

## Ageing with social rights

### AGE Platform Europe's contribution to the consultation on reinforcing social Europe

November 2020

### Executive Summary

This document constitutes AGE Platform Europe's (AGE)<sup>1</sup> contribution to the reflections of the European Union and Member States in view of the implementation of the European Pillar of Social Rights. It reflects the perspectives of older people and how the Pillar should contribute to addressing existing challenges. It focuses on two principles, long-term care (18) and old-age income and pensions (15), while reflecting on their intersections with other principles and how they are also relevant to the lives and realities of older people.

### Contents

Introduction.....	2
Governance – how to steer the implementation of the Pillar.....	3
AGE recommendations.....	4
Principle 18: Right to long-term care.....	5
Key principles to be pursued in implementing principle 18 .....	6
AGE recommendations for action at EU and national levels .....	7
AGE resources on the right to long-term care .....	9
The intersection with principle 17 on inclusion of people with disabilities .....	9
Principle 15: Right to Old-age income and pensions.....	10
Key principles to be pursued in implementing principle 15 .....	11
AGE recommendations for action at EU and national levels .....	12
AGE resources on the right to old-age income.....	13
The intersection with principle 14 on Minimum income .....	13
Annex I – Qualitative indicators in long-term care and support.....	16
Annex II – Relevant aspects in other principles of the Pillar .....	18

---

<sup>1</sup> AGE Platform Europe is the largest European network of organisations of and for older people fighting for equality and dignity in older age.



## Introduction

Three years after the proclamation of the European Pillar of Social Rights, the world is in the middle of a tragic crisis. The COVID-19 pandemic has exposed and aggravated the serious social challenges the EU has been confronted to for a long time. These challenges have serious impacts on the lives of older people, those of today and those of tomorrow.

The meaningful implementation of the 20 social rights proclaimed in the Pillar is more urgent than ever before. This crisis is likely to increase further the levels of inequality, poverty, social exclusion, and the overall health status of the population. Ensuring everyone can count on the meaningful implementation of the provisions in the Pillar is a social and democratic urgency.

COVID-19 has showed how far EU countries are from truly enforcing social rights. A good illustration are the tragic outcomes of the pandemic in care for older people. Contrary to what the principle 18 states, not everyone enjoys access to long-term care and support, and those who do, find themselves trapped in services unable to ensure quality and dignity. The numbers of deaths and neglected older people with care needs are a tragic reminder of the lack of implementation of a genuine right to care and support<sup>2</sup>.

The Action Plan on the European Pillar of Social Rights, announced in the communication on a Strong Social Europe for Just Transitions in February 2020, needs to contribute decisively to the realisation of the promises made in the 2017 Gothenburg declaration of the Pillar. This should happen through rebalancing social versus economic considerations in national and EU policy making.

In the next pages, AGE focuses on two principles that have been discussed in detail with our member organisations across Europe over the past years: the right to long-term care and the right to old-age income and pensions. Our contribution presents the topics and related challenges, the key principles for their implementation as well as our recommendations. We also establish links with the most closely related Pillar principles.

It is important to note that social rights are interdependent and therefore most other principles are relevant for older people, too. The recent Council Conclusions on older persons in the era of digitalisation<sup>3</sup> should be used to mainstream ageing

---

<sup>2</sup> Consult [our paper on COVID-19 and the human rights of older persons](#); the 2020 AGE Barometer also covers the lived experiences of older people, with a focus on health and long-term care.

<sup>3</sup> [Council Conclusions on Human Rights, Participation and Well-Being of Older Persons in the Era of Digitalisation](#), 2020

and older people throughout the Action Plan; such mainstreaming should aim to facilitate the interpretation of all principles in view of strengthening the autonomy of older people and promote older people's participation society. Given the cross-cutting nature of the principles of the Pillar and their relevance to improving the living conditions of people of all ages, such mainstreaming will ensure the comprehensives of the Action Plan on ageing and older people.

For more information on AGE's assessment of the rest of Pillar principles from the perspective of older people see [Annex II](#). We have also contributed to and support the [position of the Social Platform](#), as well as the [response of the European Anti-Poverty Network](#) (EAPN), of which AGE is member.

## **Governance – how to steer the implementation of the Pillar**

In view of the implementation of the Action Plan, it is not sufficient to outline a number of actions, but each principle of the European Pillar of Social Rights should be underpinned by meaningful indicators and ambitious targets to reach. The targets should also be in line with the Sustainable Development Goals, to which the EU has committed itself, and disaggregated for each member State by age and gender. Furthermore, the links between the European Pillar of Social Rights and the European Social Charter (ESC), including through ratification of the revised European Social Charter and its additional protocols by the European Union, and expanding ratification of ESC articles by EU member States should be explored.

Although the Europe 2020 Strategy was supposed to underpin the European Semester for the past 10 years, it has ended without a proper assessment. Overall, the strategy failed in reaching two social targets on employment and poverty and social exclusion. While the European Semester focused extensively on employment policies, neither poverty, nor social exclusion were priority topics in the Country-Specific Recommendations. In the future, the Social Scoreboard and the European Semester should be used to make the implementation of the EPSR more effective than the Europe 2020 Strategy, using the power of the European Semester; we need all Pillar principles to be monitored through the Social Scoreboard, and not only some of them as it is currently the case.

The Council agreement on the next Multiannual Financial Framework and the Recovery and Resilience Fund provides an important opportunity to show that European solidarity is helping to overcome the crisis; it also heightens the importance of the European Semester in steering not only reforms, but also

investment projects. However, the EPSR and its principles are not sufficiently anchored in the regulations and priorities of the funds, the 2020 Annual Sustainable Growth Survey 2020 mentions some principles – but not all -- under the 'fairness' chapter. Demographic change is not explicitly mentioned as a priority to address in the RRF regulation, while this is the most fundamental change to which social protection systems, public spaces, housing, labour markets etc. are bound to adapt. The recast European Semester risks focusing only on investments for the recovery, side lining the need for policy reforms to implement the European Pillar of Social Rights. Sticking only to the Country-Specific Recommendations issued in 2019 and 2020 risks putting attention of policy reforms only on fighting the pandemic and its impact, and not on longer-term issues.

The new format of the European Semester makes the moments for civil society consultation much less clear, as there is no basis (i.e. Country Reports) to comment on and the analytical documents of the Commission on the draft Recovery and Resilience Plans come in a scattered manner and might not even be made publicly available. To come up with inclusive Recovery and Resilience Plans, governments must be required to genuinely consult with civil society organisations, including organisations representing older persons.

## AGE recommendations

- Make a stronger and more systematic link between the (revised) European Semester and all principles of the European Pillar of Social Rights.
- Set up meaningful indicators for each principle of the EPSR, disaggregated by age and gender, underpinned by ambitious targets and their monitoring.
- The European Semester should continue to recommend necessary policy reforms to reach the social ambitions of the EPSR and the SDGs. The replacement of National Reform Programmes, Country Report and Country-Specific Recommendations by single documents – the Recovery and Resilience Plans – and scattered analysis by the Commission makes the process much less understandable and inclusive.
- Supporting member states in addressing population ageing with the respect of the rights of people of all ages and based on solidarity between generations should be a stronger objective of the EU funds and the recovery instruments and programmes such as EU4Health.
- The European Semester guiding documents (ASGS) need to include mandatory guidance on genuine civil society involvement, beyond tokenism, in drawing up Recovery and Resilience Plans

## Principle 18: Right to long-term care

AGE highlighted the [challenges of older persons in long-term care and support](#) in its submission to the UN Open-Ended Working Group on Ageing in 2018. The main challenges are:

- Lack of access, unaffordability and low quality are issues consistently reported across European Union countries:
  - There are substantial gaps in **access** to long-term care in all countries<sup>4</sup> for all levels of care and support needs. Moreover, some services have discriminatory practices in admission (eligibility and allocation) driven by the search for profitability.
  - **Affordability** issues are due to the relatively weak social protection for LTC in the EU (1.7% of GDP on average), which is most often a highly means-tested safety net and not a universal entitlement. When social protection is available, the hours of care covered are often insufficient<sup>5</sup>.
  - Due to the scarcity of resources, difficult working conditions and care services that overlook the dignity of care recipients, **quality** is a concern, with cases of violence, abuse and neglect reported across the spectrum of care services and at home<sup>6</sup>. Reforms aiming to contain costs appear to have aggravated the situation<sup>7</sup>.
- The **COVID-19 pandemic** has revealed the strong impacts of these pre-existing challenges in the ability of older people with care needs to live in dignity<sup>8</sup>.
- Relatives and other **informal carers** (friends, neighbours), mostly women, remain the main providers of care (around 80%)<sup>9</sup>; in many countries they are

---

<sup>4</sup> [Adequate social protection for LTC needs in an ageing society](#). For instance, 20.6% of those between 65 and 74, and 32.6% of those over 75 report limitations in daily activities in Sweden, but only 16.3% of those over 65 receive LTC. This gap is bigger in most countries, up to 73.4%-88.9% of older persons reporting limitations in Slovakia, where only 3.2% of them are receiving care.

<sup>5</sup> [This joint European Commission-OECD report](#) analyses social protection for LTC in several EU countries and shows gaps in protection.

<sup>6</sup> World Health Organization: [European Report on preventing elder maltreatment](#), 2011

<sup>7</sup> These include, for instance, the underfunding of the law of personal autonomy in Spain; the abolition of the LTC insurance in the Netherlands; the closing of residential care in Portugal or Belgium without home or community-based alternatives. The 2020 AGE Barometer includes an overview of elder abuse across the EU.

<sup>8</sup> Consult [our paper on COVID-19 and the human rights of older persons](#); consult also our [press release](#) on COVID-19 and elder abuse on the occasion of the 2020 World Elder Abuse Awareness Day. Amnesty International has published reports raising concerns about the human rights of older people in need of care in [Belgium](#) and Doctors Without Borders (MSF) has raised similar concerns in [Belgium](#) and [Spain](#).

<sup>9</sup> [Data provided by Eurocarers](#), European network of informal carers.

also likely to be legally responsible for providing and/or covering the costs of any care that the older person her/himself cannot afford.

- As a consequence, the **ability of older persons to live autonomously and independently, as well as free from violence, abuse and neglect, is seriously at risk.**

## Key principles to be pursued in implementing principle 18

- Care and support are the means to achieve a good quality of life. Services are not the end-goal, but the means to **support individuals establish or maintain a social links, participate in society, and remain citizens in full enjoyment of their rights.** Policymaking should be guided by this overall person-centred vision.
- **Quality long-term care and support** services should be accessible to anyone in need of them. **Social protection systems** should ensure adequate coverage of costs so that no one is excluded from services or pushed into poverty because of their care needs. Affordability of care services is a prerequisite for adequacy of income in old age.
- Improving access to care should focus on the development of **home and community-based services**, as stated in the European Pillar of Social Rights, to allow older people to age in place.
- **Services should be integrated across health and social care** and include access to a variety of services, including psychological care as well as timely **palliative and end-of-life care** across all settings were the person may need them.
- Actions to improve quality of care must include **the recognition of care work and improved working conditions** in services, including adequate wages, training, career opportunities and safety at work. **Informal carers**, who play a key role in care for older people, also need support. Measures to improve working conditions and support informal carers are critical to preserve the dignity of older people in need of care and to prevent elder abuse. These measures are also essential to ensure the recruitment and retention of workers in the care sector.
- Services should aim to address the health and social care needs of older people, and to support them in the **enjoyment of all human rights**, including preserving their autonomy, decision-making, independence, participation and social inclusion. In this sense, services should also be considered not as the end goal but the means to achieve the full enjoyment of human rights.

## AGE recommendations for action at EU and national levels

The EU and member states have a key role to play in addressing the challenges and putting forward the necessary measures to tackle them. In particular, AGE urges them to:

- Agree on **EU-wide quality and access indicators** for long-term care and support, building on existing reporting systems and avoiding additional administrative burden, to allow for benchmarking.

**Quality** indicators should be qualitative and be monitored through observational and appreciative approaches focusing on the experiences of users, care workers, informal carers, volunteers and managers of services (see [Annex I](#)). They should build on shared principles, to be reflected in a common **EU quality framework**. Civil society organisation, who have extensive experience reflecting on quality and dignity in care services, can play a key role in guiding policymakers in this area.

**Access** indicators should reflect whether the real care and support needs of people accessing services are being met. Indicators on the type of service (public, private non-profit, private for profit) and setting (home, community, institutions) should be included.

**Sustainability** indicators should include measurements beyond fiscal aspects. Such indicators should include measurements of the negative spill-overs associated with the lack of access to quality professional care and support. These negative spill-overs include: lost economic output as the result of less labour market participation by women; overburden and increase in mental and physical health conditions among informal carers; avoidable use of healthcare resources (including weaker adherence to treatment and avoidable readmissions); loss of social and economic contributions of older people with care needs; burnout and safety issues among care professionals; and, finally, lost employment opportunities in the care sector.

- Set **compulsory access targets**, similarly to the [Barcelona targets](#) adopted in childcare in 2002, to measure progress in access to long-term care and support. Data on access should be disaggregated by care setting – institutions, community and at home. Particular ambition should be given to the development of access to community and home-based services, in line with principle 18 of the Pillar and in accordance with the provisions of the Convention on the Rights of Persons with Disabilities, ratified by the EU and all member states.

- Develop strategies for the implementation of **integrated care**. Integration needs to be implemented **within and between health and social care** services. Integration should also involve addressing holistically all the needs of individuals, including psychological care, palliative care and end-of-life care. There should be an obligation for emergency and contingency plans to be developed to ensure preparedness in case of emergency and catastrophic situations, such as pandemics, in cooperation with the European Centre for Disease Prevention and Control (ECDC) and in consultation with organisations of older people, people with disabilities and social partners.
- Introduce measures to **support informal carers**, including support and respite services; measures for adequate work-life balance, including generous care leaves; training opportunities and lifelong learning, including the possibility to validate the skills acquired; social protection measures that cover the realities of informal carers, including income security, notably by recognising the periods of informal caregiving with regards to unemployment and pension rights (via pension credits)<sup>10</sup>.
- Bind states to **improved working conditions** in the care sector, via social dialogue, with the aim to raise qualification and training requirements, wages and health and safety at work. States should ensure a supportive atmosphere to improve quality and prevent high staff turnover. Orientation and training, including lifelong learning, and career opportunities should be part of good working conditions as well as of recruitment and retention strategies; curricula of health and social care workers should address the context of older people with care needs, including preventing ageist attitudes in care practice.
- Enforce regulations in the running of **private for-profit care services**, including assessing the possibilities for action at EU level to address the situations of lack of quality and insufficient enforcement of regulations. Issues have been observed in particular in the functioning of multinational companies operating across the EU<sup>11</sup>, an area on which the EU can play a decisive role on the basis of Treaty provisions on the internal market.

To ensure advance towards the enforcement of all the above-mentioned measures, the European Commission should put forward a **legislative initiative**

---

<sup>10</sup> For more extensive and detailed demands to ensure the wellbeing and dignity of informal carers, consult the submission of Eurocarers to this same consultation.

<sup>11</sup> European trade unions represented by [UNI Europa](#) and the [European Public Service Unions \(EPSU\)](#) have repeatedly expressed concern about workers' rights and the dignity of older people in services of several European multinationals.



**in the field of care.** EU legislation would ensure the upwards convergence of member states, scrutinized via both a specific monitoring framework as well as via the European Semester and its social scoreboard.

In addition, the Commission and the Council should ensure that earmarked investments in long-term care are included within the key priorities in the implementation of the immediate and longer-term **EU funding instruments** including the Recovery and Resilience Facility, the future European Social Fund+ and the EU4Health Programme. These instruments should contribute to the realisation of the policy objectives in long-term care and the implementation of a legislative EU proposal.

Last, the European Commission should continue funding the **Open-Method of Coordination** in the field of care and support for older people. Peer reviews should meaningfully involve civil society organizations. They could also be organized at the request of civil society organisations wanting to share their views on the thinking and the design of care and support systems with officials from member states.

### AGE resources on the right to long-term care

- [AGE toolkit on the Dignity and Wellbeing of Older Persons in need of care](#)
- [AGE's contribution on long-term care at the 9<sup>th</sup> session of the UN Open-Ended Working Group on Ageing.](#)

### The intersection with principle 17 on inclusion of people with disabilities

There is growing awareness of the need to **break the silos between disability and ageing**. In particular, there is a growing recognition that the achievements in the area of people with disabilities, in particular the provisions of the Convention on the Rights of Persons with Disabilities (CRPD), should not exclude older people when they need care and have or acquire a disability.

This intersection between disability and ageing is often challenging, in terms of policy thinking, advocacy and funding, legal and policy aspects<sup>12</sup>. People with

---

<sup>12</sup> For more information on the intersection between ageing and disability, including between ageism and ableism, you can consult the [dedicated content](#) of Ageing Equal, campaign against ageism led by AGE Platform Europe. See also the [2019 report](#) of the United Nations Special Rapporteur on the rights of persons with disabilities, Catalina Devandas on the rights of older persons with disabilities.

disabilities are confronted with a set of obstacles as they age, as do older people who have care needs or develop a disability. In both cases, **the equal enjoyment of human rights is at risk**, as AGE Platform Europe has highlighted in its submission to the public consultation of the EU Roadmap for the Disability Rights Strategy 2021-2030.

The status quo in care and support for older people too often takes **services as the end goal and not the means to realise the preferences and choices of individuals**. The thinking in the disability sector has achieved a greater recognition of the instrumental role of care and support and the importance of enabling people with disabilities to continue living as they wish; however, gaps persist when it comes to older people.

It is therefore unsurprising that until now principle 18 of the Pillar has been interpreted narrowly to target only older persons. Likewise, the implementation of Principle 17 on the inclusion of persons with disabilities focuses on people of working age. Read alone, principle 18 seems to focus on the means, i.e. the services needed to support older persons, while failing to describe the objective these serve, which could become the basis for the application of protectionist and medical approaches on long-term care for older people.

**The ultimate aim of long-term care and support services in old age remains inclusion and full participation in society as mentioned in principle 17. The two principles must be read together to adequately cover older persons with disabilities.**

This intersectional approach will have an impact on the way some initiatives are implemented, including quality indicators in care and support (see [Annex I](#)). Also, the upcoming Disability Strategy has a key role to ensure that the implementation of the Pillar takes full account of the intersection of ageing and disability.

## **Principle 15: Right to Old-age income and pensions**

AGE highlighted the [challenges of older persons in accessing social protection, first and foremost pensions](#), in its submission to the UN Open-Ended Working Group on Ageing in 2019. The main challenges are:

- **Access:** Accrual of pensions rights in periods of informal child and long-term care, disability, health conditions or other forms of labour market exclusion is usually halted, harming especially women, who are more likely to take up informal long-term care responsibilities, but also men in these

situations. Some precarious working arrangements limit access to accruing pension rights and gender segregation in professions mean that many women have no access to supplementary pension schemes, such as occupational pensions. Self-employed are often not covered by pension contributions to the same extent as employees. The lack of support for older workers to maintain employability and remain in the labour market leads to exclusion from accrual close to retirement age and puts into question the raising of retirement ages.

- **Adequacy:** The gender gap in pensions of 37% on EU level shows that a gender-equal access to adequate pensions is far from being achieved. Not all member States have minimum pensions in place and sometimes minimum pensions are not adequate. Adequacy needs to protect older persons from poverty and social exclusion, both by being linked to the at-risk of poverty threshold and the cost of goods and services needed to live in dignity. Adequacy is threatened as well by under-indexation of pensions, eroding their value over time. Where pensions are mainly provided by funded pensions, fluctuations in financial markets can pose a severe threat to pension adequacy. Finally, the individualisation of pension entitlements means a loss of the capacity of social protection systems to reduce inequalities between pensioners, first and foremost between women and men, but also in case of life events such as long-term unemployment, disability or a chronic disease. The cost of health and long-term care services severely hamper the adequacy of pensions for persons in need for care. Especially, long-term care services are labour intensive and, therefore, very costly, while the on-going social protection reforms tend to increase individual out-of-the-pocket spending on long-term care.
- **Accessibility:** Automatic information and auto-enrolment should be promoted as good practices to ensure accessibility of information about one's pension. Digitalized information needs to be accessible for persons with disabilities, and offline alternatives should always be available at low cost.
- **Pension reforms** in many member states have eroded the trust of both workers (particularly the young) and pensioners in pension systems, sometimes by introducing immediate cuts or sudden raises of pension ages for certain groups. Pension reforms should be treated as a longer-term societal achievement and should always be a result of a process of consultation of all age groups, as well as be clearly communicated to all those who are affected by their outcomes

### Key principles to be pursued in implementing principle 15

- **Everyone should be entitled to accrue sufficient pension rights** to have an adequate income in older age. This means that labour markets

should be made more sustainable (in the life-cycle perspective) and inclusive to provide prospects for low-educated and low-paid workers, workers with care responsibilities, health problems or disabilities, as well as older workers. This means that all other principles of the EPSR linked to inclusive labour markets should be implemented to guarantee sufficient pension rights.

- **Pensions should be accessible on equal terms for women and men**, persons with low incomes, persons with health problems and/or disabilities reducing their ability to work, self-employed or migrants.
- **Old-age income must protect older persons from poverty and social exclusion**. This means setting minimum pensions above the at-the-risk-of-poverty threshold to provide the income needed to live a dignified life. The cost of services, such as medical or long-term care services, and the essential goods such as food, energy, mobility and housing should be fully reflected in the minimum pensions.
- **Pensions should be adequate also in the longer term** meaning, that they should at least be regularly indexed in line with the evolution of living costs. This is particularly crucial for the group of the so-called the 'oldest old' whose pension may get substantially eroded between the moment of the retirement and the very late years of life.
- Efforts to reach gender equality should not only focus on the period spent in employment (i.e. career and pay gap), but **gender equality for current pensioners** should be addressed, such as the gender pension gap and the high exposure of older women to poverty and social exclusion. Avenues to do this is the recognition of times spent caring for family members in pension credits. The directive on work-life balance with the introduction of a carer leave is a first, yet not sufficient effort in this direction. A Council Recommendation on Social Protection and Services for Informal Carers could address the remaining gaps
- Whether they are relying significantly on pay-as-you go or funded pensions, member States have the **responsibility for maintaining adequate pension payments** even in periods of financial upheaval.
- **Pension reforms should be a result of a broad consultation process** with both social partners and civil society organisations representing all age groups. They should be implemented in a progressive manner, without placing the bulk of the burden of a reform on a single generation or gender.

### AGE recommendations for action at EU and national levels

- Follow-up on the 'Council conclusions on Strengthening Minimum Income Protection in the COVID-19 Pandemic and Beyond' by proposing a **common framework on defining minimum income adequacy**, including for minimum pensions.

- Create a framework for **universal access to the accrual of pension rights**, including for men and women, self-employed, and persons in new forms of employment.
- Start a reflection process about ways to **introduce and finance care credits** in pension systems, starting with a peer review between member states and identify elements for an EU-level recommendation on care credits in pensions. Continue the regular exercise of **Pension Adequacy Reports**, looking especially at the situation of the oldest old, older women, older migrants, older persons with needs for health or long-term care or support, and integrate the findings of these reports in the social scoreboard and indicators used for the European Semester.
- Support informal carers in their income protection and pension rights by way of a **Recommendation on Social Protection and Services for Informal Carers**.
- Follow up on the recommendations of the final report of the **High-Level Group on supplementary Pensions**
- Assess the **coverage of employees by occupational pensions** holistically, analysing gender differences, differences between sectors and employment types, and exchange best practices or proposing a framework to make coverage by occupational pensions more inclusive. Encourage social partners to introduce collective and inclusive occupational pension plans with a strong solidarity element.

## AGE resources on the right to old-age income

- Chapter on Adequate Income of the [2019 AGE Barometer](#)
- [AGE's contribution to the 2018 Pension Adequacy Report](#)

## The intersection with principle 14 on Minimum income

The Europe 2020 Strategy has ended in 2020 without any review of its achievements and shortcomings, above all the target of reducing the people exposed to poverty and social exclusion by 20 million from the 2008 baseline. In 2019, before the pandemic severely affected unemployment and income prospects of large shares of EU residents, one in five persons in the EU were at risk of poverty and social exclusion.

**Poverty risks hit some groups of older persons particularly:** women between 55 and 64 and even more those over 75 and have higher risks of poverty and social exclusion than average in the EU-28 in 2019. Particularly high poverty

and social exclusion rates can be found in Bulgaria (42% for 65-74, 54% for over 75+), Latvia (41% and 59%), Estonia (36% and 54%), Lithuania (33% and 41%), Croatia (30% and 38%), Malta (30% and 28%) and Romania (29% and 41%). Poverty and social exclusion are shockingly high for women over 75 in Latvia (62%) and Lithuania (50%). **It is worrying that the situation of poverty and social exclusion of older persons worsened over the period 2013-2018<sup>13</sup>.**

Minimum incomes often are **inaccessible (i.e. problem of non-take-up) or not adequate to guarantee life out of poverty and social exclusion**. From AGE's perspective, adequate minimum incomes have several roles:

- they protect from poverty and social exclusion, reduce the exposure to precarious situations, including for those who often fall through the cracks of social protection systems, such as informal carers
- They provide a benchmark against which the adequacy of minimum pensions (which also are a form of minimum incomes) are measured

**The recently adopted [Council conclusions on minimum income protection](#)** provide an important momentum to make minimum income schemes in the EU more accessible, inclusive and adequate.

**AGE recommends the following actions on EU level regarding minimum incomes:**

- **Include an ambitious target for poverty reduction in a follow-up strategy to the Europe 2020 Strategy**, in line with the EU's commitment to the Sustainable Development Goal 1 to eliminate poverty. The indicators for the target must be disaggregated by gender and age and span a larger spectrum of age groups than is currently the case. Member States should come up with integrated strategies to fight poverty and social inclusion based on the 2008 Recommendation on Active Inclusion.
- Take forward the Council conclusions of 2020 to **come up with a Framework Directive on minimum income**, defining minimum standards for access, adequacy and enabling services.
- **Work on measurements of adequacy** that would combine the protection from relative poverty, material deprivation, and comparison with **reference budgets** (for all age groups based on their specific baskets of goods and services) which mirror what is needed to live in dignity at different ages, household compositions, care needs, housing status and geographical location

---

<sup>13</sup> See the [AGE Barometer 2019](#)

- **Revise the statistical framework** in light of demographic change and collect data on poverty and social exclusion for the group of 85+ rather than only the 75+.

**AGE resources on minimum income or resources with AGE contribution:**

- “Fight against poverty and social exclusion” chapter in the [2019 AGE Barometer](#).
- [What should old-age income entail to live in dignity](#): AGE’s contribution to the European Minimum Income Network project
- COST Action on Reducing Poverty and Social Exclusion in Older Age: [Policy brief series](#)
- [Impact of COVID-19 on poverty and social exclusion of older persons](#):

---

***If you require more information, or for any requests or questions, please contact AGE:***

- *Borja Arrue-Astrain, Policy and Project Officer responsible for Long-term care and elder abuse, [borja.arrue@age-platform.eu](mailto:borja.arrue@age-platform.eu)*
- *Philippe Seidel, Policy Officer responsible for Employment and Social Protection, [philippe.seidel@age-platform.eu](mailto:philippe.seidel@age-platform.eu)*

## Annex I – Qualitative indicators in long-term care and support

### Focus

Quality indicators should be mostly qualitative and monitored through observational and appreciative approaches focusing on the experiences of users, workers and managers of services. They should aim to realise the human rights of older people in need of care: in this perspective, care services (structures and processes) should not be the end-goal, but the means to achieve inclusion, choice and participation (outcomes – see the section on the links with principle 17 in this submission).

The **European Quality Framework for long-term care services** defined 11 quality principles that can be used as a tool to develop quality indicators. Those principles, which could be revised and validated for inclusion in an endorsed EU quality framework, could be **a first step and guide the development of indicators**.

### Status quo

A thematic discussion paper on *Measuring Long-Term Care*<sup>14</sup> presented at the series of workshops on long-term care organized by the European Commission in 2019 showed the deficits in this area. The paper revealed the lack of systematic and commonly agreed measurement of LTC quality across the EU. Other challenges include the focus on structures and process and the overlook of the outcomes of the services – which are key to assess whether they empower people to continue enjoying their lives beyond their care needs.

### Possible future approaches

Whereas quantitative measurements may still be needed (staff ratios, hours of care received for specific needs, number of available professionals, etc.), as well as indicators measuring health-related aspects (falls, overall health status, etc.), these are unlikely to capture satisfactorily the quality of life of people in need of care. They may also reproduce the mistake of focusing on services as the end-goal and not as the means.

Some interesting practices that the EU and member states, in partnership with civil society, could further explore in view of their generalisation include:

- Patient-Reported Experience Indicators (PREMs), which focus on the process and experience of care, and which are collected already partially via the European Quality of Life Survey.

---

<sup>14</sup> Measuring Long-Term Care: Access, Quality and Sustainability – Thematic Discussion paper, authored by Ricardo Rodrigues, 2019, European Commission



- [ASCOT](#) is a practice from the United Kingdom that seeks to capture more outcome-oriented quality aspects: control over daily life, personal cleanliness and comfort, meals and nutrition, accommodation cleanliness and comfort, safety, social participation, occupation, and dignity. This focus on control over life, participation and occupation are particularly remarkable and indispensable to ensure services are oriented towards the liberation and full inclusion of older people in need of care.

### Monitoring

Approaches to quality that are qualitative and focus on the experiences of care and outcomes can be monitored via interviews with older people in need of care, professionals, managers and the appreciation of external observers. An interesting example that could be explored is the [Long-Term Care Ombudsman Program](#) in the US. They are trained volunteers who seek to ensure the enjoyment of rights by older people in care settings, on the basis of interviews and observations.

## **Annex II – Relevant aspects in other principles of the Pillar**

### Chapter I: Equal opportunities and access to the labour market

#### ***Principle 1: Right to education, training and life-long learning***

The European Education and Training Strategy ET2020 set out the target of participation in adult education of 25-64 year-olds at 15%. However, this value has stagnated around 11% for years. Older workers are the least likely age group to participate in life-long learning, and the 65+ were until now left entirely out of the picture. The 2020 Annual Sustainable Growth Survey sets a target of increasing basic digital skills of people 16-74 at 70% - for the first time including the age group of 65-74 in a European framework. While this is positive, the ageing of the population and increased need to update competences to participate in society with its transformation make the exclusion of 65+ an unacceptable problem. Adult learning statistics need to be adapted to include the age groups 75-84 and 85+, and targets and policies should also include them.

AGE has put forward some suggestions for an approach which is up for demographic ageing in its analysis for the [UN Open-Ended Working Group on Ageing on the right to education](#) and in [its contribution to the Digital Education Action Plan](#).

The [Council conclusions on Human Rights, Participation and Well-being of Older Persons in an Era of Digitalisation](#) call for further action to underline also the importance of life-long learning for civil participation.

#### ***Principle 2: Right to gender equality***

A summary of the [challenges to gender equality in older age](#) can be found on AGE's website. In particular, older women are challenged by the high gender pension gap, higher exposure to the risk of poverty and social exclusion, the highest gender gap in employment rates among all age groups (when looking at 55-64 year-olds) and unequal health outcomes, with older women spending a larger proportion of their lives in bad health. Insufficient support to reconcile employment and family life disadvantage women of all ages through the gender care gap, but older women are particularly disadvantaged by the need to provide informal care. The [AGE Barometer 2019](#) included a focus on gender equality in older age, highlighting the situation in a number of member States.

#### ***Principle 3: Right to equal opportunities***

AGE has pointed out the [existence of structural ageism](#) several years ago. In our work with the UN Open-Ended Working Group on Ageing, we have, based on the feedback from our members, come up with assessments of the [right to non-discrimination](#), [protection from abuse](#) and [access to justice](#), highlighting that the

lack of adoption of the EU equal treatment directive hinders the full realization of equal opportunities for many older persons. More recently, AGE has underlined the [challenges to human rights of older persons during COVID-19](#). Regarding access to the labour market, [AGE has provided input on the shortcomings of the current framework](#) as part of the consultation for the 20<sup>th</sup> anniversary of the Employment Directive.

As for external resources, the [Fundamental Rights Agency has addressed the situation of the rights of older persons](#) recently in an annual report and a [joint AGE-Equinet report looked at discrimination against older persons](#). The UN Independent Expert on the Enjoyment of All Human Rights by Older Persons has presented her most recent [annual report on the impact of COVID-19](#). [The Office of the High Commissioner on Human Rights has issued a report](#) illustrating the inadequacy of the international framework to protect older persons' human rights last year.

Related to the labour market, AGE has commented on the implementation of the directive on equal treatment in employment in its [assessment for the directive's 20<sup>th</sup> anniversary](#).

#### ***Principle 4: Right to Active support to employment***

AGE has commented on the issues of supporting older jobseekers into employment in its [assessment on the directive on equal treatment in employment](#) and on its contribution to the United Nations on [the right to access the labour market](#).

High inactivity rates of older persons considered of working age show that many are not properly supported to find employment. While employment rates are rising for older persons, much of the rise is due to people staying longer in their job, while older unemployed stay at a very high risk of long-term unemployment, or dropping into inactivity. Particularly in the COVID-19 pandemic, older unemployed are more at risk, as they might struggle to cope with the transformations of labour markets due to the recent shift of dimension in the degree of digitalisation at work. Therefore, targeted action for older jobseekers is needed, in particular by the Recovery and Resilience Facility, REACT-EU and the European social and cohesion funds. While some actions were funded by the European Social Fund and Interreg in the past, these need to be upscaled.

## Chapter II: Fair working conditions

### ***Principle 9: Right to work-life balance***

Reconciliation between private and professional life is a precondition to reach gender equality, but also necessary to move towards more sustainable labour markets, where it is possible to work longer.

About one in five older workers faces informal care responsibilities that are in conflict with employment – among those who are working. This does not include the number of persons – most often women – who had to leave the labour market entirely for informal care duties. Lack of reconciliation for parents with children leads to growing inequalities between women and men in the labour market, which are reflected in the high gender employment gap for older workers and gender pension and poverty gaps for pensioners. The situation concerning work-life balance has been summarised in the [AGE Barometer 2019](#), highlighting that the EU member states need to go beyond the minimum standards in the work-life balance directive and come up with a strategy for informal carers.

### ***Principle 10: Right to healthy, safe and well-adapted work environment and data protection***

The key question of secure and adaptable employment for older workers is the question of reasonable accommodation of persons with chronic diseases or disabilities. Only about 50% of persons with disabilities in the EU are in employment. AGE has outlined challenges for older workers to access adaptable employment [in our contribution on the EU employment equality directive](#).

Health and safety at the workplace need to shift towards a more preventive approach. This requires promoting opportunities for reintegration and rehabilitation for persons coming from longer absences in the labour market, and the full integration of psycho-social risks as part of occupational risks. Our [AGE Barometer 2019](#) recommends avenues for policy action.

## Chapter III: Social protection and Inclusion

### ***Principle 13: Right to unemployment benefits***

Unemployment benefits alongside activating services should be available to older jobseekers and help them into finding suitable, quality employment rather than push them into a pre-pension scheme, risking inadequate pensions after retirement age for the lack of the last contributions. [AGE's recommendations on the EU employment equality directive](#) are relevant in this regard.

### ***Principle 16: Right to health care***

The AGE Barometer 2020 will include a focus on health policies in EU member States and on EU level. Key recommendations by AGE are to introduce an approach of [Health in All Policies](#), more [support to address mental health](#) and on [non-communicable diseases](#) and full involvement by the EU in the [WHO Decade on Healthy Ageing](#). AGE stresses the importance of an approach taking into account the social determinants of health, strengthening prevention and health promotion.

### ***Principle 20: Access to essential services***

The measures to constrain the spread of COVID-19 have led to a boost for digitalisation of daily lives. This creates new opportunities, but also challenges for older persons, as many essential services became only available online. This increases risk for scams and misinformation, hate speech, digital exclusion, social isolation and loneliness. Especially older persons living alone, a disproportionate share being older women, have been at higher risk of isolation and lack of access to necessary goods and services during the pandemic. A Fundamental Rights Agency Survey shows that the digital divide between generations is significant and increasing with age. AGE proposes ways to improve digital skills in the section relating to Principle 1. The Council conclusions on Human Rights, Participation and Well-Being of Older Persons in the Era of Digitalisation offer strong hooks for policy development at EU and Member State level. Non-digital access to services should be maintained. AGE recommends improving accessibility of online banking and financial services; the inaccessibility of such services seriously puts at stake the autonomy and inclusion of older persons, in particular in the context of the pandemic.