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How the British Department for International Development (DFID) could better meet the needs of the old in the developing world.

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Summary

- *Old people in the developing world do not receive enough international aid and attention.*
- *While there is greater recognition of the problem, little progress has been made and, as a result, old people are more vulnerable and their potential contributions to their community, family and in times of disaster are under-explored.*
- *The Department for International Development (DFID) should be at the forefront of these efforts*
- *This paper will outline three options to address the problem: the creation of a specialist agency within DFID that would address the needs of the old, a requirement that DFID set aside a certain amount of funds for addressing the needs of the elderly and, finally, having DFID engage in a number of exercises and lectures to teach its staff about the old.*
- *I will argue, that there are advantages and disadvantages to all of these but that the best solution would be a “twin track” one using the second and third recommendations.*

Introduction

Old people – defined by the UN as those over 60 years old (UNFPA, 2012:20-25) – in the developing world need increased aid and attention. They are a vulnerable group and a potential resource. The ageing process is “a change in which the physical, nervous and mental capacities of the human body gradually break down” (Wells, 2005:12). This can make old people vulnerable in the developing world – where essentials such as glasses, medication and hearing aids are difficult to afford or access (Chahda *et al.*, 2013:46). Yet, old people are also a unique resource. Many remain economically active or undertake crucial domestic roles – such as childcare (Vera-Senso, 2014:22). They may also play a role as community leaders or preservers of cultural and social identity (UNHCR, 2000; Day *et al.*, 2007:13). Moreover, in times of crisis they can offer advice with “a wealth of accumulated experience and knowledge” (UNHCR, 2000). However, at present their needs remain unmet and their capabilities under-explored.

These problems are increasingly urgent. Due in a large part to medical advances and decreasing birth-rates, the world population is ageing (HelpAge International, 2012a:1). People aged over 60, who currently make up slightly more than 11% of the global population, will by 2050 account for 22% of the global population and will number two billion (IASC, 2008:3). While old people currently outnumber young children (aged 0-4) they will outnumber all children

under 16 by 2047 (Role, 2014:8). Further, 80% of the world's old people will live in the developing world; today 60% do (Karunakara and Stevenson, 2012). Thus, failing to address the issue now will lead to serious problems in the future.

There have been attempts by the UN and regional bodies to address the issue. For example, the UN International Plan of Action on Ageing was adopted in 1982 (Boyle, 2011:130) and 1999 was designated the Year of the Older Persons (Spencer, 2009:14). In 2002 the Madrid International Plan of Action on Ageing (MIPAA) pledged "to extend the right to development to older persons" (Boyle, 2011:130). Further, in June this year the Organization of American States released a resolution in which member countries adopted the Inter-American Convention on Human Rights of Older Person (Luca, 2015).

However, the problems of old people in the developing world remain under-addressed. For example, while the MIPAA set an agenda it (like most initiatives for the elderly) "is not legally binding and is relatively unknown in policy-making circles" (Roles, 2014:6). The United Nations Population Fund (UNFPA) noted that more work is needed to improve the lives of old people (UNFPA, 2012). Similarly, many have noted that the Inter-American Convention of Human Rights of Older Person fails to tackle some key issues, such as the "important legal aspects of palliative care" (Lucas, 2015). Brennan, from the World Health Organization (WHO), also said that "experience shows us that older persons aren't receiving the care and support they require. This issue needs stronger action" (WHO, 2014).

Britain is doing too little. DFID's 2014 Annual Report mentioned children over 200 times but didn't mention the elderly once (DFID, 2014a). DFID sought to address the needs of the disabled in its Disability Framework. In terms of exclusion from development policy, the disabled and the old have quite a lot in common and in fact the Disability Framework mentions the old. However, mentioning the old as a sub-category of "the disabled" gives them expression only as disabled old people, not as old people who have unique needs and capabilities – and may not have a disability (DFID, 2014b). Yet, the Disability Framework is important, the conclusions and plans drawn show the actions DFID is willing to take for a group currently excluded by mainstream development discussions. DFID is in a unique position, dictating who is targeted by its own funding and setting the agenda for others. As such, it is important that DFID makes substantive advances in helping the elderly.

Assessing the Alternatives

Option 1: A specialised, elderly group in DFID

Unfortunately a major problem for old people is that too many people presume their needs are being dealt with. Many assume that a specialist agency is already dealing with the problem (HelpAge International and Age UK, 2012:2). Wells (2005:2) says "[v]ery few organisations have dedicated staff at head office taking forward ageing issues; instead, it is assumed that some specialist agency somewhere – the old-age equivalent of UNICEF – is dealing with the problem". While others assume their needs are being met through general programmes. For example, Boyle (2011) argues that the Millennium Development Goals (MDGs), and "the majority of development interventions", are guilty of this mistaken belief – providing specific targets for the young but not for the old. Others note there is an erroneous belief that old people's needs are being met through community and family care. For example, HelpAge International and Age UK (2012:2) argue the belief that the "extended family and community will always protect the old" is a prevalent myth. Day *et al.* (2007:6) found these attitudes within international organisations "on the ground" in Uganda and Pakistan and note that it often leads to the exclusion of old people not helped by their family or community.

Thus, one option could be to create a specialist section within DfID to deal with the needs of the elderly. A similar group, but relating to the disabled, was set up under the Disability Framework (2014b). This created a “senior level managerial champion at the Director level”, a “central disability team ... to develop and promote policies and opportunities to address disability” and “a disability expert group within DFID [to] tap into existing staff knowledge, experience and practice on disability” (DFID, 2014b). Time will tell how successful this will be.

While this option would ensure a voice for the elderly in DFID it could risk exacerbating the perception among everyone else that the elderly are “someone else’s problem”. Moreover, creating a DFID expert group risks alienating groups that have been working on these issues for their entire existence – for example, HelpAge International, Age International and think tanks such as the International Longevity Centre (ILC-UK). It may be more efficient and beneficial to the elderly in the developing world to consult the groups already researching the issue.

Option 2: Supporting more elderly-targeted programmes

The available data shows that old people continually receive insufficient international aid. An investigation by HelpAge International and Handicap International (2012:4) found that “[o]f the total [UN Consolidated Appeals Process (CAP)] and Flash Appeal funds analysed in 2007 to 2010 ... just 0.2 per cent was allocated to projects that included an activity specifically targeted at older people”. They found that in “20 countries, no projects, in any activity sector, [were] targeted at older people” (Handicap International, 2012). HelpAge International (2013:5) found, again, in 2012 only 1% of the CAPs that received funding were aimed at old people. Britain’s role in this is particularly damning, while it is one of the biggest donors to CAP and Flash Appeals it “provided no CAP or Flash funding for projects that included activities targeting older people” (HelpAge International and Handicap International, 2012:7).

As mentioned above, general services, which do not account for the needs of the elderly, can inadvertently discriminate against them because they have specific needs which might be missed. For example, old people would benefit from the resources of a food distribution point but are often unable to queue for long periods of time or are not strong enough to push their way to the front (as illustrated by Figure 1) and, as a result, miss out unless their specific needs are accounted for (Wells, 2005:11).

Unfortunately too few charities account these needs. I undertook discourse and content analysis on the most recent and available Annual Report by the nineteen biggest international development or humanitarian charities in Britain, according to the Charity Commission (2015) and the Guardian’s 1000 biggest charities by donation (Rogers, 2012), and DFID. I found very few reports mentioned the old, except Age UK. The young were mentioned 1,840 times whereas old people were mentioned 158 times (150 times by Age UK) (Appendix, Table 1). In fact, very few reports mentioned old people at all but all of them spoke about the young. Similarly, of the 429 photographs in the reports, 191 showed children and young people and 41 showed old people (Appendix, Table 2).

DfID could address this problem by funding and encouraging its partners to develop more programmes that take into account the needs of the elderly. This method should not involve earmarking a certain amount of funds per year for “old people” – which as Baroness Northover, the former undersecretary of DFID, notes departments are “always reluctant” to do “as it can end up with a focus on the more popular things to the exclusion of less popular but equally important

areas". Instead DFID should encourage programmes it supports to recognise and account for the needs of elderly.

This method would not only mean the elderly's needs were more adequately addressed but would allow the elderly to better contribute to their family, society and in times of crisis. As mentioned above, while the old are vulnerable they are also a unique resource; thus, providing more resources to old people would allow them to contribute, less hindered by ill-health or malnutrition. Similarly, many organizations, especially HelpAge International, have used committees of elderly people to disseminate information to the most vulnerable (Wells, 2005:20). For example, such a committee was set up after the 2007 Cyclone Sidr in Bangladesh. It "took an active role, disseminating early warning messages to vulnerable older persons and their families [and] identifying those who were worst hit" (IASC, 2008:3). Thus, supporting programmes which address the needs of the old can help a much wider group.

Option 3: Teaching DFID staff about the needs of the elderly

Through discourse analysis of Annual Reports, elite interviews and a survey among politics students, I found that ageist attitudes and misunderstandings about the old were very prevalent (Watson, 2015). More importantly, I found that the presence of these misunderstandings and attitudes had a direct impact on discrimination against the old. Firstly, many assumed the old were not as useful as other members of a community and could no longer work. As a result of these attitudes old people are often ignored during livelihood assessments and cash-for-work programmes (Wells, 2005:18; Gormley, 2014:82). Second, there was a prioritization of the young because of the assumption they were the most useful member of society. Thus, the young receive the goliath share of attention, aid and action in the developing world – to the detriment of the old. Third, there was a perception of the old as less vulnerable than other groups. There was often a sense that poor health in old age was natural and, therefore, it was treated with less urgency (IFRC, 2013:12).

A remedy for this could be to educate DFID staff about the elderly in the developing world. DFID committed itself to doing this for disabled people within the next 12 months to "[b]uild staff understanding and capability, aiming for all DFID staff to feel confident about taking personal responsibility for action on 'leaving no one behind' in their work" (DFID, 2014b:7). Therefore, this tactic could easily be transferred to looking at the elderly. Moreover, there are some programmes already present; Baroness Northover, for example, spoke of attending an Age International Conference and some of the other elites I interviewed spoke of attending conferences on the elderly. Thus, the key change would be to make sure all DFID staff attended programmes like these. This would give the old a fairer representation within mainstream discussions of development and would help DFID staff better understand the impact of their actions – and the programmes they support – on the elderly.

Policy Recommendations

I believe the best option would be a "twin track" approach which combines options 2 and 3. This should provide substantial change on-the-ground for the elderly and give them a fairer representation in DFID for when the future of its programmes, policies and aims are discussed. Neither of these two programmes can be implemented exclusively, as DFID (2014b:5) recognised with regards to the disabled. While it is important to support "programmes that target people with disabilities directly" it must come with "systematically ensuring that

mainstream programmes are as disability inclusive as they could be, and ... asking our implementing partners to do the same".

The same is true of the elderly. Old people in the developing world need their specific requirements to be recognised now, and the most effective programmes for the developing world will be ones that recognise these needs. Moreover, by educating staff on the problems faced by the elderly and dispelling many myths about them – especially that they are inherently poor in health and that they no longer work – smarter and more efficient programmes can be directed towards them. Further, by dispelling these myths DFID can start to realise the wider benefits of helping the older population – for their families, communities and in times of disaster.

Thus, DFID should look to bring the needs, and potential contributions, of the elderly into mainstream discussion within DFID as well as try and fund more programmes that recognise and account for the needs of the elderly (DFID, 2014b). This will enable both a change for old people in the developing world – and, by extension, the wider community – and ensure that old people are considered every time new policies are discussed

This option is better than the first because it should mean that the whole of DFID recognise, account and take ownership of the needs of the elderly.

Implementing

DFID should look to set up training days for its staff immediately. This training could be given by groups such as Age International and HelpAge International. For example, HelpAge International's (2000) *Older People in Disasters and Humanitarian Crises: Guidelines for Best Practice* is a good guide for how people should act towards the old in the developing world and could form the basis of a training session. Similarly, their [Global AgeWatch](#) gives an annual insight into how well the needs of the elderly are met through the world and provides the means of measuring success. This training should ensure that DFID staff fully understand the implications of their actions and the impact they may have on the old in the developing world. Thus, it would be beneficial if the training sessions were given by those who had worked with the old in the field for many years. These sessions should be compulsory for all staff so that an awareness of the old permeates all DFID.

DFID should also encourage its implementing partners – and the programmes it supports – to show awareness of their actions to the old as soon as possible. This could be through: inviting them to their training sessions; encouraging them to set up their own training sessions and encouraging them to recognise and account for the elderly in their own proposals.

Some examples of how these programmes and implementing partners would recognise and account for the old would be:

- A project to set up a latrine in a community must acknowledge and deal with the accessibility problems the old may face
- A sexual health class must recognise that the old are also sexual active and suggest how they will advise them

- A food distribution project must acknowledge and account for the possibility of malnutrition in the old
- A project aim at setting up health facilities in a remote community must also take into account chronic and non-communicable health problems – which may be more common among the old.

Similarly, charities should be encouraged by DFID to consider the contributions old people could offer. For example:

- A project to strengthen a community's resilience to natural disasters should consult old people who have a direct memory of previous disasters and the past ways in which they have dealt with difficulties
- Trust building and reconciliation exercises should consider the elderly's role as leaders or spiritual guiders of a community
- Charities trying to rebuild community ties in camps or after war or natural disaster should consider the elderly's role as teachers
- Medical professions should ask the elderly about traditional medical practices used in the community so they are aware of present practices when they introduce new ones

Beyond this, DFID should seek to fund and build more partnerships with charities targeting the old specifically. I noticed that the International Citizens Service – which is a programme backed by the UK government and allows young people to volunteer in the developing world – has a lot of programmes for volunteers to work with young people but almost none for the young to work with the old. It is in areas like this that the deficit must be addressed.

The old are a growing group which have unique needs and many potential contributions to offer their family and society. DFID should be at the forefront of dealing with this excluded group and this “twin track” approach may be the best way to do so.

Appendices

Table 1: The number of times words associated with the young and old were used

| Charity/ Organization | Number of times the “old” / “elderly” / “older” mentioned | Number of times “child”/ “young” / “youth” mentioned |
|---|--|---|
| DFID | 0 | 205 |
| ActionAid | 0 | 43 |
| Age UK | 150 | 5 |
| British Red Cross | 2 | 28 |
| CAFOD | 0 | 41 |
| Christian Aid | 0 | 18 |
| DEC | 0 | 21 |
| International Planned Parenthood Federation | 0 | 128 |
| Islamic Relief Worldwide | 0 | 26 |
| Leonard Cheshire Disability | 2 | 48 |
| Marie Stopes | 1 | 38 |
| Oxfam | 0 | 21 |
| Plan UK | 1 | 118 |
| Save the Children | 2 (but neither to describe people – old cot, old problems) | 886 |
| Sightsavers | 0 | 14 |
| Tearfund | 0 | 46 |
| International Finance Facility for Immunization | 0 | 22 |
| Voluntary Service Overseas | 1 | 88 |
| WaterAid | 0 | 19 |
| World Vision | 0 | 71 |

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|--------------|------------|--------------|
| Total | 158 | 1 840 |
|--------------|------------|--------------|

Table 2: The number of times photos of the young and old were shown

| Charity/ Organization | Photos of elderly | Photos of young | Number of photos used |
|--|--------------------------|------------------------|----------------------------------|
| DFID | 0 | 0 | 0 |
| ActionAid | 0 | 6 | 14 |
| Age UK | 29 | 7 | 43 |
| British Red Cross | 2 | 11 | 32 |
| CAFOD | 0 | 7 | 16 |
| Christian Aid | 0 | 0 | 3 |
| DEC | 1 | 6 | 31 |
| International Planned Parenthood Federation | 0 | 2 | 6 |
| Islamic Relief Worldwide | 0 | 11 | 23 |
| Leonard Cheshire Disability | 3 | 8 | 22 |
| Marie Stopes | 0 | 11 | 16 |
| Oxfam | 1 | 1 | 5 |
| Plan UK | 0 | 13 | 27 |
| Save the Children | 0 | 23 | 27 |
| Sightsavers | 3 | 9 | 19 |
| Tearfund | 0 | 13 | 30 |
| International Finance Facility for Immunization | 0 | 0 | 0 |
| Voluntary Service Overseas | 0 | 23 | 53 |

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|--------------|-----------|------------|------------|
| WaterAid | 1 | 4 | 14 |
| World Vision | 1 | 36 | 48 |
| Total | 41 | 191 | 429 |

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