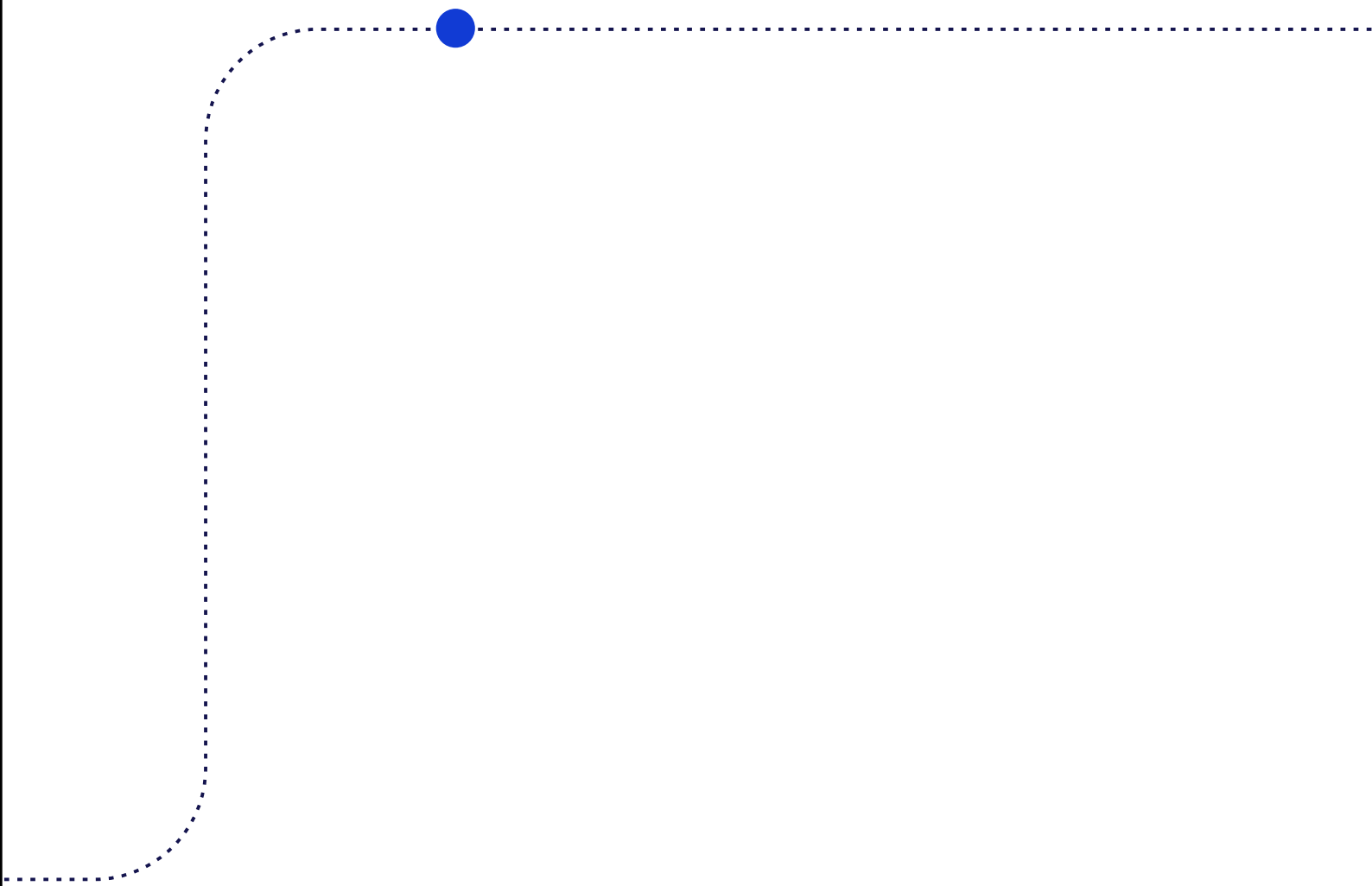
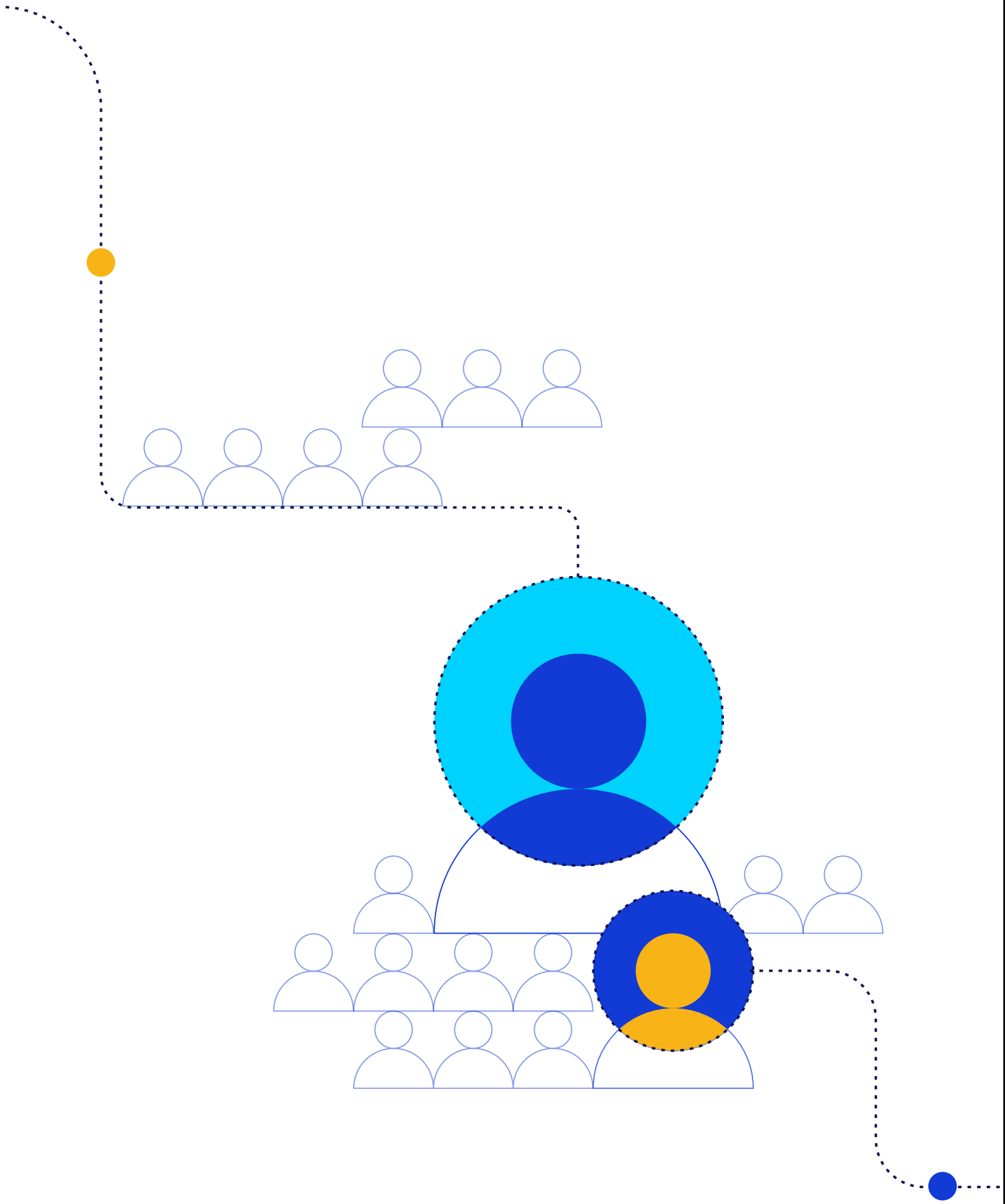
Policy Paper

The Intersection of Ageism and Ableism in Development and Humanitarian Policy and Practice

The Fred Hollows Foundation

cbm





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Executive Summary

Introduction

Globally, people are living longer, and as of 2020, those aged 60 and older outnumbered children under 5. The Indo-Pacific region, in particular, is experiencing a rapid demographic shift, with its older population (people aged 60 and over) projected to rise from 466 million in 2015 (12.02% of the regional population), to 1.14 billion by 2050 (25.88% of the regional population)[1].

This region is also especially vulnerable to climate-related natural disasters, which tend to disproportionally affect older populations. In this context, it is critical to understand how the intersection of ageism and ableism may be disadvantaging older people with disabilities in development and humanitarian contexts, and to identify needed actions to address the challenges they experience.

Ageism and ableism are pervasive, intersecting biases that compound exclusion and disadvantage for older people with disabilities. Ageism encompasses stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) directed at others or oneself based on age. Similarly, ableism involves stereotypes, prejudices, discrimination, and social oppression targeted at individuals with disabilities.

Although ageism affects both younger and older people, this paper focuses exclusively on older populations. This is because the intersection of ageism and ableism is especially relevant for older people with disabilities, as they face layered barriers to inclusion that are often overlooked. Ageism against older people is also highly prevalent, with global data showing that 1 in 2 people are ageist against older people globally.

Despite a growing body of research on ageism and ableism, their intersection remains largely unexplored, especially within development and humanitarian contexts. This policy paper aims to fill this critical gap by examining how ageism and ableism intersect to shape the experiences of older people with disabilities in these settings.

It further explores how factors such as gender, type of disability, and the timing of disability onset shape experiences of exclusion.

The paper provides actionable recommendations to guide inclusive policies and practices that uphold the needs, preferences and rights of older people with disabilities in development and humanitarian policy and practice.

This policy paper examines how ageism and ableism intersect to shape the experiences of older people with disabilities in development and humanitarian settings, and provides actional recommendations to guide inclusive policy and practice.

1 These numbers were calculated using the UN Population Division Data Portal's 'Population by age and sex – broad age groups' dataset filtered to '60+' using the 'Median' population projection variant. For the purposes of this exercise the Indo-Pacific region includes: Australia, Bangladesh, Bhutan, Brunei, Cambodia, Democratic People's Republic of Korea (DPRK), India, Indonesia, Japan, Laos, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, the Pacific Small Island Developing States (SIDS), Pakistan, People's Republic of China (PRC), the Philippines, Republic of Korea (ROK), Singapore, Sri Lanka.

Methodology and limitations

The research employed a mixed-methods approach, including a desk review, as well as key informant interviews with 17 key stakeholders. The desk review included a literature review involving both academic and grey literature as well as a mapping of available data sources across eleven priority countries in the Indo-Pacific region that aimed to detect data availability on ageism and ableism, and, more broadly on older people with disabilities.

This project faced some limitations, including the absence of interviewees who are older adults with disabilities, which restricts access to firsthand insights. Additionally, some interviewees demonstrated ageist and ableist biases, which likely influenced the perspectives shared. The literature review was restricted to English-language publications, potentially missing local insights, and definitions of disability varied across sources, complicating comparisons.

The data mapping relied on statistics from National Statistics Offices (NSOs) and UN agencies, excluding other data sources that could provide additional insights.

Older people with disabilities are frequently excluded from policies and programs designed for disadvantaged groups, facing barriers to essential services.

Findings

Significant gaps in research and data

The literature review revealed a significant gap in research specifically addressing the intersection of ageism and ableism.

Only 19 of the 31 sources reviewed directly examined this intersection, and none focused on the Indo-Pacific region. Similarly, the data mapping exercise revealed that no international or national surveys currently measure ageism, ableism or their intersection. There is also a general lack of disaggregated data on older people with disabilities. Existing data collection efforts further fail to account for all aspects of rights of older people with and without disabilities. This hinders the ability to understand the experiences and inclusion of older people with disabilities.

Limited access at the intersection of ageism and ableism

The intersection of ageism and ableism restricts access to resources, services, and opportunities for older people with disabilities, affecting them in both development and humanitarian settings, and heightening risks and human rights violations. Research shows that older people with disabilities are frequently excluded from policies and programs designed for disadvantaged groups, facing barriers to essential services.

Discriminatory attitudes further restrict their access to assistance, with professionals often perceiving them as less deserving of support. These biases also hinder their participation in decision-making processes, especially for older people with cognitive impairments.

Heightened impact in emergency contexts

In emergencies, older people with disabilities are at a high risk of being overlooked in humanitarian aid efforts. They frequently encounter restricted access to healthcare services and face heightened safety risks, such as theft, with those who have sensory impairments being particularly affected.

Cultural norms and misconceptions reinforce exclusion

Older people are often perceived as burdensome, unproductive, or helpless, and impairments in later life are typically viewed as natural and inevitable. These misconceptions fuel discrimination based on both disability and age, discouraging needed interventions and support.

Cultural norms further shape these attitudes. In some contexts, an emphasis on labour related productivity leads to older people, particularly those with disabilities, being viewed as less valuable and deserving of resources. Additionally, in cultures where family caregiving is emphasized, this expectation can hinder government efforts to establish formal support systems.

Together, these cultural norms reinforce the exclusion and marginalisation of older people with disabilities.

> *"Older people's disabilities just aren't treated the same as younger people's disabilities. If you have a disability as an older person, you're very often not given reasonable accommodations and supports and people simply don't think to apply for themselves or their relatives to the relevant ministries that could give them a wheelchair or a walker, or hearing aid or whatever else, they simply do not consider that that would be necessary."*
>
> **International human rights organisation**

Gender, disability type and timing of disability onset shape experiences

Older women with disabilities face unique, compounded challenges due to the intersection of ageism, ableism, and sexism. Their life prospects are often worse than those of older men with disabilities or older women without disabilities.

Gender norms often impose disproportionate caregiving responsibilities on them, limiting their societal participation. In humanitarian contexts, the lack of formal caregiving support increases their marginalisation.

Additionally, their health needs, particularly those related to managing chronic conditions or menopause, are frequently overlooked in development programs, which tend to focus on reproductive health alone.

The type and timing of disability onset further shape the experiences of older people with disabilities, impacting their access to support and eligibility for certain benefits. People with cognitive impairments, such as dementia, often face a loss of autonomy, and are frequently kept isolated for "safety" reasons or due to stigma. This group, along with those with sensory impairments like hearing and vision loss, are also frequently underserved by available services.

People who acquire disabilities earlier in life generally have more time to adapt and build support systems, while those with late-onset disabilities encounter more structural barriers, as services and resources often prioritise younger people with disabilities.

The timing of disability onset can also shape an individuals' sense of identity and affect how they are perceived by society.

> *"I think it's more complicated for certain types of disabilities, like the more complex ones and those where you have neurodiverse intellectual and chronic mental health issues."*
>
> **International non-government organisation**

Barriers are multifaceted

Older people with disabilities face a range of barriers to full inclusion in development and humanitarian contexts. These barriers can be categorised into four main areas: attitudinal, institutional, physical, and communication barriers.

— Attitudinal Barriers

Ageist and ableist stereotypes contribute to the de-prioritisation of older people with disabilities in service provision, portraying them as less valuable and framing their impairments as an inevitable part of ageing. These misconceptions normalise barriers to participation, stifling efforts to promote inclusivity and enabling pervasive ageism within the disability sector. Consequently, differential treatment becomes routine, perpetuating exclusionary practices that would be deemed unacceptable for younger individuals with disabilities.

These biases extend into humanitarian response, where the specific needs of older people with disabilities are frequently neglected. Additionally, self-directed bias – where older people internalise negative stereotypes – intensifies their marginalisation.

— Institutional Barriers

Current national and international policies and legal frameworks rarely focus on older people with disabilities, rendering their specific needs and preferences invisible. For example, while the UN Convention on the Rights of Persons with Disabilities (CRPD) addresses the distinct needs of women and children, it rarely identifies older people and falls short in comprehensively addressing the unique challenges faced by older people with disabilities. This highlights significant gaps in existing legal frameworks and their limitations in effectively safeguarding the rights of older people with disabilities. Moreover, many disability programs exclude individuals who acquire disabilities later in life, and national laws may impose age limits on benefits. Where older people with disabilities can access disability related benefits, the disconnect between ageing and disability policies may force them to choose between old-age benefits and disability allowances, reducing their financial security and access to essential support services. Older people with disabilities are also consistently underrepresented in decision-making processes.

— Physical Barriers

Physical accessibility poses a major challenge for older people with disabilities in both development and humanitarian contexts. Public buildings, transport systems, and evacuation centres generally lack the necessary infrastructure, hindering access to services or navigation. In emergencies, inaccessible infrastructure can delay or prevent timely evacuation, and the frequent requirement for in-person attendance to receive social protection or aid limits access for those with mobility-related disabilities.

— Communication Barriers

Older people with vision or hearing impairments often struggle to access critical information such as the locations of relief distribution points or evacuation routes. This is because access to assistive technologies if often deprioritized in development and humanitarian settings and evacuation warnings are typically conveyed through written signs or loudspeakers, placing older people with sensory impairments at a severe disadvantage during crises.

No best practices in place

No specific practices addressing the intersection of ageism and ableism in development or humanitarian settings were identified. However, an interesting case study from Bangladesh on promoting the inclusion of older people and people with disabilities in the Rohingya refugee response provided valuable insights. In this initiative, an Age and Disability Working Group was established to ensure that the perspectives and needs of these two groups were incorporated into program design and implementation. Although these efforts failed to specifically consider older people with disabilities, they still resulted in better facility accessibility and the creation of disability inclusion groups across all camps.

Policy recommendations

Addressing the intersection of ageism and ableism, and improving the inclusion of older people with disabilities, requires a comprehensive approach, developed in collaboration with older people with disabilities themselves, Organizations of Persons with Disabilities (OPDs) and Organizations of Older Persons (OPAs). Drawing on the findings from the desk review and key informant interviews, the following recommendations are proposed:

1. Inclusive Policies, Laws and Advocacy Efforts

Governments and development and humanitarian actors should collaborate to develop and implement policies that prevent and respond to the intersecting impacts of ageism and ableism, ensuring that older people with disabilities are recognized as a priority group within development and humanitarian strategies. These policies must adhere to existing protections, such as the UN Convention on the Rights of Persons with Disabilities, and consider additional intersecting forms of disadvantage, such as sexism.

A life-course and rights-based approach should be adopted, emphasizing dignity, autonomy, and the active participation of older people with disabilities. Moreover, governments should enact comprehensive anti-discrimination laws that incorporate intersectionality and explicitly prohibit discrimination on multiple grounds, including age, disability, and gender. At the international level, member states and civil society should advocate for a new convention on the rights of older persons to close existing gaps in legal protections and address the unique intersectional challenges faced by older populations.

2. Targeted Support

Governments, humanitarian organizations, and development agencies should allocate resources to specifically address the diverse needs and disabilities of older people with disabilities in humanitarian and development settings. This includes providing targeted support, such as accessible warning systems for individuals with sensory impairments and specialized programs for those with cognitive decline. Additionally, stakeholders should prioritize the application of universal design principles to create inclusive infrastructure, as well as accessible toilets, homes, and community spaces. Addressing violence against older women also requires dedicated resources and programs that prioritize their safety and protection within these settings.

3. Cross-sector Collaboration and Cohesion

Government agencies, NGOs, OPAs, OPDs, the private sector, and other stakeholders should work together in coordinated efforts to fully address the needs of older people with disabilities. Breaking down silos and fostering collaboration among these groups will help prevent duplicative or misaligned efforts between ageing and disability policies. This unified approach will also ensure that programs are coherent and more effective in meeting the specific needs of older people with disabilities.

4. Comprehensive Educational Programs and Training

Humanitarian organizations, development agencies, NGOs, government departments, and training institutions should develop educational programs for all personnel involved in development and humanitarian efforts, with a focus on dispelling misconceptions and stereotypes about older people with disabilities. These programs should equip staff with the skills and knowledge to design and implement services that meet the unique needs and preferences of this population. Training should emphasize respectful, unbiased interactions and foster self-advocacy among older people with disabilities, creating inclusive environments where they feel valued and empowered. Educational activities should extend to the broader community, including older people with disabilities themselves, and targeted training for members of OPAs and OPDs should be offered to eliminate existing ageism and ableism within these organizations and strengthen their capacity to advocate for and effectively engage with older people with disabilities.

5. Enhanced Research, Data Collection and Use

International organizations, statistical offices, and research institutions should ensure that data collection efforts include indicators to measure experiences of ageism, ableism, and their intersection, using the best available international tools. Comprehensive, disaggregated data on older people with disabilities should be gathered to assess whether their rights are being upheld. The use of the Washington Group Questions should be promoted to collect relevant information on functioning from this population and supplemented by sociodemographic data for deeper insights. Additionally, stakeholders should invest in research examining the impact of these intersecting biases, including how the timing of disability onset influences attitudes towards older people with disabilities and their access to resources.

6. Representation and Inclusion in Decision-Making

Governments, humanitarian organizations, development agencies, OPAs and OPDs should actively involve older people with disabilities, especially older women, in the design of policies and programs to ensure their perspectives and needs are fully considered. Their representation can be strengthened by allocating necessary funds, such as budgets for caregiver support and accessible transportation, and by fostering cross-sector collaboration between the ageing and disability fields and other relevant sectors.

7. Sharing and Scaling

International organizations, governments, and NGOs should collaborate to establish or contribute to platforms that share successful initiatives and case studies that address the intersection of ageism and ableism, and effectively respond to the needs and preferences of older people with disabilities. Showcasing these approaches can encourage countries to adopt and adapt best practices, promoting inclusive and responsive solutions on a global scale.

Conclusion

The intersection of ageism and ableism imposes significant barriers on older people with disabilities, excluding them from essential services, decision-making, and social participation in development and humanitarian contexts. Despite growing recognition of intersectional needs, this population group remains largely overlooked, facing compounded disadvantages not only due to age and disability but also because of factors like gender, disability type, and timing of disability onset.

This policy paper calls for a comprehensive approach to address these critical gaps and ensure the full inclusion of older people with disabilities in development and humanitarian policy and practice.

1 Introduction

Context

The Indo-Pacific region is known for its diversity in economic development, social structures, and environmental conditions, which directly impacts the way development and humanitarian assistance is delivered. The region is highly vulnerable to natural disasters such as cyclones, earthquakes, tsunamis, landslides and floods, which disproportionately affect at-risk groups, including older people with disabilities [1].

The population of older people in the Indo-Pacific region is already large and rapidly increasing. It is projected to more than double, rising from 466 million in 2015 (12.02% of the total regional population) to 1.14 billion by 2050 (25.88% of the region's population)[2] [2]. In humanitarian crises, older people with disabilities face significant barriers.

For instance, during natural disasters or conflicts, they may struggle to access evacuation shelters due to mobility issues. Even if they do reach shelters, these may not be equipped with ramps and critical information about safety might not be communicated in formats that are suitable for those with visual or hearing impairments.

Additionally, ongoing development challenges in the region—such as limited healthcare access, social exclusion, and poverty—exacerbate inequalities, making it harder for older people with disabilities to receive the support and resources they need.

In the Indo-Pacific, significant progress has been made toward ratifying and implementing the United Nations Convention on the Rights of Persons with Disabilities (CRPD), with nearly all countries in the region having ratified it.[3]

However, a persistent gap remains

between policy commitments and practical implementation.

For the CRPD to be truly effective, its provisions need to be comprehensively integrated into national policies. Moreover, the CRPD fails to comprehensively address the rights of older people with disabilities, leaving gaps in protections. Also, while existing policies may address ageing or disability, the specific needs of older people with disabilities are frequently overlooked.

In this context, it is crucial to understand whether and how ageism and ableism intersect and aggravate disadvantages for older people with disabilities, as well as to identify necessary actions to address the challenges detected.

These biases are pervasive, with global data showing, for example, that 1 in 2 people are ageist against older people [4].

Despite a growing body of research on ageism and ableism, their combined impact remains largely unexplored—especially in development and humanitarian contexts—leaving critical gaps in support and protection for older people with disabilities.

Addressing this intersection is essential, as multiple forms of oppression interact to shape experiences of exclusion and marginalization [3,4].

2 These numbers were calculated using the UN Population Division Data Portal's 'Population by age and sex – broad age groups' dataset filtered to '60+', and considering the following 40 countries of the Indo-Pacific region: Australia, Bangladesh, Bhutan, Brunei, Cambodia, Democratic People's Republic of Korea (DPRK), India, Indonesia, Japan, Laos, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, the Pacific Island Counties (PICS), Pakistan, People's Republic of China (PRC), the Philippines, Republic of Korea (ROK), Singapore, Sri Lanka.

3 At the time of publication of this report, exceptions include Brunei, Democratic People's Republic of Korea, Federated States of Micronesia and Papua New Guinea which have signed but not ratified.

Key Definitions

— Ageism

Ageism refers to stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) directed towards others or oneself on the basis of age. Ageism can occur at individual, interpersonal, and institutional levels, is expressed both explicitly and implicitly, and impacts all age groups [4].

— Ableism

Ableism involves stereotypes, prejudices, and discrimination, and social oppression towards people with disabilities [5]. It also reflects a broader value system that prioritises certain typical characteristics of body and mind as essential for a life of value. Ableist thinking deems the disability experience as a misfortune that leads to suffering and disadvantage, devaluing individuals and perpetuating the view that their lives are inherently less valuable due to their differences in appearance, functioning, or behaviour [6].

— Intersectionality

Intersectionality is a framework used to analyse how multiple forms of disadvantage and exclusion interact and influence groups of people or individuals. It acknowledges that different systems of oppression, such as those based on age, gender, ethnicity, religion, disability status, do not function independently but interrelate with each other, which can shape unique experiences of marginalisation, roles and responsibilities, and can further hinder individuals' access to resources and participation in society, development and humanitarian practices [7].

— Barriers

In the context of inclusion, barriers refer to factors that prevent individuals or certain groups from equally participating in development and humanitarian response programs, and various aspects of social life [8]. Following the inclusion guidance on disability, barriers may be categorised into four types: attitudinal, environmental (or physical), communication, and institutional barriers.

— Indo-Pacific

Is defined differently by different actors. For the purposes of this policy paper, the Indo-Pacific region is considered as ranging from the eastern Indian Ocean to the Pacific Ocean connected by Southeast Asia, including India, and North Asia. Pacific also refers to the countries and or States (whether independent or otherwise) in this region.

Purpose

This policy paper aims to shed light on the impact of ageism and ableism on older people with disabilities in development and humanitarian policy and practice, including the barriers they experience. It also explores how factors, such as disability type, timing of disability onset, and gender, influence the experiences and inclusion of older people with disabilities in these contexts.

It further aims to assess the inclusion of older people with disabilities in data collection efforts, showcase good practices, and provide actionable recommendations to address the intersection of ageism and ableism in future policies and programs focusing on development and humanitarian settings.

2 Methodology and limitations

Two methods were employed: a desk review including both a literature review and a data mapping, as well as key informant interviews. This approach intends to provide a triangulated exploration of this intersection. The research questions used to guide this project can be found in Annex I.

Desk review

Literature review

The literature review incorporated both academic and grey literature, focusing on the intersection of ageism and ableism, as well as on the inclusion of older people with disabilities. This review drew on sources from PubMed, Google, and key stakeholder websites such as UNDP, UNHCR, and WHO, covering literature from 2014 onwards. Search terms included variations of "ageism," "ableism," "older people," and "disability." To address the limited availability of direct evidence explicitly examining the intersection of ageism and ableism, the review also included indirect evidence which focused on literature that examined either ageism or ableism in isolation or the inclusion of older people with disabilities.

The search had a predominant focus on the Indo-Pacific region. Eligible sources were screened and reviewed, and data were extracted into categories such as barriers to participation and best practices. A flowchart illustrating the process followed in the literature review can be found in Annex II.

Data mapping

The data mapping of sources focusing on older people with disabilities and ageism and ableism was conducted across eleven priority countries in the Indo-Pacific region (Bangladesh, Cambodia, Fiji, Indonesia, Nepal, Papua New Guinea, the Philippines, Solomon Islands, Tonga and Vanuatu), focusing on population statistics from governments, UN agencies and their partners, and information collated by multilateral agencies and development organisations. This included reviewing censuses, specialised surveys, and household surveys from 2015-2024.

The data-mapping exercise aimed to assess whether and how ageism and ableism are currently measured in existing data collection efforts, as well as to evaluate the representation of older people with disabilities in these data sources. Surveys were categorised to highlight their focus areas, including health, socio-economic situations, and financial inclusion.

Annex III and IV provide a list of all reviewed datasets by country and a list of data providers that collect or disseminate relevant population statistics.

Key informant interviews

Key informant interviews (KIIs) were conducted with a diverse group of stakeholders, including NGOs and UN agencies, who work with older people and people with disabilities at local, regional and international levels. The project steering group, consisting of CBM Australia and The Fred Hollows Foundation, with input from HelpAge International, identified stakeholders.

A total of 17 people were interviewed and a short follow-up survey was also shared to gather additional insights into data collection efforts and their coverage of older people with disabilities. A deductive, codebook thematic analysis approach was used to analyse interview transcripts, focusing on pre-determined themes such as the impact of ageism and ableism, barriers to inclusion, best practices, and recommendations.

NVivo software was used for the analysis, with data saturation achieved after three assessments of the transcripts.

Limitations

This policy paper is based on a desk review and key informant interviews, both of which have limitations. The literature review excluded publications in languages other than English, which may overlook important local insights and cultural variations from non-English-speaking regions, particularly in grey literature. Additionally, definitions and assessments of disability vary across countries, leading to inconsistencies in the literature. The quality of grey literature also varies, as it is not peer-reviewed, making it difficult to independently verify the accuracy and reliability of information from different sources. Also, the analysis relied on publicly available materials.

In turn, the data mapping focused on statistics from NSOs and UN agencies, excluding surveys by relevant ministries or national research institutes, which may contain national data on ageism and ableism. It also only included regularly administered surveys and censuses, omitting administrative data and digital data sources that could offer further insights.

The analysis covered a limited number of human rights-based indicators, to demonstrate the availability of data as well as its disaggregation by sex, age and disability status. Some of the indicators that were not included in the review have data, highlighting NSOs' efforts to improve the production of statistics on the situation of different population groups. Additionally, the review did not assess ageist or ableist language in surveys and relied solely on publicly available data sources, potentially missing relevant but inaccessible data.

The KIIs faced limitations due to the absence of participants with lived experience of both older age and disability, limiting firsthand insights. Some interviewees also demonstrated ageist and ableist biases, which may have influenced their understanding, and the insights provided. Additionally, interviewees often discussed age and disability separately and focused on humanitarian examples more than efforts in development settings. This suggests the need for a deeper understanding of intersectionality and clearer distinctions between development and humanitarian contexts. Addressing this gap requires targeted capacity building efforts.

3 Key findings

Significant gaps in research

The literature review revealed a significant gap in evidence on the intersection of ageism and ableism. Of the 31 sources considered as direct evidence, only 19 directly addressed the intersection between these forms of bias. The remaining 12 focused on the experiences of older people with disabilities but did not explicitly mention ageism, ableism or their intersection. Moreover, none of the 31 sources focused on the Indo-Pacific, highlighting the substantial lack of research in this region. Still, there is a growing recognition that adopting an intersectional perspective is crucial to fully understanding the unique challenges faced by older people with disabilities [3].

Limited access at the intersection of ageism and ableism

The intersection of ageism and ableism creates specific challenges, disadvantages and human rights abuses for older people with disabilities [9].

First, regardless of the setting, available research and insights gathered from the interviews show that this intersection generates complex barriers, limiting access to resources, services and opportunities [9, 10]. This intersection is described as multifaceted, creating complex layers of disadvantage and exacerbating the invisibility of older people with disabilities [9].

This intersection creates complex layers of disadvantage and exacerbates the invisibility of older people with disabilities.

These layers of marginalisation are particularly challenging for older women with disabilities, who often face cultural and educational barriers, further compounding their exclusion.

> *"The more layers they have, the more difficulties they face… older women themselves, from the traditions and culture in this region are less educated and so this is a barrier…*
> *If you add the disability for another layer, we can see they face more severe exclusion from themselves and also the way the community see them"*
>
> **Non-government organisation – Cambodia**

Second, this overlap in discrimination often leaves older people with disabilities at risk of exclusion, resulting in heightened risks and human rights violations [9]. Research shows that older people with disabilities are frequently left out of policies and programs intended to support marginalised groups, creating barriers in accessing essential services.

This discrimination also affects their participation in decision-making processes, particularly for those with cognitive impairments like dementia, who are often denied autonomy [9].

Overview of the literature

The literature reveals several ways in which the intersection of ageism and ableism limits older people with disabilities' access to essential resources, services, and opportunities. Some key findings include:

— Fewer employment opportunities

Ageism and ableism often reduce job prospects for older people with disabilities, leaving them marginalised in the labour market. [10]

— Self-directed exclusion

Due to internalised ageism and ableism, many older individuals with disabilities avoid seeking support or socially isolate themselves, further exacerbating their exclusion [9].

— Health concerns in the workplace

Older workers with disabilities frequently refrain from discussing health issues at work due to fear of ageist and ableist biases [10].

— Limited medical interventions

Older people with disabilities are often excluded from medical treatments, including preventive screenings, surgeries, and organ transplants, due to assumptions that they cannot improve or maintain their health as they age [9].

— Unequal access to assistive technologies

Many older people with disabilities are denied access to assistive devices because they are perceived as being unable or unwilling to adopt new technologies.

— Discriminatory healthcare practices

Barriers in accessing timely and appropriate healthcare contribute to poorer health outcomes and widen health disparities among older people with disabilities, driven by biases in healthcare settings [11].

While this overview of the literature primarily summarizes research from non-development and non-humanitarian contexts, these challenges are likely to extend to – or even intensify in – development and humanitarian settings, given the additional extenuating pressures in these contexts.

Heightened impact in emergency contexts

Conflicts and natural disasters further exacerbate the risk of exclusion for older people with disabilities. In these settings, they are more likely to miss out on humanitarian assistance, have limited access to health and care services, and be left behind [13]. Additionally, they often face increased risk of theft, particularly those with vision or hearing impairments [13].

Interviewees emphasised that whilst exclusion and disadvantage are persistent challenges for older people with disabilities in all contexts, these experiences are often intensified in emergency settings.

> *"First, we have to understand that even in peacetime they [older people with disabilities] face challenges and exclusion, and the exclusion gap continues to widen when it comes to humanitarian situations…It's not that they become disadvantaged or excluded during humanitarian situations, it has been present all the time."*
>
> **Regional disability organisation in the Pacific**

Cultural norms and misconceptions reinforce exclusion

While ageism and ableism share some root causes and consequences, inequality in older age can't be attributed solely to ableist bias [9]. Ageism is a distinct form of oppression that affects older people, including those with disabilities. Older people are often stereotyped as burdensome, unproductive, undeserving or helpless [9, 14]. Additionally, there is increasing recognition of the social aspect of disability and the role of society and duty bearers such as governments to meet people with disabilities' rights as to ensure their equal participation.

Nonetheless, impairments in older age are often viewed as a natural part of ageing, which makes the barriers faced by older people with disabilities seem unavoidable [9]. This perspective fuels discrimination not only based on disability but also through persistent and pervasive age stereotypes.

Cultural norms also play a significant role in how older people with disabilities are perceived and treated. The interviews found that in some communities there is a dominant focus on labour related productivity which results in older people with disabilities being seen as less valuable.

> *"... older people [are] alone in terms of the ageism and age discrimination they are experiencing... and if they have a disability, I think they are seen as more useless by society."*
>
> **Non-government organisation – Cambodia**

Additionally, in cultures where respect for older family members is deeply valued and family caregiving is prioritised, these expectations can limit the development of formal government support systems.

> *"In the Philippines, people have very high respect for their parents... in the Philippines we don't have nursing homes, we have no support service for older person."*
>
> **Non-government organisation – The Philippines**

Together, these cultural norms and expectations reinforce the exclusion and marginalization of older people with disabilities. Without formal support systems, these individuals remain marginalised, regardless of whether they are culturally devalued or respected.

Policy recommendations

Develop educational programs and training

These efforts should focus on dispelling existing misconceptions and stereotypes related to older people with disabilities as well as on strengthening the knowledge required to develop and deliver policies and programs that meet the specific needs and preferences of older people with disabilities [3, 4, 15]. Additional activities that strengthen confidence, self-advocacy and autonomy in older people with disabilities should be supported [16]. Educational activities should reach technical staff but also the entire population, OPDs, OPAs and older people with disabilities.

Gender, disability type and timing of disability onset shape experiences

Understanding how the experiences of ageism and ableism are influenced by other characteristics, such as gender, the timing of disability onset, and the type of disability, is crucial for addressing the unique challenges faced by older people with disabilities, in their diversity. These factors may shape experiences of discrimination, access to resources, and participation in development and humanitarian contexts. For example, a disability acquired in childhood may allow time for adaptation and access to support networks and assistive devices.

Gendered challenges for older women with disabilities

Older women with disabilities face compounded challenges, experiencing worse life prospects and outcomes than both older men with disabilities and older women without disabilities [9]. They are subject to gender inequality, ageism and ableism and other forms of discrimination, and are consistently overlooked and underrepresented in development policies, programs, legislation and humanitarian efforts [17].

Interviewees highlighted gender as a critical factor in the intersection of ageism and ableism, identifying two key factors that act as barriers to the inclusion of older women with disabilities.

Caregiving responsibilities

A significant factor contributing to the disadvantages and exclusion faced by older women with disabilities is the role of caregiving, which disproportionately falls on women due to prevailing gender norms [18]. Many older women with disabilities continue to care for parents, spouses, neighbours and grandchildren, often without adequate support [17]. While caregiving differs among cultures and is often meaningful and fulfilling, it can also be overwhelming, especially in development and humanitarian contexts where formal support systems are largely lacking.

> *"The gender affects very much because for women when it comes to the area of providing caregiving support, this is solely on women, older women. They face a brunt of the heavy load, particularly in humanitarian situation."*
>
> **Regional disability organisation – The Pacific**

It is crucial to recognise that caregiving becomes particularly challenging when older women are not given the autonomy to choose whether to take on these responsibilities. Governments and policy interventions should prioritize establishing formal support systems that offer resources and options, empowering older women, with and without disabilities, to make informed choices about their caregiving roles.

Significant barriers and risks

Although research on the risks and challenges faced by older women with disabilities is limited—whether they are ageing with lifelong disabilities or acquiring them later in life—they appear to encounter significant barriers in accessing support across multiple areas, including healthcare (such as sexual and reproductive health), WASH services, and assistive technologies.

The intersection of ageism, ableism and sexism, together with restrictive gender and social norms heighten the risk of violence for older women with disabilities, including sexual, physical, and psychosocial abuse, as well as neglect [19]. However, due to limited research and a lack of disaggregated data on the risk factors affecting this group, policymakers struggle to adequately address these challenges.

Health challenges and stigma

With development programs frequently prioritising reproductive health, they often neglect the unique health needs of older women with disabilities, including managing age-related chronic conditions and the impact of menopause [20]. Their health needs are also frequently dismissed or deprioritised due to discriminatory attitudes. This marginalization further entrenches their exclusion from essential healthcare and support services, leaving their complex health needs largely unmet.

With development programs frequently prioritising reproductive health, they often neglect the unique health needs of older women with disabilities.

"...women go through perimenopause and menopause totally different from the way men experience their hormone changes, and they have impacts on WASH, stigma and discrimination that overlays [this hormonal change]. Then you could look at [...] caregiving, there are gender roles and relationships within that related to the person with [a] disability, but also in terms of their access."

Regional disability organisation – The Pacific

Type of disability

The type of disability an older person has significantly shapes their experiences in development and humanitarian contexts. Although the literature review revealed limited research specifically examining how disability types influence these experiences, it did highlight that both the type and timing of disability may affect access to support and eligibility for certain benefits [21].

Cognitive decline emerged as a primary concern among interviewees, who observed that community attitudes often shift when cognitive impairments become apparent. As these impairments become more noticeable, those around the individual may start making assumptions about their abilities, affecting not only how others perceive them but also influencing the individual's own self-perception.

Dementia was also referred to both in the interviews and literature as a key challenge in emergencies, where cognitive impairments may go unrecognised by responders, leaving individuals without appropriate support [22]. One report highlighted that people living with dementia may also be living unnecessarily restrictive lives and kept at home "for their safety" or because of associated stigma [22]. While older people and those with disabilities are more likely to be institutionalized and face involuntary treatment, older people with disabilities face compounded threat of institutionalization and its associated harms [9]. An interviewee described a challenge of an older man living with dementia in a humanitarian context:

> *"This one woman...was a caretaker for her father-in-law who was in his 80s, and he had pretty severe dementia, like non-verbal. Before the war… he could walk, he could wander off, he could be in the garden, he could wander around, everyone in the village knew who he was. If he went too far, they'd bring him back like he couldn't go that far. Now he is shut up in an apartment all day because there's bombing all the time. Then in addition, if he did wander, if they did go for a walk and he refuses to come back while they're shelling, that then creates danger for her in addition to him."*
>
> **International human rights organisation**

Another significant challenge highlighted by interviewees was the experience of older people with sensory or communication impairments, which are often overlooked in service provision. One interviewee explained that support workers tend to be equipped to handle physical impairments but lack the skills to assist those with visual or hearing difficulties.

> *"Their [support workers] thinking and their ideas are mainly focused on the person with physical impairment. They have a skill set, how to handle the person with physical impairment, but they are not well equipped at handling person with visual impairments or hearing impairments or similar difficulties. So, for this reason, even for the community people also say older people with visual or hearing or speech difficulty are facing more challenge than the person with physical impairment.*
>
> **Non-government organisation – Bangladesh**

The literature and interviews underscore the need to develop programs and services tailored to the diverse needs of older people with varying disabilities and to improve access to assistive technologies [13]. Disadvantages faced by those experiencing cognitive decline or sensory impairments are exacerbated in crises [22]. For example, inadequately planned evacuation services may fail to meet the needs of those with cognitive or sensory impairments.

It is essential to consider the entire crisis cycle – risk reduction, emergency response, post-crisis recovery, and long-term development – when planning inclusive interventions for older people with different types of disabilities.

> *"I think it's more complicated for certain types of disabilities, like the more complex ones and those where you have neurodiverse intellectual and chronic mental health issues"*
>
> **International non-government organisation**

Timing of disability onset

The timing of disability onset shapes people's experiences, sense of identity and societal perceptions [9]. Some individuals live with a disability from an early age, while others may experience disability for the first time in later life. Though research is limited on how the experiences of ageism and ableism are shaped by the timing of disability onset, insights from the literature and key informants highlight distinct challenges faced by those who acquire disabilities at different stages of life.

Some interviewees noted that those acquiring a disability early in life often have more time to adapt, develop both informal and formal support networks, and are seen as more "valuable", receiving more investment in care and support. In contrast, those who acquire a disability later in life may face more structural barriers, as governments and services tend to prioritise younger people [4]. Indeed, research shows that government programs and spending often favour younger people with disabilities, reflecting ageist biases [4]. As a result, older people with disabilities tend to have reduced access to essential support, which is concerning, given that they represent a large percentage of the population with disabilities [9].

> *"I think there is a huge difference between when on the life course you experience disability. I think when you're born with disability, your whole life is adapted from birth around this and your body adapts to it and so do your surroundings with your family and your support network."*
>
> **International non-government organisation**

Some interviewees noted that older people may retain social status, which can offer some protection from disability related stigma. In contrast, individuals with lifelong disabilities may internalise stigma from childhood, leading to greater social invisibility that can persist into old age.

> *"So, if you had it from a child, you'd been invisible from a child. That sort of self-stigma, it will be really, really ingrained, but if you've perhaps become disabled later in life, and the reason for that disability, if it's war, conflict, someone who's had that sort of disability or impairment and there's a reason for it, will have more power in some contexts than people who are born with it..."*
>
> **Academic institution – United Kingdom**

Policy recommendations

Develop inclusive policies and advocacy

Development and humanitarian policy and advocacy efforts should follow a life-course approach and consider older people with disabilities in their full diversity, with a specific focus on older women with disabilities [9].

Respond to violence against older women

Increase awareness of gender-based violence in older age and address sexist and ageist norms. Ensure surveys on gender – based violence collect age – , gender – , and disability-disaggregated data in 10-year cohorts for older women to better capture their unique experiences.

Conduct research on the timing of disability onset

Investigate how this factor affects attitudes toward older people with disabilities and their access to resources.

Ensure adequate implementation of inclusive legal frameworks

Design and enforce anti-discrimination laws that comprehensively address intersecting factors such as age, disability, and gender.

Barriers are multifaceted

Identifying and addressing the barriers that older people with disabilities face is critical to advancing the Sustainable Development Goals (SDGs) and fulfilling the global commitment to "leave no one behind." Barriers to inclusion refer to the various obstacles that prevent individuals or groups from accessing resources, services, and opportunities equally. For older people with disabilities, these barriers can be categorised into four main types: attitudinal, institutional, environmental/physical, and communication. Although these categories are typically applied to disability inclusion more broadly, they are equally relevant for older people with disabilities, whose experiences of exclusion and inequality are often compounded by both ageist and ableist biases. By understanding and addressing these barriers, policies and programs can become more inclusive and equitable, ensuring that older people with disabilities enjoy equal participation in development and humanitarian efforts.

Attitudinal barriers

Stigma and stereotypes are a major issue affecting older persons with disabilities. As impairments among older persons are often seen as a natural aspect of ageing, the barriers to participation that they experience are normalised. Therefore, efforts are not focused on eliminating barriers or generating options to promote participation, but rather are framed under a medical lens and tainted with a sense of inevitability. Furthermore, low expectations regarding ageing with a disability lead to the assumption that it is not worthwhile to support the participation of older persons with disabilities.

As a result, differential treatment on the basis of disability and age is not only widespread but also considered "natural" and unproblematic, leading to the normalisation of practices that would be considered unacceptable for other groups, such as younger persons with disabilities [4].

> *"Older people's disabilities just aren't treated the same as younger people's disabilities. If you have a disability as an older person, you're very often not given reasonable accommodations and supports and people simply don't think to apply for themselves or their relatives to the relevant ministries that could give them a wheelchair or a walker, or hearing aid or whatever else, they simply do not consider that that would be necessary."*
>
> **International human rights organisation**

Attitudes of staff, OPAs and OPDs

Ageist and ableist attitudes among development and humanitarian workers and policymakers and within OPAs and OPDs, significantly impact the inclusion of older people with disabilities. Inclusion extends beyond physical access; it involves actively engaging older people with disabilities in decision-making processes and designing policies and programs that enable their full participation. However, ageist and ableist assumptions often cast older people, especially those with disabilities, as less capable of contributing or not requiring the same level of support as other groups. This can lead to the de-prioritisation of services for this population group and their exclusion.

Studies have shown that older people with disabilities are often seen as "helpless" or "less valuable" in emergency settings, which can influence how resources are allocated and who is included in decision-making processes [23]. One report found that older people with disabilities reported feeling humiliated by health and social security staff due to their age and disability [13]. In Tanzania, they were told by younger people to leave the camp and were accused of faking poor health to obtain financial aid. Such discriminatory attitudes deepen their exclusion and vulnerability in crisis situations, underscoring the need for comprehensive inclusion strategies in development and humanitarian policy and practice [13].

Attitudinal barriers, particularly ageist attitudes, emerged in the interviews as the second most frequently mentioned obstacle to the inclusion of older people with disabilities.

It was noted that the attitudes of government officials, organisational staff and service providers often results in the needs of older people with disabilities being de-prioritised, especially during humanitarian crises.

> *"... humanitarian workers seem, I mean, tend to favour the situation [of] and [give] more attention to the younger and more abled people to be moved out quickly so they can work with the others [who need more] time. [...] And especially older persons with disabilities are always left right at the bottom of the list."*
>
> **Community leader – Fiji**

Ageism and ableism are present within both the disability movement and ageing organisations, reflecting a disconnect that undermines support for older people with disabilities. Interviewees shared ageist and ableist perspectives, and the UN Special Rapporteur on the rights of persons with disabilities also noted that disability organisations often overlook the needs of older people, while ageing organisations frequently lack a human rights-based approach to disability [9].

In Tanzania, older people were told to leave the camp and were accused of faking poor health to obtain financial aid.

Additionally, ageism within the disability sector has historically limited attention to older people, focusing advocacy on younger age groups and reinforcing stereotypes that render older people's experiences invisible [9]. Addressing these barriers requires greater collaboration between the ageing and disability communities to ensure that older people with disabilities receive the recognition and support they need.

Self-directed ageism and ableism

Self-directed ageism and ableism also pose a problem for older people with disabilities and can impact their participation and inclusion in development and humanitarian programs. For older people, stigma around disability can be so entrenched that it can discourage them from seeking needed medical treatment and support or from using mobility aids and assistive devices [9]. Older people with disabilities may also self-exclude themselves from participating in activities, feeling unworthy or assuming they have little to contribute. One interviewee highlighted, for example, how functional limitations can diminish an older person's confidence, leading to a reluctance to engage in meetings and discussions.

Interviewees observed that dominant social norms can lead to self-directed stigma which can impact access to services or programs.

Ageism within the disability sector has historically limited attention to older people.

"It does lead to self-stigma, internalising negative attitudes very much so.
So there can be a sort of fatalism related to that, so I can't do anything. What can I do? I'm disabled, I can't work. So, I think yeah, that does result in not seeking out or using services, not demanding your rights. […] But that's why it's so important to work with these groups to communicate their value. Ask them what they want and get them to meetings, support them at meetings, communicate in ways that they understand, that has relevant information for them."

Academic institute - United Kingdom

Institutional barriers

Older people with disabilities face a range of institutional barriers in development and humanitarian settings, including fragmented policies and human rights frameworks, insufficient support, limited understanding of their needs, and a lack of representation.

Fragmented policies and legal frameworks

Fragmented policies and legal frameworks both at the international and national level mean that older people with disabilities' rights are often overlooked, inadequately protected, or inconsistently enforced, leaving them at risk of exclusion from essential services and support systems.

The UN Convention on the Rights of Persons with Disabilities (CRPD) includes specific stand-alone provisions for women and children with disabilities but does not single out the challenges faced by older people with disabilities, leaving critical gaps [9]. While it includes some references to age and older people[4], the rights of older people with disabilities are not systematically and comprehensively articulated throughout the Convention. A new international, legally binding instrument (a new UN convention) on the rights of older persons could address these gaps by focusing on intersectional issues and safeguarding the rights of older people in particular situations of risk. This would include, among others, an emphasis on protecting the rights of older people with disabilities as we all those living in development and humanitarian settings, regardless of disability status.

In many countries, disability programs exclude people who acquire disabilities later in life, and some national laws impose age limits on access to disability benefits, mobility allowances, and personal assistance.

United Nations Open-Ended Working Group on Ageing

The UN Open-Ended Working Group on Ageing (OEWGA) is a working group, created by the UN General Assembly in 2010 to review how the existing human rights framework addresses the rights of older people, identify gaps and consider how best to fill them. In May 2024, the 14th session of the OEWGA adopted a decision recommending a legally binding instrument to address gaps in protecting older persons' rights. This milestone decision, along with UNGA's resolution 78/324, marks the first substantive step towards a potential UN convention on the rights of older persons.

In many countries, disability programs exclude people who acquire disabilities later in life [9], and some national laws impose age limits on access to disability benefits, mobility allowances, and personal assistance [21]. The disconnect between ageing and disability policies forces older people with disabilities to choose between old-age benefits and disability allowances, often limiting their financial security and access to essential support services [24].

4 For example, aggravated forms of discrimination, including on the basis of age, are recognized in the preamble; the provision of age-appropriate accommodations is referred to in article 13 (Access to justice); the importance of age-sensitive assistance and age sensitive protection services is recognized in article 16 (Freedom from exploitation, violence and abuse); older persons are referred to explicitly in relation to access to health services in article 25 (Health) and social protection and poverty reduction programs in article 28 (Adequate standard of living and social protection).

For instance, a study in Nepal found that older people with disabilities must choose between the Old Age Allowance and Disability Allowance, despite needing both [24]. Similarly, in Vietnam, research revealed that older people with disabilities receive lower coverage under the Disability Allowance scheme because impairments related to older age are either not recognised as disabilities or deemed less deserving of support [25].

Insufficient tailored support, and financial resources

Interviewees frequently mentioned the absence of tailored support as a major institutional barrier. Older people with disabilities are often overlooked in humanitarian and development programs, with limited access to, for example, mobility aids or accessible healthcare services that are specifically tailored to their needs. As one interviewee noted, "targeted support for older persons with disabilities is always missing" (Regional disability organisation – The Pacific). This gap is often justified under the assumption that the assistance provided to the family unit will meet the needs of all family members, including older people with disabilities. However, this approach places the responsibility on households to allocate resources, where older people are often deprioritized. It also fails to account for the specific requirements of older people with disabilities, such as mobility aids, accessible facilities, and specialised medical care.

Older people with disabilities are generally not recognized as a priority group in development and humanitarian contexts, and programs tend to neglect critical conditions affecting older populations, such as NCDs.

> *"What we also realise is that there is no focus on older persons with disabilities in the action plans or in the work plans. for example, UNHCR does have an age, disability, diversity plan, but age only goes in the other direction, so children are the main target and not older persons."*
>
> **International organisation**

A recurring issue highlighted in the interviews is the lack of financial resources allocated to services for older people with disabilities. This aligns with findings in the literature, which indicate that this population group is generally not recognized as a priority group in development and humanitarian contexts, where resources tend to be directed toward children and younger adults with disabilities [13]. Development and humanitarian programs also tend to neglect critical conditions affecting older populations, such as non-communicable diseases (NCDs) and dementia [22].

> *"Certain programs would not necessarily consider older persons with disability as a target group for livelihood programming and you know, it's not explicit, it's more implicit."*
>
> **International non-government organisation**

Limited understanding

A common theme across both the literature and interviews is the lack of awareness among policymakers as well as development and humanitarian staff about the intersectional needs of older people with disabilities. This limited understanding prevents the development of inclusive and appropriate policies and programmes and leads to viewing older people with disabilities as passive recipients rather than active participants.

The literature and interviewees highlighted the lack of knowledge about intersectionality, inclusion and specific disabilities in older age which can fuel negative attitudes and discrimination.

For example, humanitarian health staff have reportedly misattributed cognitive and psychosocial disabilities to post-traumatic stress instead of recognising underlying neurological conditions, leading to a lack of prioritisation and discriminatory practices [12].

Inadequate representation

The limited representation of older people with disabilities in decision-making processes reinforces institutional barriers. The gap is partly due to siloed approaches within government ministries and NGOs, which often work independently and overlook intersecting forms of disadvantage. Interviewees highlighted that involving older people with disabilities in policy and program design allows their voices to inform decisions, creating more responsive and inclusive solutions.

> *"Whenever I see discussions about disability policy, I don't see representation of older people with disabilities there."*
>
> **International non-government organisation**

Older people with disabilities are frequently excluded from consultations and discussions or unable to participate due to the absence of budget provisions for essential supports such as transportation, caregiving assistance, or interpreters.

> *"How would an older person with disability or person with a disability attend a meeting, a forum, a discussion if they don't have the capacity financially or means of transportation or payment for assistance. Maybe they would bring along with them a relative, grandchild or child maybe, but they are not always available."*
>
> **Non-government organisation – The Philippines**

The limited understanding of the intersectional needs of older people with disabilities hinders the creation of inclusive policies and programs and perpetuates the perception of them as passive recipients.

Physical environmental barriers

Older people with disabilities face several physical environmental barriers which impact their inclusion and participation in development and humanitarian activities. Physical accessibility is a crucial concern with many buildings, evacuation centres, and public facilities lacking ramps, rails, elevators and accessible toilets, which can prevent older people with disabilities accessing essential services. Inaccessible paths or roads can also make it difficult for those with mobility impairments to navigate their environment. Transport systems are often not designed with the needs of people with disabilities in mind, which can restrict older adults' ability to evacuate during emergencies or access essential services, such as healthcare. In some contexts, accessing social protection and humanitarian aid requires individuals to be physically present at specific locations, posing challenges for older people with mobility impairments and restricting their access to essential services [13].

Older people with visual or hearing impairments often have limited access to critical information, particularly in emergencies, where evacuation warnings rely on visual or auditory cues.

Governments have an obligation to ensure the physical environment and transportation are accessible in both urban and rural areas, including remote settings. Improving accessibility for older people with disabilities is a human rights issue.

Communication barriers

Communication barriers are a key concern for older people, as visual and hearing impairments become more common with age. In development and humanitarian contexts, these barriers can severely limit access to critical information, particularly in emergencies where evacuation warnings often rely on visual or auditory cues (e.g. loudspeakers or written signs that may not accommodate those with hearing or visual impairments) and where access to assistive technologies is limited [13]. These gaps can leave older people unaware of evacuation routes, relief distribution points, or safety instructions, putting them at greater risk during crises [13]. Additionally, current generations of older adults in development and humanitarian settings often have low levels of education or are affected by illiteracy.

"Communication, I mean, yeah, huge communication barriers around older people with disabilities. They are less likely to be literate or have as much education, so communication needs to be delivered in a way that everybody can understand, they're formatting information. Information needs to be relevant for these groups as well."

Academic institution – United Kingdom

Policy recommendations

Adhere to existing guidance and policies and address existing gaps in legal protections

This includes implementation of the commitments in CRPD, and the Humanitarian Inclusion Standards for Older People and People with Disabilities [25]. This would also require advocacy for a UN Convention on the Right of Older Persons, which would enable covering existing gaps in the protection of their human rights, including those of older people with disabilities.

Break down silos and promote collaboration

Ensure that government agencies, NGOs, the private sector, OPAs, OPDs, and other stakeholders work together to address the needs of older people with disabilities. This can help to avoid duplication of efforts or misalignment between ageing and disability policies, and ensure that programs are coherent and effective.

Integrate dementia awareness into development and humanitarian programs

This includes equipping staff with the relevant knowledge and tools, including the Inter-Agency Standing Committee's guidelines and WHO's mhGAP Intervention Guide, to support people with dementia during crises [22].

Involve older people with disabilities in decision-making

Ensure that older people with disabilities are meaningfully engaged in the development and implementation of policies and programs that affect them, making the necessary budgetary provisions to support their involvement and amplify their voices. Incorporating their lived experiences into program design, implementation and evaluation is also essential to create truly inclusive responses.

Address financial barriers

Provide adequate funding for programs and services that support older people with disabilities. This can help to ensure that these services are accessible to all, regardless of income.

Prioritise universal design strategies in development and humanitarian contexts

Use designs that incorporate accessible features, like improved signage, lighting, flooring, and accessible toilets, changing rooms, and assistive technology to improve housing and infrastructure accessibility [27]. Provide seating, shade, safe drinking water, and toilets at distribution points to help overcome some of the barriers to travelling and accessing assistance in humanitarian settings.

Address communication barriers

Ensure that communication systems and materials are accessible to older people with disabilities, including those with hearing, vision, or cognitive impairments. This involves providing interpreters, captioning, or braille materials or materials in a range of formats, as well as improving access to assistive technologies for those who need them.

Fiji case study: Multifaceted barriers in humanitarian settings

"Around this area, the challenge becomes very high during humanitarian situations. I'll give you a scenario from one of the islands in Fiji when Cyclone Winston, one of the biggest cyclones that hit Fiji, devastated one of these outer islands.

An older woman was looking after an older man, who had a stroke, and they had to flee to try and find an evacuation site.

They were in the process of going to the evacuation, but the information itself was late. When the tsunami came, at the same time, the storm surge affected them. They went to a school near the government station, and when they were there at the government station, they were not able to go to the bathroom. […] the facilities [were] not conducive, and they could feel it. […]

As human beings, we don't like to live in a place with a stench, and this is just the reality of the matter. Many times, they were faced with this challenge[s] because people wouldn't want to talk to them. People started to distance themselves and preferred to be in a different place rather than in that facility because of the lack of WASH facilities and hygiene […]. Because of this, there's a big attitude problem and then it comes again to attitude. The attitude of the community, even in planning, in providing information, providing support."

Interviewee A

No best practices in place

This research aimed to identify best practices that address the intersection of ageism and ableism in development and humanitarian settings—both in the Indo-Pacific region and globally—but no examples were found in the literature. While no specific initiatives targeting ageism, ableism, or their intersection were identified, an insightful case study from Bangladesh offers valuable lessons that could improve conditions for older people with disabilities.

Bangladesh case study

This case study examines two initiatives in Bangladesh aimed at enhancing the inclusion of older people and people with disabilities in the Rohingya refugee response.

First, a rapid assessment on age and disability inclusion in Cox's Bazar helped identify significant gaps in the identification, accessibility, participation, empowerment, and rights of persons with disabilities and older people in the refugee camps [25]. While the report offered practical recommendations, it analysed older people and persons with disabilities separately, missing the opportunity of an intersectional approach to address the barriers faced by older people with disabilities.

Second, an Age and Disability Working Group (ADWG) was established in Bangladesh and proved instrumental in promoting the rights and needs of older people and people with disabilities in the Rohingya refugee response. It supported their participation in program design, advocated for disaggregated data collection and encouraged other humanitarian actors to consider the perspectives and needs of older people and people with disabilities. Notably, the ADWG influenced policy within the International Organisation for Migration (IOM), a key actor in the Rohingya camps. Due to ADWG advocacy, IOM improved facility accessibility and in 2023, established disability inclusion groups in every camp, engaging older people and people with disabilities in inclusive practices in IOM activities in the camp.

"Now their IOM staff members are more sensitised, their centres are accessible and there are Disability Inclusion groups where persons with disabilities and older people are members, they are actually…providing suggestions to IOM."

Non-government organisation – Bangladesh.

ADWGs fall under the Protection Cluster in the IASC Humanitarian Cluster System [26] and the Protection Sector in UNHCR's Refugee Coordination Model [27]. They are active in various country contexts and act as key information hubs, fostering intersectional approaches and reducing silos within humanitarian coordination efforts [28].

Whilst valuable lessons can be drawn from the work of this ADWG in Bangladesh, this initiative generally addressed older people and people with disabilities separately, overlooking intersectional biases that affect older people with disabilities.

Policy recommendations

Promote knowledge exchange

Encourage the sharing of evidence-based practices, lessons learned and successful initiatives addressing the intersection of ageism and ableism. Support the adaptation and implementation of these interventions to ensure efficient and effective use of resources in humanitarian and development contexts.

Significant data gaps and challenges

Accurate and comprehensive data collection is critical for informing policies that address the intersecting impacts of ageism and ableism on older people with disabilities. Such data enables policymakers to identify gaps, design inclusive interventions, and monitor progress. For older people with disabilities, comprehensive data is essential to understanding their unique challenges and creating policies that uphold their rights, promote equality, and support their full participation in society. However, data relating to older people, particularly those with disabilities, is often missing in development and humanitarian policies and programs, including in official statistics, leading to their invisibility and exclusion.

Defining and measuring ageism and ableism in international statistics

Concepts of ageism and ableism are defined and to some extent incorporated into international development processes and reporting, such as the Madrid International Plan of Action on Ageing (MIPAA) and the UN Decade of Healthy Ageing (2021-2030). However, there is a lack of explicit and comprehensive guidance on how to measure and operationalise these concepts within official statistics, or efforts are underway, such as WHO's development of a new instrument to measure ageism [29].

In 2001, the International Seminar on the Measurement of Disability identified the need for standardized definitions, concepts, methodologies and high-quality data collection on persons with disability to ensure internationally comparable statistics [30]. This resulted in the creation of the Washington Group on Disability Statistics (WG), which focuses on addressing the statistical challenges of collecting valid, reliable and cross-nationally comparable disability data, and developing methods to improve statistics on persons with disabilities globally. The WG developed the Washington Group Questions (WGQ), a set of targeted questions on individual functioning that offer a quick and low-cost method for collecting data, which allows disaggregation by disability status. The WGQ were designed to be used in conjunction with other data collection tools and are applicable to all age groups but do not specifically focus on ageism and/or ableism.

Similarly, The Titchfield Group on Ageing was established in 2018 by the United Nations Statistical Commission to help countries improve data collection on older populations [31]. In 2024, the group examined the availability and gaps in age-disaggregated data for older persons in relation to priority indicators within the UN Global Sustainable Development Goals (SDG) framework. Based on their findings, the group issued recommendations to address gaps and ensure the needs of older people are fully considered in SDG implementation.

More generally, the *Practical Guidebook on Data Disaggregation for SDGs* produced by the Asian Development Bank, provides an overview of strengths and limitations of data disaggregation across different data tools and sources, as well as opportunities for strengthening analysis to support Leave No One Behind [32]. However, it does not explicitly indicate how to measure ageism or ableism.

In turn, the *Ageing-related Statistics report* from the UN Economic Commission for Europe provides an overview of domains, topics, indicators, and available data to support policy priorities on ageing [33]. Recommendations highlight disaggregation by age, gender and disability to capture diversity and inequality within older populations. However, most recommended indicators require the development of international methodological standards and subsequent collection of data by governments. Its recommendations only narrowly consider disability and ageing in the context of health and as a barrier to full participation in society. Notably, there is no specific guidance on how to measure ageism and ableism.

A number of human rights-based international development frameworks are also relevant for measuring and monitoring the experience of older people with disabilities (e.g. MIPAA, UNCRPD, SDGs) and guiding the official statistics required to support this process. However, the Special Rapporteur on the rights of persons with disabilities notes that, given existing synergies between ageing and disability, the UNCRPD *'should be considered as a minimum floor for any standard-setting on the rights of older persons', and '… in the event of any inconsistency between the Convention and other international or regional standards for the protection of older persons, the provisions that are more conducive to the realisation of the rights of older persons with disabilities should prevail'* [9].

The UNCRPD does not provide a specific indicator framework, requiring member states to develop their own human rights-based indicators. However, the UN Office of the High Commissioner for Human Rights (OHCHR) reviewed the SDG indicators related to the Convention and compiled rights-based indicators to monitor key rights for people with disabilities [34]. Though there is strong alignment between those SDG indicators that either explicitly specify age and disability disaggregation, and those that are implicitly relevant to older people with and without disability, the Agenda 2030 framework does not reflect many of the priorities, rights and needs of older people such as palliative care, reasonable workplace accommodations, pension access while working, and retention of legal capacity.

Taken together, this research reveals that there is a lack of standardised indicators and methodologies to measure ageism and ableism, including their intersection. As a result, there is a limited understanding of how these forms of disadvantage jointly impact older people with disabilities.

At present, only traditional socio-economic proxy indicators are available, which can reveal differences in access to resources such as education or employment between groups. However, the existence of differences in access between older people without disabilities and those with disabilities or between the general population and older people with disabilities, does not necessarily mean that these are due to ageism, ableism or their intersection. Estimating ageism and ableism experienced by older people with disabilities requires direct measurement and causal inference analysis.

Representation of older people with disabilities in national and international official statistics

In addition to evaluating the availability of indicators related to ageism and ableism in existing data collection efforts, the data mapping exercise reviewed 30 international and 27 national surveys as well as 10 censuses across eleven countries in the Indo-Pacific region to determine whether these collect information on older people with disabilities. National surveys and censuses were also reviewed to assess the extent to which the human rights of this group are being monitored. A combined list of monitoring indicators was used for this assessment, drawing on indicators used to measure the attainment of SDGs, UNCRPD and additional indicators identified as particularly relevant for older people.

The complete list of the 23 indicators used in this exercise is provided in Table 1.

Table 1. List of relevant human rights indicators on the rights of older people with disabilities.

Human rights	Indicator
The right to equality and non-discrimination	Negative perception of disabilities within the general population, by disability type
	Positive perception of disabilities within the population living with disabilities, by disability type
	Acceptance of person with disabilities with diverse characteristics within the general population, by age, sex and disability type
	Negative perception of older age within the general population
	Positive perception of older age within the older population
The right to health	Undernourishment disaggregated by sex, age and disability
	Health insurance coverage disaggregated by age, sex and disability
	Access to a continuum of quality and appropriate physical, mental and cognitive health services, disaggregated by sex, age and disability
The right to social protection and social security	Proportion of population below the national poverty line by sex, age, and disability
	Proportion of population covered by social protection floors/systems, by sex, age and disability
The right to work	Average hourly earnings of female and male employees, by occupation, age and disability
	Employment rate of persons with disabilities compared to other persons and to overall rate, disaggregated by type of employment and kind of position, sex, age and disability
	Persons with disabilities employed in informal sector as compared to other persons and to the overall rate, disaggregated by sex, age and disability

Human rights	Indicator
The right to education and lifelong learning	● Enrolment, attendance, promotion by grade, completion and drop out in vocational training, lifelong learning courses of persons with disabilities, as compared to others, disaggregated by sex, age, disability, grade and type of education
The right to participation in society	● Participation of people with disabilities in all aspects of life, including political, public, social, economic, cultural and leisure activities, as compared to other persons, disaggregated by sex, age and disability
	Persons with disabilities who receive public financial support their participation in political, public, social, economic, cultural and leisure activities, compared to other persons, disaggregated by sex, age, disability, geographic location
The right to freedom from violence, abuse and neglect	● Persons with disabilities subjected to physical, psychological, sexual violence or neglect, compared to other persons, disaggregated by sex, age and disability
	● Access to support services for victims, survivors and persons at risk of violence, abuse and neglect by persons with disabilities, compared to other persons, disaggregated by sex, age and disability
The right to autonomy	● Persons with disabilities formally deprived of their legal capacity, disaggregated by sex, age and disability
	Persons with disabilities who formally requested support for decision-making, compared with who received it, disaggregated sex, age and disability, and type/duration of support received
The right to care and support for independent living	● Satisfaction with level of independence in living arrangement by persons with disabilities, disaggregated by sex, age and disability
The right to access to justice	● Crimes against persons with disabilities brought before judicial authorities out of total number of crimes, disaggregated by sex, age and disability of the victim
	● Satisfaction with accessibility of the court and its services, disaggregated by sex, age and disability

The data mapping revealed that all countries rely on a mix of international and national surveys to assess the situation of different population groups, including older people with disabilities. Countries such as Bangladesh, Nepal, the Philippines, and Viet Nam use a more diverse range of international surveys than other countries, suggesting that multilateral agencies and donors influence national data collection priorities.

Data on older people with disabilities in international and national surveys varies in two key ways: some surveys gather data through general household questionnaires with limited questions about all household members, while others ask all questions of each household member. Data may also be collected directly from older people with disabilities or reported by other household members, affecting the accuracy and depth of information. Overall, national surveys are more likely to include older people with disabilities compared to international surveys.

Of the 30 international surveys reviewed, only four – Cambodia's Demographic and Health Survey (DHS), Nepal's DHS, the Solomon's Islands' DHS, and Tonga's STEPwise approach to NCDs (STEPS) – collected data on older people's disability status and type. However, Cambodia and Nepal did not collect any other relevant socio-economic information, and the Solomon Islands gathered limited information on older household members with disabilities (i.e. financial hardship of households with and without older persons with disabilities).

In Tonga, STEPS asked older respondents with and without disabilities about their health insurance coverage, access to health care services, annual household income, employment status and completed formal education, but the survey sample excluded older people aged 70 and older. The exclusion of information on older people with disabilities does not align with a human rights-based approach to data nor uphold the obligation of data producers to ensure key population characteristics are counted. In comparison, 11 of 19 national surveys administered across eight countries (Bangladesh, Cambodia, Fiji, Indonesia, Papua New Guinea, Tonga, Vanuatu and Vietnam) included older people with disabilities. National census questionnaires are standardised across the ten reviewed countries (not including Papua New Guinea)[5], collecting data on demographics such as sex, age, and disability status.

Overall, national surveys are more likely to include older people with disabilities compared to international surveys.

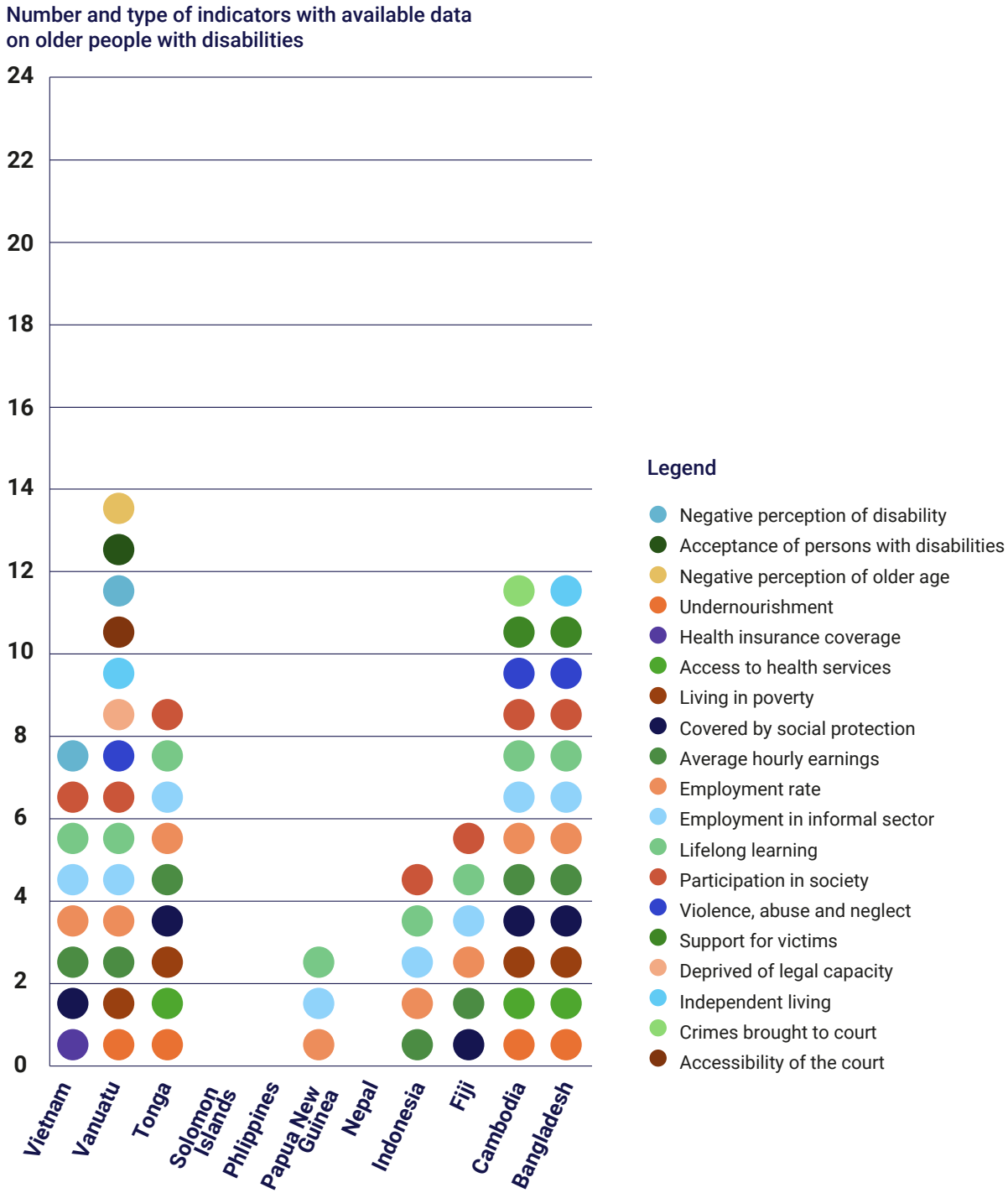
Notably, none of the national surveys fully covered the 23 indicators used to determine adequate monitoring of the human rights of older people with disabilities. Three countries – Vanuatu, Bangladesh and Cambodia – did have data for at least half the indicators, while Vietnam and Tonga had data for one-third.

However, the remaining countries either had data for just one indicator (Fiji, Indonesia, Papua New Guinea) or lacked any data on older people with disabilities for the selected indicators (Nepal, Philippines, Solomon Islands).

5 Censuses were administered in ten countries (apart from Papua New Guinea, that was at collection stage at the time of the writing of this report) over the last eight years.

Where data on older people with disabilities is available in national surveys, it is most likely to be collected for three indicators - employment rate, work in the informal sector, and lifelong learning.[6]

Figure 1. Availability of data on older people with disabilities across relevant indicators by country (national survey data)



6 None of the eleven countries had national data on four key indicators: 'available support for decision making'; 'support to participate in all aspects of society'; 'positive perception of disability among people with disabilities'; and 'positive perception of older age among older people'. This raises questions about the appropriateness of data collection tools.

In turn, census data from the ten countries focused on education and employment related indicators only. Only Tonga's census includes additional indicators on income and political participation. Still, given that national censuses cover all residents, they allow detailed data disaggregation by age, sex, disability, and other characteristics such as ethnicity or location, offering a clearer picture of differences in rights enjoyment among older people with disabilities and other groups.

When combined with other demographic data such as from censuses, the use of the Washington Group Questions (WGQs) allows for an examination of how functionality intersects with age and sex and results in a better understanding of the population affected. However, some survey respondents noted the limitations due to expectations about the data gathered through WGQ:

> *"The function of the WGQ (short set) is often misunderstood. People often expect the 6 questions to give more information than they do. Essentially, they identify who may have a disability and who may not to allow disaggregation […]. plus, some limited information on activity limitations. But they do not provide information on, for example, needs."*
>
> **Research Institute – Australia**

This highlights the requirement to apply the WGQ alongside other data to allow for the contextualisation of needs.

Several respondents also highlighted challenges in collecting disaggregated data, particularly during humanitarian crises.

Without this data, the scale of the problem is unknown, and appropriate responses cannot be developed. Respondents typically focused on the failure to provide adequate training for those collecting data, with staff not knowing how to analyse and use the data. This was closely related to a lack of financial resources to do so.

Older people (and their families) fail to identify themselves as having a disability due to the ageist assumption that disability is an inherent and normal part of ageing.

Dominant norms that reflected ageist and ableist ideas were identified as hindering data accuracy: older people (and their families) fail to identify themselves as having a disability due to the ageist assumption that disability is an inherent and normal part of ageing; reliance on family as the primary care provider means older people with disabilities are not engaging with organisations that collect and store relevant data and are therefore missing from such data; those who complete surveys on behalf of older people may make assumptions that affect data accuracy.

"Most of the existing MEAL [Monitoring, Evaluation, Accountability and Learning] program staff are not skilled on multi-factor data collection, analysis and use for programming. […] Hence there is a continuous need to upskill staff for intersectional analysis and reporting. Institutional funding is often insufficient to fundraise for capacity development required for quality programming, MEAL and capacity strengthening. Even resources for data collection for comprehensive needs assessments and monitoring purposes are often insufficient."

International non-government organisation

These challenges underscore the need for funded training programs for staff collecting data, families, and older people themselves to ensure accurate data collection.

In sum, international and national surveys and censuses currently fail to measure all aspects of rights of older people with and without disabilities. This means that data collection efforts focus on traditional topics such as education, employment, and health, while neglecting other key areas, e.g. justice, autonomy, and participation.

Notably, even when surveys collect data on older people with disabilities, granular disaggregation by age, sex, and disability is often not available. Low response rates further limit detailed disaggregation. This hinders the ability to gain a nuanced understanding of the experiences and inclusion of older people with disabilities in their diversity and hampers the accurate representation and understanding of their rights and needs.

Policy recommendations

Collect and analyse data on ageism, ableism and their intersection

Gather data on these two forms of bias and their intersection, following the best available tools and supporting the development of existing international instruments (e.g. WHO tool to measure ageism).

Collect and analyse disaggregated data on older people with disabilities

Produce comprehensive statistical guidance and gather data on the experiences of older people with disabilities, including all aspects of their rights. Ensure that this data is disaggregated across a range of characteristics including sex and age.

Strengthen understanding and use of the Washington Group Questions (WGQ-ES)

Raise awareness about the scope of the WGQ-Expanded Set and encourage its use to collect data on the functional limitations of older people with disabilities, supplementing this data with additional sociodemographic questions (e.g. age, sex).

4 Conclusion

Addressing the needs and rights of older people with disabilities in development and humanitarian contexts requires a comprehensive approach that recognises the intersecting impacts of ageism and ableism. This policy paper highlights the compounded challenges faced by this population, particularly when factors like gender, disability type, and age of disability onset are considered.

Significant gaps in research and data collection underscore the need for targeted efforts to understand the unique challenges created by this intersection and faced by older people with disabilities.

Effective tools to measure ageism and ableism, along with disaggregated data on the experiences of older people with disabilities, are essential for developing inclusive policies and practices that protect their rights in development and humanitarian settings.

Action is also needed to overcome institutional, attitudinal, and physical and communication barriers, ensuring that programs are equipped to meet the unique needs of older people with disabilities across the project/program or crisis cycle.By embedding intersectional, gender-aware, and life-course approaches and fostering collaborative, evidence-based practices, policymakers and practitioners can create meaningful change.

Additionally, concerted educational efforts are needed to dispel stereotypes and misconceptions about older people with disabilities. Actively involving them in program and policy design, implementation and evaluation is crucial to ensuring that no one is left behind.

This policy paper marks an essential step towards addressing the intersecting impacts of ageism and ableism and emphasises the need for inclusive and responsive policy and practice to improve the lives of older people with disabilities in development and humanitarian settings.

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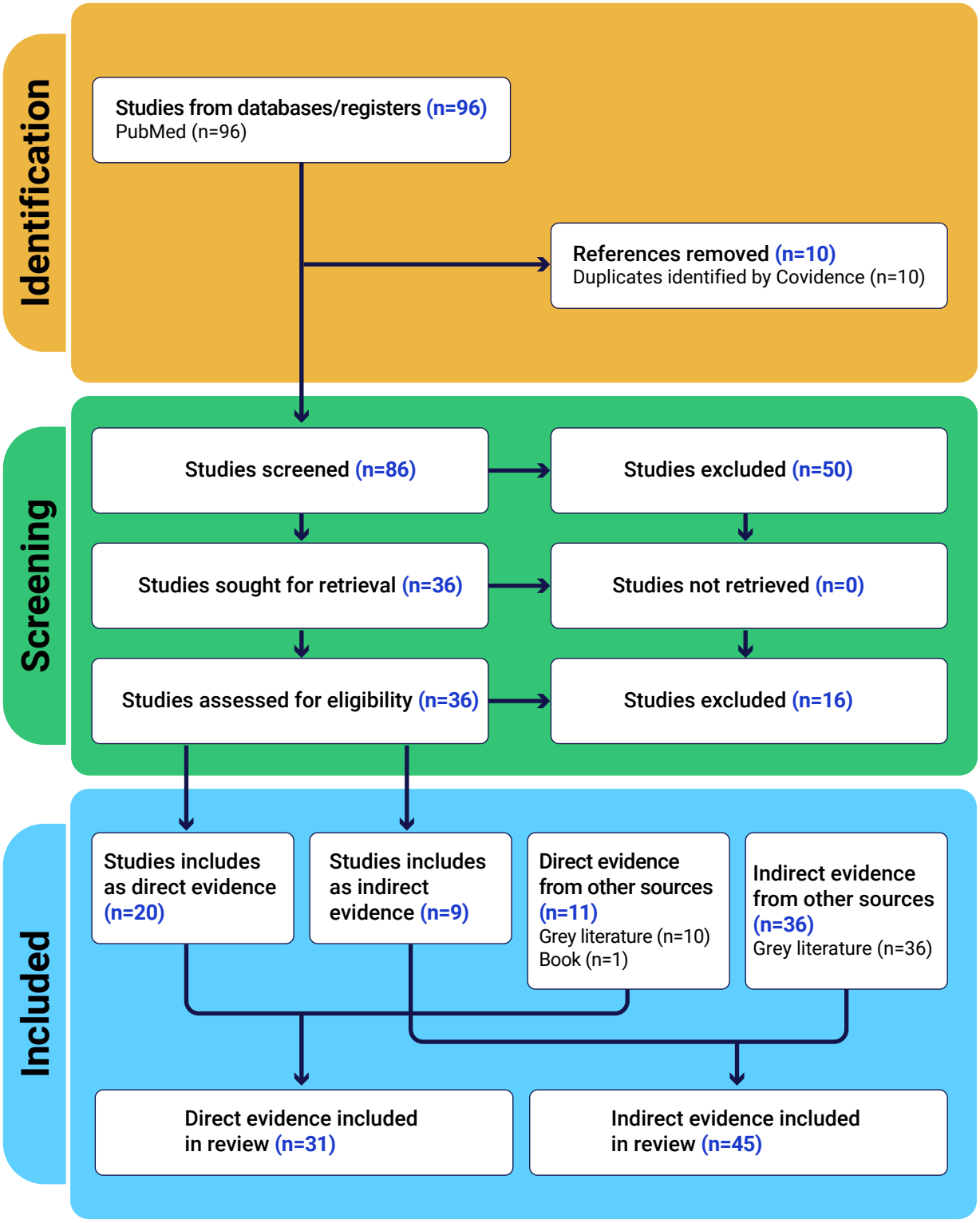
6 Annexes

Annex I: Research Questions

1. How do ableist and ageist attitudes and social norms intersect and influence the design, implementation and uptake of development and humanitarian programs and policies by older people with disabilities?
2. In what ways do ableism and ageism intersect to create barriers for older persons with disabilities in accessing essential services, supports and opportunities in development and humanitarian contexts?
3. How do other factors such as age of acquiring impairment, gender, and type of impairment influence creation of barriers?
4. What policies and programs currently exist to address this intersection or the needs and preferences of older people with disabilities?
   What gaps and best practice exist?
5. To what extent does the use of disability and ageing related data collection tools and efforts (e.g., the Washington Groups Questions using a measure of functioning) support or inhibit efforts to include older people with disabilities? What are the challenges faced by organisations to collect / use age and disability disaggregated data?
6. What recommendations do those working within this context, at different levels, make regarding overcoming the intersection between ableism and ageism in development and humanitarian contexts?
7. What statistics are available on older people with disabilities that are relevant when considering inclusion in development and humanitarian contexts, and what do they say? What gaps exist in data collection efforts?

Annex II:
PRISMA flowchart (literature review)



Annex III: List of reviewed data sources by type and geographic focus (data mapping)

International data sources		Regional data sources		National data sources	
Producers	Curators	Producers	Curators	Producers	Curators
Food and Agriculture Organization (FAO) International Labour Organization (ILO) UN International Children's Fund (UNICEF) World Bank World Health Organization WHO) The Demographic and Health Survey Program by USAID	International Household Survey Network (IHSN) Integrated Public Use Microdata Series (IPUMS International) Disability Data Initiative		The Pacific Community, Statistics for Development Division	Bangladesh Bureau of Statistics National Institute of Statistics Cambodia Fiji Bureau of Statistics BPS Statistics Indonesia Nepal Central Bureau of Statistics National Statistical Office Papua New Guinea Philippine Statistical Authority Solomon Islands National Statistical Office Tonga Statistics Department Vanuatu Bureau of Statistics Vietnam General Statistics Office	

Annex IV:
List of reviewed household surveys and censuses by country (data mapping)

	Bangladesh	Cambodia	Fiji	Indonesia	Nepal	New Papua Guinea	Philippines	Solomon Islands	Tonga	Vanuatu	Vietnam
DHS*	2022	2021/ 2022		2017	2022	2016/ 2018	2022	2015			
MICS	2019		2021		2019				2019	2021	2020/ 2021
FIES	2019	2021			2022		2019				2023
GFI	2021	2021		2021	2021		2021				2021
STEP	2018				2019			2015	2017		2021
LFS	2022	2019	2015/ 2016	2023	2017		2023		2018		
Census	2022	2019	2017	2020	2021		2020	2019	2021	2020	2019

*DHS: Demographic and Health Survey

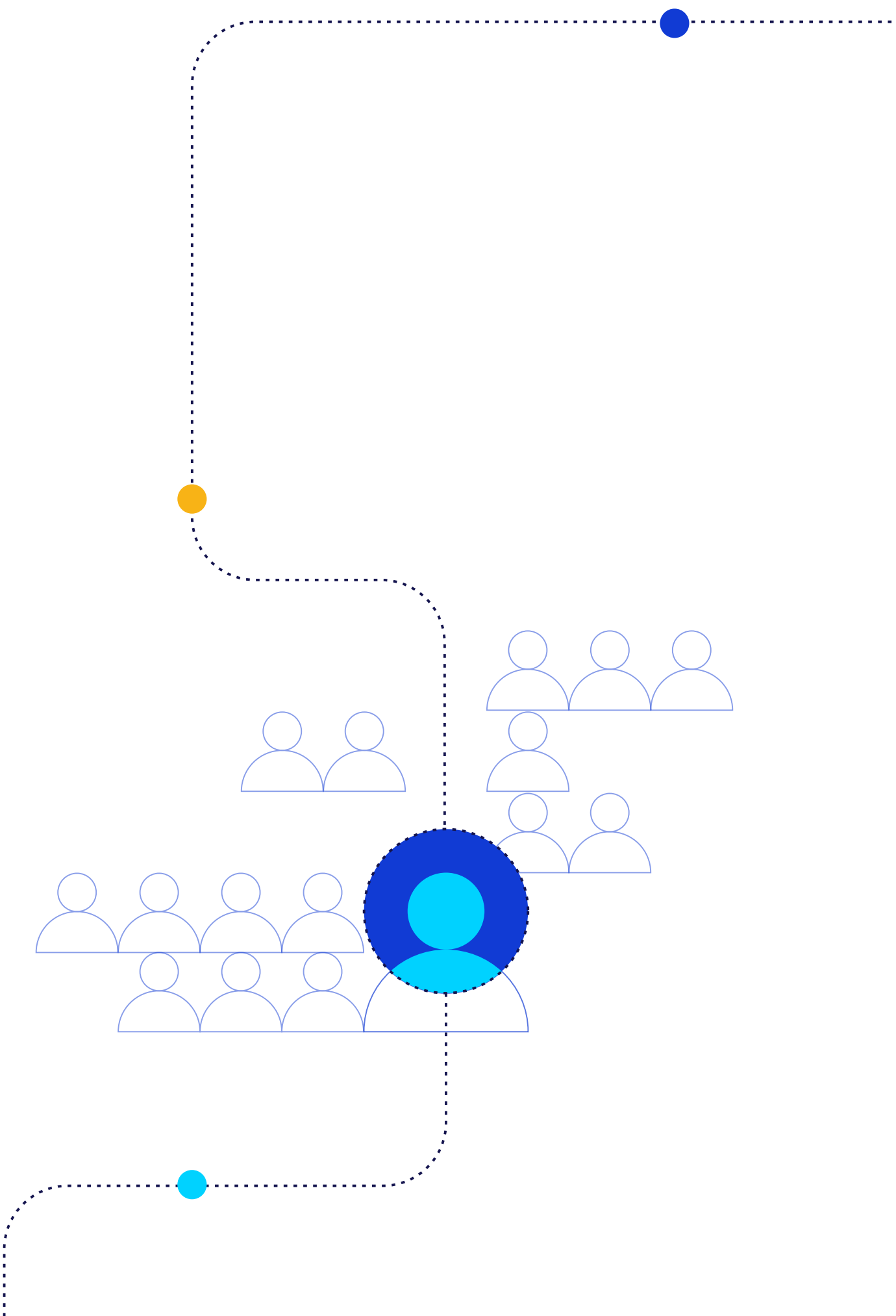
MICS: Multiple Indicator Cluster Survey

FIES: Food Insecurity Experience Scale

GFI: Global Financial Inclusion

STEP: STEPwise approach to NCD risk factor surveillance

LFS: Labour Force Survey



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cbm

CBM Australia is a Christian international development agency, committed to improving the quality of life of people with disabilities in the poorest places in the world. In 2021, CBM Australia worked across 42 countries in the Pacific, Asia and Africa. It worked with 27 OPDs and influenced 21 organisations to be more disability inclusive.

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