSONS IN FORCED DISPLACEMENT





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Objective

This document provides guidance for UNHCR staff and partners on protecting the rights of older persons in situations of forced displacement or statelessness.¹

When responding to the phases of forced displacement (flight, displacement, return, resettlement or integration), UNHCR staff and partners need to ensure that older persons' rights to independence, participation, self-fulfilment, dignity, and care² are met without discrimination. To do this, teams should develop a thorough understanding of both the needs and capacities of older persons in displaced populations.

Systematic application of UNHCR's Age, Gender and Diversity Policy is central to ensuring that all persons of concern to UNHCR, including older persons, enjoy their rights on an equal footing with others, and are able to participate fully in the decisions affecting their lives and those of family members and communities, taking into account the diversity that exists among older persons.³ Furthermore, the UNHCR Policy on Older Refugees calls on UNHCR staff and partners to address the protection and assistance needs of older persons and ensure their equality of access to all measures that promote their participation and wellbeing.⁴

An older person is defined by the United Nations as someone over 60 years of age. However, families and communities often use other socio-cultural referents to define age, including family status (grandparents), physical appearance (grey hair and wrinkles), or age-related health conditions. Some people may display characteristics of ageing earlier in life due to traumatic experiences, poverty or hardship. And where life expectancy is low, people in their 50s may be considered older and this may be reflected in national policy. Within this group, people aged over 60 years and people aged over 80 years are likely to require very different types of support in displacement.

1. UN Refugee Convention and 1967 Protocol on the Status of Refugees, 1951, <https://www.unhcr.org/uk/1951-refugee-convention.html>. Africa Union, Kampala Convention, 2009, <https://au.int/en/treaties/african-union-convention-protection-and-assistance-internally-displaced-persons-africa>. UN Convention relating to the status of stateless persons, 1954, <https://www.unhcr.org/uk/un-conventions-on-statelessness.html>

2. UN Principles for Older Persons, 1991, <https://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

3. *UNHCR Policy on Age, Gender and Diversity*, 2018, <https://www.unhcr.org/protection/women/5aa13c0c7/policy-age-gender-diversity-accountability-2018.html>

4. *UNHCR Policy on Older Refugees*, 2002, <https://www.refworld.org/docid/47036b502.html>

NOTES ON TERMINOLOGY

“Older persons”: This term is used as short-hand throughout this document. However, it is intended to be inclusive of the huge diversity that may exist among displaced older persons, including factors such as disability; ethnic, religious or linguistic background; and sexual orientation, gender identity, gender expression and sex characteristics, among others.⁵ It is important to recognise the intersection of age with any of these characteristics and to address their impacts on discrimination against, protection and inclusion of older persons.

“Ageism” and “Ageist”: Exclusion of older persons often results from discrimination based on age, which happens across multiple levels in society. Discrimination based on age is frequently called “ageism”. Ageist attitudes can result in laws and policies that are inappropriate for older people, for example restricting access to specific services above a certain age; ageist attitudes can prevent them from accessing services; and ageist assumptions can exclude older people from opportunities. Ultimately, older persons may themselves internalise negative ideas about ageing and their own capabilities.

5. UNHCR *Need to Know Guidance; Working with persons with disabilities in forced displacement*, 2019, <https://www.unhcr.org/persons-with-disabilities> and UNHCR *Need to Know Guidance; Working with lesbian, gay, bisexual, transgender and intersex persons in forced displacement*, 2021, <https://www.unhcr.org/lgbti-persons.html>

Overview: older persons and forced displacement

Around one billion people – 13 per cent of the world’s population – are aged 60 years or above.⁶ Globally, one in six people (1.5 billion) will be aged 65 years or above by 2050, with the number of persons aged 80 years or above expected to reach 426 million.⁷ Projections show that by 2050 more than 80 per cent of the world’s older people will live in less developed regions⁸ and in climate change- or conflict-affected countries, where humanitarian crises are more likely to occur, and where their effects are felt more severely.

Impact of displacement and statelessness on older persons

Globally, forced displacement is on the rise. By the end of 2019, almost 80 million people were forcibly displaced. An estimated 4 per cent of all displaced persons in the world are older people, though a lack of age-disaggregated data may hide a much higher percentage.⁹ For example, in Ukraine, the UN Office for the Coordination of Humanitarian Affairs (UNOCHA) estimates that 30 per cent of the conflict-affected population requiring assistance are older people.¹⁰

Older persons face specific challenges in situations of humanitarian crises and displacement. They are often left behind as they may be too frail to flee. They may be unwilling to leave, and be daunted by the prospect of starting over. However, if they risk staying, they may face violence, the absence of family and friends, and the loss of services such as healthcare, housing, electricity, and water supplies. And if they decide to join their family later, they may find available support resources are greatly diminished, and/or become separated from their family or community. Where older persons have care responsibilities for children or other adults, these impacts are multiplied. Where the proportion of older persons requiring assistance is higher, age-related health needs relating to sight, hearing, mobility, and psychosocial functioning are also higher. And with more remote working, use of online technology, and displacement in urban environments, older persons may find it more difficult to access services and therefore become isolated.

6. UNDESA *2019 Revision of World Population Prospects*, 2020, <https://population.un.org/wpp/>

7. UNDESA *World Population Ageing 2019*, 2020, <https://www.un.org/en/sections/issues-depth/ageing/>

8. Pawliczko A and Desiderio R, *The demographics of ageing and the implications for humanitarian crises*, United Nations, 2019

9. UNHCR *Global Trends: Forced Displacement in 2019*, 2020, <https://www.unhcr.org/globaltrends2019/>

10. UNOCHA, *About OCHA Ukraine*, 2019, <https://www.unocha.org/ukraine/about-ocha-ukraine>

Additionally, if older persons have a disability, belong to ethnic, religious or linguistic minorities, or identify as lesbian, gay, bi-sexual, transgender, intersex or queer (LGBTIQ+), they may face added layers of discrimination, stigmatisation and harassment in addition to the specific challenges associated with being older.

- **Older people with disabilities:** Worldwide, 46 per cent of people aged 60 years or above live with a disability, and more than 250 million experience moderate to severe disabilities, many of them associated with sight or hearing loss.¹¹ According to disability global estimates, up to 1.4 million older women and men with disabilities have been forcibly displaced, with the most common challenges being difficulty in walking and seeing.¹² Some will have lived with disability all their lives, while others may have acquired impairments as they age or as a result of forced displacement, conflict or disaster.
- **Gender:** The experience of displacement may be very different depending on an older person's gender. In most contexts, older women are disproportionately poor, have less access than older men to housing, land and property rights, and less access to pension and affordable healthcare. When displaced, older women may be more at risk of violence and abuse than older men, while older men may lose self-esteem because of displacement from the traditional status they previously held.
- **National, ethnic, religious, linguistic, or indigenous groups:** Older persons may face additional discrimination as members of minorities, and indigenous peoples are among the most marginalised groups in many societies – often excluded from socio-economic and political power and frequently obstructed in expressing their identity (obstructions that often multiply during forced displacement). These groups can comprise a large proportion of those seeking international protection, as there are many parts of the world where they are victims of severe human rights violations, violence, conflict, ethnic or religious persecution, and in extreme cases, genocide.
- **LGBTIQ+ older persons** may be subject to harm while they are in transit and experience serious human rights abuses once they arrive in countries of asylum (because they are seen as not conforming with culturally established gender and sexual orientation norms). For these reasons they may be difficult to reach, as many attempt to hide their sexual orientation or gender identity to avoid abuse.

All these factors intersect to create an incredibly diverse community of individuals within the category of “older persons”, which needs to be reflected in the way humanitarian actors think about, interact, communicate, design, and deliver programmes with and for them.

11. UNDESA Ageing and Disability, 2020, <https://www.un.org/development/desa/disabilities/disability-and-ageing.html>

12. HelpAge International, *Missing millions: How older people with disabilities are excluded from humanitarian response*, London, HelpAge International, 2018, <https://www.helpage.org/resources/publications/?ssearch=missing+millions&adv=0&topic=0®ion=0&language=0&type=0>

Key guiding principles for including older persons

Global instruments

- Convention Relating to the Status of Refugees, 1951
- Protocol Relating to the Status of Refugees, 1967
- Universal Declaration of Human Rights, 1948
- UN International Covenant on Economic, Social and Cultural Rights, 1966 (see General Comment No 6, 1995)
- UN Convention on the Rights of Persons with Disabilities, 2006
- Inter-American Convention on Protecting the Human Rights of Older Persons, 2015 (the world's first binding instrument on the rights of older persons)
- UN Principles for Older Persons, 1991
- Guiding Principles on Internal Displacement, 1998
- Political Declaration and Madrid International Plan of Action on Ageing, 2002, and Report of 2011

- Sustainable Development Goals, 2016
- Charter on the Inclusion of Persons with Disabilities in Humanitarian Action, 2016
- UN Global Compact on Refugees, 2018

Humanitarian policy and principles

- UN Humanitarian Principles
- UNHCR Policy on Older Refugees
- UNHCR Policy on Age, Gender and Diversity, 2018

Sector standards and guidance

- Core Humanitarian Standards
- Humanitarian Inclusion Standards for Older People and People with Disabilities
- Inter-Agency Standing Committee (IASC) Policy on Protection in Humanitarian Action

International human rights instruments exist to protect older persons, as highlighted in the box above. These are translated into principles, policies and implementation standards, regionally, nationally and across the humanitarian sector.

A rights-based approach is a way of working based on realising human rights to ensure people's dignity and wellbeing. Older persons say they value being treated fairly and with respect. They value making their own

decisions, having their voice heard, participating in their own and others' development, and having access to appropriate services. A rights-based approach is based on human rights principles important to older people:

- **Participation** means that older persons are informed, consulted with, and participate in decision making at all levels (family, community, national).
- **Fairness** means that older persons are not discriminated against because of their age, disability, or other diversity factors; they can benefit from policies, programmes or decisions as much as any other person.
- **Respect** means acknowledging and supporting the feelings, wishes and rights of older persons.
- **Autonomy** means that older persons make choices and decisions, with support if necessary, according to their own will and preferences.
- **Equality** is the full participation and inclusion of everyone in society, including older persons, based on an equal respect for their dignity.

Actions

- ▶ Brief UNHCR staff and partners in each country on international and national standards on the rights of older persons, and where to find detailed and specific sectoral guidance on their inclusion.
- ▶ Brief all staff and partners on the UNHCR Policy on Older Refugees¹³ and UNHCR Policy on Age, Gender and Diversity (2018).¹⁴
- ▶ Establish collaborative working relations with organisations and associations of older persons and those that prioritise work on age and disability.
- ▶ Gather evidence on the situation of human rights of older persons and persons with disabilities, to engage with assessments of progress on recommendations from human rights mechanisms; and consider opportunities for further strategic engagement, including at the UN level and locally, with the Independent Expert on the human rights of older persons, or Committee on the Rights of Persons with Disabilities.

13. Available at: <https://www.refworld.org/docid/47036b502.html>

14. Available at: <https://www.unhcr.org/protection/women/5aa13c0c7/policy-age-gender-diversity-accountability-2018.html>

Consultation and participation Older persons have the same rights as others and face many of the same issues and needs as younger people during displacement, but they are at risk of being excluded from protection and assistance if humanitarian actors do not fully understand these needs and do not involve them actively in decisions that concern them. Through consultation processes such as participatory assessments, older persons can help design and implement programmes that meet their needs and build on their skills and experience. Employing accessible and context-specific participatory methodologies at each stage of the project cycle is a core action highlighted by the UNHCR Policy on Age Gender and Diversity. The aim of participation is to “incorporate the capacities and priorities of women, men, girls and boys of diverse backgrounds into protection, assistance, and solutions programmes”.¹⁵

Actions

- ▶ Use a range of approaches and methodologies to consult with older persons directly, taking account of age, gender, disabilities, culture, mobility, language, and accessibility (this final factor is important in order to include older persons who face difficulties in being heard; see next page).
- ▶ Facilitate the involvement of older persons in decision making and leadership structures, recognising the specific support that older women and older people with disabilities may need to access these structures or opportunities.
- ▶ Involve older persons in the design of programmes and in reviewing how the programmes meet their needs; support them in their roles and responsibilities and create opportunities for them to live independently and with dignity.
- ▶ Support existing older persons’ organisations, and help create them where they do not already exist. Strengthen their capacity to support each other and the broader community, and to advocate for their specific needs.
- ▶ Advocate for the inclusion of older displaced persons in national policies and programmes.

¹⁵. UNHCR Policy on Age Gender and Diversity, 2018, <https://www.unhcr.org/protection/women/5aa13c0c7/policy-age-gender-diversity-accountability-2018.html>

When consulting with an older person ask yourself:

- Have I collected disaggregated data about this person?
- Do we understand each other?
- Are they deciding for themselves?
- Have I listened to this person's needs, have I heard and understood them fully?
- Have we considered barriers to meaningful participation in planning and implementing activities that may require mitigation strategies?
- What skills and what responsibilities do they have in the family and the community?
- What risks could this person face and how might they be mitigated?
- **Have I already made up my mind about this person's needs and capacities before even listening to them?**

Key activities for supporting displaced older persons

When providing protection and assistance, adopt a twin-track approach to addressing the needs of older persons and older persons with disabilities, ensuring that responses are age inclusive (mainstreaming approach) and that responses address the specific barriers and needs experienced by older persons (targeted approach):

- Base the interventions on an analysis of sex, age and disability disaggregated data.¹⁶
- Design all responses to be inclusive and accessible to older women and men with and without disabilities, identifying and mitigating potential barriers they may face.
- Within the broader operational plan include targeted actions to address the specific needs of older persons.

¹⁶. Age and Disability Consortium, *Humanitarian Inclusion Standards for older people and people with disabilities*, 2018, https://reliefweb.int/sites/reliefweb.int/files/resources/Humanitarian_inclusion_standards_for_older_people_and_people_with_disabi....pdf

Consider the following actions:

1. Build the capacity of staff and partners for inclusive service delivery

Staff training and preparation – Many staff and partners may have no experience of working with older persons, as they do not form a large proportion of forcibly displaced populations and are often assumed to be accessed through general support to households. Lack of knowledge, experience and preparation, or unconscious bias, can lead staff to unintentionally exclude or discriminate against older people.

Actions

- ▶ Train staff and partners to raise awareness of age and disability-based discrimination, address their own attitudes and build skills to design and deliver age-, disability- and diversity-inclusive programmes.
- ▶ Encourage staff to work with and learn from older persons and their representative organisations, associations or community groups.
- ▶ Set targets and monitor staff actions and progress to challenge discrimination and to include older persons in all areas of their work.
- ▶ Design programmes, materials and messages to show positive images of skilled and capable older persons who contribute to their families and communities.

Assess protection risks and accessibility – Programme design can sometimes inadvertently put participants at risk and create further barriers to participation and inclusion. For example, assumptions about community life and power dynamics in households can affect older people’s needs and rights, in particular their ability to access information, services and assistance.¹⁷ Assumptions are often made about care and support being provided by older people’s families, or the respect afforded to older people in the community by virtue of their age, or the capacity and need for older persons to contribute to household incomes. If these assumptions are wrong, as can often be the case in displacement where norms are seriously disrupted, they can reduce the effectiveness of programmes in meeting older people’s needs and rights.

Actions

- ▶ Identify potential risks and barriers for older people’s participation, and develop measures to reduce the risk of harm and exclusion for older persons.
- ▶ Collect information on the factors that prevent access to services by older people and older people with disabilities, and on the factors that enable their access to services in the home and community.
- ▶ Involve the community and older people in participatory risk assessments to ensure a nuanced understanding of the risks and barriers that exist, and to raise the awareness of UNHCR staff, partners, displaced communities, and families.
- ▶ Carry out a power analysis¹⁸ with older persons to understand power dynamics in the community and adapt projects to take these into account.

17. Barbelet V, *Older people in displacement: falling through the cracks of emergency responses*, London, Overseas Development Institute, 2018, <https://www.odi.org/publications/11155-older-people-displacement-falling-through-cracks-emergency-responses>

18. Tools available at: <https://www.alnap.org/help-library/power-analysis-briefing-review-of-tools-and-methods>

Safeguarding is defined as “the responsibility of organisations to make sure their staff, operations and programmes do no harm to children and adults at risk nor expose them to abuse and exploitation”. The prevention of sexual exploitation and abuse (PSEA) is the goal of safeguarding, but it also aims to prevent many other instances of harm and abuse, such as emotional or financial abuse and neglect. Older refugees and asylum seekers, stateless persons, or internally displaced older people are at heightened risk of abuse and exploitation. Humanitarian workers are in positions of extraordinary power, which can allow abuse to happen with impunity.

Actions

- ▶ Carry out continuous PSEA and safeguarding awareness raising in all community engagement activities, including clear information on what constitutes a safeguarding concern, and everyone’s right to receive humanitarian support freely and on an equal basis with others.
- ▶ Consult with all older people about how they would like to provide feedback to, and hear responses from, UNHCR and partners, and be supported to access such a system, so that the safeguarding mechanisms are designed to be safe and accessible to all.¹⁹
- ▶ Work with support organisations and services so that they can adapt their essential services to address the needs of older persons (for example, staff training on ageism, assessing facilities for access, appropriate communications).

19. Guidance is available from IASC at: <https://safeguardingsupporthub.org/taxonomy/term/331>, UNOCHA, <https://www.unocha.org/protection-against-sexual-exploitation-and-abuse-psea>, Global Protection Cluster, <https://www.globalprotectioncluster.org/>

2. Improve data collection and registration

Older persons are often excluded from data collection, needs assessments and registration processes, including in household surveys and national censuses. However, it is essential that older persons are identified, and their diverse needs and capacities are accurately assessed, to make sure they access humanitarian assistance and protection that actively involves them, and is appropriate and relevant to their needs.

There are several challenges to consider when collecting sex, age and disability disaggregated data. Older persons may be hidden within the household or isolated and out of reach; they may not know their date of birth; and they may be unaware of limitations and barriers linked to a potentially unidentified disability. They may have difficulties in communicating due to their health or disability status – for example, loss of hearing, a speech defect, frailty, or language barriers – and they may also worry about giving information to a stranger. Those collecting data may not have time to do a proper assessment and to ask necessary questions to understand the challenges and concerns older people face.

Older persons also face specific challenges in registering for assistance. They may not have information on how and where to register and may face language, literacy and practical access barriers to central locations for registration. Their documents may have been lost or damaged over time, and biometric identification may not work for older people with worn fingerprints or cataracts. Registration times can be limited, and older people may arrive too late to register, or they may not have access to internet or smartphones for online registration.

Actions

Collecting and analysing disaggregated data

- ▶ Collect data on older people using the following age cohorts: 50-59, 60-69, 70-79, and 80+.²⁰
- ▶ Collect data on disability using the short set of six Washington Group questions.²¹ This data will identify any difficulty in performing certain activities – walking, seeing, hearing, cognition, self-care, and communication.
- ▶ Collect demographic data on sex, using “male, female, and others”, and analyse this together with age and disability data at a minimum to better understand the situation of older persons.
- ▶ Use estimates if data is neither available nor possible to collect. (Remember: an estimated 13 per cent of people globally are aged 60 or above and more than 46 per cent of older people have a disability.)
- ▶ Encourage governments to include data disaggregation on displaced and stateless persons in national statistics, and to disaggregate this data by sex, age and disability to allow for further demographic disaggregation. When possible, disaggregation by other diversity factors such as ethnicity, religion and linguistic group is highly encouraged.
- ▶ Follow UNHCR guidance to ensure the security and protection of personal data.²²

Inclusive data collection and analysis

- ▶ Offer a range of options for data collection addressing the older people’s accessibility needs – easy-to-read information, large font and contrasting colours, sign language interpretation, and digital tools where available; give time to listen to and check that the older person you are consulting has understood you.

Actions continued on next page

20. HelpAge, *Sex Age and Disability Disaggregated Data*, <https://www.helpage.org/silo/files/sex-age-and-disability-disaggregated-data.pdf>

21. Washington Group questions available at: <https://www.washingtongroup-disability.com/question-sets/>

22. UNHCR *Guidance on the Protection of Personal Data of Persons of Concern to UNHCR*, 2018, <https://www.refworld.org/cgi-bin/texis/vtx/rwmain?page=search&skip=0&query=guidelines+protection+of+personal+data&coi=>

- ▶ Ensure that older persons providing information give informed consent for the use of their information.²³
- ▶ Engage directly with older persons and caregivers, where needed, to identify and monitor their capacities and needs, and their access to humanitarian assistance.
- ▶ Where they exist, engage organisations and community networks of older persons to gather information.
- ▶ Gather information from service facilities, civic, religious, and other community groups and organisations about the role, status and location of older persons.
- ▶ When selecting and reporting on indicators to measure progress and change, include how the barriers to, and the needs and participation of, older persons are being addressed.

Registration

- ▶ Extend timeframes for registration and have flexibility for older people needing more time to get to, move around within and depart the registration post.
- ▶ Pay particular attention to older persons arriving alone or with children at displacement reception centres, and support family tracing.
- ▶ Organise accessible seating in waiting areas and assess whether the facility has accessible toilets, with rails, bars and ramps and space for support persons if needed.
- ▶ Ensure accessible signposting and communication methodologies (e.g. audio messages, diversity of languages, easy-to-read font, pictograms, etc.)
- ▶ Train staff, volunteers, and other older people to locate and include those who are missing or hidden from the data and assessments.

23. UNHCR *Guidance on the Protection of Personal Data of Persons of Concern to UNHCR*, 2018, <https://www.refworld.org/cgi-bin/texis/vtx/rwmain?page=search&skip=0&query=guidelines+protection+of+personal+data&coi=>

3. Provide safe and equitable access to WASH and shelter

There are many ways in which water, sanitation and hygiene (WASH) and shelter facilities can create challenges for older persons. For example, many older people are allocated shelter within the household of their adult children, which may not allow for their dignity and autonomy; a lack of gender separation may prevent older women from using communal shelters; and poorly designed shelters can confine older persons to the home, restricting their ability to access basic goods and services and engage in livelihood and social activities. WASH facilities may be inaccessible for those with mobility or sensory impairments – due to difficult terrain, distance from the home or lack of suitable facilities in the structures themselves; and WASH items such as water containers may be too heavy for older persons to collect and bring home by themselves.

Actions

- ▶ Design shelters, sanitary facilities and communal structures in ways that are culturally acceptable, accessible and safe, following national standards for accessibility, or in the absence of national standards use international ones. Older persons are the best advisers in this regard.
- ▶ Ensure that accommodation for older persons is located close to community structures, healthcare clinics, water sources, and other facilities.
- ▶ When constructing temporary and permanent shelters, treat older persons as individual households; but try not to fragment extended, multigeneration households.
- ▶ Distribute smaller jerry cans to older people or establish a home delivery service supported by the community, and design roofs to collect run-off in containers for washing and small-scale kitchen garden irrigation.
- ▶ Include features in WASH and shelter construction such as ramps, handrails, grab-bars, lighting, smooth paths, tough markers for those with visual impairments, and ensure space in latrines for those requiring assistance in toileting.

4. Provide safe and equitable access to food and non-food items

Older persons face specific challenges in accessing life-saving food and non-food items. For example, food rations may not meet their nutritional needs; they may require smaller utensils to cook their food; they may need additional blankets to cope with the cold and adequate or additional bedding to prevent bedsores; or they may need more sanitary products such as diapers and soap.

Within the family, food may not be allocated fairly, and older people may be neglected or eat “less and last”. Older persons may find it hard to access distribution points, for example because they may have care responsibilities that prevent them from leaving the house to go to them. Those who are less mobile may not be able to queue for long periods of time or to reach distribution points at all. They may not be able to carry non-food or food rations home and may be excluded or abused if bulk distribution strategies are used whereby people are grouped together to divide the rations amongst themselves.

Actions

- ▶ Establish stockpiles of food, fuel and other basic goods in places that are accessible and consider separate queues and seating, shade, water, and toilet facilities for older or less-mobile people, or set up delivery or transport options.
- ▶ Consult older persons on the content and distribution mechanism for food and non-food items.
- ▶ Include food rations that are easy to chew and digest and meet additional protein and micro-nutrient requirements; and in non-food packages include extra blankets and culturally acceptable clothing, washable or disposable diapers and sanitary napkins for incontinence.
- ▶ Monitor the distribution of food and non-food items to older persons to detect and prevent exploitation, extortion, or other forms of discrimination or abuse, and check that older persons receive at least one hot meal per day.
- ▶ Check that older people have the resources (such as fuel, water, and utensils) to cook their food rations. Utensils available to them must be manageable – for example, small cooking pots or small water containers.

5. Provide safe and equitable access to nutrition and health services

In a crisis, common chronic health conditions such as hypertension, cardiovascular disease, stroke, diabetes and dementia can worsen and become life-threatening. Older persons are also at increased risk from infectious diseases such as tuberculosis, malaria and cholera. They often find it difficult to access centralised health services, and existing services may not be appropriate to meet their needs. Staff may not be trained or have time to diagnose correctly, as older people frequently present with multiple problems. Where pressure on services exists, discriminatory attitudes by staff or families may also exclude older persons from accessing the service. Nutrition needs assessments and programmes rarely include older persons. As a result, malnutrition among older women and men is often unchecked and untreated.

Actions

- ▶ Train health workers to identify and manage chronic and non-communicable diseases among older people, and to provide accessible information on healthy ageing and self-management of chronic diseases, paying attention to the different health needs of older women and older men with and without disabilities.
- ▶ Consider providing home-based care, transport, or cash for transport, for those referred to clinics or hospitals.
- ▶ Advocate for the availability of essential medication for common chronic diseases among displaced older people.
- ▶ Provide, maintain and replace mobility aids and assistive devices for older people who need them to remain mobile and independent.
- ▶ Promote access to services for treatable medical conditions that affect vision and hearing. Mobile eye care clinics can be considered in remote and resource-poor areas.

Actions continued on next page

- ▶ Promote systematic screening for nutritional problems among older persons who are at risk, such as at health clinics in emergency settings and in situations of food shortage. This can be done by measuring body mass index (BMI) and basic nutritional questions (e.g. number of meals a day, appetite, etc) to assess nutritional status and possible need for an intervention. In a highly food-insecure context, older people can be included in supplementary feeding programmes, assessing and treating those who are severely malnourished on a case-by-case basis.
- ▶ Provide food that is digestible (such as maize flour rather than dry maize) when relevant to older people who may have digestive disorders, loss of appetite, and a potential lack of teeth. Food should be familiar and culturally acceptable.
- ▶ Consider providing information or cooking workshops on how to prepare healthy and easy-to-chew and digest food.
- ▶ Consider providing cash or non-food items to process food so it is easy to eat and digest, such as manual blenders.

6. Develop a safe, equitable model for providing care and support to older people at home

Older persons who were displaced when they were active, independent individuals may over time require care and support to manage their daily activities and maintain their independence. Displaced older people may also be the main, informal care providers for other family members, including older family members and children. And during a crisis they may have even more responsibility for the care of others, leaving less time to address their personal needs.

Actions

- ▶ Carry out a needs assessment using and analysing sex, age and disability disaggregated data to identify those who may need support, for example older women and men struggling with self-care, living alone or who have difficulty walking.
- ▶ Design programme activities that enable older persons and their carers to have safe and equitable access to home care, medical and social support, rehabilitation, assistive products, and nursing services.
- ▶ Recruit staff with experience of working with older people with chronic illnesses, disabilities, and frailty, such as nurses, physiotherapists, occupational therapists.
- ▶ Using the knowledge of qualified staff, train outreach teams, family care givers, volunteers, social workers, and health staff on issues related to older people's care, such as prevention and management of non-communicable diseases, basic rehabilitation and provision of basic case management, assessment of home-based needs and developing care plans.
- ▶ Support volunteers and carers with information, advice, and appropriate equipment, for example, use of gloves or masks, assistive products, checklists for assessing needs and progress, and supervise their activities.
- ▶ Integrate support for older people into initiatives to assist other age groups. For example, child protection strategies must include their older carers, and families should be supported to care for older relatives.

7. Provide safe, equitable access to social protection services

Displaced, refugee, asylum-seeking and stateless older persons face extreme economic disadvantage. They may have lost land and property, livelihood opportunities and access to pensions. Social protection can help them to rebuild their lives, reduce the incidence of poverty, improve access to healthcare and restore dignity through financial independence. Displacement frequently occurs in developing countries, where social services are already under exceptional pressure to meet the population's needs. Displaced older people's access to national social protection programmes is regulated by national policies, with potential for exclusion, and even where this is not the case, older persons may not have appropriate documents to access either humanitarian or state-provided social services.

Actions

- ▶ Support older persons to access identity documents, to enrol in social protection programmes and to understand what they are eligible to receive.
- ▶ Ask older persons whether they would prefer support in-kind, such as vouchers or as cash transfers.
- ▶ Make sure that cash delivery is accessible and safe, information is easy to understand, and that distribution points are accessible and minimise the costs of using the transfer (for example, transport to market or support to collect or spend cash).
- ▶ Provide additional support to access cash-based assistance where necessary – for example, a bank or a trusted proxy to collect cash or vouchers, while minimising the risk of misuse by this person.
- ▶ Monitor that older people are receiving their full allowance and are not at risk of theft or violence, or other forms of abuse.

8. Recognise and support the capacities of older persons to remain self sufficient

Older persons have a wide range of skills and capacities: they can live independently when they have the means to generate an income; are likely to provide assistance to children and families, as well as receive it; are likely to be economically active; have skills and knowledge to offer to others, including culture and traditional knowledge; and can act as mediators, contributing to peace making and conflict-resolution efforts.

If they are supported in putting their capacities to use, older persons' risks and dependency can be reduced, and their ability and the ability of their families and communities to deal with the challenges of displacement can be improved. For this reason, always design programmes in ways that both reduce the risks that older persons face and create opportunities for them to live independently and with dignity.

Actions

- ▶ Recognise and support the different capacities and specific contributions that older persons make to their families and communities.
- ▶ Recognise the ways in which displacement affects the status and role of older persons in their communities and households, and ensure that programmes do not undermine them in these roles.
- ▶ Explore with older persons how they can have a voice and an active role in the community and in the response efforts.
- ▶ Include older persons who care for children and other dependents in child protection programmes.
- ▶ Involve older persons in livelihood programmes and training/learning, to build skills and resilience.

9. Strengthen family and community structures and networks

During displacement, older persons' traditional support networks may be overstretched or break down completely. As a result, they may have nobody to help them adjust to their new situation and may also lose their role and status within the family and wider community. Having been respected leaders in their communities, they are suddenly dependent on aid, in unfamiliar surroundings, and considered a burden on their families. Older women might be considered a burden if their socio-economic status is low and their contributions to the community are not recognised. It is therefore vital to strengthen community and family structures such that they support older persons at risk, and create opportunities for older persons to develop collective voices to demand their rights and increase their visibility in the community.

Actions

- ▶ Identify traditional support systems and help the community to rebuild them.
- ▶ Help families of older persons at risk to provide the necessary support and care.
- ▶ Ensure that older women and men are involved in decisions that affect them, their families and communities.
- ▶ Consider how intergenerational support can help both the old and the young; strengthen and maintain relationships between generations.
- ▶ Look for opportunities to support and strengthen community social networks, particularly for older people living on their own, in urban areas or in host communities, who are more likely to be isolated.
- ▶ Support community volunteers to set up peer support groups and older people's associations.

10. Strengthen accountability mechanisms to older persons

Older persons may be excluded from accountability mechanisms such as feedback meetings, community consultations and feedback and response mechanisms. They may face language or literacy barriers, or a lack of access to appropriate communication channels; lack of information about their rights and entitlements to services; or cultural norms that discourage complaints. Much will also depend on their experience of interaction with the relevant organisation and programme and how much trust they have in the services offered. Staff and community leaders can also be threatened by the complaint and response mechanisms and thus may not encourage their use.

Actions

- ▶ Raise awareness on the rights of older persons to participate in programming and share feedback and complaints, and raise awareness of the channels they can use to do so.
- ▶ Consult with older persons when setting up different channels for reporting complaints to ensure the feedback and response mechanisms are accessible to everyone.
- ▶ Publicise the feedback and response mechanism regularly, providing information about the available channels for communication.
- ▶ Ensure systematic and timely responses to concerns raised, providing older persons with a response to their complaint or feedback in a timely and accessible manner. This helps to build trust that the system works.
- ▶ Train staff on how to engage with older persons to facilitate and encourage feedback, and use this information to adapt and improve services.

11. Provide durable solutions that meet the needs of older persons

Return, resettlement or local integration all involve specific challenges for older persons. Older people have the right to make their own decision as to where they would like to live and with whom, but they may lack information about the available options to help them to make that decision. Many will want to stay with their family and wherever possible, respecting the wishes of the older person, programmes for return, resettlement or integration should aim to keep families together.

Many older persons will be keen to return home to their places of origin due to their strong historical ties to their land/region, but face travel challenges and possibly protection issues once they arrive; security risks may remain and they may need help to rebuild shelter, to access basic services, to reclaim their land and property and to survive day-to-day while re-establishing their livelihoods. But for many reasons, older persons often stay behind in camps or host communities, especially after protracted displacement. For those who remain or are resettled elsewhere, they will need support to (re)establish themselves and claim their rights and entitlements.

Actions

- ▶ Respect individuals' preferred durable solution within the options available, recognising that some preferred solutions may not be possible.
- ▶ Make sure that plans to close camps or reduce support take account of potential risks for older persons and explain those plans and provide full information about the options available so that they can make informed decisions.
- ▶ Monitor and identify where older people are struggling to return or are being left behind.
- ▶ Make sure that those who plan to return home have transport, if needed, and support from family or the community to rebuild their lives.
- ▶ Include older persons in livelihood support programmes, including training and small business loans and social protection programmes, providing reasonable accommodation if needed.
- ▶ Facilitate access to identification documents that clarify their residency status and enable older people to obtain social support, access to housing, land, and property, and provide assistance with administrative processes. This is particularly critical for older women and widows who lose rights due to the death of their spouse.

A NOTE ON STATELESSNESS

Older refugees, asylum-seekers, migrants, and internally displaced persons may also be stateless or become stateless during their displacement. Having a nationality is an important part of a person's identity and becoming stateless can have enormous practical and emotional implications on wellbeing. Older persons may face specific barriers to obtaining nationality if they are stateless. Legislation in some countries imposes conditions for naturalisation that some people with disabilities may not be considered to meet, such as that people be "of sound mind and body". In addition, naturalisation may be dependent on passing language and other exams that may pose challenges for some people with disabilities and/or older people. Stateless persons can also be at high risk of arrest and/or prolonged detention as they may not have identity or residence documents.

Actions

- ▶ Collect data and evidence of the impacts of statelessness for older people and share this information with other actors and agencies through coordination mechanisms.
- ▶ Raise staff awareness of the impacts of statelessness on older people, and any provisions made by the country of refuge to provide them with adequate protection and assistance.²⁴
- ▶ Support stateless older persons to access services and entitlements.
- ▶ Work with the authorities to ensure that alternatives to detention are sought for older persons who are found to be stateless.
- ▶ Advocate for "facilitated" naturalisation standards/procedures for stateless persons including older women and men, persons with disabilities and other profiles at high risk such as unaccompanied children.

24. UNHCR *Guidelines on Statelessness*, 2020, <https://www.refworld.org/docid/5ec5640c4.html> and *UNHCR Stateless persons in detention – A tool for their identification and enhanced protection*, 2017, <https://www.unhcr.org/uk/publications/legal/505b10ee9/unhcr-detention-guidelines.html>

12. Prevent and respond to abuse and exploitation of older persons

Elder abuse is defined as “a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person”. Elder abuse can take various forms such as financial, physical, psychological, and sexual. It can also be the result of intentional or unintentional neglect and abandonment. While all older people are at risk, older women and older people with disabilities are at a higher risk than older men. All forms of elder abuse, including gender-based violence (GBV) and sexual exploitation and abuse are under-reported, largely because they are often perpetrated by family members, a carer, or other people on whom the older person may depend. The shame and stigma attached to sexual abuse or GBV may prevent survivors from reporting it. In forced displacement the risks may increase, while support networks and services may have fallen away. Tackling elder abuse requires consistent conversations with families and communities, awareness of the signs of abuse, and services to report and respond. It is a highly sensitive issue and a “do no harm” approach respecting the wishes of the survivor is essential.

Elder abuse may include:

- **Physical abuse** – inflicting physical pain or injury on an older person, for example slapping, bruising, or restraining by physical or chemical means.
- **Sexual abuse** – non-consensual sexual contact of any kind.
- **Neglect** – a failure by those responsible to provide an older person with food, shelter, healthcare, or protection.
- **Exploitation** – the illegal taking, misuse, or concealment of funds, property, or assets of an older person for someone else’s benefit, or exploitative labour arrangements.
- **Emotional abuse** – inflicting psychological pain, anguish, or distress on an older person by means of verbal or non-verbal acts that are humiliating, intimidating or threatening.
- **Abandonment** – desertion of an older person by anyone who has assumed the responsibility for care or custody of that person.

Signs of elder abuse

The following signs may indicate that elder abuse or gender-based violence may be happening, but survivors of elder abuse may not show any signs at all and may try to hide physical signs of abuse (such as bruises):

- Unexplained weight loss or a lack of interest in food.
- Poor hygiene and lack of personal care.
- Unusual changes in behaviour or interaction with others; being withdrawn, tired or listless.
- Bruising, bedsores, abrasions, burns and injuries.

Actions

- ▶ Consistently raise awareness in communities and families and among older persons about what constitutes elder abuse, sexual abuse and GBV against older women and men, including those identifying as LGBTIQ+, and other forms of violence.
- ▶ Bring community members together to discuss possible solutions to prevent elder abuse in their community and consult older persons separately about their needs – and address these needs through protection and assistance.
- ▶ Set up or link to a confidential mechanism for reporting abuse and accessing support services; publicise the confidential mechanism in an accessible form to older persons and the wider community.
- ▶ Consider peer-to-peer counsellors to reach out, share information and support older persons who may be at risk.
- ▶ Train staff and community volunteers on the warning signs of elder abuse and how to respond (through established procedures) and respecting the wishes of the survivor.
- ▶ Work with GBV survivor support services and support them to respond to older persons who seek their services.
- ▶ Include elder abuse, including GBV, within protection strategies and pay attention to the protection of widows.

13. Prevent and respond to accusations of witchcraft against older persons

In societies where many people believe in sorcery and witchcraft, older persons may be accused of witchcraft, and may be harmed, ostracised, and even murdered as a result. Witchcraft is frequently alleged to explain misfortunes such as illness, the untimely death of a family member, or the loss of crops, livestock, and other livelihoods. Single older women are particularly vulnerable to witchcraft accusations if they have low status in the community, lack supportive family networks, or are economically dependent; widowed women without children are particularly targeted. Low status may be related to their ethnic, linguistic or religious background, as well as other factors. In other cases, accusations of witchcraft can sometimes be caused by socio-economic disputes or attitudes against perceived socio-economic privileges, as can be the case for accusations against merchant women. Older men are also at risk of witchcraft accusations, particularly if they hold property or land, which accusers attempt to acquire by making these accusations.

Actions

- ▶ Work with community members to identify the potential for witchcraft-related violence and develop measures to prevent it.
- ▶ Identify persons in the community who have influence over witchcraft accusations (religious leaders, cultural elders) and discuss alternative, culturally acceptable, non-violent ways to manage witchcraft charges, for example communal cleansing rituals.
- ▶ Inform communities about national laws on criminal assault, including laws that relate to allegations of witchcraft.
- ▶ Ensure that all older persons, including those who are illiterate or have a hearing, sight or other impairment, know how to access confidential reporting systems and other assistance and services.
- ▶ Work with the police and judiciary to protect survivors and to initiate legal action against perpetrators of violence related to accusations of witchcraft if possible, but always respecting the wishes of the survivor.
- ▶ Support older women and men who have been accused of witchcraft to be safely and successfully reintegrated in the family or community, if they wish to be. This might be achieved, for example, by helping them develop a livelihood.

14. Provide safe, equitable mental health and psychosocial services to older persons

Displacement greatly impacts the mental health of individuals and can lead to grief, depression, anxiety, sleeping and behavioural problems.

The mental health and psychosocial needs of forcibly displaced older people, including those with pre-existing mental health needs, have often been overlooked in displacement response plans. However, meeting these needs is essential to help older persons overcome the negative experiences they have endured (and may continue to endure) and rebuild their lives. Appropriate mental health and psychosocial support will help them cope better with the displacement and to fully benefit from other forms of support available.

Actions

- ▶ Include questions on mental health and psychosocial wellbeing in needs assessments with older people to understand the best ways to provide support.
- ▶ Consult with older people not only about their needs, but also how about they can help support others.
- ▶ When needed, help older people strengthen their social connections, for example by facilitating the active involvement of older people in community activities, including older people in communal cultural practices such as traditional ceremonies, commemorations and festivities, (re)connecting them with family and peer support networks, and facilitating older people's opportunities to support others.
- ▶ Help older people cope with loss, for example by facilitating ceremonies, rituals and funerals to help them grieve and cope with multiple loss.
- ▶ Train frontline staff in basic psychosocial skills, including Psychological First Aid²⁵, to assist older people in displacement situations.
- ▶ Work with service providers and communities to make mental health and psychosocial interventions accessible to older persons and aligned with their diverse needs.

25. Guidance available from IFRC at: <https://pscentre.org/?resource=a-guide-to-psychological-first-aid-for-red-cross-red-crescent-societies>

15. Use technology to promote inclusion, participation, independence and resilience

Assistive products and digital technology are increasingly recognised as essential services in humanitarian crises to provide protection, mitigate risk and build resilience. Mobile phones, SMS messages and internet services increase access to information and are invaluable assets to help older persons lead independent lives. Digital services are being used by older persons and the humanitarian sector to keep in touch with family and friends during displacement; to provide medical advice or enable remote video consultations with doctors and nurses; to transfer funds from and to family members or pay for essential services; to receive cash transfers or pensions; to register for services; and to provide peer support or monitor services.

However, barriers to the use of mobile devices remain, including literacy skills, costs, and network coverage. Lack of appropriate assistive products can also exacerbate exclusion, poverty and dependence, and the threat of insecurity, abuse and violence. Assistive products, such as glasses or walking sticks, are often lost, damaged, or left behind in a humanitarian crisis, or people are injured during a crisis and need new assistive products and accessible facilities.

Actions

- ▶ Add questions to needs assessments on older peoples' use of and access to assistive technology and analyse the findings with sex, age, disability and diversity disaggregated data to inform programme design: for example, number of older women aged 60-65 who use or have access to a mobile phone compared to older women aged 80 or above who have access to such technology.
- ▶ Use this data to ensure assistive technology needs of older persons are met, recognising that some people may need multiple assistive products.
- ▶ Consult and make decisions together with older people on their training and support needs to better access digital services. Experienced assistive technology users, such as youth or people with disabilities, may be able to train others.

Actions continued on next page

- ▶ Recruit staff with experience, such as physiotherapists and occupational therapists, in how to assess, fit, and use a product, and how to follow-up to ensure that the assistive technology needs of older people are integrated within the humanitarian response.
- ▶ Encourage use of low-cost assistive technology in home settings, such as using local materials to adapt beds, chairs, toilets etc to help support older people in meeting their basic self-care needs.
- ▶ Promote referral networks and coordination with other humanitarian actors who have experience in the provision of assistive technology to all age groups, such as cash and livelihoods actors with experience in using assistive technology.

16. Manage the impact of public health emergencies

Public health emergencies such as the COVID-19 pandemic are predicted to happen more frequently. Previous experience of dealing with cholera, Ebola virus disease and other deadly contagious diseases helped some countries to mount a rapid response to COVID-19. Both the direct and indirect impacts of the COVID-19 pandemic on older women and men, and particularly those with disabilities, are profound. While it is important to ensure the prevention of transmission of deadly contagious diseases to older people, management or mitigation of the secondary impacts is essential. Older women and men who have been impacted by COVID-19 have reported high levels of food insecurity, lack of access to health services and medicine, and increased levels of anxiety and depression because of the pandemic and the measures adopted to control it, such as lockdown and social distancing.

Weaknesses in health and protection systems, and widespread age discrimination have been exposed. Immunisation programmes may also be challenging to implement in complex displacement settings.

Actions

- ▶ Include lessons learned from previous public health emergencies and how they affect older persons in risk assessments and disaster preparedness plans.
- ▶ Involve older persons in needs assessments, preparation and planning for – and implementation of – public health emergency responses.
- ▶ Engage with and advocate for the design and implementation of immunisation programmes to be age-sensitive, especially when age is a targeting criterion.
- ▶ Use a range of accessible communication tools about prevention, public health measures and services to ensure that older persons are well informed.
- ▶ Use community outreach teams, case workers and volunteers to identify and monitor older people most at risk and ensure life-saving assistance and services are accessible to all older persons, including older people with disabilities and older persons living in residences and care homes.
- ▶ Depending upon the type of public health emergency and control measures adopted by authorities, consult with older persons and consider options to maintain services, mitigate the primary and secondary impacts of the emergency and aim to build their resilience.

17. Strengthen learning, human rights engagement and advocacy, collaboration, and coordination

Despite the existence of international standards, policies, and guidance across many sectors, older people continue to be marginalised in humanitarian responses. They often experience assistance and protection challenges and are frequently the last to achieve durable solutions to their displacement, as wider efforts focus on younger generations.²⁶ An holistic response requires multisectoral collaboration at all levels to ensure sustainable improvements in the quality of the response, and the ability to address the specific and changing needs of older persons.

Collaboration with others can build evidence, public messages, and strengthen the impact of both. Influencing work led by older persons can be empowering and highly effective.

Actions

- ▶ Work with older persons to decide on key issues to be addressed and collect data (older people can participate) on a small number of indicators that show progress. For example, how often have older women and men been mentioned in the National Emergency Response Plan?
- ▶ Link the issues identified to human rights and relevant standards, to ensure a consistent rights-based approach and to support activities, messaging and advocacy with partners and stakeholders.
- ▶ Map out the opportunities to influence country, regional and international processes (timing, focus of the process, key messages, and target audiences). These will be different in each country.

Actions continued on next page

26. International Displacement Monitoring Centre, *The neglected generation, the impact of displacement on older people*, 2012, <https://www.internal-displacement.org/publications/the-neglected-generation-the-impact-of-displacement-on-older-people>

- ▶ Engage with country, regional and international human rights mechanisms that supervise state implementation of relevant human rights standards and which may provide authoritative guidance and strong advocacy tools for advancing the rights of older persons. While the available country and regional mechanisms will vary, at the UN level this includes (but is not limited to): the Universal Periodic Review process; the Independent Expert on the Enjoyment of Human Rights of Older Persons; the Open-Ended Working Group on Ageing (which is working towards a UN convention on the rights of older persons); the Committee on the Rights of Persons with Disabilities; and the Committee on the Elimination of Discrimination against Women, among others.
- ▶ Integrate data and evidence about older persons living in displacement into the protection cluster and other local coordination mechanisms, and into Humanitarian Response Plans and reporting at country, regional and global levels.
- ▶ Show commitment to the localisation agenda by involving older women and men and older people with disabilities and making space for local stakeholders in coordination spaces.
- ▶ Consider establishing working groups on ageing, gender, and disability where necessary – for example they can work on a specific issue and be task or time bound. It is important that any working group established is strongly integrated into the coordination processes.
- ▶ Build connections with non-traditional partners to collaborate, including the private sector, national human rights institutions, media, service providers and a range of government ministries.

Key resources and links

United Nations Principles for Older Persons at: <https://www.un.org/development/desa/ageing/resources/international-year-of-older-persons-1999/principles.html>

Madrid International Plan of Action on Ageing at: <https://www.un.org/development/desa/ageing/madrid-plan-of-action-and-its-implementation.html>

UNHCR Policy on Older Refugees at: <https://www.unhcr.org/older-persons>

UNHCR Policy on Age, Gender and Diversity at: <https://www.unhcr.org/uk/protection/women/5aa13c0c7/policy-age-gender-diversity-accountability-2018.html>

Age and Disability Consortium Humanitarian Inclusion Standards for older people and people with disabilities (2017) at: <https://bit.ly/2edL6oQ>

**NEED TO KNOW
5
GUIDANCE**