Mainstreaming Age Inclusion in Humanitarian Interventions

HelpAge International

This report is prepared following the "Mainstreaming Age Inclusion in Humanitarian Interventions" workshop facilitated by Diana Hiscock (Humanitarian Inclusion Advisor, UK) and Çiğdem Tozlu (Age Inclusion Specialist, Türkiye) on 16-17 July 2024 in Ankara. The overall purpose of the report is to present the areas of concerns of older people and the enablers and barriers on inclusion of older people in humanitarian interventions in Türkiye from the perspective of service providers and to support age inclusion interventions by identifying the capacity building needs.

The report was written by the staff of Helpage International Çiğdem Tozlu (Age Inclusion Specialist, Türkiye), with technical input of key expert Diana Hiscock (Humanitarian Inclusion Advisor).

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HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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Introduction

HelpAge International, under its "Strengthening Age-Inclusive Humanitarian Systems in the Türkiye Response and Recovery" project organised a two-day workshop on 16-17 July 2024, in Ankara Ramada Hotel, facilitated by Diana Hiscock (Humanitarian Inclusion Advisor) and Cigdem Tozlu (Age Inclusion Specialist - Türkiye). The 3 main objectives of the project are:

1. Strengthen the capacity of Humanitarian Actors on Age Inclusive Programming including themes of Protection, Ageing, and Inclusion;
2. Facilitating direct representation of older people with diverse identities in coordination bodies;
3. Influence country-level processes and plans to include details about the rights of older people, such as the unique risks faced by older people, their specific needs, and their capacities.

The workshop titled "Mainstreaming Age Inclusion in Humanitarian Interventions" aimed to draw the road map for age inclusion efforts in Türkiye and identify the priority areas for capacity-building activities together with civil actors working in protection sector. The workshop hosted 21 protection experts of 13 international, national and local civil society organisations. During the workshop, impact of unconscious bias on ways of working different at-risk groups, ageing statistics and role of data on shaping future work, areas of concerns for older people, barriers of working with older people in Türkiye, designing inclusive projects and role of older people in humanitarian settings were discussed and HelpAge's Organisational Assessment Tool and Action Plan was introduced.

During the two-day workshop needs and concerns of older people were identified, solutions were produced, and steps and capacity building needs to realise the solutions were identified. This report includes the main discussions from the workshop.

Areas of Concern

Participants analysed the concerns of older women and men in various age groups. It demonstrated that older people cannot be considered as a homogenous category, rather ageing is experienced by women and men in various age groups differently, so needs and risks between older women and women in different change groups varies.

Below table are results of the discussions and suggested solutions:

Areas of Concern by Age Cohorts and Gender		
	Women	**Men**
60-69	• Transition to pension or survivors' benefits • Caregiver responsibilities (to spouse, children or grandchildren) • Menopause • Less social interaction • Chronic illness • Not as up to date with technology (even less than men's)	• Transition to pension • Challenges finding additional livelihood if needed • Social status change • Chronic illnesses • Not as up to date with technology ✓ Incentives and decent work opportunities ✓ Psychosocial support & peer to peer groups, hobby groups ✓ Awareness regarding attitudes

	• Less autonomy on personal decisions ✓ More social gathering compared to men ✓ Incentives for caregivers ✓ Psychosocial support & peer to peer groups, hobby groups ✓ Awareness on women's health ✓ Activities to use motor/cognitive/physical skills ✓ Awareness regarding attitudes	
70-79	• Economic problems • Caregiver/taker • Chronic diseases (higher rate for women) • Language barrier • Socialisation problems • Unmet basic needs • Wellbeing concerns • Mobility and access issues (less priority for social & medical assistance) • Lack of social security ✓ Monitoring care responsibilities ✓ Monitoring safety concerns of single older women ✓ Psychosocial support, peer groups, keeping in touch with the community ✓ Encouraging physical activities ✓ Basic needs and medical assistance support	• Economic problems • Caretaker • Chronic diseases • Loss of social status • More likely to marry again • Unmet basic needs • Wellbeing concerns • Mobility and access issues (less priority for social & medical assistance) ✓ Psychosocial support, peer groups, keeping in touch with the community ✓ Encouraging physical activities ✓ Basic needs and medical assistance support
80+	• Mobility problems • Financial security risk (pension income, fraud risk) • Health problems, chronic diseases • Access to services • Dependence on caregiver (dignity) • Accessibility • Isolation • Abuse and neglect • Lack of digital literacy • Change in sexual life ✓ Socialising with peers ✓ Emotional support programmes ✓ Inclusion to PSEA interventions, access to reporting mechanisms	• Mobility problems • Financial security risk (pension income, fraud risk) • Health problems, cancer risk • Access to services • Dependence on caregiver • Accessibility • Isolation • Abuse and neglect (self-neglect) • Lack of digital literacy • Change in sexual life • Risk of dementia, Alzheimer ✓ Socialising with peers ✓ Emotional support programmes

The group exercise revealed that older women and men become **more at risk of violence abuse and neglect** due to living alone or dependency to aid or economic support, as they get older, therefore, monitoring safety of older persons as well as accessible reporting and complaint mechanisms becomes crucial. It is also important to mainstream age inclusion to safeguarding and PSEA mechanisms, if organisations extend their services for older persons to avoid causing harm or risk.

It was also discussed that older women and men experience changes in their **sexual and reproductive health and sexual life** differently, and there is an ageist misconception that sexual life ends after a certain age for everyone at the same time, where there is a stronger focus in targeting younger adults in SRH programmes. The impact of menopause and change in their sexual life for their health and wellbeing older women and men is not well recognised or understood.

Older people go through a **socio-economic change** due to moving to the pension system or losing their income due to being replaced by younger adults in their work. For refugees, since there is a high availability of younger workforce, older persons are not hired although they agree to work for lower fees. The socio-economic change also causes **loss or damage of the social status** of older people, especially older men. In early stages of old age, older women and men should be included in livelihood programmes for decent work opportunities to ensure their ageing autonomously, as well as avoiding psychosocial distress due to loss of social status in family and community.

Participants emphasised that older women and men socialise in different environments. While older women mostly socialise within their family members, older men have a relatively more extended network of friends to meet outside their homes, public spaces. Close social circle of older women is also a result of and the reason for language barrier that prevents them from enjoying public spaces and services. In an environment where there are no family members or uninterest to socialise with older members in the family, older women become more at risk of **social isolation and loneliness**. Additionally, in a situation where violence, abuse and neglect occur within the family, it might remain unheard. In older age groups, people tend to spend more time at home due to mobility and accessibility problems and further psychosocial consequences of isolation over years, so loneliness and social isolation becomes a risk for older men and women. Therefore, older people should be encouraged to socialise outside their living areas through programmes offering peer support groups, hobby or activity groups, or emotional support groups. Their connection with their community and sense of belonging and worth should be sustained. The efforts starting earlier stages of ageing are crucial to prevent further isolation and loneliness and health and protection risks that can emerge.

Another issue discussed was decreasing **physical activity**, due to general age-related changes, cultural norms and beliefs that expect older people to remain passive or inside, or overprotective behaviours that decrease even daily activities of older people. Participants emphasised that at early stages of ageing, if preventive measures are taken, older people would have less mobility problems and can remain active. Hence, awareness raising is necessary to promote preventive health practices, as well as changing the perception and attitudes of older people and their environment about active living of older people. If older people remain reluctant to participate in physical activities, physical activities can be incorporated with social activities and made more appealing for older persons. Additionally, **access to health services**, especially physiotherapy, plays a crucial role in health ageing. Preventive physiotherapy and medical treatment should be accessible for older refugee women and men, as well as assistive devices and counselling on independent living for older people and their caregivers.

Active Life Groups

Refugees and Asylum Seekers Assistance and Solidarity Association (RASAS) provides Turkish language courses, social cohesion activities, mental and psychosocial health, protection, GBV response, child protection, livelihood and physiotherapy services for refugee and local community members from all ages in their community centre in Sultanbeyli, İstanbul. 15% of their beneficiaries are older people.

Older people consist of 12% of physiotherapy service beneficiaries. As part of physiotherapy services, RASAS encourages older people to pursue an active living. Refugees and local community members are usually reluctant to perform physical activities due to cultural barriers. To overcome the barrier, RASAS offered physical activities in the form of social cohesion events titled **"Active Life Groups"** for Local and refugee older people.

Active Life Groups offer serialised sessions for closed groups between 6 to 10 sessions. In the groups, facilitators and participants talk about the importance of physical movement and exercise and their benefits on healthy ageing. The group also learns some exercises they can perform via the support of chairs or standing. The Active Life Classes also promoted social cohesion and solidarity among older local and refugee participants. Through the Active Life Groups, older people change their perception towards physical exercise and socialise at the same time.

Lastly, participants took attention to the **care responsibilities** of older people and how it changes over time and shows the difference between women and men. Older people appear to be caregivers of grandchildren, or spouses, yet the responsibility is mostly full-time for older women compared to the on and of support role of older men. Additionally, the role of older people changes from caregiver to caretaker, or they can be both at the same time. Participants acknowledged the care responsibilities of older people and suggested that it should be monitored along with the assessment and research activities.

Barriers and Solutions

To identify and address the obstacles against inclusion of older persons in humanitarian interventions, a barriers assessment was conducted by groups of participants. Barriers were identified in 4 topics, attitudinal, environmental, communicational, institutional and solutions were suggested. Below table demonstrates the results of the groups' work on barrier assessment and solutions.

Barriers	Solutions
Attitudinal: • Assumption of lack of ability/capacity • Assumption on having no sexual life (related to sexual and reproductive health) • Assumption on dependency to aid • Ignoring individual's knowledge of their own issues & taking action without inclusion • Speech patterns /patronising	• Changing perceptions: Orientation packages should include sensitisation/awareness raising on older persons. • Consultation with older persons / older persons associations • Recruiting older persons in decision making and implementing positions • Increasing community-based activities (committees, advisory boards)

• Ageism based on being unproductive (related to being out of workforce)	• (Re)designing implementation considering different age groups • Adapting criteria
Environmental • Social pressure (autonomy) • Inaccessible wash facilities in temporary shelters • Access to distribution points (heavy packages, long (crowded lines) • Climate change • Lack of social facilities • Not older person friendly cities (infrastructure) • Air quality • Outreach activities (separate budget)	• Outreach to identify specific groups (distribution of households, specific accommodational needs) • Better communication with municipalities, more accountability and advocacy • Separate budget for specific needs (15-20%) • Including inclusion specialists in all of project cycle (writing, design, budget, M&E)
Communication • Assumptions of a hearing problem or a cognitive issue (as a result using high/laud voice, impatience) • Digitalisation of communication (smart phones, surveys, FCRM) • Mass communication (announcements on social media) • Lack of budget for accessible communication (i.e. Sign language interpreter, easy to read expert), access to remote areas (mobile teams) • Language barrier & illiteracy • Lack of appropriate ambiance (noisy environment, privacy, dignity) • Questionnaire structure (complicated, irrelevant to the group) • All of above become critical at acute emergencies	• Age sensitisation: awareness raising sessions, trainings • Budget allocation for accessible communication • Recruitment of experts (self-advocates – consultation boards, community age group members; professional experts of different age groups) • Tailoring and diversifying communication channels • Data collection and MEAL (verification/cross check of assessment materials) • Determining key actors within the community to work on age inclusion • Increase communication with municipalities, older persons' counsels • Mobilisation of older persons to design and lead various activities
Institutional • Lack of identification of targeted problems • Lack of inclusive services (limited capacity of institutions, policy gaps,	• Some indications of "age and disability inclusion", but doesn't reflect practically or in programmes ("what" is there but "how" is not) • Recruitment + orientation • Checklist exercise

poor coordination, budget restrictions) • Competing priorities (funding, reporting, "numbers") • Limited services for older persons (accommodation, shelter, transportation, medical services) • Limited participation & representation • Limited information dissemination about services • Discriminative policies (not having policies, recruitment) • Our understanding of working with "beneficiaries" is not aligned with older persons and persons with disabilities	• Inclusion and mainstreaming older persons and persons with disabilities in PSEA, gender equality, policies ensuring humanitarian principles • Awareness and sensitisation (communication, acknowledge capacities) • Identification of older persons as a target group • Supervisory/advisory roles (older persons and persons with disabilities) • Budget for accessibility

Assumptions based on unconscious biases, prejudices shape our value judgements and behaviours which appear as attitudinal barriers. Attitudinal barriers also set the base for other forms of barriers. For older people, assumptions based on capabilities, having a certain lifestyle and value judgements based on being productive/being part of the workforce influence how the society approaches older people as passive receivers of aid, thus sometimes being subjected to patronising behaviour by aid workers or social service providers. Participants suggested awareness raising and sensitization activities at community level to change the perceptions, and also employ an intergenerational approach to break prejudices by bringing people of all age groups together. To change the assumptions of being passive members of the community, older people can be encouraged to design and lead the activities from a community-based perspective. Finally, participants acknowledge that ageing does not occur for everyone in the same way, therefore age-related changes also happen differently, and should be considered so when making assumptions on lifestyles and activities of older people.

Accessibility issues, climate change and social concerns were identified as environmental barriers. Accessibility in provinces, neighbourhoods (infrastructure, high sidewalks), and in particular temporary shelters (WASH facilities, distribution points) were identified as barriers. To address the problems, participants highlighted the importance of working with municipalities to make age-friendly cities, and more effective outreach strategies to better identify the needs and concerns of older people before and distribution activity. Climate change and its effects on air quality and sharp changes in whether temperature was also discussed as older people are one of the groups that are disproportionately affected by climate change. Therefore, more and more humanitarian organisations include climate change into their agenda in humanitarian work and development. Finally, assumptions based on limited social needs and capabilities of older people cause provision of limited social facilities, therefore a limited social life for older people. To overcome the risk of isolation and loneliness, more age-friendly social facilities and programmes should be applied. Finally, participants suggested having checklists and inclusion specialists in all departments of their work and a separate dedicated budget for inclusion to make sure that barriers were identified and addressed.

In terms of communication barriers, prejudices based on senses and cognitive capacities of older people, change in communication tools, language barrier and illiteracy and data collection methods were identified as barriers. It was discussed that the misconception about older people having hearing, sight loss or cognitive limitations sets a communication barrier before starting a conversation with an older person or ends up with avoiding them. Therefore, humanitarian aid workers should be sensitised on ageing and unconscious biases. It is also highlighted that communication tools were digitised, and announcements were made on social media which cannot be accessible for older people. More in person communication methods should be available for older people. Additionally, there should be alternatives to written communication materials for illiterate older people, as well as multiple language options. Additionally, data collection tools and methods were also digitised. Research is mostly conducted via online surveys or phone interviews which might be difficult for older people to participate in. Although more practical and effective, a certain sample size should be allocated for older people to conduct face to face interviews in silent, convenient environments. To identify better tools, accessible communication channels and accurate data collection older people should be included in the design and implementation of the processes that better fits and represents them. Participants highlighted that accessible communication efforts require more time and resources; therefore, a specific budget should be allocated.

Finally, in terms of institutional barriers, limited organisational policy commitments and recruitment, lack of identification of problems of older people and its repercussions on inclusive services were identified as main barriers. Participants highlighted organisational policies and commitments, and HR procedures are not inclusive of older people. Therefore, organisations do not necessarily act on inclusion of older people in their workforce or services. Which also demonstrates itself in identification of older people as a target group, thus collecting data on them to further inform projects and policies, or priority areas. Participants agreed that organisations should have policy commitments for inclusion of older people in gender equality, PSEA, recruitment and other policies, and allocate budget for inclusion. Older people should also be identified as a target group and included in the project design cycle from needs assessment to implementation and monitoring. Lastly, awareness raising on needs, roles and capacities of older people should be included in induction packages.

"We know the needs and concerns of older people, but we do not have data to demonstrate it...Many actors collect SADDD, yet there is not a tangible plan to transfer those into interventions." Nuran, Yardım Konvoyu, Türkiye

Role of Older People

Role of older people in humanitarian interventions was discussed with a perspective acknowledging their capacities and improving their participation. The discussion involved current barriers against participation of older people in humanitarian work and how to tackle those barriers. Below notes are highlights from the discussions.

- Older people should participate in the project design. Currently, it is not applied, yet it can be encouraged. Older people are considered as beneficiaries not decision makers. The perception in the sector should change and more focus should be paid on their capabilities.
- Older people can be employed as project managers or consultants.
- Community-based approach should be expanded from information or consultation to collaboration and decision making. Efforts can be supported with tools and resources. The SCLR approach can be promoted.

- Accessible FCRM and PSEA mechanisms should accompany the inclusion efforts. Older people can help dissemination of information related to FCRM and PSEA mechanisms.
- Specific FGDs and KIIs should be organised with older people groups disaggregated by age, gender and diversities in the community to targeted planning and better identification of gaps, needs and capacities.
- Older people can form peer-to-peer groups and committees to represent themselves and to contribute humanitarian interventions.
- Older persons can directly represent themselves in organisations and networks.
- Older people can learn about their rights and available services to better benefit and advocate for them, as well as disseminating the information in their community.
- Older people are observers/key informants in their communities. They carry the knowledge. They can be consulted during planning, when identifying intervention strategies, as well as learning about the attitudinal, behavioural patterns in their community and their coping strategies.
- Older people can be influential in outreach. They can reach out to the community, they can be mediators, and they can disseminate messages. They can support humanitarian actors when gaining local acceptance and ownership.

Conclusion

Older people are one of the vulnerable groups in disaster and crisis situations, yet mostly overlooked, or their specific needs and concerns were not identified based on age, gender and other diversities. In the workshop, protection experts of organisations had deep discussions focusing on older people, their needs, specific risks they face, their capacities and how they can be included in humanitarian interventions in Türkiye.

Organisational commitments and priorities shape the contents of programmes and projects. The first step for inclusion of older persons is mainstreaming ageing into organisational policies and standard operations. This can include:

- HR and recruitment policies
- Orientation packages including needs, roles and capacities of older people
- Targeted trainings to field staff who directly engages with older people
- Having age inclusion focal points
- Strategic plans
- Safeguarding and PSEA policies
- Monitoring, evaluation, learning and accountability policies and practices
- Project cycle management
- Data collection (SADD data, age cohorts to identify specific needs of older people)
- Standard operational practices of programmes
- Resource allocation

Older persons face specific risks that should be assessed and addressed. Therefore, age inclusion should be mainstreamed in each sector and programme. To do so:

- For each sector, tools and training on specific risks faced by older people, sample research questions for identifications, checklist and inclusion thermometers should be provided. Specifically, sector coordinators should be aware of the tools and guidelines to lead their sectors and to assess and review contents and projects developed. WASH (accessible latrines and showers, safe from falls and injuries), Shelter (especially temporary shelters, accessible living areas safe from falls and injuries), Health (preventive measures, healthy ageing, physiotherapy, assistive devices, nutrition, mental health and wellbeing, SRH (especially for older women), Education (especially lifelong learning and digital literacy), Basic needs (food items suitable for consumption of older people, distribution based on accessibility needs of older people), Livelihoods (incentives and income generations opportunities) …
- Examples and good practices on age inclusion should be disseminated

The capacities of older people and their roles in their community and in the humanitarian sector should be acknowledged. Examples can be:

- Consulting on designing together with older people preferred/accessible communication channels
- Designing and implementing research with older people (community-based needs assessment)
- Recruiting older people in projects concerning them
- Having older person consultants, leaders, volunteers
- Supporting older persons committees and associations (Older Persons' Associations-OPAs)
- Including older persons in design and implantation of the projects

Community participation and ownership is important for humanitarian interventions to achieve success. Therefore, interventions should work both with the target group and the community they live in. In terms of inclusion of older persons:

- Intergenerational approach should be employed to work with both ways of ageism and break prejudices through interaction
- Awareness raising should be provided at community level to address unconscious biases and attitudinal barriers
- Older persons should be included in social cohesion activities

Humanitarian advocacy should include the needs of older persons. At the local level municipalities should be encouraged to make cities more age friendly.

The effects of climate change on older people should be acknowledged and appear as an area of concern in humanitarian and development work.

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