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GOLD

Getting Older with a disability

POLICY RECOMMENDATIONS

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Summary

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Getting Older with Disabilities in Europe: Towards Inclusive, Rights-Based and Life-Course Policies

Policy Brief – based on the GOLD Project

Executive Summary

People with disabilities are living longer than ever before, making ageing with a disability an emerging structural reality across Europe. Yet European policies continue to treat ageing and disability as separate issues.

While the UN Convention on the Rights of Persons with Disabilities (CRPD) provides strong protection, these rights often weaken with age. In the absence of a legally binding international instrument on the rights of older persons, many people fall into legal and policy gaps—particularly in healthcare, long-term care, housing and social protection.

The GOLD project shows that ageing with a disability requires a life-course, rights-based and person-centred approach. EU action is needed to ensure continuity of rights beyond age limits, strengthen coordination between disability, ageing and healthcare systems, support families and carers, and promote inclusive environments that sustain autonomy and participation.

Supporting an inclusive UN Convention on the rights of older persons that explicitly recognises the intersection between ageing and disability would help ensure that human rights protections do not diminish with age.

Key messages

- Ageing with a disability is an emerging structural reality of Europe's ageing societies. Yet European policies continue to treat ageing and disability as separate issues.
- Rigid age thresholds and fragmented governance lead to discontinuity of rights and support, particularly in healthcare, long-term care and housing.
- A life-course, rights-based approach is needed to ensure continuity between disability and ageing policies.
- The GOLD project identifies six priority areas for EU action, including life-course planning, integrated care pathways, workforce training and inclusive environments.
- An inclusive UN Convention on the rights of older persons should explicitly recognise the intersection between disability and ageing.

Policy context and legal gap

Europe is undergoing a profound demographic transformation. People with disabilities are living longer than ever before, reflecting significant progress in medicine, social policies and human rights. However, public policies and support systems have not evolved at the same pace to respond to the realities of getting older with a disability.

At international and European levels, the UN Convention on the Rights of Persons with Disabilities (CRPD) provides a strong, legally binding framework guaranteeing the equal enjoyment of human rights by persons with disabilities. Yet, as persons with disabilities grow older, this protection becomes increasingly fragile. There is currently no legally binding international or European instrument specifically dedicated to the rights of older persons and people getting older with disabilities often fall through legal and policy gaps, particularly in health, long-term care, housing and social protection.

Age and disability continue to be treated as separate policy categories, despite the reality that disability and ageing intersect throughout the life course. Eurostat data illustrates this dynamic: in 2024, 7.1% of people aged 16–24 in the EU reported activity limitations, compared with 72.3% among people aged 85 and over. This separation contributes to fragmented governance, rigid age thresholds and discontinuity of support, increasing the risks of unequal access to services, institutionalisation and loss of autonomy.

The main political framework guiding EU action is the European Disability Rights Strategy 2021–2030, adopted by the European Commission to advance the implementation of the CRPD across areas such as accessibility, employment, independent living, participation and equality.

However, EU-level implementation of the CRPD remains uneven. In policy areas particularly relevant for persons ageing with disabilities — such as healthcare, long-term care, housing, social protection — EU action mainly takes the form of coordination, guidance and funding programmes. Civil society monitoring and UN Concluding Observations have repeatedly highlighted gaps between CRPD obligations and their effective implementation.

Importantly, ageing with disabilities remains insufficiently addressed within existing CRPD implementation frameworks. The lack of explicit attention to ageing trajectories and transitions between disability and ageing systems weakens effective rights protection as people grow older. Bridging disability and ageing policies is therefore essential to ensure that CRPD principles are applied consistently throughout the entire life course.

Ensuring continuity of rights across the life course is therefore not only a social policy objective, but a matter of fundamental rights and effective implementation of the CRPD.

Key findings from the GOLD project

The GOLD project, involving organisations from six EU Member States, analysed common challenges related to ageing with disabilities and identified rights-based policy responses.

Research conducted within the project highlights structural and systemic challenges faced by persons ageing with disabilities:

- Life-course inequalities: many persons with disabilities experience earlier and more complex ageing-related changes, including premature ageing and increased health risks. Policies and services rarely anticipate these realities.
- Fragmented governance**:** disability, ageing and healthcare systems often operate in silos, with rigid age thresholds that lead to loss of entitlements or forced transitions between services.
- Healthcare gaps: preventive care, screenings and geriatric expertise remain insufficiently accessible or adapted, while many health professionals lack training on the intersection between disability and ageing.

- Pressure on families and carers**:** limited recognition, training and respite support increase risks of burnout, crisis-driven responses and avoidable institutionalisation.

Six Policy Recommendations and related EU action

Addressing ageing with disabilities requires coordinated action across disability, ageing, healthcare and social policies.

1. Adopt a life-course approach to ageing with disabilities

Ageing with a disability is rarely anticipated within current policies and services. This lack of anticipation undermines continuity of support and contributes to avoidable crises at later stages of life. Policies must anticipate ageing-related changes from mid-adulthood onwards and integrate ageing perspectives into disability strategies, prevention and health promotion.

Possible EU action
Create an *EU "Life-Course Framework on Ageing with Disabilities",* integrated within the EU Disability Strategy and the European Care Strategy.

What this means concretely:

- Adoption by the European Commission of a policy framework or Communication inviting Member States to:
  - anticipate ageing-related changes for persons with disabilities across the life course, including through early assessment and planning tools
  - integrate ageing considerations into disability policies, prevention and health promotion.
- Use of EU funding (ESF+, EU4Health, Horizon) to support pilot projects on early anticipation and healthy ageing with disabilities.

2. Ensure continuity of rights beyond age thresholds

Rigid age thresholds were identified as a major source of discontinuity of rights. Age-based eligibility criteria often lead to the loss of services, benefits or housing arrangements, despite unchanged or increasing support needs, resulting in forced transitions and exclusion. Eligibility for services and support should be based on individual's needs rather than chronological age, ensuring continuity of rights, benefits and living arrangements throughout the life course.

Possible EU action
EU guidance on age-neutral access to disability and long-term care services, linked to EU non-discrimination law and contributing to the development of a future European Care Deal.

What this means concretely:

- Commission-issued interpretative guidance clarifying that:
  - age thresholds leading to loss of disability-related services may constitute indirect discrimination.
  - eligibility criteria should be needs-based rather than age-based.

- Inclusion of this principle in the European Semester social reporting and country-specific recommendations.

3. Embed person-centred "life projects" as a policy standard

Person-centred planning remains unevenly implemented and is often disrupted by age-related transitions between services. Where "life projects" exist, they are rarely maintained over time, limiting autonomy, informed choice and continuity of support as needs evolve. A "life project" refers to a person-centred planning tool that enables persons with disabilities to define their aspirations, preferences and support needs throughout their lives. Developed with the person concerned and relevant support actors it guides decisions about participation, housing, care and future transitions. The life project is a dynamic and evolving process, allowing support to adapt over time as the person's circumstances and needs change, including those related to ageing.

By supporting individuals to actively shape their own life choices, life projects contribute to the implementation of the right to self-determination and independent living, as recognised in the UN Convention on the Rights of Persons with Disabilities. Person-centred planning should be formally recognised, resourced and maintained over time, supporting autonomy, informed choices and dignity.

Possible EU action
EU Recommendation on person-centred planning across disability and ageing policies.

What this means concretely:

- Commission Recommendation encouraging Member States to:
  - formally recognise "life projects" or equivalent person-centred planning tools, as a standard approach in disability and ageing services.
  - ensure continuity of these plans across age-related transitions between services
  - support the development of accessible tools and training for professionals to implement person-centred life planning.
- Dedicated ESF+ funding to train professionals and develop accessible tools, adapted to the use and needs of people ageing with a disability, including digital and communication tools.

4. Break silos between disability, ageing and healthcare systems

One of the most consistent findings of the GOLD project is the persistence of silos between disability services, ageing services and healthcare systems. Fragmented governance and limited coordination lead to gaps in care pathways, duplication of assessments and increased risks of institutionalisation, particularly during transitions between life stages.

Integrated governance, shared care pathways and multidisciplinary coordination must become the norm, particularly during transitions between services and life stage.

Possible EU action
Integrated care pathways on Ageing with Disabilities under EU4Health.

What this means concretely:

- EU4Health calls specifically targeting:

- coordination between disability services, ageing services and healthcare systems.
- multidisciplinary local care pathways for persons getting older with disabilities, ensuring coordination between healthcare providers, disability services, social workers and long-term care providers at local level.

- Development of EU-level guidelines on integrated and coordinated care models.

5. Invest in a skilled and supported workforce and recognise informal carers

There are gaps in training and support for professionals working with persons ageing with disabilities. Insufficient skills and lack of cross-sectoral competencies between disability, ageing and healthcare services contribute to inappropriate responses, over-medicalisation - where social or support needs are primarily addressed through medical interventions rather than coordinated disability, health and social support services.

At the same time, families and unpaid carers often assume growing responsibilities, frequently without adequate recognition, training or support. According to the European Institute for Gender Equality (EIGE), unpaid care remains the backbone of long-term care systems in Europe and is predominantly provided by informal carers, most often women. This highlights the need for policies that recognise and support informal carers, while ensuring that adequate formal care services are available.

Professionals and informal carers need dedicated training, emotional support and adequate staffing levels to prevent over-medicalisation and preserve autonomy.

Possible EU action
EU Common Training Framework on Ageing with Disabilities.

What this means concretely:

Strengthening the care workforce

- Development of EU minimum training modules for:
  - healthcare professionals,
  - disability professionals,
  - ageing and long-term care professionals
- Integration into Erasmus+, ESF+ and the EU Skills Agenda.

Recognising and supporting informal carers

- Development of training and accessible information for informal carers.
- Promotion of respite support and support services for family carers.
- Recognition of carers' skills and support needs in European Care Strategy follow-up.

6. Create inclusive environments that sustain autonomy and participation

Inaccessible housing, services and community environments remain major barriers to autonomy and participation for persons ageing with disabilities. Without adapted environments and flexible services, individuals face increased risks of isolation, dependency and premature institutionalisation. Accessible

housing, flexible services, assistive technologies and inclusive community life are essential to prevent isolation and dependency.

Particular attention should be paid to territorial inequalities, as older persons with disabilities living in rural and remote areas often face reduced access to healthcare, transport, housing and community-based support services. Digital and assistive technologies should also be promoted as key enablers of autonomy, participation and continuity of support, provided they are accessible, affordable and adapted to individual needs.

Possible action from the EU
Explicit inclusion of ageing with disabilities in Accessible EU and EU housing initiatives.

What this means concretely:

- Accessible EU guidelines expanded to explicitly cover:
  - ageing users of disability services,
  - progressive accessibility over time.
- Use of European Regional Development Fund and Recovery Funds to:
  - adapt housing, community spaces and services;
  - support assistive technologies.

Conclusion: Ensuring Continuity of Rights Across the Life Course

Ageing with a disability exposes the limits of current European policy frameworks, which continue to address age and disability as separate issues. The findings of the GOLD project confirm that this separation leads to gaps in protection, discontinuity of support and unequal access to healthcare, long-term care and social inclusion—precisely at a stage of life when needs often increase.
By adopting life-course, rights-based and coordinated policies, the EU can ensure that disability rights do not weaken with age and that support systems respond to the full diversity of ageing trajectories.
At international level, supporting an inclusive UN Convention on the rights of older persons—explicitly recognising the intersection between disability and ageing—is a crucial step to ensure coherence between disability rights and ageing policies. Such a Convention would reinforce, not duplicate, the CRPD, by ensuring that its principles apply effectively throughout the entire life course. Ensuring that human rights accompany people as they age is not a new agenda, but the natural continuation of the commitments already made under the CRPD.

Keep up to date with the GOLD Project:
https://gold-project.eu/

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