

# An age-sensitive approach to durable solutions

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**Elderly people are likely to face specific constraints in displacement, yet the durable solutions devised by many states tend to follow a one-size-fits-all approach. The implementation of transitional but workable solutions can at least alleviate some of the adverse socio-economic and psychological challenges that displacement poses for the elderly.**

There are few interventions catering to the needs of the displaced elderly, and their situations in conflicts and disasters are seldom documented. The invisibility of the displaced elderly within data and subsequent programming reflects the limited profiling of the specific vulnerabilities and needs of particular population groups within larger displaced populations. Existing examples show, however, that humanitarian emergencies disproportionately affect older populations in both conflict and disaster settings.

In Japan, 66% of 15,681 people who died (and whose age was subsequently verified) after the Great East Japan Earthquake and tsunami of March 2011 were older than 60. Likewise, a study undertaken in the context of the 2012 refugee crisis in South Sudan found that the mortality rate of the population aged over 50 was over four times that of 5-50 year olds.<sup>1</sup>

Older people are generally among the last to flee from an unfolding conflict or disaster due to both their often more limited mobility and their reluctance to leave a familiar environment. Once displaced, older persons

may face greater difficulties in restoring their livelihoods and are often economically disadvantaged compared to younger people. Their search for durable solutions, whether through return to their original communities, integration in their places of refuge or settlement elsewhere, can be further impeded by frail health, which often deteriorates while they are in displacement.

Such vulnerabilities specific to the elderly are largely omitted from the existing international instruments that address internal displacement and durable solutions. The UN Guiding Principles on Internal Displacement and the Inter-Agency Standing Committee (IASC) Framework on Durable Solutions for Internally Displaced Persons (IDPs) do acknowledge older people as one of the vulnerable groups that require attention to their “special needs”.<sup>2</sup> However, despite specifically elaborating on these needs for women and children, the Guiding Principles do not elaborate on the needs of the elderly, and the IASC Framework explicitly mentions the needs of the elderly as a vulnerable group only in the context of family reunification following family dislocation in displacement.

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### Ageing societies: Georgia and Japan

Protracted and repeated displacement further exacerbates the vulnerability of older people. In Georgia, over 90% of the 267,323 IDPs registered by October 2015 had been displaced since the early 1990s; over 33,000 of them were aged 60 or older. The 2008 conflict produced a new 'cohort' of IDPs while further enhancing the vulnerabilities of IDPs from the old cohort. The renewed conflict once again disrupted livelihoods and social networks, which presented especially difficult challenges for the elderly struggling to adapt to unfamiliar settings.<sup>3</sup>

Similarly, the elderly who experienced displacement several times after Japan's 2011 disasters and those who lived alone are considered to be particularly vulnerable. A survey of IDPs since the nuclear disaster in Fukushima found that people have on average moved 4.6 times. Repeated displacement often resulted in a change of household structure, with younger adults moving into different types of temporary accommodation than older generations, splitting up extended families. Older people also tended to stay in pre-fabricated or other temporary housing arrangements for longer periods. In Miyagi prefecture, which was the worst affected by the tsunami, 43.8% of residents in prefabricated housing were over 65 according to a survey conducted in 2014.

In general, the elderly tend to face greater challenges than the young in restoring their pre-disaster standards of living and regaining their economic welfare. In Georgia, high rates of unemployment and low public pensions have been particularly problematic given high and persistent health costs among the displaced elderly. Although Japan has a well-developed pension and social security system, many older IDPs, especially from the rural areas contaminated by radioactive fallout, have experienced soaring living costs. Many previously had land on which to produce most of their food and had often benefitted from rich natural resources available in their communities. Once displaced, their perception was that investing in buying new land or agricultural equipment was both too costly and risky due to persistent



Close-up (taken in June 2014) of pre-fabricated temporary housing for IDPs displaced in 2011 following the nuclear disaster, Fukushima prefecture, Japan.

uncertainty over how long they would remain displaced and for how long they would live.

The elderly among both cohorts of the displaced in Georgia reported high rates of chronic health problems (for example, hypertension, mobility problems, heart disease and diabetes) often exacerbated by poor living conditions, such as those experienced by IDPs resettled in buildings that were hastily re-purposed as collective accommodation centres. Elderly IDPs, particularly those living in collective centres, have also reported psychological health outcomes of concern such as higher rates of life dissatisfaction, depression, and anxiety due to feelings of social isolation combined with exceptionally bad housing conditions.<sup>4</sup>

Protracted displacement resulting from Japan's 2011 disasters has also taken a heavy toll on the physical and mental well-being of the elderly. Living conditions in the prefabricated housing, though much better than in the emergency evacuation centres where people were housed in the immediate aftermath of the disasters, remain dismal. Similarly to the Georgian case, many of the elderly residents have thus experienced worsening chronic health conditions and

higher prevalence of sleeping disorders, anxiety and depression. In Fukushima prefecture, the death toll resulting from health problems and suicides after the nuclear disaster has exceeded that from the direct impacts of the earthquake and tsunami, with people over 66 years of age accounting for more than 90% of such fatalities.

For many of the elderly, the experience of being displaced – particularly the uncertainty resulting from protracted displacement and decreasing prospects of regaining normality with each year that passes in limbo – can erode their sense of agency, making them dependent on assistance from the government or their families. For some of the elderly displaced by the nuclear accident in Japan, this has resulted in a feeling that they cannot independently decide where to spend the remainder of their lives. While many of them wish to return to their native homes and communities, they know that their children and/or grandchildren are often unwilling to do so. This reflects the great inter-generational divide in the perception of return as a potential durable solution: the elderly often see return as more desirable than the younger generations do, as the latter tend to be more concerned about risks posed by remaining radiation. While returnees in Georgia face fundamentally different risks upon return, a recent UNHCR (UN Refugee Agency) study has also found that older people favour return to their original communities much more than do younger people, many of whom see limited prospects for economic and physical security in their communities of origin.

The disruption of community life and social networks can further alter the positions of the elderly in their families and communities. Many of the elderly who were



Pre-fabricated temporary housing for IDPs displaced in 2011 following the nuclear disaster, Fukushima prefecture, Japan. (photo taken June 2014)

displaced by the 2011 disasters in Japan missed tending their land and lacked space to host their children and grandchildren after moving into temporary housing. Elderly men in particular became more withdrawn following the loss of status and authority that they had enjoyed in their communities of origin. Many also experienced disruptions in their kinship networks. Fearing to be left alone, some of the elderly moved to the same towns or cities as their children or their younger relatives immediately after the disaster, but many eventually opted to move back and live in temporary housing closer to their original communities as they felt insecure living in unfamiliar environments.

The displacement from physical spaces has similarly disrupted the way the elderly in Georgia construct their own sense of self and relate to members of their (former) social networks. Many elderly men who were displaced from the conflicts in the early 1990s were reported to have poor psychological health due to feelings of guilt and failure related to their inability to protect their families and homes during the conflict. Moreover, many of the displaced elderly faced further social alienation because a large number of the collective accommodation centres have many floors (and no elevators)

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Tserovani IDP settlement, Georgia, 2012.

and few communal spaces, which limits social interaction, particularly among the elderly with poor mobility. The assignment of individuals from the same villages to different accommodation centres also meant that many elderly were disconnected from their old networks and consequently live alongside complete strangers. Another problem in such centres is the lack of access to plots of land, which many elderly identified as being important not only for their economic stability but for their ability to feel productive.

### Appropriate durable solutions for the elderly

Both the Japan and Georgia cases suggest that the elderly are a radically different population cohort when considering durable solutions. While the elderly are often the last to leave in evolving emergencies, the elderly are also often the last ones to transition out of temporary arrangements. The elderly tend to see greater risk in transitioning into unfamiliar environments, and in this sense their concern for losing the little continuity and familiarity that their present situation offers tends to be greater than their concern about the potential risks such situations pose. This reasoning affects elderly IDPs' perceptions of durable solutions. In many

cases, the elderly feel that, owing to their age, health and the disruptive impact of displacement on their economic well-being and social positioning, they do not have time to wait for a genuinely durable solution.

Designing transitional but workable solutions that can at least alleviate some of the adverse socio-economic and psychological challenges that displacement poses for the elderly means paying

due regard to the following factors:

#### Including the elderly in programme design:

The loss of productivity and the resulting dependency on government assistance and/or younger generations affect elderly people's well-being and feelings of self-worth, making them prone to isolation. Response-to-recovery and humanitarian-to-development transition schemes could address such vulnerabilities (while also benefitting from older people's knowledge and experience) by actively involving them as advisors.

#### Allowing a graduated transition and retention of some continuity:

Older people may have a limited capacity to adapt to new solutions in general. Every experience of displacement further exhausts their capacity and willingness to invest in integrating and restarting lives in new environments. Displacement solutions for the elderly should thus aim to ensure some degree of continuity in the process of transition while reducing the overall number of necessary transitions. This means adapting the assistance to changing needs at the same time as enabling the elderly to predict how their lives would be affected by such a transition.

#### Preserving community cohesion:

Disrupted social and kinship networks are more concerning for the elderly than

for the young, with the latter often finding it easier to build new networks. Thus resettlement from emergency shelters to temporary accommodation should, as far as possible, be carried out with an emphasis on preservation of community ties. Supporting the elderly to run their own associations, clubs or cooperatives could also contribute to preserving or building social cohesion in relocated communities.

**Weighing up the risks:** Planning transitional solutions requires weighing up different risks. For example, while the dire living conditions of the emergency shelters or prefabricated housing may demand speedy transition into better housing, hasty resettlement is likely to result in further disruption of communities and to exacerbate the isolation of the elderly. Thus, where possible, the speed of improving the living conditions of the displaced populations should be balanced with measures aimed at ensuring continuity of social networks and community cohesion.

While any approach needs to be context-specific, the need for age-sensitive approaches to durable solutions emphasises

the importance of better profiling of displaced populations so that the solutions are designed to meet the specific needs and vulnerabilities of different segments of the affected populations.

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2. <http://tinyurl.com/GPsInternalDisplacement> and <http://tinyurl.com/IASC-IDP-Framework> See also *Forced Migration Review* issue 14 (2002) on 'Older displaced people: at the back of the queue?' [www.fmreview.org/older-displaced-people](http://www.fmreview.org/older-displaced-people)
3. Johns Hopkins Bloomberg School of Public Health (2012) *Aging in Displacement: Assessing Health Status of Displaced Older Adults in the Republic of Georgia*. <http://tinyurl.com/JHBSPH-GeorgiaAging>
4. See *Forced Migration Review* mini-feature on Collective Centres in issue 33 [www.fmreview.org/protracted](http://www.fmreview.org/protracted)