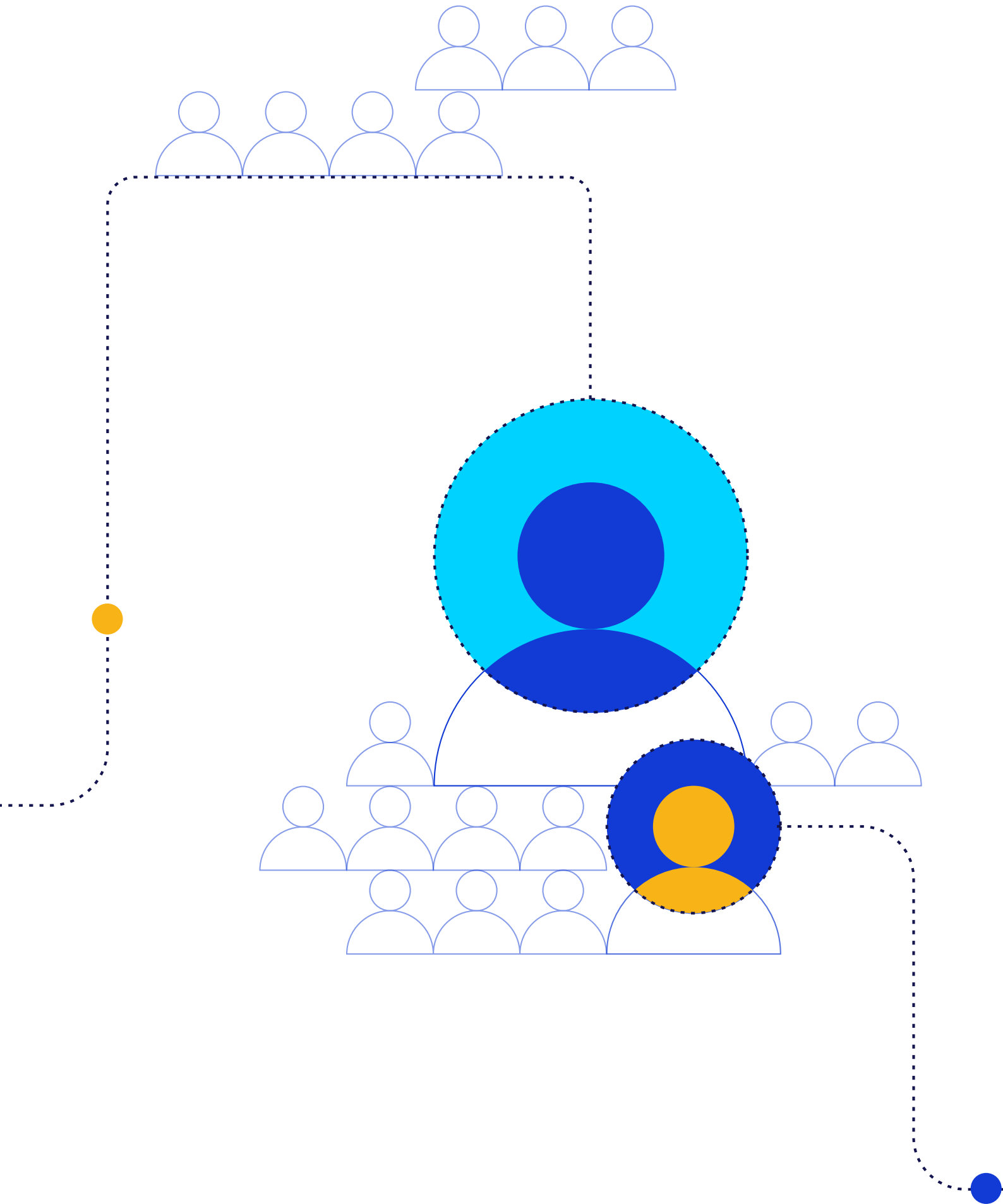# Executive summary

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

The Fred Hollows Foundation

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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.**

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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.

The **Fred Hollows** Foundation

The Fred Hollows Foundation is a leading international development organization working towards a world in which no person is needlessly blind or vision impaired. Founded in 1992 in Australia, the Foundation now operates in over 25 countries, and has restored sight to more than 3 million people globally. Driven by a commitment to equity, the Foundation has a dedicated area of work focused on reaching older populations and fostering healthy ageing.

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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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