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Contribution to public consultation on the Green Paper on Ageing

By ILO, IOM, OHCHR, UNHCR, UN Women and WHO

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The United Nations welcomes the European Commission's initiative to issue a Green Paper on Ageing (hereinafter 'Green Paper') and, by extension, the wider policy debate on the matter. We appreciate the public consultation process that the Commission has put in place to launch this debate. This contribution is submitted jointly by the International Labour Organization (ILO), the International Organization for Migration (IOM), UN Human Rights (OHCHR), the UN Refugee Agency (UNHCR), UN Women and the World Health Organization (WHO). It complements the submissions by some UN agencies individually.

We welcome the Commission's increased attention to ageing and the challenges and opportunities presented by demographic change. This comes timely, as we are embarking together on the **United Nations Decade of Healthy Ageing** 2021-2030. Aligned with the Sustainable Development Goals, the Decade provides a global framework for coordinated action to improve the lives of older people, their families and communities and focusing on age-friendly environments, ageism, integrated care and long-term care. We would like to explore how the Decade, especially through its knowledge Platform on ageing, could support actions related to the Green Paper.

The COVID-19 crisis and its devastating and disproportionate impacts on older persons highlight that a coordinated EU policy on ageing is needed more than ever. Last year, the UN Secretary-General called on each of us, including States and International Organizations, to step up our efforts to support older persons and protect their dignity and human rights. He referred not only to the immediate risks of COVID-19 to older persons, but also of the broader effects of the pandemic: "health care denied for conditions unrelated to COVID-19; neglect and abuse in institutions and care facilities; an increase in poverty and unemployment; the dramatic impact on well-being and mental health; and the trauma of stigma and discrimination". To ensure that no one is left behind, it will be essential that the debate on ageing and initiatives related to the Green Paper put **the human rights of older persons at the center**[1]**.**

Older persons face a number of particular challenges in the enjoyment of their human rights, especially when it comes to equality, non-discrimination and being included in the community. These challenges magnified as a result of the pandemic.[2] In this context, we recommend that any policy initiatives related to the Green Paper take older persons' *rights* as a starting point, rather than their *needs,* and embrace a human rights based approach to ageing.

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[1] International obligations to older persons are implicit in most core human rights treaties, including the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, and the Convention on the Rights of Persons with Disabilities (CRPD). All EU Member States have obligations under those treaties, and as party to the CRPD, the EU has obligations under this treaty. The EU and its Member States also have regional human rights obligations that apply regardless of age, through the adoption of the EU Charter of Fundamental Rights of the European Union, notably Articles 21, 25, 34 and 35.

[2] UN Independent Expert on the rights of older persons, A/75/205

We would like to explore how the actions related to the Green Paper could be better guided by, and help implement, international (and regional) human rights norms and recommendations of the UN human rights mechanisms.

Importantly, this would also assist in identifying and considering **intersectional factors** that may strengthen inequalities and make older persons more vulnerable to social isolation, exclusion, poverty and abuse, when analysing and addressing the specific situations of older persons. These include for example gender, race, ethnicity, socio-economic background, health, disabilities, migration status, sexual orientation etc. To ensure that no one will be left behind, all available programmes and services need to be inclusive of all older persons, taking into account possible barriers (e.g. disability, language, digitalisation, rural/urban space, etc.). In this context, we welcome that the Green Paper refers to some of these barriers, and that the Commission has also made explicit reference to age in its Disability Strategy 2021-2030 and Gender Equality Strategy 2020-2025. The present submission considers in more depth several of these barriers, notably those related to gender, health, disability and migration status.

Moreover, it is essential that future policy initiatives on ageing recognise **the diversity of older persons**, and avoid labelling them as vulnerable or a burden to society, which contributes to negative attitudes to ageing and older persons. The positive and multiple contributions by older people to society and economy should be highlighted in order not to foster inaccurate perceptions of later life as an inevitable stage of deficit and decline. This is part of **combating ageism**, which, as highlighted in the first UN Global Report on Ageism recently released by WHO in collaboration with OHCHR, the UN Department of Economic and Social Affairs (UN DESA) and the UN Population Fund (UNFPA), affects people of all ages, is present across a wide range of institutions and settings (e.g. health and social care, the workplace, the legal system) and has serious and far-reaching consequences for people's health, well-being and human rights and costs billions to society. Among older people, ageism is associated with poorer physical and mental health, increased social isolation and loneliness, greater financial insecurity and decreased quality of life and premature death. In this regard, we welcome the life-course approach adopted by the Green Paper, the references to healthy and active ageing and inter-generational solidarity, as well as the request for inputs on enabling older persons' full participation in political, social and cultural life.

Finally, as noted in the Green Paper, the EU is well placed to identify key issues and trends and support action on ageing at national, regional and local levels, which in turn can help Member States and regions develop their own, tailor-made policy responses to ageing, within their competences. Following up from key strategies and frameworks recently adopted by the EU (e.g. Gender Equality, LGBTIQ Equality, Disability Rights, Child Rights, Roma Framework, in particular), we would recommend for the Commission to develop a **Strategy on Ageing Equality**, as a conceptual framework for mainstreaming ageing across policy areas, as well as legislation to close existing protection gaps (including discrimination on the basis of age outside of employment and vocational training). This would help overcoming silo approaches and ensuring stronger policy coherence as well as further contributing to the development of international standards on the human rights of older persons.

As concluded in the UN Global Report on Ageism, policy and law that protect human rights and address age discrimination and inequality form, together with educational activities and intergenerational interventions, the top three strategies to combat ageism and its far-reaching consequences.

Questionnaire

1.How can healthy and active ageing policies be promoted from an early age and throughout the life span for everyone? How can children and young people be better equipped for the prospect of a longer life expectancy? What kind of support can the EU provide to the Member States?

Health is the long-term memory of our societies. A life course perspective suggests that intrinsic capacity during early development and during critical stages or periods of life can be influenced by a range of factors (biological, socioeconomic and environmental). In addition, a social determinants of health approach adds further insights into the cumulative health impact of social and economic disadvantage or privilege that sort people into different life course trajectories.

Therefore, interventions targeting pregnancy, infancy, childhood and adolescence, aimed at enhancing intrinsic capacity in the first half of life can help individuals to attain their full health potential. Healthy lifestyles, including safe and healthy working conditions at the workplace and enabling environments during adulthood help to maintain intrinsic capacities in the later part of life. These minimize the risk of early declines. Fostering health literacy and creating trust in health systems and medical science and information, including counteracting "infodemics" fuelled by social media, are also important policy fields – for which the Covid-19 pandemic is a reminder.

The EU can play an important role in supporting Member States in these fields of action. More decisive action is needed to address risk factors of non-communicable diseases that are the most important contributors to loss of health and functioning in older age. For example, more can be done to address the high levels of alcohol consumption in Europe and to create the social conditions for healthier nutrition, including with regulatory initiatives.

Overall, policies at different levels (household, communities, regional, national or global), can improve biological, socioeconomic, and environmental determinants and their contribution to optimizing healthy ageing. The EU can provide Member States with evidence on and policy guidance which can help optimise healthy ageing throughout the life course.

2.What are the most significant obstacles to lifelong learning across the life-cycle? At what stage in life could addressing those obstacles make most difference? How should this be tackled specifically in rural and remote areas?

The current dependency ratio[3] in Europe suggests[4] that it is important to bring more persons into the labour force, in particular youth and women, but labour force participation trends also show that it will be critical to retain older workers in the labour force. An important element for ensuring the employability of all workers is **to provide the opportunity for continuous retraining and upskilling**. Employers and public employment services could provide targeted training to help overcome the potential difficulties that older workers face when using new technologies. Moreover, employers could **promote working in intergenerational teams**, which would increase knowledge exchange between younger and older workers and also break down prejudices and stereotypes.

Despite various steps and initiatives undertaken by States to promote lifelong learning, many older persons continue to face **barriers** in enjoying this fundamental right. These include:

- Lack of information and awareness on available education and training services;
- The cost of education and training or the potential reduction in wages to accommodate time to participate in them;
- Lack of qualified teachers to address the needs and preferences of older persons;
- Lack of transportation as well as the inaccessible educational facilities, particularly in rural areas; and
- Lack of special skills, knowledge, understanding and negative attitudes on the part of persons engaged in providing education and training to older persons.

Special attention should be paid to inequalities affecting older women, older persons with disabilities, older persons living in remote and rural areas, older persons who speak indigenous languages, as well as older persons in correctional institutions. States should give due regard to the special needs of and challenges faced by these vulnerable groups in the enjoyment of all levels of quality education, training, life-long learning, and capacity building services. The insufficient data on older persons and especially those in need of continuing education risk leaving older persons' need for education and training unaddressed. Collecting and analyzing data disaggregated by age, sex, disability, geographic location and other characteristics relevant to national contexts is key to guiding policy decisions.

In addition to social determinants of health mentioned earlier, and their impact on lifelong learning, statistics show that **migrant populations in the EU** score consistently lower across the life course than their native-born peers and that they have lower educational outcomes[5]. This is due to various obstacles that they face in education, including access barriers (cost, language requirements), lack of diversity in classrooms, non-inclusive teaching methods,

[3] The dependency ratio is the ratio of persons who are not of working age (0 to 14 years and 65 years and over) to that of the working-age population (15 to 64 years).

[4] See e.g. EC Green Paper on Aging p13

[5] According to 2019 Migrant integration statistics (Eurostat 2019), the share of foreign-born population aged 15-29 neither in employment nor in education and training (NEET) is ten points higher (at 22%) compared to EU-born populations (at 12%). Additionally, near 40% of the foreign-born population in the EU aged 25-54, had only reached lower secondary education in 2019.

interruptions in their educational journey, potential academic skills mismatches, discrimination both at individual and institutional levels, and housing segregation. Such factors are **amplified in rural and remote areas where communities are less diverse** and educational institutions might be more difficult to reach, both of which can contribute to worsening migrants' educational outcomes. Educational policies are a meaningful tool for constructing integrated and cohesive societies and are key to migrants' integration throughout their life-course. Such policies are equally beneficial to refugees and asylum seekers, who face challenges very similar to migrants. To promote inclusive educational policies in the EU and address life-learning obstacles that migrant and refugee populations face, we recommend the following:

- Actions that identify migrants' and refugees' specific learning needs and build the capacity of teachers to address the educational needs of migrant and refugee students at all educational levels;
- Programs to fight inequality and discrimination in education, in relation to access, permanence and performance
- Initiatives that offer subsidized tutoring schemes for migrants and refugees with compromised learning outcomes, notably in the context of online home-schooling modalities;
- Initiatives that offer safe and supportive environments for migrant and refugee children to learn after-school hours where needed;
- Initiatives that promote innovative, flexible and intercultural teaching methods including through storytelling, practical education, etc.;
- Actions that build the capacity of migrant/refugee families and parents in supporting the educational journey of their children;
- Actions that increase the representation of people with a migrant or refugee background in the education professionals;
- Actions that support peer-to-peer mentoring for learners with a migrant or refugee background.

3. What innovative policy measures to improve participation in the labour market, in particular by older workers, should be considered more closely?

Rising life expectancy coupled with diminishing fiscal space will require an extension of the working age of older workers. To enable the prolonged participation of workers in the labour market, several obstacles must be overcome. At the enterprise level, workplaces and the organization of work must be adapted to the needs of older workers, such as by providing flexible working arrangements and removing physical barriers. Launching public awareness campaigns, working closely with employers' organizations and providing financial incentives to **promote the hiring or retention of older workers** could support such efforts. Public employment services should offer training opportunities and career guidance services tailored to the needs of older workers.

As highlighted in the Green Paper, **actions to enhance equality and tackle the gender gap on the labour market** will be essential to bring more older persons into the workforce. Paid work can be a foundation for substantive equality for women, but only when it is compatible with women's and men's shared responsibility for unpaid care and domestic work; when it gives women enough time for leisure and learning; and when it provides earnings that are sufficient to maintain an adequate standard of living.

In particular, women's unpaid care and domestic work places major constraints on their labour market participation—constraints that are exacerbated by ageing populations and cuts in social services. Gender gaps in social security and social protection are the result of multiple, intersecting and cumulative discrimination against women throughout their lives. Addressing them requires more than workplace crèches and tinkering with fiscal policies. As long as labour markets and pension entitlements continue to operate based on expectations of uninterrupted, life-long and fulltime employment, those who carry out the bulk of unpaid care and domestic work will inevitably be penalized. Responsibilities for unpaid care and domestic work need to be more evenly distributed between women and men, and between households and society.

In addition, measures must be taken to address women's **socio-economic disadvantage resulting from occupational segregation and unequal earnings**, as for example:

- Properly valuing female-dominated occupations, including care jobs, so that levels of remuneration are commensurate with workers' skills and the contribution of their work to well-functioning, inclusive economies and societies more broadly
- Promoting education, including basic literacy for adult women, on-the-job training, including in non-traditional skills, and mentoring to enable women to move up the occupational ladder
- Providing careers advice for young women and encouragement to study science, technology, engineering and mathematics (STEM) and other male-dominated subjects, as well as access to technical and vocational education and training, complete with support for unpaid care responsibilities
- Addressing pervasive sexual harassment and violence in the workplace through specific laws, training for staff, adequate grievance procedures and support for women to take their cases through the justice system
- Using targets and quotas to increase women's representation in male-dominated occupations, including in decision-making roles in the public sector.

The Green Paper also highlights that **migrants can make an important economic and social contribution if they are integrated** into the labour market**.** As signatories to the 1951 Convention Relating to the Status of Refugees, EU Member States have the duty to support the integration process of refugees in their host communities, including through professional inclusion. Beyond their right to rebuild their life in security and dignity, the presence of migrants and refugees can be seen as an opportunity to respond to the challenges posed by ageing in the EU. However, this requires **timely integration into education and the labour market** and that labour market integration facilitates migrants' overall social integration and promotes their well-being.

In reality, migrants and refugees face many barriers in adequately accessing labour markets in their host country and at their skill level. While these barriers can be linguistic and cultural, they are also structural and linked for example to qualification recognition requirements, established recruitment processes and discrimination. Barriers to participation in the labour market are all the more acute for older migrants and refugees. They might have completed their education in their country of origin, with qualifications that are not formally recognized in the EU or might possess skills that are not in demand on EU labour markets. Older migrants and refugees might also lack the appropriate social network or digital literacy needed to encounter the right job opportunities for them or might face higher linguistic barriers.

The following measures can be taken to **improve labour market participation of older migrants and refugees**:

- Actions that promote on-the-job language learning for migrants and refugees in the form of traineeships with tied language components to reduce employment barriers linked to language proficiency;
- Actions that facilitate the recognition of foreign skills and qualifications and support migrants in retraining their skills and/or upskilling them to match EU established qualification criteria across education levels and fields;
- Promote the development of short conversion programmes to align with EU Member State qualification requirements;
- Work with companies to develop inclusive recruitment policies and practices that minimize racial, ethnic, age-related or gender-related bias in selection processes and increase success rate of migrant and refugee candidates including older persons;
- Actions that promote and foster diversity in the workplace and support employers in successfully managing ethnic, gender and age diversity within their workplace environment including through training and information sessions;
- Actions that raise employers and employees' awareness of migrant and refugee workers' rights, and that promote decent working conditions on a par with their native counterparts;
- Actions that match migrant jobseekers with members of the host community with similar professional interests in view of creating employment mentorship programmes and establishing networks between older migrants and refugees and the active working community;
- Actions that promote older migrants' and refugees' digital literacy skills and autonomy to identify and engage with employment opportunities advertised online;
- Actions that support migrants' and refugees' entrepreneurial endeavors, notably through facilitating access to credits and other financial services and products as well as facilitating the fulfilment of administrative requirements for foreigners to establish businesses in EU Member States.
- Adopting a life course approach, actions that support the integration of younger migrants and refugees into the labour market, such as intergenerational and intercultural mentoring to young job-seekers with an immigrant background, by older persons from the host country. Duo for a Job in Belgium is an example of such good practice, which is beneficial to both the younger and older members of the mentoring duos. (See more below on benefits of intergenerational activities).

As highlighted in the UN Global report on ageism, it is equally important for policies to be put in place to prevent ageism throughout the work cycle, as this is an important barrier for the participation of older people in the labour market. Efforts should also be made to increase public awareness about existing legislation in the region, including the Council Directive 2000/78/EC of 27 November 2000. This is essential for the legislation to have an instrumental effect on individuals who will try to avoid associated penalties, and also for individuals to be aware that they can file complaints if they experience ageism.

4. Is there a need for more policies and action at EU level that support senior entrepreneurship? What type of support is needed at EU level and how can we build on the successful social innovation examples of mentorship between young and older entrepreneurs?

Yes, policies and action at EU level are needed to prevent and respond to ageism and to foster mentorship and joint entrepreneurship between younger and older innovators. This can be done through funding opportunities or issuing specific calls for innovative projects that bring younger and older entrepreneurs together. Other options include creating multigenerational spaces where older and younger entrepreneurs can meet and work together on projects. The EU could also leverage from existing initiatives such as the Erasmus+ project that already aims to encourage mentoring across generations and which could also provide a space for entrepreneurship.

Such projects will not only allow leveraging from the experience and innovative ideas of younger and older populations but can also improve intergenerational solidarity and tackle ageism across the EU. According to the first UN Global report on ageism, activities that bring together older and younger people are among the most effective strategies to address ageism. Such activities also lead to improved health and psychosocial well-being, and increased self-esteem, and it can reduce distress, decrease loneliness, and lead to a greater sense of social connectedness.

5. How can EU policies help less developed regions and rural areas to manage ageing and depopulation? How can EU territories affected by the twin depopulation and ageing challenges make better use of the silver economy?

Migration of populations from urban to rural centers and appropriately designed dispersal and relocation policies can help repopulate rural areas facing depopulation and **bring in new workforce to boost rural economies. In this regard, we want to highlight the opportunities created by migrants through the skills they bring.** They can significantly contribute to the sustainable development of rural areas in Europe, including through economic revitalization. To fully harness the socioeconomic potential of migrant populations in contributing to rural development, EU policies **need to help bridging the existing siloes between migration policy, rural development policy and broader social inclusion policies.**

Migrants living in rural areas have shown to play a fundamental role in sustaining certain sectors of rural economies and are particularly active in agriculture. Labour migration policies can serve as an important tool to bring in new labour force to rural areas, including, but not limited to seasonal agricultural workers. Indeed, the EU could leverage its future Talent Partnership to address the rural development and economic needs of remote areas in the EU by adopting a demand-driven and skills-based approach to labour mobility, matching local needs with migrant workers' skills. In that respect, we invite the EU to promote the ethical recruitment of such workers, protect them against any form of exploitation and promote decent working and living conditions for them.

Migrant workers in rural areas tend to fare worse on most indicators of integration, not only compared to their native counterparts but also in respect of migrants living in cities and towns. As such, **labour migration policy solutions to rural depopulation and ageing should also link to broader social inclusion policies** to ensure that migrants in rural areas are integrated in social services and processes. This will not only harness migrant workers' full potential and wellbeing, but will also contribute to retention of migrants in rural areas, thereby guaranteeing a more sustainable response to ageing and depopulation.

In terms of capitalizing on the **silver economy**, EU territories can promote:

- Actions that support the re-skilling/up-skilling of the older workforce to re-activate them as members of the workforce;
- Actions that foster innovative entrepreneurship that address emerging consumption needs of older populations, including those of older migrants, and empower them with entrepreneurial skills, including through digital solutions;
- Actions that map the growing needs, including consumer needs, of ageing populations in remote areas across Europe;
- Actions that allocate funding to local startups that target the growing needs of older persons in remote areas. This could include startups that offer innovative mobility solutions for older persons, healthcare (including e-health) solutions to meet their support needs, online platforms that promote socialization of older populations etc.;
- Strengthen and expand efforts to create rural and remote age friendly communities.

6. How could volunteering by older people and intergenerational learning be better supported, including across borders, to foster knowledge sharing and civic engagement? What role could a digital platform or other initiatives at EU level play and to whom should such initiatives be addressed? How could volunteering by young people together with and towards older people be combined into cross-generational initiatives?

Intergenerational learning could be better supported in the EU if activities supporting such intergenerational contact met those **conditions that have been found to improve their effectiveness**, as highlighted in the UN Global report on ageism. For example, it is important that both groups involved in intergenerational learning have equal status and common goals, that there is intergroup cooperation instead of competition, and that there is support from authorities, law or custom in the programme. Another important factor is the quality of the contact between groups in intergenerational activities (e.g. how well older and younger people get on or how emotionally close they feel). Better quality contact can be fostered by organizing tasks that build confidence, avoiding situations in which either party patronizes the other and encouraging self-disclosure during which participants share personal information with one another.

Volunteering and intergenerational programmes already exist in the EU which aim to foster intergenerational learning. For example, Romania launched the 'Never Alone Project', where young and older volunteers provided support to care-dependent older people and organised home visits to prevent social isolation and loneliness. Another similar project is the 'Generations community centre' which supports children, youth and older people in vulnerable situations offering a space for people of all ages where they can learn, help each other or receive support through a range of different activities including free access to canteens, free after school services, photography and reading club, etc. In Finland, the city of Helsinki launched an intergenerational housing experiment in 2015. The city provided affordable housing within older people's service housing for young people under the age of 25, provided the young people were willing to do volunteer work with the older persons for a few hours weekly. Many of these existing programmes are run by civil society organizations and would benefit from support by government either in the design and implementation of the programmes, or in their sustainability and funding. Implementation research will also be required to better understanding the essential components of effective intergenerational learning and volunteering programmes so that these can then be scaled up.

Similar activities are part of many age-friendly initiatives in Europe, many of which are organized in Global and European networks of cities and communities that are hosted by WHO and supported by a WHO framework of age-friendly cities and corresponding policy tools. **The EU can further support the exchange of experience from these initiatives and the exchange on successful scaling-up from initiatives that have often been created on a local government level or as pilot projects**. These age-friendly initiatives frequently are broad in scope, also addressing successfully other questions and topics raised in the Green Paper, such as creating supportive environments, barrier-free public spaces, adequate housing for older people, volunteering opportunities, combatting social inclusion and promoting life-long learning and digital literacy (see below).

There is a wealth of examples across Europe including local, national, and international programmes featured in section 4 of the Baseline report of the UN Decade of Healthy Ageing – three are highlighted on what can be done.

BABA, is a local organization in Trondheim, Norway, that enables older persons to contribute to cultural activities. The members, including both older immigrants and older Norwegians, have regular meetings and workshops to create music, dance and theatre performances with younger people. The cultural activities show the diversity of the Trondheim community and provide opportunities for intergenerational interaction.

AUSER, National Network for Active Ageing, is an Italian association of approximately 46 000 volunteers, focusing on social rights and community welfare. AUSER promotes a variety of voluntary work that engages people of all ages – with the overwhelming majority over the age of 60. Programmes include a country-wide network to reduce loneliness in older people via 24-hour telephone contact, home services, monitoring vulnerable groups and organizing recreational activities in air-conditioned centres, along with volunteering help in schools in a variety of capacities.

Active Retiree and Golden Workers Gate (ActGo-Gate) project is an ICT-based marketplace that enables older persons and people with needs to find voluntary short-term and long-term occupations that promote self-fulfilment and social participation. The app is a marketplace platform bringing together older people, potential employers (organizations for care provision, unpaid volunteering and employment) and Integrators (people who support older people in use of the platform and provide job counselling and training). It was produced in Switzerland and Poland by partners that included social care and research institutes, a volunteer organization, and a group promoting innovation in business and commerce, and tested in community organizations in Germany, Ireland, Poland and Switzerland.

7. Which services and enabling environment would need to be put in place or improved in order to ensure the autonomy, independence and rights of older people and enable their participation in society?

Autonomy has repeatedly been identified by older persons as a **core component of their well-being and powerful influences on their dignity, integrity, freedom and independence.** This includes their right to make choices and take control over a range of issues including where they live, the relationships they have, what they wear, how they spend their time, and whether they embark on a treatment or not. These fundamental rights and freedoms must exist regardless of age, sex or disability, including in emergency situations, and need to be enshrined in law. Nevertheless, many older people – particularly women and persons with disabilities - do not yet enjoy these rights across the life course. Under the UN Convention on the Rights of Persons with Disabilities, all persons with disabilities – irrespective of age - have the right to live independently and be included in the community.

Older people's autonomy and independence can be particularly compromised in emergency situations if appropriate action is not taken. COVID-19 has put the spotlight on the inherent weaknesses and risks of institutional care of older persons, and the need to rethink systems of support to older persons. Implementing everyone's right to live independently and be included in the community requires **investing in social protection systems, access to health care and community-based services** for older persons, including those with disabilities. This includes measures to support ageing in accessible home environments, personal assistance, support for both formal and informal care providers as well as ensuring access to transport, appropriate housing, accessible urban environments and lifelong learning.

In addition, there are a range of mechanisms in place to enhance autonomy, such as advanced care planning (including in long term care provision), supported decision making and access to appropriate assistive devices. Enhancing independence can be achieved by providing integrated care for older persons, creating supportive physical and social environments that help to maintain physical and mental capacity across the life course and into older age and compensate when these may decline[6]. The UN Committee on the Rights of Persons with Disabilities has issued **authoritative guidance on living independently and being included in the community**, which lays the basis for the transition from institutional to community-based care[7]. Member States have the opportunity to invest in community-based services with support of EU financial instruments, including the European Social Fund, the European Regional Development Fund, Covid-19 recovery funds and the Coronavirus Response Investment Initiative (CRII+). We urge the Commission to ensure that those investments are used to promote social inclusion (rather than segregation) of older persons.

Actions which impact directly on older persons' autonomy, include protecting and ensuring their human rights through awareness raising, legislation and mechanisms to address breaches in rights. For example, **one key threat to autonomy is elder abuse**, which currently affects 15.7% of older people living in the community and an even higher proportion living in institutions. Older women are at heightened risk of abuse. Specific actions are therefore required to protect older persons' rights to freedom from violence and abuse. Ensuring access to justice is key, but this also entails providing integrated services to address violence against older women specifically, as well as promoting positive relations between service users and providers, by raising awareness about women's rights among staff, providing incentives for them to respect women's rights and ensuring the adequacy of their pay and conditions of work.

Importantly, a paradigm shift is needed in the way that society understands ageing, because the predominantly negative stereotypes, prejudice and discrimination influence decision-making, choices about public policy and public attitudes and behaviors, and limit society's ability to ensure the autonomy, independence, human rights and enable participation of older persons. As has been stressed by the UN Independent Expert on the rights of older persons and the UN Special Rapporteur on the rights of persons with disabilities, the omnipresent stigma of being considered a 'burden' to society is a major barrier to social

[6] https://www.who.int/ageing/health-systems/icope/en/

[7] CRPD/C/GC/5, 2017

inclusion and ensuring autonomy and independence of older persons. Specific guidance on combatting ageism can be found in the UN Global report on ageism and the Global campaign to combat ageism that it is supporting.

Moreover, meaningful **participation of older persons** and their representative organisations (and reflective of their diversity, organisations representing women, persons with disabilities, migrants and ethnic minorities, etc.) in decision-making processes (especially when they are directly affected) is essential to secure their autonomy and independence and enjoyment of human rights. The EU can contribute by ensuring that older persons are not only directly involved in shaping an EU policy on ageing, but in all relevant policy and legislative initiatives; as well as in the implementation of EU funding programmes and by supporting civil society organisations. The Guidelines for States on the effective implementation of the right to participate in public affairs are a useful tool in this regard. This is also in line with the European Democracy Action Plan and the promotion of democratic engagement and active participation beyond elections, committing to pay particular attention to the participation of older persons.

In addition, the EU could consider giving support to the following areas:

- Developing age-friendly environments[8] at the local, regional and national levels through multisectoral action including in the areas of housing, transport, health, long term care, urban planning and development, information and communication etc. provide an opportunity to create enabling environments that can foster health and participation. This can be done by expanding and strengthening the numerous efforts already underway in Europe to develop age-friendly cities and communities including the Global network for age-friendly cities and communities. (341 out of the 394 European members of the network are in EU countries.)
- Promoting national programmes to create age-friendly environments that support municipal action to create more age-friendly communities shows great promise in building communities that foster healthy and active ageing and that are more responsive to crises.
- Creating further opportunities and mechanisms (e.g. the Global Database of Age-friendly Practices) to expand efforts to share age-friendly practices and identify innovative examples is indicated.
- Joining the Global campaign to combat ageism and supporting evidence-based actions to address ageism and improve the social environment in the region.
- Supporting efforts to close the gap that leaves older persons and their lived realities invisible in data and statistics. This includes collecting and analyzing data disaggregated by age, sex, disability, geographic location and other characteristics as well as including older persons in surveys and censuses.[9]

[8] Environments include the home, community and broader society, and all the factors within them such as the built environment, people and their relationships, attitudes and values, health and social policies, the systems that support them and the services that they implement. Being able to live in environments that support and maintain one's intrinsic capacity and functional ability is key to healthy ageing.
[9] See Independent Expert on the rights of older persons, A/HRC/45/14

8. How can the EU support vulnerable older persons who are not in a position to protect their own financial and personal interests, in particular in cross-border situations?

According to the UN Special Rapporteur on the rights of persons with disabilities, “older persons with disabilities are at heightened risk of being denied or restricted in their legal capacity, formally or informally, owing to prejudices and assumptions based on both age and disability”[10]. To avoid restricting legal capacity – and control over financial and personal interests - States must develop **supported decision-making arrangements** that are based on the will and preference of the person. These may include support networks, support agreements, peer and self-support groups, support for self-advocacy, independent advocacy and advance directives. As highlighted by the Independent Expert on the rights of older persons, older persons must be provided with guarantees to ensure that their will and preferences are taken into consideration in all matters relevant to their life, including treatment, residence or assets. **Conflict of interest and undue influence should be regulated**, especially in reference to family members and caregivers[11]. We welcome that the Commission, as per the EU 2021-2030 Disability Strategy, will collect good practices on supported decision-making, and recommend that practices involving older persons are also included.

Specifically in cross-border situations, support can be provided by identifying specific risks factors that older persons are exposed to at structural, community, family/household and individual level, as well as protective factors that may exist at each of these levels[12]. From a structural perspective, for example, identify gaps in legislation which require amendment or development; develop policies in line with the realities of cross-border situations, for example whenever there may be conflict of relevant legislation or jurisdiction in the application of relevant laws. From a community-based perspective for example, support initiatives aimed at creating support networks targeting older persons in cross-border situations, involving relevant stakeholders and leaders at the community level. From a household/family perspective and from an individual perspective, review relevant case management approaches, and understand what services are available, the criteria for accessing them, who offers them, any risks associated with their access, and their quality and appropriateness. Overall, it is essential to ensure that such services are person centered, and correspond to the needs of older persons in cross-border situations.

The existing “Dublin System” which sets out how responsibility for asylum seekers is managed between EU Member States should be improved so that it can facilitate the **reunion of older persons who are asylum seekers with family members who can support them**. UNHCR has set out detailed recommendations on how this can be done.[13]

[10] A/HRC/37/56

[11] A/HRC/30/43

[12]See IOM Handbook on Protection and Assistance for Migrants Vulnerable to Violence, Exploitation and Abuse, 2019

[13] UNHCR, *Left in Limbo, UNHCR Study on the Implementation of the Dublin III Regulation*, see notably recommendations on p. 114 and p. 132.

Moreover, it is essential that EU Member States actively facilitate the reunification of older refugees with family members in the EU under the Family Reunification Directive and beyond its terms.[14] Finally, asylum seekers should not be deprived of access to basic social care. This is even more important for older asylum seekers.

9. How can the EU support Member States' efforts to ensure more fairness in the social protection systems across generations, gender, age and income groups, ensuring that they remain fiscally sound?

Social protection is a fundamental human right and an essential tool for reducing poverty and improving social inclusion - facilitating access to health care, protecting people's right to an adequate standard of living, and ensuring the satisfaction of basic economic and social rights, including food, water, housing, health, and education. Pensions can support a decent income and reflect people's growing need for assistance as they age - adequate pensions enable older people to maintain their independence, and help them stay out of institutional care. Several SDGs are relevant for social protection, including SDG 1 (including target 1.3 on social protection floors), SDG 3, SDG 5 (including target 5.4 on social protection), SDG 8, and SDG 10 (including target 10.4 on social protection).

Policy reforms should ensure that pension systems fulfil their mission of providing economic security to older persons; they must also ensure sustainable and equitable financing through a combination of taxes and social security contributions that do not transfer undue financial risks to individuals. Public schemes, based on solidarity and collective financing, are by far the most widespread form of old-age protection globally; they have seen a recent renaissance, as several countries have **reversed earlier pension privatization policies which did not deliver the expected results**, as coverage and benefits did not increase, administrative costs soared, and financial and fiscal positions worsened. It is therefore important to ensure sufficient fiscal space to ensure adequate pensions and to maintain a good balance between sustainability and adequacy in the context of ageing populations. **Social dialogue** is important in developing and managing social security systems.

To protect everyone, it is important to strike a **balance between contributory and non-contributory pension schemes**[15]. Many women, freelance workers, workers in the informal economy and marginalized people who suffer from discrimination may not have been in a position to contribute formally to the social protection system, but retain inherent economic and social rights as human beings. Older women are especially at risk. They live longer and traditional stereotypes and life-long unpaid care work impede their access to formal employment, decent wages, and contributory social security systems.

[14] See also the following UNHCR reports: *Families together: family reunification for refugees in the European Union*; *The "Essential Right" to Family Unity of Refugees and Others in Need of International Protection in the Context of Family Reunification*; *The Right to Family Life and Family Unity of Refugees and Others in Need of International Protection and the Family Definition Applied*,

[15] See also ILO: A Quantum Leap for Gender Equality: For a better Future of Work for all, p. 70

Pension systems that take into account women's unequal care work, including care for children, can correct this imbalance and ensure that caring for others does not endanger women's rights. Addressing the **gender-disproportionate burdens of care** is also necessary. The COVID-19 pandemic has exposed – and further increased enormously – women's share of unpaid care work, whether for sick and older relatives or for children. While gender responsive social protection systems are needed, so continue to be far-reaching awareness-raising campaigns to promote shared family responsibility for work in the home.

Public investments in **basic infrastructure and family-friendly policies broaden women's paid employment options**, thereby redressing their socio-economic disadvantage. Promoting more equal sharing of unpaid care and domestic work between women and men would also help to address stereotypes and change social norms, with the potential to transform both labour markets and households alike.

The ILO Social Protection Floors Recommendation, 2012 (No. 202) sets out that States should guarantee at least a minimum level of social protection to all, including access to essential health care and basic income security in every stage of life, and should progressively ensure higher levels of protection through comprehensive social protection systems, based on the principles of gender equality, non-discrimination and responsiveness to special needs.

To move towards substantive equality, the EU could support governments to:

- Extend coverage of childcare services in line with the needs of working parents
- Work towards comprehensive paid leave systems, including maternity leave, paternity leave and parental leave that can be shared between parents
- Extend coverage of maternity, paternity and parental leave entitlements to informal workers, along with measures to ensure implementation
- Ensure that leave is paid at a minimum of two thirds of previous earnings, so that poorer women and men can afford to take it
- Finance leave through collective mechanisms such as social security contributions and/or general taxation (including through fighting tax evasion and other forms of abuse, and tackling corruption)
- Incentivize fathers to take up paternity and parental leave, including through 'use-or-lose' quotas
- Reduce the gender pay gap
- Ensure that social protection is inclusive and that pension / old-age benefits are extended to persons in the informal economy.

Moreover, there is a clear fragmentation in laws, policies and practices relating to the rights of older persons and persons with disabilities (and at times persons in residential institutions), leading to **gaps in human rights protection for older persons with disabilities**. They often find themselves caught between two different support models, hindering access to services and assistance guaranteed to persons with disabilities under the UN Convention on the Rights of Persons with Disabilities. Harmonising and consolidating relevant policies and practices at EU and national levels as well as applying an intersectional approach will be essential to close these gaps.

The Convention on the Rights of Persons with Disabilities underpins the rights of all persons with disabilities, irrespective of age. As such it can help creating synergies and breaking down the existing silos.

Migrants also face particular barriers in accessing social protection and essential health services, despite their increased risk of exposure to negative health outcomes due to a unique set of sociocultural, economic and environmental factors - including irregular immigration status, language barriers, discrimination, a lack of migrant-inclusive health policies and lack of affordable health services. Such disparities impact the well-being of migrants and host communities and undermine the realization of global health goals. Despite migrants' considerable contributions to the development of host and home communities, as well as the imperative to uphold the human right to health and to improve public health, many migrants are left behind and unaccounted for in health systems. The realization of Universal Health Coverage (UHC) for migrants requires innovative, evidence-based policies and sustainable financial mechanisms that emphasize whole-of society and whole-of-government actions, and involve migrants, including health workers, as co-developers of health services. As the pandemic has shown, 'no one is safe until everyone is safe'.

To ensure more fairness in protection systems, the EU could also:

- Support reducing health inequities for migrants by promoting migrant-inclusive health policies that focus on increasing health coverage, ensuring equitable access to health care and promoting financial risk protection.

10. How can the risks of poverty in old age be reduced and addressed?

Measures suggested elsewhere in relation to inclusion in the labour market, access to paid employment and contributory social security systems, balance between contributory and non-contributory pension schemes or control over financial and personal interests, are also relevant here. In addition, while the UN Global report on Ageism identified that ageism may increase the risk of poverty and financial insecurity in older age, due to cumulative effects throughout the employment cycle (compounding disadvantages when interacting with ableism, sexism and racism), it noted that studies looking at how ageism contributes to poverty yet remain rare.

- The EU could: support more research in this area as a matter of priority within EU countries.

11. How can we ensure adequate pensions for those (mainly women) who spend large periods of their working life in unremunerated work (often care provision)?

While there is no silver bullet to overcome gender gaps in old-age pensions, a package of measures is needed to address their root causes over the life course—particularly with regards to gender inequalities in work and care—as well as to compensate for potential gender gaps and old-age income insecurity.

In addition to tackling the persisting gender pay gaps in employment, ensure adequate pensions requires providing **basic protection for all older adults,** regardless of individual contributory records and past paid work and earnings.

The **design of pension systems** determines the extent to which inequalities in the labour market are perpetuated into old age, and whether and how they result in a gender gap in pensions. Interrupted employment careers can reduce pension entitlements, lower retirement ages for women compared to men in some countries, and can prevent women from accumulating sufficient contributions. The **non-contributory** elements of pension systems, such as tax-financed pensions, do not depend on previous employment (thus disproportionally benefiting women), but frequently offer only modest levels of benefit that are often insufficient to prevent poverty in old age.

The **contributory** elements of pension systems, both public and private, tend to offer higher benefits and are more closely linked to employment histories, particularly defined contribution schemes, which are often designed around a male breadwinner model, providing the highest levels of protection for those with an uninterrupted and full-time career in the formal economy. Such schemes directly contribute to increasing the gender pension gap.

There is, however, significant diversity within these schemes. Unlike private pensions, many social insurance pension schemes include more **redistributive** elements, such as the recognition and valuing of care periods (e.g. in Canada, France and Germany) or guaranteed minimum pensions for insured persons with low earnings, both of which help to bridge the gender pension gap. Many private pension schemes are still based on sex-differentiated mortality tables and annuities that tend to result in lower pension levels for women.

The **most effective way to achieve greater gender equality in pension schemes is to guarantee adequate public pensions**, including tax-financed basic pensions and well-designed social insurance pensions[16]

To the extent that women rely more heavily on non-contributory pensions than men, the adequacy of these benefits is of major concern from a gender equality perspective[17]. **Social pensions that are either offered to all (universal) or exclude those in receipt of other pensions (pension-tested) are most effective for reaching women.** In contrast, means-tested pensions often require that household—rather than individual—income fall below a certain

[16]Over 85 per cent of the countries in which there is no gender gap in effective pension coverage have non-contributory pensions; either universal or pension tested (ILO, 2017j; ITUC, 2018).

[17] See UN Women, Progress of the world's women 2015–2016: Transforming economies, realizing rights, Chapter 3 Towards Gender Equality In Social Transfer Systems, p.134.

threshold. They hence exclude women who live in households above this threshold even if they have no personal income. In effect, they assume that income from cohabiting spouses or other family members will be shared fairly, which is not always the case. Pensions-testing bolster women's economic autonomy, voice and agency within households, which also help prevent the perpetuation of situations of domestic violence and abuse. The same applies to spouses with disabilities with regard to disability benefits. Where means-testing is chosen, income thresholds should be adjusted to reflect the number of older people in the household, and ensure that all eligible older people receive a social pension in their own name.

As flagged earlier, measures can also be taken to **remove gender-biased outcomes in contributory schemes**, notably:

- **Avoid punishing short or interrupted labour market histories**, ensuring that the requirements to access minimum pensions allow for the incorporation of most women;
- **Compensate for time dedicated to unpaid work and care**, including measures to protect pension rights after women are divorced or widowed. Most European pension systems now offer care-related contribution credits, which have shown limited but positive impacts on the value of women's pensions. Without them, mothers' replacement rates (i.e. pension benefits as a percentage of pre-retirement income) would decrease by 3 to 7 percentage points in a number of EU and OECD countries.
- **Pool longevity risks broadly**. This involves promoting pension schemes that pool longevity risks between women and men and avoid punishing those who lives longer. It also involves establishing regular indexation mechanisms for pension benefits to avoid the loss of purchasing power with age, which makes women suffer more due to their longevity.

The above requires decided political action in favour of gender equality and redistribution, which is not always found in pension reform processes. Across countries and regions, there is substantial space for improving pension systems to make them more gender equitable. As more countries undertake policies to foster gender equality in old age, policy diffusion may also help to promote these across borders.

13. How can the EU support Member States' efforts to reconcile adequate and affordable healthcare and long-term care coverage with fiscal and financial sustainability?

Policy-makers are frequently concerned that a greater number of older population (and in this case 85+) will automatically lead to higher and unsustainable growth in health and long-term care (LTC) spending. Far more important, however, is the choice policy makers take in managing patients and LTC users within the service delivery system, how services are financed, and choices related to prices and technology.

The health systems challenges would be the same for the whole populations: are there systems in place to cover the population, is coverage automatic or an entitlement, and are there mechanisms to fund people who cannot contribute. Better service delivery models reduce reliance on hospital-based care. Payment systems are linked to outcomes and quality. In raising revenues, sustainable financing systems delink payment of contributions for example payroll taxes with health benefits.

It is key to **emphasize the importance of effective care coordination, integration of health and social care services, and strengthening person-centred primary care**. This will not only help reduce unnecessary hospital-based expenditure through reduction in unnecessary acute and specialist care, but reduce redundancy in service programs/provision and ultimately contribute to cost saving and financial sustainability. In the end adequate and affordable health care will reduce or delay the need for long-term care and vice versa.

Also, to extract better value for money in long-term care, countries should encourage home and community care, put in place quality improvement systems, encourage healthy ageing and prevention, facilitate appropriate utilization of case coordination across health and long-term care.

Moreover, it is essential that good quality **health care be non-discriminatory and accessible to all older persons, regardless of migration status**. Research evidenced that timely treatment in a primary health care setting for regular and irregular migrants is always cost saving when compared to treatment in a hospital setting. This is true for the direct medical and non-medical costs, as well as the indirect costs. According to cost estimations, at least 49 and up to 100% of direct medical and non-medical costs of hospitalization can be saved if timely primary health care is provided to irregular migrants. This is true from the perspective of all three stakeholders: the patient, the third part payer (health care system) and society as a whole.

To this end, the following is recommended:

- Support capacity building of health and care workforce, including family caregivers, for effective delivery of integrated care, responding to diverse needs of older people.
- Acknowledge health care for migrants and EU citizens, including Roma populations, ineligible for or without insurance as a public health issue, and apply public health instruments of planning, implementing, monitoring and evaluating accordingly;
- Provide access to primary health care for all persons, irrespective of migration status;
- Provide access to (highly) specialized care based on case-by-case decisions;
- Facilitate information sharing between all stakeholders, including the public and migrant communities, with the specific goals of transparency and empowerment.

14. How could the EU support Member States in addressing common long-term care challenges? What objectives and measures should be pursued through an EU policy framework addressing challenges such as accessibility, quality, affordability or working conditions? What are the considerations to be made for areas with low population density?

We note that there have been discussions on the appropriateness of the term “care”, as it is often associated with infantilizing or paternalistic approaches, and whether to replace “care” entirely with “support”; and on long-term care (LTC) as primarily understood as institutionalised care or also encompassing community-based support. Regardless of the terminology and considering the broad scope, LTC should be perceived as **needed investments in promoting welfare and having positive impacts at household, community, and societal levels**. It is key to recognise that the costs for an inadequate support system are borne by families who are left to make their own arrangements, often under severe constraints and generally with dire consequences for women across generations. No country can afford not to invest in LTC. It is a human rights and gender equality priority. Investing in high quality care firmly grounded in human rights helps to build trust in the care system[18].

The many challenges listed could be addressed in part through regulatory measures to ensure quality and human rights standards, accessibility in part through eligibility criteria, and affordability through higher public sector investments and appropriate means testing if applied.

Although for LTC, there is no one size fits all model, there must be a **guidance on common overarching principles** that address common challenges faced in areas of governance, financing, information/data, service provision, workforce etc to achieve an integrated continuum of long-term care services in countries. For example:

- For good governance, national governments must take overall responsibility for the stewardship of long-term care systems (see World report on ageing and health, 2015).
- For quality assurance, establishing effective governance and country-led mechanisms for long-term care monitoring and evaluation is needed within the context of national health strategy monitoring, as well as the strengthening of capacity to conduct oversight/control of the private sector according to laws and regulations.
- To address accessibility and affordability, a minimal set of services should be defined with higher public sector investments for this set of services.
- To enhance working conditions, evidence-based health workforce policies, strategies and plans that prioritize investments in the long-term care workforce need to be developed.
- Also adequate funds must be mobilized from domestic and other sources to sustain the supply, recruitment, deployment, and retention of long-term care workforce and minimise exit. This would also raise the need to establish regulatory frameworks to address staffing ratios in facilities according to levels of care needs, etc.
- Ensure protection of the rights of older persons with support needs and caregivers alike, including against abuse, violence and exploitation.

[18] See ENNHRI: *We have the same rights*

The **rights and social protection for unpaid carers varies widely in Europe**, pointing to important gaps, such as in the right to take care leave and for other measures to reconcile employment and care giving commitments for older people, but also for other family members in need of care. Because no public long-term care system would be sustainable without the support of unpaid carers, the improvement of their social protection and of other public support, such as formal home care, should be a priority. In terms of interventions to **support family caregivers,** some countries have, for example, offered payments to previously unpaid caregivers to support and compensate them, at least partially, for potential lost earnings. Respite care is another, more hands-on form of support that allows unpaid caregivers to take a break from their tasks while someone else provides care to the person for whom they are responsible. Not all approaches will suit all countries. For example, Finland's respite care model may not be readily transferred to lower-income settings where residential service infrastructure is more limited. As an alternative, some respite care can be brought to people's homes. Studies have shown that simply providing family carers with information about conditions such as dementia and strengthening their relationships with local health workers significantly reduces stress and may increase the quality of care older people receive.

The rights and the protection of the **large number of documented and undocumented migrant and refugee care workers** within LTC also need to be addressed to ensure the sustainability of LTC services. The EU should promote ethical recruitment and decent working conditions of migrant and refugee care workers as well as their protection against all forms of labour exploitation. We also call on the EU to support actions that monitor migrant and refugee care workers' working conditions and sanction employers who fail to uphold their rights.

Women's rights organizations and gender equality advocates can also play a leading role in **framing LTC agendas in gender-responsive ways.** They can challenge narrow views of long-term care as a predominantly fiscal issue and raise awareness about the hidden costs of policy inaction to women across generations. In this context, the EU could support with the following measures:

- Support focused public communication campaigns highlighting the need for societal engagement with long-term care as a human rights and gender equality priority
- Help generate and publicize data and knowledge about the effects of LTC on women and address key evidence gaps, including the working conditions and well-being of paid and unpaid carers as well as the vulnerability of older women to abuse and neglect
- Support the inclusion of paid and unpaid carers, as well as those who rely on their care, in policymaking and emphasize their key stakeholder status
- Ensure that activities aimed at enhancing the status and reducing the exploitation of domestic workers reflect their growing involvement in care for older persons
- Explore acceptable complements to unpaid family care, including community-based services such as day centres and home visits, especially in countries where limited and low-quality residential care is currently the only option
- Ensure that paid carer conditions comply with decent work standards and link this to accreditation and professional standards to improve the status of this growing sector of the labour force.

For **low population density** areas, public investment should be highest with implementation of innovative modalities of care provision. Countries should be encouraged to have a strategy to encourage adoption of new technologies that address cultural preference, levels of digital literacy and key needs for assistive technology. Such innovation should be reinforced by adequate public funding. Partnerships with civil society should also be encouraged both to reduce costs and optimise uptake.

The challenge posed by increased health needs in combination with a shrinking workforce can partially be addressed through specialization and re-skilling programmes for the existing workforce. However, and as highlighted in the Green Paper, cross-border mobility and international recruitment of staff could also play an important role in addressing this challenge. In 2018, third country nationals accounted for 9.1% of healthcare and long-term care workers in the EU (JRC, 2019) and have shown to play a vital part in the EU's crisis response to the COVID-19 pandemic in the past year.

Against this backdrop and building on the Commission's proposal to attract foreign skills and talent to the EU through its Talent Partnerships as part of its New Pact on Migration and Asylum, we encourage the EU to support its Member States **in expanding legal migration pathways** to attract foreign workers in the healthcare and long-term-care sectors. IOM's Skills Mobility Partnership approach to labour migration, which is articulated around multi-sided stakeholder partnerships, can be a useful model for the EU to frame its Talent Partnerships. Due account must be taken, however, to the potentially adverse impact of large-scale emigration of care workers on the countries of origin and any such initiatives must be synchronized with the Sustainable Development Goals. In implementing the Pact, measures should be introduced to assess the impact on the health workforce in less developed countries and on aspirations to achieve universal health coverage. Ethical recruitment is key, thus abiding with the 2010 Code of Practice on the International Recruitment of Health Personnel should be factored in the identification and prioritization of these measures.

Finally, it is also important to consider **the specific needs of ageing populations with migration and refugee background**, particularly older migrants and refugees having recently arrived in the EU. Owing to their migratory status, older migrants and refugees face a double vulnerability and have care needs that deserve further consideration. Older migrants and refugees might lack immediate contact with their family members to receive informal care and therefore heavily rely on formalized long-term care. They might, at the same time, also lack the language skills to appropriately communicate with their caregivers. In that regard, the provision of culturally sensitive and interculturally trained caregivers is key. We encourage the EU to support actions that help match older migrants in need of care with caregivers of a similar ethnic and linguistic background to facilitate communication and decrease the sense of isolation and loneliness that may otherwise come with old age.

15. How can older people reap the benefits of the digitalisation of mobility and health services? How can the accessibility, availability, affordability and safety of public transport options for older persons, notably in rural and remote areas, be improved?

The **COVID-19 pandemic has highlighted the potential of digital health** (tele medicine, tele consultation, etc.) as a mitigation method. There are still issues of infrastructure and digital literacy upon practical application of digital health targeting older people. However, their family caregivers and community health care workers can facilitate the use of digital health for monitoring and following up of health and well-being of older people. The education and training on the use of digital technology, when and how to access to health and social services, can be offered to not only older people, but their care givers and community health workers including volunteers. In rural and remote areas, not only developing the infrastructure of digital technology, but the capacity building of family caregivers and community health care workers would be critical to increase the accessibility. The combination of mobile clinic and home outreach can be an option in areas, where public transport is not available.

The inclusion of specific groups in the national and European digital strategies, notably older persons with disabilities and older migrants and refugees, will diminish their vulnerability and ensure access and continuity of care, especially during the current pandemic and also in relation to travel in the post covid-19 world.

Because too many initiatives had in the past been undertaken as pilot projects only, the focus has to shift to provide guidance to Member States on **experience from larger, up-scaled services and innovations** that have reached a larger part of the population and entered the mainstream of service delivery, and about what were the success factors.

Risks of social exclusion are heightened in remote rural areas owing to a lack of infrastructure and distance from basic services and socialization opportunities. This is all the more pronounced **for persons with disabilities as well as newcomers in rural areas who do not necessarily have a pre-established network with the local community**. To mitigate risks associated with remoteness, improving the mobility of residents in rural areas is key. To that end, the EU is encouraged to:

- Allocate funding to local entities including local authorities in rural areas and CSOs to pilot green and alternative transport systems to facilitate the mobility of older persons, with an inclusive approach;
- Support the implementation of peer-to-peer mechanisms whereby volunteers accompany older persons with trips to essential shops, the local clinic etc. Such initiatives should take due account of older migrants' and refugees' intercultural and linguistic or other support needs;
- Encourage local public authorities in subsidizing transportation tickets for the older populations;
- Support local authorities in establishing one-stop-shops that centralize essential services for older persons in one physical locality to reduce the need for transport to meet essential needs;

- Promote initiatives that improve the digital literacy of older persons, digitize essential services and provide multilingual online social networking platforms to connect older persons and help them fight isolation.

Finally, the UN Convention on the Rights of Persons with Disabilities provides a gold standard on accessibility, and guidance on its implementation can be found here[19].

16. Are we sufficiently aware of the causes of and impacts of loneliness in our policy making? Which steps could be taken to help prevent loneliness and social isolation among older people? Which support can the EU give?

Although awareness of the risk factors for and impacts of loneliness – which affects some 20-34% across Europe – has been increasing among policy makers in the UK and some EU countries - such as Germany and the Netherlands – the **serious impact of loneliness is still not always sufficiently appreciated.**

For instance, a 2015 review concluded that social isolation, loneliness, and living alone were associated with a 29%, 26% and 32% increased likelihood of mortality, respectively. There is also evidence that social isolation and loneliness increase the risk of cardiovascular disease and stroke and affect the course of other health conditions (e.g. type 2 diabetes mellitus, high cholesterol), mobility, and functioning in the activities of daily living. There is substantial evidence that they are associated with cognitive decline, dementia, depression, and anxiety in older adults and are a risk factor for abuse.

Furthermore, social isolation and loneliness also appear to impose a heavy financial burden on society. For example, a UK study on the costs of loneliness to employers in the UK estimated that loneliness costs employers between £2.2 and £3.7 billion a year.

What works best to prevent loneliness is currently not entirely clear, but **many different interventions have been developed, evaluated, and show promise**. The consensus emerging from the many reviews that have been conducted on what works to prevent loneliness is that, although some findings are encouraging, there is currently too little high-quality evidence to conclusively identify the most effective type. However, interventions that target maladaptive social cognitions – hypervigilance for social threats, in particular – appear particularly promising.

Interventions for social isolation and loneliness among older people can be delivered either one-to-one, in groups, or digitally, via technology. They include, for instance, social skills training; psychoeducation (providing information and support to better understand and cope with social isolation and loneliness); community and support groups; befriending services, which offer supportive relationships either in person or over the phone, usually by volunteers; social prescribing, which helps patients access local non-clinical sources of support; cognitive behavioural therapy, which often address maladaptive social cognitions; mindfulness;

[19] CRPD/C/GC/2

psychopharmacology, including anti-depressants; and coalitions and campaigns to increase awareness of the issues.

Digital interventions have become a particular focus of interest, partly due the COVID-19 pandemic and attendant lockdown and social distancing measures. They include, for instance, internet/computer training, supported video communication, messaging services, online discussion groups and forums, telephone befriending, social networking sites, chatbots, and virtual companions equipped with artificial intelligence.

It is important to take into account that **some groups of older persons are at heightened risk of experiencing social isolation due to specific barriers that they face**. Migrants and refugees, for example, face language barriers, discrimination, distance from significant others, different perceptions of the role of older adults in the origin and host communities, lack of digital skills, difficulties in accessing the health care, social care and other informal care systems.

In addition, socialization and recognition of the social role of migrants is often bound to their role in the workforce, while older migrants are usually out of employment or retired. Specific interventions to mitigate the risks associated with social isolation and loneliness faced by many older migrants and refugees include:

1. Promote intergenerational activities to facilitate dialogue and socialization between older persons and youth of both the host and migrant/refugee populations.
2. Promote initiatives on digitalization and digital literacy for older migrants and refugees to facilitate dialogue.
3. Promote inclusion of older migrants and refugees in existing adult and older adults formal and informal education pathways, both as instructors and students.
4. Support municipalities in the provision of dedicated support groups and counseling.
5. Promote volunteering and mentorship skills among older migrants and refugees to facilitate integration.

Overall, the EU could consider giving support to the following areas to combat loneliness:

1. *Building up an evidence ecosystem:* considerable evidence is available on social isolation and loneliness, but its quality is uneven. This makes it often difficult to draw clear conclusions about key questions. Significant gaps in our understanding remain, particularly in relation to low- and middle-income countries. A key element in any European strategy to address social isolation and loneliness will be, building on all the work that has been done to date, to develop a strong and well-functioning evidence ecosystem. This should include increasing the capacity to:
    - Generate the high-quality data and primary research still required on all aspects of the issue – its prevalence, consequences, and determinants, and, most importantly, on interventions and policies that work to reduce it;
    - Synthesize these findings and store them on accessible databases, platforms, and portals;
    - Map and distil the findings in a form that is likely to be used by policy- and decision-makers, such as evidence-policy briefs, guidelines, and checklists.

2. *Creating a European coalition*: As part the Decade of Healthy Ageing – which brings together governments, civil society, international agencies, professionals, academia, the media, and the private sector – the EU could consider creating a coalition to address social isolation and loneliness. This coalition should seek to reduce social isolation and loneliness by helping to build up the evidence ecosystem; increasing the awareness and political priority of, and investment in, the issue.
3. *Develop a package of interventions:* A European "grand challenge" could be launched to develop innovative interventions to reduce social isolation and loneliness with a view to developing a package of effective interventions and building up the capacity in countries to implement and scale up these interventions.

17. Which role can multigenerational living and housing play in urban and rural planning in addressing the challenges of an ageing population? How could it be better harnessed?

Older people want housing that enables them to be safe and comfortable regardless of their age, income or level of capacity. Older persons have the right to live in their community, to choose where and with whom they want to live, and to not be obliged to reside in a particular living arrangement. Enabling older people to live in housing that is an appropriate and manageable size for their household, and that is affordable to heat, is associated with improved health, and may promote improved social relationships within and beyond the household. SDG Target 11.1 foresees that all should have access to adequate, safe, and affordable housing and basic services.

Older people in every income group and across all contexts should have **access to a range of options for adequate and affordable housing**. These may include market-driven housing for those who can afford it, social housing, assisted-living facilities, continuing-care communities (which provide residential options that are responsive to different levels of capacity, such as independent living, assisted living or care homes), shared-living arrangements, including mutigenerational living such as co-housing, multigenerational housing, accessory dwelling units, extended stay hotels.

Multigenerational housing can be achieved through housing models that enable people of all ages to live together and share space in different ways. In Europe, multigenerational households can already be attributed to cultural norms among certain ethnic and minority populations, economic reasons due to rising housing costs, and social supports to aid with care of children or older persons. Promoting multigenerational living can help address ageism by bringing younger and older people together and it may - but further research is needed - provide an opportunity to address economic pressures, increase the efficiency of urban housing and address the issue of under-occupied housing, leverage the social benefits of shared living and provide an alternative model to housing that can enable older people to age in their homes or communities for as long as possible.

The EU could consider giving support to the following areas:

- Review barriers and facilitators to the creation of more multi-generational housing, such as rules, regulations and building codes and proposes recommendations to policy makers and planners on how to overcome these challenges with planning interventions.
- Support a range of demonstration projects or models that create multi-generational housing opportunities as a way to age in place, live more efficiently in terms of space and finances and that are monitored and evaluated to gain understanding of the benefits and risk of multigenerational housing. These could start with communities that have expressed interest in becoming more age friendly and would necessitate a review existing housing stock and multigenerational profile and consultation with populations and providers to understand perceptions and interest in multigenerational housing.
- Based on a review of the evidence and demonstration projects develop living guidelines for planners on multi-generational housing that can be distributed to planners, organizations focused on the aging population, groups working to promote intergenerational activities and interaction, and other interested parties.

Emphasizing the opportunities for these models to facilitate multigenerational living creates an intentional connection with citywide age-friendly policy and planning frameworks. Incentivizing multigenerationalism within the development of the housing will be key to ensuring that these benefits are realized.

Support for multigenerational housing should be considered part of a broader strategy to promote adequate housing and other policy approaches which have been shown to work to support ageing in place, such as home modifications[20], assistive technologies[21] and other technologies that can help increase an older person's safety and security in the home.

Research has shown that providing a comprehensive package of housing adaptations and assistive technologies for older people, in rural and urban settings, would be cost-effective because of the resultant reductions in the need for formal care. Across the life course, improving housing in disadvantaged areas may provide a population-based strategy for improving health and reducing health inequalities.

[20] Conversions or adaptations made to the permanent physical features of people's homes to reduce the demands from the physical environment

[21] Such as canes, walkers, shower chairs, bath boards, nonslip bath mats, adapted toilet seats; or for people with cognitive impairment, calendars that use symbols. For devices to be appropriate, suitable and of high quality they must meet the needs and preferences of older persons, be suitable to their environments, and adequate follow-up must ensure they are used safely and efficiently.

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