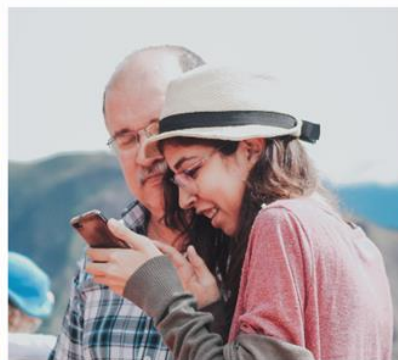


# AGE

# BAROMETER 2020



# TABLE OF CONTENTS

Table of Contents.....	2
Executive Summary.....	3
Introduction .....	4
Methodology.....	6
Key messages & recommendations.....	8
Age discrimination .....	15
Country Fiches:	
Belgium (Flanders) .....	21
Cyprus .....	25
Czech Republic.....	27
France .....	29
Germany .....	33
Greece.....	37
Portugal.....	39
Slovenia.....	42
Spain.....	46
Special Focus:	
Older Roma people.....	52
Older LGBTI people.....	56
Annexes 1 & 2.....	59



## Acknowledgement

*AGE would like to thank Lorraine McInerney for her desk research on anti-discrimination structural issues, and Lisa Wetzlmair for the collection of statistical data and the drafting of the country fiches using the content provided by AGE members.*

# EXECUTIVE SUMMARY

The AGE Barometer is a yearly assessment of the socio-economic situation of older people across the European Union. Looking both at the national and EU perspective our Barometer provides a concise but not exhaustive overview on how various reforms, legislations or initiatives on ageing succeed in improving or led to hampering the quality of life in old age.

This second edition focuses on anti-discrimination, social inclusion, health and prevention, disability and autonomy, long-term care and, elder abuse, and a special attention is paid to the experiences of older Roma and older LGBTI people. Nine countries are covered: Belgium (Flanders), Cyprus, Czechia, France, Germany, Greece, Portugal, Spain and Slovenia.

The COVID-19 outbreak has perceptibly impacted the preparation of this 2020 edition of the AGE Barometer. The pandemic was clearly reflected in the contributions received from the participating AGE members. This Barometer can therefore be read together with the other two major documents published by AGE in 2020: the report “COVID-19 and the human rights of older persons”, and the working document “Recovery from the COVID-19 crisis: do not repeat the errors of the 2008 Great Depression”.

The Barometer also comes into a key political momentum following the EU Council conclusions dedicated to the rights of older persons in the era of digitalisation adopted in October 2020, the forthcoming Green Paper on Ageing and Action Plan on the European Pillar of Social Rights. It will hopefully help to inform the latter.

Therefore, the Barometer contains some key recommendations on cross-cutting issues:

## Data gap:

- Improve disaggregated data collection on ageing issues by institutions of reference at EU level.
- Ensure proper participation of older persons to improve the quality of the collected data.

## Tackling the digital divide:

- Invest into digital skills and life-long learning for all.
- Maintain quality alternative solutions to digitalised services.
- Ensure a proper implementation of EU legislation strengthening accessibility.

## Strengthening the resilience of health and long-term care systems:

- Invest in health promotion, disease prevention and quality long-term care.
- Use the Action Plan on the European Pillar of Social Rights as a lever to put forward an EU legislative initiative in the field of care.
- Reinforce synergies across governance levels, from the global to the local level, to strive alignment of political initiatives and implementation measures for a true universal health coverage, leaving no one behind.

# INTRODUCTION

## Our rationale

The overall objective of the AGE Barometer is to publish every year an assessment of the socio-economic situation of older people across the European Union and how this situation underpins the respect of their human rights. These annual assessments are linked to key policy processes at EU and national levels about ageing, such as the European Pillar of Social Rights, the United Nations Agenda 2030 for Sustainable Development and the Madrid International Plan of Action on Ageing (MIPAA).

Our intention is to provide a concise but not exhaustive overview on how various reforms, legislations or initiatives relating to ageing succeed in improving or led to deteriorating the quality of life in old age. It is based on qualitative information provided by AGE members and EU quantitative data gathered by AGE Secretariat (refer to Methodology)

## What is the 2020 edition about?

This second edition of the AGE Barometer differs slightly from the previous edition<sup>1</sup>.

First of all because not all the same countries took part in it. This year's edition covers nine countries, namely Belgium (Flanders), Cyprus, Czechia, France, Germany, Greece, Portugal, Spain and Slovenia.

<sup>1</sup> For the first edition – 2019 AGE Barometer <https://www.age-platform.eu/policy-work/age-barometer>

It is also dedicated to new topics:

- **Anti-discrimination**, included as an overarching theme with an overview of the situation in all EU Member States regarding the existing national legislation and the mandate of equality bodies.
- **Social inclusion, health and prevention, disability and autonomy, long-term care and, elder abuse**, covered in the nine country fiches according to the input provided by AGE members.
- A special focus on the experiences of **older Roma and older LGBTI** people as an attempt to better understand the specificities linked to people ageing with multiple identities and at risk of facing multiple discrimination.

Finally, the preparation of this 2020 edition which started in Autumn 2019 has been perceptibly impacted by the COVID-19 outbreak. The pandemic was clearly reflected in the input shared by participating AGE members. This Barometer can therefore be read together with the other two major documents published by AGE in relation to the pandemic and in which AGE members have been actively involved:

- Report on “COVID-19 and the human rights of older persons” (18 May 2020)<sup>2</sup> which is based on input and testimonies shared by AGE members.
- Working document on “Recovery from the COVID-19 crisis: do not repeat the errors of the 2008 Great Depression”

<sup>2</sup> [https://www.age-platform.eu/sites/default/files/Human\\_rights\\_concerns\\_on\\_implications\\_of\\_COVID-19\\_to\\_older\\_persons\\_updated\\_18May2020.pdf](https://www.age-platform.eu/sites/default/files/Human_rights_concerns_on_implications_of_COVID-19_to_older_persons_updated_18May2020.pdf)

(2 June 2020)<sup>3</sup> which addressed to the European Union the recommendations on the socio-economic measures to be deployed in the aftermath of the pandemic's outbreak.

## A key political momentum

While some initiatives were already in the pipeline, such as the Green Paper on Ageing or the Council Conclusions, the COVID-19 pandemic has clearly revealed the challenges older people were facing every day. They are certainly not new but have been exacerbated by the outbreak. Such a context creates a momentum to strengthen the interactions and links between key political players, but also hooks to be used notably by civil society organisations to make their voices heard even more strongly..

At global level, essential reports have been adopted to lever up the implementation of human rights for all, including older persons. To name a couple, the Secretary General of the United Nations, Antonio Guterres issued a policy brief (May 2020) calling for “proper planning and investment for societies and caring environments that foster healthy ageing and the human rights and dignity of older persons”<sup>4</sup>. His call had been reiterated and further developed in the report on the impact of the coronavirus disease issued by the Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler (July 2020)<sup>5</sup>. And, the World Health Assembly, the decision body of the World Health Organisation, has endorsed the Decade of Healthy Ageing (August 2020)<sup>6</sup>.

At the level of the European Union, several statements, reports or initiatives have been issued<sup>7</sup>, including calling for a better protection of human rights of older persons. Key consultations have been launched such as the one on the European Pillar of Social Rights or on the Disability Rights' Strategy (2021-2030) and more will come in 2021 notably with the Green paper on Ageing. They offer an opportunity to engage and participate in the debate and influence policy making. Furthermore, the EU Council Conclusions adopted on 9 October 2020 resonate even more strongly with our core messages and provide a clear roadmap for the European Institutions and Member States to improve “Human Rights, Participation and Well-Being of Older Persons in the Era of Digitalisation”<sup>8</sup>.

<sup>3</sup> [https://www.age-platform.eu/sites/default/files/Recovery\\_from\\_COVID-19\\_crisis-AGE\\_Working\\_Paper-Jun20.pdf](https://www.age-platform.eu/sites/default/files/Recovery_from_COVID-19_crisis-AGE_Working_Paper-Jun20.pdf)

<sup>4</sup> <https://www.un.org/development/desa/ageing/news/2020/05/covid-19-older-persons/>

<sup>5</sup> <https://undocs.org/A/75/205>

<sup>6</sup> <https://www.who.int/initiatives/decade-of-healthy-ageing>

<sup>7</sup> For a full picture, refer to the webpage of AGE Platform Europe dedicated to COVID-19: <https://www.age-platform.eu/coronavirus-covid-19>

<sup>8</sup> <https://www.consilium.europa.eu/en/press/press-releases/2020/10/12/improving-the-well-being-of-older-persons-in-the-era-of-digitalisation-council-adopts-conclusions/>

# METHODOLOGY

The AGE Barometer is built on the basis of qualitative data mainly provided by AGE members and quantitative data gathered by the AGE Secretariat through the European statistics database.

## Qualitative data

This feedback has been gathered at national level from AGE members. This is the most important part of this Barometer as it directly reflects the voice of older people in assessing the living conditions in their countries.

The country fiches have been written thanks to the input from:

- ✓ Belgium (Flanders): Vlaamse Ouderenraad
- ✓ Cyprus: PA.SY.D.Y – Pensioners’ Union
- ✓ Czechia: ZIVOT 90
- ✓ France: AGE France Coalition
- ✓ Germany: BAGSO
- ✓ Greece: 50+ Hellas
- ✓ Portugal: APRe!
- ✓ Slovenia: ZDUS
- ✓ Spain: ASPUR, CEOMA, EuskoFederpen, FATEC and UDP

There are also specificities for this second edition:

- Overarching analysis of how the anti-discrimination measures underpin the socio-economic realities of older

people: the content of this section relies on a desk research conducted by AGE Secretariat.

- Special thematic focus mixing information provided by AGE members, desk research and input received from relevant European organisations on the two following sub groups:
  - Older Roma people: input of several member organisations of AGE based in Bulgaria (Red Cross) and Greece (50 +Hellas). Additional inputs and revisions were provided by the European Roma Grassroots Organisation (ERGO) Network and the European Public Health Alliance (EPHA).
  - Older LGBTI people: input of several member organisations of AGE based in Czechia (Zivot 90), Ireland (Age & Opportunity), Italy (Anziani e non solo), Greece (50+ Hellas) and Portugal (CASO 50+) as well as the most recent work of other civil society organisations and research institutes in Germany, Ireland, and the UK. Additional inputs and revisions were provided by the International Lesbian and Gay Association for the European Region (ILGA-Europe).

## Quantitative data

These data were gathered using statistics collected by the European Union (Eurostat) allowing cross-country comparisons in key domains. It should be noted that not all data are systematically available for all countries. We also acknowledge the limitations of the data used to reflect the situation in each of the domains covered.

## Social inclusion

- Frequency of contacts with family and relatives (Eurostat, 2015)
- Frequency of contacts with friends (Eurostat, 2015)
- Participation in formal and informal voluntary activities (Eurostat, 2015)

[Informal voluntary activities: include informal unpaid activities that were not arranged by any organisation. e.g. cooking for others; taking care of people in hospitals/at home; taking people for a walk, shopping, taking care of homeless, wild animals, or other informal voluntary activities such as cleaning a beach, a forest etc. Any activity that respondent undertakes for his/her household or in his/her work are excluded.

Formal voluntary activities: any unpaid non-compulsory work for or through an organisation, a formal group or a club, incl. unpaid work for charitable or religious organisations. Attending meetings connected with these activities is included. Unpaid non-compulsory work should be understood as volunteer work conducted to help other people, the environment, animals, the wider community, etc. Unpaid internship in the company that makes profit is excluded.]

- Computer use: last computer use for people aged 55-74 within last three months (Eurostat 2008, 2017)

## Health and Prevention

- Life Expectancy at the age of 65 (Eurostat 2010 and 2017)
- Healthy Life Year Expectancy at the age of 65 (Eurostat 2010 and 2016)
- Vaccination against influenza of population aged 65 + (Eurostat, 2010, 2017 and 2018)

## Disability and autonomy

- Disability per gender and age (Eurostat, 2012)
- Limitations in daily activities, population aged 65+ (Eurostat, 2011)
- Need for help with personal care activities (Eurostat, 2014) – data not available for Belgium

## Long-term care (LTC)

- Healthcare expenditure by function: long-term care, home-based long-term care and inpatient long-term care (Eurostat 2014, 2017)
- Population aged 65 years and over receiving long-term care in institutions or at home (Eurostat 2011) – data not available for Belgium, Cyprus and Greece.

LTC Recipients in institutions others than hospital (Eurostat 2017/2018) – data not available for Belgium, Cyprus and Greece.

# KEY MESSAGES & RECOMMENDATIONS

## Fill the missing data gap

Our experience to develop the 2020 edition of the AGE Barometer, in particular for the quantitative assessment confirms very much the report<sup>9</sup> published by the UN Independent Expert on Human rights of older persons in July 2020. **There is still a huge data gap that prevents capturing the detailed and complex reality of older persons:**

“Data needs not only to be disaggregated by age, but also by other critical dimensions, including sex, disability, marital status, household or family composition, and type of living quarters, in order to achieve a more granular and meaningful data analysis to inform policies affecting older persons”.

The themes in which we observed an important data gap are the following:

- **Digitalisation:** disaggregation of data by sub-group of age is not detailed enough. For instance, data covering the people aged 75+ are still not systematic and the gender disaggregation is poor. However, we can notice an improvement over the last years and EU statistics are progressively covering the 75+ as a separate group, which

is reflected by the findings published by the Fundamental Rights Agency in September 2020<sup>10</sup>.

- **Elder abuse:** the reporting is very poor and most of the time inexistent. The most recent figures are dated from 2011 and have been gathered by the WHO Regional Office for Europe<sup>11</sup>. This adds to the taboo around elder abuse. For example, although covering partly a different reality, Age UK alerted on the fact that the Crime Survey for England and Wales only collects data on victims and survivors of domestic abuse under the age of 75. Similarly, at EU level, data related to gender-based violence overlook people aged 75+. This makes **therefore difficult for AGE to develop adequate responses when such crucial data are missing.**
- In general, **intersectionality of old-age discrimination** is not well covered. As flagged by the United Nations Independent Expert, “longitudinal surveys often fail to include older age groups, leading to significant data gaps on the specific challenges at the intersection of older age with other dimensions”.
  - o **Older persons with disabilities:** we lack recent and regular data that would help to capture trends.
  - o **Older Roma people:** no specific data exist about older Roma in national statistics, and therefore in EU statistics.
  - o **Older LGBTI people:** in the second EU LGBTI Survey of the Fundamental Rights Agency<sup>12</sup>, it is striking to

<sup>9</sup> <https://undocs.org/A/HRC/45/14>

<sup>10</sup> <https://www.bmfsfj.de/blob/160708/718712aca2e438178bc34cf3993cb15a/bacground-paper-fra-conference-data.pdf>

<sup>11</sup> [https://www.euro.who.int/\\_data/assets/pdf\\_file/0010/144676/e95110.pdf](https://www.euro.who.int/_data/assets/pdf_file/0010/144676/e95110.pdf)

<sup>12</sup> <https://fra.europa.eu/en/publication/2020/eu-lgbti-survey-results>



note how little visibility there was on older LGBTI people. This is likely explained by the low number of older respondents: only 4 % of respondents were 55 or older. The first generations of people who transitioned are now becoming older and are likely to face unique health needs. Data are also inexistent regarding the situation of older intersex people.

**Research is needed to better understand the experiences and needs of the first generations of older trans and intersex people.**

It is also important to acknowledge that the collection of data at EU level highly depends on data available at national level and of the existence of a common methodology and definition. This is where the Conclusions adopted by the Council of the EU (October 2020)<sup>13</sup> are extremely relevant and provides great opportunities to call for future improvement by requesting to “take relevant comparable data , disaggregated by sex, (...) into account in developing further policy measures (...)” and by inviting the Fundamental Rights Agency to “provide input and expertise to Member States (...) on collecting disaggregated data shedding light on inequalities related to age, including data distribution according to socioeconomic background”.

On top of these requests, the recommendation made by the Independent Expert to apply a participatory approach to improve response rates among certain groups of older persons, especially for older persons who experience multiple forms of discrimination

or those excluded from administrative records, is also key to improve future comprehensive data collection.

#### Recommendations:

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

---

<sup>13</sup> <https://www.consilium.europa.eu/en/press/press-releases/2020/10/12/improving-the-well-being-of-older-persons-in-the-era-of-digitalisation-council-adopts-conclusions/>

## Close the digital divide

The conference on the rights of older people in the era of digitalisation jointly organized by AGE, BAGSO and the German Presidency of the EU (Sept. 2020)<sup>14</sup> has been a key opportunity to look at the different dimensions of digitalisation. The Council Conclusions adopted early October<sup>15</sup> also offers useful points of reference to improve the situation. Looking at the AGE Barometer, digitalisation appears across different areas covered by the 2020 edition.

Firstly, we have observed a strong link between digitisation and social inclusion. The COVID-19 pandemic has shed lights on social isolation among older persons and has increased the challenge of their participation, notably for the most excluded ones, like those living in residential care settings. While new technologies offer alternatives to the physical distancing measures indispensable to contain the coronavirus pandemic, they have also increased the exclusion of those who are digitally illiterate or do not have the means to access or afford the necessary IT equipment<sup>16</sup>. Bearing in mind that the COVID-19 pandemic has accelerated the digitalisation of several services, we have seen a growing gap between those able to enjoy new services and those who could not. This observation was backed by most AGE members, who developed many initiatives at grass-roots levels to overcome the digital gap<sup>17</sup>.

<sup>14</sup> <https://age-platform.eu/policy-work/news/joint-presidency-civil-society-conference-addresses-older-persons-rights-times>

<sup>15</sup> <https://www.consilium.europa.eu/en/press/press-releases/2020/10/12/improving-the-well-being-of-older-persons-in-the-era-of-digitalisation-council-adopts-conclusions/>

<sup>16</sup> [https://euroageism.eu/policy\\_projects/internet-connectedness-of-older-adults-in-the-time-of-covid-19/](https://euroageism.eu/policy_projects/internet-connectedness-of-older-adults-in-the-time-of-covid-19/)

From an EU perspective, surveys and data are unequivocal: if there is a generational trend playing there, age is not enough to explain the overall situation. The **socio-economic background** is also important, like the **geographical divide** and how well the area you are living in gives the possibility to access digitalised services. The survey published by the Fundamental Rights Agency (Sept. 2020) is providing and the most recent findings on the matter<sup>18</sup>:

- The results show that **education** plays an important role for the use of the internet among people of all ages, but in particular for older age groups; with higher levels of education corresponding to greater internet use.
- With the exception of the youngest age group, the **financial situation** of internet users is more advantageous compared to the non-internet users.
- Non-internet users perceive as their main obstacles for using the internet their lack of necessary skills, followed by a lack of interest (when the same things can be done without using the internet), and having no access to the internet.

All these dimensions shall be considered when developing policy initiatives or projects to overcome the digital gap.

Digitalisation is also a key issue in relation to health and long-term care, considering the added-value new technologies can bring to these sectors, as well as the many challenges they raise. Numerous projects<sup>19</sup> and reports have been published and this is

<sup>17</sup> <https://www.age-platform.eu/age-news/covid-19-good-practices-and-initiatives>

<sup>18</sup>

[https://www.bmfsfj.de/blob/160708/718712aca2e438178bc34cf3993cb15a/bac\\_kground-paper-fra-conference-data.pdf](https://www.bmfsfj.de/blob/160708/718712aca2e438178bc34cf3993cb15a/bac_kground-paper-fra-conference-data.pdf)

<sup>19</sup> AGE is actually involved for a long time in EU funded project related to new technologies, health and care – <https://www.age-platform.eu/project-topic/health-and-long-term-care>

an area that receives lots of attention<sup>20</sup>. But what one can highlight is the acceleration that the COVID pandemic has created, notably to telemedicine with general practitioners who have been pushed to use new technologies for consultations given the importance of physical distancing. Furthermore, from the experiences shared by our members, we know that organisations like the Bulgarian Red Cross, which provides supports to older persons, have further deployed telecare and telemedicine, notably towards those with underlying conditions. Age & Opportunity (Ireland) has strengthened messages to encourage key health behavior such as healthy diet and physical activity.

Last but not least, digitalisation may be one of the underpinning dimensions of elder abuse. The COVID context has reinforced a phenomenon that existed before, namely online abuse. This can take different shapes from online hate speech to online scams.

The latest has been reported by some of our members<sup>21</sup> and addressed in our report on the impact of COVID-19 on Human Rights of Older Persons<sup>22</sup>:

“Older people in self-isolation appear to have become one of the targets for scammers who attempt to collect bank details, sell fraudulent products, or offer fake COVID-19 testing.<sup>23</sup> Already

before the pandemic, older persons, especially those who live alone and those with cognitive decline have been victims of scams and financial exploitation. The current lockdown exacerbates this risk.”

The UN Independent Expert, Claudia Mahler, highlighted this point in the press release issued on 15 June, for the World Awareness Day on Elder Abuse<sup>24</sup>.

### Recommendations:

- Invest into digital skills and life-long learning for all, including older persons<sup>11</sup>.
- Maintain quality alternative solutions to digitalised services, whether public services (e.g. communal administrative services, taxes) or private services (e.g. banking and payment or other financial services).
- Ensure a proper implementation of EU legislation strengthening accessibility, notably the eAccessibility Directive and the European Accessibility Act.

<sup>20</sup> A key report here is the one published by the UN Independent Expert on assistive technologies and robots (2017) <https://age-platform.eu/special-briefing/assistive-technologies-and-robots-age-welcomes-new-un-independent-expert%E2%80%99s-report>

<sup>21</sup> For example: <https://www.age-platform.eu/age-member-news/age-members-warn-against-online-fraud-during-covid-19>

<sup>22</sup> [https://www.age-platform.eu/sites/default/files/Human\\_rights\\_concerns\\_on\\_implications\\_of\\_COV\\_ID-19\\_to\\_older\\_persons\\_updated\\_18May2020.pdf](https://www.age-platform.eu/sites/default/files/Human_rights_concerns_on_implications_of_COV_ID-19_to_older_persons_updated_18May2020.pdf)

<sup>23</sup> <https://www.expressen.se/kvallsposten/aldre-kvinna-forlorade-140-000-i-coronabluff/?fbclid=IwAR3H4Mby5vtO1WFD60WYFvyyKPENQZFfsiVnc5R-fTS-hloREo8IMDoO-sc>; <https://www.age-platform.eu/age-member-news/age-members-warn-against-online-fraud-during-covid-19>

<sup>24</sup>

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25953&LangID=E>

## Make health and long-term care systems truly resilient

The COVID-19 pandemic is hitting first and above all health and long-term care. There is no need to give details about the dire situations faced by emergency services, notably in intensive care units or in residential care facilities across the EU. These situations have been largely reported by media and non-governmental organisations, including AGE members as this edition of the AGE Barometer bluntly shows.

This crisis has revealed the fragilities of our care systems, not only from a financial or organisational perspective, but more broadly from social and societal perspectives. More and more analyses expose how much health and social inequalities play a key role in this pandemic<sup>25</sup>. The pandemic has also exposed the low political and societal consideration given to long-term care and how that is strongly linked with widespread ageist beliefs. Once more, disaggregated data are indispensable to better understand the challenges at stake, their magnitude, and to implement adequate solutions addressing the roots of the problem.

The proposal of the World Health Organisation for a Decade of Healthy Ageing<sup>26</sup> is anchored into this objective of “leaving no one behind”. It is built around four main areas: tackling ageism, building age-friendly communities, reinforcing integrated care and building strong long-term care systems. The WHO gives therefore a strong framework for a systemic approach, making sure we add life to years and not only years to life.

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

	Life year expectancy			Healthy life year expectancy		
	Total	Male	Female	Total	Male	Female
<b>2004</b>	78,4	75,2	81,5	63	62,2	63,7
<b>2018</b>	81	78,3	83,6	63,6	63,4	63,8
	+2,6	+3,1	+2,1	+0,6	+1,2	+0,1

Source: Eurostat (Data EU 28, years at birth)

The report by the Social Protection Committee and the European Commission on long-term care published in 2014<sup>27</sup> was fairly promising and offered interesting perspectives in this regard. Over the past years, the EU has made recommendations on access to long-term care and on healthy ageing via the European Semester process. However, it is fair to doubt about the genuine and comprehensive implementation of such policy guidance and recommendations in the context of the tragic situation we are facing in the pandemic.

We may be hopefully at a turning point. In 2021 the EU will release a Green Paper on Ageing, which should endorse a life-course approach in policymaking. Also, in 2021, the EU will release some other key initiatives, namely a new report on long-

<sup>25</sup> Among many other examples: <https://eurohealthnet.eu/COVID-19>, <https://jech.bmj.com/content/74/11/964>

<sup>26</sup> <https://www.who.int/initiatives/decade-of-healthy-ageing>

<sup>27</sup> <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=7724>

term care of the Social Protection Committee as well as the Action Plan on the European Pillar of Social Rights, which includes a principle dedicated to long-term care. In our response to the consultation on this Action Plan, we argue that the EU needs to play an ambitious role on long-term care; a legislative EU proposal is not only feasible, but also crucial to ensure upwards convergence towards better quality social services and a better access<sup>28</sup>.

Strong cooperation between the EU and Member States will be key for the meaningful implementation of these initiatives, given that health and social policies are a shared competence. The recent tensions in the negotiations on the ambitious proposal of the European Commission for the EU4Health Programme might not be the best prognostic to build such a shared commitment<sup>29</sup>. Beyond the EU budget strictly dedicated to health, it will be vital to assess the Recovery and Resilience Plans (RRP) to be proposed and implemented by Member States to see how much they will help fighting socio-economic inequalities and improving access to services<sup>30</sup>.

### Recommendations:

- Invest in health promotion, disease prevention and quality long-term care as a crucial element to make health and social care systems more resilient to crises such as the COVID-19 one.
- Use the Action Plan on the European Pillar of Social Rights as a lever to put forward an EU legislative initiative in the field of long-term care.
- Reinforce synergies across governance levels, from the global to the local level, to strive alignment of political initiatives and implementation measures for a true universal health coverage, leaving no one behind.

---

<sup>28</sup> See AGE contribution to the consultation on the implementation of the European Pillar of Social Rights – to be published on 30 November 2020.

<sup>29</sup> <https://epha.org/a-lost-opportunity-for-the-health-of-europe/> and <https://epha.org/its-time-to-invest-in-a-healthy-future/>

<sup>30</sup> <https://eurohealthnet.eu/media/news-releases/health-and-wellbeing-must-be-better-integrated-future-eu-budgets-and-recovery>

## Summary of trends

	Computer use (within last 3 months) People aged 55-74				Healthy Life Years in absolute value at 65				Vaccination against influenza people aged 65+			Long-Term Care Expenditure in % of GDP	
	Men		Women		Men		Women		2010	2017	2018	2014	2017
	2008	2017	2008	2017	2010	2016	2010	2016					
<b>EU 28</b>	42	65	31	57	8,7	9,8	8,8	10,1	51,81	44,45	45,02		
<b>Belgium</b>	49	75	37	68	9,7	11,2	9,7	11,4			59,1	2,41	2,38
<b>Cyprus</b>	17	47	8	40	10,4	10,3	7,9	10,3				0,22	0,23
<b>Czechia</b>	33	63	24	55	8,5	8,4	8,8	8,9	17,43	20,26	21,45	0,94	1
<b>France</b>	41	67	41	66	8,1	10,4	9,8	10,6	56,2	49,7	51	1,75	1,72
<b>Germany</b>	61	79	45	73	11,8	11,5	7,1	12,4	56,1	34,8		1,77	2,06
<b>Greece</b>	14	43	5	29	6,7	8,2	8,2	7,8			56,18	0,15	0,14
<b>Portugal</b>	19	45	12	34	5,4	6,7	5,8	6,4	48,3	60,8		0,23	0,24
<b>Slovenia</b>	26	52	20	46	6,6	8,4	7,2	8,2	17,7	11,8	12,9	0,87	0,8
<b>Spain</b>	27	55	15	44	10,8	10,4	9,1	10,4	56,9	55,7	54,3	0,84	0,82

### Disclaimer:

These data have been extracted from Eurostat, they have been chosen because they cover the nine countries included in the 2020 edition of the AGE Barometer, and enable comparison across the years. They are obviously limited and shed light only on some specific issues. Still they have the advantage of giving some sort of trends across the years and to some extent are representative of topics which are at stake with the COVID-19 outbreak.

Contrary to the previous edition, we are giving in this table the detailed data and not general trends to better reflect the evolutions in areas which are very different from each other. For instance, a very small increase or decrease of the share of GDP dedicated to long-term care is highly significant. While for the vaccination coverage or computer use, you can expect bigger variations in figures across years.

# AGE DISCRIMINATION

Age discrimination is often seen and portrayed as a 'less severe' form of discrimination when compared to, for example, racial discrimination.<sup>1</sup>

Although the prevalence of age discrimination is growing, we still lack comprehensive legal protection. The EU has gone a long way in protecting older persons from discrimination on the basis of age, but some challenges still persist. Before 1999 the EU could not take action to combat age discrimination. The Amsterdam Treaty gave the EU power to adopt legislation on equality, including on the ground of age. As a result, in 2000 the EU adopted for the first time legislation on age discrimination, which covers the field of employment and occupation. Based on the groundbreaking Employment Framework Directive<sup>31</sup>, which has been implemented in all EU member states, older citizens of the EU are now protected in case of unfair treatment when applying for a job, exclusion from promotion or training based on their age and also harassment in the workplace.

This EU directive has driven several positive reforms for more inclusive national employment policies. For example, it has challenged upper age limits in job advertisements. However, Member States can identify areas where differential treatment on the ground of age can be justified in order to fulfil their social and employment objectives. For example, it is legitimate to offer

professorships only to younger people as a means of encouraging recruitment in higher education. In addition, forced retirement is still allowed in several EU Member States. Prejudices against older workers can limit their chances for job interviews or trainings. According to the 2019 Eurobarometer<sup>32</sup>, almost half of the respondents believe that the candidate's age is the most common form of disadvantage in the workplace. Therefore, age discrimination remains a problem in practice, precisely because age stereotypes are hard to overcome.

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

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

These two provisions increased visibility of the EU's role to fight age discrimination. However, one important gap remains. The EU has not yet adopted a directive that would cover age discrimination (among other grounds) in access to social protection, goods and services. A draft<sup>33</sup> has been proposed by the European Commission in 2008, but due to concerns by a few Member States, this piece of law has not been adopted.

At the same time, several EU Member States decided to extend national law to protect their citizens from age discrimination beyond the field of employment. But the protection is uneven and not always complete, as shown in the below table.

<sup>31</sup> <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32000L0078:en:NOT>

<sup>32</sup> <https://ec.europa.eu/commfrontoffice/publicopinion/index.cfm/survey/getsurveydetail/instruments/special/surveyky/2251>

<sup>33</sup> <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52008PC0426:en:NOT>

## Protection for direct age discrimination in the 27 EU Member States

Country	Social Protection	Education	Healthcare	Housing	Goods/Services
Austria	Yes	Yes	Yes	Yes	Partial
Belgium	Yes	Yes	Yes	Yes	Yes
Bulgaria	Yes	Yes	Yes	Yes	Yes
Croatia	Yes	Yes	Yes	Yes	Yes
Cyprus	Partial	Partial	Partial	Partial	Partial
Czechia	Yes	Yes	Yes	Yes	Yes
Denmark	Partial	Partial	Partial	Partial	Partial
Estonia	Partial	Partial	Partial	Partial	Partial
Finland	Yes	Yes	Yes	Yes	Yes
France	Yes	Yes	Yes	Yes	Yes
Germany	Yes	Yes	Yes	Yes	Yes
Greece	No	No	No	No	Yes
Hungary	Yes	Yes	Yes	Partial	Yes
Ireland	Partial	Yes	Yes	Yes	Yes
Italy	Partial	Partial	Partial	Partial	Partial
Latvia	Yes	Partial	Partial	Partial	Partial
Lithuania	Partial	Yes	Partial	Yes	Yes
Luxembourg	Yes	Yes	Yes	Yes	Yes
Malta	Partial	Yes	Partial	Partial	Partial



Netherlands	Partial	Partial	Partial	Partial	Partial
Poland	No	Partial	Partial	No	No
Portugal	Partial	Partial	Partial	Yes	Partial
Romania	Yes	Yes	Yes	Yes	Yes
Slovakia	Yes	Yes	Yes	Partial	Partial
Slovenia	Yes	Yes	Yes	Yes	Yes
Spain	Yes	Yes	Yes	Yes	Yes
Sweden	Yes	Yes	Yes	Yes	Yes

Source: Upcoming - "Age discrimination law outside the employment field" Report by European network of legal experts in gender equality and non-discrimination, Elaine Dewhurst - <https://www.equalitylaw.eu/>

Where age discrimination is not covered or is only partially covered (for example, only some regions of federal countries offer protection, or only public services are covered) older people may be denied a loan, may be excluded from public housing and may lack access to free preventive health screenings on account of their age, among others. More gaps can be found in terms of protection from indirect discrimination, harassment, instruction to discriminate and victimization in the areas of social protection, education, healthcare, housing and goods and services.<sup>34</sup>

The lack of protection in one area may have impact in equal opportunities in others. For example, age limits in motor insurance, higher premiums for health or accident insurance may

deter employers from recruiting older workers. Furthermore, the lack of protection against discrimination in all walks of life reinforces the pervasiveness of ageism that underpins discriminatory practices.<sup>35</sup>

The lack of EU legislation prohibiting age discrimination outside the field of employment also means that there is no requirement to set up equality bodies with a mandate covering age discrimination in these fields. National Equality Bodies (NEBs) play an important role in raising visibility of age discrimination and helping victims of discrimination find redress. Some NEBs have extended their mandate, but these cover to varying degrees areas beyond employment. In some countries, NEBs were able to

<sup>34</sup> Upcoming - "Age discrimination law outside the employment field" Report by European network of legal experts in gender equality and non-discrimination, Elaine Dewhurst - <https://www.equalitylaw.eu/>

<sup>35</sup> AGE Platform Europe, European Network Against Racism, ILGA Europe, European Network on Religion and Belief, European Disability Forum: 'Millions of

citizens across the EU still not equally protected against discrimination', 7 October 2019: <https://www.age-platform.eu/policy-work/news/millions-citizens-across-eu-still-not-equally-protected-against-discrimination-ngos>

challenge practices like refusing a loan solely on the basis of age, but in others, like Spain and Portugal, Equality Bodies have no mandate on cases of age discrimination.

#### Coverage of age discrimination by field by National Equality Bodies

Country	Employment	Education	Social Protection & Healthcare	Housing	Goods/Services
Austria	Yes	No	No	No	No
Belgium	Yes	Yes	Yes	Yes	Yes
Bulgaria	Yes	Yes	Yes	Yes	Yes
Croatia	Yes	Yes	Yes	Yes	Yes
Cyprus	Yes	Yes	Yes	Yes	Yes
Czechia	Yes	Yes	Yes	Yes	Yes
Denmark	Yes	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No	No
Finland	No	Yes	Yes	Yes	Yes
France	Yes	Yes	Yes	Yes	Yes
Germany	Yes	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No	No
Hungary	Yes	Yes	Yes	Yes	Yes
Ireland	Yes	Yes	Yes	Yes	Yes
Italy	Yes	Yes	Yes	Yes	Yes

<b>Latvia</b>	Yes	Yes	Yes	Yes	Yes
<b>Lithuania</b>	Yes	Yes	Yes	Yes	Yes
<b>Luxembourg</b>	Yes	Yes	Yes	Yes	Yes
<b>Malta</b>	Yes	Yes	No	No	No
<b>Netherlands</b>	Yes	Yes	No	No	No
<b>Poland</b>	Yes	Yes	Yes	Yes	Yes
<b>Portugal</b>	No	No	No	No	No
<b>Romania</b>	Yes	Yes	Yes	Yes	Yes
<b>Slovakia</b>	Yes	Yes	Yes	Yes	Yes
<b>Slovenia</b>	Yes	Yes	Yes	Yes	Yes
<b>Spain</b>	No	No	No	No	No
<b><i>Sweden</i></b>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>

Source: *Equinet*<sup>36</sup>

Due to the lack of clarity about in which areas of life age discrimination is prohibited and the diverging extent to which equality bodies cover such cases, older persons are less likely to report discrimination on the basis of age. This allows for discriminatory upper age limits to persist and for justifying several forms of unequal treatment and disadvantage in old age.

While equality law plays an important role in increasing awareness of age discrimination and contributing to its elimination, it must also be addressed on the broader societal

level as well, tackling deeply engrained prejudices and stereotypes through promotional measures and be encouraging contacts between generations.

<sup>36</sup> <https://equineteurope.org/comparative-data/mandates/>

# Country fiches



# BELGIUM (FLANDERS)

## Social inclusion

In Belgium different factors can lead to social exclusion, among others the age, marital status, financial situation, and health issues are most likely to influence social inclusion. Even though rural areas provide less access and transport to social and health services, older people living in urban areas are more likely to be socially excluded. To address this issue, the government introduces compassionate neighborhoods to promote intergenerational collaboration and projects. Furthermore, it must be ensured that sufficient connections and transportations to services are available. Despite the digitalisation and the rising importance of telemedicine, enough non-digital services must be provided in order to foster social inclusion.

In Belgium older people have regular contact with family members and relatives:

- ❖ people aged 65-74: **25.3%** have daily contact (EU average: 25.9%), **48.0%** have weekly contact (EU average: 40.9%)
- ❖ people aged 75+: **25.0%** have daily contact (EU average: 25.8%), **49.1%** have weekly contact (EU average: 39.8%)

Also regular contact with friends is common among older people in Belgium:

- ❖ people aged 65-74: **10.8%** have daily contact (EU average: 14.3%), **46.8%** have weekly contact (EU average: 37.4%)
- ❖ people aged 75+: **7.8%** have daily contact (EU average:

11.5%), **44.0%** have weekly contact (EU average: 31.9%)

18.8% engage in (in)formal voluntary activities (EU average: 17.8%).

Regarding the access to digital services, it shall be noted that in 2017, 75% of men aged 55-74 had used a computer within the last three months and 68% of women.

*Source: Eurostat (2015, 2017)*

## Health and prevention

The average life expectancy in Belgium is **82 years** (EU average: 81 years).

- ❖ women's life expectancy: **84 years** (= EU average)
- ❖ men's life expectancy: **79 years** (EU average: 78 years)

On average, at the age of 65, older people can expect **11.1 healthy life years** (EU average: 10.0 years).

- ❖ women: **11.4** healthy life years (EU average: 10.0 healthy life years)
- ❖ men: **10.8** healthy life years (EU average: 9.9 healthy life years)

in 2018, **59%** of 65+ received a vaccination against influenza (EU average: 45.0%).

*Source: Eurostat (2016, 2017, 2018)*

Older people are not informed sufficiently of treatment options, rates of treatment and hospitalization, and the difference between “contracted” and “non-contacted” doctors. This leads to expensive medical bills. Moreover, many people are not aware of financial grants and certain rights they can make proper use of.

Some services are not accessible for older people. For example, certain psychological consultations are not reimbursed for people aged 65 or older. Some care to support disease prevention are also age dependent, e.g. dental care. Generally speaking, people with lower socio-economic status and with migration background are harder to reach through public campaigns and health prevention strategies. Moreover, there are huge differences of services provided dependent on the geographical area and an improved collaboration between the different health care institutions is necessary.

The project “integrated reception” fosters the cooperation between Flemish local, social services, health insurance companies, and centres for general welfare. This should lead to accessible social assistance services and should counter a lack of social protection.

Annual flu campaigns, population screenings for colon and breast cancer are examples for health promotion interventions targeting among other population groups also people older than 65.

Programs to promote movement, nutrition, and mental health and to prevent falls, malnutrition, poly-pharmacology and to increase oral care in recitation care centers are examples for health prevention strategies targeting the older population.

## Disability and autonomy

The recognition of disability is age dependent. Therefore, people becoming disabled after the age of 65 cannot make use of all types of support, assistance and derived rights for people with disabilities. Moreover, people becoming disabled after the age of 65 years are not included in all types of support, assistance, and derived rights for people with disabilities. Also, allowances for mobility and some disease prevention interventions (e.g. mouth care) are age dependent.

The Flemish Expertise Centre on Accessibility (Inter) gives advice on architectural need and provides evidence-informed recommendations to promote autonomy and independent living for people with disabilities.

The dementia plan launched in 2016 provides support and information for people with dementia and their social environment.

According to data from 2012, 17.9% of people aged 60-74 were disabled and 31.3% of persons aged 75+ (EU average being respectively 25.5% and 46.1%).

In Belgium the proportion of people having limitations in daily activities increases with age:

- ❖ people aged 65-74: **26.9%** are limited to some extent, **11.8%** are strongly limited
- ❖ people aged 75+: **32.3%** are limited to some extent, **24.9%** are strongly limited

*Source: Eurostat (2011, 2012)*

## Formal and informal long-term care

Belgium spends more than the EU average (1.1%) on long-term care (LTC): **2.38%** of the GDP are spent on LTC, 0.95% on home-based LTC and 1.33% on inpatient LTC.

*Source: Eurostat, 2017*

Since January 2020 all domestic care services and residential care services must fulfill quality standards and have to be certified. There is a residential care hotline where citizens can complain about a domestic care service or facility. Generally speaking, the long-term approach focuses more on wellbeing and quality of life rather than solely medical treatment, however, there is a discrepancy on supply dependent on the geographical areas.

There is an increased demand for domestic care. Local service centres provide support and information to people with care needs and informal caregivers. Family care provides psychosocial support and domestic help for people with care needs and their caregivers. Daycare centres offer care during the day to support informal caregivers. Older people with minor care needs can move to assisted living facilities.

Health care professionals oftentimes assume stereotypically that families with migrant background rely more often on informal care. This leads to a systematic exclusion to accessing formal care amenities and services. Moreover, language and cultural barriers due to multi-ethnicity are of growing concerns.

For people with elaborate care needs, short-stay care centres offer time-limited care. These centres are often connected to residential care centres offering long-term care. These centres are expensive, therefore, the Flemish government introduced a

care budget for people with care needs (also available to persons receiving care at home).

Informal caregivers are mostly between 45 and 65 years old. Since September 2020, informal caregivers can be asked to be officially recognized and benefit from a leave. In the Flemish part, six caregiver organisations provide information and support to their members. Informal care is mostly voluntary; however, 80 percent of Flemish municipalities provide informal care allowances, which are very small amounts of money.

### **“Left behind in the times of COVID-19 Médecins Sans Frontières/Doctors Without Borders (MSF) sharing experiences from its intervention in care homes in Belgium” (July 2020)**

Médecins Sans Frontières/Doctors Without Borders (MSF) launched emergency interventions from March 2020 in care homes in Brussels, Flanders and Wallonia. Mobile teams consisting of a nurse, health promotion officer and if needed, a psychologist have been deployed to provide technical expertise and training to strengthen the capacity of care home staff. A total of 135 care homes received support visits from MSF. Based on this experience, MSF published a report about the needs identified during the period their team intervened in nursing homes and providing recommendations to avoid such a situation to reoccur.

“As in many other countries, elderly populations – too frail and old to be a priority – have been overlooked in the emergency response. It is high time that these individuals, and the care home staff who have been stretched to the limit, were given the status and respect they deserve, and that action be urgently taken.”

*Source: [https://www.msf-aqz.be/sites/default/files/imce/Rapport\\_MaisonsDeRepos/MSF\\_lessons%20learned%20report\\_EN\\_FINAL.pdf](https://www.msf-aqz.be/sites/default/files/imce/Rapport_MaisonsDeRepos/MSF_lessons%20learned%20report_EN_FINAL.pdf)*

## Elder abuse

Generally, elder abuse is not part of the public discussion. The problem is oftentimes underestimated due to structural problems: Elder abuse is considered a taboo and people are often dependent on the perpetrators. It oftentimes occurs in private settings and public awareness is too little. In Brussels, a Contact Point Alter Abuse and a central helpline number exist to report on elder abuse. Professionals can report to the Flemish Support Centre for Elder Abuse and the Residential Care Helpline.

In 2017 a campaign focused on partner violence among older persons. E-learning modules launched in 2020 addresses elder abuse free of charge.

*This fiche has been written thanks to the input of the Vlaamse Ouderenraad.*





# CYPRUS

## Social inclusion

There is limited effort to address social isolation in Cyprus. Digitalisation contributes to exclude older persons from various services (e.g. online banking systems).

The majority has contact with family members and relatives every day, however, older people have less regular contact with friends:

- ❖ people aged 65-74: **62.8%** have daily contact (EU average: 25.9%) with family members and relatives
- ❖ people aged 75+: **62.6%** have daily contact (EU average: 25.8) with family members and relatives
- ❖ people aged 65-74: **44.5%** have weekly contact (EU average: 37.4%) with friends
- ❖ people aged 75+: **36.6%** have weekly contact (EU average: 31.9%) with friends

Regarding the access to digital services, it shall be noted that in 2017, 47% of men aged 55-74 had used a computer within the last three months and 40% of women.

*Source: Eurostat (2015, 2017)*

## Health and prevention

In 2019, the General Health System (GESY) has been introduced. In a first stage, it provides free access to doctors and medicine for the citizens. Since June 2020, the GESY covers also treatments and surgeries in hospitals and medical clinics.

GESY covers pensioners and people without income. Citizens are required to a co-payment indexed on their income (Contributions vary from 2.65% to 4%).

The main inequalities in terms of access to care is linked to the geographical situation: transportation for older persons living in rural areas to hospitals or even to local doctors is underdeveloped. Older persons rely therefore on their relatives.

There are a number of campaigns for health promotion or disease prevention targeting the whole population.

The average life year expectancy in Cyprus is **81 years** (= EU average).

- ❖ women's life expectancy: **83 years** (EU average: 84 years)
- ❖ men's life expectancy: **79 years** (EU average: 78 years)
- ❖ At the age of 65, older people can expect **7.5 healthy life years** (EU average: 10.0 years):
- ❖ women: **6.9** healthy life years (EU average: 10.0 years)
- ❖ men: **8.1** healthy life years (EU average: 9.9 years)

In 2014, 32.4% of people aged 65+ have received a vaccination against influenza (EU average: 45.0%) – no data available after that date.

*Source: Eurostat (2014, 2018)*

## Disability and autonomy

In Cyprus all buildings must be accessible for everyone. Furthermore, measures are taken to assess older public buildings regarding their accessibility.

Persons with disabilities are eligible for additional financial support and aids, regardless of age and gender.

According to data from 2012, **24.3%** of people aged 60-74 were disabled and **55.2%** of persons aged 75+ (EU average being respectively 25.5% and 46.1%).

More than half of the people get enough assistance in personal care, which is above the EU average. In detail:

- ❖ people aged 65-74: **52.8%** get enough assistance (EU average: 26.9%), **34.5%** lack assistance (EU average: 38.5%)
- ❖ people aged 75+: **57.4%** get enough assistance (EU average: 29.3%), **35.5%** lack assistance (EU average: 42.1%)

*Source: Eurostat (2012, 2014)*

## Formal and informal long-term care

The Ministry of Labour funds the employment of home assistants and home nurses for people in need of care and support who have a low income. Private services are expensive. This leads to inequalities regarding the access to quality care services.

Regarding the informal caregivers, their situation is not well recognised and they do not receive any type of support, including from a financial perspective.

Compared to the EU average of 1.10% of GDP spent for LTC, Cyprus uses a little share of GDP (**0.23%**) for long-term care (0.14% is used for home-based LTC). Inpatient LTC facilities receive 0.06% of the GDP.

*Source: Eurostat, 2017*

## Elder abuse

The public debate mostly addresses children and women. However, there is a telephone line open to everyone to report abusive behavior. The Cypriot Government has set up a Committee dealing with the welfare of older persons in which civil society organisations are involved: elder abuse is on its agenda.

*This fiche has been written thanks to the input of PA.SY.D.Y (Pensioners' Union)*

# CZECH REPUBLIC

## Social inclusion

In terms of social inclusion the internet and the use of social media can play an important role. Only 69% of people aged 65 or older have internet access and only 14% of retired people use social networks.

To overcome stereotypical views on older people and discrimination against older employees, tax credits and the increased contribution of people aged 55 or older to a reserved socially useful job are granted. Moreover, a commission for fair pensions is established and cities and regions care for inclusive physical environments.

Nevertheless, there are lacking policies regarding the long waiting lists for formal care and the weak governmental support for informal caregivers. There is a general absence of studies on the impact of an aging population on social services and dementia epidemiology and prevalence.

Approximately two third have daily or weekly contact with family members or friends, which stays relatively stable over the life span.

- ❖ people aged 65-74: **40.1%** have weekly contact (EU average: 40.9%) with family members and relatives
- ❖ people aged 75+: **35.8%** have weekly contact (EU average: 39.8%) with family members and relatives
- ❖ people aged 65-74: **29.4%** have weekly contact (EU average: 37.4%) with friends

- ❖ people aged 75+: **19.9%** have weekly contact (EU average: 31.9%) with friends

**9.4%** engage in (in)formal voluntary activities (EU average: 17.8%).

Regarding the access to digital services, it shall be noted that in 2017, **63%** of men aged 55-74 had used a computer within the last three months and **55%** of women.

*Source: Eurostat (2015, 2017)*

## Health and prevention

Generally, the field of geriatrics needs more support and public awareness.

Some regions cannot provide access to high quality, up-to-date health care. Furthermore, preventive strategies and interventions are not promoted sufficiently, follow-up services (e.g. after an inpatient hospital stay) are lacking, and highly educated personnel are missing.

Regarding prevention, older people in the Czech Republic are offered vaccinations against influenza and pneumococcus.

On average, people in the Czech Republic live **79 years** (EU average: 81 years),

- ❖ women's life expectancy: **82 years** (EU average: 84 years)
- ❖ men's life expectancy: **76 years** (EU average: 78 years)

At the age of 65, people can expect **8.3 healthy life years**.

- ❖ women: **8.5** healthy life years
- ❖ men: **9.2** years healthy life years.

In 2018, 21.45% of people aged 65+ received an influenza vaccination (EU average: 45.02%)

*Source: Eurostat (2016, 2017, 2018)*

## Disability and autonomy

The Czech Republic launched a National Action Plan for Alzheimer's Disease and Related Diseases 2020-2030. It aims to improve the quality of life and ensure early diagnostics for affected people. Furthermore, more research is warranted, education services and awareness campaigns are necessary. Informal caregivers should be supported.

Social services must adhere to quality standards and offer a variety of services such as physiotherapy, occupational therapy, psychotherapy, special purpose housing, support for leisure activities, comprehensive rehabilitation services, and professional consulting.

According to data from 2012, 31.1% of people aged 60-74 were disabled and 58.8% of persons aged 75+ (EU average being respectively 25.5% and 46.1%).

Limitations in daily activities increases significantly with age:

- ❖ people aged 65-74: **29.2%** are limited to some extent; 8.9% are strongly limited
- ❖ people aged 75+: **42.1%** are limited to some extent, 20.7% are strongly limited

Among the people aged 75+, around **31%** do lack assistance for personal care activities while **36.6%** receive the adequate amount of assistance.

*Eurostat (2011, 2012, 2014)*

## Formal and informal long-term care

Formal services are mainly used when family or social networks cannot provide the care needed. Despite constantly increasing quality of services, some needs are not met by those services offered. A thorough evaluation and monitoring of older people's needs is necessary.

Informal care is very relevant, and caregivers can apply for long-term care allowance, if a close person requires all-day care after the end of hospitalization. Some organizations offer special trainings for informal caregivers. Moreover, informal caregivers are offered tax benefits and the caring periods are considered for calculating unemployment benefits.

In 2017, **1%** of the nation's GDP was spent on long-term care (LTC). Additional 0.14% were spent on home-based LTC and 0.82% on inpatient LTC.

*Source: Eurostat (2017)*

## Elder abuse

Despite the availability of a helpline for seniors (free of charge) and a recent documentary on television, the topic is still very much neglected. However, older people are considered as particularly vulnerable victims according to the Act on Victims of Crime. Furthermore, older people have the right for free legal assistance in investigations and in court.

*This fiche has been written thanks to the input of Zivot 90.*

# FRANCE

## COVID-19 and Ageism

The outbreak of the COVID-19 has shed lights on ageism. It started notably during the peak of the epidemic while some older persons were denied access to hospitals and intensive care. There is now an inquiry conducted by the Parliament to draw lessons from this crisis.

Likewise, the care homes which were already under high strains, with an important lack of staff, have faced additional difficulties with the COVID-19. The crisis has shown once again how much the training and working conditions of care staff are a systemic problem.

L'Observatoire de l'âgisme (Observatory of ageism) has published numerous articles reporting back on situations and experiences faced by older persons (<http://www.agisme.fr/>).

A number of public statements have been made by different stakeholders highlighting how much the overall communication around the pandemic was stigmatizing, even scary and creating additional anxiety and higher risk for the mental health of older persons, their family and carers. It has also reinforced the social isolation of a number of older persons, not to mention the consequences of a lack of physical activity. It has clearly opened a debate on how much considering older persons as vulnerable was a short cut and a complete overlook of the diverse conditions older persons are living in.

## Social inclusion

Many factors have an impact on social inclusion, notably the financial situation, the geographical area, the loss of friends and relatives but also the overall narrative which tends to overlook older persons and their contribution to society. Still there are a number of initiatives at local level to support social inclusion and which get funding support, the municipalities and civil society organisations are the main providers of such support and fight against loneliness and poverty in older people.

It is important to develop a strong positive communication highlighting the benefit of intergenerational links and exchanges. Likewise, investment in training of professional carers and in social services is needed for them to dedicate quality time to older persons.

French older people have contact with their family members, relatives and friends on a very regular basis (daily, weekly, several times a month). Nevertheless, the older people turn, the more likely it is that they do not have contact with friends in the last 12 months.

- ❖ people aged 65-74: **21.4%** have daily contact (EU average: 25.9%), **49.4%** have weekly contact (EU average: 40.9%) with family members and relatives
- ❖ people aged 75+: **22.3%** have daily contact (EU average: 25.8%), **51.8%** have weekly contact (EU average: 39.8%) with family members and relatives

People are not seeing friends daily, but still on a regular basis:

- ❖ people aged 65-74: **8.7%** have daily contact (EU average: 14.3%), **40.0%** have weekly contact (EU

average: 37.4) with friends

- ❖ people aged 75+: **8.4%** have daily contact (EU average: 11.5%), **32.9%** have weekly contact (EU average: 31.9%) with friends

Approximately a quarter of older people engage in (in)formal voluntary activities (**22.3%**; EU average: 17.8%).

*Source: Eurostat (2015)*

### Digital exclusion as an aggravating factor of social isolation

According to a study by Les Petits Frères des Pauvres, 27% of people aged 60 and over never use the Internet (September 2018). This digital exclusion is an aggravating factor of social isolation and particularly affects those over 80 and people with incomes below € 1,000. Even as the digital divide is gradually closing, those who do not use the Internet find themselves increasingly in a situation of exclusion in the face of the rapid digitalisation of society. Digital exclusion has become an aggravating factor in relational isolation. In a context of changing family relationships, the Internet makes it possible to maintain social ties. Being deprived of it is therefore a factor of isolation.

**This study is particularly interesting to illustrate more in-depth the data from Eurostat which shows 67% of men aged 55-74 had used a computer within the last three months and 66% of women (2017).**

*Source: <https://www.petitsfreresdespauvres.fr/informer/prises-de-positions/contre-l-exclusion-numerique-de-4-millions-de-personnes-agees>*

## Health and prevention

On average, the life expectancy in France is **83 years** (EU average: 81 years).

- ❖ women's life expectancy: **86 years** (EU average: 84 years)
- ❖ men's life expectancy: **80 years** (EU average: 78 years)

At the age of 65, people are expected to live **10.3 healthy life years** (EU average: 10.0 years)

- ❖ women: **11.3 healthy life years**
- ❖ men have **10.2 healthy life years**.

Almost half of older people (**51%**) received a vaccination against influenza (EU average: 45%).

*Source: Eurostat (2016, 2017, 2018)*

Centralisation of health care services and rural depopulation are big issues. Furthermore, information between health care services are not exchanged effectively and efficiently.

Despite geographical inequalities in health care and difficulties for some people to enjoy the rights there are entitled to, the law foresees care for older people without resources, including to access nursing homes if needed.

Regarding disease prevention, people over 65 are recommended for an influenza vaccination free of charge. Breast cancer screenings are free of charge for women aged between 50 and 74 years.

## Disability and autonomy

The CNSA (National Solidarity Fund for Autonomy) supports older persons and persons with disabilities by financing personal autonomy allowance and disability compensation benefit. Moreover, it finances actions for preventing the loss of autonomy. Currently, 175 new proposals have been proposed to modernise old-age policies.

**A big change intervened in March 2020 since people with disabilities will now be able to benefit from the disability compensation benefit (PCH) regardless of their age.** Established by the law for equal rights and opportunities, participation and citizenship of people with disabilities of February 11, 2005, the PCH was granted to people with disabilities who fulfilled the conditions provided by law, provided that they were older persons under the age of 60 when the disability occurs. People over 75 could not ask for it at all. People over 75 and people with a disability after 60 had to turn to the personalized autonomy allowance to finance the aids (human or technical) they may need, aid much less advantageous than PCH with equal loss of autonomy. The bill finally removes this age barrier.

On top of the financial support, specific social and health services are providing support to foster autonomy and inclusion of persons with disabilities, including while ageing. They work closely with associations providing accessible recreational activities (e.g. sports, holidays, arts).

According to data from 2012, **16.1%** of people aged 60-74 were disabled and **32.1%** of persons aged 75+ (EU average being respectively 25.5% and 46.1%).

More than half of people aged 65-74 and two third of people

aged 75+ perceive limitations in daily activities:

- people aged 65-74: **25.3%** are limited to some extent, **13.3%** are strongly limited
- people aged 75+: **34.7%** are limited to some extent, **29.2%** are strongly limited

*Source, Eurostat (2011, 2012)*

## Formal and informal long-term care

Evaluating availability and quality of long-term care in France is still challenging. Financial and human resources are limited and do not meet the required need. And there are geographical and financial inequalities notably to access long-term care. Likewise, palliative care is not equally available while they are very efficient when deployed.

In 2019, a new law was introduced to encourage caregivers leaves and facilitates reconciliation between work and personal life for informal caregivers.

In 2017, France dedicated **1.72%** of its GDP to LTC - among which 0.30% for home-based LTC and 1.42% for in-patient LTC.

**4.1%** of people aged 65+ receive LTC in institutions other than hospitals, bearing in mind there are important differences if age disaggregated data are considered. Datas from 2011 show that **8%** of people age 75+ receive LTC in institutions and 20% for people aged 85+.

*Source: Eurostat (2011, 2017)*

## Elder abuse

People affected by or witnessing elder abuse can report this to the National Abuse Listening Platform where recommendations and advices are provided; however, as oftentimes, there is a lack of awareness for elder abuse in France and too often older people do not dare to report due to their dependency on the perpetrators.

Still, this issue is gaining visibility for about 10 years as the publication of a number of reports shows:

- FIAPA report on financial abuse (updated in 2017):  
[http://www.hcfea.fr/IMG/pdf/2018\\_01\\_29\\_-\\_Rapport\\_Mission\\_Mal\\_Financiere-2.pdf](http://www.hcfea.fr/IMG/pdf/2018_01_29_-_Rapport_Mission_Mal_Financiere-2.pdf)
- Reports from the High council of family, childhood and ageing (Haut conseil de la famille, de l'enfance et de l'âge - <http://www.hcfea.fr/>)
- Reports from the National Committee on well-treatment and rights of older persons (Comité National pour la Bienveillance et les droits des personnes âgées)

### Interesting reports recently published on ageing issues in France

Rapport Libault (March 2019), « Grand âge et autonomie : Grand âge, le temps d'agir » - <https://solidarites-sante.gouv.fr/actualites/presse/communiqués-de-presse/article/remise-du-rapport-libault-sur-la-concertation-grand-age-et-autonomie>

Prospective Study looking towards 2030, published by the Think Tank Matières Grises (March 2018): “Les personnes âgées en 2030” - [https://www.ehpa.fr/pdf/think\\_tank\\_rapport.pdf](https://www.ehpa.fr/pdf/think_tank_rapport.pdf)

*This fiche has been written thanks to the AGE France coalition.*





# GERMANY

## Social inclusion

People aged 80 years or older are more likely to suffer from social isolation than other age groups. Limited health status and being widowed are main risk factors for perceiving loneliness. However, surveys indicate that older people do not feel more socially isolated than middle-aged adults. Having supportive family members and friends diminish the likelihood of perceiving loneliness or being excluded from the community.

Most people have daily or weekly contact with family members and friends. The contact with family members and relatives are as followed:

- ❖ people aged 65-74: **23.4%** have daily contact (EU average: 25.9%) and **41.6%** have weekly contact (EU average: 40.9%)
- ❖ people aged 75+: **23.3%** have daily contact (EU average: 25.8%) and **43.3%** have weekly contact (EU average: 39.8%)

Females tend to see relatives and friends more regular compared to males. For example, 27.3% of females aged between 65 and 74 have daily contact with their relatives, in contrast only 18.8% of males stay in contact daily. In Germany, older people tend to have less frequent contact with friends than with relatives:

- ❖ people aged 65-74: **17.0%** have daily contact (EU

average: 14.3%) and **36.5%** have weekly contact (EU average: 37.4%)

- ❖ people aged 75+: **12.1%** have daily contact (EU average: 9.2%) and **31.8%** have weekly contact (EU average: 30.8%)

Approximately **a third** of the people aged 65+ participate in (in)formal voluntary activities.

*Source: Eurostat (2015)*

## Ways of promoting social inclusion in Germany:

- In 2019 the German government organized a congress to raise awareness for social isolation among older people. Furthermore, the Ministry responsible for older people initiated an exchange with other EU countries.
- Supported by the Federal Ministry there are 540 “multiple generation houses” (Mehrgenerationenhäuser) in Germany. These environments foster the exchange among people from all generations to support each other in activities of daily living. The houses create a space to get together, learn from each other and develop joint activities. The service platform “Zuhause im Alter”, also supported by the Federal Ministry, provides older people with information about different living arrangements so that they can stay in their home for as long as possible.
- There is a variety of initiatives, service centres, and programmes, oftentimes coordinated from a federal level by associations such as BAGSO and implemented at local level by local senior citizens’ offices (Seniorenbüros), associations or interest groups. For example: neighborhood

supports, lunch with other community members, visiting and driving services.

## Health and prevention

The average life expectancy in Germany is **81 years**, equivalent to the EU average.

- women: **83 years** (EU average: 84 years)
- men: **79 years** (EU average: 78 years)

At the age of 65, older people are expected to live **11.9 healthy life years** (EU average: 10.0 years).

- women: **12.2 healthy life years** (EU average: 10.0 years)
- men: **11.5 healthy life years** (EU average: 9.9 years)

In 2017, approximately a third (**34.8%**) of people aged 65+ received a vaccination against influenza (EU average: 44.3%).

*Source: Eurostat (2016, 2017)*

With regard to ongoing socio-demographic transitions, the German health system is challenged to provide multi-professional health and long-term care services to a rising number of older people with multiple chronic conditions. Whereas in urban areas there are usually sufficient offers (e.g. physicians and hospitals), the provision of basic and specialized healthcare in rural areas is increasingly endangered. It is particularly in rural areas where preventive home visits, e.g. by specially trained nurses, could be able to retain basic healthcare services for older persons people living at home. Pilot projects in some states show that preventive home visits are also useful to identify the remaining resources of

older persons, to foster their social support, and to avoid care dependency in an early stage. Although the central government has intended to implement preventive home visits across Germany in their coalition agreement, this type of healthcare is only offered in few states and selected regions. To promote health and wellbeing throughout the population, a national prevention strategy has been put in place since 2015. Based on this strategy, the social insurance institutions agree with the states and further stakeholders on the concrete form of cooperation in health promotion in certain settings, e.g. in municipalities and care homes. Healthy ageing has been defined as one national health aim. Initiatives mainly focus on individual health behavior such as healthy diets and physical activity; however, further prevention needs and potentials have been identified (e.g. mental disorders). As an ongoing challenge, health promotion in Germany faces the task to create health-enabling living conditions for an ageing population and that reaches out to vulnerable social groups, e.g. older migrants.

## Disability and autonomy

Various guidelines ensure high-quality care and services for people with dementia. The government presented a national strategy in 2020. Generally, persons with disabilities receive benefits from the mandatory Old Age Pension Insurance, if they have been part of the workforce. Since 2003, supplementary benefits address either people who are jeopardized by poverty despite their regular pension income or people who are not able to work, cannot get regular job, or have sheltered workplaces.

Personal assistance services have been developing in Germany since the 1980s; people with severe disabilities are entitled to personal assistance. The government supports deinstitutionalization and offers people to choose their living

arrangements on their own; however, if living privately is more expensive than living in an institution, people with disabilities are obliged to move to residential homes.

According to data from 2012, **26.9%** of people aged 60-74 were disabled and **46.3%** of persons aged 75+ (EU average being respectively 25.5% and 46.1%).

Among the people aged 75 and older **more than 50%** have lacking assistance regarding the need for personal care activities and only **17.7%** receive the adequate amount of assistance (2014).

Already more than half of the people (**53%**) aged between 65 and 74 are totally limited in daily activities. This rate is increasing with age: **72.1%** among the people aged 75 or older experience total limitations (2011).

*Source: Eurostat (2011, 2012, 2014)*

## Formal and informal long-term care

Since October 2019 new quality regulations apply to residential homes; these regulations are tested on a regular basis. Nevertheless, a nationwide concept for long-term care is missing. Preventive interventions and rehabilitation services are not commonly offered to residents in long-term care facilities and there are no incentive to foster health promotion services: the higher the level of care required by the residents, the more financial support service providers receive. Bureaucracy makes it difficult for people to know about possible services, opportunities and benefits.

Approximately three fourth of people in need of care and two third of people with dementia live at home and mostly, relatives care for them.

In Germany, approx. 3.4 million people are in need of care, out of which three fourth (approx. 2.6 million) live at home and are cared by their relatives, mostly without any professional support. The promotion of home care has been a main aim of the German long-term care insurance, and since its introduction nearly a quarter of a century ago, various benefits have been provided to reach this objective. However, continuous adjustments are required to meet the complex needs of home care and to ensure its wide distribution. Challenges that need further political effort include for example the country-wide provision of consultation services, the expansion of outpatient care services to fulfill the new eligibility criteria for long-term care, and the introduction of adequate and flexible care budgets. In 2019, the independent advisory council for the [compatibility of family and work](#), set up by the federal ministry for family, older persons, women and youth, has published its first report on the effects of recently adopted acts and gives recommendations to further support informal caregivers.

About 800,000 people in need of care live in care homes. Since October 2019, new quality regulations apply to residential homes; these regulations are tested on a regular basis. Although guidelines for health promotion and prevention have been recently (2018) refined, measures to promote residents' health have been little implemented and relate only to selected topics.

In 2017, Germany spent **2.06%** of its GDP on long-term care (LTC) and 1.02% each on home-based and inpatient LTC. The same year, 4.1% of people aged over 65 needed LTC, of which 73.3% were female.

In 2017 among the **4.1%** of people older than 65 receiving LTC in institutions other than hospitals, the vast majority is female (73.3%) compared to men (26.7%).

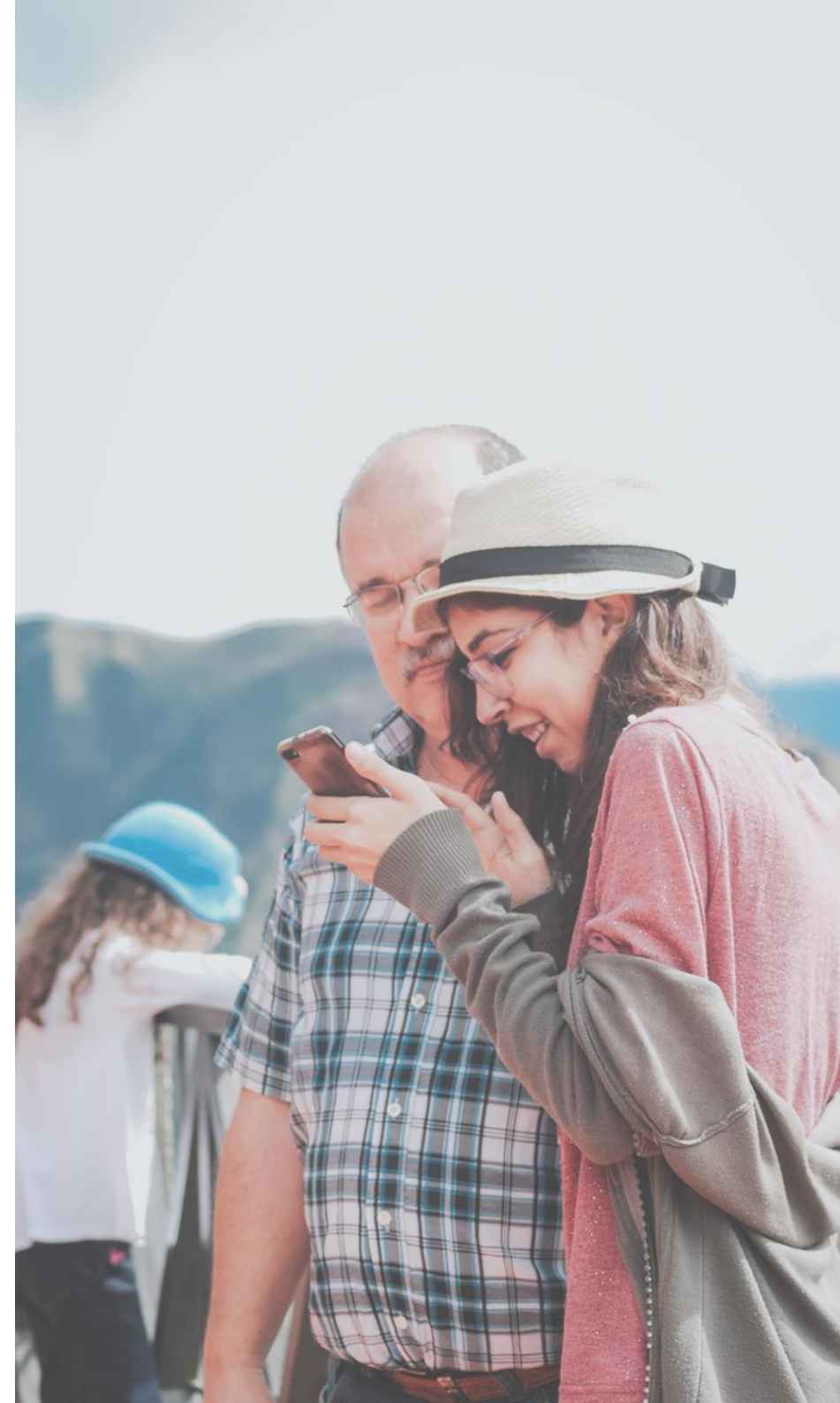
*Source: Eurostat (2011, 2017)*

## Elder abuse

In 2019 approximately 6% of registered violent crimes were against people aged 60 years or older. Even though this percentage is relatively low, it must not be deemphasized: older people are severely affected by the consequences of (physical) violence. Violence occurs in all kinds of care settings and especially remain unregistered and unreported mainly because older persons in need of care are dependent on their caregivers but also because there is no independent agency or visiting service that would regularly control the care setting to prevent elder abuse

In Germany elder abuse is not regulated by a special law protecting this group.

*This fiche has been written thanks to the input of the Bundesarbeitsgemeinschaft der Seniorenorganisationen (BAGSO).*



# GREECE

## Social inclusion

Social inclusion is based on the idea of solidarity: during the economic crisis older family members supported their younger and unemployed relatives. The Hellenic Manpower Employment Organization (OAED) addresses people aged between 55 and 64 to find work; among other factors social inclusion was fostered by an increase in the employment rate.

A recent study with a sample of over 1200 Greek adults discussed various findings including improved self-confidence. It underlined that 20% of those aged 65 and over in this sample lived alone. 22,1% stated they belonged to a vulnerable category by virtue of their age, viral vulnerability or breathing problems but amongst those aged 65 years and over 45,2% did not consider themselves vulnerable. Only a half of those aged 65 and over were taking exercise outside the home, men more than women.

Almost 53% of women aged 65 or older have daily contact with family members or relatives, which is significantly above the EU average of approximately 30%. In total people in Greece have more regular contact to family members and relatives than other EU member states:

- ❖ people aged 65-74: **48.3%** have daily contact and **24.1%** have weekly contact (EU average 25.9% and 40.9%, respectively)
- ❖ people aged 75+: **48.0%** have daily contact and **24.1%** have weekly contact (EU average 25.8% and 39.8%,

respectively)

Regarding the regular contact to friends, the gender difference is less obvious, however, the daily contact exceeds the EU average.

- ❖ people aged 65-74: **30.9%** have daily contact and **35.8%** have weekly contact (EU average 14.3% and 37.4%, respectively)
- ❖ people aged 75+: **9.6%** have daily contact and **33.1%** have weekly contact (EU average: 11.5% and 31.9%, respectively)

In 2015, **17%** of people aged 65 and older engage in (in)formal voluntary activities (EU average: 35.6%).

Regarding the access to digital services, it shall be noted that in 2017, **43%** of men aged 55-74 had used a computer within the last three months and **29%** of women.

*Source: Eurostat (2015, 2017)*

## Health and prevention: focus on the COVID-19 outbreak

The COVID-19 outbreak led to increased resources spent on the health care sector. Among other changes, the program "Help at Home" expanded their services for people with health and social problems to support these groups during the lockdown measures partly by using the staff that could no longer work in the Open Care community Centres (KAPI).

The mental health of all people in lockdown was of concern and dedicated facilities made available via phone lines manned by people in public employment – social workers, and psychologists

trained in providing mental health counselling. 26% of people over 65 and 30% of people aged 55-64 reported of experiencing high levels of stress throughout the pandemic (diagnosis.gr)

The immediate response of residential homes' directors to the news of increasing death tolls in care facilities included safety arrangements (i.e. training and personal protective equipment for staff and residents). Surveys indicate that one fourth and one third, respectively, of older people in Greece reported a high stress level during the pandemic.

On average, life expectancy is **82 years** (EU average: 81 years).

- ❖ women: **84 years** (= EU average)
- ❖ men: **79 years** (EU average: 78 years)

Healthy life years at age 65:

- ❖ women: **7.2 years** (EU average: 10.0 years)
- ❖ men: **7.4 years** (EU average: 9.9 years)

In 2018, **56%** of people aged 65+ were vaccinated against influenza for an EU average of 45.0%.

*Eurostat (2016, 2017, 2018)*

## Formal and informal long-term care

The government and the private providers of residential care in Greece collaborate to improve the quality of care and the quality of life of older residents.

In 2017, Greek public expenditures for long-term care (LTC) is equivalent of **0.14%** of its GDP, 0.04% on home-based and 0.10% on inpatient LTC.

In Greece more people have limitations in daily activities compared to the EU average:

- ❖ people aged 65-74: **24.6%** are limited to some extent (EU average: 12.2%) and **16.8%** are strongly limited (EU average 8.4%)
- ❖ people aged 75+: **36.5%** are limited to some extent (EU average: 18.0%) and **32.7%** are strongly limited (EU average 14.6%)

With increasing age, the required assistance increases as well:

- ❖ people aged 65-74: **35.0%** receive enough assistance and **39.7%** lack assistance (EU average: 26.9% and 38.5%, respectively)
- ❖ people aged 75+: **39.5%** receive enough assistance and **41.7%** lack assistance (EU average: 29.3% and 42.1%, respectively)

*Source: Eurostat (2011, 2014, 2017)*

*This fiche has been written thanks to the input of 50+ Hellas.*

# PORTUGAL

## Health and prevention

Life expectancy in Portugal is **81 years** (= EU average).

- ❖ women live on average **85 years** (EU average: 84 years)
- ❖ men live on average **78 years** for men (= EU average)

At the age of 65, Portuguese older people have **7.3 healthy life years** (EU average: 10.0 years).

- ❖ women have **6.9** healthy life years (EU average: 10.0 years)
- ❖ men have **7.8** health life years (EU average: 9.9 years)

In 2017, the rate of people having received a vaccination against influenza is quite high: **60.8%** (EU average 44.45%)

*Source: Eurostat (2016, 2017)*

In Portugal older persons face important inequalities mostly dependent on socioeconomic status both in health status and in access to care, bearing in mind these inequalities are even stronger for women. Additionally, trained healthcare professionals to meet the specific needs of older people are not enough.

The health literacy level is considerably low in Portugal. This leads to an increase of multi-morbidity rates. Furthermore, the primary health care sector is not developed sufficiently, therefore, most people are referred to acute hospitals and hospital stays are prolonged because secondary and tertiary health care amenities (e.g. rehabilitation clinics) are missing.

Some projects have been launched to enhance the health care services, however, they still need to be evaluated. An example of projects regarding the older population group is the “senior proximity project of NHS 24”, which is concerned with providing primary care without the need of travelling far.

Regarding health promotion, Portugal offers some interventions and campaigns for older people, notably influenza vaccination free of charge covering all over 65 years old, thus reaching a 75% vaccination rate among older persons as recommended by WHO. The National Programme for Promotion of Healthy Eating (PNAPAS) and the Platform for Chronic Disease Prevention and Management address high obesity rates among adults and launch projects in the scope of smoking prevention, promoting physical activity, and diabetes prevention.

## Formal and informal long-term care

As mentioned above, hospital stay of older persons is significantly higher when compared to a younger population group. Among other factors, the main reason is the shortage of social solutions to welcome older people after a hospital stay and families oftentimes cannot take care of their family members due to job obligations.

**Home support services** address people with physical or mental impairments which cannot engage in activities of daily living sufficiently. The offered services are dependent on the availability of services in the residential area and the capability of social security institutions. The payment scheme follows a family co-payment based on the family’s income.

**Day care centres** combines a set of services for Portuguese aged 65 or older. Due to the COVID-19 outbreak day care centres were

closed which increased social isolation, perceived loneliness and depression.

**Nursing homes** in Portugal are divided in public and private nursing homes. Non-profit private nursing homes have long waiting lists even though they accept more residents than public nursing homes. Only people with high socioeconomic status can afford private profit nursing homes. There is a high number of illegal retirement homes, i.e. structures which are not licensed but offer less expensive care under precarious conditions.

Clearly the access to long-term care is very much dependent on the income of older persons and their family, creating huge inequalities.

In Portugal, **4 out of 10** people who died by covid-19 were living in care homes, according to the latest data.

A study from 2016 portrayed informal care in Portugal: Approximately 223.000 informal caregivers are aged 65 or older, however, the majority (approximately 730.000) are aged between 25 and 64 years. This said, Portugal has the highest rate of informal care in the European Union and the lowest rate of formal care coverage.

A new law (2019) provides informal caregivers with a proper statute including a support allowance, the right to rest, psychosocial support and support for integration into the labour market. Additionally, a career's guide provides guidance for national long-term care networks.

Compared to other EU countries, Portugal spends little on LTC: **0.24%** of the GDP (EU average: 1.10%). #for home-based LTC Portugal uses 0.05% of the GDP and 0.19% for inpatient LTC.

In total, **1.3%** of the Portuguese aged 65 years or older receive LTC in institutions other than hospitals.

*Source: Eurostat (2017)*

## Elder abuse

Violence against older people, whether in a family context or in a residential and care settings, is still prone to a cloak of silence. Victims feel ashamed or they fear retaliation or abandonment by the perpetrator, some of them do not know where to seek support or, still, they have some physical or mental disability.

However, exposure of this serious problem has been increasing, particularly over the last decade, which can be seen in several dimensions, such as:

- awareness-raising campaigns aimed at the population in general and older persons in particular, calling for involvement of society in preventing and reporting abuse and violence against older people;
- awareness campaigns to health professionals and formal carers, alerting to signs of abuse and violence and disseminating principles and procedures to be followed.
- increasing information on neglect, abuse, abandonment and violence in the media;
- Increasing production and dissemination of scientific knowledge on this issue.

This visibility has also resulted in a growing number of reported cases and complaints to security forces and Public Prosecutor's Office, as well as to national support lines providing support and follow up on reported cases.



Quantitative data on violence against older people cover situations conceptually framed as domestic violence and define older persons as those who are 65 or older. Available data point to an increase of violence against older persons in family environment and shows that the majority of victims are women, although violence against men is growing as well, and that the aggressors maintain a close relationship with the victim. Data also show that the most vulnerable are mainly aged 75+, women, more dependent, with less socio-economic resources and more unprotected by family and community support networks.

Elder abuse in institutional environment is an issue of more recent concern, less studied and quantified. This reality has come even more visible in times of COVID-19 pandemic, either by the incidence of infection and deaths in residential care or by the greater visibility of illegal homes to which people are pushed because those legally established are not enough for the current needs of the country.

Accessibility to national or local victim support networks for older victims is largely determined by their own condition: lack of mobility, dependence and isolation or info-exclusion are barriers that they cannot overcome alone.

Link for examples of awareness campaigns on violence against older persons: <https://apav.pt/idosos/index.php/campanhas>

*This fiche has been written thanks to the input of the Associação de Aposentados Pensionistas e Reformados (APRe!)*



# SLOVENIA

## Social inclusion

Besides participating in regular physical activity, older persons in Slovenia are active as volunteers. They also take the opportunity to engage in life-long learning activities (e.g. take university and engage in other courses informal learning opportunities).

From an economic perspective, it is warranted to prolong the active periods. Simultaneously, mutual, intergenerational learning, sharing experiences and knowledge must be supported. Potentials and resources of older people are not appreciated enough; oftentimes this population group is referred to as raising problems and costs for society.

People in small communities are oftentimes socially excluded due to the lack of amenities, social services and transportation options. Inaccessible built and outdoor environments are also a barrier and increase the risk of social exclusion. Refurbishments are difficult because of bureaucratic obstacles (e.g. interventions are prohibited for cultural heritages). Furthermore, there are increasing technological devices used in everyday life which create further exclusion for those who are not confident in using tablets, online-banking, e-prescription etc.

Actions are taken to raise social inclusion among older people. Among others, cultural events, health and personal services, mobility programs, and providing e-care are offered and introduced in the municipalities.

The contact to friends and family members is mostly on a daily or weekly basis. Females between 65 and 74 are more likely to have regular contact with family members and friends (**68.4%** and **57.4%**) than men (**57.3%** and **50.4%**). Contact with family members and relatives:

- ❖ people aged 65-74: **22.2%** have daily contact, **41.1%** have contact every week (EU average: 25.9% and 40.9%, respectively)
- ❖ people aged 75+: **22.5%** have daily contact, **41.3%** have contact every week (EU average: 25.8% and 39.8%, respectively)

Contact with friends:

- ❖ people aged 65-74: **13.9%** have daily contact, **40.4%** have contact every week (EU average: 14.3% and 31.4%, respectively)
- ❖ people aged 75+: **9.6%** have daily contact, **33.1%** have contact every week (EU average: 11.5% and 31.9%, respectively)

**47.6%** of people aged 65 and older engaged in (in)formal voluntary activities (EU average: 35.6%).

Regarding the access to digital services, it shall be noted that in 2017, **52%** of men aged 55-74 had used a computer within the last three months and **46%** of women.

*Source: Eurostat (2015, 2017)*

## Health and prevention

On average life expectancy at birth is **81 years** (= EU average).

- ❖ women: **84 years** (= EU average)
- ❖ men: **78 years** (= EU average)

**Healthy life years** at the age of 65:

- ❖ women: **7.4 years**
- ❖ men: **7.5 years**

In 2018, only **12.90%** of people older than 65 received an influenza vaccination, (EU average: 45%)

*Source: Eurostat (2016, 2017, 2018)*

The health care system is financed by compulsory insurance which provides equal access to health care services regardless of age, gender, socioeconomic and employment status. Among other services, well-established screening programs for breast, cervix and colorectal cancer are covered by the social insurance schemes.

The needs of older persons should be covered adequately by the universal coverage of medical treatments, prevention interventions and rehabilitation services. Nevertheless, economic and structural issues need to be considered: financial resources are scarce so that health care needs are not met sufficiently. This leads to an increasing privatization of health services.

## COVID-19, Input from Božidar Voljc (April and May 2020)

The COVID-19 epidemic has been due to strict governmental restrictions for the time being well controlled in Slovenia. The National Medical Ethics Committee prepared a statement, in which the value of justice and functional status (not the age or any other differentiation) should be a criterion for respirators' usage in case of doubt. The statement was well accepted both, in government and in public. The triage procedure has been in any individual case a matter of responsive professional decision, without any influence of different demands. Thanks to the prevailing public health, there is no difference as regards gender, social position, disability, prisoners and registered refugees in Slovenia: who is in need of intensive care, gets it. However, according to the autonomy right of patients, any refusal of treatment has to be respected and well protocolled. In case of terminal illness and hopeless situation a palliative care should be offered where possible.

The weakest point are nursing homes. The average age of residents is about 84 years, with multimorbidity, incontinence, dementia, frailty and other geriatric syndromes. Even more worried is the situation of older persons receiving care at home, notably those living in remote rural areas who have been forgotten.

The message we got from Covid-19 epidemic in Slovenia is the importance of well-functioning public health institutions. Still it shows how necessary it is to improve health care in nursing homes, to adopt a law about long-term care, to support palliative care and to increase the number of specialists trained in geriatric.

## Disability and autonomy

There are a number of association of patients with chronic diseases in Slovenia. Most of them do both advocacy work from a political perspective, but also provide training and education support.

Since 2004 persons with disabilities have the same rights before law. The Action Program for Disabled Persons emphasizes to respect and accept disability as part of human diversity and to prevent discrimination, exclusion of people with disabilities. Certain tax credits exist, and benefits are not dependent on age. The Pension and Disability Insurance Act deals with the needs of older people with disabilities.

According to data from 2012, 27.2% of people age 60-74 are disabled, and 56% of persons aged 75+ (EU average is respectively 25.5% and 46.1%).

Already among the 65 to 74-year-old people, the total limitations in daily activities are prevalent

- ❖ people aged 65-74: **58.2%** perceive total impairments and **26.6%** perceive limitations to some extent (EU average: 20.6% and 12.2%, respectively)
- ❖ people aged 75+: **72.2%** perceive total impairments and **36.8%** perceive limitations to some extent (EU average: 32.6% and 18.0%, respectively)

Data indicates, however, that these people get enough assistance compared to the EU average.

- ❖ people aged 65-74: **30.6%** face a lack of assistance (EU average: 38.5%)

- ❖ people aged 75+: **30.7%** face a lack of assistance (EU average: 42.1%)
- ❖ people aged 65-74: **38.6%** get enough assistance (EU average: 26.9%)
- ❖ people aged 75+: **39.9%** get enough assistance (EU average 29.3%)

*Source: Eurostat (2011, 2012, 2014)*

## Formal and informal long-term care

Long-term care (LTC) must ensure quality, accessibility, and long-term fiscal sustainability, however, there are not yet legal binding regulations nor specific policies for LTC in Slovenia - it should be noted however that the proposal of the Act on Long-Term care is being discussed at the moment). There are care facilities, but the users or their relatives must pay for the services provided. The costs are high and oftentimes exceed the monthly pension. Socially disadvantaged persons can apply for financial support by the municipalities.

Special programs for care of older people have developed, however, they are significantly underdeveloped. Despite a proper monitoring system, informal caregivers play an important role in providing care. Most of the informal caregivers are female family members. They are not compensated for their work and contribution to care for the older people. Volunteers who care for older persons have higher social recognition – for example peer social-care programs such as “Older people for better quality of living at home – Older persons for older persons”, implemented by the Slovene Federation of Pensioners Associations, which was rewarded with the European Citizen’s Prize Award 2017.

In 2017 a strategy regarding the management of dementia was launched, several informational services about dementia have been established since then, however, there is still no concrete action plan to date.

In Slovenia, the majority of spent GDP in LTC go to inpatient care (**0.58%**) compared to **0.21%** for home-based LTC.

**4.8%** of people aged 65 or older are in LTC facilities other than hospitals. Among those, the majority is female (73.3%).

*Source: Eurostat (2011, 2017)*

## Elder abuse

Elder abuse has been a taboo for a long time. In the last two years, media reports on elder abuse increased and the public awareness rose. Formal legal regulations have been introduced and reporting became easier (e.g. through anonymous reports and telephone help-hotlines, which are free of charge). Public authorities and social and health care workers are trained to detect and protect victims of violence.

*This fiche has been written thanks to the input from Zveza Društev upokojencev Slovenije (ZDUS).*



# SPAIN

## Focus on COVID-19

The COVID-19 outbreak has clearly impacted the respect of older persons' human rights. During the confinement, older persons have been made quite-invisible as if the whole society was turning its back to them.

As of 29 April, of the 210,406 people infected, 52% (109,229) are aged 60 or over. Taking the total of 16,510 deaths, 95% (15,736) are 60 or over, according to the following distribution<sup>37</sup>:

1,445 were between 60 and 69 years old

4,119 were between 70 and 79.

6,876 between 80 and 89

3,296 aged 90 or over.

The medical triage and criteria to prioritize access to care has been very much criticized by numerous NGOs, including ASPUR, CEOMA, Eusko Federpen and FATEC. Official statistics show that total deaths from COVID 19 are significantly higher than the number of ICUs admissions, which supports the idea of triage. The ombudsman also underlined the discrimination against older persons in that area.

---

<sup>37</sup> Source: Centro de Coordinación de Alertas y Emergencias Sanitarias" Updated nun. 91, Coronavirus disease (COVID-19) - consolidated data at 21:00 on 29.04.2020 - Hospitalized deaths that have tested positive for COVID 19 by PCR.]

The precarious situation and lack of control in some nursing homes has also been alarming. 16,580 older persons from nursing homes have died with COVID-19 or symptoms compatible with the disease<sup>38,39</sup>.

Still some care homes have anticipated the potential danger of the outbreak for their patients and acted beyond the official measures. It is important to bear in mind that in Spain diagnosis and cure is the responsibility of the health systems, so that deployment of testing strategies for all residents would have helped to have tailor made solutions: avoid strict confinement rules for everyone and transfer of positive cases to health centers and hospitals to receive the most appropriate treatment as any other citizen.

This crisis has also shown how much the issue of a "dignified death" has to be considered: most of those who have died, with the previous physical and psychic suffering, have done so in solitude, as they were isolated for days and weeks.

Beyond the pandemic, while there is a need to improve the funding scheme of care homes and control from the administration to ensure quality care, nursing homes also have to better take into account the preferences and interests of older persons, and not only focus on the economic results.

Beyond the health and care crisis, the COVID-19 outbreak has shed light on the digital gap which has exacerbated the social exclusion. Indeed, older persons who were not acquainted with

<sup>38</sup> Data from April 2020 - These data include persons who have tested positive for CRP or have had symptoms compatible with the disease regardless of whether the death occurred in a hospital or in a nursing home

<sup>39</sup> For information, MSF published a published key information on the work they carried out in Spanish care homes from March to May 2020 - <https://www.msf.org/msf-concludes-covid-19-response-spain>

new technologies were not anymore able to be in touch with their family, friends or organisation to which they belong to. Voluntary associations have played a tremendous role to close this gap and limit the social exclusion.

Indeed, NGOs have underlined how much it was giving rise to situations of vulnerability and loneliness. For example, CEOMA declared “Overprotection entails and undoubtedly fosters false stereotypes and a distorted, paternalistic, uniform and negative vision of a group characterized by diversity, made up of people with very different characteristics and needs.”

## Social inclusion

The Mediterranean culture favors social interactions between people, nevertheless, loneliness among older people has become a problem in Spain.

In Catalonia, FATEC leads the project *“Volunteers prevent UNWANTED Loneliness in Residences”* that addresses this issue by promoting social interactions and creating social networks between various population groups. Organized activities take place in municipalities’ social centers; specialized training is offered to the volunteers participating in this project. The project is based on a model of proactive intervention, in the line of generating opportunities for participation for older people at risk of loneliness to create significant personal and social networks through working groups in the social centres of the municipalities. These groups are dedicated to organizing activities aimed at attracting and integrating people at risk of loneliness. Its development includes different phases, with special attention to the training of local volunteers in communication techniques. The principles governing the project are: Proximity, group action, positivity and volunteerism. Likewise, CEOMA has developed

“iAdentro!” program to promote volunteering among older persons. This is a training program that has a highly specialized methodology proven over the years to effectively meet the needs of older persons and improve their quality of life.

The NGO NAGUSILAN Voluntariado Social de Mayores, among its activities to accompany older persons, has, since 2006, a phone service registered under the name of Hilo de Plata (Silver Line), which during the pandemic has increased its activity very significantly and has not been limited to its natural geographical area of activity but has spread throughout Spain, having made about 5,500 calls to nearly 300 beneficiaries served by 66 volunteers until late August

However, it is important to emphasize that these initiatives take place in a worrisome framework of social exclusion, bearing in mind that 15% of people over 65 are at risk of poverty (for more information on poverty and social exclusion, and adequate income, refer to [the AGE Barometer 2019](#)).

To soften the effects of the economic crisis, the government is taking a number of measures to help those affected and prevent businesses from going bankrupt. These measures include relaxing regulations on temporary layoffs (ERTES) or implementing a universal basic income.

Spanish older people stay in contact with family members and relatives mostly daily or weekly (total 76.6%). Interestingly, especially women between 65 and 74 (46.1%) report significantly more often on daily contact than men (30.6%).

Furthermore, Spanish older people have regular contact with friends, which becomes less, however, the older people get.

❖ people aged 65-74: **22.8%** have daily contact (EU)

average: 14.3%), **35.9%** have weekly contact (EU average: 37.4%)

- ❖ people aged 75+: **14.0%** have daily contact (EU average: 11.5%), **26.7%** have weekly contact (EU average: 31.9%)

**9%** of Spanish older persons participate in (in)formal voluntary activities (EU average: 17.8%).

*Source: Eurostat, 2015*

## Health and prevention

It is a widely held opinion, both among Spaniards and for many European retirees living in Spain, that life in Spain is good. And furthermore, that the general and free public health system provides a very good service, as does the private health system.

Statistics show that Spain is among the two European countries with the highest life expectancy of people aged 65. Another statistic refers to the European Core Health Index where Spain is the fourth country with the highest index, after Sweden, Norway and Ireland.

Having commented on the positive view, it should also be noted that since the 2008 financial crisis, the public health service has suffered many budget cuts, reducing staff and services to a minimum and privatizing many of them. Chronic diseases also remain a factor of vulnerability. The Spanish Society of Geriatrics and Gerontology (SEGG) points out that 73% of 65+ have at least one chronic disease. This is why, CEOMA has developed a programme 'Promotion of active and healthy aging to prevent dependency'. In 2021, it is also planned to carry out a training

program dedicated to the care of family caregivers in order to improve their emotional and social well-being.

On average, people in Spain turn **83 years** (EU average: 81 years). The life expectancy is different for women and men:

- ❖ women: **86 years** (EU average: 84 years)
- ❖ men: **81 years** (EU average: 78 years)

At the age of 65, older People can expect **11.4 healthy life years** (EU average: 10.0 years).

- ❖ women: **11.3 healthy life years** (EU average: 10.0 years)
- ❖ men: **11.5 healthy life years** (EU average: 9.9 years)

More than half of people aged 65+ (55.7%) have received a vaccination against influenza (EU average: 44.3%).

*Source: Eurostat (2016, 2017, 2018)*

## Disability and autonomy

Legislative changes aim to increase autonomy for people with disabilities. For example: new multi-story dwellings must have an elevator and new buildings should be fully accessible, notably for wheelchair users. However, this leads to increased costs and purchase prices and rents rise.

The increasing number of older persons with a better quality of life for more years and with a more active socio-political participation should allow and encourage legislative changes to take place to reduce obstacles and facilitate a more dignified for all, including persons with disability.



It can also be noted that the evolution and standardization of technology has allowed progress in the care and support for persons with disabilities although always limited by the availability of sufficient public-private resources. Bearing in mind that **31.1%** of persons with disabilities are at risk of poverty and social exclusion (7 points more than the population with disabilities).

According to data from 2012, **25.4%** of persons aged 60-74 are disabled and **50.9%** of persons aged 75+ (EU average is respectively 25.5 and 46.1).

Limitations in daily activities increase significantly with age:

- ❖ people aged 65-74: **33.3%** have limitations to some extent, **7.8%** are strongly limited
- ❖ people aged 75+: **43.8%** have limitations to some extent, **20.1%** are strongly limited

Almost half of the population do not get sufficient assistance and help with personal care activities. Females aged 75+ (52.1%) are more likely to lack assistance compared to males (43%).

- ❖ people aged 65-74: **35.9%** get enough assistance (EU average 26.9%); **47.9%** lack assistance (EU average: 38.5%)
- ❖ people aged 75+: **37.5%** get enough assistance (EU average: 29.3%), **43.0%** lack assistance (EU average: 37.4%)

*Source: Eurostat (2011, 2012, 2014)*

## Formal and informal long-term care

Caregivers compensate for the considerably low rate of people cared for in formal care. Lots of older persons are caregivers themselves, keeping in mind that two thirds of informal carers dedicate more than 20 hours a week to care for others. This reveals the important contribution of the older persons to society.

A specificity is that the share of long-term care settings run by private providers is around 70% of the total. To meet demand, public administrations develop agreements with these private providers. The funding they get is based on the number of places and is lower than the one provided to residences directly run by public authorities and which are 100% funded. There is a clear need to rethink and improve the overall model, notably from a financial perspective, including in relation to the training of care staff.

**0.82%** of Spain's GDP is spent on long-term care (LTC). 0.2% are spent on home-based LTC and 0.53% on inpatient LTC.

In 2018 among the **2.2%** of people older than 65 receiving LTC in institutions other than hospitals, the vast majority is female (74.2%) compared to men (25.8%).

*Source: Eurostat (2011, 2018)*

Even before the COVID-19 outbreak, but even more now, it is necessary to develop a more comprehensive policy around the provision of care taking into account the right of everyone to live in a dignified manner at each stage of their life and regardless of whether they have a disability or a need for long-term care. This is why Pílares Foundation took the lead of a [manifesto in favor of a necessary change in the long-term care model in Spain](#), notably

with the support of several organisations of older persons, including CEOMA, FATEC and UDP.

## Elder abuse

Based on an existing law, a plan to prevent and eradicate elder abuse has been proposed in 2018, it has not been followed by any concrete steps. There is still a lack of clear data and information while from the information gathered by different organisations, the situation seems to be similar to many EU countries.

An important aspect to be considered is linked to the development of protection structures: when there is abuse of women or children, homes or shelters are available so that the victim is properly protected. However, this resource does not exist for older people.

### **“To untie the Older persons and People with Dementia Programme” (Desatar), campaign led by CEOMA**

The “Untie Older Persons Programme” was founded in Spain in 2003. This campaign aims at putting an end to the practice of tying people to their beds, as it was the case in nursing homes notably for people living with dementia. The Spanish Parliament unanimously voted for, in 2017, a resolution calling on the government put an end to these attachment mechanisms. The Ombudsman also asked in 2019 to implement a regulation limiting the use of these mechanisms.

Preventing mistreatment in residences involves improving the training of professionals, but it also involves changing the culture of many of them and which translates into an environment conducive to abuse and systematic forms of disrespect. It is so important to develop external control, in addition to internal control. These external controls must be exercised by the public authorities trained in that regard.

For more information:

<http://ceoma.org/desatar/>

[http://ceoma.org/wp-](http://ceoma.org/wp-content/uploads/2014/06/02_Zero_tolerance_of_restraint.pdf)

[content/uploads/2014/06/02\\_Zero\\_tolerance\\_of\\_restraint.pdf](http://ceoma.org/wp-content/uploads/2014/06/02_Zero_tolerance_of_restraint.pdf)

*This fiche has been written thanks to the input of Asociación de Profesores Universitarios Jubilados (ASPUR), Confederación Española De Organizaciones De Mayores (CEOMA), Federación Territorial de Asociaciones provinciales de pensionistas y jubilados de alava, Guipuzcoa y Vizcaya (EuskoFederpen), Catalanian Federation of Elder Associations (FATEC), Unión Democrática de Pensionistas (UDP).*

# Special Focus



# OLDER ROMA PEOPLE

An estimated 10-12 million Roma people live in Europe, among which [6 million](#) in the Europe Union, making up the continent's largest ethnic minority group. The term Roma encompasses diverse groups including Roma, Gypsies, Travellers, Manouches, Ashkali, Sinti, Kale and Boyash; it is the term used both by the European institutions, Fundamental Rights Agency, and the Roma civil society organisations<sup>40</sup>.

## Anti-discrimination and stigma

Almost one in two Roma (41%) [felt discriminated](#) against because of their ethnic origin at least once in the past five years. Discrimination against Roma people on the ground of their ethnicity is called antigypsyism. In 2013, a [Recommendation](#) by the Council of the EU specifically referred to a range of horizontal policy measures to address social exclusion that Roma experience across Europe. The 2019 [Report](#) on the implementation of national Roma integration strategies references very few specific measures regarding older Roma people<sup>41</sup>.

Some strategies refer to old age poverty and access to pensions ([Bulgaria](#)), the risk of discrimination against older Roma in accessing services ([Finland](#)) or the cases of multiple discrimination ([Slovakia](#)). Yet, only the strategy of [Croatia](#) translates the risk of multiple discrimination against specific groups within the Roma community into goals for action. Two

---

<sup>40</sup> The Council of Europe adopted a common definition of the political term 'Roma' in: <http://a.cs.coe.int/team20/cahrom/documents/Glossary%20Roma%20EN%20version%2018%20May%202012.pdf>

objectives specifically mention older Roma: one in relation to the availability of healthcare services, the other in relation to the quality and availability of social services.

During COVID-19 in Central and Eastern Europe and the Balkans, Roma people have been subjected to stricter residential restrictions than in other neighbourhoods in their country. The ERGO Network [reports](#) police checkpoints or isolation centres established in Roma settlements, as well as cases of Roma people being falsely blamed for carrying the virus.

## Social Inclusion

The deprived, rural and remote areas in which Roma people live – included sometimes in segregated neighbourhoods – make it more difficult to access basic goods or services. Older Roma are also in a significantly difficult income situation, given low employment rates and overrepresentation in precarious, low-paid work or atypical employment, which give access to no or poor pension entitlements. In Greece for instance, Roma communities remain marginal to the towns and villages where they live and mainly work as agricultural workers, sellers of scrap iron, motorized shops, licensed street markets.

Spatial segregation of Roma is a persistent issue in EU Member States. Roma settlements enjoy lower public investment – lack traffic signs, lights, crosswalks, etc. – increasing the risk of accidents especially for older persons and persons with disabilities. Roads and streets often do not meet national standards preventing firefighter vehicles and ambulances from

<sup>41</sup> All national Roma integration strategies are available online: [https://ec.europa.eu/info/policies/justice-and-fundamental-rights/combating-discrimination/roma-and-eu/roma-integration-eu-country\\_en](https://ec.europa.eu/info/policies/justice-and-fundamental-rights/combating-discrimination/roma-and-eu/roma-integration-eu-country_en)

accessing settlements and ensuring people's protection in case of emergency. This situation has negative consequences for older people in particular who are at greater risk of chronic and non-communicable diseases and may require urgent medical care.

During COVID-19, measures including specific restrictions for older persons contributed to increase the social isolation of Roma in a crucial time when healthcare and social services were of major importance for protecting people at higher risk of severe consequences. Mobility restrictions applying only to older people made it particularly cumbersome for those living in rural areas. Other discriminatory measures in Slovakia, Romania and Bulgaria targeted Roma people living in segregated settlements.

“With the latest set of measures introduced by the state, elderly people are not allowed to leave their home, except from 05:00 to 11:00 daily. As many elderly Roma live far away from the next pharmacy or medical institutions, they are left vulnerable and in a soon to develop critical situation”, commented the Regional Roma Educational Youth Association, Coalition of Roma CSOs Khetane, about a measure adopted at the beginning of the pandemic. The measure was soon after amended.

Significant mobilisation of different generations of Roma contributed to provide mutual and intergenerational support to people in need during the pandemic.

## Health and prevention

Most of the time Roma people live in substandard conditions and overcrowded housing. Roma people have little access to running water and other hygiene facilities in their homes increasing further their exposure to ill-health, domestic accidents and chronic disease. A [report](#) by the EU Fundamental Rights Agency shows that 30% of Roma are in households with no tap water and nearly 50% have no indoor toilet, shower or bathroom.

“Roma living in segregated and overcrowded settlements and camps, often located in close proximity to toxic dumps, or on remote sites without basic infrastructure. [These] conditions weaken immune systems in young and old”, reads the [open letter](#) from the Roma civil society organisations to EU Commissioner Dalli during COVID-19

Roma people experience significant health inequalities, arising from compounding social determinants such as inadequate housing, lack of sanitation, poor nutrition, hard physical labour in unsuitable conditions, as well as impaired access to both healthcare services and medicines. These determinants impact both physical and mental health.

In addition, Roma people have lower access to health coverage which, in most of the EU Member States, depends on employment benefits and social protection system. The lack of health coverage is the major obstacle in accessing quality healthcare and prevention as well as ensuring timely medical care and follow-up. Low rates of health insurance for Roma have been reported in [Bulgaria](#), [Romania](#) and [Croatia](#).

The Roma community is subject to a higher vulnerability to chronic and non-communicable diseases with a significant shorter life expectancy and high rates of premature deaths. Roma people have between [5 to 20-year](#) shorter life expectancy compared to other groups. The EU Fundamental Rights Agency reports that 55% of Roma women aged 50+ are in [bad health](#) compared to 29% of non-Roma women. Such observation correlates with multiple social and economic factors such as lower access to health coverage leading to frequent out-of-pocket payments; gender pay gaps; living conditions; etc.

## Long-term care

Roma people have lower capacity to afford healthcare and prevention, as well as medicines, especially in case of chronic and non-communicable disease. Furthermore, ethnic segregation in hospitals and discrimination in healthcare deprive Roma of quality health protection that can enable old persons to maintain good health status.

Due to Roma's difficulties to access healthcare and childcare solutions, communities remain largely structured by family bonds. Care is mainly provided informally by family members with older women taking care of grandchildren while younger members of the family look after their older relatives. Informal care adds to the structural difficulties of younger Roma to enter formal employment, thus impacting their future income in old age.

In Finland, family structures tend to be reducing from extended families and communities towards nuclear families. Such changes [impact](#) older Roma people who then need to rely on formal care services. However, these services are not always affordable to older Roma who have limited financial resources and those who

do not have social coverage to grant them a pension. In addition, older Roma do not necessarily know how to use the available services and their needs often go unnoticed by the services themselves.

During the COVID-19 pandemic, many younger Roma came from Italy, Spain and other Western European countries back to Eastern and Central Europe. Though it may have increased the risk of infection, this return also increased the number of informal carers and financial resources available to provide support to their older relatives within the community.

## Elder abuse

Whereas data for elder abuse is scarce, it is even more the case regarding subgroups of older people. No data exist on whether older Roma people experience elder abuse. However, marginalised communities are at increased risk to be taken advantage of, especially in case of language barrier or discrimination based on both ethnicity and gender.

“I was told firmly that [an NGO] is headed by a rogue who gets Roma to sign papers they cannot read to denounce Greek governments and if they gain money he takes a part”, reported a Greek grassroots organisation.

A recent [publication](#) on domestic violence against Roma women and girls however reports that shelters for women survivors of domestic violence cannot accommodate older people or people with severe conditions due to the absence of support and care services in those shelters. According to this research, Roma

women often hesitate to report the violence they experience because they fear not being trusted or stigmatised.

The stereotypical perception of Roma families, the accessibility and availability of adapted shelters and centres, the sensitivity of police officers and public servants as well as the national mechanisms available for tackling gender-based and domestic violence should also be taken into account when addressing the lower reporting rate of domestic violence.

With lower educational attainment, poor digital literacy, and greater risks of poverty and social exclusion, older Roma people also become a key target of criminal networks. Their social and economic situation in addition to lower human rights protection makes them vulnerable to human trafficking, exploitation (begging), and abuse (physical and verbal violence, poor living conditions provided by those networks).



# OLDER LGBTI PEOPLE

The acronym LGBTI stands for Lesbian, Gay, Bisexual, Trans, and Intersex persons. It includes people who experience discrimination due to their actual or perceived sexual orientation, gender identity, gender expression and sex characteristics<sup>42</sup>.

## Anti-discrimination and stigma

Older LGBTI people run the risk of facing the accumulated effects of stigmas and discrimination based on their age (ageism), actual or perceived sexual orientation (homophobia, biphobia), gender identity or gender expression (transphobia), or sex characteristics. This is sometimes referred to as “minority stress”.

Older LGBTI people who have lived in a world hostile to their identities may be reluctant to access support due to fears of encountering discrimination. For instance, many older trans people of today [transitioned at a time](#) when families, communities and even legal systems struggled to comprehend trans identities and transitioning. Others did not transition at all because of time or because legal gender recognition was not available at all.

Many LGBTI people remain invisible among older people themselves. Older people’s organisations lack awareness of the needs of older LGBTI persons and hence may fail to address their needs. At the same time, older LGBTI people may experience lack of recognition and acceptance within LGBTI communities because

of their age. One organisation noted that older LGBTI people reported that ageism becomes apparent especially in those sections of the LGBTI community where looks and appearance have played a big role in social and sexual life.

## Good practices

Older persons’ organisations are running partnerships with LGBTI organisations to be inclusive of older LGBTI people.

- In Czechia, ŽIVOT 90 created an [Rainbow Life 90 initiative](#) for older LGBTI people; they also opened their community centre for the [Prague Pride Festival](#) to run intergenerational topics and workshops.
- In Italy and Portugal, older people’s organisations are involved in the [Best4OlderLGBTI project](#) promote the rights of older LGBTI people.
- In Ireland, Age Action organised the [Older Than Pride](#) with Dublin Pride Ireland.

In several countries, grassroots organisations are giving visibility to the specific challenges faced older LGBTI people and build bridges between the civil society from the ageing and LGBTI sectors, such as [Proud Senior Greece](#) and [Grey Pride France](#)

---

<sup>42</sup> Definitions of these concepts as well as many more useful terms can be found in ILGA-Europe’s glossary: [https://www.ilga-europe.org/sites/default/files/glossary\\_october\\_2015\\_edition.pdf](https://www.ilga-europe.org/sites/default/files/glossary_october_2015_edition.pdf)



## Social inclusion

A large proportion of older LGBTI people are higher risk of isolation and poverty. A recent [UK study](#) reports that 40% of LGBT people aged 50+ are living alone.

Older LGBTI are at particular risk of being denied family-derived rights such as property inheritance rules, insurance, child-care responsibility or next of kin. Some older LGBTI people may have never married or been in a permanent relationship and may not be able to rely on a family network following their coming out. They are also more likely to age without children resulting in fewer social connections.

“There is evidence that until poor health or care needs arise, people ageing without children have stronger and wider social networks and are more involved as volunteers and in their local communities”, [testifies](#) Ageing Without Children

In societies where families remain an important source of emotional and financial support and where informal care is largely provided by family relatives such as Greece, the absence of family bonds has serious repercussions for older LGBTI people.

Especially at times where physical distancing and lockdown measures have stopped the activity of several clubs and charities, people relying on those alternative social networks find themselves at [higher risk of isolation](#).

“As a trans poc [person of colour] who is [in] older life [and] is already quite isolated and this time does increase the amount of isolation I experience”, [responded](#) a participant to the UK report on LGBT people during COVID-19

Older people’s organisations in Czechia reported that social service providers are most often not prepared to support older LGBTI people with forms including questions regarding family members, using binary male/female options only, etc.

### Good practice

In Czechia, ŽIVOT 90 initiated a working group for the provision of social services for LGBTI persons at the Ministry of Labour and Social Affairs.

## Health and prevention

Older LGBTI people are [more likely](#) to have long term health conditions and poor self-rated health. Research [shows](#) that older LGBTI individuals have higher rates of specific conditions such as obesity, breast cancer, and HIV/AIDS.

During the COVID-19 pandemic, older LGBTI people with underlying medical conditions have been particularly exposed to serious consequences if infected. This includes people living with HIV/AIDS who are not taking treatment [specifies](#) the UK charity NAM.

Research also [confirms](#) that a lifetime of stigma, misgendering, and non-consented procedures is leading to worse physical and mental health, poorer access to health and social care. It can also deter LGBTI people from seeking medical care, leading to later entry into medical systems or no entry at all.

When LGBTI people can find trusted health professionals, they are more likely to return to them regardless of the geographical distance. Grassroots organisations in Greece and the UK confirm that access to health services are particularly difficult for older trans people whose health and social care professionals are [working with](#) for the first time.

#### Good practice

Specifically on access to health, the EU-funded project [Health4LGBTI](#) delivered useful resources for professionals and policymakers.

On the bright side of things, a [study](#) in Ireland also showed indicated a higher sense of resilience among many older LGBTI persons due to the many challenges they had face through their lives.

#### Long-term care

Older LGBTI people often need more professional care and support as many may not have children or the traditional support networks. Yet, older LGBTI people are at [increased risk](#) of direct discrimination within health and social care environments. Older LGBTI people can experience social exclusion while interacting with care providers especially if their life stories and relationships are overlooked and undervalued.

Concerns about the accessibility, inclusiveness and safety of care services for LGBTI older people particularly concerning institutional care is well [documented](#). In these closed environments, older LGBTI people may become disadvantaged and marginalised, giving rise to multiple exclusion and aggravated ageism. Some older LGBTI residents of care settings might even feel obliged to conceal differences in gender identity and sexual orientation (going “back into the closet”) when they enter institutions.

#### Good practices

In England, a project aims to [pilot and evaluate](#) a scheme within six care homes to enhance the inclusion of older LGBTI residents. In Germany, the AWO Bundesverband is running the pilot project [“Queer im Alter”](#) on queer persons in residential care. In Berlin, the Harriet Taylor Mill Institute also used to run a project on [LGBTI Aging and Care](#).

#### Social protection

In the absence of legal status for same-sex couples remains, older LGBTI people can struggle to benefit from the same income and employment-derived rights as for heterosexual couples. For example, same sex partners are seldom eligible for survivors’ benefits in state and private pension schemes; property inheritance rules do not meet atypical situations of LGBTI unmarried partners.

While the lack of a legal status is discriminatory for all LGBTI people, it has even a more negative impact on older LGBTI people since this adversely affects their economic security at the

moment of their lives when they have few other opportunities to find alternatives for increasing their income.

## Elder abuse

Today's older LGBTI people live with a legacy of social attitudes being less tolerant and legislation criminalising rather than protecting them. In [some countries](#), this is still very much the case.

In fact, it is widely accepted that gender identity or expression and sexual orientation may be one of the risk factors for elder abuse. Whereas data for elder abuse is scarce – even more regarding subgroups particularly at risk – offences may have multiple motivations linked both to people's age and sexual orientation, sex characteristics, or gender identity.

Especially when being confined in environments, either in family or in residential care settings, where LGBTI people cannot freely express themselves can lead to an increase in domestic violence as well as mental health problems.

-----

- > [Annex 1 : Questionnaire sent to AGE members](#)
- > [Annex 2: Additional resources](#)



This document was developed with the financial support of an operating grant of the Rights, Equality and Citizenship Programme of the European Commission. The contents of the articles are the sole responsibility of AGE Platform Europe and can in no way be taken to reflect the views of the European Commission.