MULTIDIMENSIONAL HUMAN SECURITY AMONG OLDER MUSLIM MIGRANTS IN EUROPE: VULNERABILITY, DISCRIMINATION AND PROTECTION

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Abstract: This article examines multidimensional human security among older Muslim migrants in Europe through an integrated framework connecting ageing, migration history, religious identity and institutional protection. Drawing on human security theory and intersectionality, the study addresses the limitations of approaches that examine discrimination, socioeconomic vulnerability, healthcare inequalities and institutional representation separately. Methodologically, it combines a critical integrative literature review, conceptual analysis and historically contextualised documentary examination. The article proposes five interconnected dimensions of human security: physical security; psychosocial security; health and care security; housing and economic security; and cultural, religious and institutional security. The analysis suggests that insecurity is shaped not by ageing, migration background or religious identity alone, but by interactions between individual circumstances, structural inequalities and access to protective resources. Particular attention is devoted to institutional representation, examined through the historical experiences of the Turkish-Islamic Elderly Union (Turks-Islamitische Ouderen Bond, TISBO, founded in 1993) and the Netherlands Islamic Elderly Union (NISBO, founded in 1995) in the Netherlands. These cases illustrate how migrant organisations sought to address housing needs, facilitate access to welfare services and strengthen collective representation, while also highlighting questions of institutional effectiveness and sustainability. The article contributes a population-sensitive conceptual framework in which institutional protection operates both as a distinct security dimension and as a cross-cutting mechanism.

Keywords: *Human security, Older Muslim migrants, Ageing and migration, Intersectional age discrimination, Institutional protection.*

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AVRUPA'DAKİ YAŞLI MÜSLÜMAN GÖÇMENLER ARASINDA ÇOK BOYUTLU İNSAN GÜVENLİĞİ: KIRILGANLIK, AYRIMCILIK VE KORUMA

Öz: Bu makale, yaşlanma, göç geçmişi, dini kimlik ve kurumsal korumayı birbirine bağlayan bütünleşik bir çerçeve aracılığıyla Avrupa'daki yaşlı Müslüman göçmenler arasında çok boyutlu insan güvenliğini inceliyor. İnsan güvenliği teorisi ve kesişimsellikten yararlanan çalışma, ayrımcılığı, sosyoekonomik kırılganlığı, sağlık hizmetlerindeki eşitsizlikleri ve kurumsal temsili ayrı ayrı inceleyen yaklaşımların sınırlılıklarını ele alıyor. Metodolojik olarak, eleştirel bütünleştirici bir literatür taraması, kavramsal analiz ve tarihsel bağlamda belgesel incelemeyi birleştiriyor. Makale, insan güvenliğinin beş birbirine bağlı boyutunu öneriyor: fiziksel güvenlik; psikososyal güvenlik; sağlık ve bakım güvenliği; barınma ve ekonomik güvenlik; ve kültürel, dini ve kurumsal güvenlik. Analiz, güvensizliğin yalnızca yaşlanma, göç geçmişi veya dini kimlik tarafından değil, bireysel koşullar, yapısal eşitsizlikler ve koruyucu kaynaklara erişim arasındaki etkileşimler tarafından şekillendirildiğini öne sürüyor. Bu çalışmada, özellikle Hollanda'daki Türk-İslam Yaşlılar Sendikası (TISBO, 1993) ve Hollanda İslam Yaşlılar Sendikasının (NISBO, 1995) tarihsel deneyimleri üzerinden kurumsal temsile özel önem verilmektedir. Bu örnekler, göçmen örgütlerinin konut ihtiyaçlarını karşılama, sosyal hizmetlere erişimi kolaylaştırma ve kolektif temsili güçlendirme çabalarını gösterirken, kurumsal etkinlik ve sürdürülebilirlik konularını da vurgulamaktadır. Makale, kurumsal korumanın hem ayrı bir güvenlik boyutu hem de kesişen bir mekanizma olarak işlev gördüğü, nüfusa duyarlı kavramsal bir çerçeve sunmaktadır.

Anahtar Kelimeler: *İnsan güvenliği, Yaşlı Müslüman göçmenler, Yaşlanma ve göç, Kesişimsel yaş ayrımcılığı, Kurumsal koruma.*

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Introduction

Human security provides a people-centred framework for examining threats to well-being, dignity and fundamental rights beyond conventional concerns with state and territorial security. The United Nations Development Programme identified seven interconnected dimensions of human security[2], while United Nations General Assembly Resolution 66/290 subsequently emphasised its comprehensive, context-specific and prevention-oriented character.[3] This perspective is particularly relevant to populations whose security is shaped by overlapping social, economic, health-related and institutional conditions.

Population ageing and international migration have created new challenges for European welfare systems. Migrants who arrived during earlier periods of labour recruitment and family reunification are increasingly entering later life, often with circumstances shaped by employment histories, socioeconomic resources, language proficiency, family relationships and access to public services.[4] These conditions vary considerably between individuals and communities, requiring approaches that recognise diversity rather than treating older migrants as a homogeneous vulnerable population. Older Muslim migrants represent a particularly relevant population for examining the intersection of ageing, migration history, religious identity and institutional protection. Their experiences may reflect both challenges associated with later life and inequalities linked to ethnic or religious minority status. However, Muslim identity does not necessarily imply shared cultural practices, socioeconomic circumstances or experiences of discrimination. Understanding insecurity therefore requires attention to individual differences and the institutional contexts in which ageing occurs.[5]

European research demonstrates the broader significance of discrimination affecting Muslim populations. The European Union Agency for Fundamental Rights, drawing on a survey of 9,604 Muslims in thirteen EU Member States, reported that 47 per cent had experienced racial

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[2] UNDP (1994), *Human Development Report 1994*, New York: UNDP (United Nations Development Programme), Date of Accession: 01.09.2026 from https://hdr.undp.org/content/human-development-report-1994.
[3] UN General Assembly (2012), "Follow-up to Paragraph 143 on Human Security of the 2005 World Summit Outcome", A/RES/66/290, Date of Accession: 01.09.2026 from https://documents.un.org/doc/undoc/gen/n11/476/22/pdf/n1147622.pdf.
[4] NISBO (1998), "Ontluikende diversiteit in het lokale ouderenbeleid, Een discussienotitie over knelpunten en oplossingsstrategieen", Rotterdam: Zenodo; WVC (1993), "Address by the Minister of Welfare, Health and Cultural Affairs, Ms. Hedy d'Ancona, at the national presentation meeting of the Turkish-Islamic Elderly Union (TISBO)", Zenodo.
[5] Cemal Yılmaz (2026), "The First European Housing Project for Older Turkish Migrants in Haarlem, the Netherlands, and Its Lasting Legacies (1993–2008)", SocArXiv, Date of Accession: 01.09.2026 from osf.io/preprints/socarxiv/fc4aq_v1.

discrimination during the preceding five years and 27 per cent had experienced racist harassment.[6] These findings establish an important context for examining minority-related insecurity, although the survey was not specifically designed to represent older Muslim migrants.

Age-related security concerns also extend to healthcare accessibility, long-term care, financial resources, housing conditions, social connectedness and the preservation of valued cultural and religious practices.[7] Research on older Turkish and Moroccan migrants in the Netherlands, for example, has examined healthcare utilisation across countries of residence and origin, demonstrating the importance of understanding service use within transnational and institutional contexts.[8] Such studies provide valuable evidence concerning specific aspects of migrant ageing but do not necessarily explain how different forms of insecurity interact. Existing scholarship on migrant ageing, healthcare inequalities, discrimination and social participation has frequently examined these issues through separate disciplinary perspectives. Although these contributions are valuable, a more integrated framework is needed to examine how age, migration background, religious identification and institutional conditions may jointly shape security in later life.

This article addresses that challenge by proposing five interrelated dimensions of human security among older Muslim migrants in Europe: physical security; psychosocial security; health and care security; housing and economic security; and cultural, religious and institutional security. Drawing on human security theory and intersectionality, the framework examines vulnerability and protection across individual, community and institutional levels. Particular attention is given to institutional representation as a potentially important mechanism of protection. The historical experiences of the Turkish-Islamic Elderly Union (Turks-Islamitische Ouderen Bond, TISBO)[9], founded in the Netherlands in 1993, and the Netherlands Islamic Elderly Union (Nederlandse Islamitische Bond voor Ouderen, NISBO)[10], founded in 1995,

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[6] FRA (2024), *Being Muslim in the EU: Experiences of Muslims*, European Union Agency for Fundamental Rights, Date of Accession: 01.09.2026 from https://fra.europa.eu/en/publication/2024/being-muslim-eu?utm.
[7] Dirk Kloosterboer & Berna Yılmaz (1999), "NISBO Beleidsvisie: Een gemiste kans? Oudere migranten in het grotestedenbeleid", Rotterdam: Zenodo.
[8] Aydın Şekercan & Marieke B Snijder & RJG Peters & Karien Stronks (2018), "Gaat zorggebruik in het land van herkomst onder oudere Turkse en Marokkaanse migranten gepaard met minder zorggebruik in Nederland? Een combinatie van HELIUS-data met Achmea registratiedata", *Tijdschrift voor Gerontologie en Geriatrie*, 49(6), pp. 253–262.
[9] TISBO (1994), "Handleiding TISBO Afdelingen (1993-1996) - Origineel historisch archiefdocument van de Turks-Islamitische Ouderen Bond", Zenodo.
[10] NISBO (1995), *Founding Statutes of the Netherlands Islamic Elderly Union*, Amsterdam: Netherlands Islamic Elderly Union.

provide illustrative examples of collective efforts to address the needs of ageing migrant populations. These cases are examined as historically situated institutional experiences rather than representative models of migrant organisations throughout Europe.

The central research question is: How do ageing, migration background, religious identity and institutional conditions interact to shape multidimensional human security among older Muslim migrants in Europe, and what forms of protection can address their overlapping vulnerabilities?

Methodologically, the study combines a critical integrative literature review, conceptual analysis and historically contextualised documentary examination, drawing on established approaches to interdisciplinary evidence synthesis and qualitative document analysis.[11] It makes three contributions: developing a population-sensitive human security framework; integrating intersecting forms of vulnerability and protection; and identifying institutional representation as both a distinct security concern and a mechanism connecting the five dimensions.

The article thereby seeks to advance an integrated understanding of security in later migrant life and inform further research on inclusive ageing policies, equitable services and institutional protection.

1. Theoretical Framework: Human Security, Ageing and Intersectionality

1.1. Human Security as a People-Centred Concept

Human security shifts analytical attention from the protection of states and territories towards the safety, well-being and dignity of individuals. The United Nations Development Programme identified seven interconnected dimensions of human security: economic, food, health, environmental, personal, community and political security.[12] This framework extends the meaning of security beyond protection against violence to encompass the conditions necessary for human development and fundamental rights.

United Nations General Assembly Resolution 66/290 subsequently defined human security as a people-centred, comprehensive, context-specific and prevention-oriented approach. It emphasised the complementary principles of protection and empowerment, recognising the primary responsibility of governments alongside the contributions of individuals, communities

[11] Hannah Snyder (2019), "Literature review as a research methodology: An overview and guidelines", *Journal of Business Research*, 104, pp. 333–339; Robin Whittemore & Kathleen Knafl (2005), "The integrative review: updated methodology", *Journal of Advanced Nursing*, 52(5), pp. 546–553.
[12] UNDP (1994), *Human Development Report 1994*.

and civil society.[13] Contemporary security scholarship encompasses different levels of analysis, ranging from state-centred strategic concerns to individual welfare and social protection. Örmeci (2024), in his analysis of Türkiye's multidimensional foreign policy, illustrates the continuing relevance of geopolitical interests, international relations and strategic considerations in state-level analysis.[14] While addressing a different analytical domain, this perspective provides a useful contrast with human security, which directs attention towards individuals and the conditions affecting their everyday lives. This contrast helps clarify the analytical shift from state-centred security concerns to the everyday vulnerabilities and protection needs of older Muslim migrants in Europe.

These principles provide a relevant foundation for examining security in later migrant life. Older migrants may encounter interconnected challenges involving healthcare, housing, income, discrimination and institutional accessibility. Human security offers an integrated perspective through which these conditions can be analysed without reducing insecurity to either individual vulnerability or physical threats.

1.2. Ageing, Migration and the Accumulation of Vulnerabilities

Ageing is shaped by biological, social, economic and institutional processes that develop across the life course. For migrants, employment histories, pension entitlements, language proficiency, transnational family relationships and access to public services may influence the resources available in later life. The World Health Organization conceptualises healthy ageing in terms of functional ability, emphasising the interaction between individual capacities and supportive environments.[15] This perspective is particularly relevant to migrant populations because well-being depends not only on personal health but also on the accessibility and responsiveness of social and institutional arrangements. A life-course approach further highlights how earlier socioeconomic circumstances may influence later-life security. Employment conditions, educational opportunities, housing histories and participation in social protection systems can contribute to cumulative advantages or disadvantages. However, these processes are neither uniform nor necessarily irreversible.

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[13] UN General Assembly (2012), "Follow-up to Paragraph 143 on Human Security of the 2005 World Summit Outcome", A/RES/66/290, Date of Accession: 01.09.2026 from https://documents.un.org/doc/undoc/gen/n11/476/22/pdf/n1147622.pdf.

[14] Ozan Örmeci (2024), "Türkiye's New Multi-Dimensional Foreign Policy", *Russian Law Journal*, 12(2), pp. 86–99.

[15] WHO (2015), *World Report on Ageing and Health*, Geneva, Date of Accession: 01.09.2026 from https://www.who.int/publications/i/item/9789241565042?utm.

For older Muslim migrants, such circumstances may intersect with experiences associated with ethnic or religious minority status. Nevertheless, neither migration background nor religious identification should be regarded as an inherent source of vulnerability. Individual resources, family support, community networks and institutional protections may substantially modify experiences of insecurity. Vulnerability is therefore understood here as a context-dependent condition arising from relationships between individual circumstances and social structures, rather than as a fixed characteristic of older Muslim migrants.[16]

1.3. Intersectionality and Multidimensional Insecurity

Intersectionality provides a theoretical basis for examining how different social positions and structural inequalities interact. Crenshaw (2013) developed the concept to challenge approaches that treated race and gender as independent categories of discrimination, demonstrating that their intersection could produce distinctive experiences of disadvantage.[17] Applied to older Muslim migrants, intersectionality draws attention to the combined influence of age, migration history, gender, socioeconomic position, religious identification and institutional context. These factors do not necessarily operate independently or produce identical consequences across individuals. For example, an older migrant woman with limited financial resources and restricted proficiency in the language of her country of residence may experience healthcare barriers differently from someone with greater economic resources and institutional familiarity. Experiences of discrimination may further influence access, but their effects depend on individual circumstances and national contexts.[18]

Intersectionality therefore complements human security by identifying how overlapping social positions and structural conditions shape exposure to threats and access to protection. In the present study, it functions as a cross-cutting analytical perspective rather than an additional security dimension.

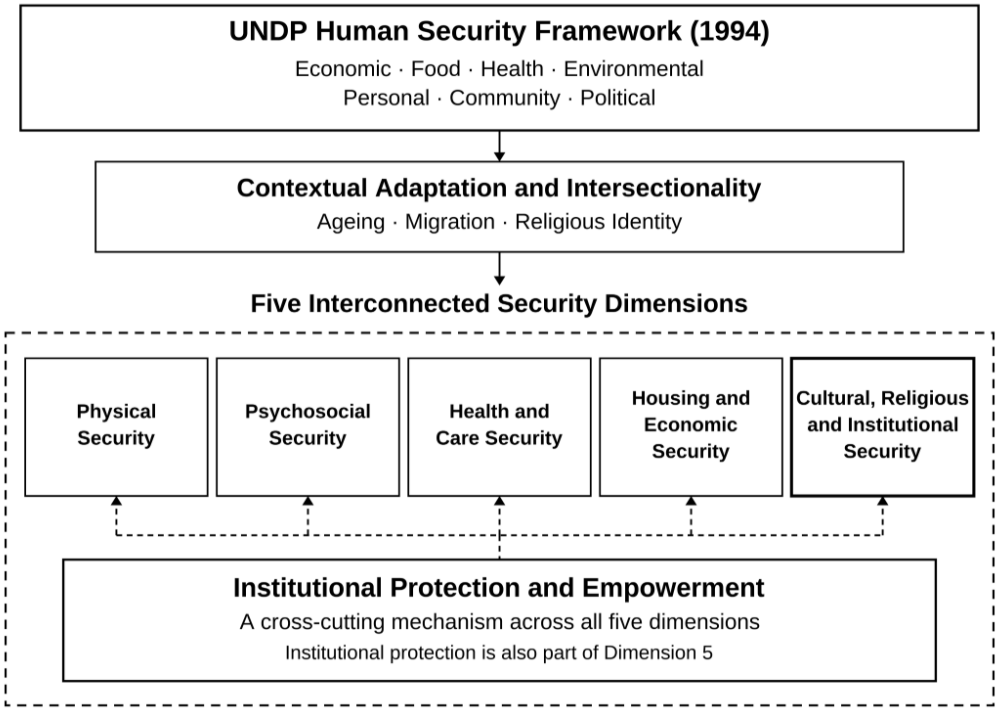
1.4. A Five-Dimensional Framework of Human Security

Building on the UNDP framework, this article proposes five interconnected dimensions adapted to the circumstances of older Muslim migrants in Europe. The model reorganises relevant

[16] D. Kloosterboer & B. Yılmaz (1997), *De leefsituatie van moslimouderen in Rotterdam*, Nederlandse Islamitische Bond voor Ouderen (NISBO), URL: https://books.google.com.tr/books?id=_XOnGwAACAAJ.
[17] Kimberlé Crenshaw (2013), "Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics", in (eds. by Karen J. Maschke) *Feminist Legal Theories*, London: Routledge, pp. 23–51.
[18] NISBO (2001), "NISBO-ouderenadviseurs, Rapport 2001: Belangrijke schakel in een integraal, toegankelijk en vraaggestuurd voorzieningenaanbod", Rotterdam: Zenodo.

elements of the original seven dimensions to give greater analytical visibility to ageing-related needs, psychosocial conditions, care accessibility and institutional representation. **Figure I** illustrates how the seven dimensions of the UNDP human security framework are conceptually reorganised through the perspectives of ageing, migration and intersectionality into five interconnected dimensions adapted to older Muslim migrants in Europe.

Figure I. Conceptual framework of multidimensional human security among older Muslim migrants in Europe



Source: Author's conceptual synthesis drawing on UNDP (1994), Crenshaw (2013), and WHO (2015). Institutional protection operates both within the fifth dimension and as a cross-cutting mechanism across the framework.

The five dimensions are:

1. Physical security: Protection against violence, harassment, intimidation and threats to personal safety, including racism, xenophobia and anti-Muslim hostility.
2. Psychosocial security: Emotional well-being, social connectedness, belonging, autonomy and protection against exclusion and isolation.
3. Health and care security: Equitable access to healthcare, long-term care and social support, including effective communication and culturally responsive provision.

4. Housing and economic security: Adequate and accessible accommodation, financial stability, pension-related resources and the material conditions necessary for independent living.
5. Cultural, religious and institutional security: The ability to maintain valued identities and practices, exercise fundamental rights, access institutions and participate in collective representation.

These dimensions are analytically distinguishable but not mutually exclusive. Economic insecurity may affect housing and health, while experiences of discrimination may influence physical safety, psychosocial well-being and institutional trust. The model is intended as a conceptual framework for organising interdisciplinary evidence and identifying potential relationships between vulnerability and protection. It does not constitute a validated measurement instrument, nor does it assume that the identified conditions affect all older Muslim migrants equally.

1.5. Institutional Protection and Empowerment

Institutional protection occupies a distinctive position within the proposed framework. It forms part of the fifth dimension while also influencing the conditions under which the other four dimensions are secured. The distinction between protection and empowerment is particularly important. Protection concerns the responsibilities of public institutions to safeguard rights and respond to threats, while empowerment involves enabling individuals and communities to participate in decisions affecting their lives.[19] Migrant organisations may contribute to both processes by identifying unmet needs, facilitating access to services, communicating with public authorities and advocating for inclusive policies. Their effectiveness, however, depends on organisational resources, accountability, institutional relationships and the continuity of their activities. The historical experiences of the Turkish-Islamic Elderly Union (TISBO) and the Netherlands Islamic Elderly Union (Nederlandse Islamitische Bond voor Ouderen, NISBO) provide relevant Dutch examples of collective representation and institutional engagement. Their activities and limitations are examined in Section 4.

The proposed framework thus conceptualises human security as a dynamic relationship between individual resources, social environments and institutional structures. Its principal

[19] UN General Assembly (2012), "Follow-up to Paragraph 143 on Human Security of the 2005 World Summit Outcome", A/RES/66/290, Date of Accession: 01.09.2026 from https://documents.un.org/doc/undoc/gen/n11/476/22/pdf/n1147622.pdf.

contribution lies in integrating interconnected security concerns while recognising both the diversity of older migrant populations and the importance of effective institutional protection.

2. Methodology and Scope

2.1. Research Design

This study employs a critical integrative literature review, conceptual analysis and historical documentary examination to investigate multidimensional human security among older Muslim migrants in Europe. It draws on human security studies, gerontology, migration research, sociology of religion, public health and social policy. Integrative reviews enable the synthesis of evidence across disciplinary and methodological boundaries. They can also support theoretical development when research objectives, source selection and analytical procedures are clearly articulated.[20] Unlike systematic reviews or meta-analyses, the present study seeks to develop an interpretive synthesis rather than establish pooled estimates or causal effects.

The research combines three components: a critical examination of academic and institutional literature, the development of a five-dimensional human security framework, and a historically contextualised analysis of selected migrant organisations in the Netherlands. Together, these approaches connect contemporary research with documented institutional experiences.

2.2. Geographical and Population Scope

The study focuses on Europe, particularly the Netherlands, Germany, Belgium, France and the United Kingdom, where established migrant populations provide relevant contexts for examining ageing, religious diversity and social protection. The principal population consists of older people with Muslim backgrounds who have experienced international migration and entered later life in European societies. An age threshold of 60 years and above serves as a working reference, while recognising that statistical sources and individual studies may employ different thresholds, frequently 65 years or above. Studies involving people approaching later life are included where analytically relevant.

The term older Muslim migrants is used as a heterogeneous analytical category, encompassing differences in migration history, religious identification, gender, socioeconomic circumstances and length of residence. Research concerning broader Muslim populations or older migrants of

[20] Arzu Toker (2022), "Bir araştırma metodolojisi olarak sistematik literatür incelemesi: Meta-sentez yöntemi", *Anadolu Üniversitesi Sosyal Bilimler Dergisi*, 22(2), pp. 313–340; Ayşe Yıldız (2022), "Bir araştırma metodolojisi olarak sistematik literatür taramasına genel bakış", *Anadolu Üniversitesi Sosyal Bilimler Dergisi*, 22(2), pp. 367–386.

unspecified religious backgrounds is considered where relevant, but its findings are distinguished from evidence directly concerning older Muslim migrants.

2.3. Literature Identification and Source Selection

The review examines scholarship on human security, migrant ageing, discrimination, psychosocial well-being, healthcare, long-term care, housing, economic conditions and institutional representation. Sources include peer-reviewed publications, scholarly books and reports from recognised international, European and national institutions, particularly the United Nations, World Health Organization, European Union Agency for Fundamental Rights and relevant research organisations. Literature identification is organised around combinations of concepts relating to ageing, migration, Muslim communities, vulnerability, discrimination, social protection, care accessibility and collective representation.

Selection is guided by conceptual relevance, methodological transparency, population characteristics, geographical applicability and contribution to the research question. The assessment considers study design, sample composition, age thresholds, geographical coverage and stated limitations. The review is selective and interpretive rather than exhaustive. Particular priority is given to studies directly addressing older Muslim migrants or ageing populations with comparable migration backgrounds in European contexts. Where population-specific evidence is limited, studies concerning broader migrant and Muslim populations are included for contextual and analytical purposes, without assuming that their findings apply equally to older Muslim migrants. Sources with only tangential relevance to the research question are not used as primary evidence for the proposed framework. Historical archival documents are selected on the basis of their institutional provenance, thematic relevance and contribution to understanding collective protection and representation.

2.4. Analytical Framework and Evidence Synthesis

The synthesis follows the five dimensions developed in Section 1: physical security, psychosocial security, health and care security, housing and economic security, and cultural, religious and institutional security.

Evidence is examined at three interconnected levels:

1. Individual: Health, functional ability, economic resources, language proficiency and migration experience.

2. Social and community: Family relationships, social networks, community participation and cultural or religious support.
3. Institutional and structural: Welfare policies, healthcare systems, service accessibility, discrimination safeguards and collective representation.

An intersectional perspective is applied across these levels to examine how age, gender, migration history, socioeconomic position and religious identification may interact with institutional conditions. The analysis distinguishes documented vulnerabilities, plausible mechanisms of insecurity and potential protective resources. Empirical findings are separated from conceptual interpretations and policy recommendations, with particular attention to differences in evidence quality and population coverage.

2.5. Historical Documentary Analysis: TISBO and NISBO

The study incorporates a historically contextualised examination of two Dutch migrant organisations: the Turkish-Islamic Elderly Union (Turks-Islamitische Ouderen Bond, TISBO), founded on 5 July 1993, and the Netherlands Islamic Elderly Union (Nederlandse Islamitische Bond voor Ouderen, NISBO), founded on 5 July 1995. These organisations were selected because their documented objectives and activities addressed housing, welfare access, social participation, advisory services and institutional representation—concerns directly relevant to the proposed human security framework. The documentary material includes organisational working plans, project proposals, research reports, policy documents and selected institutional correspondence. Relevant primary sources include "*Woonwensen Turkse Ouderen*"[21], "*Turkse ouderen: Drie woonprogramma's*"[22], TISBO's working plan and project documents[23], and NISBO's policy and elderly advisory publications.[24] Several documents are preserved in historical archival editions deposited in Zenodo. The analysis considers documentary provenance, organisational objectives, historical context and relationships with public authorities. It distinguishes proposed initiatives from documented implementation and

[21] ACB & TISBO (1994), "Woonwensen Turkse Ouderen 1994 - Een samenvatting en vergelijk van de resultaten van negen monitorgesprekken met Turkse ouderen te Haarlem", Zenodo.
[22] Van der Lingen Adviseurs & ACB/RCB & TISBO (1994), "Programma's van eisen voor woonprojecten voor Turkse ouderen in Haarlem, 1994", Zenodo.
[23] TISBO (1995), "TISBO Werkplan 1995 - Origineel historisch archiefdocument van de Turks-Islamitische Ouderen Bond", Zenodo; TISBO (1995), "TISBO Projecten 1995 - Origineel historisch archiefdocument van de Turks-Islamitische Ouderen Bond", Zenodo.
[24] NISBO (2001), "NISBO-ouderenadviseurs, Rapport 2001: Belangrijke schakel in een integraal, toegankelijk en vraaggestuurd voorzieningenaanbod".

measurable outcomes, avoiding the assumption that institutional intentions necessarily produced effective protection.

TISBO and NISBO are treated as historically situated Dutch examples. Their relevance lies in illustrating the development, functions and limitations of collective institutional protection.

2.6. Research Limitations

The study has several limitations. First, available research does not consistently distinguish older Muslim migrants from broader ethnic minority, migrant or Muslim populations, restricting the availability of directly applicable evidence. Differences in national welfare systems, migration histories and age classifications also limit cross-country comparability.

Second, the integrative review is selective and interpretive rather than systematic. It cannot establish representative prevalence estimates, determine causal relationships or claim comprehensive coverage of the literature.

Third, the proposed five-dimensional framework is a conceptual synthesis rather than an empirically validated measurement instrument. Its dimensions and relationships require further investigation through population-specific and comparative research.

These limitations define the study's contribution as an interdisciplinary conceptual synthesis supported by selected empirical research and historical institutional evidence.[25]

3. Five Dimensions of Human Security among Older Muslim Migrants in Europe

3.1. Physical Security: Discrimination, Harassment and Personal Safety

Physical security concerns protection against violence, harassment, intimidation and threats to personal safety. For older Muslim migrants, these risks may intersect with age-related circumstances, migration background and experiences of ethnic or religious discrimination. The European Union Agency for Fundamental Rights, surveying 9,604 Muslims across thirteen EU Member States, reported that 47 per cent had experienced racial discrimination during the preceding five years, 27 per cent racist harassment and 4 per cent racist violence. Only 12 per cent of respondents experiencing racist harassment reported their most recent incident to an official body.[26]

[25] Sait Gürbüz & Faruk Şahin (2014), *Sosyal Bilimlerde Araştırma Yöntemleri*, Ankara: Seçkin Yayıncılık, pp. 74–82.
[26] FRA (2024), *Being Muslim in the EU: Experiences of Muslims*.

These findings highlight the relevance of discrimination to personal safety and institutional protection. However, the survey was not designed specifically for older Muslim migrants, and its percentages cannot be interpreted as prevalence estimates for this population. Ageing may introduce additional considerations. Mobility limitations, chronic health conditions, restricted transportation options and dependence on local facilities can potentially influence how older individuals experience threats or intimidation. Such relationships require age-specific empirical investigation rather than assumptions based on religious or migrant status. Physical insecurity may also affect psychosocial well-being, mobility and confidence in public institutions. Consequently, relevant protective measures include accessible reporting procedures, effective anti-discrimination enforcement, equitable police protection and age-sensitive community safety policies.

3.2. Psychosocial Security: Loneliness, Exclusion and Belonging

Psychosocial security encompasses emotional well-being, social connectedness, autonomy and belonging. Its significance extends beyond the frequency of interpersonal contact to include relationship quality, perceived control, socioeconomic circumstances and experiences of exclusion. Van Tilburg and Fokkema (2021), drawing on the Longitudinal Aging Study Amsterdam, examined loneliness among 176 Moroccan-born and 235 Turkish-born participants aged 55–66, compared with 292 Dutch participants.[27] The migrant groups reported greater loneliness despite relatively frequent social contacts. Differences in social participation, income satisfaction, perceived control and depressive symptoms explained more than half of the observed loneliness gap. These findings demonstrate that loneliness cannot be addressed solely by increasing social contacts. Socioeconomic circumstances, autonomy and meaningful participation are also relevant.[28] Transnational relationships add another dimension. Tezcan (2018), drawing on forty interviews with older Turkish migrants in Germany, examined circular migration between Germany and Türkiye and its relationship with healthcare, family responsibilities and intergenerational negotiations.[29] Decisions concerning residence and care

[27] Theo G. Van Tilburg & Tineke Fokkema (2021), "Stronger feelings of loneliness among Moroccan and Turkish older adults in the Netherlands: in search for an explanation", *European Journal of Ageing*, 18(3), pp., pp. 311–322.
[28] Cansu Taşcı (2024), "Türk Emek Göçmenlerinin Ulusötesi Yaşlanma Deneyimleri", *Hacettepe Üniversitesi Edebiyat Fakültesi Dergisi*, 41(2), pp. 383–406.
[29] Tolga Tezcan (2018), "On the move in search of health and care: Circular migration and family conflict amongst older Turkish immigrants in Germany", *Journal of Aging Studies*, 46, pp. 82–92.

reflected both perceived differences between national healthcare systems and changing family circumstances.[30]

Such findings suggest that transnational networks may provide support while also involving competing expectations and practical challenges. Their implications vary across individuals and should not be generalised to all older Muslim migrants. Experiences of discrimination may additionally influence belonging and institutional trust, although their relationship with loneliness requires further population-specific research. Psychosocial protection therefore involves supportive relationships, accessible participation opportunities and policies addressing socioeconomic exclusion. Effective interventions should consider relationship quality, autonomy and individual preferences alongside social contact.

3.3. Health and Care Security: Access, Communication and Culturally Responsive Services

Health and care security concerns equitable access to healthcare, long-term care and social support. Among older migrants, access may be shaped by communication, socioeconomic resources, institutional familiarity, family relationships and continuity of care. Research from the Netherlands illustrates these interactions. Pot, Keijzer, and de Bot (2018), studying thirty-nine older Turkish women, found that limited Dutch-language proficiency did not automatically imply poorer well-being. The consequences depended partly on social support and access to assistance with communication. Language barriers became more consequential where such resources were insufficient.[31]

Şekercan et al. (2018) examined healthcare utilisation among older Turkish and Moroccan migrants in the Netherlands, including medical services obtained in their countries of origin.[32] Their findings did not support the assumption that healthcare use abroad necessarily corresponded to reduced healthcare utilisation in the Netherlands.

Similarly, Tezcan (2018) demonstrated that older Turkish circular migrants negotiated care across Germany and Türkiye, with decisions shaped by healthcare arrangements, family relationships and individual preferences. Long-term care research provides further evidence of

[30] NISBO (1998), "Ontluikende diversiteit in het lokale ouderenbeleid, Een discussienotitie over knelpunten en oplossingsstrategieen".
[31] Anna Pot & Merel Keijzer & Kees de Bot (2018), "De taalbarrière bij oudere Turkse vrouwen nader onderzocht", *Tijdschrift voor Gerontologie en Geriatrie,* 49(6), pp. 274–282.
[32] Aydın Şekercan & Marieke B Snijder & RJG Peters & Karien Stronks (2018), "Gaat zorggebruik in het land van herkomst onder oudere Turkse en Marokkaanse migranten gepaard met minder zorggebruik in Nederland? Een combinatie van HELIUS-data met Achmea registratiedata", pp. 253–262.

institutional differences. Conkova and van den Broek (2025), analysing Dutch administrative data covering 2016–2022, identified variations in formal care utilisation across older migrant populations.[33] Moroccan and Turkish older adults were comparatively less likely to use residential care and more likely to use personal care budgets. Such differences require examination of service arrangements, preferences and accessibility rather than automatic interpretation as unmet needs.

In Belgium, Ahaddour, Van Den Branden, and Broeckaert (2016) identified linguistic, financial, informational and cultural or religious considerations affecting access to institutional elderly care among Moroccan and Turkish migrants.[34] Berdai Chaouni et al. (2020) further illustrated the complexity of dementia care arrangements among Moroccan migrant families, involving interactions between informal caregivers, professional services and transnational networks.[35] Extending this discussion, Berdai Chaouni (2026) argues that equitable dementia care for older migrants requires attention to structural inequalities and institutional practices alongside cultural responsiveness.

Evidence from the United Kingdom similarly identifies communication, family expectations and service responsiveness as relevant concerns among Bangladeshi, Pakistani and White British social care users.[36]

In France, Bettayeb et al. (2023) examined sixty-seven older former migrant workers living in a Marseille migrant hostel, documenting chronic health conditions, socioeconomic difficulties and limitations in preventive healthcare access.[37] Although religious identity was not the study's defining analytical category, its findings contribute to understanding health insecurity among ageing labour migrants.

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[33] Nina Conkova & Thijs van den Broek (2025), "Long-term care use among older migrants in the Netherlands: What to expect in the next decade?", *Journal of Aging & Social Policy*, 37(5), pp. 875–891.
[34] Chaïma Ahaddour & Stef Van Den Branden & Bert Broeckaert (2016), "Institutional Elderly Care Services and Moroccan and Turkish Migrants in Belgium: A Literature Review", *Journal of Immigrant and Minority Health*, 18(5), pp. 1216–1227.
[35] Saloua Berdai Chaouni & An-Sofie Smetcoren & Liesbeth De Donder (2020), "Caring for migrant older Moroccans with dementia in Belgium as a complex and dynamic transnational network of informal and professional care: A qualitative study", *International Journal of Nursing Studies*, 101, 103413.
[36] Margaret Blake & Alison Bowes & Valdeep Gill & Fatima Husain & Ghazala Mir (2017), "A collaborative exploration of the reasons for lower satisfaction with services among Bangladeshi and Pakistani social care users", *Health & Social Care in the Community*, 25(3), pp. 1090–1099.
[37] Leila Bettayeb & Yannick Jaffré & Jacques Chiaroni & Yassine Ennomany & Patrick Villani & Anne-Laure Couderc (2023), "Accès aux soins d'une population d'anciens travailleurs immigrés vivant en foyer", *Santé Publique*, 35(5), pp. 13–17.

Collectively, these studies show that health and care security depends on more than formal service availability. Accessible communication, continuity of care, socioeconomic conditions, institutional responsiveness and individual autonomy are also important. Potential protective measures include professional interpretation, accessible health information, inclusive care planning and equitable long-term care arrangements. Their effectiveness should be evaluated through service accessibility, patient experiences, continuity of care and relevant health outcomes.

3.4. Housing and Economic Security: Adequate Living Conditions and Financial Independence

Housing and economic security encompass stable income, adequate accommodation and the material resources necessary for independent living. Among older migrants, these conditions may reflect employment histories, pension entitlements, household composition and housing market inequalities. The Organisation for Economic Co-operation and Development and European Commission reported that 26 per cent of immigrants aged 65 and above in the European Union lived in relative poverty, compared with 19 per cent of native-born older adults.[38] These figures demonstrate broader economic inequalities among older immigrants but do not provide estimates specifically for older Muslim migrants. Housing conditions may compound financial insecurity. Affordability, accessibility, residential stability and proximity to healthcare and community facilities can influence independence and well-being.

The FRA (2024) also reported racial discrimination affecting access to housing among Muslim respondents.[39] Approximately 35 per cent of those seeking to rent or purchase accommodation during the relevant survey period reported discriminatory experiences. This evidence concerns the wider surveyed Muslim population rather than older migrants specifically. Bettayeb et al. (2023) provide an additional perspective through their study of older former migrant workers residing in accommodation originally designed for labour migrants.[40] Their findings illustrate the relationship between ageing, socioeconomic disadvantage, housing circumstances and healthcare accessibility. From a human security perspective, adequate housing involves more than physical shelter. Residential arrangements may affect mobility, family relationships, social

[38] OECD & European Commission (2023), *Indicators of Immigrant Integration 2023: Settling In*, OECD Publishing.
[39] FRA (2024), *Being Muslim in the EU: Experiences of Muslims*.
[40] Leila Bettayeb & Yannick Jaffré & Jacques Chiaroni & Yassine Ennomany & Patrick Villani & Anne-Laure Couderc (2023), "Accès aux soins d'une population d'anciens travailleurs immigrés vivant en foyer", pp. 13–17.

participation, access to care and opportunities to maintain valued cultural or religious practices. Collective housing initiatives and age-appropriate residential programmes may help address these concerns when they respond to documented needs and respect individual choice. Their contribution should be evaluated through affordability, accessibility, resident autonomy and actual outcomes.

3.5. Cultural, Religious and Institutional Security: Identity, Rights and Collective Protection

Cultural, religious and institutional security concerns the ability to maintain valued identities and practices, exercise fundamental rights, access public institutions and participate in collective representation. For older Muslim migrants, cultural and religious practices may provide continuity, belonging and support. Their significance varies according to personal beliefs, migration experiences, family relationships and individual preferences. Muslim identity therefore should not be treated as implying uniform religious observance or identical expectations concerning care. Kevern et al. (2023), examining seven family caregivers within a British Pakistani Muslim community, found that religious faith could provide support in dementia caregiving, while certain community expectations and limited dementia awareness could complicate access to external assistance.[41] The study illustrates the potentially varied roles of religion in care, although its small qualitative sample limits generalisation.

Belgian research similarly identifies the relevance of cultural and religious considerations in institutional elderly care.[42] However, culturally responsive services alone may be insufficient when structural inequalities and institutional barriers remain unaddressed.[43] Institutional security therefore extends beyond recognition of cultural or religious preferences. It also includes equitable access to legal protection, administrative procedures, public services and mechanisms for addressing discrimination.

The FRA (2024) reported that only 6 per cent of respondents who had experienced discrimination during the preceding year reported the incident or made a complaint. Although these findings do not establish reporting patterns among older Muslim migrants specifically,

[41] Peter Kevern & Dawn Lawrence & Nargis Nazir & Anna Tsaroucha (2023), "Religious Influences on the Experience of Family Carers of People with Dementia in a British Pakistani Muslim Community", *Healthcare*, 11(1), 120.
[42] Chaïma Ahaddour & Stef Van Den Branden & Bert Broeckaert (2016), "Institutional Elderly Care Services and Moroccan and Turkish Migrants in Belgium: A Literature Review", pp. 1216–1227.
[43] Saloua Berdai Chaouni (2026), "Toward equitable dementia care for older migrants: a new conceptual framework", *International Journal of Ageing and Later Life*, 19(2), pp. 247–279.

they underscore the wider importance of accessible complaint procedures and institutional accountability. Older migrants may encounter additional difficulties in exercising rights where communication barriers, health-related limitations or limited familiarity with administrative systems affect access to assistance. Collective representation constitutes a further protective mechanism. Migrant organisations may identify unmet needs, communicate concerns to public authorities, facilitate access to services and advocate for more inclusive policies. Their contribution nevertheless depends on accountability, institutional relationships and demonstrable activities rather than organisational identity alone.

The historical experiences of TISBO and NISBO in the Netherlands provide relevant examples of attempts to develop such mechanisms.[44] Their activities and institutional limitations are examined in Section 4.

Cultural, religious and institutional security thus encompasses both individual autonomy and the practical conditions necessary to exercise rights, participate in decision-making and obtain institutional protection.

3.6. Interconnections between the Five Dimensions

The five dimensions are interconnected, with insecurity in one domain potentially influencing conditions in another. Economic disadvantage may restrict housing choices; unsuitable accommodation may complicate healthcare access; communication barriers may limit service utilisation; and discrimination may affect both personal safety and institutional trust. The reviewed evidence illustrates these relationships across different contexts. Dutch research highlights the association between loneliness and socioeconomic conditions; German studies demonstrate the interaction of transnational mobility, healthcare and family relationships; Belgian and British research identifies barriers within care systems; and French findings connect ageing, residential conditions and health needs.

These studies do not establish a uniform causal model applicable to all older Muslim migrants in Europe. Rather, they support an analytical approach that examines vulnerability and protection across individual, social and institutional levels while recognising differences between populations and national contexts. Institutional arrangements are particularly

[44] NISBO (2002), "NISBO-Werkplan 2002: Institutioneel jaarwerkplan en beleidsdocument", Rotterdam: Zenodo; TISBO (1995), "TISBO Projecten 1995 - Origineel historisch archiefdocument van de Turks-Islamitische Ouderen Bond"; Van der Lingen Adviseurs & ACB/RCB & TISBO (1994), "Programma's van eisen voor woonprojecten voor Turkse ouderen in Haarlem, 1994".

significant because public policies, accessible services, anti-discrimination measures and collective representation may influence several dimensions simultaneously.

The following section examines these protective mechanisms through governmental responsibilities, civil society participation and the historically situated experiences of TISBO and NISBO in the Netherlands.

4. Institutional Protection and Representation: Government Policies, Civil Society and the Historical Experiences of TISBO and NISBO

4.1. Government Policies and Institutional Responsibilities

Institutional protection is essential to human security because the effective exercise of rights depends not only on legal entitlements but also on accessible and accountable public institutions. For older migrants, this encompasses healthcare, social protection, housing, anti-discrimination measures and opportunities to participate in decisions affecting their lives. The United Nations human security framework assigns governments primary responsibility for protection while recognising the complementary role of community participation and empowerment.[45] The Madrid International Plan of Action on Ageing similarly emphasises older persons' inclusion, participation and well-being.[46] Within Europe, the continuing review of this framework has reinforced the importance of civil society engagement in ageing policy.[47]

International attention to older persons' rights has also intensified. In 2025, the United Nations Human Rights Council adopted Resolution 58/13, establishing an intergovernmental process to develop a legally binding instrument concerning the human rights of older persons. Resolution 60/11 subsequently addressed their continuing promotion and protection.[48]

National political environments also influence the institutional context in which migrant populations exercise their rights and seek representation. Examining the 2017 German federal elections, Örmeci (2018) analyses the political position of the Social Democratic Party (SPD), including its approach to Türkiye and Turkish communities in Germany. Although the study

[45]UN General Assembly (2012), "Follow-up to Paragraph 143 on Human Security of the 2005 World Summit Outcome", A/RES/66/290, Date of Accession: 01.09.2026 from https://documents.un.org/doc/undoc/gen/n11/476/22/pdf/n1147622.pdf.
[46] UN (2002), "Report of the Second World Assembly on Ageing, Madrid 2002", A/CONF.197/9, United Nations, Date of Accession: 01.09.2026 from https://docs.un.org/en/A/CONF.197/9.
[47] UNECE (2026), *Strengthening the Voice of Older Persons: Civil Society's Role in the MIPAA Review Process*, United Nations Economic Commission for Europe.
[48] UN (2025), "Resolution Adopted by the Human Rights Council", A/HRC/RES/60/11, United Nations Human Rights Council, Date of Accession: 01.09.2026 from https://documents.un.org/doc/undoc/gen/g25/170/83/pdf/g2517083.pdf.

does not specifically address older Muslim migrants, it provides relevant political context for understanding how questions concerning migrant communities are situated within national political debates. Such political environments constitute an important background for examining institutional inclusion, participation and representation.[49]

For older Muslim migrants, these developments are relevant because formal protections may coexist with practical barriers arising from language, socioeconomic inequalities, discrimination or limited institutional familiarity. Research on ageing and health among migrants in Europe likewise identifies the importance of addressing inequalities through accessible and responsive public systems.[50] Institutional protection therefore requires translating recognised rights into effective access, accountability and meaningful participation.

4.2. Civil Society and Community-Based Protection

Civil society organisations may act as intermediaries between older migrant populations and public authorities by identifying unmet needs, disseminating information, facilitating service access and communicating collective concerns. Their contribution involves both protection and empowerment. Community-based knowledge can help institutions understand migration histories, communication needs and barriers to participation, while representative activities may strengthen the capacity of older migrants to influence public decisions. However, community organisations cannot substitute for governmental responsibilities. Their effectiveness depends on resources, professional capacity, accountability and institutional cooperation. Representation must also be evaluated through actual engagement with the people concerned rather than assumed from shared ethnic or religious identity.

The development of migrant organisations in the Netherlands during the 1990s provides relevant historical material for examining these functions. TISBO and NISBO illustrate two related approaches: community-specific organisation and broader representation across ethnic and national backgrounds.

[49] Ozan Örmeci (2018), "2017 Almanya Federal Seçimleri ve SPD'nin Türkiye ile İlişkilere ve Almanya'daki Türklere Bakışı", *EURO Politika*, 01.10.2018, pp. 201–230.
[50] Dirk Kloosterboer & Berna Yılmaz (1997), *De leefsituatie van moslimouderen in Rotterdam*, Nederlandse Islamitische Bond voor Ouderen (NISBO); Dirk Kloosterboer & Berna Yılmaz (1999), "NISBO Beleidsvisie: Een gemiste kans? Oudere migranten in het grotestedenbeleid".

4.3. TISBO and NISBO: Historical Experiences of Institutional Representation in the Netherlands

4.3.1. TISBO: From Community Needs to Organised Representation

The Turks-Islamitische Ouderen Bond (TISBO), established on 5 July 1993, developed initiatives addressing the housing, welfare and social participation needs of older Turkish migrants in the Netherlands. A prominent example was the Bizim Ev housing initiative in Haarlem. Contemporary research and planning documents, including Woonwensen Turkse Ouderen and Turkse ouderen: Drie woonprogramma's, examined residential preferences and translated identified needs into differentiated housing proposals.[51]

The initiative illustrates how housing concerns could become matters of organised representation, involving migrant communities, housing professionals and public authorities. In human security terms, it connected residential needs with autonomy, social participation and institutional engagement. TISBO's activities extended beyond housing. Its Werkplan 1995 and Projecten 1995 identified initiatives concerning elderly advisory services, information provision, older Turkish women and the exchange of knowledge and experience.[52]

These documents demonstrate a multidimensional approach to identifying older migrants' needs. Nevertheless, proposed programmes must be distinguished from completed activities and demonstrated outcomes. TISBO's historical significance lies particularly in its efforts to organise community concerns and develop institutional responses.

4.3.2. NISBO: Towards Broader Institutional Representation

The Netherlands Islamic Elderly Union (Nederlandse Islamitische Bond voor Ouderen, NISBO), founded on 5 July 1995, extended institutional representation beyond a single ethnic or national community. Its development included parliamentary recognition on 7 December 1995, followed by public funding beginning in January 1996. These milestones are relevant to

[51] ACB & TISBO (1994), "Woonwensen Turkse Ouderen 1994 - Een samenvatting en vergelijk van de resultaten van negen monitorgesprekken met Turkse ouderen te Haarlem"; ACB/RCB (1995), *Oud worden in Haarlem – Een onderzoek naar de zorgbehoeften van Turkse en Marokkaanse ouderen in Haarlem*, 30132 – Archief van het Amsterdams Centrum Buitenlanders, Date of Accession: 01.09.2026 from https://archief.amsterdam/archives/pdf/30132.ead.pdf; Van der Lingen Adviseurs & ACB/RCB & TISBO (1994), "Programma's van eisen voor woonprojecten voor Turkse ouderen in Haarlem, 1994".

[52] TISBO (1995), "TISBO Projecten 1995 - Origineel historisch archiefdocument van de Turks-Islamitische Ouderen Bond"; TISBO (1995), "TISBO Werkplan 1995 - Origineel historisch archiefdocument van de Turks-Islamitische Ouderen Bond".

understanding the relationship between community initiative, governmental recognition and institutional support.

NISBO subsequently addressed ageing, social welfare, institutional accessibility and public policy. Its response to research by the Dutch Social and Cultural Planning Office demonstrates engagement with debates concerning older ethnic minority populations.[53] The organisation also examined the position of older migrants within Dutch urban policy. Its 1999 report "*Een gemiste kans? Oudere migranten in het grotestedenbeleid"* considered policy developments in Amsterdam, The Hague, Haarlem, Rotterdam and Utrecht, questioning whether older migrants' needs were adequately recognised and incorporated into policy objectives and evaluation procedures.[54] This intervention illustrates an important dimension of institutional security: the difference between formal inclusion in general welfare policies and the effective recognition of population-specific circumstances. NISBO's broader organisational approach sought to connect community representation with governmental policy processes, while its elderly advisory activities offered a more direct mechanism for facilitating access to existing services.

4.3.3. Elderly Advisory Services as Institutional Protection

NISBO's ouderenadviseurs programmes provide a concrete example of institutional intermediation. Its reports from 1999 and 2001 describe advisory arrangements addressing income, healthcare, housing, social services and participation among older Turkish and Moroccan migrants. The 1999 report documented 697 registered requests for advice between January and May 1998, providing evidence of the recorded volume of enquiries handled during that period.[55] This figure concerns requests rather than distinct beneficiaries or successful interventions. The 2001 report describes further operational arrangements, including individual guidance, consultation registration, mediation, cooperation with welfare providers and assistance procedures. It identifies consultation locations in Amsterdam, Haarlem, Rotterdam, Zaandam, Utrecht and The Hague. These records are important because they document advisory practices rather than organisational intentions alone.

[53] NISBO (1998), "Enkele kanttekeningen bij het SCP-rapport "De eerste generatie in de derde levensfase"", Rotterdam: Zenodo.
[54] Dirk Kloosterboer & Berna Yılmaz (1999), "NISBO Beleidsvisie: Een gemiste kans? Oudere migranten in het grotestedenbeleid".
[55] NISBO (1999), "NISBO-ouderenadviseurs, Rapport 1999: Belangrijke schakel in een integraal, toegankelijk en vraaggestuurd voorzieningenaanbod", Rotterdam: Zenodo.

Within the human security framework, elderly advisers can be understood as potential instruments of protection and empowerment. They may help individuals navigate administrative procedures, obtain information, communicate with service providers and exercise social rights. The advisory model also illustrates how a community organisation can connect several security dimensions without directly delivering every service. Its potential contribution spans healthcare, income, housing and social participation. However, the available documentation does not establish the long-term effectiveness of these services. Such an assessment would require additional evidence concerning beneficiaries, referrals, completed interventions and subsequent outcomes.

4.3.4. Historical Significance and Institutional Limitations

The experiences of TISBO and NISBO demonstrate different but related forms of collective organisation. TISBO focused on identifying and articulating the needs of older Turkish migrants, while NISBO sought broader representation and engagement with welfare and governmental institutions. Their historical contributions can be differentiated into identifying needs, developing proposals, obtaining institutional recognition, implementing advisory arrangements and participating in policy discussions. These achievements should not be conflated. Recognition does not automatically establish effective service provision, and documented activities do not necessarily demonstrate improved individual security. The eventual discontinuation of both organisations raises questions about financial sustainability, institutional continuity and the preservation of organisational knowledge. Their experiences nevertheless provide historically grounded evidence of attempts to strengthen collective protection in the Netherlands. They do not establish the current state of representation among older Muslim migrants throughout Europe, which requires separate contemporary investigation.

4.4. Institutional Gaps and Contemporary Protection Challenges

The historical cases highlight questions relevant to contemporary institutional protection. Universal welfare systems may provide formal entitlements without ensuring equitable access for people facing communication difficulties, socioeconomic disadvantage or discrimination. Fragmented responsibilities across healthcare, housing, municipalities and welfare institutions may create additional obstacles when multiple needs arise simultaneously.[56] Representation also requires attention to differences within migrant populations. Older women, people living

[56] Maria Kristiansen & Oliver Razum & Hürrem Tezcan-Güntekin & Allan Krasnik (2016), "Aging and health among migrants in a European perspective", *Public Health Reviews*, 37(1), 20, pp. 1-14.

alone, individuals with disabilities and those with limited resources may encounter distinct barriers to participation. International human rights developments reinforce the importance of meaningful participation, non-discrimination and institutional accountability.[57]

The TISBO and NISBO experiences suggest that effective protection requires more than the establishment of community organisations. It also depends on cooperation with public institutions, continuity of accessible services, demonstrable engagement and sustainable mechanisms of representation.

4.5. Towards an Integrated Institutional Protection Framework

The preceding analysis identifies four principles for strengthening institutional protection within a multidimensional human security approach.

- First, equal accessibility requires translating formal rights into practical access to services, information and protection mechanisms.
- Second, meaningful participation involves older migrants in identifying needs, designing programmes and evaluating policies.
- Third, institutional coordination connects governmental agencies, healthcare providers, housing organisations and civil society to reduce fragmented responses.
- Fourth, organisational sustainability requires attention to institutional resources, accountability, continuity of representation and preservation of knowledge.

The historical examples illustrate the relevance of these principles. TISBO's housing activities demonstrate the mobilisation of residential needs into organised proposals, while NISBO's advisory and policy initiatives show how community representation may facilitate engagement with welfare systems. These experiences support the conceptual proposition that institutional protection operates both as a distinct component of human security and as a mechanism potentially influencing its other dimensions. Effective protection ultimately requires combining governmental responsibility, accessible services and opportunities for older migrants to participate as rights-bearing members of society.

[57] UN (2025), "Resolution Adopted by the Human Rights Council", A/HRC/RES/60/11, United Nations Human Rights Council, Date of Accession: 01.09.2026 from https://documents.un.org/doc/undoc/gen/g25/170/83/pdf/g2517083.pdf.

5. Discussion: Towards an Integrated Human Security Framework

5.1. From Individual Vulnerability to Multidimensional Human Security

The preceding analysis indicates that human security among older Muslim migrants cannot be adequately understood by examining ageing, migration background, religious identity or socioeconomic conditions independently. These factors interact within social and institutional environments, producing different patterns of vulnerability and protection. Research on migrant ageing has identified relationships between health, socioeconomic resources and access to institutional support.[58] However, evidence concerning migrant ageing and religious discrimination often derives from different populations and research traditions. Integrating these perspectives therefore requires analytical caution.

The five-dimensional framework developed in this article builds on the people-centred approach of the United Nations Development Programme[59] and its subsequent articulation through protection and empowerment principles.[60] It examines security across physical, psychosocial, health and care, housing and economic, and cultural, religious and institutional dimensions. Its central proposition is that vulnerability emerges through interactions between personal circumstances, structural conditions and available protective resources. Age, migration history and Muslim identity are therefore not treated as inherent indicators of insecurity. This interpretation shifts attention from categorising vulnerable populations towards identifying the mechanisms through which insecurity develops and the conditions under which protection becomes effective.

5.2. The Interaction between Vulnerability and Discrimination

An important implication of the framework is that socioeconomic disadvantage and discrimination may interact rather than operate as independent sources of insecurity. European evidence documents substantial experiences of racial discrimination among Muslim populations,[61] while comparative data indicate higher poverty rates among older immigrants

[58] Maria Kristiansen & Oliver Razum & Hürrem Tezcan-Güntekin & Allan Krasnik (2016), "Aging and health among migrants in a European perspective"; Cemal Yılmaz (2026), "Islamic University of Rotterdam: From Interfaith Dialogue to Pluralistic Cooperation", *International Journal of Humanities and Social Science*, (16), pp. 279–298.
[59] UNDP (1994), *Human Development Report 1994*.
[60] UN General Assembly (2012), "Follow-up to Paragraph 143 on Human Security of the 2005 World Summit Outcome", A/RES/66/290, Date of Accession: 01.09.2026 from https://documents.un.org/doc/undoc/gen/n11/476/22/pdf/n1147622.pdf.
[61] FRA (2024), *Being Muslim in the EU: Experiences of Muslims*.

than among their native-born counterparts in the European Union.[62] Although these findings concern different populations, they establish relevant contexts for examining potentially overlapping inequalities.

Intersectionality provides an analytical perspective for understanding such relationships. Following Crenshaw (2013), disadvantage is examined through interactions between social positions and structural conditions rather than as the simple accumulation of separate characteristics.[63] For example, limited financial resources may restrict housing options, while discriminatory practices can create additional barriers. Similarly, language-related difficulties may affect healthcare access when professional interpretation or institutional assistance is unavailable. These relationships represent plausible mechanisms rather than established causal pathways among older Muslim migrants. Their significance depends on national contexts, individual resources and available support.

Research on equitable dementia care among older migrants in Belgium similarly highlights the importance of structural inequalities alongside cultural considerations (Berdai Chaouni, 2026). Although focused on dementia care, this perspective supports examining institutional conditions rather than attributing disadvantage primarily to cultural differences. Within the proposed framework, discrimination is therefore understood as a potential cross-cutting mechanism affecting several dimensions of human security, including institutional trust, service accessibility and social participation.

5.3. Institutional Protection as a Cross-Cutting Mechanism

A distinguishing feature of the proposed framework is its conceptualisation of institutional protection as both a component of the fifth security dimension and a mechanism potentially influencing the other four. Institutional security encompasses access to rights, cultural and religious autonomy, representation and protection against exclusion. At the same time, governmental policies, public services and institutional practices influence physical safety, healthcare, housing, economic resources and psychosocial well-being. This interpretation

[62] OECD & European Commission (2023), *Indicators of Immigrant Integration 2023: Settling In*.
[63] Kimberlé Crenshaw (2013), "Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics", pp. 23–51.

reflects the human security principles of protection and empowerment, which combine governmental responsibility with meaningful participation by individuals and communities.[64]

The historical experiences of TISBO and NISBO provide illustrations of institutional intermediation. TISBO's involvement in the Bizim Ev housing initiative demonstrates how identified residential needs were translated into research, organised proposals and engagement with public authorities.[65] NISBO's elderly advisory reports document arrangements intended to assist older migrants with welfare institutions, healthcare, housing and administrative procedures.[66] These activities illustrate how community organisations may connect individual needs with institutional responses. However, the historical documents do not establish the long-term effectiveness of all initiatives or their transferability to other European contexts. Institutional protection is consequently understood as a relationship involving governmental responsibility, accessible services, accountable civil society organisations and the agency of older migrants themselves.

5.4. Proposed Integrated Human Security Model

The proposed model combines three analytical levels with three elements through which vulnerability and protection can be examined. The individual level includes health, functional ability, economic resources, language proficiency and migration experience. The social and community level encompasses family relationships, social networks, neighbourhood environments, cultural and religious participation, and collective support. The institutional and structural level addresses welfare arrangements, healthcare systems, housing policies, anti-discrimination safeguards and representation.

Across these levels, the model distinguishes:

- Conditions of vulnerability: Circumstances that may increase exposure to insecurity, such as inadequate resources, poor health or social isolation.

[64] UN (2025), "Resolution Adopted by the Human Rights Council", A/HRC/RES/60/11, United Nations Human Rights Council, Date of Accession: 01.09.2026 from https://documents.un.org/doc/undoc/gen/g25/170/83/pdf/g2517083.pdf.

[65] TISBO (1995), "TISBO Projecten 1995 - Origineel historisch archiefdocument van de Turks-Islamitische Ouderen Bond"; TISBO (1995), "TISBO Werkplan 1995 - Origineel historisch archiefdocument van de Turks-Islamitische Ouderen Bond"; Van der Lingen Adviseurs & ACB/RCB & TISBO (1994), "Programma's van eisen voor woonprojecten voor Turkse ouderen in Haarlem, 1994".

[66] NISBO (1999), "NISBO-ouderenadviseurs, Rapport 1999: Belangrijke schakel in een integraal, toegankelijk en vraaggestuurd voorzieningenaanbod"; NISBO (2001), "NISBO-ouderenadviseurs, Rapport 2001: Belangrijke schakel in een integraal, toegankelijk en vraaggestuurd voorzieningenaanbod".

- Mechanisms of insecurity: Processes through which disadvantage may develop or intensify, including discrimination, inaccessible services and insufficient institutional coordination.
- Protective arrangements: Individual, social and institutional resources capable of preventing or mitigating adverse consequences.

This distinction is important because vulnerability does not necessarily produce insecurity. Its consequences depend partly on the availability and effectiveness of protection. For example, limited proficiency in the language of residence may create communication difficulties, but accessible interpretation and appropriate assistance can reduce their consequences. Likewise, financial disadvantage may constrain housing choices, while effective social protection may improve residential stability. The model consequently proposes that security outcomes are shaped by interactions between exposure, institutional conditions and protective resources rather than determined by individual characteristics alone. It also generates three propositions for future investigation: overlapping vulnerabilities may produce different outcomes across institutional contexts; accessible protection may moderate their consequences; and the effectiveness of representation may depend more on participation, accountability and service accessibility than on formal organisational recognition. These propositions remain theoretical and require empirical testing.

5.5. Implications for Research and Policy Development

The integrated framework suggests several directions for further research. Population-specific studies should distinguish older Muslim migrants from broader migrant and Muslim populations while recognising internal differences in gender, socioeconomic position, religious identification and migration history. Comparative European research should examine how national welfare arrangements, healthcare systems, housing policies and anti-discrimination mechanisms influence security. Longitudinal and mixed-methods designs may be particularly useful for investigating relationships between the five dimensions over time. Institutional protection also requires empirical assessment through indicators of accessibility, participation, service outcomes and organisational sustainability. Formal recognition or the existence of community organisations cannot alone demonstrate effective protection.

For policy development, the framework suggests combining universal rights with context-sensitive implementation. Equal legal entitlements may not ensure equitable access where communication barriers, administrative procedures or discriminatory practices restrict their

practical exercise. These priorities are consistent with the World Health Organization's UN Decade of Healthy Ageing (2021–2030), which emphasises age-friendly environments, combating ageism, integrated person-centred care and access to long-term care.[67]

The five-dimensional framework may therefore serve as a preliminary structure for identifying unmet needs and examining whether policies address interconnected forms of insecurity. Its practical application, however, requires empirical evaluation and participation by older migrants themselves.

5.6. Theoretical Contribution and Future Directions

The principal contribution of this article is the integration of five human security dimensions within the intersecting contexts of ageing, migration and religious identity. Three features distinguish the proposed approach.

- First, a life-course perspective connects later-life security with migration histories, employment experiences, socioeconomic resources and changing social relationships.
- Second, intersectionality provides a means of examining how age, gender, migration background, religious identification and institutional conditions may interact in shaping security.
- Third, institutional protection and representation are conceptualised simultaneously as a distinct component of human security and as a cross-cutting mechanism influencing the other dimensions.

This contribution builds on, rather than replaces, existing scholarship concerning migrant ageing, structural inequalities and equitable care.[68]

The framework remains conceptual and does not establish statistically independent dimensions or causal relationships. Future studies should therefore develop population-sensitive indicators, examine its applicability across European settings and evaluate protective mechanisms through comparative empirical research. Such research should involve older Muslim migrants as active

[67] WHO (2021), *Decade of Healthy Ageing: Baseline report*, World Health Organization.
[68] Saloua Berdai Chaouni (2026), "Toward equitable dementia care for older migrants: a new conceptual framework", pp. 247–279; Semra Çamuka & Ercan Gön & Uğur Çoban (2021), "Yoksulluk Kiskacindaki Afrika'da Tarim Politikalarinin Geliştirilmesinde Selem'in Rolü", *Africania*, 1(2), pp. 16–27; Maria Kristiansen & Oliver Razum & Hürrem Tezcan-Güntekin & Allan Krasnik (2016), "Aging and health among migrants in a European perspective".

participants in defining security concerns, assessing institutional responses and identifying appropriate forms of protection.

The framework ultimately offers a basis for analysing human security not merely through exposure to disadvantage but through the relationships between structural conditions, institutional responsibilities and individual and collective agency.

Conclusion and Policy Implications

This article has examined multidimensional human security among older Muslim migrants in Europe through an integrated framework connecting ageing, migration history, religious identity and institutional conditions. Drawing on interdisciplinary scholarship and selected historical evidence, it has identified five interrelated dimensions: physical security, psychosocial security, health and care security, housing and economic security, and cultural, religious and institutional security.

The analysis suggests that insecurity cannot be attributed to ageing, migration background or Muslim identity alone. Rather, it may emerge through interactions between individual circumstances, socioeconomic inequalities, discrimination and the accessibility of protective institutions. These relationships vary across individuals and national contexts, making it essential to avoid treating older Muslim migrants as a homogeneous or inherently vulnerable population.

The article's principal theoretical contribution lies in adapting human security to the circumstances of later migrant life while incorporating intersectionality and institutional representation. Institutional protection emerges both as a distinct component of security and as a cross-cutting mechanism potentially influencing access to healthcare, housing, social participation and fundamental rights.

The historical experiences of TISBO and NISBO in the Netherlands illustrate how migrant organisations sought to translate identified needs into collective advocacy, housing initiatives, advisory services and policy engagement. Their experiences also highlight the importance of distinguishing institutional recognition and documented activities from demonstrated outcomes and long-term sustainability.

Several policy implications follow from this analysis. First, European ageing and social protection policies should combine universal entitlements with practical measures addressing inequalities in access. Second, healthcare, housing and welfare institutions should strengthen

communication accessibility, equitable treatment and coordination across services. Third, older migrants should participate meaningfully in identifying needs, developing programmes and evaluating institutional responses. Fourth, cooperation between public authorities and accountable community organisations should support accessible and sustainable protection without transferring governmental responsibilities to civil society.

Future research should investigate the proposed dimensions through population-specific, comparative and longitudinal studies. Particular attention is needed to the relationships between discrimination, socioeconomic circumstances, institutional accessibility and measurable security outcomes. The framework itself also requires empirical testing before being employed as a validated assessment instrument.

Ultimately, protecting human security among older Muslim migrants involves more than responding to individual vulnerabilities. It requires institutional environments in which dignity, autonomy, equal rights and meaningful participation can be maintained throughout later life. By connecting these concerns within a multidimensional framework, the article offers a conceptual foundation for more inclusive ageing research and policies in European societies.

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