



# Time for a comprehensive and ambitious international framework on the human rights of older persons!

AGE Platform Europe Policy Statement

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Contribution to the Review of the Regional Implementation Strategy (RIS) for the UN-ECE region of the Madrid International Plan of Action on Ageing (MIPAA), and to the Ministerial Conference on Ageing, 16-17 June 2022 in Rome



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## Executive summary

Throughout the implementation of the Regional Implementation Strategy (RIS) 2017-2021 of the Madrid International Plan of Action on Ageing (MIPAA), AGE and its member organisations have published three publications, the '[AGE Barometers](#)', which assess the policies and actions implemented by national governments in relation to the different priorities of the RIS. This continuous monitoring of policies on ageing has been complemented by additional research on the [impact of COVID-19 on the human rights of older persons](#).

Our key findings are that various policies and actions with relevance to the RIS are not connected, that progress is often happening despite the absence of coherent plans for reaching the MIPAA commitments, and that there is regress in some areas, such as the prevalence of poverty and social exclusion among older people. Moreover, COVID-19 has been a major blow to the attainment of the RIS commitments, as it revealed how ageism and discrimination ingrained in our societies lead to the exclusion of older persons and the violation of their human rights.

AGE calls for a revision of the MIPAA RIS that takes stock of these experiences and makes the process a steppingstone towards a comprehensive international framework for the human rights of older persons. This means in particular:

- The MIPAA should **put at the centre older persons as full holders of human rights**, able to choose and realise for themselves the contribution they can and want to make to societies, and the obligation of States to promote their rights.
- On UN level, the active involvement and promotion of the EU and States in favour of an **international convention on the rights of older persons**.
- On EU level, the adoption of a [European Age Equality Strategy](#), that will bring coherence and a rights-based approach to EU policies on ageing.
- The experience of COVID-19 shows that significant investments are needed to improve affordability, accessibility, and quality of long-term care systems to ensure **a transition towards long-term care as a setting to live and strive in**.
- States are unable to meet the MIPAA commitments because of the lack of data on the realities faced by many older persons; therefore, the MIPAA RIS should include the objective of **adapting data collection to the reality of demographic change and the diverse realities faced by older persons**.
- Digitalisation risks disenfranchising older persons who might be digitally excluded; therefore, particular attention should be paid to **ensuring that the digital revolution includes older persons as users and co-creators, while keeping open the possibilities of offline access to essential public and private services**.

In the annex, readers will find AGE's analysis of the realisation of MIPAA RIS commitments by specific policy area, according to our (updated) research in the AGE Barometers.

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## The MIPAA process - going from 2017 to 2022

Five years ago, ministers from the UNECE region gathered in Lisbon to adopt [the Lisbon Ministerial Declaration](#), committing again to the objectives of the Madrid International Plan of Action on Ageing and refreshing their commitments towards a ‘society for all ages’. It underlined the opportunities and challenges linked to higher life expectancy, a need for gender equality and intergenerational solidarity. The commitments were organised around recognising the potential of older persons, encouraging longer working life and ability to work and ensuring ageing with dignity.

AGE Platform Europe, in 2016, contributed a [comprehensive report to the MIPAA review](#) with inputs from older persons’ organisations in 16 States. Our conclusion was that MIPAA: lacked a rights-based approach; failed to trigger policy change due to its non-binding nature; was disconnected from policies and initiatives on ageing; achieved too little progress; lacked consistency and follow-up did not provide for sufficient synergies between the Plan’s overall objectives and specific commitments and; lacked awareness among relevant stakeholders. [In a letter addressed to ministers](#) and throughout our participation in the Lisbon conference, AGE called for a rights-based approach to ageing, largely absent in the implementation of MIPAA RIS 2012-2017. AGE recommended to monitor the enjoyment of human rights by older persons and for a binding instrument to combat the specific barriers that older people face in respect of their human rights, alongside specific recommendations on the three main chapters of commitments of the RIS.

## Intensified, yet stalling discussion on human rights of older persons

On international level, AGE participates annually in the proceedings of the United Nations Open-Ended Working Group on the Enjoyment of All Human Rights by Older Persons (‘Open-Ended Working Group on Ageing’ / OEWG), which analyses the substantive and normative elements of different human rights in relation to older persons. The outcomes of the OEWG clearly show the need for a binding human rights instrument that ensures that all human rights remain protected, fulfilled and promoted throughout the ageing process and for older persons in their diversity, [as exemplified by the report of the Office of the High Commissioner on Human Rights](#):

‘[F]ragmentation of existing norms and procedures and their conceptual and operational limitations have resulted in an overall failure to provide adequate recognition and protection of the human rights of older persons at the international level. [...] A new normative framework on the human rights of older persons would put the spotlight on the specificity of older persons for the enjoyment of their rights and in addressing violations.’

The creation of a cross-regional core group in 2022 on the development of such a framework is a positive step in this process, yet progress remains slow and UN member States, including States from the European region need to step up their engagement and support for such work.

## AGE general assessment of MIPAA commitments 2017-2022

Throughout the current implementation period, AGE has been conducting the exercise of establishing three AGE Barometers ([2019](#), [2020](#) and [2021](#)), publications building on the national assessment of older persons' organisations of all policy areas relevant to the MIPAA commitments taken in 2017, the UN Sustainable Development Goals and the European Pillar of Social Rights. AGE has found that policies in all areas related to ageing are not sufficiently connected, do not actively promote the enjoyment of all human rights of older persons and therefore need more consistency, coordination, and monitoring on national and EU level.

This can be exemplified by the process around the [EU Green Paper on Ageing](#): the Green Paper itself asked a number of questions to respond to the challenges linked to longevity, including policy areas not usually seen as part of the ageing agenda, such as transport. Still, the Green Paper did not touch upon the question of ageism and age discrimination, despite this being central to the full enjoyment of human rights by older persons to the positive experience of ageing and to enabling the economic benefits of longevity, as underlined by the [United Nations in their Global Report on Ageism](#). Despite calls for a comprehensive strategy on EU level – which we have called an '[Age Equality Strategy](#)' – in the subsequent open public consultation, the outcome of the Green Paper process is merely an initiative for a European Care Strategy. This initiative is certainly more than welcome but shows how policies relating to ageing often fall into piecemeal initiatives rather than in overarching action plans.

Here we highlight three overarching issues that hamper the effectiveness of the MIPAA process and of ageing policies in general: the prevalence of endemic ageism, brought to light by the pandemic, the risks associated with digitalisation and the lack of available data and on the reality in which older persons live. In the annex, readers will find our detailed analysis of the different policy areas of the MIPAA RIS.

### COVID-19 highlighted the marginalisation of older persons

The COVID-19 pandemic has shown how quickly prevalent ageism in our societies can lead to abuse and neglect of older persons, when put under stress. [AGE has drawn up a report in 2020 on the impact of COVID-19 on human rights](#). Early in the pandemic, there have been incidences of hate speech and hate crime against older persons as some have portrayed them as the scapegoats for far-reaching restrictions of public liberties. There were cases of denied treatment and testing for older persons, particularly in care settings, and the lack of priorities in this sector was showcased by the lack of protective equipment – although one might have thought that it would be a priority, given the regular risk relating to seasonal influenza in these settings.

Blanket social isolation measures have further shown how the care sector is seen by the wider society as a medicalised, marginalised sector of our communities rather than a place to live, thrive and breathe. Without mitigating measures allowing for contacts between persons in need for care and contacts with other friends and families, feelings of isolation and loneliness have increased, with the impact on mental and physical health going with them.

[Cases of elder abuse](#) have been estimated to have increased by 84% during the first year of the pandemic, according to the World Health Organisation.

COVID-19 has shown that the human rights of older persons are regarded as less valid than those of others. The [UN Secretary-General has issued a Policy Brief calling for a reinforcement of the rights of older persons](#), a call [echoed by 140 UN member States](#). This means that business cannot revert to normality now as the impact of the pandemic seems to be receding. The [Independent Expert on the Enjoyment of All Human Rights by Older Persons, in her report on COVID-19](#), also found that that '[t]he lack of a comprehensive and integrated international legal instrument to promote and protect the rights and dignity of older persons continues to have significant practical implications'.

The experience of COVID-19 has been dramatic for older persons and their rights. It is important not only to look back at the failures that led to these dramatic experiences, but also to build the framework that prevents them from happening again.

#### **AGE recommendations on lessons learned from COVID-19:**

- **Ageism and age discrimination** should be made visible, called out and addressed by all stakeholders, while the ageing discourse must leave the negative framing it is often part of. Older persons must be seen **as full citizens**, bearing the same rights, participating, and contributing just like anyone else to society.
- There needs to be an **international framework** upholding the human rights of older persons, including in emergency situations, and a subsequent review of national laws and policies to eliminate ageism. On EU level, a [European Age Equality Strategy](#) should bring coherence and a rights-based approach to disconnected policy areas that can more effectively uphold the human and fundamental rights of older persons.
- The **Care sector** in all its forms – residential, home care and community-based care, needs to be rethought to put at its centre the rights to dignity and independence, seeing persons in need for care as rights-holders who can chose by themselves the type of support they need
- There needs to be significant investment to increase **availability, affordability and quality of long-term care and support services**
- Member States must make a strong effort to combat hate speech and hate crime against older persons, as well as elder abuse in all contexts
- **Loneliness and isolation** should be seen as central issues depriving older persons from their right to healthy and active ageing; and should be addressed by member States.

#### **Digitalisation risks disenfranchising older persons**

There is growing awareness about the reality of the digital divide and that it needs to be closed to ensure the efficiency of public policies and to maintain social inclusion. While policy initiatives are proliferating on digitalisation in general – such as the EU Digital Education Action Plan ([AGE made recommendations on how to make it age-inclusive](#)), or the emphasis on fairness in the digital

transition underlined by the EU's Recovery and Resilience Fund, very few of these take older persons into focus. The pandemic has shed light on social isolation among older persons and the ensuing rapid digitalisation of public and private services heightened the risk of being left behind faced by the digitally excluded, including many older persons. Too often, the question is put forward as a question of age, while education, financial situation and geographic location continues to be major fault lines in the ability to use online tools.

While the upscaling of e-health, and notably telemedicine, can be an important way to increase access to primary care while reducing risks, as shown during the pandemic, it has to be deployed with caution as only face-to-face interaction with a physician can give all necessary hints for a clinical observation and detection of certain health conditions.

#### **AGE recommendations on digitalisation:**

- Maintain offline access to all essential public and private services, including under pandemic conditions
- Include and target older persons in initiatives to provide digital skills
- Invest into connectivity of rural areas and into projects providing low-cost access to devices and connectivity
- Ensure proper implementation of EU acquis on accessibility, notably on the accessibility of public sector websites and the European Accessibility Act

#### **Policies are blind to older persons' realities**

By and large, statistical data is not collected or not sufficiently disaggregated on older persons and on the rapidly growing share of the oldest old, making them invisible. Policies in many domains, such as education and life-long learning, continue to be formulated in view of working-age people, ignoring their importance in a world of more flexible employment-retirement patterns and the longer lifetime in retirement. AGE collected a number of examples in this regard

- Statistics in general are not disaggregated sufficiently by age (often the 75+ are lumped together in one group, although lived realities start to diverge a lot above that age threshold), nor by sex. Often, only one dimension of data can be chosen, making it difficult to assess the intersection of age and gender, for instance. Categories that would be important but are unavailable are household or family composition, type of living arrangement. This has been [confirmed by the UN Independent Expert on the Human Rights of Older Persons](#). Other categories which lack data are older persons with disabilities, older Roma and older LGBTI. During COVID-19, it became particularly striking that it took a long time before data about the infection and fatality rates in long-term care settings became available, and even then, this data mainly focussed on residential long-term care, ignoring situations of home care and community-based care.

- Concerning digitalisation, the 75+ are left out of data collection regarding basic digital skills in the EU. Concerning life-long learning, statistics on participation and training stop at 65 years of age.
- Data on elder abuse is extremely poor and most of the time inexistent. The WHO Regional Office for Europe has collected data from six EU member States in 2011. In some member States, data on victims and survivors of domestic abuse are only collected until 75 years of age. This contributes to making the phenomenon invisible and underestimated.
- Data on volunteering or intergenerational exchange is collected only once in a while on an ad-hoc basis, the latest data still dating from before the Great Financial Crisis in 2008.

**AGE recommendations on data collection:**

- Improve disaggregated data collection on ageing issues by national statistical institutions and those at EU level such as Eurostat, Eurobarometer and other cross-country key data collection tools and surveys carried out by EU institutions and their agencies.
- Ensure proper participation of older persons, including the most excluded ones, to improve the quality of the collected data and better reflect the reality of a whole diversity of older persons.

## Annex: AGE analysis and recommendations by RIS policy areas

The following analyses and recommendations stem directly from AGE's annual exercise of the AGE Barometer. They are grouped along the thematic areas of the 2017 Lisbon Ministerial Declaration and Regional Implementation Strategy for the European region. For each section, the link to the relevant AGE Barometer is provided.

In the second half of each AGE Barometer edition, national experiences are listed country-by-country. Therefore, each Barometer edition forms a complement and further information to the statements outlined hereafter.

### RIS chapter I: Recognising the potential of older persons

#### Life-long learning, and education ([Barometer 2021](#))

**AGE members underline the importance of life-long learning for older persons but highlight that the potential of learning policies targeting older persons is not sufficiently harnessed.** Some interesting initiatives exist regarding training for workers generally, which also apply to older workers, but ageist stereotypes, lack of communication and of systematic entitlements to training hinder the participation of older workers in these programmes (see also below in 'support to find employment' for job-related skills policies). The transition from work into retirement remains a blind spot for educational initiatives, despite the importance of anticipating this phase, which is determining for the later life-course. In retirement, it is mainly older persons' organisations themselves which organise informal and non-formal learning opportunities. AGE members by and large underline that there is no systematic support in terms of finances, logistics, communication or capacity-building to the adult education sector. AGE members also underline that, while learning opportunities remain inaccessible for many older persons, specific groups face additional barriers: older persons with disabilities, older persons in rural areas and older persons with a migrant background. Older persons with low educational achievement also face higher thresholds to access life-long learning and education.

AGE members specifically underline the challenge of offering adequate learning opportunities on digital skills to older persons, as large shares of older persons have not had the opportunity to acquire basic digital skills. As the digitalisation of public and private services, as well as social life in general, has accelerated during the COVID-19 pandemic, this caveat becomes particularly challenging and threatens social inclusion of many older persons.

On EU level, the draft recommendation on individual learning accounts bears the potential to trigger a shift towards a life-long learning culture, but important caveats remain, such as the limitation of the initiative to persons of working age. [AGE has released a paper on this initiative.](#)

This echoes a lengthy list of initiatives that exclude older persons: The European Pillar of Social Rights Action Plan aims for 60% participation in education and training within a given year, but only of persons below 65 years; it also aims for 80% of the EU population to achieve at least basic digital skills, but only up to age 75.

### **AGE recommendations on life-long learning and education:**

- Complete the EU framework to fight age discrimination and promote the interest of training of older workers with employers
- Introduce adequate and adapted offers for training, accessible to employees and non-employees and provide information, guidance, and support, particularly to disadvantaged groups
- Introduce individual learning accounts that can be transferred between employers and job statuses as well as EU borders, including the right to educational leave from work
- Introduce hooks and incentives in workers' careers to engage in learning, such as regular career reviews
- Support learning opportunities on the transition from work into retirement
- Build a professionalised learning environment for persons beyond pension age with an active outreach
- Enable digital inclusion by expanding offers on digital skills and public access points.

### **Volunteering and intergenerational exchange ([Barometer 2021](#))**

Many older persons enjoy volunteering during their working lives, and even more so afterwards. Volunteering brings a concrete contribution to society by advancing humanistic, environmental, or other causes. In many cases, volunteering also fills gaps in social policies, such as for example in the domain of long-term care. Research has also shown that volunteering improves social inclusion, physical and mental health by providing activity, friendships, and sense of purpose.

Older volunteers form the backbone of many civil society organisations and are active on multiple topics, with a tendency to engage more in care activities than volunteers from other age groups. **Still, AGE members underline that the potential of volunteering of older persons could be better fostered and nurtured by public policies.** The local level has a strong role to play to support volunteering, but regional and national frameworks can help local authorities in this task. Support should take the form of financial support to volunteering organisations, activities to increase the awareness for available volunteering opportunities as well as to provide logistical support. Professionalisation and training of the staff of volunteering organisations and peer exchange have also a strong role to play in strengthening the volunteering sector. Incentives, such as tax reductions, insurance coverage or compensation can also further support older volunteers. A formal status for volunteers and recognition is seen as a good practice.

There are some factors that limit the activity of older volunteers, such as age barriers, ageism and discrimination and other disincentives. More should be done to make volunteering more inclusive to persons with disabilities, persons with a migrant background and persons with low educational achievement.

Volunteering is an important activity to foster intergenerational exchange, but it is seldomly supported for this. As intergenerational exchange is an important and effective way to combat ageism, AGE recommends making the fostering of intergenerational ties a specific objective of national frameworks.

#### **AGE recommendations on volunteering and intergenerational exchange:**

- Support the volunteering sector with funding, training, peer exchange and capacity-building
- Build information hotspots, online and offline, to inform about volunteering opportunities
- Create formal statuses for volunteers linked to individual benefits (insurance, tax deduction, compensation)
- Promote intergenerational exchange through volunteering (both ways)
- Increase research and pilot actions on increasing volunteering by older persons with lower educational background
- Assess and abolish age limits and age-related barriers for volunteering
- Increase data provision on volunteering and on intergenerational contacts

#### **Consultation and participation ([Barometer 2021](#))**

Older persons are active citizens who take part in elections in a larger share than other age groups in many Member States. Older persons are also active in political organisations on a variety of topics and engage in activism. However, **the systematic consultation of representative organisations of older persons in all matters affecting them is not a widespread practice**, and often only happens on an ad-hoc basis. Governments should better support independent and representative organisations of older persons to formulate and voice the concerns of older persons in policymaking. Several good practices of statutory older citizens' assemblies exist on local and regional level. The international exchange between older persons' organisation and involvement of older persons' representatives in international processes such as the UN Open-Ended Working Group on Ageing could be improved. Ombudspersons for older persons and dedicated working groups at ministerial levels have a vital role to play in coordinating policies regarding older persons.

Beyond age 65, it is generally observed that representative assemblies, such as Parliaments, and decision-making functions are seldomly exercised by older persons. There are also barriers to the political participation, for older persons with disabilities, especially those in need for long-term care and support and older persons from ethnic minority groups. Ageist public discourses also act as a disincentive to older persons to become politically active and voice their concerns.

### **AGE recommendations on consultation and participation:**

- Reduce ageism and hate speech through a dedicated [age equality strategy](#) at EU level
- Empower older persons to raise their voices about issues that concern them
- Systematically and statutorily include older persons' representatives in decision-making processes in matters that concern them (older citizens' councils, open consultations, inclusion in delegations, financial support)
- Monitor the political representation of different age groups
- Support organisations that collect and amplify the voice of older persons on all governance levels through funding and capacity-building
- Ensure the accessibility of elections to persons with disabilities and persons in long-term care settings
- Make approaches for co-design a requirement for funding of research projects on ageing issues

## **RIS Chapter II: Encouraging longer working life and ability to work**

### **Support to find employment ([Barometer 2019](#))**

EU legislation promotes the principle of **non-discrimination on the basis of age** when accessing employment and regarding certain company policies (education and training). However, wide exemptions are granted by the directive establishing a framework for equal treatment in occupation: older workers can be discriminated against in vocational training policies or when setting retirement ages. [AGE has assessed the implementation and interpretation of the EU Equal Treatment Directive](#) and found wide disparities and remaining age discrimination in the field of employment despite the 20<sup>th</sup> anniversary of this piece of legislation.

On the **promotional** side, while the European Network of Diversity Charters is providing a valuable platform for exchange among employers and human resources professionals on diverse workforces, the discrimination grounds of disability or age are only seldomly taken up in these exchanges. Hidden discrimination in the labour market leads to extremely low hiring rates for older workers. While employment rates are progressively increasing, most of this increase comes from older workers staying longer on their job, while older workers losing their job have a significant risk of never being employed again.

It should be noted that both private and public sector employers are showing signs of age discrimination. On European level, several initiatives have an impact on the chances older workers have to integrate employment: The Council Recommendation on Integrating Services for the Long-Term Unemployed (LTU recommendation) of 2014 aims to improve how public employment services reach out to unemployed – an important initiative given the high risk of long-term unemployment among older jobseekers. However, the initiative focusses on unemployed who have

not found a job within 18 months, failing to target groups such as older jobseekers who would need proactive support.

The Council Recommendation on Upskilling Pathways aims at improving the skills of jobseekers in a life-cycle perspective. It aims to introduce training offers for people of all ages in basic skills such as numeracy and literacy. The recommendation is aiming in the right direction by trying to reach out to the low-skilled: they are the first ones to be threatened by automatization and digitalisation of the economy. However, given the level of skills in information technologies required to cope with the emerging labour market and the ongoing stigma on older jobseekers, often perceived to be digitally illiterate or under-skilled, an initiative on basic skills does not seem to be sufficient.

In most EU countries screened, the extension of working life through statutory pension ages, a policy promoted by the European Semester as well, remained the main focus of policies and national actions to deal with the ageing of the population. However, this extension was rarely supported by changes in the working environments. Extending working lives by introducing higher retirement ages exacerbates in many cases inequalities faced by older people of working age who have health issues or disabilities. AGE members observed that in many member states, little initiatives exist on rehabilitation and return to work for this category of workers.

AGE members found several instances of tax advantages for employers who employ older workers, but most initiatives that target older workers seem to have too little budget to make a real impact.

Finally, initiatives for a gradual transition into retirement, which have the potential to prolong working lives by reducing working hours before retirement, are lacking or even discouraged in many countries.

#### **AGE recommendations on support to find employment:**

- Fight age discrimination in the labour market by reducing loopholes in the EU legislation and promoting age equality through positive campaigning
- Explicitly mention older workers and jobseekers in initiatives to support employment and dedicate extra resources to building tailored initiatives responding to older jobseekers' needs
- Review initiatives to support employment for hidden or explicit age caps that create barriers for older persons close to or beyond statutory retirement age to benefit from them
- Promote the gradual transition into retirement to promote longer careers
- Invest into enabling services, particularly for older workers with care responsibilities (see below).

## **Age-friendly workplaces** ([Barometer 2019](#))

**Age-friendly environments and workplaces are widely recognized as key factors to support healthy ageing.** Adapting workplaces means more than finding ‘reasonable accommodation’ to older workers when they have developed a disability or health condition. It means actively fostering prevention of work-related risks, job quality and motivation, reconciliation of work and private life and continuous updating and upgrading of skills. On European level, this dimension is mostly addressed through health and safety legislation, research projects and promotion and awareness raising.

**Lack of age-friendly workplaces are partly responsible the low employment rates of workers after the age of 50.** The AGE Barometer was able to identify some improvements in adapting workplaces to meet older people’s needs, as the number of people over 50 who think they will be able to do their job above the age of 60 increased.

In terms of health and safety legislation, the EU has adopted a strategic framework for health and safety. While many positive initiatives stem from these policies, such as a campaign for workplaces for all ages, on reducing stress and on preventing Musculo-Skeletal Disorders, these seem to have limited impact in reaching beyond the classic occupational safety paradigm about avoiding accidents. Future occupational safety programmes must further stress the prevention of health conditions that develop over time, including psycho-social issues. Health promotion should also be integrated in future campaigns on occupational health and safety.

Older people are often under-represented in continuing vocational training, as participation in life-long learning is highest amongst adults aged 35-44, relatively low for 55–64-year-old workers and decreases rapidly after the age of 65.

The diversity characterizing the EU regarding age-friendly work environments shows that despite the increased attention on the issue, a systematic approach to tackle the problem is needed, as the impact of these initiatives is still not fully exploited. With the exception of a few countries where healthy ageing is embedded in national programmes, local authorities seem unable to coordinate their work and produce more meaningful changes to improve older workers’ conditions.

### **AGE recommendations on age-friendly workplaces:**

- Legislation relative to the right to reasonable accommodation should be better implemented and promoted to make workplaces inclusive to persons with disabilities, many of which are older workers
- A European initiative on sustainable workplaces should form a coherent set of policies that aim for improving healthy ageing at work, going beyond the approach of ‘avoiding risk’, but integrating prevention and health promotion
- The participation of workers of all ages, but older workers in particular, in career reviews, skills assessments, education and training should be actively fostered.

## Work-life balance ([Barometer 2019](#))

**Informal carers play a fundamental role in the delivery of care to older people, with between 12 and 16% of workers between 18-64 providing care to a family member** at least once a week. It is estimated that 80% of care work is delivered by informal carers, and the share of informal carers among the workforce increases with age. However, care responsibilities often become burdensome if the right measures are not taken to safeguard the caregivers. In this regard, we tried to catch this equilibrium between working duties, family and care responsibilities of friends or relatives. From the analyses performed, it emerged that in 2016, 34% of the carers interviewed aged between 50-64 in the EU had difficulties to combine work with care duties compared to the 27% in 2011 – **the burden of care is increasing**. This reflects increasing needs due to demographic change, but also a failure of formal care services to catch up. The surveys conducted by Eurofound **since the outbreak of the COVID-19 pandemic suggest that this burden of informal care has massively increased since**.

**The Commission's initiative on work-life balance for parents and carers** was a crucial step towards recognising carers on the European level: it introduces a right to five days of carers' leave for workers per year. However, it is regrettable that during the negotiations, **the reference to compensation of workers during carers' leave was removed** and wide discretion is granted to member states in setting the criteria which give rise to this right. **Five days per year are certainly not sufficient** to mitigate for the effect of lacking formal care services. A separate initiative for investment into accessible, person-centred quality care services should accompany the transposition of this directive.

### **AGE recommendations on work-life balance of older workers:**

- The EU Directive on work-life balance for parents and carers should not only be fully implemented (by the summer of 2022), but the provided minimum guarantees should be heightened, especially in terms of the number of days for informal care available to workers.
- The future EU Care Strategy and specifically its planned Council recommendation on long-term care should include action to ensure that informal carers receive adequate income support, are fully covered by social protection such as pension rights and have access to services that support them directly in their caring roles (training, peer exchange, counselling) and indirectly by increasing the time they may have for themselves (through respite care and day care services)
- We encourage further action to ensure gender equality in providing care along the entire lifespan.

## RIS Chapter III: Ensuring ageing with dignity

### Age discrimination ([Barometer 2020](#))

Age discrimination is often seen and portrayed as a 'less severe' form of discrimination when compared to, for example, racial discrimination.

Although the prevalence of age discrimination is growing, we still lack comprehensive legal protection. The EU has gone a long way in protecting older persons from discrimination on the basis of age, but some challenges still persist. Before 1999, the EU could not take action to combat age discrimination. The Amsterdam Treaty gave the EU power to adopt legislation on equality, including on the ground of age. As a result, in 2000 the EU adopted for the first time legislation on age discrimination, which covers the field of employment and occupation. Based on the groundbreaking Employment Framework Directive, which has been implemented in all EU member states, older citizens of the EU are now protected in case of unfair treatment when applying for a job, exclusion from promotion or training based on their age and also harassment in the workplace.

This EU directive has driven several positive reforms for more inclusive national employment policies. For example, it has challenged upper age limits in job advertisements. However, Member States can identify areas where differential treatment on the ground of age can be justified in order to fulfil their social and employment objectives. For example, it is legitimate to offer professorships only to younger people as a means of encouraging recruitment in higher education. In addition, forced retirement is still allowed in several EU Member States. As there are not sufficient campaigns to raise awareness about age equality, prejudices against older workers can limit their chances for job interviews or trainings. According to the 2019 Eurobarometer, almost half of the respondents believe that the candidate's age is the most usual form of disadvantage in the workplace. [AGE has analysed the application of the employment directive by courts](#) and has also found disparities, for instance around forced lay-offs after statutory pension age. Therefore, age discrimination remains a problem in practice, precisely because age stereotypes are hard to overcome.

In 2009, the EU Charter of Fundamental Rights entered into force. This Charter prohibits discrimination on the basis of age (article 21) and enshrines an article on the rights of older persons (article 25), which reads:

'The Union recognises and respects the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life'.

These two provisions increased visibility of the EU's role to fight age discrimination. However, one important gap remains. The EU has not yet adopted a directive that would cover age discrimination (among other grounds) in access to social protection, goods and services. A draft has been proposed by the European Commission in 2008, but due to concerns by a few Member States, this piece of law has not been adopted to date. At the same time, several EU Member States decided to extend national law to protect their citizens from age discrimination beyond the field of employment. But the protection is uneven and not always complete.

Where age discrimination is not or only partially covered, older people may be denied a loan, may be excluded from public housing, and may lack access to free preventive health screenings on account of their age, or access to insurance which might be essential to engage in employment (such as motor insurance), among others. More gaps can be found in terms of protection from indirect discrimination, harassment, instruction to discriminate and victimization in the areas of social protection, education, healthcare, housing and goods and services.

The lack of protection against discrimination in all walks of life reinforces the pervasiveness of ageism that underpins discriminatory practices.

There is no requirement to set up equality bodies with a mandate covering age discrimination in outside employment. National Equality Bodies (NEBs) play a key role in raising visibility of age discrimination and helping victims of discrimination find redress. Some NEBs have extended their mandate, but these cover to varying degrees areas beyond employment. In some countries, NEBs were able to challenge practices like refusing a loan solely on the basis of age, but in others, Equality Bodies have no mandate on cases of age discrimination.

Due to the lack of clarity about in which areas of life age discrimination is prohibited and the diverging extent to which equality bodies cover such cases, older persons are less likely to report discrimination on the basis of age. This allows for discriminatory upper age limits to persist and for justifying several forms of unequal treatment and disadvantage in old age. Age equality must also be addressed on the broader societal level as well, tackling deeply engrained prejudices and stereotypes through promotional measures and be encouraging contacts between generations.

#### **AGE recommendations on non-discrimination:**

- Further raise awareness about existing legislation on equal treatment in the area of employment and look into closing the remaining gaps in the Equal Treatment Directive
- Adopt a comprehensive framework on equal treatment in all other walks of life
- Mandate equality bodies to consistently also address age discrimination in all areas of life
- Promote awareness for age equality through public information campaigns

#### **Elder Abuse ([Barometer 2020](#))**

Abuse, violence, and neglect affect 25% of older people with high care needs every year in Europe; overall, one in six people aged over 60 suffer abuse, according to the World Health Organisation. Elder abuse is deeply rooted in our societies' prejudices, stereotypes, and discriminatory practices towards older people. It is implicit in the negative and demeaning views about older persons that are widespread in media. Many practices in the COVID-19 pandemic can also be labelled as abusive: refusal to hospitalise older people and their de-prioritisation in access to care are some of the most

blatant breaches of the human rights of older people. Ending elder abuse requires nothing less than ending ageism as a structural factor of discrimination and stereotyping.

For older people, COVID-19-related challenges have added a layer to the long-lasting phenomenon of elder abuse. As reports on increasing numbers of elder abuse cases have emerged, some countries report an increase of up to 37%. Lockdown measures aggravate the isolation in which abuse takes place and makes it even more difficult for older people to seek support.

Older victims of abuse and other types of offences have always experienced greater challenges in accessing support services and to be heard by law enforcement bodies. Since 2012, EU's Victims' Rights Directive has obliged member states to improve the support and protection available to victims. The EU Strategy on Victims' Rights 2020-2024 explicitly mentions victims of elder abuse in its scope. This needs to be followed-up and supported by research about the causes and ways to prevent elder abuse in all settings. The Green Paper on Ageing, however, has skipped over this most painful and damaging life experience linked to ageing.

AGE has recently called for a ['Europe free of elder abuse'](#)

#### **AGE recommendations to counter elder abuse:**

- The EU should support member states in their efforts to tackle elder abuse by explicitly including mention of it in relevant initiatives, such as the EU Care Strategy
- Research should be intensified into the prevalence, causes and ways to prevent elder abuse in all settings, not limited to long-term care.
- While elder abuse has been identified as a threat against older women in the proposal for an EU Directive on combating violence against women and domestic violence, as well as in the proposal of a directive on hate speech and hate crime, more attention should be put on this specific dimension, and it should be further spelled out in the subsequent guidance.

## **Intersecting discrimination**

*Gender Equality* ([Barometer 2019](#))

Older women often face multiple discrimination, based on their age and their gender. This is the case in many different domains, such as the labour market, access to pensions, unequal distribution of care duties within families and even health and long-term care.

Gender inequalities in employment rates increase with age, the gender wage gap and gender employment gaps are highest for older workers between 50 and 65 among all age groups. This holds true also for member States where employment rate gaps between women and men are relatively small. Women are sometimes not reached by employment support measures, if they

require long contribution periods to access them. Gender quotas exist in some member States, but often only benefit younger rather than older women.

The gender pension gap is at 30%, with pressures on potential increases in the future for those categories of women who did not have the chance to build a full career. Many factors are responsible for the gender gap in pensions, but the gap in wages should be singled out, as women performing the same work as men earn on average 14% less than men. The gender gap in pensions becomes even more worrying as it means a higher risk of poverty and social exclusion of older women (65+) at 21%, seven percentage points above men's poverty and social exclusion rates. The rate and the gap increase even further for women over 75. Women are more likely to be only eligible for minimum pensions.

Despite EU Council conclusions on closing the gender gap in pensions, there are no systematic impact assessments of pension reforms on older women. Pressures are high to further link pension contributions to the amount of benefits and to individualise social protection rights by the phasing-out of survivor's pensions. This would have a strong negative impact on women, if there are no compensating measures on the recognition of time spent caring and adequate minimum pensions.

The gender care gap is large, with women working 22 hours per week on average on unpaid family work, vs 10 hours for men. AGE members suggest that appropriate arrangements about family leaves, especially carers' leave and paternity leave, could alleviate the situation. The care gap is also felt by older women of working age, as 17 % of men, but 28 % of women are caring for a person aged 75 or above at least once per Week. EU legislation has started addressing this gap, but support for informal carers remains by and large insufficient (cf. section on work-life balance above).

The economic impact of gender inequalities is estimated by the European Institute for Gender Equality at 8-10% of additional GDP growth that could be achieved by 2050 if progress was made more swiftly.

Strong gender inequalities persist in the domain of health: while women have a life expectancy which is longer than for men, their *healthy* life expectancy is about equal, meaning that women spend a longer time of their lives with a disease or disability. Therefore, women are more exposed to problems and age restrictions in accessing health care. A specific risk to older women exists in the domain of mental health: more older women are living alone than older men, putting them at a higher risk of social isolation. Increases in out-of pocket spending for health and long-term care after the Financial Crisis create additional barriers for accessing adequate care, and the reduction of care services during the COVID-19 pandemic further pushed care systems towards informal care provision, putting women at a double disadvantage as main group of persons in need for long-term care and providers of informal care.

In a recent study, the European Institute for Gender Equality found that only about 1% of the European Structural and Investment Funds in the years 2016-2018 were spent for the benefit of gender equality.

### **AGE recommendations on gender equality in old age:**

- Reduce gender care gaps all along the lifespan through policies favouring work-life balance and formal care provision
- Target the improvement of employment rates of older women in labour market policies
- Cover periods during a career spent caring by pension credits
- Ensure adequate minimum pensions and survivors' pensions
- Ensure universal access to affordable health and long-term care

### *LGBTI+ Equality ([Barometer 2020](#))*

Older LGBTI run the risk of facing the accumulated effects of stigmas and discrimination based on their age, actual or perceived sexual orientation, gender identity or gender expression, or sex characteristics.

Older LGBTI who have lived in a world hostile to their identities may be reluctant to access support due to fears of encountering discrimination. For instance, many older trans people of today transitioned at a time when families, communities and legal systems struggled to comprehend trans identities and transitioning.

Many LGBTI people remain invisible among older people themselves. Older people's organisations lack awareness of the needs of older LGBTI persons and hence may fail to address their needs. At the same time, this can also lead to the lack of recognition of LGBTI within the LGBTI community.

A larger proportion of older LGBTI are at higher risk of isolation and poverty. Older LGBTI are at a particular risk of being denied family-derived rights such as property inheritance, insurance, child-care responsibility or next of kin. Some older LGBTI may have never married or been in a permanent relationship and may not be able to rely on a family network following their coming out.

Older LGBTI people are more likely to have long-term health conditions and poor self-rated health. Research shows that older LGBTI have higher rates of specific conditions, such as obesity, breast cancer and HIV/AIDS. A lifetime of stigma, misgendering and non-consented procedures also leads to worse physical and mental health, poorer access to health and long-term care, or deters older LGBTI to seek medical care.

The reduced ability to rely on family networks make older LGBTI in need for care and support more vulnerable to the inadequacy, lack of affordability or low quality of long-term care if the develop needs for care and support. It has been shown that they are at higher risk of discrimination in the health and social care environment. Some older LGBTI residents of care facilities may feel obliged to conceal their identities to reduce discrimination.

In the absence of legal status for same-sex couples during the lifetime of today's older LGBTI, they might face more challenges to benefit from adequate old-age income than different-sex couples. For example, access to survivor's benefits and inheritance from their partner may be reduced.

It has been established that sexual orientation and identity are aggravating factors for the risk of elder abuse, although data on elder abuse in general and abuse against older LGBTI persons in particular is scarce.

### *Roma Equality ([Barometer 2020](#))*

An estimated 10-12 million Roma people live in Europe, among which 6 million in the European Union, making up the continent's largest ethnic minority group and composed of diverse sub-groups: Romas, Gypsies, Travellers, Manouches, Ashkali, Sinti, Lale, Boyash, ...

Almost one in two Roma felt discriminated against because of their ethnic origin at least once in the past five years. Since 2013, an EU Recommendation calls for national Roma integration Strategies. An analysis of the 2019 Strategies showed that little attention is paid to older Roma people. Some refer to old-age poverty and access to pensions, risk of discrimination in access to services or cases of multiple discrimination.

The deprived, rural, and remote areas in which Roma people live – included sometimes in segregated neighbourhoods) make it more difficult to access basic goods or services. Older Roma are in a significantly more difficult income situations the general population, given low (formal) employment rates and overrepresentation in precarious, low-paid, or atypical employment. Spatial segregation of Roma is a persistent issue in EU member States, and Roma settlements enjoy lower public investments, increasing the risk of accidents especially for older persons. The mobility restrictions imposed during COVID-19 made it even more difficult for older Roma to move to access essential services and health or care services.

Most of the time, Roma people live in substandard conditions and overcrowded housing. Roma people have little access to running water and hygiene facilities in their homes, increasing their exposure to ill-health, domestic accidents, and chronic disease. This results in significant health inequalities.

Roma people have lower access to health coverage, which often depends on employment benefits and social protection systems. Life expectancy is significantly shorter, by about 5 to 20, years compared to other groups. 55% of older Roma women are in bad health compared to 29% of non-Roma women of that age (50+).

Roma have lower capacity to finance long-term care, healthcare, and preventions, as well as medication, especially in case of chronic and non-communicable disease. Ethnic segregation in hospitals and discrimination further reduce access to quality health protection that are essential to realise active and healthy ageing. As a result, more Roma are cared-for informally by family members, further reducing especially women's employment prospects and pension rights.

Discrimination also leads to a greater hesitancy for Roma women to resort to shelters in case of domestic abuse. These shelters are also often not adapted to older women, making this issue

especially relevant for older women victims of elder abuse. Due to their vulnerable social and economic situation, Roma also more often become victims of criminal networks and risk being exploited or abused.

### **Social inclusion ([Barometer 2020](#)) / Fight against poverty and social exclusion ([Barometer 2019](#))**

The Europe 2020 target on poverty reduction aimed to reduce the risk of poverty and social exclusion by 20 million between 2008 and 2020; This target has not been met and replaced by a reduction target of 15 million by 2030 in the European Pillar of Social Rights Action Plan. Despite overall lower levels of poverty and social exclusion than the average population, older people are far from exempt of being exposed to it.

Since 2015, poverty and social exclusion rates of older persons in general and of older women (especially 75+) in particular have been rising in a context of declining poverty rates for the overall population, forming an alarming disconnect. Particularly vulnerable groups to old-age poverty are persons with a migration background, single women, persons with health problems and those having experienced long-term unemployment. In some member States, poverty and social exclusion rates of older persons are shockingly high, above 40%.

Future pensioners are reported to have exceptionally low levels of confidence in their financial future, as they fear they will not be able to live a decent life after they retire due to the low income. Even though social benefits are provided by the different governments, they are usually not sufficient to meet the needs of older persons. Poverty and social exclusion also takes the form of lack of access to adequate health and long-term care, either because of high out-of-pocket payments (e.g., for medication) or because of the lack of coverage of certain areas by medical services.

The COVID-19 pandemic has triggered the increase of sense of social isolation and put into the spotlight the need to define and pursue policies to address isolation and loneliness.

High poverty and social exclusion levels are mainly a result of the lack of policies to ensure gender equality during working lives, directing support to find employment for older workers and inadequate pension systems for persons with health conditions that prevent them from. Only changes carried out simultaneously in these different domains will be able to produce meaningful results in the quality of life of older persons. [AGE has stressed the importance of adequate minimum income](#) for combatting old-age poverty and social exclusion and called for better assessing the impact of pension reforms for low-income pensioners [in our contribution to the 2021 Pension Adequacy Report](#).

### **AGE recommendations on poverty and social exclusion:**

- Older pensions must be explicitly included in initiatives aiming to reduce poverty and social exclusion, such as the European Pillar of Social Rights Action Plan, the planned Council Recommendation on Minimum Income, and the report on Access to Essential Services
- (Minimum) Pensions must be made adequate for all, set to protect from poverty risk (60% of national median income) and allow to live a life in dignity. For this, they must be compared to a reference budget calculated on the basis of a realistic basket of goods and services to live in dignity in older age
- Pensions must be regularly indexed and increased at least by the evolution of prices of a representative basket of goods and services to avoid slowly increasing inadequacy over the years.
- Initiatives should be supported to address social isolation and loneliness of older persons.

### **Adequate old-age income ([Barometer 2019](#))**

Adequate pensions are fundamental to ensure older persons will be able to enjoy their life after retirement age. However, as the share of people in retirement age is increasing due demographic change, many countries are faced with adequacy issues. At the same time, certain groups of individuals, such as older women, are faced with even more extreme economic conditions, as they usually collected less contributions due to their house duties and fragmented working experiences.

Due to the general worries regarding the financial sustainability of the pension systems, most of the EU countries analysed have undergone policy reforms focused on the postponement of the retirement age. Many reforms have been triggered by the needs to reduce public deficits after the financial crisis and the bailing out of large banks, thereby neglecting the necessary adaptation of labour markets and workplaces to provide sustainable work. Reforms have the effect that replacement rates will decrease in many EU member states, and quite dramatically so in some. This poses challenges to pension adequacy for future pensioners.

Recent research has analysed the effects of supplementary pensions on public budgets, showing that they also have a high cost in terms of administration and foregone tax income. AGE remains convinced that only strong statutory systems can redistribute old-age income to ensure a life in dignity to all pensioners and compensate for inequalities during the life cycle.

A major caveat is that pension adequacy is not assessed for very old people; however, the under-indexation of pensions leads to a real devaluation of pensions for the oldest old in many countries, giving rise to a risk of monetary poverty.

Challenges remain linked to the cost of health and long-term care, which in many member states exceeds the average pension level through co-payments or entirely privatised systems. AGE calls for the development of reference budgets, on a national or even regional level, which take into account the specific needs of older persons to better assess the adequacy of incomes.

**AGE recommendations on adequate pensions:**

- Thoroughly assess the impact of pension reforms on current and future pensioners, women and men, as well as other vulnerable groups, before adopting them
- Ensure strong statutory pension systems that can compensate for life risks such as long-term unemployment, disability or disease, poverty and social exclusion, as well as the unequal distribution of care work along the life span
- Assess the gender and equality impact of promoting supplementary pensions

**Health long-term care systems ([Barometer 2020](#))**

The catastrophic impact of COVID-19 on older persons in need for care and support has been widely documented and human rights abuses linked to the pandemic have been underlined by several organisations, not the least in [the Policy Brief of UN Secretary-General Antonio Guterres COVID-19 and older persons](#) and the [contributions to the call](#) of the Independent Expert on the Rights of Older Persons and COVID-19 [and her report](#).

The crisis has not created, but revealed the fragilities of our care systems, not only from a financial or organisational perspective, but more broadly from social and societal perspectives. More and more analyses expose how much health and social inequalities play a key role in this pandemic. The pandemic has also exposed the low political and social consideration given to long-term care, and how that is strongly linked with widespread ageist beliefs. Once more, disaggregated data are indispensable to better understand the challenges at stake, their magnitude, and to implement adequate solutions addressing the roots of the problem.

AGE has led an internal process in the context of the pandemic to [redefine our vision on long-term care](#). Often, long-term care is still portrayed as an act of social or medical assistance to the needy – resulting in patriarchal policies, side-lining of long-term care and persons in need for it and the consideration that this only concerns a fringe of society. Instead, long-term care should be defined by its purpose, which is to uphold the rights to independence and autonomy for all. This means realising that all of us are potential beneficiaries of care or have received care at a certain point of our lives. This approach means to empower persons in need for care to choose the form of care they want and need (residential, community-based or home care), building the structures to

provide affordable, formal care services in all these settings. Care must also leave its place as a second-class living environment and enable the exercise of all other human rights: social inclusion, participation, education, mobility etc. [AGE has formulated these recommendations in our blueprint for the announced EU Care Strategy.](#)

Over the past years, the EU has made recommendations on access to long-term care and on healthy ageing via the European Semester process. The EU Green Paper on Ageing touched upon the question of long-term care and [the 2021 Long-Term Care Report](#) confirmed that there are major issues in accessing affordable, quality long-term care: only one in three persons with severe difficulties in performing activities of daily living has access to home care services; almost half report unmet needs for care. The majority of care in the EU is still provided by unpaid, formal carers, because of the lack of access to affordable, quality care services.

The United Nations Decade of Healthy Ageing is anchored into this objective of “leaving no one behind”. It is built around four primary areas: tackling ageism, building age-friendly communities, reinforcing integrated care, and building strong long-term care systems. The WHO gives therefore a strong framework for a systemic approach, making sure we add life to years and not only years to life.

For the last fourteen years, the indicators at EU level have shown that the life year expectancy has increased faster than the healthy life year expectancy, meaning that we live longer but not necessarily in better health. There is therefore an urgent need to develop a preventative and life-course approach in health policies; addressing this gap also requires investment in quality care and support, capable of providing rehabilitation and preventing further deterioration of physical and mental capacities.

#### **AGE recommendations on health and long-term care systems:**

- Invest in health promotion, disease prevention and quality long-term care as a crucial element to make health and social care systems more resilient to crises such as the COVID-19 one.
- Make our environments more accessible to persons with disabilities, using the approach of age-friendly environments, to prevent the rise of care needs and enable continued social inclusion of persons with disabilities.
- Use the EU Care Strategy as an opportunity to trigger a change towards rights-based health and long-term care systems, built on autonomy and independence of persons in need for care
- Reinforce synergies across governance levels, from the global to the local level, to strive alignment of political initiatives and implementation measures for a true universal health coverage, leaving no one behind.

