
Whose needs count in situations of forced displacement? Revaluing older people and addressing their exclusion from research and humanitarian programmes

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Abstract: Older people remain one of the most neglected, invisible, and marginalised groups among displaced persons, which is in part due to ageist stereotypes that persist and permeate the humanitarian system. Using a theoretical framework grounded in the capabilities approach, this article examines urban/protracted situations of displacement in developing countries and highlights gaps in the limited knowledge and assistance to older displaced persons that must be bridged in order to break the vicious cycle between research and policy that continue to marginalise older persons from humanitarian responses. At the heart of the issue around older peoples' exclusion and invisibility is their lack of voice in decision-making processes and their capacity to contribute to improving the programmes and policies that directly impact them. The paper thus also argues for the meaningful inclusion of older displaced persons in decision-making processes around programmes that concern them.

Keywords: older people; forced displacement; refugees; internally displaced persons; IDPs; protracted; humanitarian; capabilities approach; ageing; urban.

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1 Introduction

Older people¹ are an invisible and neglected group in situations of forced displacement (Jones et al., 2016; Knight, 2000; Mosneaga and Vanore, 2016). By ‘invisibility’, we mean that there is a lack of appropriate research on older displaced persons’ protection and assistance needs, and that there is a corresponding disregard in the broader humanitarian response for the specific situations that they experience. This results in a situation where older people are amongst the most marginalised of displaced persons and are most likely to die prematurely – not from old age – but because existing policy and programmes either exclude them from their scope or fail to meet their actual needs (Jones et al., 2016; Karunakara and Stevenson, 2012). Given that the population of older people is rising (it is currently at 12.3% and it is projected to reach 21.5% by 2050 [HelpAge International, (2015), p.5], and given that the majority of older people live in developing countries, where forced displacement most often takes place, this means that an increasing number of older people are, and will continue to be, affected by forced displacement (Calvi-Parisetti, 2013; Jones et al., 2016; Karunakara and Stevenson, 2012; UN, 2007). There is thus an urgent need to put an end to the ‘vicious’ circle between research and policy, and our paper aims to contribute to this important discussion.

Are older people less deserving of aid than other displaced people? The neglect of older people in situations of displacement has been recognised as an issue since the late 1990s, but despite a brief spot in the limelight with the United Nations High Commissioner for Refugees’ (UNHCR) 2000 policy on older refugees and the 2002 Madrid International Action Plan on Ageing, overall these efforts have resulted in little change for them, as there is a continued lack of funding and programming to meet older people’s particular protection and assistance needs (HelpAge International and Handicap International, 2012; Hutton, 2008; Collinson et al., 2015; Jones et al., 2016; Lupieri, 2018). Moreover, the very little research regarding the situation of older people in forced displacement has stagnated in the last two decades. This is illustrated by one of the most recently published reports on older displaced persons (Barbelet, 2018), which continues to cite literature from 1998 and the early 2000s. Clearly, there are several causes for the continued neglect of older displaced persons, such as the eruption of new crises that divert attention and funds away from protracted displacement situations or lack of funds to adequately address the needs of all displaced persons (CIC, 2015; Crawford et al., 2015; Loescher et al., 2008; Taylor et al., 2015). However, as we contend in this paper, one major factor of this ‘invisibility’ are the ageist stereotypes that persist and permeate

the humanitarian system. With this in mind, our paper seeks to identify key priority areas where the gap between research and policy can be bridged.

Our paper is split into three sections. The first section explains in what ways older people are neglected and ‘invisible’ during their displacement, and why this cycle continues despite past progress around policies and guidelines aimed at recognising and addressing their needs. Then, using a theoretical framework grounded in the capabilities approach (CA), the second section discusses how persistent ageist stereotypes among aid agencies are likely to have a negative impact on policy and programming for older displaced persons. Building off of the work of other scholars (Crock et al., 2017; Hyndman, 1998, 2010; Mirza, 2011) who have interrogated categories such as gender and disability² and the way in which these are invoked by the humanitarian and development community, we argue that it is essential that these agencies change their views regarding older people, from ‘vulnerable’ to ‘capable’ as an important condition for programming to better support older displaced persons’ needs. We then elaborate on the kind of research on older displaced people that is needed to support this change. However, simply conducting research on older displaced persons does not address the underlying discrimination they face and that contributes to their disempowered positions during displacement. At the heart of the issue around older peoples’ exclusion and invisibility is their lack of voice in decision-making processes and their capacity to contribute to improving the programmes and policies that directly impact them. Therefore, drawing on the CA and building on arguments made in section two, the third and final section argues for the meaningful inclusion of older displaced persons in decision-making processes around programmes that concern them.

2 How older displaced persons become ‘invisible’ in humanitarian situations

When we say that older people are ‘invisible’ during situations of forced displacement, this refers to the general lack of knowledge on older displaced persons, the fact that they remain a low priority in programming, and the fact that most of the services available are not adapted to their needs. These three issues are interconnected and their outcome is the overall neglect and lack of awareness about older displaced persons in humanitarian situations, which effectively renders them ‘invisible’ to those whose mandate is to impartially protect and support people in need.

Compared to other groups of displaced persons, older displaced persons are a low priority in policy and programming. Despite being widely recognised as a ‘vulnerable’ group, few organisations or UN agencies have explicit policies or guidelines for working with older displaced persons, often including them implicitly within their policies around other marginalised groups (Barbelet, 2018; Wells, 2005). There are rarely any specific services for older persons, as their needs are assumed to be met by the general services available for all displaced persons (*ibid*). Thus, as highlighted in a study of 6,003 humanitarian projects between 2010–2011, only 2.4% of these projects featured targeted services for older people and people with disabilities, and only less than half of these were funded [HelpAge International and Handicap International, (2012), p.5; see also Bazzi and Chemali, 2016; Karunakara and Stevenson, 2012]. And yet, approximately 10% of displaced people are older, although in some situations, such as Armenian refugees in Egypt and Eritrean refugees in Sudan, this percentage can rise to

30% of UNHCR's caseloads, or in the case of one Ugandan internally displaced persons (IDPs) camp, up to 65% of the caseload (HelpAge International, 2012; MacDonald, 2002; UNHCR, 2000).

Not only are older people underrepresented in policy and programming, but the very few services available to them are most often not adapted to their needs (see generally Burton and Breen, 2002; Collinson et al., 2015; Crisp and Mayne, 1998; Goveas, 2002; HelpAge International, 2002, 2016; Knight, 2000; MacDonald, 2002; Motsisi, 1995; Taylor et al., 2015; Vijayakumar, 2002). For example, older people tend to give away food rations that they are unable to digest, and healthcare centres do not stock medication for chronic illnesses, despite the fact that chronic illnesses are experienced by older people due to their age and that when these conditions are left untreated they can lead to "severe complications ... and increased levels of mortality and morbidity" [HelpAge International and Handicap International, (2014), p.26; see also Barbelet, 2018; HelpAge International, 2006; UNHCR, 2007]. This disproportionately affects older displaced people, especially when gender, poverty, and displacement intersect (Crock et al., 2017), as demonstrated by a study in Lebanon and Jordan that found 77% of older Syrian refugees were impaired by physical or mental disability or illness (HelpAge International and Handicap International, 2014). Another example relates to refugee programme construction materials for shelter, which are provided with the expectation that refugees will build their own shelters – an expectation that older refugees may have difficulty in fulfilling (Burton and Breen, 2002). Indeed, most livelihood programming aims to reach those under the age of 50, including skills and language training and cash-for-work opportunities, mainly ignoring what older people need and can do (Burton and Breen, 2002; Hutton, 2008; Knight, 2000). Unsurprisingly, a 2008 study comparing what non-governmental organisations (NGOs) provided for older displaced persons to what older people had identified as their primary needs found that older people prioritised "income, access to health services and shelter" whereas the "top NGO activities related to health, food and nutrition, and water and sanitation" [Hutton, (2008), p.22]. Access to livelihoods opportunities or skills training would have addressed the priorities of older people, but none of the NGOs surveyed had identified this as something that older people might need or want.

As discussed earlier, it is important to recognise that there are a series of complex factors leading to the current situation of older displaced persons within the humanitarian system. These factors include, but are not limited to, annual funding gaps, the challenges of generating institutional change and overcoming the humanitarian system's propensity towards path-dependency (Hyndman, 1998; Taylor et al., 2015). Additionally, humanitarian organisations may have a lack of knowledge and technical experience in addressing the needs of older persons and may not even consider ageing issues in their assessments or programme planning (Barbelet, 2018; Wells, 2005). However, the deficit of knowledge about older displaced persons is definitely part of the problem, as it reflects the reality of – and most importantly perpetuates – older people's invisibility (Barbelet, 2018; Bazzi and Chemali, 2016; Crisp and Mayne, 1998; HelpAge International, 2012, 2016; Karunakara and Stevenson, 2012). Very little research exists about who older displaced people are: that is, their diversity in terms of social and economic status, their different and shared needs, and how they survive during displacement (Crisp and Mayne, 1998; HelpAge International, 2012; Hutton, 2008; Karunakara and Stevenson, 2012; Knight, 2000; MacDonald, 2002). Moreover, the very little research available on older displaced persons mainly focuses on emergency situations (for example, Wells, 2005;

Hutton, 2008) and on those who live in rural IDP or refugee camps (for example, Burton and Breen, 2002; Collinson et al., 2015; Knight, 2000; Wells, 2005). Yet, two-thirds of all refugee situations are considered protracted³ displacement today, and the vast majority of displaced persons are now self-settled and live in urban settings (HelpAge International, 2012; Landeau, 2014; UNHCR, 2015; Zetter, 2014). The lack of relevant current research is particularly concerning in a context where so little is known about this group of people.

The lack of research and knowledge in turn contributes to poor planning and programmatic initiatives that fail to meet the needs of older displaced persons, and the vicious cycle continues. For instance, it is often assumed that older refugees will be cared for within the larger family structure, and so there is less need to provide specific programming for them (Crisp and Mayne, 1998; HelpAge International, 2006; Hutton, 2008; Karunakara and Stevenson, 2012; UNHCR, 2000). However, displacement disrupts the family structure in a number of ways, making families less capable of caring for all of their members (Crisp and Mayne, 1998; HelpAge International, 2006; Hutton, 2008; Karunakara and Stevenson, 2012; UNHCR, 2000). More particularly, the strains on resources that households face during displacement and the prioritisation of children's needs over other family members means older people's needs, while in displacement, are often sacrificed for the greater good (Bolzman, 2014; HelpAge International, 2012). Moreover, many older people refuse – or are unable – to leave their homes and remain behind in villages or towns that lack the most basic necessities while their families flee to safety (Crisp and Mayne, 1998; HelpAge International, 2006). For older people who can no longer rely on their families for support, this means that they have more difficulties registering as an IDP or refugee due to weaker health, lack of mobility, or lack of knowledge about their rights and entitlements (Crisp and Mayne, 1998; HelpAge International, 2012; Hutton, 2008; UNHCR, 2007). Older people are particularly at-risk of isolation, as humanitarian organisations may have more trouble accessing and identifying them when they are not living in camp-settings (Barbelet, 2018; HelpAge International, 2012). This, combined with the breakdown of family structures during displacement, produces situations that increase the vulnerabilities of older people to poverty, illness, and isolation (Crisp and Mayne, 1998; HelpAge International, 2012; UNHCR, 2000, 2007).

Even where organisations have clear policies and operational procedures around older displaced persons, their implementation in practice is varied at best. For example, while UNHCR's Age, Gender and Diversity Mainstreaming (AGD) Strategy has been introduced in its global operations since 2004, the adoption of age sensitivity within its programme implementation and monitoring and evaluation is neither systematic nor mandatory (Barbelet, 2018; UNHCR, 2017, 2010; Wells, 2005). A persistent gap identified in a review of UNHCR's adoption of the AGD strategy from 2004–2009, found that older people “are often overlooked in UNHCR programming and targeted actions to address protection gaps” [Thomas and Beck, (2010), p.46]. In the two most recent AGD accountability reports, only 36% (32 out of 89 *situations*) in 2015 and 37% (29 out of 78 *situations*) reported achieving acceptable scores for the indicator “% of older persons of concern who receive services for their specific needs” [UNHCR, (2016b), p.23, (2017), p.24]. However, it is unclear what proportion of UNHCR's total operations actually report on this indicator, as the accountability reports only provide data on the ‘situations’ reporting on this indicator (i.e., ‘each individual population group in a specific context’) of which there could be hundreds [UNHCR, (2017), p.13]. As UNHCR

explains, “operations themselves choose each year which indicators they would like to report on for each specific situation”, which effectively means that monitoring indicators around older displaced persons is optional (*ibid*, p.13). This critique is not to discount the efforts that UNHCR has made in introducing and aiming to mainstream the AGD policy into its operations, as it is the UN agency that has made the most progress towards recognising and including older persons in its policies and programming (Wells, 2005). It is merely to highlight the continued challenges facing older displaced persons in being seen and having their needs addressed by the humanitarian system, even when there is explicit policy in place to support them.

The difficulties in achieving this in practice speak to the embeddedness of the underlying conceptualisations of older people and how this affects the framework in which older people are in(ex)cluded. The existence of clear guidance documents on older persons by organisations such as HelpAge International, UNHCR, World Food Programme (WFP) and WHO “suggests that [the continued] problems associated with the health and humanitarian needs of older persons indicate a lack of awareness of the issues rather than an absence of policy guidelines” [Hutton, (2008), p.25]. This lack of awareness is, we contend, an outcome of the ageist stereotypes and misconceptions that plague humanitarian organisations, a point to which we now turn.

3 Past their prime? Negative impacts of ageist stereotypes on policy and programming for older displaced persons

This section draws attention to ageist stereotypes and assumptions of older displaced persons held by professionals involved in the design, policy and implementation of humanitarian programmes aimed at protecting and assisting displaced persons. Existing programmes are underpinned by attitudes and assumptions that can be attributed to ageism, a term originally coined by Butler (1969) and later expanded by Palmore (1999), which defines ageism as a process of systematic stereotyping of and discrimination against or in favour of people solely because of their age. Given the negative forms that ageism takes, it is crucial that more research is conducted with a view to better identify and address ageist stereotypes regarding older displaced persons.

Ageist stereotypes “dictate how older persons are perceived and treated” by aid agencies [UN, (2007), p.50; see also Ibrahim, 2014; Sen, 1999; Volkert, 2014]. Ageist stereotypes frequently focus on the specific *vulnerabilities* that older people may experience, such as their deteriorating health and increased dependency on others (Bolzman, 2014; WHO, 2002; see also Bazzi and Chemali, (2016), p.55]. Older people are regularly perceived as ‘fragile’ and ‘passive beneficiaries’, whose increasing need for care is a ‘burden’ on their families and aid agencies’ resources (Akerkar and Bhardwaj, 2018; Bolzman, 2014; Chimni, 2001; Easton-Calabria, 2014, 2015; Goveas, 2002; Long, 2013; Motsisi, 1995; UNHCR, 2007; Wells, 2005). For example, a longitudinal review of UNHCR documents from 1998 to 2008 reveals that when older refugees are mentioned in UNHCR policy and guidelines (the least mentioned group of all displaced persons), it is typically as ‘vulnerable’, “reinforc[ing] discourses surrounding their need for care and assistance” [Clark-Kazak, (2009), p.317; see also UNHCR, 2007]. While older refugees are represented as active members of society only 12% of the time, the majority of the UNHCR documents in this review portray older refugees as ‘passive’ recipients of aid (*ibid*). This depiction of older refugees reveals the depths to which ageist stereotypes can

penetrate and persist within an agency whose own 2000 policy on older refugees calls for a reversal of our conceptions away from refugees “only as passive, dependent recipients of assistance” [UNHCR, (2000), p.1].

Seeing older people as ‘vulnerable and ‘passive’ recipients of aid contributes to their invisibility and marginalisation from exactly the kinds of programming that could have the greatest impact towards improving their well-being and self-reliance (Jones et al., 2016; Taylor et al., 2015). This frequently occurs when humanitarian agencies deny older people even the opportunity to provide for themselves by excluding them from skills training or cash-for-work programmes (Akerkar and Bhardwaj, 2018; Burton and Breen, 2002; HelpAge International, 2012; UNCHR 2007; Vijayakumar, 2002). In one particularly horrendous example in Northern Uganda, the lack of “an alternative strategy to support their needs [led] the local government [to] declar[e] Fridays begging days for older persons living in IDP camps” [HelpAge International, (2012), p.22]. This marginalisation is also visible through the continued exclusion of older people from decision-making processes around policy and programming that directly concerns them (HelpAge International, 2012, 2016; MacDonald, 2002; Vijayakumar, 2002; Wells, 2005). This is because inclusion presupposes that actors are capable of contributing something valuable to these processes, which runs counter to the dominant narrative that older people are ‘helpless’ and ‘weak’. For instance, while older people are among the most inclined to return home once the crisis is resolved, they are frequently excluded from repatriation planning processes, and their particular needs in being able to return (adequate transportation, help with carrying assets or rebuilding one’s home) are neglected (Calvi-Parisetti, 2013). In cases where no durable solutions can be found, the trend is that older refugees end up comprising the majority of UNHCR’s residual caseload (Crisp and Mayne, 1998; UNHCR, 2000). The imperative for UNHCR is to “design programmes in such a way as to discourage the emergence of such residual caseloads from the outset”, but achieving this goal is difficult without including the voices of older refugees in these design processes [Crisp and Mayne, (1998), p.17]. This is evident in the continued lack of opportunities for older persons to support themselves during displacement, which increases their dependency on others and humanitarian aid (Crisp and Mayne, 1998). This can lead to further illness or disability in the future, heightening older people’s dependency and destitution (Crisp and Mayne, 1998; Gorman, 2004; Hutton, 2008; WHO, 2002). In turn, this reinforces negative conceptions of older people as ‘vulnerable’, ‘helpless’, and as ‘passive beneficiaries’ (Clark-Kazak, 2009; Crisp and Mayne, 1998; Goveas, 2002; Hutton, 2008; UN, 2007).

One of the challenges that the humanitarian system faces is how to deal with the multitude of diverse needs of the different populations that it aims to serve, not only from a human rights perspective but also from a logistical, programmatic, and funding point of view. While categorising people into different groups (women, children, people with disabilities, older people, etc.) that are more ‘vulnerable’ can simplify the task of identifying and supporting these groups, it also runs the risk of “treating ... [these categories] as simply variables” within a formula of how to address humanitarian situations [Hyndman, (1998), p.241; also see Clark-Kazak, 2012]. As such, there is a need to develop a better understanding of these groups as individuals in all their complexities, rather than using preconceived notions of older people as a homogeneous group. The CA developed by Sen (1999) has much to offer here.

Capabilities are the freedoms to engage in valued activities and roles – what people can do given their capacities and constraints (Sen, 1999). The very idea of capability is

the possibility for people to achieve a life they value, and they need “a supportive context” in order to become capable of doing so [Nussbaum and Dixon, (2012), p.561]. A key aspect of the CA is to view people as agents who know what they need, who are best placed to find solutions to address their needs, and as such, who should be included as central actors in developing these solutions (Alkire, 2008; Clarke, 2014; Keleher, 2014; Sen, 1999). The CA makes people’s agency a central part of the equation and it demands that we not only provide effective programming that improves older persons’ well-being, but that this programming be of *value* to them (meaning they are involved in deciding what ‘valuable’ means), and that in fact, effectiveness is predicated on it being valuable to them (Easton-Calabria, 2015; Keleher, 2014; Long, 2013). By beginning with the assumption that older people are capable, the CA enables us to understand the different strategies and obstacles that older people face in achieving a life that they would value (Shand, 2014). It achieves this by leading us to understand from a bottom-up, rather than top-down and prescriptive, perspective what kinds of lives older displaced persons lead and what factors facilitate or inhibit their lives. The people-centred focus of the CA is important because it allows for a more accurate reading of older displaced persons’ needs and desires.

From a CA lens, we can see that in protracted situations of displacement, ageist stereotypes dominate the narratives around older people, limiting their roles and opportunities because of their perceived – rather than their actual – capabilities. In trying to move away from conceptions of older people as ‘vulnerable’, this does not negate the fact that older people do have specific needs due to their age. However, our objective here is to make a distinction between having specific needs that can make a person vulnerable and being inherently vulnerable because a person has specific needs. This distinction becomes clearer if we recognise that older people are not a homogenous group. Looking within the category of ‘older persons’, for example, reveals how there are important differences between older people from 50 to 80 years (or older), between men and women, and between socio-economic statuses that determine people’s health and education, among others. Research indicates that the most vulnerable older displaced persons ‘tend to be over 80; living alone (especially women); heading households or skipped-generation families; or suffering from chronic disease or disabilities’ [HelpAge International, (2012), p.10]. This demonstrates that the capability of older people to be self-reliant during displacement is dependent on these other social identities (age, gender, marital status, disability, displacement status) that influence the opportunities available to them (Clark-Kazak, 2009; Hancock, 2013).

Older people should therefore be seen as capable and willing to be self-reliant and ‘useful’ to others (Crisp and Mayne, 1998; HelpAge International, 2012, 2018b; Harrell-Bond, 1986; Hutton, 2008; Motsisi, 1995; UNHCR, 2000; WHO, 2004). As the very limited research available shows, older people often ask to be included in decision-making and find ways to adapt to their new environments despite the many challenges they face (HelpAge International, 2002, 2018b; Hutton, 2008; Wells, 2005). They possess skills and knowledge generated over a lifetime of experiences that others do not have and that can help in planning and ensuring that humanitarian assistance adequately serves their needs (Crisp and Mayne, 1998; Harrell-Bond, 1986; HelpAge International, 2012; Motsisi, 1995; UNHCR, 2000). Older people are also “more likely to be givers than receivers of aid” [Crisp and Mayne, (1998), p.14; see also Gorman, 2004; Knight, 2000]. They play an important and yet under-recognised role in caring for children or disabled family members while the household breadwinners are working

(Burton and Breen, 2002; HelpAge International, 2012; Knight, 2000; Lupieri, 2018; Motsisi, 1995; UNHCR, 2000; Vijayakumar, 2002; Wells, 2005; WHO, 2002). For example, in a study of five Sudanese IDP camps, approximately 29% of older people were caring for orphans (Wells, 2005). In addition to being resources for their families, older refugees can act as community leaders whose cultural knowledge and lifelong experience is critical for “preserving the traditions of the dispossessed and displaced ... [and] contribut[ing] to peace and reconciliation measures”, such as in the case of older Liberian refugees who were among the first to repatriate [UNHCR, (2000), p.1; see also Bazzi and Chemali, 2016; Burton and Breen, 2002; Crisp and Mayne, 1998; Kesselly, 2002; Knight, 2000; WHO, 2004]. It is therefore essential that humanitarian programmes familiarise themselves more with these findings. At the same time, challenging the dominant view in policy programmes that older displaced persons are vulnerable and a burden would not happen in one day. This can only be achieved if there is more research supporting this key change. In other words, we need more research on what kinds of lives older displaced persons would have reason to value, and on what kinds of opportunities and training or skills they require to improve their livelihoods and well-being.

The CA asks us to understand what people value in life, rather than what we think they need, in order to gain a better understanding of the situations in which they live and how interventions can best support people’s own goals. The strength of such a framework goes beyond a simple evaluation of access and availability of services to older displaced persons, and instead shifts the questions we ask to understand – from older people’s own perspectives – what value this programming adds to their lives. This has been used successfully by Clarke (2014) to understand both the functionality of a programme (i.e., whether refugees are able to access and use a service) and the capabilities that are affected by that programme (the ability of refugees to use a service towards expanding their capabilities, such as by gaining new skills, employment, or empowering them). Such research is critical for understanding how exactly older displaced persons can be better supported during their protracted displacement and hence, how assistance programmes can be modified to value the skills and resources older persons offer. For example, very few scholarly studies look at older displaced people’s quality of life or well-being, or even try to understand what this means for older people (Crisp and Mayne, 1998; HelpAge International, 2012). Yet both of these aspects have a significant impact on older people’s lives and matter immensely to them. Older people are the most likely to experience depression and psychological stress, and the few studies available suggest that this is strongly linked to their lack of independence and inability to contribute socially and/or economically (Bazzi and Chemali, 2016; Chenoweth and Burdick, 2001; Crisp and Mayne, 1998; Crock et al., 2017; HelpAge International and Handicap International, 2014; Wells, 2005). Ageism can also be internalised and impact how older people view themselves; they may begin to “feel like a burden and that their lives are of less value due to their age ... lead[ing] to social isolation and depression” (HelpAge International, 2018a). This can affect their actual life expectancy, as older persons with more positive perceptions of themselves have been shown to have better health outcomes and increased lifespans (Becca, 2017; HelpAge International, 2018a).

This type of research is also critical for understanding how older displaced people can be supported in terms of durable solutions, especially once the reasons for displacement have ended. Most research on durable solutions focuses on older refugees who have been resettled to third (usually developed) countries (see Bloom, 1989; Bolzman, 2014; Chenoweth and Burdick, 2001; Oglak and Hussein, 2016; Slewa-Younan et al., 2016;

Tran, 1991). There is a dearth of research on repatriation and local integration for older refugees, the two durable solutions most commonly available to them. The little research available on repatriation and local integration indicates that older refugees are usually the last to leave camps because they are highly dependent on aid, separated from their families, less mobile and in poorer health, with little information about resettlement packages, making them unable or unwilling to return to their country of origin (Crisp and Mayne, 1998; Gorman, 2004, 2012; Mosneaga and Vanore, 2016; UNHCR, 2000; Zetter, 2014). This makes it all the more important that we include older refugees in contributing to long-term solutions to their forced displacement so that these solutions are adapted to and address their needs and they are better able to accept a durable solution when one becomes available (Akerkar and Bhardwaj, 2018; Collinson et al., 2015; Crisp and Mayne, 1998; HelpAge International, 2012; HelpAge International and Handicap International, 2012; UNHCR, 2000).

Likewise, the CA can add to future research by emphasising that the kinds of livelihoods and access to resources available to older people affect their quality of life and ability to achieve self-reliance, particularly in protracted displacement situations (Betts et al., 2014; Burton and Breen, 2002; HelpAge International, 2012; Jacobsen, 2014; Knight, 2000; Vijayakumar, 2002). We know that many older people need income and that they frequently support others with whatever income or resources they have (Gorman, 2004; Hutton, 2008; UNHCR, 2000; UN, 2007; Wells, 2005). We also know that they are often excluded from livelihoods training or opportunities (Burton and Breen, 2002; Hutton, 2008; Knight, 2000; UNHCR, 2007), but we know almost nothing about the livelihood situations of older refugees and IDPs. Some studies of resettled refugees in developed countries indicate that older people require differentiated training than younger refugees, especially as many are illiterate and need new skills to gain employment in their new country (Bloom, 1989; Chenoweth and Burdick, 2001; Slewa-Younan et al., 2016). However, there is little similar research done in developing country settings, where the vast majority of older displaced persons reside. Moreover, many older displaced persons come from rural settings and their previous knowledge and livelihood skills may no longer be useful in urban settings, where the majority of displaced persons end up living (HelpAge International, 2012; UNHCR, 2016a; Landeau, 2014). While we do not presume that all older displaced persons desire and/or have the capability to achieve self-reliance, for those who do, there is a dearth of knowledge on what they would need to achieve this and further research in these areas is thus necessary. Lastly, the research available tends to treat older displaced persons as one group, and there is little information available on their intersecting social identities and how this affects their livelihood and access to resources (Buscher, 2011; Ibrahim, 2014; Sen, 1999; Volkert, 2014). More research is necessary to understand not only what kinds of livelihood situations older people have during displacement, but also who among older people have what kinds of livelihoods and how their gender, disability, HIV/AIDS status, and so forth impact their access to resources. Critically, gaining knowledge of these intersecting identities should not be used to create further lists of vulnerability criteria (Hyndman 1998), but should be driven by an understanding of what these identities mean and how they play out in the local context, information that is best understood through participatory approaches that place older displaced persons at the centre of knowledge generation and programme development.

4 The participation of older displaced persons in programmes that concern them

As the CA highlights, by understanding what older displaced persons consider to be a ‘good life’, and by understanding the livelihood situations of older refugees and IDPs, programmers are better placed to provide adequate policies to help older people achieve a life they value (MacDonald, 2002). Addressing this fundamental gap in data collection and research is an important part of solutions to ensure older women and men are visible to policymakers and practitioners and are thus more likely to be included (NGO Committee on Ageing, 2018a). However, a key part of this knowledge generation is that it must come from older displaced persons themselves in order to break the cycle of top-down and misinformed programmes and policies. Thus, the CA approach is pertinent because it recognises that, while older displaced people experience numerous constraints beyond their control, they should not be precluded from the possibility of contributing to decision-making around the programmes and policies that directly affect their lives simply because of perceptions around their capabilities. A key point to draw from this is that it is essential to include – more systematically and meaningfully – older displaced persons’ needs and views in policy and programming, particularly in terms of programme design, implementation, and monitoring and evaluation (Akerkar and Bhardwaj, 2018; Collinson et al., 2015; Bazzi and Chemali, 2016; Burton and Breen, 2002; Chenoweth and Burdick, 2001; Crisp and Mayne, 1998; HelpAge International, 2002; Gorman, 2004; MacDonald, 2002; Knight, 2000; Motsisi, 1995; NGO Committee on Ageing, 2018a; Ridout, 2016; Vijayakumar, 2002; Wells, 2005).

This is necessary because, as discussed earlier, older people have different and varying needs that are not accounted for in the development of humanitarian programming and this “lack of consultation with older people [leads] to mistaken assumptions about the assistance they need or want” [Hutton, (2008), p.22; see also, Collinson et al., 2015; Karunakara and Stevenson, 2012]. It is also important because, as emphasised by the CA, older people are important actors with relevant knowledge and experiences, and who should be part of finding solutions to their displacement (Akerkar and Bhardwaj, 2018; Alkire, 2008; Clarke, 2014; HelpAge International, 2018b; Keleher, 2014; NGO Committee on Ageing, 2018a; Sen, 1999). Asking older displaced persons about their needs and including them in decision-making processes is thus a critical step for addressing the current gap around aid effectiveness.

There are a number of humanitarian policies and guidelines in place that advocate for the active participation of beneficiaries in the programmes that they receive: these include, among many others, the SPHERE standards, the Red Cross Code of Conduct for NGOs, and recently the Accountability to Affected Populations Framework (AAP), most of which are based on the principle of impartial humanitarian response. All of these documents put forward commitments by humanitarian organisations to meaningfully include beneficiaries in programme design, management, and monitoring and evaluation. For example, the first core standard in *The SPHERE Handbook* (2011, p.63) is that humanitarian responses must be people-centred, and one of the key actions towards achieving this is to “progressively increase disaster-affected people’s decision-making power and ownership of programmes during the course of a response”. The AAP Framework provides even more detailed procedures for implementing and standardising participation throughout a programme cycle, including step by step processes and indicators for attaining these goals (IASC, 2013). However, the actual implementation of

these principles and guidelines is varied at best, with the participation of refugees in programming described as “the concept with the worst ratio of rhetoric to reality in the entire refugee assistance system” [Easton-Calabria, (2015), p.429; also Wells, 2005]. This trend was further confirmed by one of the author’s preliminary PhD findings from field research undertaken between January and June 2018 conducted in Lebanon with 43 refugees. Indeed, despite the proposal in 2012 by the Inter-agency Standing Committee (IASC) that all organisations working under the Lebanese Crisis Response Plan (the humanitarian response plan for the Syrian crisis in Lebanon) should adopt the AAP framework, very few organisations had actually implemented it (and many had not even heard of the AAP). Those that had implemented AAP into their programming had only done so recently (between 2016 to 2018), with the exception of UNHCR. This finding confirms the results of another study (2016) on older persons in Lebanon, South Sudan and Ukraine, that “the majority of [older] people ... [have not been consulted] about their needs”, let alone been asked to actively participate [Ridout, (2016), p.1]. Critically, the level and depth of older people’s participation is linked to the power dynamics between them and the programmers/organisations, which in turn is shaped by how the latter conceptualise older people. Given the propensity for ageist stereotypes to influence how programmers perceive and treat older displaced persons, it is important that we follow up on these commitments towards the active participation of displaced persons in programme design and monitoring and evaluation to ensure that older people are not, once more, excluded or neglected from these processes. Additionally, care must be taken to ensure that a broad range of older persons are included, and not simply traditional elders, who are usually the oldest of older people and whose concerns and needs are not reflective of all older displaced persons (Barbelet, 2018).

Clearly, there is much work to be done around the participation of (older) displaced persons. Some positive steps have been taken at the policy-level, such as the inclusion of the Age and Disability Capacity Programme (ADCAP), led by HelpAge International, to the Humanitarian Standard Partnership (SPHERE) meaning that ADCAP’s Humanitarian Inclusion Standards for Older People and People with Disabilities will now be officially recognised by SPHERE to be used by practitioners (The Sphere Project, 2018). This, in line with the review of The SPHERE Handbook through extensive global consultations, provides a potentially stronger pathway for practitioners to support older displaced persons in their programming. Likewise, extensive consultations took place around the global compact for refugees, and the draft document specifically mentions the need for considering the input of older persons and people with disabilities, as well as the importance of self-reliance, such as by including them in livelihood programmes (UNHCR, 2018a). This being said, the Global Compact leaves us with more questions than answers. How serious is the commitment towards supporting and including older displaced persons (and displaced persons in general) when the extent to which displaced persons were involved in these consultations processes (held in Geneva) is unclear and the only dedicated session to discuss the rights of older persons in the Global Compact process was a 1.5-hour side event (NGO Committee on Ageing, 2018b; UNHCR, 2018b)? The text of the Global Compact seems to be more focused on the logistics of burden-sharing than on how to implement its recommendations around persons with specific needs. Moreover, these ‘improved’ policies and frameworks face the same issues as past policies around implementation and the difficulty in upholding voluntary commitments in practice. This increases the urgency of further research to understand – in practice – how older displaced people are included and are able to participate in the

design, management and monitoring and evaluation of programmes in order to hold humanitarian organisations accountable to the commitments they have made towards the active engagement of all refugees and IDPs, including older persons. Conducting new research on these afore mentioned issues is therefore necessary to better inform humanitarian organisations about the capabilities, needs, and values of older displaced people, in order to break the cycle in which ageist stereotypes dictate the kinds of spaces and opportunities available for older persons to live during and after their displacement.

5 Conclusions

Almost two decades after the humanitarian system recognised the need to adapt its approach to older displaced persons, very little has changed in humanitarian practice, and older people remain one of the most neglected, invisible, and marginalised groups among the displaced. Again, we must ask: “Is the life of an older person worth less than that of younger people?” [MacDonald, (2002), p.9]. The way in which older people are currently treated would indicate that this is the case, and if we maintain the current path, older displaced persons will remain impoverished and dependent on humanitarian aid and will “continue to form the majority of IDPs and refugees left behind in camps or collective centres while younger people begin new lives for themselves” [HelpAge International, (2012), p.6].

While older people may experience vulnerabilities particular to their age, such as chronic illnesses that limit their mobility or capacity to contribute economically, it is only when these issues are not addressed and older people are left helpless and dependent on others that their specific vulnerabilities become debilitating. Older displaced persons’ vulnerabilities are rarely placed within the broader context of forced displacement or the social and protection environment in which older people find themselves. As such, the reasons for older people’s dependency is often seen as an outcome of their old age, rather than, as the CA would emphasise, of the conditions under which they are forced to live during displacement. This stems from discriminatory attitudes that continue to colour our conceptions of older people and their capabilities, which in turn shape the opportunities made available to them, often pushing them further into poverty and dependency. Confronting ageist attitudes that influence the types of programmes available to older people is thus one of the first steps necessary to upholding their rights and improving their quality of life.

When we begin with the idea that older displaced persons are capable and can contribute socially, culturally, and even economically to their own well-being and to those around them, then we are better placed to support them in doing so. There is so much we do not know about older displaced persons that would improve humanitarian policies and programmes. By shining light on what older people can do, on the kinds of lives they lead during protracted displacement, and on the disconnect between programming and older people’s needs, further research can help us understand what barriers still exist to recognising and including older persons in policies and programming, and how to address them. Critically, in order for this research and its influence on policy to be effective, older displaced persons must actively be part of the conversation in determining solutions and developing policies and programmes to their own displacement.

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Notes

- 1 For the purpose of consistency with research and data collection conducted by key aid agencies and organisations, this paper follows the United Nations (UN) definition of old age as 60 years and above (HelpAge International, 2012). However, differences in age and what this means in practice is relative depending on local contexts and cultures, an issue that will be discussed further in this paper.
- 2 As people age their mobility, health, and/or mental capacity may become impaired, creating intersections between issues around age and disability. Because of this, sometimes displaced older persons and people with disabilities are considered together in research and policy recommendations (Crock et al., 2017; HelpAge International and Handicap International, 2012, 2014). While there is significant overlap with issues of old age and disability, we have chosen to focus mainly on the former category due to limitations of scope, instead drawing attention to the complexity of multiple intersecting identities throughout the paper.
- 3 Protracted refugee situations are ones in which refugees “have been in exile for 5 years or more after their initial displacement, without immediate prospects of implementation of durable solutions” [Loescher and Milner, (2011), p.15].