

Consultation on the Green Paper on Ageing

Introduction

GREEN PAPER ON AGEING – Fostering solidarity and responsibility between generations

This Commission has put demography high on the EU policy agenda. In June 2020, it presented the [report on the impact of demographic change](#) setting out the key facts of demographic change and its likely impacts. The [green paper on ageing](#) is the first outcome to this report and launches a debate on one of the defining demographic transformations in Europe - namely ageing.

Never before have so many Europeans enjoyed such long lives. This is a major achievement that is underpinned by the EU's social market economy. One of the most prominent features of ageing is that the share and the number of older people in the EU will increase. Today, 20% of the population is above 65. By 2070, it will be 30%. The share of people above 80 is expected to more than double, reaching 13% by 2070.

This demographic trend is having a significant impact on people's everyday lives and on our societies. It has implications for economic growth, fiscal sustainability, health and long-term care, social cohesion and intergenerational fairness, and it concerns every age. In addition, the pandemic's disproportionate impact on older people – in terms of hospitalisations and deaths - has highlighted some of the challenges an ageing population poses to health and social care systems. However, ageing also provides new opportunities for creating new jobs, boosting prosperity, for instance in the 'silver' and care economies, and fostering intergenerational cohesion.

This consultation enables all European citizens, Member States and relevant stakeholders to provide their views on the [green paper on ageing](#) and contribute to the debate.

Laying the foundations (chapter 2 of the green paper)

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?

Childhood plays a determining role in ensuring life quality and a long and healthy life. It is therefore crucial to invest in children and to fight child and family poverty. The EU initiative for a Child Guarantee can play an important role in ensuring access to and quality of healthcare, including preventive, decent living conditions/housing, education and nutritious food. All of these

have a potential impact on the health situation and life quality at a later age. However, Member States cannot rely solely on the Child Guarantee and will have to improve the access to and quality of services to all children and their families, in particular those in the most vulnerable situations. The EC Recommendation of 2013 on investing in children provides the key elements of such coherent policy.

We live in a society, characterised by two essential and very different developments: people have more healthy years, but there is often a rapid decline in health and in some cases a long period of dependence on help and care in old age.

The variety of life situations of older people is greater than ever. A great challenge is posed by poverty in old age, isolation and loneliness, impaired mobility, and the increasing number of people with old-age diseases or mental health issues.

The unwanted loneliness that older people often experience and its approach should be incorporated in health and active aging policies. A purely bio-political approach to the elderly would leave the reality of all older people incomplete, implying that as a person ages, it is more likely that s/he will feel alone. According to data from the World Health Organization, in 2050 there will be two billion people over 60 in the world: One in five people will be elderly. It is therefore essential to make our cities inclusive and welcoming places for the elderly and, in general, for all forms of frailty in all its manifestations. Therefore, it is necessary to address and propose policies that include a biopsychosocial vision of older people, with clearly contributing actions aimed at preventing dependency before it appears and accompanying actions to people who need assistance. A wider network of solidarity must be reinvented, not necessarily based on blood ties, but on affiliations, friendships, common feeling, mutual generosity in responding to the needs of all.

2. What are the most significant obstacles to life-long 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?

Main obstacles are access to (early) childhood education, both in terms of affordability and quality, access to life-long learning in adulthood in terms of availability (online, distance to training centre, also via accessible public transport, etc.); adequacy (what kind of trainings can people follow, are they adapted to language skills and capacities, does it increase opportunities on the labour market, also in terms of better working conditions and wages?); affordability (are the courses for free); as well as the possibility to combine learning with working and family life (when and where do the training courses take place, how long does the whole training cycle take, can single parents participate, i.e. are there childcare facilities onsite, etc.). Addressing the learning challenges in childhood makes the most difference with a long-term impact.

Fighting discrimination is crucial in this context. The best ways to prevent any type of discrimination are a culture of encounter, awareness raising and training. Policies that ensure

positive visibility of old age from childhood are essential to fight prejudices and age discrimination (ageism). Subjects and / or spaces which comprehensively address concepts and social structures such as inequality, equity, good treatment, and discrimination based on age, sex, religion, etc. should be included in educational curricula. In the same sense, it would be important to promote EU recommendations to the different media so that the images and messages they use do not contribute to stereotyping, ageism, sexism, disempowerment, etc.

Making the most of our working lives (chapter 3 of the green paper)

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

The EC and Member States should promote employability of older people, and more in general it should tackle unemployment and improve access to job opportunities through the EU Invest programme. Particular focus should be directed especially towards the sectors of the green economy and social enterprises, capable of producing new jobs, and by expanding lifelong learning opportunities currently offered by public administrations. The EC should also support Member States to strengthen and modernise public employment services through the continuous training of operators, the inclusion of specialised counsellors and tutors, and the implementation of targeted policies for each sector of the labour market and for different categories of workers, whether older, young, with a migrant background, with a physical challenge, etc. The Council should adopt such an approach, incorporating these points, in the functioning of public employment services.

It is necessary to build good foundations based on relevant data in order for institutions to be able to formulate effective policy measures. The EU institutions and Member States should support the sharing of experience and good practice when creating employment programmes.

The EU should support and promote the agenda of good working conditions for older workers who want and are able to work. At the same time it is necessary to protect those persons who are no longer able to work due to their age and/or health. Policy measures should therefore respond flexibly to the individual situation of older people. Concrete measures could be considered, such as improving the skills, particularly digital skills, of older workers with specialised training courses; promoting flexible working hours and specialised part-time working for older persons, which does not disqualify them from full social protection (part-time pension, part-time work); improving health and safety policies in the workplace, including mental health; and promoting policies that combat anti-ageism and discrimination due to age in the workplace.

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?

When people grow older, a number of changes happen as one needs to adopt for the transition of old age. If one does not have the right skills to make and embrace the right adjustments that person could be trapped in loneliness (Singh and Misra, 2009).

Due to the lack of adequate wages and a substantial increase in the cost of living, people need to work more hours to earn an adequate income in order to live decently. This will automatically decrease the time and availability families have for each other. Therefore, elderly people are having less availability even for their elderly parents and grandparents. A pilot project through EU funds could be created, with the collaboration of stakeholders such as the local municipalities and the parish communities. The project's aim would be to create a strong intergenerational relationship towards a better community. Appointed community leaders would guide young people from the locality who are willing to volunteer, to successfully conduct such a project. These leaders would give weekly tasks to help the elderly and young people engage together. Such as:

- 1) Weekly home visits and speaking to the elderly;
- 2) Helping the elderly in cleaning and buying food;
- 3) Teaching the elderly basic computer/internet/smartphone skills, and;
- 4) Phone the elderly on a daily basis.

This concept will have various benefits such as:

- It will give a unique opportunity for both generations to acquire skills and learn from each other;
- The youth and the elderly will have a purpose to look forward to;
- Help the elderly people eliminate the stigma about youth and help youth understand the elderly;
- Help in the reduction of those elderly people who feel lonely;
- Give a sense of satisfaction to young people who take up this challenge;
- Sharing of experiences such as stories from the past, and;
- Help given to the elderly people regarding technology and new developments in this sector.

Those young people who opt to participate in such a project will all be given adequate training and monitoring. A form of reward from the local leaders could be considered. Initiatives like this would build stronger communities and could also motivate family members to make the extra effort and find time for their elderly loved ones.

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?

Residents in rural areas often have limited access to various types of services (social services included), which has an impact on the quality of living. At the same time, limited access to services leads to a further migration of people from rural to urban areas. The prevention and support model for unwanted loneliness must include a diversified approach in rural and urban areas. Participation requires mobility and accessibility of vital services. This is a particular challenge in rural areas. In addition, policies that improve communication systems (road and telephone, internet ...) will facilitate the settlement in rural areas of new people and families who can develop their lives and perhaps their jobs within these communities.

Caritas services support self-determined participation, create forms and spaces for exchange and encounters, enable commitment, counteract loneliness and promote the resources of older people for themselves and for society. They work at the interfaces of various fields of work, for example with volunteer centres, municipalities and church communities as well as outpatient, (partial) inpatient assistance and hospice work. They advise, support and accompany older people and caring relatives.

EU and Member State policies should foster access to health, social and other services and support the increase of capacity and quality of outreach services in order to provide a full spectrum of accessible services (services network) based on people's needs. Providing services in rural areas could also lead to the creation of new jobs in those regions.

New opportunities and challenges in retirement (chapter 4 of the green paper)

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?

The EU should continue to support civil society, local, regional and national authorities to promote recognition of the contribution of (older) volunteers to society, to awareness raising on the value of volunteering to empower people and volunteer organisations, and to create an enabling environment for volunteering including a volunteering infrastructure. In every country a legal framework should provide basic legal recognition of, and legal protection for volunteers, while avoiding to impose too much administrative burden that would hinder volunteering. Support structures should be strengthened that offer training and accompaniment for volunteers. The quality and added value of volunteering also depend on the support that volunteers receive. Special attention should be given to volunteering initiatives that empower

people experiencing poverty and social exclusion by giving them the opportunity to volunteer, as well as to initiatives that introduce new forms of volunteering and of volunteer exchanges.

The EU and Member States should remain vigilant that volunteering is not instrumentalised as a form of cheap labour, replacing paid work, or to substitute the duties of authorities in the areas of health care, social services or in international cooperation.

The success of volunteers' participation in programmes, for example, of Caritas Spain for the elderly is due to the support that each Diocesan Caritas gives to these teams of volunteers. As the programmes are designed and the volunteers receive training, accompaniment, spaces for group reflection, etc., their commitment to the project increases.

The concept of intergenerational volunteering (older people volunteering with children in need and young people accompanying older people) requires further support in order to be applied in all Member States.

The pandemic has forced an increased use of new technologies, but the digital divide is big for a number of older people and often difficult to bridge without direct support, which is unfortunately almost impossible due to the current Covid-19 restrictions.

In this sense, a digital exchange platform could be interesting as long as the technical resources necessary for its use are ensured and provided that elderly volunteers experiencing difficulties in using it are supported. The exchange of experiences is always very enriching. In the case of older people, it would be essential that these exchanges be ensured with simultaneous interpretation/translation.

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?

Caritas services include meeting centres, district centres, life and housing counselling services, counselling for older people, visiting services, social networks, leisure, educational and cultural services, support for caring relatives, including people with dementia in their own home environment, various low-threshold neighbourhood projects, especially for older people, in order to enable them to lead an independent life.

Digitalisation can facilitate self-care, contact care and health maintenance in old age, but many older people do not yet have access to internet. In addition to basic information, many need permanent assistance in using digital services for their own independent lives. Offline access to services and institutions must be respected and ensured by legislation. In the Czechia, during the COVID pandemic, basic goods could only be purchased online. Furthermore, some stores refused to accept cash payments, the vaccination system for people 80+ was only online and

many people were unable to register for the vaccination without help. These situations significantly affected the autonomy and independence of groups of people.

By fostering outreach health and social services and providing a full spectrum of accessible social and health care and regional services based on the people's needs, this would allow people to maintain as much autonomy and independence as possible in their own environment for as long as possible.

Member States should support building community and family-type residential services in order to ensure decent living conditions of older people, who need care and cannot continue living in their homes. Stable funding and support quality services have to be provided, including support for the education and good working conditions to ensure quality of care.

Considering the growing diversity of the group of elderly people in the EU, existing equality legislation and existing and new action plans (Racism, Integration, social economy, EPSR, Roma Strategy) should first include this dimension, and the resources necessary for their implementation should be provided. A move forward on the horizontal equality directive and the accessibility act for people with disabilities is also a must. And for services and the community environment to respect the rights of the elderly, it is necessary to carry out awareness campaigns on the negative consequences of ageism and the need to promote and value the contribution of elderly people to our societies.

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?

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?

Families play a crucial role in taking care of their dependent relatives. This unpaid work is work, and constitutes a win-win situation for our communities. The Member States should implement the work-life balance directive in a generous way and take initiatives to enable, support, and recognise the value of family care work by allowing a number of days per year of special leave for care work in the family (for children, elderly, the ill). An adequate income should be ensured during longer periods of leave for care work. The EC should monitor the transposition of the work-life balance directive and take appropriate action in case of non-compliance by Member States.

Ensuring decent income during longer periods of leave due to the need of care work will lead to reducing the risk of poverty of mainly elderly women. Women are more often involved in family and long-term care than men and this is often one reason linked to why they have lower pensions. Longer care periods are also linked with lower income and consequently, a suboptimal position in the labour market, in part due to career breaks, but also due to gender discrimination and related pay gaps. Moreover, a decent income for informal carers in the long-

term care will increase the number of such carers and reduce institutional care costs – this will help maintain the social protection systems to be fiscally sound.

The situation of so-called ‘live-ins’ in private households of EU Member States has to be addressed. Mainly women from Eastern European countries, often far away from their own families, take care of an elderly person and support the families taking care of a dependent relative. It is important to create a [fair care mobility scheme](#) by establishing legal employment relationships and fair working conditions in private households with a transparent labour contract, corresponding insurance protection, fair pay and regulated working hours, as well as free time.

Low wages persist in feminised labour market sectors. There is a need to encourage greater participation by men in these sectors.

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

Old age poverty is increasing, the reasons are manifold. Low income earners, single persons and women have the highest risk for poverty in retirement age. A just and social balanced system of retirement and pensions needs to be developed.

The pension pay gap is directly fuelled by the parenthood pay gap. Years taken off to care for the upbringing of children is not considered as work, is even unpaid, and not considered in the calculation of pension entitlements. To reduce the pension pay gap of mothers, the time taken off for maternity leave and child education must be considered as a valuable period of informal work in the calculation of pension entitlements.

Labour market inequalities and in-work poverty in productive age, including the effects of longer periods of family care and long-term care, should be tackled, as well as the issue of low salaries/income in feminised labour market sectors (see also question 9), because wages determine the pension level.

EPSR principle 15 states that everyone in old age has the right to resources that ensure living in dignity. Building on the latter and all other relevant policy processes (e.g., the Sustainable Development Goals with its objective of ‘no poverty’ or the Charter of Fundamental Rights), the EU has to focus on the respective needs of elderly people.

Pension systems should guarantee an income that enables decent living conditions. The pension system should include a mechanism so that pensions increase adequately with regard to inflation and other economic factors, in order for pension levels to keep pace with increasing living costs.

The indebtedness of older people should be addressed and the availability of counselling should be ensured, including outreach services. It is necessary to ensure a legislative framework to address the situation of indebted older people.

The issue of decent housing also needs to be tackled: fiscal benefits for family-friendly and elder-friendly housing should be considered as best practices and promoted in all Member States. Furthermore, the European Commission could likewise promote projects which would involve family associations and social partners.

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)?

The importance of recognising care work is essential and the time spent on family care work should be considered as eligible for the calculation of pension rights. A decent income for carers should be provided during periods of family or long-term care (see also question 9). Otherwise, it is essential to take into account the lower income/absence of income during care periods when calculating the pension benefit so as not to reduce the final amount.

The mobility of care workers in the EU has to be monitored. It is crucial to establish fair working conditions for care workers and to set up legal employment relationships and fair working conditions with a transparent labour contract, corresponding insurance protection, fair pay and regulated working hours, as well as free time. Also, the challenges for the care-workers related to the special attention to left-behind persons, especially to elderly and children, have to be addressed.

Without access to any labour market integration measures, training or study grants, migrants face great difficulty in overcoming language and professional barriers. The status of many third country national workers is insecure. Rigid administrative criteria prohibit migrants from retaining work permits if they are fired or seek to change employers or job sectors. Restrictive policies on immigration, education and employment have a direct economic and social cost to the individual, the community and broader society. They are harming considerably prospects of quick recovery from the current economic crisis. Indeed, ethnic minorities and migrants compose a huge pool of talents, creativity and resilience that could contribute to putting European economies back on track. This needs to be acknowledged and tackled, so that third country nationals can participate fully in society. Special attention must also be directed to women in particular. Since women's talents are still more likely to be hidden or never to be realised, an age and gender dimension is also necessary, beneficial to research and other initiatives in order to promote and foster the participation of older migrant women. If we are to develop a socially cohesive and intercultural society, it is critical that Europeans validate the substantial and diverse contributions third country nationals, both men and women, are making

to the society, the economy, as well as to the particular businesses and organisations that employ them or that they have started and run themselves.

12. What role could supplementary pensions play in ensuring adequate retirement incomes? How could they be extended throughout the EU and what would be the EU's role in this process?

Meeting the growing needs of an ageing population (chapter 5 of the green paper)

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?

Institutional long-term care is not the only alternative to provide care for elderly people. Many possibilities exist in the perspective of community-oriented solutions, promoting significant links even between people who are not close, such as day care centres open to the neighbourhood, residential family homes, different forms of social caretakers, neighbourhood solidarity projects, groups of volunteers of the elderly who work in favour of other elderly people and intergenerational housing projects. In all cases, families should not be alone when taking care of an older or dependent relative. Families who care for an older relative feel supported and stronger when they can join a community of solidarity. There is a great future for innovative community-oriented solutions to the care of the elderly. As demonstrated by many good practices on the national and local level, the creation of networks of family associations should also be supported.

Preventive healthcare starting from birth: invest in access to healthcare for all, including the most deprived. The Child Guarantee can play a role here, but people with low income should systematically have free access to both preventive and curative healthcare. Preventive healthcare contributes to massive curative healthcare cost savings.

The Member States should implement the work-life balance directive in a generous way and take initiatives to enable, support, and recognise the value of family care work by allowing a number of days per year of special leave for care work in the family (for children, elderly, the ill). An adequate income should be ensured during longer periods of leave for care work.

The EU could support initiatives reducing the gap between the official and effective retirement age by adapting job content to the needs of older workers.

In order to provide adequate and affordable healthcare and long-term care coverage it is necessary to foster community and outreach health and social services. This will reduce the cost of institutional care. Building community and family-type residential services for people should be supported in order to ensure decent living conditions of older people who need care and cannot stay in their homes. To increase the efficiency and quality of healthcare and long-

term care, the functional interconnection and cooperation of the health and social care system (and other fields) needs to be strengthened.

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?

There is a need to support the development and capacity building of outreach health and social services and to promote informal care by providing adequate income for carers, respite services and other forms of professional support.

Transforming residential services to community and family-type services should be supported. Outreach services and family-type services will both ensure better living conditions for elderly people, strengthen regional accessibility of services even in areas with low population density (more services with lower capacity in more places) and reduce epidemiological risks (see also question 7).

It is necessary to provide stable funding, support quality services, and reduce the feminisation of the care sector and its reliance on cheaper migrant care workers.

To increase the efficiency and quality of healthcare and long-term care, the functional interconnection and cooperation of the health and social care system (and other fields) needs to be strengthened.

It is necessary to build good foundations based on relevant data in order for institutions to be able to formulate effective policy measures. The EU and Member States should support sharing of experience and good practice when creating social policy programmes and contribute to upward social convergence so that care work is not reliant on cheaper migrant care workers.

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 gap between the increasing need to maintain digital sovereignty in everyday life in old age and to have the necessary digital skills for a self-determined life, and the large number of people over 60 who are offline, illustrates the need to create customised support services in dealing with digital media. Those who do not use digital media run the risk of being "left behind". It is about supporting older people and taking away their fear of "technology" if they are unsure about using digital media. They should become curious about the diverse possibilities of digitalisation. Their fears, e.g. "that they will get into situations in the digital world that they are not able to handle, or that they will even become victims of scammers", must also be taken seriously and ways of dealing with them must be shown. The digitisation of services has complicated access for a large group of older people. It is important that all digitised services

maintain specific physical windows allowing easy access and tailored support to the elderly users.

Regarding public transport, especially in remote areas, buses "on demand" and / or local taxis work well in public-private collaboration. A bus "on demand" has an established route, with stops in all villages and with clear schedules. However, it only makes its route based on a previous telephone call to "demand the service". In this way, resources are rationalised, making them accessible to the elderly in the most remote areas. In the same way, establishing public-private collaborations with people living in the area who can become "taxi drivers" for the elderly, would not only improve their access to centralised services in the cities but would also create jobs in remote rural areas and foster social cohesion and community interaction.

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?

Loneliness has become one of the new scourges of this generation, and the pandemic is making us discover firsthand its impacts. As spouses, co-workers or friends pass away, older persons are seeing their social circle reduced over time, leading to isolation and loneliness. In addition, labour mobility in Europe has expanded job opportunities for European workers but it has also increased the distance between family members. Today, more and more children live away from their parents. Moreover, an increasing number of adults are not having children. It is important to underline the importance for the elderly to keep in touch with their family members and friends. At the same time, care homes can also become places of socialisation: more efforts should be made in this sense at all levels.

People live longer and there is a need for non-residential care support. A basic personal care budget, available for every elderly person aged 65 and over could be an option. Not as individual legal entitlement, but as budget for coordination services such as networking, the design of social participation, offers in advance of care, needs assessments, coordinator tasks, etc. There is a need for central contact points where the life situations of older people can be assessed and plans are drawn up for self-activation and participation. When funding for such a personal care budget is secured, all of the challenges mentioned above, can be tackled more sustainably.

Social isolation and loneliness can also be predictive factors for mental ill health. Protection systems for the elderly focus especially and almost exclusively on physical care, ignoring the importance of mental health and the psychological processes accompanying situations of unwanted loneliness. Including this vision in protection policies is central. On the other hand, the prevention of unwanted loneliness involves not only social services, but all national, regional and local policies. An example in this sense is the need to recover meeting spaces in cities, the need for an urban architecture that facilitates the mobility of all people, the need to regulate pedestrian spaces and return them to neighbourhoods. It is not only about applying measures

within the social and health sector, the barriers preventing older people from participating in society (physical, structural, communicative, etc.) should be analysed, in order to develop cross-cutting strategies promoting inclusive cities, towns and villages.

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?

Promoting active participation is crucial in this context. Elderly people should be involved in the design of policies that affect them. Dialogues and exchanges could be fostered toward this aim.