

Disability Inclusion Guide for Financial Services Providers (FSPs)

CHAPTER 2: Introduction to Disability Inclusion



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ACRONYMS AND ABBREVIATIONS

Acronym	Meaning
ADHD	Attention-deficit/hyperactivity disorder
AI	Artificial intelligence
ATM	Automated teller machine
CEO	Chief Executive Officer
CFI	Center for Financial Inclusion at Accion
DEI	Diversity, equity, and inclusion
EAA	European Accessibility Act (2019)
EU	European Union
FSP	Financial services provider
GBV	Gender-based violence
GEDSI	Gender equality, disability, and social inclusion
HIV/AIDS	Human immunodeficiency virus / Acquired immunodeficiency syndrome
HR	Human resources
ICT	Information and communications technology
ILO	International Labour Organization
ISO	International Standards Organization
IT	Information technology
IVR	Interactive voice response
MFI	Microfinance institution
MIS	Management information system
NGO	Non-governmental organization
OPD	Organization of persons with disabilities
PEEP	Personal emergency evacuation plan
PIN	Personal identification number
SDGs	Sustainable Development Goals
SMART	Specific, measurable, attainable, relevant, and time-bound
SMS	Short message service
ToT	Training of trainers
TRS	Text-based relay services

Acronym	Meaning
UK	United Kingdom of Great Britain and Northern Ireland
UN	United Nations
UNCRPD	UN Convention on the Rights of Persons with Disabilities
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USA	United States of America
USSEPM	Universal Standards for Social and Environmental Performance Management
VRS	Video relay services
W3C	World Wide Web Consortium
WCAG	Web Content Accessibility Guidelines
WGSS	Washington Group Short Set on Functioning
WHS	Workplace health and safety

CHAPTER 2: INTRODUCTION TO DISABILITY INCLUSION

Addressing disability inclusion in financial services requires a clear understanding of what disability is and how it interacts with environments, systems, and products. This introductory chapter provides financial inclusion actors with an overview of key disability inclusion definitions, concepts, and principles. Links to additional resources are provided for those who wish to explore these topics in more detail.

2.1 Overview: situation of persons with disabilities worldwide

Info box: Key Global Disability Statistics:

- **16% of the global population** are living with disabilities (World Health Organization (WHO)¹)
- **20% of the world's poorest people** are persons with disabilities (United Nations (UN)²)
- **80%** of persons with disabilities live in **developing countries** (UN³)
- In low- and middle-income countries, **up to 75% of persons with disabilities are women** (UN Women⁴)
- **46% of people aged 60 and over** live with a disability (UN⁵)
- UN data suggest that in many developing countries, **80–90% of working-age persons with disabilities are unemployed.** (UN⁶)

Persons with disabilities make up a significant proportion of the global population- an estimated **1.3 billion people, or 1 in 7 people worldwide**, are living with a disability. Yet persons with disabilities are consistently among the most marginalized groups, are more likely to experience poverty, and face barriers in accessing education, employment, healthcare and other services, including financial services. This systemic exclusion arises from physical, institutional, social and attitudinal barriers that limit their participation on an equal basis with others.

1 World Health Organization (2022), '[Global report on health equity for persons with disabilities](#)'

2 United Nations Department of Economic and Social Affairs (n.d.), '[Factsheet on Persons with Disabilities](#)', accessed 19 February 2026

3 Ibid.

4 UN Women (2017), '[Making the SDGs count for women and girls with disabilities](#)'

5 United Nations Department of Economic and Social Affairs (2024), '[Ageing and Disability](#)', accessed 19 February 2026

6 United Nations Department of Economic and Social Affairs (n.d.), '[Disability and Employment](#)', accessed 19 February 2026

2.2 Understanding disability

2.2.1 What is disability?

Contemporary understandings of disability are grounded in the [United Nations Convention on the Rights of Persons with Disabilities \(UNCRPD\)](#), which defines disability as resulting from:

“the **interaction** between **persons with impairments** and **attitudinal and environmental barriers** that **hinders their full and effective participation** in society on an equal basis with others.”

- **Impairment** refers to a loss, limitation or difference in an individual’s bodily function, that may be **physical, sensory, intellectual or mental**.
- **Disability** arises where **systems, services or attitudes** fail to accommodate these differences, creating a **barrier** that prevents individuals from participating fully and equally.

Unlike impairments, which are often long-term or irreversible, the causes of disability are largely reversible, as they can be addressed through the identification and removal of barriers. A simple way to conceptualize disability and disability inclusion is through the following formulation derived from the UNCRPD:

Impairment + barriers = disability

Impairment + accessible environment = inclusion

In some cases, impairments exist from birth, but the majority of impairments are **acquired** during a person’s lifetime, for instance due to accidents, wars, illness, traumatic events, poor healthcare or nutrition, or ageing. Disability could affect any one of us or our family members, friends, colleagues or clients, at any time.

Persons with disabilities may use **assistive devices** or **assistive technologies** to mitigate the effects of impairments. However, barriers in the environment can prevent these from working. For example:

- A person with a mobility impairment uses a wheelchair as an assistive device, but can’t enter a building because it has steps with no ramp provided.
- A person with visual impairment uses a screen reader, an assistive technology that converts text on a website into spoken format. If the website is not designed to be compatible with screen readers, she can’t access it.

2.2.2 Types of impairments

The UNCRPD states that: “Persons with disabilities include those who have **long-term physical, mental, intellectual or sensory impairments** which in **interaction with various barriers** may hinder their full and effective participation in society on an equal basis with others.”

The categorization used in the UNCRPD of “physical, mental, intellectual or sensory impairments” is intentionally broad and inclusive.

- **Physical impairments** may affect mobility, dexterity, strength, endurance, or coordination. Examples include mobility impairments, and motor impairments (which affect the ability to move, reach or maintain posture).
- **Sensory impairments** affect how a person receives information from their environment. Examples include visual impairments, hearing impairments and speech impairments.
- **Intellectual impairments** refer to limitations in intellectual functioning such as reasoning and problem-solving, or adaptive behavior.
- **Mental impairments** relate to the emotional, perceptual, cognitive or behavioral effects of mental health conditions such as depression, bipolar disorder, schizophrenia or anxiety disorders. Terminology varies by context; in this guide, psychosocial disability refers to barriers experienced by people with mental health conditions in interaction with their environment.

Other commonly-used terms such as **cognitive impairments, learning difficulties, developmental disabilities, or neurodivergence** (e.g. autism, Attention-deficit/hyperactivity disorder (ADHD)) are generally considered to fall under intellectual and/or psychosocial disabilities, depending on functional impact and context.

There is no universal consensus on how types of impairments should be presented or categorized, and preferences may vary across contexts. This guide adopts language aligned to the UNCRPD, while acknowledging that different organizations and individuals, including persons with disabilities, may prefer different terminology.

For financial services providers (FSPs), the categorization is less important than recognizing that persons with disabilities are not a homogeneous group, and that persons with different types of impairments encounter different barriers, and require different solutions. In addition, many people experience **multiple impairments**, such as a combination of physical and sensory impairments, or psychosocial and cognitive impacts, and many impairments are **invisible** (i.e. not immediately apparent to others). FSPs should therefore avoid ‘one-size-fits-all’ approaches and ensure flexibility and choice in client interactions.

Table 3 Examples of inclusive financial services delivery

Types of impairments	Examples (non-exhaustive)	Typical Impact	Implications for financial services delivery
Physical and mobility	Wheelchair user, limb loss, cerebral palsy, severe arthritis	Ability to move, reach, or maintain posture	Step-free access, non-slippery floors, wider doors, rails, parking space; accessible counters and ATMs; seating availability; adaptable verification and authentication processes
Sensory	Blind/low vision, deaf/hard of hearing, deaf blindness	Ability to receive, process, or communicate information	Screen reader-compatible digital channels; captions and transcripts; larger fonts and clear color contrasts; sign-language or visual alternatives; tactile or audio cues; well-lit rooms and ATMs.
Neurodiversity, Intellectual and developmental	Dyslexia, dyscalculia, ADHD, autism spectrum, Down syndrome	Unusual or limiting Information processing, learning, decision-making	Plain and Simple language; supported decision-making; longer or flexible appointments; multiple formats; quiet or low-stimulus options; flexible authentication
Psychosocial	Depression, bipolar, anxiety, PTSD, schizophrenia	Emotional regulation, concentration, social interaction	Non-stigmatizing policies; flexible repayment or collections practices; crisis-aware and trained staff; privacy-respecting engagement
Invisible	Chronic illness, Diabetes, epilepsy, HIV, chronic pain, TBI/ABI	Fluctuating energy, cognition, or physical functioning that may not be immediately recognized as such by others	Remote and digital access options; time flexibility; fatigue-aware processes; seizure-safe environments; recognition without forced disclosure

The implications for financial services delivery are explored in more detail in **Chapter 4** of this guide.

2.2.3 Models of disability

Over time, different models of disability have emerged that reflect how societies understand and respond to disability. Four commonly referenced models are listed below, each reflecting distinct assumptions about the causes of disability and the most appropriate forms of intervention:

- **the charity model:** Sees disability as an individual affliction, and persons with disabilities as vulnerable and in need of care, requiring support such as welfare assistance or donations.
- **the medical model:** Sees disability as a health issue that needs to be addressed through medical management (rehabilitation, treatment etc.) to fix the ‘problem’.
- **the social model:** Sees disability as a result of societal barriers that can be addressed by removing these barriers through accessibility and awareness.
- **the human rights model.** Sees disability as a matter of equality, dignity and rights that should be addressed through laws and policies requiring all actors in society to take accountability for enabling the active participation of persons with disabilities.

The most significant shift in contemporary disability inclusion has been the move away from **medical and charity-based models**, which focus primarily on individual impairments, toward **social and human-rights-based models**, which focus on removing barriers, discrimination, and systemic exclusion. The UNCRPD, and this guide, is grounded in social- and human rights-based approaches.

2.2.4 Intersectionality

Disability does not exist in isolation. Persons with disabilities experience different and often compounded forms of exclusion, depending on factors such as their gender, age, socio-economic status, ethnicity, migration or displacement status, and geographic location.

Intersectionality means recognizing that people hold multiple identities simultaneously based on disability, gender, age, ethnicity, religion, sexual orientation, social status, or geographic location, and that it is the intersection of these identities that shapes lived experiences. Intersectionality provides a lens to understand the root causes of compounded disadvantage, and to design appropriate responses.

Info box: Disability, gender and age

Women and girls with disabilities, in particular, often face multiple and intersecting forms of exclusion, arising from both their gender and their disability. For instance, women with disabilities face heightened risks of violence, abuse, and harmful practices such as forced sterilization, and encounter greater barriers to accessing education, employment and services than women without disabilities, or men with or without disabilities. Women with disabilities are often expected to perform unpaid care and domestic work in the home, reducing opportunities for economic participation. Similarly, unpaid work restricts economic opportunities for caregivers of persons with disabilities, with social norms dictating that mothers or other female household members are the primary caregivers.

Old age and disability: Older persons have a high likelihood of experiencing disability. Older persons with disabilities face discrimination through a combination of ageism and ableism, and have a high risk of income insecurity. Those who became disabled earlier in life often had lower earnings as a result, while those who acquire impairments through ageing may not identify as a person with a disability, and miss out on social welfare benefits.

Youth and disability: Young persons with disabilities experience significant economic exclusion and insecurity. In 2021, almost half of youth with disabilities aged 15-24 worldwide were not in employment, education or training (NEET), compared to 25% of youth without disabilities⁷.

2.3 Principles of disability inclusion

Disability inclusion means realizing the right of persons with disabilities, and their parents/ caregivers, to **participate fully** in all aspects of life, on an **equal basis with others**. This requires intentional action to **identify and mitigate barriers** that prevent or hinder them from exercising this right. This section explores core principles articulated in the UNCRPD that underpin disability inclusion.

2.3.1 Participation

The principle of “**Nothing About Us, Without Us**” is central to the disability rights movement. This means that no decisions affecting the lives of persons with disabilities should be taken without their direct participation. The UNCRPD states that persons with disabilities should be able to participate in decision-making processes through their representative **organizations of persons with disabilities (OPDs)**.

Following this principle, programs and initiatives for disability inclusion require the active involvement of persons with disabilities, their parents/caregivers, and OPDs at all stages, including during inception, design, planning, implementation, monitoring and evaluation. In practice, this requires taking proactive steps to enable their participation, for instance by using accessible venues, providing support for transportation, using accessible information and communication formats, providing accommodations, and compensation of participation costs.

This engagement improves relevance, effectiveness, and accountability, helps to identify barriers that may otherwise be overlooked, and ensures that solutions reflect lived experience of persons with disabilities, rather than assumptions.

Some groups of persons with disabilities, including those with cognitive or speech impairments, psychosocial disabilities, and those who are deaf or deafblind, often face additional barriers to participating in decision-making and may be overlooked as a result. It is important to use targeted strategies and provide appropriate accommodations to reach these groups and enable their participation.

⁷ UN Department of Social and Economic Affairs (DESA) (2024), [‘Disability and Development Report 2024’](#)

2.3.2 Accessibility

The UNCRPD recognizes accessibility as a precondition for independent living, full participation and inclusion of persons with disabilities. It means ensuring that persons with disabilities have equal access to the physical environment, transportation, information and communications (including information and communication technologies (ICT)), and to all facilities and services open to or provided to the public, in both urban and rural areas.

In practice, this requires identifying and removing barriers, developing and monitoring accessibility standards, and practical measures such as training, accessible signage, provision of assistive devices and services, accessible information formats, and inclusive digital design. Further guidance on accessibility measures related to financial services provision is provided in **section 4.3** of this guide.

2.3.3 Universal Design

The concept of Universal Design (also referred to as Design for All, inclusive design, or barrier-free design) is closely linked with accessibility.

The UNCRPD defines **Universal Design** as:

“the design of products, environments, programs, and services to be **usable by all people**, to the greatest extent possible, **without the need for adaptation or specialized design**, while recognizing that assistive devices may still be required for some individuals.”

The seven principles of Universal Design⁸ are:

1. **Equitable Use:** The design is useful and marketable to people with diverse abilities.
2. **Flexibility in Use:** The design accommodates a wide range of individual preferences and abilities.
3. **Simple and Intuitive Use:** Use of the design is easy to understand, regardless of the user’s experience, knowledge, language skills, or current concentration level.
4. **Perceptible Information:** The design communicates necessary information effectively to the user, regardless of ambient conditions or the user’s sensory abilities.
5. **Tolerance for Error:** The design minimizes hazards and the adverse consequences of accidental or unintended actions.
6. **Low Physical Effort:** The design can be used efficiently and comfortably and with minimal fatigue.
7. **Size and space for approach and use:** Appropriate size and space are provided for approach, reach, manipulation, and use, regardless of user’s body size, posture, or mobility.

2.3.4 Reasonable accommodation

Reasonable accommodation differs from general accessibility measures in that it responds to individual circumstances, rather than applying to all users. While accessibility aims to remove barriers at a systemic level, reasonable accommodation enables equitable access in specific situations where existing systems do not fully meet an individual’s needs.

⁸ Centre for Excellence in Universal Design (n.d.), [‘The 7 Principles’](#)

Reasonable Accommodation is defined by the UNCRPD as:

“necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.”

The assessment of whether adjustments impose an undue cost or burden is relative to the size and resources of the organization.

2.3.5 Respect and dignity

Inclusion goes beyond providing an accessible environment. It is also about how people are welcomed, listened to, and engaged.

Inclusion requires treating all individuals, including persons with disabilities, with equal respect for their dignity. This includes following **disability etiquette**, using **respectful, inclusive language**, avoiding stereotypes, and ensuring client interactions are conducted in a way that recognizes their **individual autonomy and choice**.

Disability etiquette refers to practices and behaviors that support respectful and inclusive interaction with persons with disabilities, respecting their dignity and autonomy, including their right to make decisions, to accept or decline assistance, and to be addressed directly.

Respectful language plays an important role in promoting dignity, inclusion and trust. Respectful, appropriate and inclusive language recognizes persons with disabilities as individuals first and avoids reinforcing stereotypes or stigma.

Info box: Disability Etiquette: key principles for respectful interaction:

- **Treat people as individuals**, not as representatives of a disability.
- **Speak directly** to the person, not to an accompanying individual or support person.
- **Ask before offering help**, and respect the response.
- **Use clear, respectful language** and avoid making assumptions about ability or needs.
- **Respect autonomy and choice**, including independent decision-making and consent.
- **Be patient and attentive**, allowing time where needed.
- **Focus on accessibility, not sympathy**. Avoid pitying or patronizing behavior.

Info box: Respectful and Inclusive Language

The use of language relating to disability varies between countries and contexts, and individual persons with disabilities may have different preferences. This information gives a brief overview, but should be adapted to local contexts and the individual's preference.

- Use **person-first** language as standard e.g. “person with a disability”.
- Use **identity-first** language e.g. “disabled person” if preferred by the individual or OPD.
- **When in doubt, ask**, or follow the language of the person or OPD concerned.
- **Avoid language** that defines people by their impairment or implies incapacity, dependency or pity (e.g. “suffers from”, “victim of”, “the disabled”).
- Use **neutral, factual and respectful terms** when referring to disability in policies, forms and communications.
- **Focus on barriers and environments**, not deficits, when discussing accessibility issues- e.g. refer to “inaccessible digital platforms” rather than “clients unable to use technology”.
- Ensure respectful language is **used consistently** across all client-facing materials, internal policies and staff training.

2.3.6 Equality of access and outcomes

In designing inclusive practices, it is important to focus on **equality of access and outcome (equity)**, rather than equal treatment.

- **Equal treatment** focuses on creating processes that treat everyone in the same way, regardless of differences in needs or circumstances.
- **Equity** recognizes that individuals and groups have **different needs** and therefore require different levels or types of support to **access the same opportunities**, and achieve **comparable outcomes**.

In the context of disability inclusion, providing identical processes and services to all clients may unintentionally perpetuate exclusion if those services are inaccessible to persons with disabilities.

Inclusion requires removing barriers, introducing flexible approaches, and providing reasonable accommodations to ensure equality of access and opportunities for everyone.

2.3.7 Non-discrimination

Discrimination occurs when a person is **excluded or treated less favorably** than another person on the **basis of their personal characteristics or attributes**, either intentionally or unintentionally.

Protected categories (also called **protected attributes or grounds**) against which discrimination is prohibited under international human rights include (but are not limited to): sex; gender; sexual orientation; age; race / ethnicity / national origin; disability; health status (including HIV/AIDS status); social origin / caste; socio-economic status; religion; political opinion or affiliation; and trade union membership. Since everyone holds one or more of these characteristics, prohibiting discrimination protects all individuals, not only minority groups.

The UNCRPD states that **discrimination on the basis of disability** includes any “**distinction, exclusion or restriction on the basis of disability**” that prevents or restricts the recognition, enjoyment and exercise of all human rights and fundamental freedoms on an equal basis with others, including through “**denial of reasonable accommodation**”.

Legal and human rights frameworks recognize that **discrimination is not limited to intentional acts**. It can also arise from policies, practices, or behaviors that appear neutral but disproportionately disadvantage certain groups.

- **Direct discrimination** occurs where a person is treated less favorably explicitly because of their personal characteristics (e.g. an FSP refuses to open an account for a client because they have an intellectual impairment).
- **Indirect discrimination** occurs where a policy or rule is applied to all persons, but puts persons with a particular characteristic at a disadvantage (e.g. mandating in-person branch visits for certain transactions, which disproportionately excludes clients with mobility impairments, and not providing reasonable accommodations to enable individual clients with disabilities to carry out transactions).

For FSPs, discrimination may be manifested in interactions with clients and employees, product design and eligibility criteria, service delivery, communications, or internal policies.

Info box: Why Discrimination Occurs

Discrimination is often rooted in a range of social and psychological factors. These include **conscious and unconscious biases** that shape assumptions about individuals or groups, **stereotypes** that misrepresent or generalize characteristics, and **stigma** attached to certain identities or attributes. Discrimination may also stem from **prejudice** and fear of difference, as well as from **ignorance** which can lead to misunderstanding and misinformation. In many contexts, **cultural beliefs and social norms** normalize exclusion and unequal treatment.

When these factors result in adverse attitudes and behaviors, this can affect **institutional practices**, including how services are designed, how decisions are made, and how people interact on a daily basis, creating systemic discrimination, even in the absence of intent.

2.3.8 Twin-track approach to disability inclusion

The twin-track approach is a widely recognized strategy for advancing disability inclusion. It combines two complementary approaches: **mainstreaming disability inclusion** across all systems, and providing **targeted support** to empower persons with disabilities and address specific barriers to access and usage.

Mainstreaming means designing environments, policies systems, products and services so that they are inclusive for everyone. While this remains the ultimate goal of inclusion, **targeted interventions** are often necessary to empower groups that have been systematically excluded, and therefore require specific measures to access equal opportunities. At the same time, some groups and individuals, including persons with disabilities, will continue to face distinct barriers that call for **targeted measures** to address these.

Relying solely on mainstreaming risks overlooking specific needs and barriers, while focusing only on targeted interventions can perpetuate segregation rather than inclusion.

2.3.9 Strengths-based approach to disability inclusion

A strength-based approach focuses on the **abilities, aspirations, and agency** of persons with disabilities, rather than on perceived limitations. It recognizes persons with disabilities as both **rights-holders and active economic agents**, rather than passive recipients of support.

For FSPs, this means viewing persons with disabilities as **economically viable clients** with diverse financial needs and preferences, and **capable employees and partners** with valuable skills. Barriers to access and participation are seen not as individual deficits, but as systemic design challenges.

Inclusion is achieved by engaging with persons with disabilities and OPDs in **participative processes to co-design solutions** that promote autonomy, informed choice, and meaningful participation, supported by reasonable accommodations where needed.

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