Climate Resilient Ageing: Ensuring Care, Dignity & Agency

A HelpAge India Report 2026

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HelpAge India | Fighting isolation, poverty, neglect

WORLD ELDER ABUSE AWARENESS DAY · 2026

The Report Assesses the Impact of Slow Onset Climate Hazards on Older Persons

Through the Intersectional Place Perspective (IPP) Framework

HelpAge India · June 2026

10
States

20
Districts

2,224
Older persons surveyed

Why This Study Matters

India's rapid ageing is grappling with an escalating climate change

1

Ageing

149M older persons in 2022 → 347M by 2050. The 80+ cohort grows 279%, dominated by widowed, dependent women.

2

Slow Onset Climate Hazards

Heatwaves, drought, flooding and coastal erosion are slow-onset and repetitive — eroding daily life, not just causing emergencies.

3

Older persons overlooked in DRR

Disaster Risk Reduction frameworks treat 'the elderly' as uniform, ignoring how identity and place shape real risk.

4

Grounded in HelpAge field experience

HI's frontline work reveals systemic gaps in care, recovery and institutional response..

78% faced a climate hazard

37% moderate/severe impact

13% live alone

57.1 CRI score (of 100)

Study Objectives

Five questions linking who a person is with where they live

01

Vulnerability

Assess how slow onset climate hazards affect older persons across diverse rural contexts.

02

Care ecosystems

Map formal and informal care networks and locate gaps in availability and adequacy.

03

Resilience

Build a Composite Resilience Index across physical, economic, social, health and institutional axes.

04

Institutional readiness

Test how government schemes and DRR mechanisms actually reach older persons.

05

Policy solutions

Generate actionable, inclusive recommendations for climate adaptation and social protection.

Methodology

An explanatory mixed-methods design integrating scale with lived experience

QUANTITATIVE

Multi-stage stratified survey

- 2,224 older persons (60+) surveyed
- 10 states · 20 districts · 5 villages each
- Right-Hand Rule: every 5th household
- SEC B–D households · 3-year recall

QUALITATIVE

Purposive, criteria-driven inquiry

- 60 Focus Group Discussions
- 40 Key Informant Interviews
- 10 Life History case studies
- Inclusion of widows & impaired

A Composite Resilience Index (CRI) anchors the analysis-

Built across physical, economic, social, health, institutional and environmental dimensions, the CRI converts lived experience into a comparable 0–100 score — mapping vulnerability across groups, places and hazards.

Intersectional Place Perspective (IPP)

How overlapping identities interact with geographic stressors to produce layered vulnerability

Intersectionality	Place-based vulnerability	Layered disadvantage	Care ecosystems
Age, gender, impairment, caste and class interact dynamically — multiplying disadvantage rather than adding it.	Risk is tied to location: local topography, microclimate, built environment and access to services.	Risks compound over a lifetime — poverty, environmental decay and asset loss reinforce one another.	Out-migration of working-age adults fractures informal family care, isolating older persons.

The IPP Lens: Four Analytical Layers

Vulnerability is read across nested layers — from the individual to the systems around them

INDIVIDUAL
Age · gender · disability · health

The person's own characteristics and functional capacity.

HOUSEHOLD
Income · care support · structure

Family composition, livelihood and the care available at home.

PLACE
Hazard exposure · infrastructure

Local climate risk, housing quality and access to services.

SYSTEMS
Institutions · services · policy

Schemes, DRR frameworks and the wider institutional safety net.

How Identity Meets Place (1/2)

Table 2 · Social identity mapped against geographic stressors and intersectional impact

Social identity	Geographic stressor	Intersectional place impact
Age 80+ · physical frailty	Arid plains, 45°C+ · kutcha / semi-pucca housing	Housing becomes a heat trap; grid failures block cooling — cannot seek shelter alone
Older widows · no land tenure	Coastal fringes · salinity ingress	Saline drinking water drives hypertension; exclusion blocks well or credit access

How Identity Meets Place (2/2)

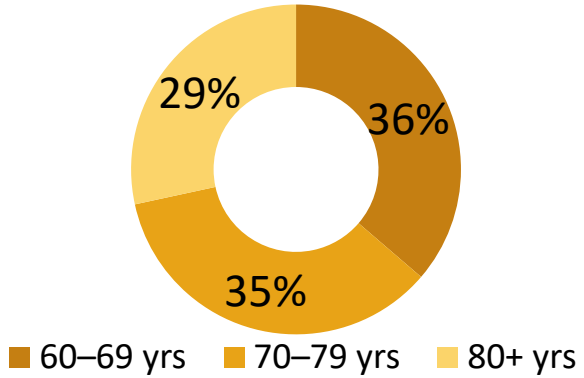
Table 2 · continued

Social identity	Geographic stressor	Intersectional place impact
Mobility impaired	Low-lying deltas · recurrent flooding	Total isolation; contaminated standing water triggers waterborne disease outbreaks
Landless	Semi-arid basins · rain-fed crop collapse	Livelihood collapse; youth out-migrate, leaving elders without food-ration access

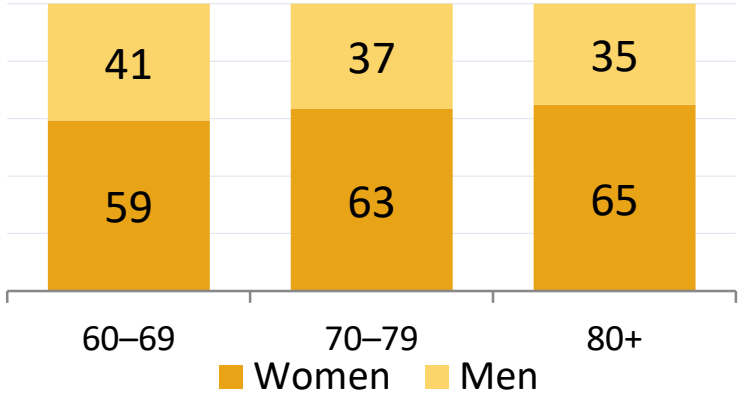
Profile of Respondents

2,224 older persons — predominantly women, widowed, and living with challenges

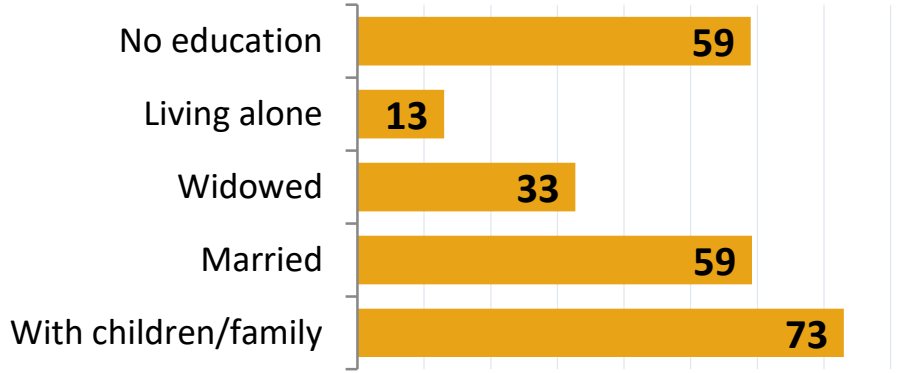
Age distribution (n=2,224)



Gender by age group (n=2,224; %)



Marital, living & education (n=2,224; %)



INSIGHT Deprivation underlies every other risk

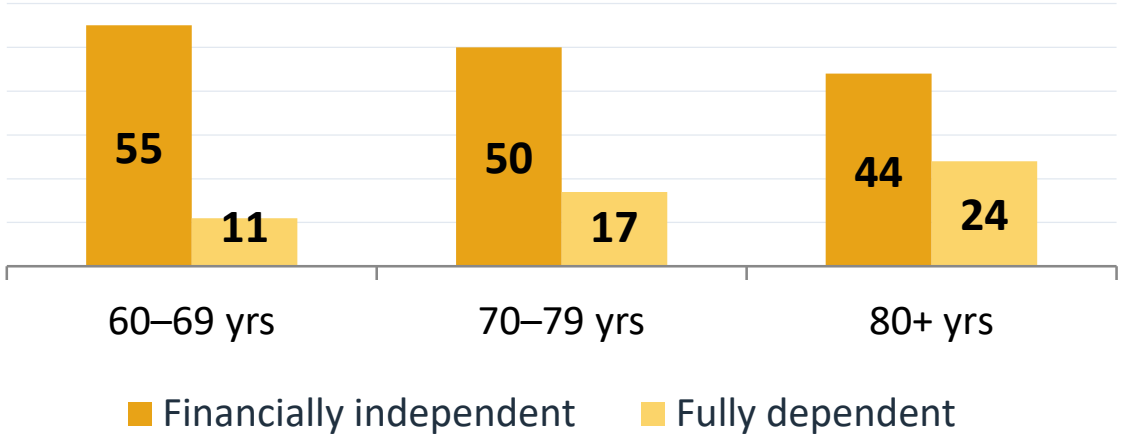
59% have no formal education (70% of women); 97% of those without schooling cannot read or write. 65% live in kutcha/semi-pucca homes and 60% don't consider their home fully safe.

63%	Women
33%	Widowed
46%	Impairment
65%	Kutcha housing

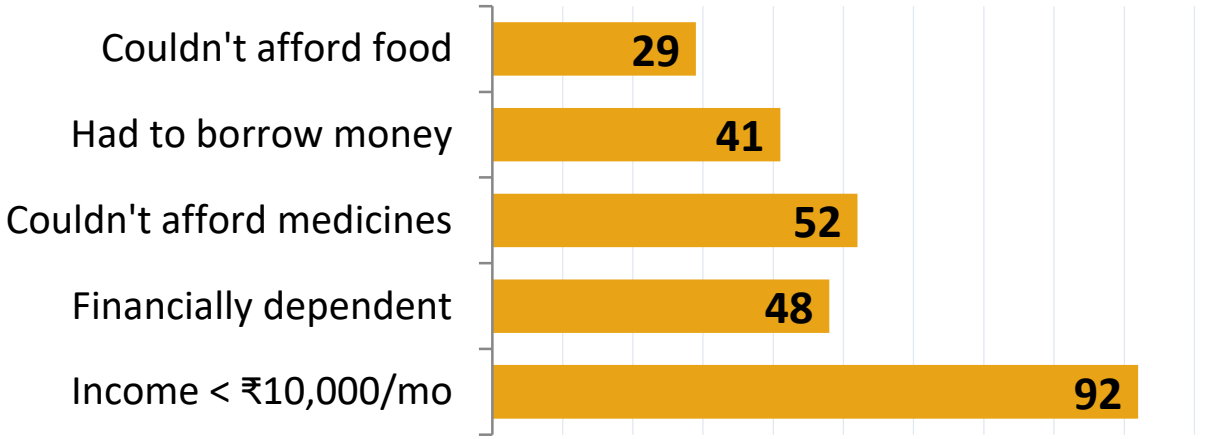
Socio-Economic Vulnerability

Financial inclusion and autonomy: impact of age and impairment

Financial autonomy declines with age (n=2,224; %)



Income & financial hardship (n=2,224; %)



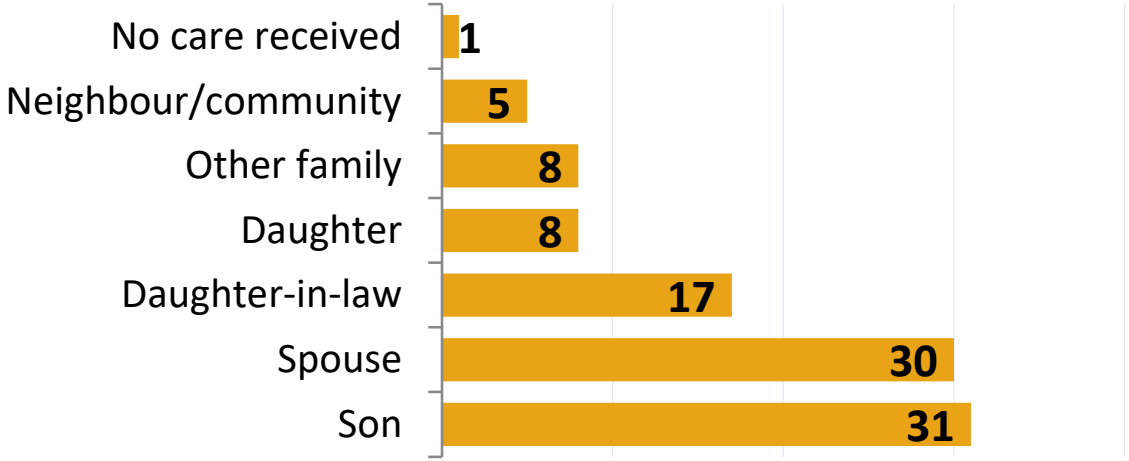
INSIGHT **Financial inclusion co exist with dependence in practice**

95% hold a bank account — yet only 50% operate it independently. Full financial control falls from 55% (60–69) to 38% (80+). Inability to afford medicines rises from 52% overall to 75% among those with a mental-health condition.

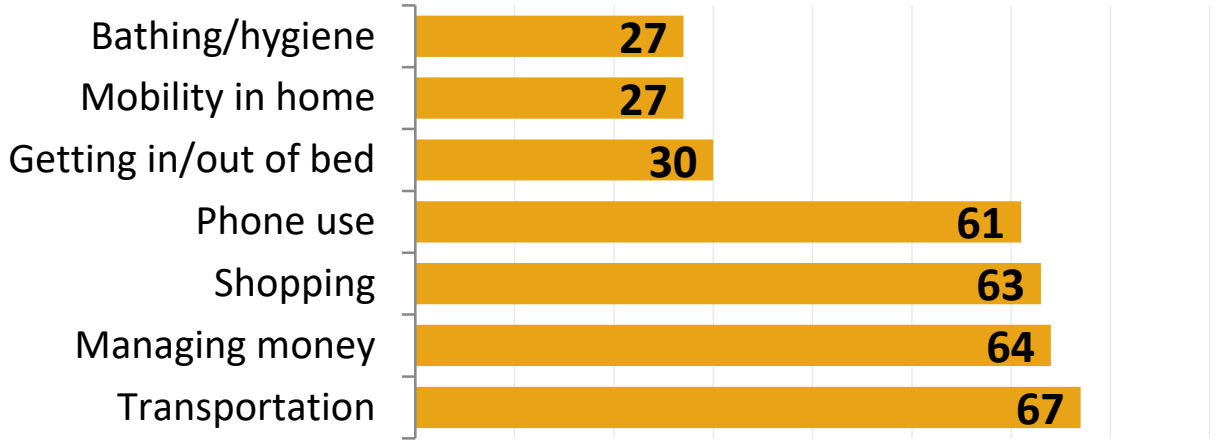
Care Needs, Dependency & Gaps

Care is almost entirely family-borne — leaving those living alone exposed

Primary care provider (n=1,869; %)



Dependency for ADL & IADL (n=2,224; %)



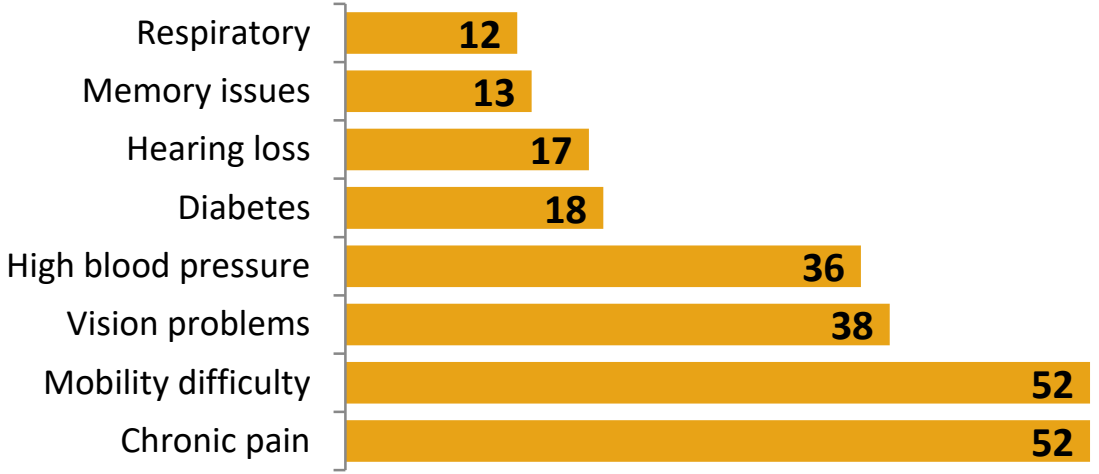
INSIGHT **94% rely on family for care — but the safety net fails those without one**

Across the full sample just 1% receive no care — most live with family. But among those living alone, 16% receive no care at all, only 28% get daily care (vs 84% with family), and 37% say family is rarely available in emergencies.

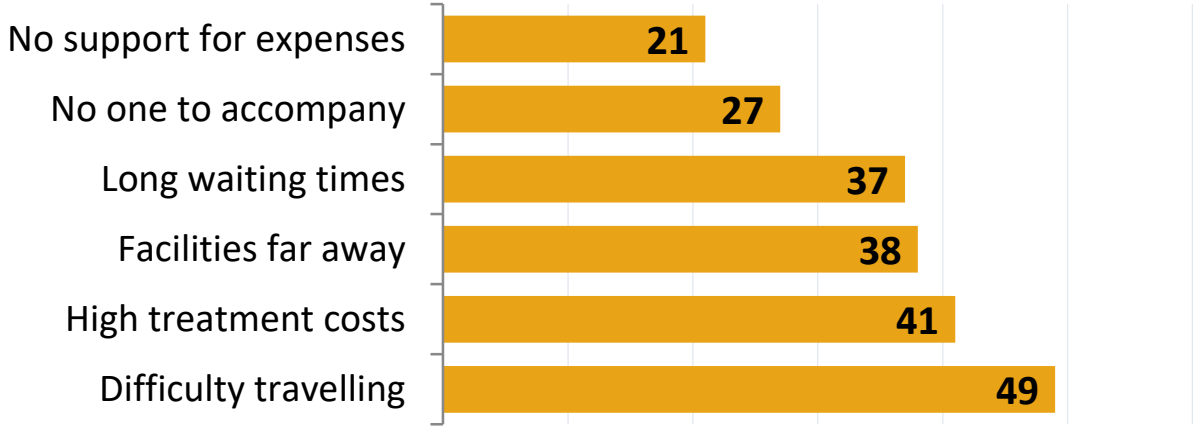
Health & Environmental Stress

Chronic illness, indoor climate hazards and barriers to care reinforce one another

Most common chronic conditions (n=1,042; %)



Barriers to healthcare access (n=2,224; %)



INSIGHT **Only 35% can always access care when needed.**

Half don't perceive themselves as healthy. Indoor climate stress compounds illness: 40% report poor ventilation or heat, 41% damp walls, and 74% reported more illness after heatwaves.

Loneliness and isolation

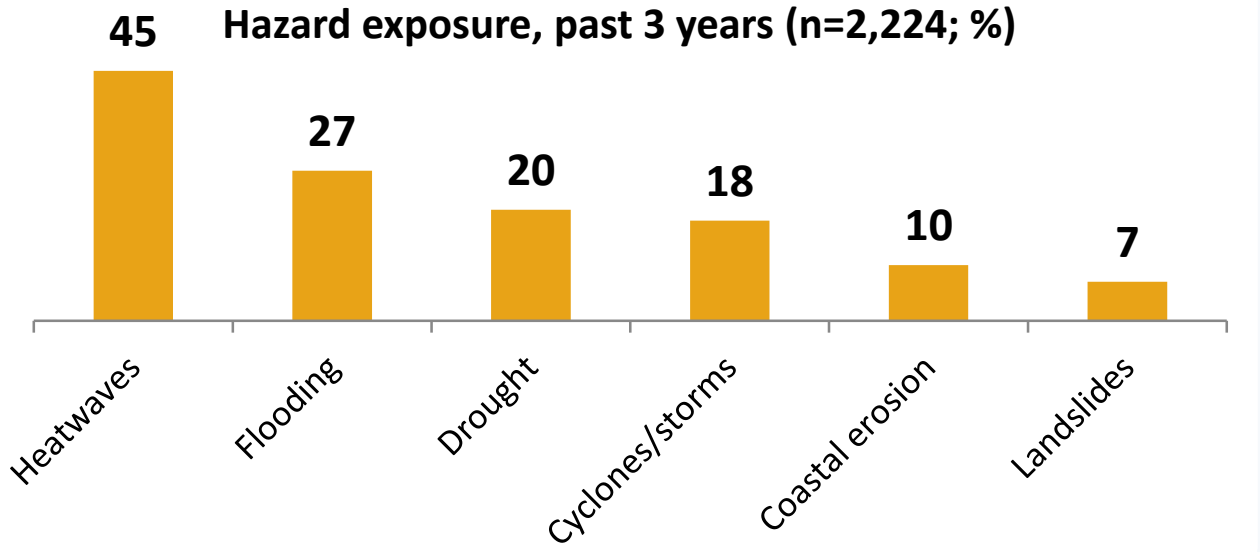
7% overall

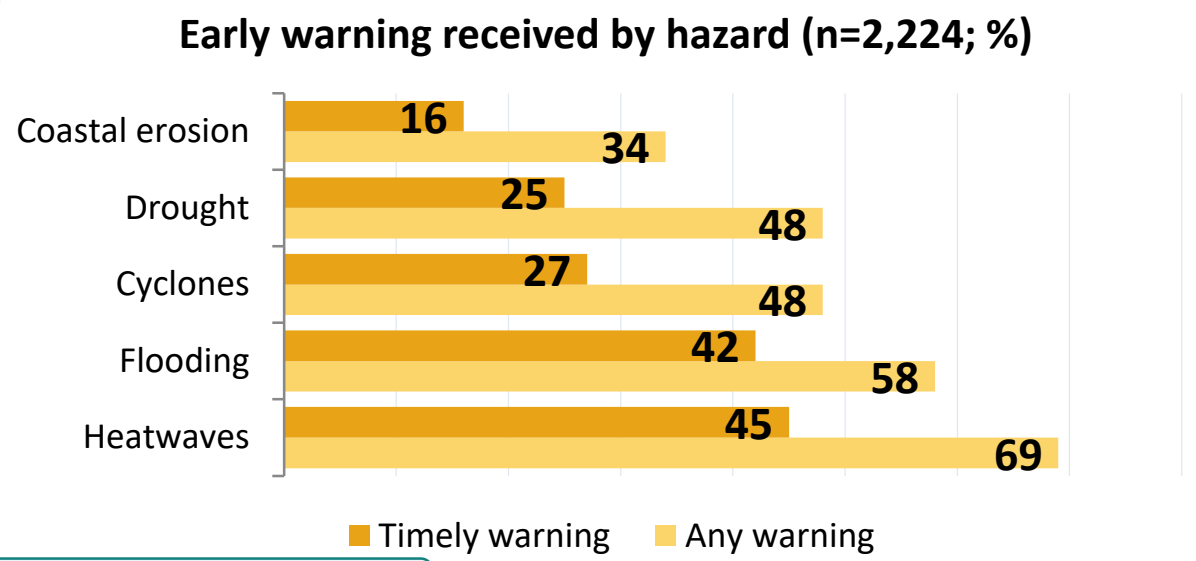
13% living alone

21% care-dependent

Disaster Experience & Recovery

Frequent exposure, capable coping — but uneven recovery and weak early warning





INSIGHT **Older persons cope — but warnings lag**

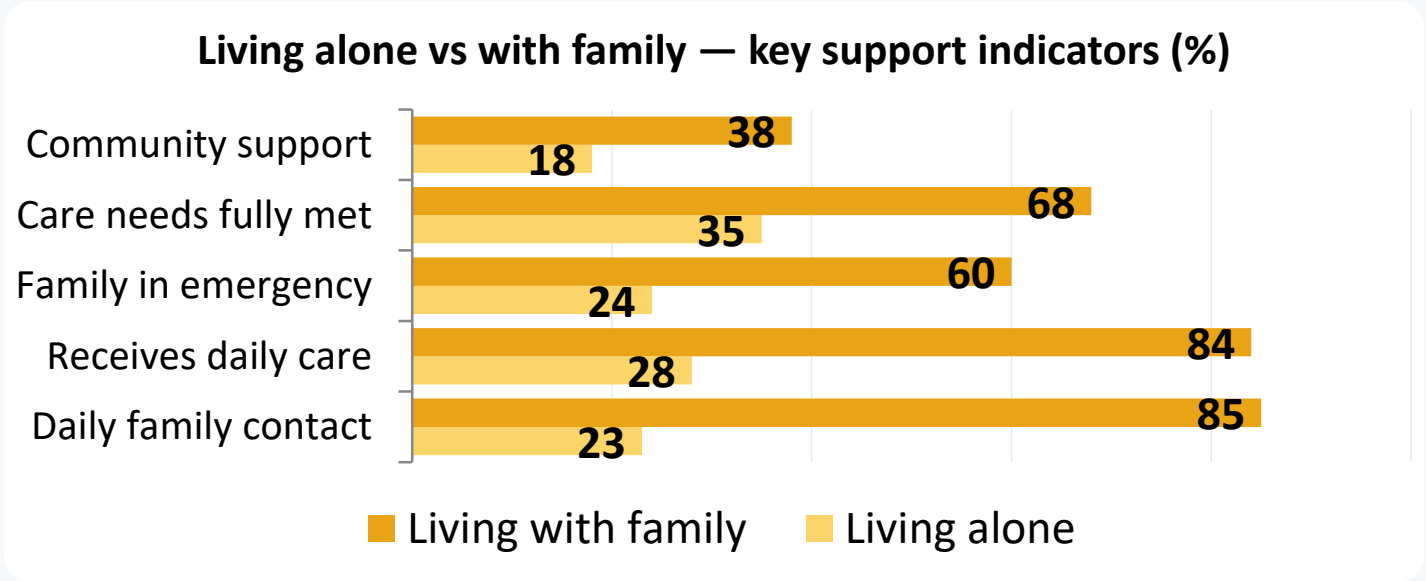
Coping is active — 90% sheltered indoors, 81% increased water or cooling during heatwaves. Yet only 16% receive timely coastal-erosion warnings. Financial constraint (69%) is the single biggest barrier to recovery.

Recovery is unequal

Repeated exposure builds preparedness, but severe impacts erode savings, livelihoods and recovery fastest among the already-vulnerable.

Differential Vulnerabilities — IPP Insight

Living alone vs with family: the same hazard, different outcomes



LAYERED VULNERABILITY

Place: hazard-prone location

+ Poverty & dependence

+ Gender & widowhood

+ Disability & isolation

= 80+ living alone

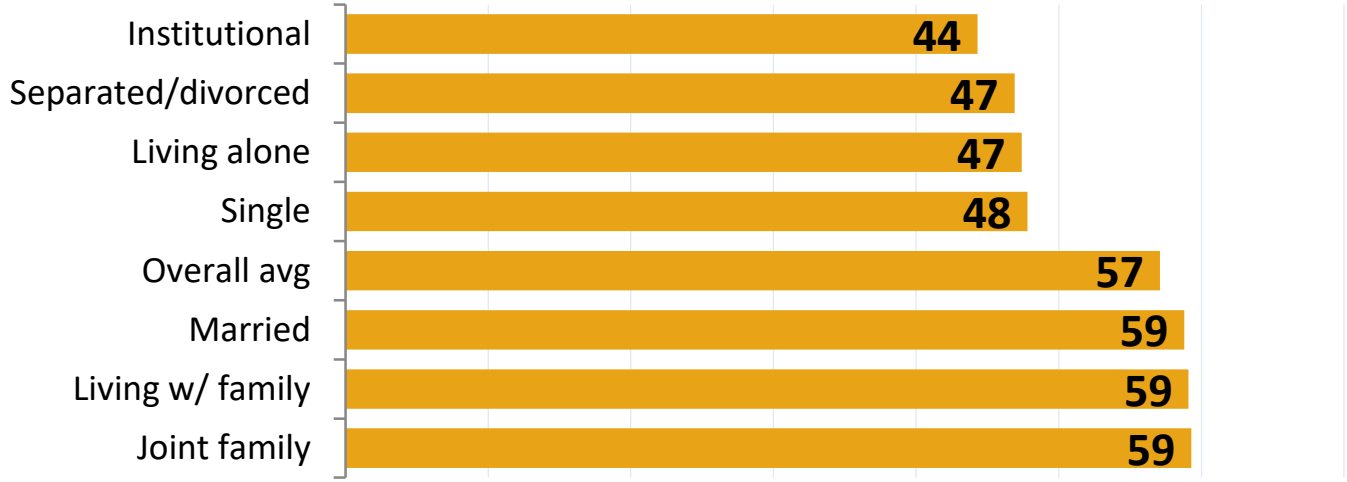
INSIGHT **Each added layer multiplies risk**

Gender + place: widows in coastal zones face salinity, no land rights and no support. Disability + isolation: a mobility-impaired person living alone has no evacuation route during floods. Poverty + hazard: landless elders in drought zones face total livelihood collapse.

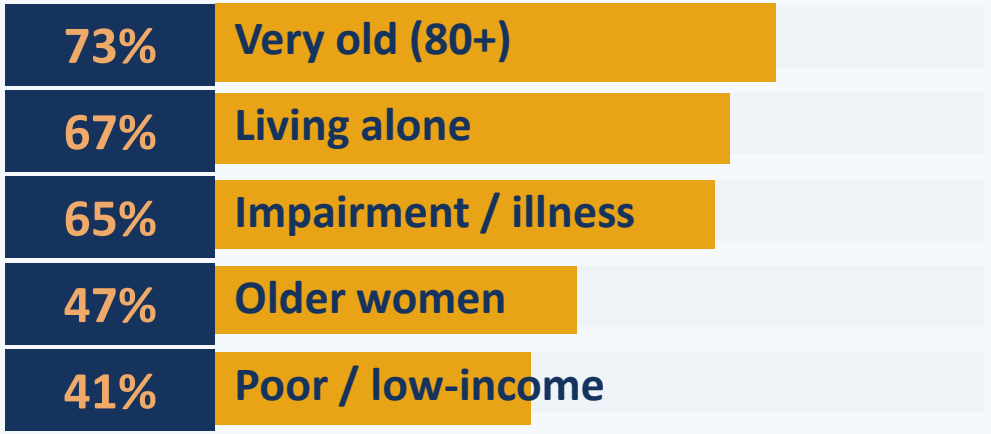
Most Vulnerable Groups

Resilience affected where multiple disadvantages converge — not with age alone

Composite Resilience Index by living arrangement



Most at-risk (self-reported, n=1,682)



INSIGHT Vulnerability is intersectional, not age-driven.

Married elders score 58.8 on the CRI; separated/divorced and institutional residents fall to ~45. Living arrangement, marital status and family support — not age itself — are the strongest household-level resilience determinants.

Place-Based Vulnerability Typologies (1/2)

Where you live shapes how you suffer — distinct hazard-place profiles across India

Flood-Prone Riverine	Heat-Stressed Agrarian	Drought-Prone Semi-Arid
• Mobility barriers & isolation • Waterborne disease • Housing damage • Recurrent livelihood loss	• Heatstroke & dehydration • Cardiovascular strain • Reduced outdoor work • Poor indoor ventilation	• Crop failure, income loss • Water-fetching burden • Food insecurity • Youth out-migration
e.g. Bihar · Odisha	*e.g. AP · Vidarbha*	*e.g. Karnataka · Gujarat*

Place-Based Vulnerability Typologies (2/2)

Where you live shapes how you suffer — distinct hazard-place profiles across India

Remote Hilly	Coastal Erosion
• Inaccessible health services • Landslide risk • Extreme cold exposure • Poor road connectivity	• Saline water → hypertension • Displacement risk • Fishing livelihood loss • Widows highly exposed
e.g. Uttarakhand	*e.g. Tamil Nadu · AP*

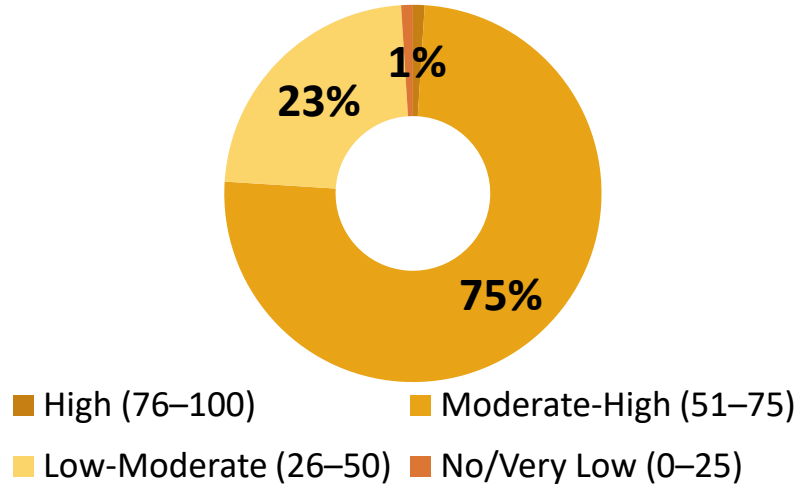
INSIGHT **Place can temper risk too.**

Counter-intuitively, communities facing repeated exposure (coastal, flood, drought) record higher resilience than those never exposed — recurrent shocks build local coping systems and adaptive experience.

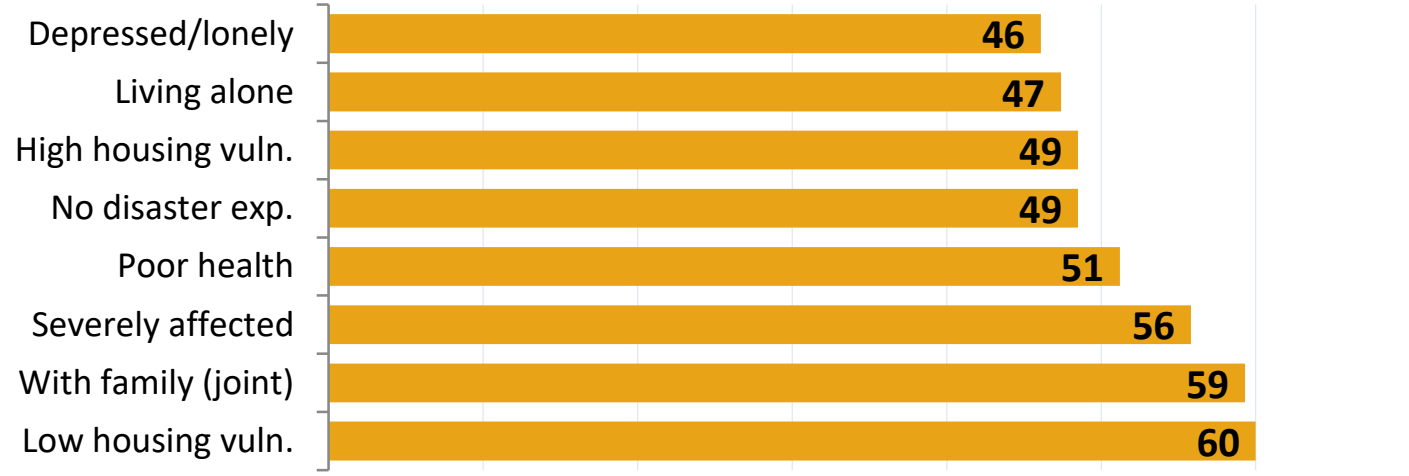
Composite Resilience Index

CRI = 57.1 / 100 — moderate-to-high overall, but unevenly distributed

CRI distribution (n=2,224)



CRI score by vulnerability group (n=2,224; %)



INSIGHT **Resilience tracks health and housing far more than age.**

Three-quarters sit at moderate-to-high resilience, but deep pockets of fragility persist: those depressed or lonely (46.1), living alone (47.4) and in severe housing vulnerability (48.5) sit lowest; joint families score highest.

Four Resilience Typologies

Distinct profiles emerging from the Composite Resilience Index analysis

High Vulnerability – Low Resilience

CRI ≈ 44–47

Living alone, impaired, poor health, low income and kutcha housing — lowest CRI scores.

Socially Supported Elderly

CRI ≈ 59

Joint family, married, daily care and strong community ties — the highest resilience group.

Climate-Adaptive Households

CRI ≈ 56–60

Repeated hazard exposure has built stronger preparedness, coping skills and monitoring.

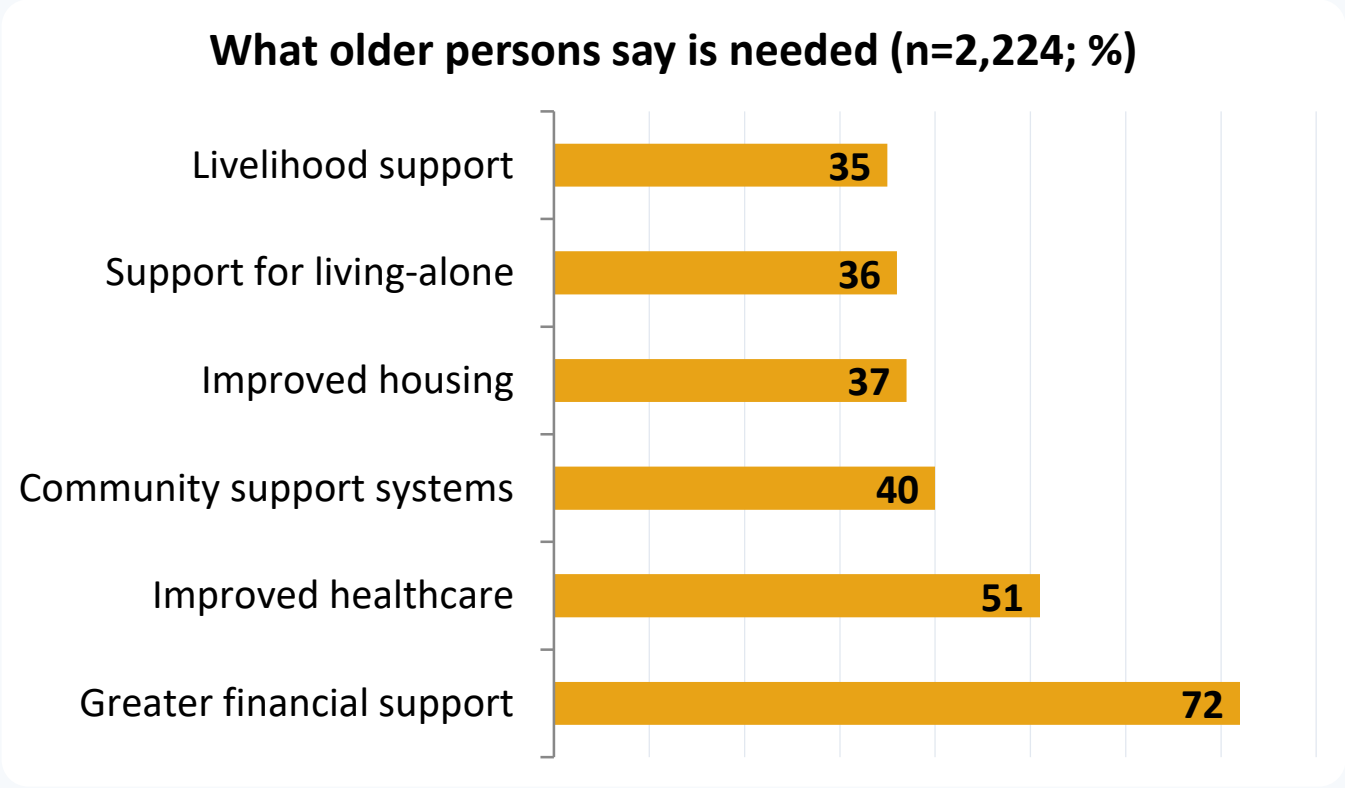
Institutionally Excluded

23% excluded

Low scheme awareness, documentation barriers and low education keep entitlements out of reach.

What Older Persons Say Is Needed

Priorities voiced by respondents anchor the five good-practice models that follow



INSIGHT Financial security tops all needs.

Nearly three-quarters (72%) prioritise greater financial support — far above healthcare (51%) and community systems (40%). The good-practice models that follow respond directly to these stated priorities, pairing economic security with care, health and preparedness.

Good Practices & Innovations

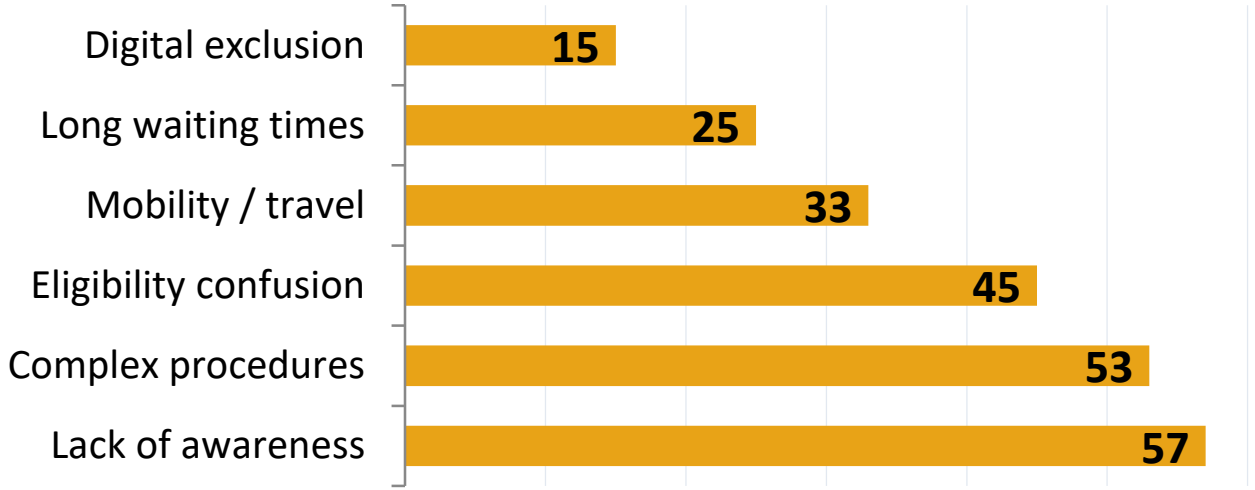
Five replicable models emerging from field evidence across ten states

M1	**Household Preparedness & Self-Reliance**	Food, water and medicine storage; savings; resilient housing; early-warning use
M2	**Family & Community Care Networks**	Village elderly registers, volunteer groups, welfare-check systems, priority relief
M3	**Integrated Health & Social Protection**	Pensions, mobile medical units, doorstep care, chronic-disease continuity
M4	**Age-Inclusive Early Warning Systems**	Elder-sensitive alerts, village DM committees, vulnerability mapping
M5	**Targeted Support for High-Risk Groups**	Priority evacuation, home-based services, mental-health & psychosocial support

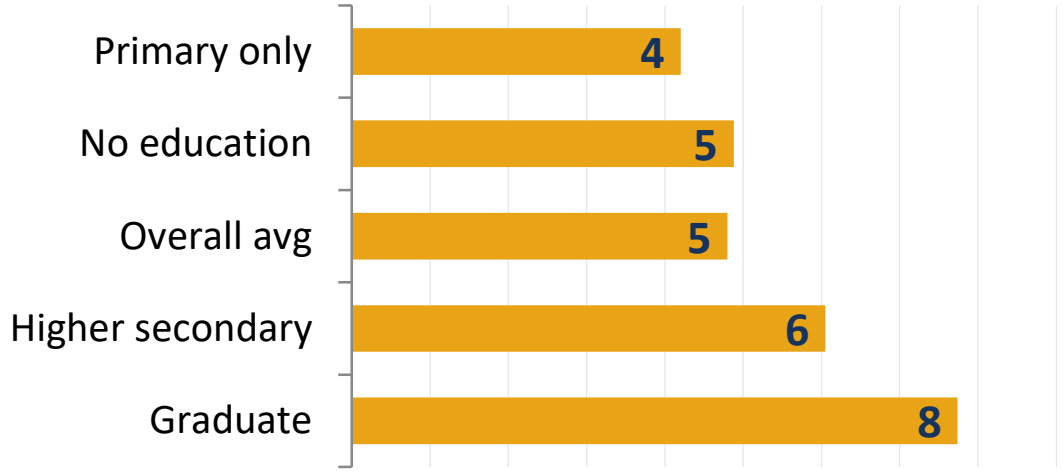
Policy & Service Delivery

An awareness–need inversion leaves the schemes' intended beneficiaries behind

Barriers to accessing schemes (n=2,057; %)



Scheme awareness by education (n=2,224, %)



INSIGHT Awareness Challenges Hamper Benfits

Graduates know 7.7 schemes on average; the poorly-educated and badly-housed know the fewest. 23% reported being excluded from a scheme they were eligible for during climate shocks — driven by awareness gaps and administrative complexity, not absent schemes.

Strategic Recommendations (1/2)

Combining climate adaptation with health, care and social protection

01	**Age-Inclusive Climate Programmes**	Mainstream older persons into all DRR & climate plans
02	**Climate-Responsive Healthcare**	Mobile units, doorstep care, chronic-disease continuity
03	**Support for Those Living Alone**	Priority identification, community welfare-check systems
04	**Social Protection & Finance**	Expand pensions; emergency cash support in disasters
05	**Climate-Resilient Housing**	Upgrade kutcha homes; fix ventilation, damp, structure

Strategic Recommendations (2/2)

Combining climate adaptation with health, care and social protection

06	**Improve Scheme Access**	Doorstep enrolment, simpler documents, age-friendly digital
07	**Community-Based Resilience**	Older-persons' groups, SHGs, village care networks
08	**Early Warning & Preparedness**	Elder-sensitive alerts, village DM plans, assisted evacuation
09	**Ageing into DRR Frameworks**	Embed elderly centric DRR in the national and state disaster management framework
10	**National Resilience Framework**	Dedicated policy architecture for elderly climate resilience

Strategic Priorities

Four cross-cutting principles to operationalise the IPP approach

Place-Based Planning

- Tailor interventions to hazard-place typologies
- Differentiated plans for flood, drought, coastal, hilly & heat zones
- District vulnerability maps with elderly data

IPP Integration

- Apply the IPP lens in all DRR assessments
- Identify compounded vulnerability, not age alone
- Gender + disability + poverty + place = cumulative risk

Strengthening Care Ecosystems

- Formalise community-based elder-care support
- Village registers & volunteer networks
- Reach the 16% living alone who receive no care

Inclusive Governance

- Mandatory inclusion of elders in DM committees
- Simplified, doorstep scheme delivery
- National monitoring of elderly climate indicators

Key Conclusions

Eight evidence-based conclusions from the IPP study · Part 1 of 2

1 — Climate risk is now routine
78% faced ≥1 hazard in 3 years. Impacts cascade across health, mobility, housing, income and wellbeing — a development challenge, not just disaster management.

2 — Health is the critical dimension
Poor health is the single strongest predictor of low resilience — driving higher impacts, weaker preparedness and slower recovery.

3 — Social support is the primary buffer
Family is the main source of care, support and recovery — but reliance on informal networks creates inequality for those who lack them.

4 — Living alone = highest-risk group
Across nearly every dimension, those living alone fare worst — lower care, preparedness and recovery. A priority criterion for targeting.

Key Conclusions

Eight evidence-based conclusions from the IPP study · Part 2 of 2

5	**Economic security underpins recovery** ~48% are financially dependent; constraints block housing, healthcare, preparedness and recovery. Livelihood losses persist long after the event.
6	**Housing shapes climate outcomes** Poor ventilation, heat, damp and structural weakness amplify impacts — and climate events deepen existing housing inequalities.
7	**Institutional support is uneven** Schemes provide a vital safety net, but awareness, documentation, mobility and digital barriers exclude those most in need.
8	**Resilience is unequally distributed** Most hold moderate-high resilience, but the 80+, widows, impaired, isolated, poor and badly-housed face overlapping risks that compound.

The Goal: Leave No One Behind

Older persons are not passive recipients but active agents of adaptation. Climate change magnifies pre-existing inequalities rather than creating new ones — so resilience does not happen by chance. It grows from strong families, secure incomes, supportive communities and effective, age-inclusive institutions.