

WORKING WITH OLDER PERSONS IN FORCED DISPLACEMENT



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objective

Older refugee¹ women and men face particular challenges during the different phases of displacement (flight, displacement, resettlement, and reintegration). UNHCR staff and partners need to ensure that the rights of older persons of concern 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 the Age, Gender and Diversity (AGD) approach is central to achieving UNHCR's commitment to make sure that older persons have access to, and are included in, all protection activities and durable solutions. The following note provides guidance on what to consider when enhancing their protection.

¹ This note focuses on refugees throughout. However, the guidance is also relevant to asylum-seekers, stateless and internally displaced persons and other persons of concern to UNHCR.

overview

Today, it is estimated that some 12.5% of the world's people are over 60 years of age; 22% are over 50, considered “old” in contexts where life expectancy is lower. By 2050, one quarter of the world's population will be over 60 (more will be over 60 than under 12), and many will be over 80. An effect of this trend is that more older persons are being displaced. In 2000, 8.5% of all the persons of concern to UNHCR were already older persons, but in some situations they amounted to one third.

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. Research shows that the psychological and psychosocial toll of traumatic experiences, combined with exposure to disease and poor nutrition, causes refugees to “age” faster than settled populations.² As a consequence, many challenges associated with old age will be apparent in refugees who are in their 40s and 50s.

While old age is often associated with increased need, it is important to recognise and support the roles and responsibilities that older women and men fulfil in their families, communities and societies. They are often economically active and continue to contribute to family income. Many care for children, either providing day care (when parents are working) or sole care (when children have lost parents). Older women often act as traditional birth attendants and possess important knowledge of alternative or complementary medicine and nutrition. Older persons can also transmit history, culture and tradition, and often play important roles in conflict resolution and decision making.

² Atwell, R.S.J., I. Correa-Velez, and S.M. Gifford, *Ageing out of place: health and well-being needs and access to home and aged care services for recently arrived older refugees in Melbourne, Australia*, International Journal of Migration, Health and Social Care, 3(1), 2007, pp.4-14.

At the same time, they have specific needs. Older women and men are less mobile; their sight and hearing may fail; their mental capacities and muscle strength may diminish; they may have chronic health problems and specific nutritional needs. In addition, they may be at heightened risk of violence, including sexual and domestic abuse, exploitation by family members, and discrimination. All these difficulties are amplified by the often severe challenges posed by forced displacement, and the fact that they are often excluded from humanitarian assistance because humanitarian actors do not register their presence. The challenges faced by older women and men may be very different, depending on the social and cultural roles assigned to them in their community. It is often the case that older women are at greater risk of being overlooked because of their weak socio-economic position.

non-discrimination and participation: keys to protection

Older persons are at risk of exclusion from protection and assistance programmes if humanitarian actors do not fully understand their needs, and do not involve them actively in decisions that concern their wellbeing. It cannot be presumed that they will always benefit from family assistance programmes, or from family or community support networks. Staff and partners need to deliberately adopt an inclusive and participatory approach. Through consultation processes (such as Participatory Assessments), older women and men can help to design and implement programmes that really meet their needs, and can be supported to do what they can to improve their own situation. Consultation and participation through all phases, in crises and protracted situations, are essential. Older women and men will experience displacement differently, based on their cultural and socio-economic status. Offices must invest the time and effort to fully understand these gender differences so they can be taken into consideration when designing protection responses.

action

- Facilitate the involvement of older women and men in decision-making and leadership structures, recognising that it often takes specific and sustained focus and support to ensure that older women can access these structures.
- Facilitate the formation of older persons' organizations. Build their capacity to support each other and to advocate for themselves.
- Advocate for the inclusion of older refugees in national policies and programmes.

key considerations

When providing protection and assistance, consider the following:

Introduce inclusive, rights-based programming

Older persons have the right to be included in all humanitarian programming on the same terms as others. Relevant principles are set out in UNHCR's AGD Policy³ and Policy on Older Refugees.⁴

Older persons share some, but not all, of the same needs as younger persons. The specificity of some of their circumstances and needs may necessitate adjustments. For example, the delivery of services may need to be adapted to improve older person's access. In some cases, targeted actions will be necessary to address specific needs identified in older women or men. When assistance and protection programmes do not take specific account of older women and men, they may be pushed to the margins or indeed excluded altogether.

action

- Ensure that staff are aware of international⁵ and national standards on the rights of older persons. Form partnerships with organizations that are expert at working with older persons.
- Build UNHCR's internal capacity to ensure that UNHCR and partner programmes are inclusive and accessible.
- Provide training for UNHCR and partner staff, to raise their awareness of age discrimination, their attitudes to age, and the importance of age and sex disaggregated data to programme design.

³ UNHCR, Age, Gender and Diversity Policy (2011). At: <http://www.unhcr.org/refworld/docid/4def34f6887.html>.

⁴ UNHCR's Policy on Older Refugees (2000). At: www.unhcr.org/refworld/docid/47036b502.html.

⁵ *Strengthening Older People's Rights: Towards a UN Convention*. At: http://www.inpea.net/images/Strengthening_Rights_2010.pdf.

action

Adopt a twin-track approach to addressing the needs of older persons:

- Design all responses to be inclusive and accessible, including to older women and men.
- Within the broader operational plan include targeted actions to address the specific needs of older persons.
- Base the interventions on the analysis of disaggregated age and sex data.

Identify and register older women and men

Older persons are not always able to reach central locations to register with UNHCR or access assistance. They might be less mobile, or frail, or their duties, particularly those of older women, may confine them to the house. They may also be unnoticed if they do not belong to a family unit. Outreach for the identification and registration of older persons is therefore vital to their access to protection.

action

- Ensure that disaggregated age and sex data are collected and used systematically.
- Make your assessment tools age-friendly by including questions on the needs and capacities of older persons.
- Incorporate outreach in assessments to ensure that older persons are located.
- Where they exist, use the mutual support networks of older persons to gather information.
- Gather information from service facilities, civic, religious, and other community organizations about the role, status and location of older persons.

Recognize the capacities of older women and men and support self-sufficiency

Identify the skills and assets of older women and men. Bear in mind that they:

- Can live independently when they have the means to generate an income.
- Are likely to give assistance to children and families as well as receive it.
- Are likely to be economically active.⁶
- Can pass on survival skills.
- Transmit culture and traditions.
- 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.

action

- Assist staff to understand, recognize and support the different capacities of older persons and the specific contributions that older women and older men make to their families and communities.
- Ensure that interventions do not undermine their roles (for example in child care).
- Explore with older persons how they can be given a voice and active roles in the community.
- Include older persons who care for children and other dependents in child protection programmes.
- Recognize the capacity and desire of older persons to be involved in livelihood plans and their implementation.

⁶ According to HelpAge International, at least half the people who are more than 60 years old in developing countries are economically active. Many are still working into their late 70s. Older persons are also among those who most consistently and reliably repay loans.

Make sure that shelter and sanitary facilities are accessible

Because older women and men are less mobile, it is important to adapt temporary, transitional and permanent shelters, as well as sanitary facilities, for their use. Inaccessible sanitary facilities can sharply reduce their ability to live independently. Inappropriate shelter can confine them to the home, restricting their independence and their ability to access services and engage in livelihood and social activities. All these factors create stress as well as health and protection risks.

It is better as well as cheaper to make facilities accessible from the beginning rather than modify them subsequently. Install age-friendly design features that meet international accessibility guidelines: ramps, grab rails, lighting, and sanitary facilities.⁷ The facilities should be spacious enough to permit those who need help when using the toilet to receive assistance with dignity. Provide safe shelter and housing for older persons and design shelters to minimize the risk of sexual and gender-based violence (SGBV).⁸

action

- Consult older women and men on their specific shelter needs and involve them in design of shelters.
- Make sure that the design of shelters, sanitary facilities and communal structures is culturally acceptable, age-friendly and safe.
- Ensure that older persons are located close to community structures, health care clinics, water sources, and other facilities.
- Adults will not necessarily provide accommodation for older relatives. When constructing temporary and permanent shelter, treat older persons as individual households; but try not to fragment extended multi-generation households.

⁷ HelpAge International and International Federation of Red Cross and Red Crescent Societies, *Guidance on including older people in emergency shelter programmes* (2011). At: <http://www.helpage.org/download/4d7f5a8b98378/>.

⁸ Shelters should be designed to prevent group violence, for example by gender separation. For more information on accommodating older people in emergency shelter, see: <http://www.helpage.org/download/4d7f5a8b98378/>.

Make food and non-food items suitable and their distribution accessible

Older persons who are infirm or less mobile cannot queue for long periods and may be unable to reach centralized distribution centres to obtain food, non-food items and water. They may also need to guard property, or care for dependants. Establish stockpiles of food, fuel and other basic goods in places that are accessible, and create separate queues for older and less mobile persons. Assist less mobile individuals to reach distribution points, and make arrangements for delivering goods to their homes, using community workers, for example, or reliable and supportive family members. If queuing is unavoidable, make sure that seating, shade, water and toilet facilities are provided.

Food and non-food packages may not contain what older persons need. Ensure food rations meet older persons' protein and micro-nutrient requirements and are easy to chew and digest. Since they may have circulatory problems that make it harder to endure cold temperatures, packages for older persons should include extra blankets and culturally acceptable clothing. Older persons may need sanitary napkins to live with dignity. Within families, food may not be allocated equally. Introduce monitoring visits to ensure that older persons have enough to eat, and consider distributing hot meals to them.

action

- Involve older women and men in programme design and delivery. Ensure distribution is accessible and appropriate.
- Consider the creation of separate queues, transport support, smaller parcels, and door-to-door distribution.
- Consult older persons when deciding what items should be included in distributions and ensure that distributions reach them.
- 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.

Provide sound nutrition and good access to health and other services

Older persons often find it difficult to access centralised health or other services. Use community health workers to identify those who cannot reach facilities, and consider providing home-based care or transport for those referred to clinics or hospitals. Older persons may also need to be accompanied to these services. Train community health workers to provide education on healthy ageing, and self-management of chronic disease, offering specific attention to the different health needs of older women and older men.

Malnutrition among older women and men is often unchecked and untreated. Organise systematic screening for older persons at reception centres and health clinics, using Mid-Upper Arm Circumference (MUAC) tapes. Train community health workers to detect malnutrition in older persons, provide nutrition education, and refer severely malnourished individuals to the nearest health facility. Include older persons in supplementary and therapeutic feeding programmes, and extend community-based management of malnutrition to include them.

Diminished mental capacity in older persons might lead to a greater need for support by family members or other persons in the community.

action

- Use community workers to reach out to older persons who are housebound.
- Help older persons to access services by providing transport.
- Make service providers aware how to make their services accessible to older persons.

Support family and community structures

During displacement, the traditional support networks of older persons may be overstretched, or may break down completely. As a result, older women and men may have nobody to help them adjust to their new situation, and may also lose their role and status. 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, in particular, might be considered a burden if their socio-economic status is low and their contributions to the community are not enabled or recognized. It is therefore vital to strengthen community and family structures such that they support older persons at risk.

action

- Identify traditional support systems and assist the community to rebuild them.
- Assist the families of older persons at risk to provide support and care.
- Ensure that older women and men are involved in decision making that affects them, and affects their families and communities.
- Consider whether intergenerational support can help both the old and the young; strengthen and maintain relationships between generations.

Provide durable solutions that meet older women's and men's needs

The choice for a durable solution is an individual decision and each older woman or man has the right to choose for themselves, regardless of the decision of other family members. Many older persons will, however, be reliant on family members or other caregivers, and will wish to remain with them. This wish notwithstanding, avoiding separation may be very challenging in displacement contexts. Families returning home to an uncertain future might be reluctant to take responsibility for older relatives and may face difficult choices. Older persons may be

left in camps while families re-establish their homes and livelihoods in areas where services for older persons do not exist, or older persons may be abandoned when families do not know how to support them.

Wherever possible and in accordance with the wishes of the older person, programmes for repatriation, local integration and resettlement should include older persons within the family unit. Older persons who are unwillingly separated from their families or caregivers are likely to feel bereaved, isolated and without support. These outcomes put them at increased risk. Therefore when searching for durable solutions, it is vital to work with older persons, their families, and others to identify reliable arrangements for on-going support.

action

- Respect the choice of older women and men for their preferred durable solution.
- When desired, design durable solutions to preserve family systems and support caregivers.
- Trace family and caregivers of older persons. If a preferred caregiver cannot be found, link older persons who need support to foster families or supportive neighbours, to ensure that as few as possible face isolation and abandonment.
- Make sure that older persons who return home (alone or with a family) have transport if they need it, and receive help to re-build their homes and re-establish livelihoods.
- Find solutions, including social protection mechanisms, for older persons who cannot leave when a camp is closed, or choose not to return home.
- Ensure that older persons, particularly older women and widows, are included in initiatives to address housing, land and property rights issues.

Prevent and respond to abuse and exploitation of older women and men⁹

The mistreatment of older persons is sometimes referred to as “elder abuse”. It is defined by the World Health Organization (WHO) 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 is a significant protection concern; but it is little understood and is underreported across cultures because it generally occurs in the privacy of the home and is often perpetrated by family members. WHO estimates that its prevalence (in selected developed countries) is between 1% and 10%. However, it can be assumed that elder abuse exists in every community and that, like many other social problems, it will be exacerbated by displacement. While both older women and men are at risk of abuse, in contexts where women have an inferior social status, elderly women are at higher risk of neglect through abandonment when they are widowed and their property is seized. Women may also be at higher risk of more persistent and severe forms of abuse and injury.¹⁰

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 a vulnerable older person with food, shelter, health care, 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 mental pain, anguish, or distress on an older person by means of verbal or nonverbal acts that are humiliating, intimidating, or threatening.
- **Abandonment** – desertion of a vulnerable older person by anyone who has assumed the responsibility for care or custody of that person.

⁹ This section borrows from the website of the National Center on Elder Abuse (NCEA). See: <http://www.ncea.aoa.gov>.

¹⁰ See WHO Fact Sheet N°357: Elder Maltreatment. At <http://www.who.int/mediacentre/factsheets/fs357/en/index.html>

The following are potential indicators of elder abuse to watch out for:

- Bruises, pressure marks, broken bones, abrasions, and burns may indicate physical abuse, neglect, or mistreatment.
- Unexplained withdrawal from normal activities, a sudden change in alertness, and unusual depression may indicate emotional abuse.
- Bruises around the breasts or genital area may indicate sexual abuse.
- Bedsores, unattended medical needs, poor hygiene, and unusual weight loss may indicate neglect.
- Behaviour such as belittling, threats, and other abuses of power and control, are indicators of verbal or emotional abuse.
- Strained or tense relationships, or frequent arguments between a caregiver and an elderly person, may also be signs.

Restoring social relationships, and creating links with supportive community members, help to prevent this violence. However, other actions are also necessary to make elder abuse visible and to address it.

action

- Ensure that protection strategies address elder abuse. Consider the cultural context in which it occurs. Raise awareness among staff and within communities of the warning signs of physical, emotional, material and sexual abuse of older persons.
- Work in partnership with older persons in the community to design strategies to prevent and respond to elder abuse.
- Train community health workers to recognize signs of elder abuse, and provide treatment or referral where necessary.
- Provide confidential mechanisms for reporting elder abuse.
- Work with all generations to raise awareness of older persons' rights and elder abuse.

Prevent and respond to the particular risks of older women, including Sexual and Gender-based Violence (SGBV)

Because women tend to live longer than men, the majority of older persons are women, and many are single. In some societies, cultural norms restrict the self-reliance of older women.

- Age or gender barriers may exclude women from decision-making procedures.
- Because of gender barriers, women may have few marketable skills and lower job status, and receive no old-age pension.
- Inheritance codes may dispossess women.
- Cultural practices or family duties may confine women to the home, where they may be at risk if conflict occurs.
- Specific health needs, linked to the ending of the reproductive age, may put at risk women who do not have access to proper counselling and treatment.

Older women may also be at risk of sexual and gender-based violence, including from caregivers and older men. Older women have suffered rape and sexual assault in mixed-gender communal shelters and collection centres, or while gathering firewood outside camps. Many have also been injured, ostracised or killed after being accused of witchcraft (see below). Such violations often go unrecognised. A principal reason for this is that, because of the stigma and shame attached to such acts, older women find it harder than younger women to report them.

action

- Consult older women separately about their needs and address these in protection and assistance delivery.
- Involve older women and men in decisions about SGBV and in response strategies and activities to prevent it. Include them in all the sectoral dimensions of such work (health, psycho-social, shelter, safe energy, access to justice, etc.).
- Ensure that protection interventions include: housing, land and property rights for women, and protect widows in particular.

Prevent and respond to accusation of witchcraft against older women

In societies where many persons continue to believe in sorcery and witchcraft, older women are more likely to be accused of witchcraft, and may be harmed, ostracised, and even murdered as a result. Witchcraft is frequently alleged to explain illness, the 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.

It is vital to identify and understand the risks that specific groups of persons face in societies that hold beliefs of this kind and to protect individuals accused of witchcraft. At the same time, take measures to reduce the incidence of witchcraft claims by promoting women's rights, community dialogue, and creating livelihood opportunities for older women.

action

- 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.
- Ensure that communities are aware of 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 available assistance and services.
- Work with the police and judiciary to protect victims and to initiate legal action against perpetrators of violence related to accusations of witchcraft.
- Ensure that women who have been accused of witchcraft are safe and successfully reintegrated. This might be achieved, for example, by facilitating their access to livelihood activities.

key resources

- Action Aid, *Condemned without trial, women and witchcraft in Ghana* (2012). At : http://www.actionaid.org.uk/doc_lib/ghana_report_single_pages.pdf%20%20
- HelpAge International and International Federation of Red Cross and Red Crescent Societies, *Guidance on including older people in emergency shelter programmes* (2011). At: <http://www.helpage.org/download/4d7f5a8b98378/>
- HelpAge International, *Older People in Disasters and Humanitarian Crises: Guidelines for Best Practice* (2000). At: <http://www.unhcr.org/refworld/docid/4124b9f44.html>
- Humanitarian Practice Network, *Protecting and Assisting Older People in Emergencies*, Network Paper No. 53 (2005). At: <http://www.unhcr.org/refworld/publisher,HPN,,,43cfa4364,0.html>
- Inter-Agency Standing Committee, *Humanitarian Action and Older Persons - An Essential Brief for Humanitarian Actors* (2008). At: <http://www.enonline.net/resources/658>
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- UNHCR, *Policy on Older Refugees*. EC/50/SC/CRP.13, Annex II (2000). At: <http://www.unhcr.org/refworld/docid/47036b502.html>
- UNHCR, *Seeking meaning: an anthropological and community-based approach to witchcraft accusations and their prevention in refugee situations* (2012). At: <http://www.unhcr.org/refworld/docid/4fc49bed2.html>
- WHO Fact Sheet N°357: *Elder Maltreatment*. At: <http://www.who.int/mediacentre/factsheets/fs357/en/index.html>

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