



AGE Manifesto Pillar #3 Ensure autonomy and well being

2024 European Parliament Elections

AGE Platform Europe
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www.age-platform.eu

Ahead of the upcoming European Parliament elections in June 2024, AGE Platform Europe calls in its Manifesto for a Europe for all ages. At the heart of the Manifesto are three major appeals to future Members of the European Parliament:

- Promote age equality
- Foster participation and active ageing
- Ensure autonomy and well being

By means of three Manifesto Pillars, we explore these calls in details and provide future EU officials with recommendations for changes that we believe are essential for a European Union that address adequately population ageing and works towards a society for all ages.

[Access to the AGE Manifesto blog](#)

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Previous Manifesto Pillars:

- [#1 Age Equality](#)
- [#2 Foster participation and active ageing](#)

About AGE Platform Europe

AGE Platform Europe is the largest European network of non-profit organizations of and for older people. We elevate older people's voice, bringing their experience and aspirations to the table to celebrate ageing and fight for equality at all ages.

We call on the next European Parliament to ensure autonomy and well-being

What do we mean by autonomy and well-being?

Older persons have the same rights and opportunities to autonomy and well-being as anyone else. Everyone has the right to work, to enjoy financial security, to have access to health and long-term care and to live in an environment that supports and empowers them. All people should be protected from violence, harassment, neglect and abuse. This is no different for older persons, however their rights are not upheld on an equal basis with others. There are also policies that have some negative impact on us in younger age and continue bearing important consequences as we age. Policies should support us all along our lifespan and enable us to reach older age in full enjoyment of our rights.

Autonomy is the right to have control over one's life, to make one's own decisions and to have those decisions respected in an informed and uncoerced manner. It means to be empowered and supported to take decisions without undue influence.

Well-being means what is intrinsically valuable to someone. This involves – among others – the ability to guarantee one's housing, food, energy, but also one's highest attainable standard of health and independence; as well as meaningful relationships, the inclusion in the community, the ability to pursue one's aspirations, to learn and evolve, to have access to culture, to contribute to society. Well-being has many different dimensions: physical, mental, social, cultural, economic, emotional, the perception of social justice.

Why is fostering autonomy and well-being in old age important?

Achieving autonomy and wellbeing is challenging for many older persons:

- **Older workers** may not be able to continue working and evolving in their jobs because of ageist glass ceilings, lack of access to training, new technologies raising a clear risk of exclusion, occupational, safety and health strategies that do not take a life-course approach and do not include older workers, because of age discrimination in hiring practices or the communication of employment opportunities in channels that are only used by particular age groups. Intersectional issues also affect older workers, such as older women, older workers with disabilities etc.

Employment rates of people between 55 and 64 have been 64% in 2023, compared to 75% for the entire 20-65 population. For 55-64-old women, the figure was 58%. Long-term unemployment is much more prevalent among older workers than among other age groups. Besides the sense of fulfilment that can come from employment, inability to enter the labour market has also important outcomes in terms of upholding one's income and living standards. Not working might be penalised in retirement systems as an incentive increase career duration, meaning that older people who cannot find a job lose out more than other age groups of unemployed. For those who would be able and willing to continue working past retirement age, this can become very difficult as there are still instances where employment contracts are terminated by default, inadequate or minimal social protection, and important services such as access to life-long learning may no longer be available past statutory retirement age. Between age 55 and 64, poverty and social exclusion rates are higher than for other age groups (23% vs. 22% for all age groups, 24% for women 55-64).

Events and experiences in the earlier career – unemployment, inability to access diplomas, care-related career breaks, experiences of discrimination or exclusion, health issues – have an impact on the chances to stay on the labour market in the later career. This makes it necessary to account for diversity in the older workforce when promoting employment at older age, rather than seeing them as a homogenous group.

AGE has recently mapped [initiatives that empower workers to lead sustainable and quality working lives in its latest AGE Barometer](#).

- **Pensioners depend on pension systems for their income**, which should guarantee life free from the risk of poverty and social exclusion, compensate fairly for contributions to society during working life, be predictable and sustain an adequate standard of living until the end of life. Pension systems should also provide for solidarity mechanisms for periods in our lives when we are unable to work, because of sickness, care to children, persons with disabilities or other needs for support, unemployment etc. And pension systems should respond to sudden shocks, such as the 2021-22 inflation surge. This should not only be guaranteed for current pensioners, but also for the generations of pensioners-to-come.

However, since 2014 old-age poverty (65 years and more) is increasing slowly and reached 20% in 2022. It is even higher for women aged 75 and up, affecting one in four women. Some Member States have minimum guaranteed incomes applied also to pensions, but the level at which these are set do not reflect the poverty threshold or costs of living to live in dignity. During the inflation surge of 2021-22, all governments adopted measures to support the purchasing power of citizens, [but these were very often geared towards workers rather than pensioners and other categories of the population](#). In some countries, inflation has significantly reduced the purchasing power of pensions, despite pensioners have mobilized to ask for additional and extraordinary indexation. Furthermore, pension indexation rules have changed in many countries to take more account of

price developments (inflation) than wage developments. In some cases the Government's objective was to limit the burdens on the State budget, so the change in the rules led to reduced indexation for medium and high pensions. That also means that over the medium term, pensioners have a relatively smaller increase than workers, leading to growing inequality. While there are EU-level exchanges about how pension systems compensate for periods of care responsibilities there is no European framework on this. The gender pension gap is currently at 27%, exceeding the gender pay gap by 10 percentage points and pension care credits could contribute to lower this.

Labour migration within the EU and the complexity of Member States' diverging rules regarding pension eligibility, tax treatment of statutory and supplementary pensions make it complex for mobile pensioners to access similar entitlements as non-mobile ones.

- The European Union has made important advances in the **fight against violence** against women, by the ratification of the Istanbul Convention and the Directive against gender-based violence. Similarly, the revision of the Directive on Victim's Rights is expected to improve the protection and support which all victims of crime can access, including older persons. Ageist violence is a reality: at the beginning of the COVID-19 pandemic, we have witnessed a wave of hate crime and hate speech against older persons as responsible for the severe restrictions of free movement, cultural and social life during the lock-downs.

However, **elder abuse is still a largely unknown and under-researched phenomenon**. It can take the form of physical, emotional, psychological, sexual or financial abuse, or neglect, such as through the denial of care or the inadequacy of resources for care and many other forms. Violence can be perpetrated by strangers and by intimate family members or carers. Information on violence against older persons is rather scarce and depending on the study, prevalence rates vary between 0.8% and 29%, with a significantly higher prevalence rate for older women. WHO estimates that these numbers are probably largely underestimated and underreported. Gender and declining health can be key risk factors for violence and abuse.

- **Care services are widely unavailable** and have yet to take a shift in approach towards fully supporting autonomy. The needs for quality care services are increasing due to longevity. At the same time, it is estimated that 80% of care is provided by unpaid informal carers – most of the time, these are family members. Carers are often women who need to take time from their working lives to provide care and support for their close ones. Sense of overburdening, loss of income and social connections and reduced health are frequent among informal carers. **Informal care should remain a choice** and not an obligation due to the absence of appropriate services. This requires resolute social investment.

Older persons in need of care and support, are not sufficiently supported by **accessible, quality formal care services**. While a majority of persons in need of care would like to receive **care at home**, only one in three have access to home care and almost half have unmet needs for help. The costs

of care would put 60% of older people at risk of poverty in 11 EU countries, even after receiving public support – making financial reasons the most prevalent reason to not access home care. In residential care, most facilities put their institutional needs above the rights, needs and wishes of their residents. With **severely limited human resources**, it is difficult to provide better quality and expanding service offers.

Older persons with cognitive diseases or impairments may be unable to **access supported decision-making services**. They may be deprived of their legal capacity and face informal barriers in making decisions about their lives.

The **EU Care Strategy** has developed and upheld important quality principles and ambitions for Member States, by placing respect at the centre of care provision, encouraging the development of community-based and home care, support for informal carers and to recruit more, better trained, staff into this sector of strategic importance for upholding our dignity in old age. However, it depends on Member States to take up this process and trigger changes towards care systems that promote autonomy and well-being. AGE has [developed a vision for change](#) in care services, [supported regional authorities](#) to find ways to implement a rights-based vision of care and [developed quality principles](#) that should be implemented. Recently, [AGE has mapped the needs in Member States that require the most urgent attention for reform](#).

These policies require public funding, be it from social contributions or from taxes. As debt levels have risen substantially during the pandemic and the inflation surge, when the EU debt rules were eased, their reactivation from 2025 will put a severe burden reducing funding. Some Member States have taken reserves out of national social insurance schemes to fund other needs, leading to an additional pressure in pension and long-term care systems.

What do we need on EU level to achieve it?

AGE advocates for the adoption of an EU Age Equality strategy. The AGE Manifesto 2024 spells out the policies and areas that such a strategy should put in place and coordinate. Several items/issues have already been addressed in our Manifesto Pillars on [Age Equality](#) and on [Participation and Active Ageing](#). Here, we develop our main demands in relation to autonomy and well-being.

AGE, together with a variety of stakeholders, has called for [ambitious social and health policies](#) in the next legislature. This must involve investment into quality social services that enable autonomy and well-being.

Policies should **empower older workers for sustainable and quality working lives**, by removing barriers such as mandatory retirement ages, tackling age discrimination in the labour market, and adapting the workplace for all ages. We need to change the narrative on ageing at work and recognise the full potential and experience of older workers – not just in debates about financial sustainability of pension systems but highlighting their genuine value and rights.

Employers should implement age equality strategies at work by using specific tools to maintain, recruit and support older workers – some have already done so, and the European Union can play a key role in exchanging information about these practices and making them more widespread. Also, the European Social Partners Agreement on Active Ageing and an Intergenerational Approach provides an important framework that should be pursued and developed. At the same time, public authorities could support this by developing outplacement services for older workers leaving a job to reduce the risk of long-term unemployment or inactivity. Much has been said and done in developing life-long learning in the current legislature – such as individual learning accounts – but this must be more targeted towards older workers to prevent premature labour market drop-out. Developing European legislation on equal treatment, in particular in the area of access to goods and services. [AGE has reviewed and proposed ways to improve the implementation of the Employment Directive](#) can also help in lowering the barriers for older persons to remain in employment and equally participate in and benefit from society. Beyond ensuring the right to work, these policies will also help to reduce labour shortages linked to the three big evolutions of our labour market: demographic, green and digital.

We should develop systems that promote well-being at work to ensure that all people age in a condition that allows them to work for as long as they desire. This includes also addressing mental health issues at work, alongside the existing framework on physical occupational health and safety and finding possibilities to fight against ageism and discrimination at the workplace. This also implies better policies to reconcile work and private life throughout the lifespan, for example by promoting equal care work through adequate remuneration for care leaves, mandatory co-parenting leave or parental leave, or support to informal carers.

Digitalisation is often seen as a way to reduce workload and make jobs more sustainable – all the more since the development of generative artificial intelligence. However, older workers might be negatively impacted if the rollout of technologies is not accompanied by training and skills policies. This will not happen by itself, there needs to be more effort to make technology and digital skills more inclusive, accessible and available.

Securing the adequacy of pensions and old-age minimum income schemes, means to set initial pensions at an adequate level and to address their erosion over time. This is by and large a national competence, but European fiscal rules are putting pressure on Member States to reduce their public deficits; for instance in the 2010s, pension systems were the main sources for reduced spending. The European institutions are doing important work with the tri-annual Pension Adequacy Reports, and they hold up the mirror of rising old-age poverty despite high employment rates. The EU should take this into account. The **Council recommendation on adequate minimum income** provides a benchmark for adequacy, also for minimum pensions: pensions should protect from poverty and social exclusion. AGE continues to advocate for a more binding framework, such as a **Framework Directive on adequate minimum income**, but the action under the Council recommendation should also lead to notable increases in minimum benefits and pension indexation mechanisms that uphold fairness and adequacy as pensioners age. To support pension adequacy for women, credits to account for periods out of the labour market for care should be integrated in all pensions

systems, and this should be part of a **Council recommendation on gender equality throughout the lifespan**. A similar approach could be taken for occupational (employer-sponsored) pensions: collective pension instruments should provide continued accrual of pensions during maternity, parental or carers' leave.

There are a number of issues regarding **transferability of pension rights and migration of workers within the EU**. Despite the ground-breaking directive on the coordination of social security systems, inconsistencies continue to apply: pensions can be taxed by two Member States, persons might have to pay for long-term care in the Member State they live in without reimbursement from the health or care insurance of the Member State that they depend on for their social protection. Depending on the degree of health care funding from two member states (via a specific premium or via taxation), a pensioner receiving pensions and reimbursement for health expenses from another member state than their state of residence may be double taxed. Others might no longer be able to work in their Member State of residence because of mandatory retirement, while they do not qualify yet for unabated pension payment from the Member State where they contributed for a significant part of their career. These should be topics for a **review of the EU rules on cooperation in social security** which take account of longevity and increased mobility of EU citizens.

We should protect older people against all forms of abuse and violence. First of all, this means understanding the phenomenon by intensifying research on the prevalence, risk factors and effective interventions against elder abuse and gathering data, disaggregated by age and disability. In addition, the recently revised Victims' Rights Directive should be applied in a manner that supports older victims of abuse and addresses some of their main risk factors. For example, it should be **possible to report abuse within long-term care settings to an independent support organisation without being penalised for it**. Prevention and information about abuse and neglect should be included into the **training of all health and care professionals**, including in continuous education. Quality standards must be effective and subject to independent inspection regardless of the type of care: residential or home-based, public or private. However, abuse and neglect happen also within families. There should be proactive outreach campaigns of support services to persons at risk, such as persons living alone, older women, persons with disabilities or cognitive impairments, older migrants and so forth. **Public authorities should fund multi-agency collaboration for the prevention and resolution of elder abuse**. The EU can support this by making elder abuse more visible on **World Elder Abuse Awareness Day – 15 June** annually, by fostering exchanges of practices, encouraging the use of EU funds for the prevention of elder abuse and provision of assistance to victims, and by making the **prevention of abuse an enabling condition for the acquisition of EU funds**, in particular in the fields of health and care.

To ensure **autonomy, independence, participation, and inclusion of older people in long-term care**, we need to improve the quality of long-term care. The EU Care Strategy and the Council Recommendation on Long-Term Care are very important developments in this regard, and the Commission and Council should continue to remind and encourage member states to live up to their commitments. These include presenting plans for the implementation of the Strategy and to

follow up on them. We have described the main priorities for reform for many Member States [in our recent publication](#). **The Commission must continue to actively steer this process** and to encourage the use of EU funds for the development of high-quality care services. Care policy involves many different stakeholders: public authorities from national and local levels, national insurance schemes, service providers and workers' organisations, older persons, persons with disabilities, families, informal or unpaid carers, personal household service providers, migrant workers' organisations, and so forth. To create a constructive dialogue and uphold the ambition, **AGE and other partners have called for a European Care Platform**, which would bring all these stakeholders together regularly to support and uphold a rights-based shift and roll-out of quality care services.

The most important challenge identified by our members is **staff shortages**. There is already a **large-scale skills initiative** created by the care sector at EU level. The new institutions should actively support this initiative. In parallel, social dialogue on working conditions should be further amplified in order to build the attractiveness of the sector as a career path. Care professionals should be adequately trained throughout their careers and they should be better supported to combat burnout in their professions.

Informal and unpaid carers need better support. AGE already called for a **Council recommendation on social protection and services for informal carers** in 2019. The Council recommendation on long-term care includes a call for better support services, but little has been done to secure income support, improve reconciliation of work and care, to provide training and to support the health of informal carers. This does not do justice to the importance of their unpaid contribution, so we reiterate this call.

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