

THE PROTECTION OF OLDER PERSONS AND PERSONS WITH DISABILITIES

I. OBJECTIVES AND FOCUS

1. This paper examines the challenges which older persons and persons with disabilities face in accessing protection, including assistance, in situations of displacement. It reviews current policies on the protection of displaced older persons and those with disabilities; highlights the main protection challenges faced by these individuals; and outlines efforts made by UNHCR and partners to respond to these challenges. Finally, it summarizes the key areas for attention and follow-up in the next three years to improve its performance in providing protection and support to older persons and persons with disabilities.

2. An inclusive and empowering approach in protection strategy and programme design is required together with a shift in the ways in which those who provide protection, including assistance, perceive older persons and persons with disabilities. Rather than considering them as passive recipients of aid, UNHCR and partner staff need to interact with older persons and persons with disabilities as equal partners, building on their skills, resources and abilities. Not only is an understanding of their specific needs related to age, gender roles and mental and/or physical condition required, but recognition of their right to be actively involved in all action undertaken to protect them and determine their future is also necessary.

3. Information for this report was obtained from surveys completed by staff in diverse UNHCR operations; a desk review of participatory assessment findings; country and annual protection reports; and related documents. This paper includes a summary analysis of the material found in those reports, building on the paper presented to the 17th meeting of the Standing Committee in February 2000 on older refugees¹ which stressed the need to focus on participation, inclusion and empowerment through partnership, as a basis for sound practice.

II. CURRENT POLICIES

4. In situations of persecution, violence, conflict and displacement, older persons and persons with disabilities are more vulnerable to losing close family and caregivers. They are often physically unable to flee with their families, or may become stranded in the course of flight. Proactive outreach policies are therefore required to ensure that they are identified,

¹ "Older Refugees: Looking beyond the international year of older persons", EC/50/SC/CRP.8

monitored and supported in a timely manner. The Agenda for Protection reiterates the importance of giving due consideration to age and gender, and Goal 1² calls explicitly for attention to be given to people with disabilities.

A. Older persons

5. 1999 was the International Year of the Older Person. The following year the Standing Committee endorsed UNHCR's policy on older persons³ which outlined the protection challenges face by older persons,⁴ highlighted their capacities and called for the integration of their specific needs into programming.

B. Persons with disabilities

6. The United Nations Convention on the Rights of Persons with Disabilities⁵ defines persons with disabilities as: "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."⁶ The Convention recognizes the responsibility of States in providing protection to persons with disabilities, emphasizing in particular that: "State parties shall take, in accordance with international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflict, humanitarian emergencies and the occurrence of natural disasters."⁷ Moreover, Article 32 addresses the need for appropriate measures to be taken "in partnership with relevant international and regional organizations (...)." In addition, the United Nations Convention on the Rights of the Child⁸ affirms the rights and needs of children with disabilities⁹ and in addition requires States to ensure that child victims of armed conflict receive appropriate treatment.¹⁰

7. For its part, UNHCR has incorporated protection issues related to persons with disabilities in policy documents and guidelines, such as UNHCR's Guidelines on the Protection and Care of Children, and the 2006 Executive Committee Conclusion on Women and Girls at Risk.¹¹ The Office's age, gender and diversity mainstreaming (AGDM) strategy focuses on the need to achieve the goals of participation and inclusion in protection and programming. This is

² Agenda for Protection, Goal 1, Objectives 9 and 11. Incorporating an age perspective requires consideration of how the protection needs, capacities and wishes of displaced persons change from childhood through to old age.

³ UNHCR's "Policy on Older persons" is included in document A/AC.96/929.

⁴ The World Health Organization defines "an older person" as an individual above the age of 60. Nonetheless, factors such as life expectancy, which will vary among women and men, and health and economic conditions, are relevant in considering who is old

⁵ United Nations Convention on the Rights of Persons with Disabilities, December, 2006

⁶ Ibid, Article 1(2)

⁷ Ibid, Article 11

⁸ United Nations Convention on the Rights of the Child, 1989.

⁹ Ibid Article 3

¹⁰ Ibid Article 39

¹¹ "Refugee Children, Guidelines on Protection and Care", in particular Chapter 6 on the Prevention and Treatment of Disabilities, UNHCR, Geneva 1994; and Executive Committee Conclusion No. 105 (LVII) (f), 2006, Women and Girls at Risk.

an important tool for ensuring the inputs of older persons and persons with disabilities in the design of operational plans, including targeted action to support those who are discriminated against and marginalized.

8. UNHCR has provided other guidance notes and tools to support and encourage staff in addressing the needs of older persons and persons with disabilities. Specific guidance on the targeted distribution of basic assistance was incorporated into the revised Emergency Handbook issued in 2007. UNHCR's Handbook on the Protection of Women and Girls highlights the importance of non-discrimination and equality for women and girls with disabilities. The Action for the Rights of Children (ARC) training pack includes a module entitled "Critical Issues: Disability". Current protection assessment frameworks, such as *Protection Gaps: Framework of Analysis* for refugee situations, and another one under development for situations of internal displacement, also seek to ensure that the protection gaps confronting older persons and persons with disabilities are analysed.

9. Notwithstanding the above efforts, greater consideration needs to be given to the systematic incorporation of the specific protection needs, capacities and contributions of older persons and persons with disabilities into policy guidance and programme delivery, with close attention to their dignity and psychosocial well-being.

III. PROTECTION CHALLENGES

10. In both urban and camp environments, the challenges facing older persons and persons with disabilities are considerable. Scarcity of opportunity and lack of mobility are problems which displaced persons in general have to face and which are often compounded by discriminatory treatment based on age and disability. Women and girls can face double discrimination due to gender roles. Older persons and persons with disabilities face protection challenges stemming from their age on the nature of their disabilities respectively, as well as from the way they may be treated by their families, communities and the institutions responsible for delivering protection assistance and services.

11. Older persons or persons with disabilities, who face difficulties in communication, concentration, understanding or mobility, may encounter serious barriers in accessing essential protection services. For example, they may be unable to access transport, understand written and verbal information, register with institutions for documentation and support, or recall and recount with accuracy relevant details during refugee status interviews.

12. In some cases, older members might be seen as a community or family resource in terms of child care, traditional birth services, conflict mediation and the continuation of culture and wisdom. Nonetheless, older persons and adults and children with disabilities often face ostracism or marginalization within their immediate families and communities, which exacerbate their protection problems. Such treatment can result in depression, alcoholism, isolation and non-attention to their specific needs. Some families and communities see "disability" as a punishment, and parents may hide children with disabilities at home, or even tie them up. Older persons and persons with disabilities can be seen as a burden to their community, thereby increasing the sense of stigma and isolation, especially if there are no social services available to provide support.

13. All too often, the institutions established to provide support to persons of concern are not equipped to facilitate access to protection and assistance services for older persons and persons with disabilities. For example, offices may not be accessible or have appropriate facilities for people with physical disabilities.

14. Staff may not be sufficiently sensitized to reach out proactively to older persons and persons with disabilities: perceiving them as “vulnerable groups” rather than persons with specific needs and rights. This can lead to insufficient analysis of the protection risks individuals face and, in particular, disregard for their capacities. Being categorized as “a vulnerable person” can contribute to exclusion from empowerment opportunities, such as education and self-reliance activities, vocational training, tools, business grants and land.

15. Identification and registration procedures may not be designed to identify at an early stage those persons who are least visible, and who do not have family or community support available, in order to ensure monitoring and proper assistance. Protection measures may not consider particular exposure to social and physical insecurity. Although rarely reported, older persons and persons with disabilities, in particular women and girls,¹² can be subjected to psychological and physical abuse, including sexual and gender-based violence (SGBV).

16. Accommodation may not be designed with the specific needs of older persons and persons with disabilities in mind, including appropriate shelter/housing, doors, latrines and shower cubicles, as well as lighting to secure safe access at night. Food and non-food items can be inadequate and/or inappropriate and distribution points can be located far from the homes of single older persons and persons with disabilities. They may be forced to exchange or sell their rations to pay for someone to help them collect assistance, including water and fuel.

17. Health services can be inaccessible or inadequate for older persons and persons with disabilities for a variety of reasons, including the lack of specialist support, medical operations or specific drugs, treatment and aids. The absence of female-to-female medical services for older women and women and girls with disabilities can be a further impediment as can be the unavailability of staff to treat problems associated with physical and mental disabilities. The lack of appropriate services has a particularly negative impact on the emotional and physical well being of those who are dependent on such services and devices to function independently.

18. There is often an absence of educational opportunities for children with disabilities particularly due to prejudices regarding their integration into normal schools and a lack of understanding of their capacities. Moreover, older persons and persons with disabilities frequently do not have equal access to vocational training schemes, literacy classes and income generating projects. For those persons whose families and communities are unable or unwilling to provide support, direct financial support and institutional care, if available, might be the only solution.

¹² The United Nations study on violence against children noted that disabled children are at particular risk of abandonment (para 43). *United Nations Secretary-General (2006). Report of the Independent Expert for the United Nations Study on Violence against Children. Promotion and protection of the rights of children. United Nations General Assembly, Sixty-first session, A/61/299.*

19. In terms of solutions, older persons and persons with disabilities have fewer opportunities to integrate locally, due to factors such as the ability to speak the language, secure paid employment or access to regular pension, health and education schemes. In return situations, it can be a challenge to provide support to older persons wishing to return as international funding policies may focus on younger families, especially for the allocation of housing and land. This can lead to the exclusion of older couples and leave persons with disabilities with little hope of securing a dignified solution. Resettlement countries do not usually prioritize places for older persons unless related to family reunification, and there are limited programmes available for persons with disabilities and their families.

IV. RESPONSES

20. UNHCR and partners have responded to the above challenges, in particular those of an institutional nature, in various ways. Focus group discussions with older women and men in all parts of the world have made UNHCR staff more aware of the impact of life cycles and gender on an individual's protection risks, capacities and expectations for the future. Analyses of participatory assessment findings confirm that adults and children with disabilities have rarely been included in focus group discussions.

21. In regard to refugee status determination, UNHCR has promoted approaches that are age- and disability-sensitive. For example, procedures must be designed to enable older persons and persons with disabilities to fully and fairly present their claims. In addition, in applying the refugee definition it is recognized that treatment which may not be persecutory for certain individuals may be so for older and disabled persons. Examples include the denial of medical or food assistance, or persecutory acts against caregivers, which can have such a serious impact on older persons and disabled persons that they amount to persecution. UNHCR promotes a broad approach to family unity (encompassing dependent extended family members, such as older parents or family members with disabilities) both with regard to refugee status determination and the provision of derivative status, as well as expanded opportunities for family reunification.

22. The introduction of the "*proGres*" registration system in UNHCR's operations has provided the Office with a valuable tool for identifying the needs, risks and capacities of older persons and persons with disabilities. Where it has been installed, staff have access to disaggregated data on the registered populations: they can identify individuals with specific protection and assistance needs and track services provided, such as cash grants, education and medical assistance. Offices can now analyse information and identify inaccuracies or gaps, such as generational ones where, for example, older women might be increasingly assuming the role of head of household in the absence of younger parents due to conflict or HIV and AIDS. In Afghanistan, an analysis of returnee statistics revealed that older Afghan women were seriously under-represented in the population figures, contrary to the normal global pattern. While statistical analysis may not necessarily explain the causes, systematically collected and properly analysed data provide staff with the capacity to spot such gaps, identify protection risks and plan accordingly. In Kenya, "*proGres*" has been used to establish an effective individual case management system for assisting persons identified at heightened risk, including mapping residential locations and prioritizing those most at risk for focus group discussions and follow up.

23. Building on the 2006 ExCom Conclusion on Women and Girls at Risk, UNHCR and partners are testing an individual risk assessment tool for identifying persons at heightened risk, which incorporates older persons and persons with disabilities. When linked to individual registration systems, it will allow for swifter identification of all persons at extreme risk, and trigger the establishment of case management committees to review all urgent cases regularly and to identify solutions. This distinction is important, as not all persons with specific needs are at heightened risk: a person with a disability might be fully independent and not require close monitoring or support.

24. Refugee volunteer and community-based home visit systems, such as those established in Uganda and Nepal, have been an effective manner to identify and monitor those persons requiring regular support. Some offices have also set up case management committees to facilitate follow-up and monitoring. In Jordan and the Syrian Arab Republic, the expansion of neighbourhood information and advice centres reduces exposure to unnecessary stress, travel and expenditure by those persons who are least mobile. This is a vital resource for older persons and persons with disabilities seeking information about medical care and other services. In one urban context, the UNHCR office established contacts with multiple partners to undertake participatory assessment with those persons with specific needs, including meetings with persons with disabilities.

25. Some offices have introduced simple changes to improve access to assistance, services, and other forms of support. These included targeted distribution of assistance, better designed accommodation and community-based support for the delivery of assistance and shelter construction. In certain countries, arrangements have been made with the World Food Programme for pre-ground maize to be delivered to persons with particular feeding needs.

26. To implement policies to support older persons and persons with disabilities, UNHCR relies heavily on partnerships with Governments, the United Nations and non-governmental organizations (NGOs). Current partners specializing in older persons and/or persons with disabilities include Handicap International and its partner Atlas Logistics, the World Health Organization and the International Committee of the Red Cross. UNHCR is seeking to increase and/or expand its partnerships with specialist agencies in addition to long established partnerships with NGOs providing community services expertise.

27. In Colombia, the Office worked with partners to incorporate the needs of older displaced persons into national policies and response mechanisms regarding internally displaced persons. Partners in Bangladesh and Chad undertook a detailed assessment of the specific needs of persons with disabilities. More generally, immunization and awareness-raising campaigns are undertaken regularly in UNHCR field operations in coordination with Governments, United Nations agencies and other partners to prevent disabilities.

28. Community service partners work with displaced persons to improve the delivery of non-food items and ensure monitoring of older persons and those with disabilities through community-based support networks. In the Islamic Republic of Iran, Kenya, Pakistan and Serbia, persons with disabilities have been provided with mobility aids, training, therapy and life-skills training. A university based in England has provided training to staff on community-based psychosocial assessment, design and implementation of relevant activities and adequate

referral in the Sudanese region of Darfur, Malawi and Pakistan. In most returnee setting mine awareness campaigns are an important element of the work to prevent disabilities as in Bosnia and Herzegovina and Afghanistan.

29. In education, UNHCR works with government departments specializing in support to persons with disabilities, particularly special education for children with disabilities. Efforts focus on integrating children into regular school classes are made in Africa and Thailand, and in Europe, children may be integrated or attend special schools. Classes in Braille, sign language and practical skills have been established in Kenya, Nepal and Algeria. Direct support for older persons and persons with disabilities to participate in livelihood programmes is less common. In the United Republic of Tanzania, however, refugees, including persons with disabilities, who have had previous experience in making devices for persons with disabilities, have been identified. A workshop has been set up by UNHCR's partner and local authorities to produce aids such as latrine seats and wooden tricycles from local materials. In Algeria, a donor provides support for persons with disabilities to receive training in dress making and carpentry.

30. Within the Inter-Agency Standing Committee (IASC) context, UNHCR has participated in the development of the IASC Guidelines on Mental Health and Psychosocial Response in Emergencies¹³ which provide advice on how to facilitate an integrated approach to address the most urgent mental health and psychosocial issues in emergency situations. The current humanitarian reform initiatives and inter-agency cluster approach have identified "groups with specific needs" as an important area for follow-up. The recent appeal for building humanitarian response capacity¹⁴ incorporated proposals together with Handicap International and Help Age International for the provision of technical assistance to internally displaced operations.

IV. PROPOSED FOLLOW-UP ACTION

31. Over the next three years, in coordination with States and other partners, UNHCR will seek to address the protection gaps identified through follow-up action in the following key areas:

A. Policy and accountability

32. UNHCR will promote the systematic incorporation of the specific protection needs of older persons and of persons with disabilities, as well as recognition of their capacities, into policy guidance, reports and training/learning programmes. UNHCR's community development policy¹⁵ will be updated to incorporate the AGDM strategy and a rights and community-based approach. It will be accompanied by dissemination of the Convention on the Rights of Persons with Disabilities to all staff and partners to increase awareness. This guidance will help UNHCR staff and partners to understand the importance of promoting meaningful participation and empowerment for all members of the community, and in particular the rights of older persons and persons with disabilities. Moreover, the Annual Protection Report will henceforth incorporate a section on older persons and persons with disabilities. Senior managers will be required to indicate progress in the implementation of related policies through the AGDM accountability framework.

¹³ IASC Guidelines on Mental Health and Psychosocial Response in Emergencies, IASC, February 2007

¹⁴ Appeal for Building Global Humanitarian Response Capacity, 2007

¹⁵ "Reinforcing a Community Development Approach," UNHCR, EC/51/SC/CRP.6, February 2001

B. Capacity building and attitudinal change

33. Dissemination of UNHCR's Manual "A Community-based Approach to Operations"¹⁶ will be combined with continued staff and partner training. The training will guide staff and partners on how to work with older persons and persons with disabilities and in particular their inclusion in participatory assessments and community-based work. Targeted coaching support will be offered to managers and multifunctional teams on participatory methods and age, gender and diversity analysis. This will focus in particular on the attitudinal shift required to support inclusion, and on participation and empowerment, with a focus on recognizing capacities, rather than vulnerability and dependence, as well as on appropriate protection strategy and programme development. Awareness training will be undertaken with staff to improve the design of UNHCR's responses to older persons and persons with disabilities in the areas of protection, shelter, non-food items, education, health and solutions. SGBV training modules and standard operating procedures will incorporate raising awareness on the risks of exposure of older women and women and girls with disabilities to SGBV¹⁷.

C. Early identification and individual case management

34. Early identification and individual case management for persons with specific needs, in particular older persons and persons with disabilities, will be pursued through the implementation of the assessment tool for persons at heightened risk. The *proGres* registration software will be further developed to make full use of its potential as a protection tool. In addition to the identification of persons requiring support, it will be used to provide more effective monitoring through a link to the assessment tool and individual case management systems. This will support the development of timely solutions, including resettlement, for persons facing compounded risks. Offices will be provided with guidance on establishing case management committees, together with partners, with due respect for confidentiality as well as appropriate office arrangements to allow easy physical access and adequate information sharing.¹⁸

D. Partnerships

35. Within communities, UNHCR will work to raise awareness on the rights of persons with disabilities and older persons and strengthen community-based responses to their protection risks to achieve sustainable and inclusive actions. Agreements will be pursued with specialist agencies to deploy experts and the Office will coordinate with the World Food Programme to provide adequate feeding programmes when required. Particular attention will be given to developing livelihood partnerships which target the specific needs of older persons and persons with disabilities. Offices will be encouraged to promote partnerships with the relevant national ministries and local experts to create capacity on the ground for health and education services to older persons and persons with disabilities, including children.

¹⁶ The UNHCR Manual "A Community-based approach to Operations" is due to be provisionally released in June 2007. It provides guidance on building partnerships with communities and supporting community-based responses to the protection of groups with specific needs.

¹⁷ Agenda for Protection, Goal 5, Objective 1.

¹⁸ Agenda for Protection, Goal 1, objectives 9 and 11.

36. To facilitate the integration and naturalization of older persons and persons with disabilities, UNHCR will work with States to promote the waiver of financial requirements, stringent language tests and examinations on the history and culture of the host country, as part of naturalization procedures in their particular case. Similarly, when older refugees or those with disabilities invite family members for reunification in countries of asylum, due consideration should be given to their particular situation to provide them with an equal opportunity to enjoy the right to family unity.

V. CONCLUSION

37. The protection of displaced older persons and persons with disabilities is a shared concern for all States, intergovernmental and non-governmental organizations involved in this area of humanitarian work. To address the issue, UNHCR has adopted a two-pronged approach: age, gender and diversity mainstreaming together with targeted action to promote respect for the rights of all discriminated groups and to empower them. This review of the challenges facing older persons and persons with disabilities, and the responses to date, highlights that while some progress has been made, there are many areas that require follow-up. The AGDM strategy has raised staff and partners' knowledge of the protection risks faced by older women and men and should be pursued, but with greater emphasis on recognizing their capacities and proposing solutions to the problems. A proactive focus on diversity, in particular for persons with disabilities, is required. UNHCR and partners can eliminate a number of basic obstacles facing older persons and persons with disabilities if priority is given to these issues based on participatory analysis with the affected persons. Through such analysis, targeted actions can be jointly identified to provide adequate site planning and shelter construction, food and non-food item delivery, health and medication, services and education, information and livelihood opportunities, as well as to find durable solutions.

38. In general, staff and partners still tend to maintain a vision of "vulnerability and dependence". This has resulted in measures which are limited to assistance-based activities rather than targeted action to build on the capacities of older persons and persons with disabilities. Instead, the aim should be to support them and their families and communities to find solutions within a framework of non-discrimination and equality and respect for age, gender and diversity. UNHCR managers, policy development, training and staff development programmes therefore need to focus more closely on attitudinal change. The development of protection strategies and programme responses will need to prioritize inclusiveness, not least through the creation of time and space for participation by all, founded on a rights and community-based approach as promoted by the Agenda for Protection and the Convention on the Protection of Persons with Disabilities.

39. It is hoped that, if the Executive Committee Member States are in agreement with the findings presented in this paper, and in particular the follow-up actions recommended in section IV above, this subject could become the topic of a future Executive Committee Conclusion on older persons and persons with disabilities. Such a conclusion could bring greater visibility to the issues and call for their systematic inclusion in policy guidance, strengthened accountability, improved training and capacity building, the implementation of effective mechanisms for early identification, monitoring, response and solutions as well as improved protection and programme delivery. This would support the efforts of UNHCR, States and partners to address existing protection gaps and better protect older persons and adults and children with disabilities.