

# The Rights of Older Persons in the Global Compact on Refugees

--Submitted by the NGO Committee on Ageing, Geneva

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## *Key Recommendations*

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- *Data to be disaggregated by age, sex and disability.*
  - *The rights of older persons must be recognized as a cross-cutting issue, ensuring they are not discriminated against based on age.*
  - *Recognize the heterogeneity of older persons, including their specific needs and their active roles in their families and communities.*
  - *Any structures for refugee participation in decision-making must include and involve representation by older persons.*
  - *Older refugees should be identified at reception and admission with age related specific physical health, mental health, medication and nutrition needs.*
  - *Ensure independence and autonomy, including recognizing that older people contribute to the intrinsic wellbeing of their families and the community.*
  - *Age, sex and disability specific services, support, education and training should be offered to contribute to prevention of and response to abuse to the older refugee.*
  - *When older refugees are in their country of asylum, country of origin and/ or third country, they should be included in host government service systems, aligned with a human rights based approach.*
  - *Older refugees need to be recognized as a potentially vulnerable group, however they can also be a valuable resource. Older refugees should be recognized as the global society's socio-economic memory bank due to their wide experience and accumulated knowledge helping accelerated learning and innovation at national and global levels benefiting ALL stakeholders through programs designed and delivered for the mentioned purpose.*
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## Background

Populations around the world are rapidly ageing, with some of the fastest change occurring in low- and middle-income countries. Globally, older people will make up 1 in 5 people by 2050<sup>1</sup>. By 2030, those aged 60 years or over is projected to grow by 56 per cent to 1.4 billion, and will double by 2050 to nearly 2.1 billion. Those aged 80 years or over is expected to reach 434 million by 2050, tripling in number since 2015.<sup>2</sup> Ageing is affected by several factors, including:

- Exposure to health problems (e.g. hard physical labour, poor work conditions, pollution, lack of access to health services, chronic, non-communicable and infectious diseases). Recognizing there are also age-related diseases and disabilities such as hearing loss, eye problems, osteoporosis, higher prevalence of cardiovascular disease, and cancer, higher frequencies of falls, hip-fractures, etc.;
- Multiple pregnancies in the case of women (e.g. related to poverty and lack of demographic transition or access to contraception); and
- Living through a prolonged crisis with uncertainty, high levels of stress and poor living conditions (e.g. displacement and separation from family; armed conflict).

Further, who is considered 'old' is also affected by cultural factors, such as being 'grandfather' or 'grandmother', or being considered having wisdom and leadership attributes, change of work patterns, and so on.

Older persons are often disproportionately poor. A history of exclusion of older persons from development is reflected in the 2030 Development Agenda and the Sustainable Development Goals (SDGs), which recognize older persons as one of the groups 'furthest left behind'<sup>3</sup>.

Older persons are also at risk of abuse, exploitation and neglect, not only by family members but also by caregivers, professionals, and others. The World Health Organization (WHO) defines abuse and neglect as: "Elder abuse is 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. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect."<sup>4</sup>

In humanitarian contexts, older persons face particular risks. For example, 26 million older people are affected by natural disasters every year. 56% of those who died in the Great East Japan Earthquake in 2011 were people aged 65 and over; and 75% of those killed by the 2005 Katrina hurricane in New Orleans were aged 65 and over.<sup>5</sup> In situations of forced displacement, older people are often the last to leave and the last to return. Separation from family and

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<sup>1</sup> Source: <http://www.who.int/ageing/en/>

<sup>2</sup> Source: DESA World Population Ageing 2015

[http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015\\_Report.pdf](http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf)

<sup>3</sup> <https://www.un.org/development/desa/ageing/news/2017/07/ageing-older-persons-and-the-2030-agenda-for-sustainable-development/>

<sup>4</sup> ADCAP\Updated ADCAP training\ADCAP Training Learner Workbook 2017.pdf

<sup>5</sup> ADCAP\Updated ADCAP training\ADCAP Training Learner Workbook 2017.pdf

community support networks increases the risk of exploitation, abuse and neglect. Further, in forced displacement contexts, older persons are often forced into new roles, such as caring for younger family members when family members known as the 'middle generations' flee or are killed. While numerous standards and guidelines exist on protection of older persons in natural disaster contexts<sup>6</sup>, interagency guidelines and standards on protection of older refugees are currently very limited.

Older persons are not a homogenous group. They have diverse needs and capacities. While 54% of older persons have no disabilities, others have specific needs. For example, ageing may involve changes in capabilities, such as dementia, functional limitations, or changes in physical functions; and worldwide, more than 46% of people aged 60 and over have disabilities, with more than 250 million experiencing moderate to severe disabilities<sup>7</sup>, many of them associated with sight or hearing loss.

Further, older persons face multiple and intersecting forms of discrimination. For example, older women face discrimination, both on the basis of gender and age. In many contexts, older women are disproportionately poor, have less access to housing, land and property rights<sup>8,9</sup>, less access to pensions, and poorer health outcomes.

However, while older persons do have specific needs, they can be a resource by having active roles in their families and communities. It is important that responses to older persons both recognize specific needs and roles and capacities. Older persons are not only beneficiaries of humanitarian and development action, they are also agents. In families and households, while some older persons require care, others are in caregiving roles. In communities, older persons can have important roles as leaders; in sharing knowledge, history and culture with younger generations; and in contributing to conflict resolution. These roles may be impacted by change in situations of forced displacement, as families and communities are fractured and dispersed.

## Key Recommendations

We are calling for a global compact on refugees (GCR) that recognizes the specific needs of older refugees, their contributions and their roles in their families and communities in accordance with the United Nations Principles for Older Persons.<sup>10</sup>

To that end, it is essential that the GCR includes the following elements:

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<sup>6</sup>Examples of resources include the Inter-Agency Standing Committee Operational Guidelines on the Protection of Persons in Situations of Natural Disasters, the Peninsula Principles for Climate Displacement within States and the Guiding Principles on Internal Displacement.

<sup>7</sup> <https://www.un.org/development/desa/disabilities/disability-and-ageing.html>

<sup>8</sup> UN Principles on Housing and Property Restitution for Refugees and Displaced Persons see Principle 14 Adequate consultation and participation in decision making:

[http://www.ohchr.org/Documents/Publications/pinheiro\\_principles.pdf](http://www.ohchr.org/Documents/Publications/pinheiro_principles.pdf)

<sup>9</sup>[http://www.globalprotectioncluster.org/\\_assets/files/tools\\_and\\_guidance/housing\\_land\\_property/By%20The%20mes/HLP%20and%20Displacement/UN\\_Principles\\_Housing\\_Property\\_Restitution\\_Refugees\\_IDPs\\_2005\\_EN.pdf](http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/housing_land_property/By%20The%20mes/HLP%20and%20Displacement/UN_Principles_Housing_Property_Restitution_Refugees_IDPs_2005_EN.pdf)

<sup>10</sup> United Nations Principles for Older Persons

<http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

## Age as a cross-cutting issue

In the New York Declaration for Refugees and Migrants, particular age groups are referred to in relation to specific needs and contributions to refugee response. In the GCR, the full spectrum of age should be considered as a cross cutting issue, impacting on needs, opportunities and capacities:

- Age-sensitive analysis should inform all aspects of refugee response, informed by age, sex, and disability - disaggregated data and an evidence-based understanding of the situation of older refugees.
- An evidence base on the situation of older refugees should be built, in order to inform an inclusive and rights-based refugee response. For example, on all forms of discrimination on the basis of age, and on experiences of violence, exploitation, abuse and other forms of maltreatment. This should include the systematic and regular collection of disaggregated data on impediments to the enjoyment of all human rights by older persons, and participatory approaches for capturing the voices of older refugees themselves.
- Research should focus on groups of older persons who are marginalized or invisible on multiple grounds such as gender, disability, or for any other aspects of diversity. Given that the data must be used sensibly to avoid stigmatization and potential misuse, particular care should be exercised when collecting and analysing data in order to respect and enforce data protection and privacy.
- All capacity building of actors involved in refugee response should incorporate awareness of the needs and rights of older persons. Implement training and education of emergency aid, as well as health teams, with regard to age and cultural-sensitivity.
- Monitoring systems should incorporate tracking of how resources reach and benefit older persons, including through disaggregation of data by age, sex, disability and social situation (e.g. alone or with family).

## Identification

Increase in life expectancy is one of the highest achievements of humankind. Older persons among refugee populations should be systematically identified. Who is identified as being 'old' varies depending on the context. For example, life expectancy in 2017 varied from 50.1 (Sierra Leone) up to 83 (Japan)<sup>11</sup>. It is generally recommended that ageing is understood as comprising the last third of the average life expectancy in the country of origin of refugees.

- At reception and admission, establish procedures to identify older persons with chronic illness, including non-communicable diseases and other health-related needs, and ensure referral to appropriate care.
- Ensure that mechanisms are in place to identify and reach older persons who are more isolated (e.g. due to difficulty in seeing, hearing, mobility, communication, memory and concentration and level of dependency in self-care).

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<sup>11</sup> Source: WHO. Life expectancy found in October 2017 under [http://gamapserver.who.int/gho/interactive\\_charts/mbd/life\\_expectancy/atlas.html](http://gamapserver.who.int/gho/interactive_charts/mbd/life_expectancy/atlas.html)

- Data should be disaggregated by the social living situation, sex, disability, and age cohorts of 50 – 59, 60 – 69, 70 – 79, 80 +. When possible, age should be further disaggregated by 5-year increments.<sup>12</sup>
- Older persons with specific needs related to disability should be identified using the Washington Group short question set of disability questions.<sup>13</sup>

### **Recognize roles and capacities**

The experience, skills and capacities of older persons should be considered as a valuable resource for refugee and host communities. The GCR should reflect this principle and consider active roles of older persons in refugee response, and their contributions to their families and communities.

- Ensure that older persons participate in the design of the refugee response at all stages of the displacement cycle. Any structures for refugee participation in decision-making must include representation by older persons.
- Recognize the important role that older persons have as community leaders in many contexts. They can support community cohesion and contribute to peace and reconciliation processes.
- Capitalise on the skills and experience of older people as a source of knowledge to support skill building and preservation of culture, particularly in the context of multi-generational initiatives linking older persons and youth.
- Recognize the role that older persons, particularly older women, often have in families and households as caregivers of younger and other dependent family members. Ensure support (including in relation to child protection) is provided to older persons in these roles.
- Ensure access by older persons to opportunities to promote self-reliance, without discrimination on the basis of age. This includes the removal of maximum age restrictions in livelihoods programming, and measures to address age-related discrimination in employment.
- Recognize autonomy and independence of older refugees.
- Engage older persons associations (OPA) from refugee, host and country of origin populations at all stages of the displacement cycle. For example, OPAs can have a role in strengthening the representation of older refugees in decision-making; sharing knowledge on ageing; and raising awareness of the rights, capacities and roles of older persons.

### **Meet specific needs**

The specific needs of refugees related to older age should be identified and addressed at reception and throughout all stages of displacement:

- Identify older persons who require support from others in order to live independently and to carry out activities of daily living. In particular, identify any individuals who need care, who have been separated from

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<sup>12</sup> UN City Group: Titchfield City Group on Ageing <https://gss.civilservice.gov.uk/titchfield-city-group-ageing/>

<sup>13</sup> UN City Group: The Washington Group on Disability Statistics <http://www.washingtongroup-disability.com/>

caregivers, and put in place appropriate and safe alternate support mechanisms as well as protection monitoring processes. This should be accomplished by using a multidisciplinary team through person-centred planning<sup>14</sup>, ensuring the older refugee has a choice in his or her care.

- Ensure that culturally sensitive assessment and referral procedures are in place to respond to age-related specific needs across the entire spectrum of social, economic, and health related needs and throughout the cycle of displacement. These might include but are not limited to physical and mental health issues such as dementia<sup>15</sup>, depression, incontinence, and medicine management, and health-related end of life issues, including palliative and hospice care.
- At reception and admission, establish procedures to identify older persons with chronic illness and other health-related needs and ensure referral to appropriate care.
- Ensure that refugees have access to national systems of care and support. By using person centred planning, this ensures the older refugee is included in decision making and is provided a choice in their care. Recognize that a multidisciplinary team may be needed to accomplish this, and when a team is utilized, ensure that the older refugee's choice is honoured.
- Consider the specific nutrition needs of older persons in food assistance. Include older persons in nutrition programme design.
- Consider addressing religion and spirituality as part of psychosocial support, including by engaging with faith leaders. In many contexts, religion and spirituality have increased importance among older populations.
- Ensure mechanisms are in place to monitor, prevent and respond to financial, social and physical exploitation and abuse of older men and women. Ensure that sexual and gender based violence prevention and response mechanisms are accessible to older men and women.
- Protect older refugees, especially those with psychosocial disabilities, from abuse and mistreatment and healing practices that violate human rights. Gender and age specific services and support should be offered to eliminate the opportunity for abuse to the older person.
- Ensure that any mechanism for communication with refugees is accessible for older persons, with particular consideration for the limited access that older persons may have to new technologies in many contexts. Make available age-friendly communication tools to facilitate ongoing connection between older refugees and family networks in countries of origin, asylum and third countries.
- Ensure that cash-based assistance modalities consider specific barriers for older persons. For example, access to delivery mechanisms

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<sup>14</sup> Slewa-Younan, S., Santalucia, Y., McDonald, R., & Salem, M. (2016). Enhancing the lives of older refugees: an evaluation of a training resource. *International Journal of Mental Health Systems*, 10, 36.  
<http://doi.org/10.1186/s13033-016-0067-5> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4850683/>

(especially those using new technologies) and physical access to markets.

- Establish safe environments for older people as a forum for connecting older persons from refugee and host communities.
- Ensure that older refugees are included in national systems for supporting mobility and access to public facilities and infrastructure.
- Invest in lifelong learning for refugees using appropriate teaching methods, recognizing that they are often excluded from such programmes in host communities.

### **Support for host countries**

Support should be provided to host countries to integrate refugees into social protection systems and local service systems for aged care.

- Ensure that line ministries responsible for ageing are engaged in the development of refugee response plans.
- Ensure that refugees are included in national systems and promote access to national social protection systems, including pensions for older refugees.
- Support national services, such as those for assisted living, residential care and those who support older adults living in the community. Older refugees, like all older persons, may require some assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) to remain living independently for as long as possible.
- Support national health systems to respond to the physical and mental health-related needs of older refugees, including ensuring adequate availability of medication and counselling services.
- Refugees should be included and involved in development frameworks to support active and healthy ageing, such as The World Health Organization's Age-friendly Cities and Communities program.

### **Durable solutions**

Where refugees choose to return to their country of origin, or move to a third country through resettlement or complementary pathways, the specific needs of older persons should be taken into account and their roles and contributions recognized.

- Ensure that housing, land and property rights are respected for older persons returning to their country of origin, particularly for women and especially widows. This is particularly relevant regarding inheritance.
- In family reunification programmes, consider family composition in relation to older persons. Ensure older refugees' decisions are equally considered regarding where and with whom they will live (e.g. the role of older persons as primary caregivers for grandchildren and other extended family networks).

- Put in place community-based support mechanisms to assist with integration of older refugees who may face additional challenges to integration due to such factors as being disconnected from local structures such as education and the workforce.

### **Additional references and further reading**

- Global Alliance for the Rights of Older People <http://www.rightsofolderpeople.org>
- Political Declaration and Madrid International Plan of Action on Ageing (MIPAA) <http://www.un.org/esa/socdev/documents/ageing/MIPAA/political-declaration-en.pdf>
- OHCHR. The Independent Expert on the enjoyment of all human rights by older persons. <http://www.ohchr.org/EN/Issues/OlderPersons/IE/Pages/IEOlderPersons.aspx>
- NGO Committee on Ageing, Geneva <http://ageingcommitteegeneva.org>
- WHO Ageing and Life Course <http://www.who.int/ageing/en/>
- ADCAP Minimum Standards on Age and Disability in Humanitarian Action <http://www.helpage.org/what-we-do/emergencies/adcap-age-and-disability-capacity-building-programme/>
- Older people's charter. Accessed October 2017 [http://www.manchester.gov.uk/info/200091/older\\_people/7115/older\\_peoples\\_charter/2](http://www.manchester.gov.uk/info/200091/older_people/7115/older_peoples_charter/2)
- International Federation of Social Workers IFSW. Policy paper. Ageing and Older Adults. <http://ifsw.org/policies/ageing-and-older-adults/>

United Nations Principles for Older Persons Adopted by General Assembly resolution 46/91 of 16 December 1991

- [The Protection of Older Persons and Persons with Disabilities, 6 June 2007 \(Executive Committee of the High Commissioner's Programme, Standing Committee at its 39th Meeting - EC/58/SC/CRP.14\)](#)
- [UNHCR's Policy on Older Refugees, 19 April 2000 \(as endorsed at the 17th Meeting of the Standing Committee, 29 February - 2 March 2000\), UNHCR Standing Committee](#)
- [Older Refugees: Looking Beyond the International Year of Older Persons, 7 February 2000, UNHCR Standing Committee \(EC/50/SC/CRP.8\)](#)
- [The Situation of Older Refugees, 14 August 1998, UNHCR Standing Committee](#)

### **Signees:**

This document is the result of an NGO Committee on Ageing, Geneva initiative. Several organizations worked in collaboration to create this document. The following organizations agree with and support this document:

1. AGE Platform Europe

2. Crescendo Network
3. European Network on Intercultural Elderly Care
4. Graduate Women International
5. HelpAge International
6. International Association of Gerontology and Geriatrics (IAGG)
7. International Federation of Social Workers (IFSW)
8. International Federation on Ageing (IFA)
9. International Longevity Centre Global Alliance (ILC GA)
10. International Network for the Prevention of Elder Abuse (INPEA)
11. Make Mothers Matter
12. NGO Committee on Ageing, Geneva
13. Soroptimist International
14. UN Independent Expert (IE) on the enjoyment of all human rights by older persons
15. Vie Montante Internationale (VMI)
16. Women's World Summit Foundation (WWSF)