



# Recognised Yet Invisible:

*The Situation of Older Syrians in Türkiye*

*Developed within the framework of the  
Ageing and Disability Inclusion Task Team (ADITT)*

**HelpAge**

**International**

The report is prepared following the “Mainstreaming Age Inclusion in Humanitarian Interventions” workshop facilitated by Diana Hiscock (Humanitarian Inclusion Adviser, UK) and Çiğdem Tozlu (Age Inclusion Specialist, Türkiye) on 16-17 July, 2024 in Ankara where areas of concerns of older people and the enablers and barriers on inclusion of older people in humanitarian interventions were discussed from the perspective of service providers. One of the main barriers identified was absence of data regarding older refugees to inform projects and policy documents. This report highlights the data gap regarding older refugees in Türkiye demonstrating their needs and concerns based on the available data and what more needs to be done. The document intends to serve as a resource for service providers to include older people in their interventions and when designing age-inclusive projects.

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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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# Contents

<b>Introduction</b>	<b>4</b>
<b>Main Risks Older People Are Exposed to in Emergency Situations</b>	<b>4</b>
<b>The Situation of Older Syrians in Türkiye</b>	<b>6</b>
Displacement & Social Isolation	7
Older Women	8
Health	9
Emergency Response (Shelter, WASH and Food Security)	9
<b>Discussion</b>	<b>10</b>
<b>Conclusion</b>	<b>11</b>
The study recommends:	12
<b>References</b>	<b>13</b>
<b>Endnotes</b>	<b>13</b>

# Introduction

Conflict or disaster related emergency situations cause disruption in social and economic life and challenges the resilience of individuals and communities. Such situations can affect older people disproportionately due to social, physiological and functional vulnerabilities, and inadequate preparedness and protection mechanisms. During emergencies, the challenge is not only to protect older persons and ensure essential services provide for their needs, as part of the emergency response and recovery after crises, it is also to account for the diversity of this population group, recognize their capacities and harness their experience to maximise the preparedness for and minimise the impact of emergencies; yet evidence shows that older persons are often overlooked in emergency response systems, which aggravates their vulnerabilities and worsens their capacity to respond and adapt (UNECE, 2020). The exclusion of older people from the humanitarian response may be in part related to a greater knowledge gap around their needs within settings of crisis (Hachem, et al., 2022). Studies demonstrate that there is a global lack of age-disaggregated data and thus evidence of older people's needs as a major barrier to developing and financing targeted humanitarian programs addressing cross-cutting vulnerabilities that warrant a comprehensive and holistic response (Hachem, et al., 2022, p. 2).

Turkey hosts over 3 million registered refugees, primarily Syrian<sup>1</sup>, who survived the crises in their home-countries, lived in displacement and survived two major emergency situations of the last decade, COVID-19 pandemic and February 2023 earthquake. Refugee response in Türkiye takes place within the framework of the Regional Refugee Resilience Plan (3RP) in six sectors – protection, food security, education, health, basic needs and livelihoods<sup>2</sup>. Similar to the global trend, older people remain less visible in humanitarian interventions in Türkiye. There are also important gaps in the data and analysis relating to particular population groups such as women and youth along with persons with disabilities and older people (3RP Regional Refugee Resilience Plan, 2024, p. 33). There are some academic studies and resources provided by NGOs and UN Agencies that can be benefited, yet they do not develop systematic data or available data on all areas concerning older refugees. The available data on older Syrian refugees in Türkiye is outdated not necessarily chronologically, but due to the significant change in conditions following the pandemic and then the earthquake. Although acknowledged by leading documents the limited data to inform policy and practices presents itself in interventions, and the invisibility of older people in interventions resonates back to being excluded from assessments and research. This study analyses the existing research and reports related to older Syrian refugees in Türkiye to demonstrate the needs and concerns of older Syrians and what more needs to be done. The document intends to serve as a resource for service providers to include older people in their interventions and when designing age-inclusive projects. The study also highlights the limited information on older Syrians in Türkiye and calls for sex, age and disability disaggregated data (SADD) collection through mainstreaming into existing tools and designing targeted research.

## Main Risks Older People Are Exposed to in Emergency Situations

The specific needs of older populations affected by emergencies, including health, nutrition, social protection, and water and sanitation hygiene (WASH), have been long overlooked by aid organisations. In principle, older people may be recognised as a vulnerable group; in practice, however, i) data about them are often not collected; ii) humanitarian programs are not tuned to meet their specific needs; iii) they are minimally consulted in the planning and execution of humanitarian operations; iv) their capacity to be active participants in recovery and response is ignored (HelpAge International, 2012a, p. 2). Furthermore, the data

available might not demonstrate differences between age cohorts for older males and females concerning their various needs and concerns and in the ways that programmatic activities and services are being received or delivered (HelpAge International, 2018). Below table demonstrates the risks concerning older people in emergency situations:

<b>General Concerns</b>
Worsening of pre-existing marginalisation and exclusion
Invisibility to humanitarian actors
<b>Protection</b>
Not being able to leave home even if one wants to
Not being able to leave IDP/refugee camp even if one wants to
Being separated from family or community
Being victim of abuse
Having to care for children
Having housing, land and properties rights ignored
Being excluded by communal shelters
<b>Food</b>
Not being registered for food distributions
Having difficulties reaching the food distribution point or market
Having difficulties at the food distribution point
Having difficulties transporting the food back home
Not receiving an equal share of food within the family
Having inappropriate food
<b>Non-Food Items</b>
Not having enough warm clothes /blankets
Not having culturally acceptable clothes
Not being included in NFI distribution lists
<b>Shelter</b>
Not being automatically given shelter by family
Having inaccessible shelter
Having to sleep on cold, hard or damp surfaces
Not having proper gender separation

Being grouped with unknown people
<b>WASH</b>
Not being included in water distribution schemes
Having difficulties reaching water distribution points, wells or sources
Having difficulties transporting water back home
Having difficulties reaching sanitation facilities
Having difficulties using sanitation facilities
Having difficulties disposing of waste
<b>Nutrition</b>
Having malnutrition unchecked
Having malnutrition untreated
<b>Health</b>
Being more subject to ill health or injury
Having difficulties accessing health services
Having inappropriate health services
Having difficulties accessing psychological support
<b>Recovery</b>
Being excluded from rehabilitation and livelihood projects
Not being able to earn a living
Source: (HelpAge International, 2012a)

When emergency situations occur, there are particular situations that put older people at risk. Health conditions, social and economic disadvantages, and insufficient coverage of social protection mechanisms can hinder the ability of many older persons to prepare for and adapt (UNECE, 2020, p. 6). Therefore, including specific questions and sections to research and assessments is the first step for inclusion of older people and a crucial effort to avoid further harm, violence, abuse and neglect.

## The Situation of Older Syrians in Türkiye

According to the Presidency of Migration Management, as of August 2024 there are in total 3.096.157 registered Syrian refugees in Türkiye, of whom 229.170 are 50+ persons and 92.243 are 60 years and above which corresponds to approximately 7.4% and 3% of the Syrian population in Türkiye, respectively. Due to some barriers, we can expect this number to be higher.

## Displacement & Social Isolation

The latest 3RP Türkiye Country Report highlights the increasing needs of older people, persons with disabilities, persons with chronic diseases, seasonal agricultural workers, and rural populations after the earthquake and due to deteriorating economic conditions (3RP Regional Refugee Resilience Plan, 2024, p. 52). Older refugees who do participate in social and economic life, are faced with the risks of sedentary living conditions, poverty and isolation (Korkmaz Yaylagül & Aslan, 2020, p. 406). Although humanitarian actors works for addressing the concerns, the need for support is much larger than capacities and funding available for the economic empowerment programmes which necessitates focusing on areas severely impacted by the earthquakes as well as populations who are very vulnerable (such as female headed household, persons with disabilities (PWDs), older individuals, rural population and informal workers) who are at risk of falling further into poverty (3RP Regional Refugee Resilience Plan, 2024, p. 197) so that they will not resort to negative coping mechanisms and can be economically self-reliant (3RP Regional Refugee Resilience Plan, 2024, p. 89)

Displacement often ends up with losing social networks which is more difficult for older people to reestablish in the host country when compared to older host community members and adult refugees. Social isolation, poverty and social exclusion are one of the risks faced by older refugees in Türkiye due to lack of participation in the labour force and limited or no Turkish language skills (Korkmaz Yaylagül & Aslan, 2020, p. 406). Not being able to speak the language of the country they live in can also increase the risk of cultural exclusion by contributing to withdrawal from society and the continuation of existing prejudices (Korkmaz Yaylagül & Aslan, 2020, p. 412). It has become almost impossible to live for older refugees, especially those who do not have children in the family, who cannot receive financial assistance from the state or any organisation or who receive a very small amount of aid, and some of them have had to return to Syria due to financial difficulties, even if the war continues (Korkmaz Yaylagül & Aslan, 2020, p. 415). Those who do not return are trying to continue their lives in very bad environments where even human conditions for life cannot be provided (Korkmaz Yaylagül & Aslan, 2020, p. 415). Moreover, older refugees are excluded from the labour market, even though they are not of advanced age, which negatively affects their participation in public life, complicates the adaptation process and increases economic problems (Korkmaz Yaylagül & Aslan, 2020, p. 417). In conclusion, older refugees cannot find a job due to their advanced age and the availability of a younger reserve workforce, cannot go out of the house sufficiently due to health problems and social and cultural reasons, and cannot learn the language of the society they live in (Korkmaz Yaylagül & Aslan, 2020, p. 419). For these reasons, this group, which is exposed to the risk of social exclusion, is more vulnerable than refugees in other age groups, and there is a need for social policies to intervene in these vulnerabilities (Korkmaz Yaylagül & Aslan, 2020, p. 419).

### Difficulties of social integration of older refugees in Türkiye

Themes	Statements	N	%
Language	Communication problems, conflicts, foreign city, difficult language, difficulties in formal processes	116	32.86
Poverty	Low income, expensive, not meeting the needs, not meeting the costs, not being able to pay the bills, and the insufficient benefits	87	24.65
Foreign country	Far from the home country, miss the home country, being away from relatives, not belonging, the difference of whether conditions	31	8.78

Discrimination	Prejudices, attitudes, being unwanted, asking them to return	24	6.80
Isolation	Being away from relatives, staying at home, health problems, lack of city information, communication problems	22	6.23
Unemployment	No job, unemployment of the child	20	5.67
Trauma	Loss of relatives, the psychological effects of war, the fear of death	17	4.82
Culture	Ethnic differences, lifestyle differences, clothing differences	15	4.25
Health	Disability, daily living activities, problems to get medication, no caregiver	13	3.68
Housing	Rent cost, finding a house	8	2.27

Source: (Özmete, et al., 2021, p. 112)

Older people are often left behind when the rest of their community is displaced, or if (HelpAge International, 2012b, p. 18) displaced, they are more likely than younger people in the same situation to have lived through conflict and remained in protracted displacement (Mooney & Hussain, 2009, p. 23). Nearly half of the older people did not want to stay in Türkiye (50.3%) and those who wanted to go to another country were 15.1% (Özmete, et al., 2021, p. 107). For older people, language problems, relatedly social isolation, remains as the major factor in influencing their wish to stay in Türkiye (Özmete, et al., 2021, p. 108).

## Older Women

The impact of economic challenges is not equal on individuals from a gender perspective; with female-headed households facing higher protection risks due to lower chances of employment and higher poverty, coupled with the greater vulnerabilities they experience in temporary living conditions in the earthquake context (3RP Regional Refugee Resilience Plan, 2024, p. 52). Older women are at greater risk than men, because they are more often widowed and living alone, and because of gendered disadvantages that tend to accumulate over the life-course (UNECE, 2020, p. 6) The main factors that lead to more Syrian women being lonely in old age are that gender roles make it more difficult for women than men to remarry after the loss of a spouse or divorce; such as, new marriage was not welcomed in their family and close circle, being devoted to children, and having disagreements with the bride and groom (Öğütte, et al., 2022, p. 324). Which also makes older women to rely on social and economic support of their family and close circle, relatedly risk of jeopardising their autonomy on their life choices.

The intersection of factors such as age, gender, and migration led to different patterns of stigmatisation which multiplies during times of crisis. A study on pandemic experiences of migrant and host community women living alone revealed that women coming from collectivist cultural backgrounds experienced higher risk of loneliness due to loss of economic and social support and the inability to build social relationships (Öğütte, et al., 2022). Older Syrian women reported the loss of economic and social support from their sons who had lost their jobs during the pandemic and the inability to build social relationships during the pandemic (Öğütte, et al., 2022, p. 325). Similarly, when dealing with financial difficulties after the earthquake, the primary coping mechanism for older Syrian women was borrowing money from family members/relatives/friends (IOM, 2023, p.9). Older Syrian women who lost their social circle due to crises were criticised by their community and host community



when they sought socialisation which led them to believe that they had deviated from a social norm (Öğütler, et al., 2022, p. 328). The contradiction between what is and what should have put them at risk of being completely alone (Öğütler, et al., 2022, p. 328). The evidence demonstrated that health crises, such as pandemic, or disasters, are also social crises, and experiences at the intersection of age, femininity, and migration can and do take on during social crises.

There is a significant relationship between gender and language problems. Study reveals that of those 76.9% of the older refugees reporting language problems 82.3% is older women and 70.5% is older men (Özmete, et al., 2021, pp. 105-107). Most of the older refugees stated that they communicated with their relatives (73.8%) and 45.1% of them were involved in cultural activities (Özmete, et al., 2021, pp. 106-107).

Older people are often left behind when the rest of their community is displaced, or if (HelpAge International, 2012b, p. 18) displaced, they are more likely than younger people in the same situation to have lived through conflict and remained in protracted displacement (Mooney & Hussain, 2009, p. 23). Nearly half of the older people did not want to stay in Türkiye (50.3%) and those who wanted to go to another country were 15.1% (Özmete, et al., 2021, p. 107). For older people, language problems, relatedly social isolation, remains as the major factor in influencing their wish to stay in Türkiye (Özmete, et al., 2021, p. 108).

## Health

Limited access to health care topped with language barriers, lack of information on available services, combined with a lack of resources is a challenge for the most vulnerable such as pregnant and lactating women, children, older people and persons living with disabilities, causing difficulties for those seeking health care services, particularly in relation to preventative health services, medical care devices and specialised services (3RP Regional Refugee Resilience Plan, 2024, p. 23). About half of the older refugees suffered from chronic illnesses (52.5%). Osteoporosis (75.0%), arthritis (61.8%), geriatric depression (60.0%), hypertension (59.0%) diseases are common among older female refugees. On the other hand, those with diabetes (51.2%), stroke (57.1%), hearing loss (62.5%), cardiovascular disease (59.4%) was male. The 5 most common health problems among older refugees were respectively chronic disease (63.6%), hypertension (36.1%), diabetes (35.2%), arthritis (16.9%), chest diseases (16.5%), cardiovascular diseases (15.5%) (Özmete, et al., 2021, p. 105). As a result, people with specific needs, particularly persons with disabilities and older people continue to require targeted healthcare support from public institutions, civil actors in health sector, complementary assistance and community-based care.

Related to previous or newly emerged health conditions the independent living of older Syrians was also challenged. 57% of Syrian refugees in earthquake affected provinces stated that they were not healthy enough to live independently without depending on others (IOM, 2023, p. 8). Moreover, 21% of older Syrians in earthquake affected provinces reported having no access to healthcare and more than half sought help from their relatives, friends, or neighbours to overcome the challenges they faced in accessing health-care services; on the other hand, approximately the other half preferred not to go to health-care service providers unless their health needs are urgent (IOM, 2023, p. 8).

## Emergency Response (Shelter, WASH and Food Security)

Reasonable and safe accommodation to have life in dignity was already a concern for refugees in Türkiye. The situation was multiplied in earthquake affected provinces. A study conducted six months after the earthquake reveals that 95% of older Syrians living in

earthquake affected provinces had to seek shelter in a formal site or informal settlement (IOM, 2023, p. 5). Given the amount of time after the research was conducted the findings were not relevant for the time this report was written, but some findings highlight the improper emergency response regarding the needs of older people. 83% of older Syrians residing in formal or informal settlements reported that there were barriers restricting their movements in their shelter, such as high door sills and narrow doorways and more than half of the respondents expressed that their coping mechanisms for dealing with such difficulties involved limiting their movements as much as possible and avoiding going outside (IOM, 2023, p. 6). 39% of female and 34% of male older refugees reported limited or no access to hygiene items, including adult diapers and personal products. (IOM, 2023, p. 7). 23% of Older Syrians had no access to food, while about 41 per cent reported having low or medium access stating the primary challenges as lack of sufficient food in their shelters, insufficient cooking equipment, not knowing where the food distribution area is located or difficulty in reaching the distribution area (IOM, 2023, p. 7).

## Discussion

Older people and their intersectionality with other vulnerabilities, such as disability and gender are recognised as one of the priority areas in humanitarian interventions and emergency situations. Yet, there is still limited representation of older people and their concerns in practices, including interventions, assessments and research. The data available by academic research and NGO reports in Türkiye on the situation of older Syrians is no exception to the general trend.

The available data reflects older people as a homogenous group above a certain age (same as 60 years old, some 50 years old, and some 65 years old) ignoring various needs and concerns and different ageing processes. To demonstrate differences between age cohorts for older males and females concerning their various needs and concerns and in the ways that programmatic activities and services are being received or delivered, subjected to local conditions and policies, 10 years age cohorts, preferably starting from 50 years old is recommended to be embedded in qualitative and quantitative data collection (Age and Disability Consortium, 2018, p. 20; HelpAge International, 2018). In terms of intersectionality with gender, the available qualitative and quantitative data demonstrates the needs, concerns of and risks faced by older women and men. Thirdly, disability and ageing intersect significantly which should resonate in data and practices. A practical and inclusive way of integrating disability in data collection is Washington Group Questions (WGQ) which includes a set of simple questions about daily functions (Age and Disability Consortium, 2018, p. 21; HelpAge International, 2018). Finally, as the target group of humanitarian response in Türkiye is not only limited to Syrian refugees; Syrian refugees in themselves are also not a homogeneous group. It should be noted that, while searching data on older refugees and asylum seekers in Türkiye, no research was identified concerning older refugees and asylum seekers from other nationalities. Hence, research and interventions on older people should address all refugee groups in need and their diversities.

Comparing the available data with the lists of risks concerning older people in emergency, the data provides gender segregated data on some health concerns of refugees, recovery capabilities and some protection concerns, such as isolation, marginalisation and autonomy. Health data reveals the major health concerns of older women and men, yet it should be supported with data on disability, access to health services, psychosocial well-being and accidents and injuries in living areas and public places. Secondly, the information in recovery covers the access of older people to income generation and its intersectionality with isolation and effects on extended family. The available data should be supported with other risks that can be triggered in relation to low or no income, such as poverty, nutrition and negative coping mechanisms. Additionally, like in all fields research should emphasise more on the capabilities of older people and their contribution to community. In terms of protection

concerns, the available data provides only a limited window, mostly focusing on isolation, marginalisation and autonomy with gender perspective. Protection risks and concerns of older people should be assessed from a wider perspective including barriers, impact on health and well-being, safety and security, family separation, violence, abuse and neglect, care responsibilities, violation of rights and communal ties. Finally, there is almost no information available concerning older Syrians regarding food, non-food, shelter, nutrition and WASH sectors that became extremely crucial following the earthquake.

## Conclusion

Emergencies and humanitarian crises break social and economic ties, protection and support mechanisms. In such situations older people, people with disabilities, women, children and youth become more vulnerable, more open to harm and resort to negative coping mechanisms. Evidence shows that older people are left behind in humanitarian interventions and data that feeds design of and fundraising for programmes. Türkiye, a country that hosts a significant number of refugees, is no exception to the tendency in the humanitarian sector concerning inclusion of older people. This study analyses the existing research and reports related to older Syrian refugees in Türkiye to demonstrate the needs and concerns of older Syrians and what more needs to be done. It reveals that there is limited data on health, recovery and protection concerns of older Syrians that provides some insight about their situation; however, no up-to-date data on concerns related to food, non-food, shelter, nutrition and WASH which became more critical after the earthquake in Türkiye.

## The study recommends:

- The humanitarian interventions in each sector should refer to Humanitarian Inclusion Standards for Older People and People with Disabilities. The document offers 9 inclusion standards and 3 key actions for 7 sectors.
- The collection, analysis, use and reporting of SADD data, with 10-year age cohorts, complemented with WGQ and questions to identify other diversities concerning all refugee groups in need in all areas of interventions.
- The data should include access to rights, identification of barriers, intersectionality and emphasise more on capabilities of older people and their contribution to community.
- Health related data should cover major health conditions, non-communicable diseases, disability, access to health services, psychosocial well-being and accidents and injuries in living areas and public places.
- The available data on recovery should be supported with other risks that can be triggered in relation to low or no income, such as poverty, nutrition and negative coping mechanisms.
- Protection risks and concerns of older people should be assessed from a wider perspective including barriers, impact on health and well-being, safety and security, family separation, violence, abuse and neglect, care responsibilities, violation of rights and communal ties.
- Research regarding older people is needed in the food, non-food, shelter, nutrition and WASH sectors. And the data should be analysed concerning intersectionality of vulnerabilities and their multiplier effects.
- The engagement, participation, empowerment, agency and autonomy of older people in all their diversity by involving them in formal and informal decision-making structures, community initiatives, and crisis responses, and incorporating their perspectives and experiences in plans, programmes and monitoring.
- Promotion of a twin-track approach to including older people in all their diversity in humanitarian action, providing specific and targeted interventions to support their dignity and empowerment, while also integrating age, gender, and disability-responsive measures into policies and programmes.
- Training and resources are provided to expand age, gender and disability expertise in the response and enhance understanding of the unique challenges faced by older people and how to effectively address them in programming.
- The capacity of older people's organisations should be supported so they can effectively engage in humanitarian coordination mechanisms, advocacy efforts, and community-based initiatives.
- Ensure that all information about assistance is communicated via multiple mediums and in a variety of accessible formats.

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# Endnotes

1. The Presidency of Migration Management of Türkiye regularly updates the number of migrants, refugees and asylum seekers and informs the public through: <https://www.goc.gov.tr/guncel-veriler> .

2. For more please see: <https://www.unhcr.org/tr/en/inter-agency-coordination> .

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