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OUTCOME OF PROCEEDINGS

From: General Secretariat of the Council

To: Delegations

Subject: Council Conclusions on Mainstreaming Ageing in Public Policies

Delegations will find in the annex the Council Conclusions on Mainstreaming Ageing in Public Policies, approved by written procedure on 12 March 2021.

Mainstreaming Ageing in Public Policies
Council Conclusions

ACKNOWLEDGING THAT:

1. Population ageing is an EU-wide phenomenon with long-term socio-economic and demographic implications which bring along challenges and opportunities and requires EU-wide action enabling older people to enjoy their fundamental rights and reach their full potential.
2. Europeans are living longer than ever before, and the age profile of society is evolving rapidly. It is estimated¹ that by 2060 average life expectancy will increase by 8.5 years for men (to 84.5 years) and by 6.9 years for women (to 89 years), with relatively small discrepancies between Member States, which are noteworthy as regards healthy life expectancy.
3. The contribution of older people to all aspects of society – be it to economic performance at the workplace, or as entrepreneurs (producers) or consumers, or to social cohesion as volunteers, caregivers or promoters of intergenerational learning with all their accumulated knowledge and experience – is being acknowledged in policy debates at Union level and in an increasing number of Member States.
4. Older people are not a homogenous group; they have diverse needs, preferences and opportunities throughout the course of their lives.

¹ *Ageing Europe*, Eurostat, 2019 edition, <https://ec.europa.eu/eurostat/web/products-statistical-books/-/KS-02-19-681>.

5. Although significant successes have been achieved in combating poverty among the elderly in recent decades, it is widely agreed that older people² – especially older women³ – are at high risk of poverty or social exclusion. The incomes of older people are on average slightly lower (92 %) than those of the total population. Nevertheless, their poverty rates are lower (16.1 % compared to 16.5 % for the EU27 total population in 2019), and this is thanks to old-age income being more equally distributed. Social transfers, and in particular pensions, play a significant role in decreasing the at-risk-of-poverty rate for older people, but their impact varies greatly between the Member States.
6. Although forbidden by EU law, age-related discrimination, also referred to as ‘ageism’, is a frequently occurring phenomenon that stigmatises older people and intersects with other discrimination grounds. The complexity and multidimensionality of age-related discrimination requires comprehensive multisectoral and intersectional approaches and a strong widespread commitment to the ageing agenda at all levels of society. At the same time, new sources of discrimination and exclusion of the elderly should be prevented, for instance by supporting older people in acquiring the skills they need to be part of a rapidly changing society shaped by digital transformation and green transition. Ageism has a negative impact on people’s opportunities, levels of participation, health and well-being, and occurs in a variety of contexts, such as the labour market, the local community, the social environment, the consumer society, political spheres, and the media.
7. It is essential that the Member States’ social protection systems are adapted to cover the needs of all age groups in an adequate and sustainable way. It is therefore crucial that population ageing is fully taken into account enabling driving change in this context⁴. It is also fundamental to seek inter-generational fairness and maintain balance in social support across ages.

² https://www.who.int/health-topics/ageing#tab=tab_1

³ Publications catalogue - Employment, Social Affairs & Inclusion - European Commission (europa.eu)

⁴ https://ec.europa.eu/eurostat/statistics-explained/index.php/Population_structure_and_ageing.

8. Violence against older people which may manifest itself in a variety of forms, including physical, psychological, sexual, or economic, through abandonment, abuse or neglect, is an emerging multidimensional problem. It is multi-factorial in its nature and occurs in both family and institutional contexts. Despite rising awareness, this violence remains a human rights problem and a social phenomenon which is often difficult to detect due to proximity and power imbalances in the relationships of those involved. Therefore, robust prevention and intervention methods and well-tailored and community-based and other monitoring tools are needed. Violence, in particular domestic violence, has a major impact on older women; they can be in a particularly vulnerable position and can experience lack of access to support services.
9. Social isolation and unwanted solitude, which are a consequence of social disengagement in general community-based activities, must be prevented; this can be done, inter alia, by promoting digital literacy, especially for women, that allows people to have easier access to culture and leisure activities, to goods and services, including financial services, to life-long education and training opportunities, to rehabilitation, healthcare and social services, all of which promote a dignified, meaningful and healthy active life.
10. The global COVID-19 pandemic has disproportionately affected the physical and mental health of many older people. Action taken for the protection of public health, in particular social restrictions, is having detrimental consequences on this particular group, deepening the abovementioned social isolation.
11. The expectations, potentials and needs of older people must be considered in the decision-making process of governments and other public bodies, whether at national, regional or local level.
12. The access to tailor-made, people-centered and integrated care services and the participation in decision-making processes should be ensured.

13. Steadily rising longevity poses challenges to, and creates opportunities for, the provision of social support, health and long-term care systems, social security and protection systems (especially pension systems), working conditions and occupational safety and health, labour markets as well as to families and intergenerational relations. It requires forward planning, awareness of the potential of older persons and the ability to adapt, especially to social, digital, and financial realities.
14. The ‘silver economy’ can provide employment and economic growth in the Union in various sectors, especially for the health and long-term care sectors. It can drive innovation in helping provide high-quality health, social and digital services in a more efficient way.
15. To some extent, the professional trajectories of older workers were built around activities and occupations in decline. This poses significant challenges in terms of updating skills and knowledge to prevent unintended early exits from the labour market and losses in productive potential that these workers represent. In addition to the inherent value of their accumulated professional experience and knowledge, older workers can play a major role in facilitating intergenerational transfers of knowledge, skills and know-how. Adjusting tasks, readapting the intensity of work, promoting healthy work environments, facilitating mobility and valuing lifelong learning should therefore be prioritised.
16. Often, the current social structure and measures taken regarding the ageing of the population are sectoral and fragmented, and are mostly focussed on physical health, while neglecting the much-needed progressive perspective aimed at achieving overall mental health and well-being. Age and ageing can offer a number of opportunities when properly mainstreamed into all relevant policies.
17. In building a society for all ages, a society prepared for active longevity with people living a longer life – in all its fullness, potential and dignity – it is important to ensure the right to and the access to participation, decision-making and autonomy.

18. Affordable, safe and accessible housing, based on universal design, can maintain or improve health, well-being and social interactions as people grow older, and can greatly improve quality of life and autonomy.
19. The living standards of older people are influenced by wealth and access to services, in particular in the field of health and long-term care, but also by access to employment and participation in society. Available, accessible, sustainable and affordable public or subsidised services of good quality that take into consideration the various individual needs of older people are important determinants in ensuring adequate living standards. Often older women receive lower incomes and face higher poverty risks than older men. This is often linked to working trajectories that are adapted and/or interrupted for care reasons, lower pay in female-dominated sectors and occupations, pay discrimination and pension gaps of around 30 %⁵.
20. Following on from the UN Madrid International Action Plan on Ageing and the related Regional Implementation Strategy of the Economic Commission for Europe (UNECE) - (MIPAA / RIS) and the Active Ageing Index⁶, as well as the 2017 Lisbon Ministerial Declaration issued at the 4th UNECE Ministerial Conference on Ageing, entitled ‘A Sustainable Society for All Ages: Realizing the potential of living longer’ and the UN Decade of Healthy Ageing 2021-2030, it was considered essential to ‘further mainstream ageing into relevant policy areas and combating ageism in its many forms’, providing EU Member States with guidelines for the development of transversal policies across society.

⁵ Closing the gender pension gap? <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/DDN-20200207-1>

⁶ Developed jointly by the European Commission and the UNECE

21. The United Nations 2030 Agenda for Sustainable Development and its relevant goals set out a global blueprint to achieve sustainable development in a balanced manner and seeks to materialise the human rights of all people, at all ages with particular attention to the most vulnerable, including older people.
22. Mainstreaming ageing means a multidimensional strategy that integrates active ageing and longevity topics as well as aspects of inter-generational fairness into all policy fields at all levels of decision-making.
23. The European Pillar of Social Rights aims at bringing fairness to and at supporting every citizen's daily life, at all ages, through equal opportunities and access to the labour market, fair working conditions and adequate social protection and inclusion. Many of its principles are key to supporting active ageing policies and the equal participation and involvement of older people in our economies and societies.
24. The Commission adopted the Strategy on the Rights of Persons with Disabilities aiming to implement the UN Convention on the Rights of Persons with Disabilities in order to ensure the full social and economic inclusion of persons with disabilities, including older people, in society, free from discrimination and full respect of their rights.
25. The Commission's Green Paper on Ageing⁷ launched a broad public debate on the challenges and opportunities of Europe's ageing society, reflecting the universal impact of ageing on all generations and stages in life. It builds on the Report on the Impact of Demographic Change⁸, which set out the key facts of demographic change and its likely impacts;

⁷ 5827/21

⁸ 8991/20

THE COUNCIL OF THE EUROPEAN UNION,

**INVITES THE MEMBER STATES, IN ACCORDANCE WITH THEIR COMPETENCES,
AND TAKING INTO ACCOUNT NATIONAL CIRCUMSTANCES, WHILE RESPECTING
THE ROLE AND AUTONOMY OF THE SOCIAL PARTNERS, TO:**

26. ELABORATE, if not already in place, a national Strategic Framework for Mainstreaming Ageing in which guidelines and recommendations are given on how to maximise the benefits, to deal with the potential risks and to address the main challenges of the increasing longevity of the population, and consider it in all relevant national, regional and local policies, taking into account the existing policy framework at Union level;
27. PROMOTE coherent, coordinated and transversal public policies in order to respond to the complexity of the challenges and opportunities that longevity presents, allowing smooth transitions over the life cycle;
28. ENSURE a transversal and lifelong approach to longevity, based on human rights, taking into account gender equality aspects and involving all relevant stakeholders in the public, private and third sectors as well as the target groups. Envisage an approach that encompasses the needs of people of all ages, *inter alia* considering that old age well-being starts early in life;
29. IMPROVE access to and quality of healthcare, long-term care, including by developing and ensuring access to services that provide older-person-centred and integrated care, and fostering enhanced integration between health and social services to maintain and improve older persons' physical and cognitive capacities;
30. CONTINUE to modernise social protection systems and ensure *inter alia* the balance between adequate coverage of all age-related risks, financial sustainability and intergenerational fairness, thus ensuring dignity throughout the life-course;

31. CONSIDER alternative and more flexible retirement pathways providing incentives for a longer active working life;
32. LOOK for innovative and creative mechanisms to promote solidarity and intergenerational interaction, through fostering volunteering among older and younger people in order to avoid loneliness and isolation, and to combat all forms of violence, including gender-based and domestic violence, abuse and neglect against older people;
33. COMMIT to foster active and healthy ageing, and full integration of older people into society and into the community;
34. CONTINUE TO CLOSE the gaps in the protection of the rights of older people, where applicable, and to combat ageism and discrimination on the basis of age beyond employment, notably in the areas of education and training, access to goods and services and social protection, according to the balance mentioned in Paragraph 30;
35. ADAPT social responses to the specific individual needs of older people, whenever possible, and according to their wishes;
36. DEVELOP a constructive culture towards the diverse groups of older people, fostering a positive image of them, keeping in mind their heterogeneous needs, opportunities and preferences, in order to promote an inclusive society that does not segregate, discriminate or spread prejudice against older people (gerontophobia);

37. PROMOTE the implementation of the Guiding Principles of Active Ageing and Solidarity between Generations⁹, in particular regarding those related to working environments, adapting work places to the needs of an ever-ageing workforce, including by enhanced digitalisation whenever possible, promoting safe and healthy working conditions, and time arrangements, in order to prevent age-related discrimination in employment, encouraging employers to retain and employ older workers, including the possibility of expanding professional activity beyond the usual pensionable age, if agreed with the older worker, and enabling a longer, more active and healthier working life for the worker, with the due involvement of the social partners within their respective competences;
38. TAKE INTO CONSIDERATION the special conditions or needs of older people with different disabilities; promote accessibility in products, services, living spaces, and, in particular: DEVELOP home and local support services that help older people, including those with disabilities, and adapt their housing so that they can keep on living safely in their own home, if they so wish;
39. SUPPORT sustainable urban and rural planning that promotes mobility, based on universal design, safety, convenience and well-being, and facilitates participation in social life for older people and access to all necessary services and infrastructure, taking into account their specific individual needs;
40. PROMOTE the development of public transport networks accessible to all citizens, with routes that are appropriate to the needs of older people, in order to ensure their full mobility;

⁹ <https://data.consilium.europa.eu/doc/document/ST-17468-2012-INIT/en/pdf>

41. CREATE and promote the use of network mechanisms (public or private), using integrated and accessible digital tools that guarantee the safety, health and well-being of older people in all their dimensions and have the ability to monitor their needs, while ensuring data protection and privacy;
42. PROMOTE strong investment in the ‘silver economy’ as a way of advancing local development, territorial cohesion and economic growth, by valuing the productive and purchasing capacity of older people;
43. TAKE INTO CONSIDERATION the important contribution of older people in providing informal care to family members, including to persons with disabilities, supporting the younger generations in balancing work and private life. In this context, PROMOTE the equal sharing of care responsibilities between women and men; and DEVELOP support measures, while progressing further with the extension of quality and affordable formal long-term care services to alleviate pressure on informal carers;

INVITES THE MEMBER STATES AND THE EUROPEAN COMMISSION, WITHIN THEIR RESPECTIVE AREAS OF COMPETENCE AND WITH DUE REGARD TO THE PRINCIPLE OF SUBSIDIARITY WHILE RESPECTING THE ROLE AND AUTONOMY OF THE SOCIAL PARTNERS, TO:

44. ADOPT an age-integrated approach including a rights-based and a life-cycle perspective to ageing, bearing in mind and addressing diversity and variety of needs of women and men in an open society for all ages, taking into account the dual approach of mainstreaming ageing: the ageing of the population with the responsibility for society to prepare and adapt to the individual needs of citizens, throughout their lives; continue encouraging and enabling active, healthy ageing;

45. COMMIT to considering older people from a biopsychosocial and environmental perspective, taking account of their individual needs and preferences, promoting self-determination, autonomy and civic participation, and the fact that health promotion and disease prevention efforts can improve quality of life;
46. Jointly WORK towards implementing the principles of the European Pillar of Social Rights for people of all ages, in particular those related to the right to access quality health and long-term care services, old-age income and pensions, gender equality, inclusion of persons with disabilities and equal opportunities;
47. DEVELOP sustainable and adequate measures to ensure intra- and intergenerational solidarity and equity, strengthening sustainability but also social cohesion, and taking into consideration the needs, expectations, responsibilities and potentialities of current and future generations;
48. ACKNOWLEDGE that greater active longevity requires, *inter alia*, improved investments in a number of policy areas, including lifelong learning, occupational safety and health, work place and housing adaptations, health and long-term care, supporting the measures envisaged in the Council Conclusions on Human Rights, Participation and Well-Being of Older Persons in the Era of Digitalisation¹⁰;
49. PROMOTE the inclusion of representatives from different age groups at all stages of public decision-making processes empowering older people, supported by investment in lifelong learning, in order to enhance their civic and political participation;
50. ADDRESS the particular situation of older workers within the frame of OSH Strategic Frameworks, contributing to better ageing at work;

¹⁰ 11717/2/20 REV 2

51. IMPLEMENT the European Skills Agenda, to promote lifelong learning opportunities for all, including for older people, in order to maintain and improve their skills and thereby support their active participation in the labour market and their social inclusion, especially through the development of digital skills, especially for women;
52. PROMOTE active citizenship and participation of older people at Union, national, regional and local levels;
53. TAKE STOCK of and PURSUE measures to tackle the impact of the COVID-19 pandemic on care receivers, especially the elderly, and on care givers as well as on society and the economy at large, including the long-term care sector;
54. CONSIDER the Strategy on the Rights of Persons with Disabilities 2021-2030 with specific attention to older people with disabilities. PROMOTE the Strategy at Union level as well as in Member States in order to take it into account when designing national disability policies;
55. PROMOTE debates and participation in the public consultation regarding the Green Paper on Ageing, in order to enable older people to achieve their full potential, from promoting healthy lifestyles and lifelong learning to strengthening health and care systems;

INVITES THE EMPLOYMENT COMMITTEE AND THE SOCIAL PROTECTION COMMITTEE TO:

56. CONTINUE TO FOSTER a life-cycle perspective into their reflections on the policy fields within their remit;

57. CONTINUE TO PROMOTE mutual learning and sharing of best practices;
58. CONTINUE to develop reliable and internationally comparable indicators for measuring the well-being of older people in all policy fields within the Committees' remit;

INVITES THE SOCIAL PROTECTION COMMITTEE TO:

59. CONTINUE its joint analytical work, with the European Commission, on the topics of pension adequacy and long-term care, and produce periodically the Joint Pension Adequacy Report and the Joint Report on Long-Term Care.
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