Ageing policies - access to services in different Member States

Background
This study on active ageing policies and access to essential services stems from the demographic pressure faced by the 27 European Union (EU) Member States. Demographic projections show a decrease in the size of the EU population and an increase in the share of older people (aged 65 years or more) from 20.3 % in 2019 to 31.3 % in 2100 (Eurostat 2021). Given these changes, active and healthy ageing policies are being promoted on international and national agendas with the aim of creating the environments and opportunities for well-being and maintaining functional ability. Active ageing policy has been strengthened through various European initiatives such as evaluating the costs related to sustainable pensions, healthcare, and long-term care systems and creating an Active Ageing Index (AAI). Recent European Commission policy documents (European Commission 2021a, b), the European Pillar of Social Rights, and a European Parliament resolution on possibilities and challenges related to ageing policy post 2020 (European Parliament 2021c) put the challenges of active ageing high on the agenda.

Aim
The aim of the study is to provide the Members of the committee on Employment and Social Affairs (EMPL) with a comparative assessment of ageing policies and access to services essential for active ageing in the EU. It focuses on the core elements of active ageing: economic (labour market) participation, social engagement, health and well-being, long-term care, and supporting environments (housing, financial situation, and transportation) and evaluates the accessibility, affordability and – whenever feasible – the quality of services. The study also provides an assessment of the impact of the COVID-19 pandemic on services. The analysis is comprised of both quantitative and qualitative information and is supported by eight case studies on selected EU Member States: Austria, France, Germany, Italy, Lithuania, the Netherlands, Poland, and Sweden (published as a supplement to this report). Countries were selected to provide a representative balance based on geography, different welfare state traditions, and the varying activity levels among older people as measured by the AAI. The country case studies enable the identification of good practices in ageing policy regarding access to services and the challenges for further development.

Key Findings
The eight EU Member States examined have active ageing high on their policy agendas. However, formulating active ageing policy is an on-going process. Several Member States already have strategies or
policies in place (e.g. Austria, Poland, Germany and Sweden), while in others (e.g. Italy), the formulation of a single active ageing policy is being debated. These policies aim at increasing social participation, encouraging lifelong learning and the employment of older people, and preventing cognitive impairments and health deterioration. Services supporting active ageing are rooted in social protection systems, including pension systems, healthcare, long-term care, social assistance, and social services. Social partners and organisations representing older people have an important role to play in supporting active ageing policies and programmes. Further debate is needed on how active ageing could be strengthened and included in professional training and the education system.

The main instruments for stimulating the economic participation of older people are regulations regarding the pensionable age and decreasing early retirement benefits, both of which aim to keep older workers in the labour market longer. The labour market activity rate of people aged 55-64 in the EU-27 has been continuously increasing since 2002, albeit with differences between individual countries. In Sweden, 25 % of men and 35 % of women are keen to work beyond the statutory retirement age, whereas in Poland, older people expect to retire as early as possible. At the same time, more than half of European workers report that their workplace is not adapted to their needs, which is a barrier to prolonging working lives. It is still too early to assess the impact of the outbreak of the COVID-19 pandemic and rapid transformations in digitalisation on the changes in the activity rate of people aged 55-64. Nevertheless, the regular monitoring of their labour market activity is recommended, especially for those with a lower level of education. Lifelong learning and vocational education and training need modernising by increasing the volume and quality, opening access to Continuing Vocational Education and Training (CVET) services, or introducing new investment packages and incentives to support adult participation in learning, especially in countries where it is currently very low.

Social participation is one of the most important prerequisites for active ageing. A number of Member States have experienced low levels of social participation among older people, even before the pandemic, whereas other (mainly Nordic countries) are above average in this regard. Before 2020, a slow increase in some aspects of social participation could be observed, but COVID-19 unexpectedly hindered social engagement. In the future, active ageing policies should support the development of community day centres as a tool to stimulate the integration and participation of older people in more remote areas or opportunities for older and younger people to meet and jointly engage in social activities. Some practices from the times of the pandemic show that further support for internet access in remote areas and for people with lower incomes, as well as an increase in digital literacy, may mitigate the loneliness and social exclusion of older people in the future.

The average life expectancy worsened during the COVID-19 pandemic in most EU Member States (with the exception of Finland and Denmark), and the risk of depression and loneliness for older people increased. Given the still somewhat limited data on the impact of the pandemic, there is a need for further analysis of the changes in mortality, functional abilities, and healthy life years among older people at different ages. National screening programmes for non-communicable diseases, taking into account gender and age profiles, are useful in preventing an increase in morbidity and mortality due to forgone or postponed medical treatment. Barriers in access to healthcare services for older people are particularly visible in rural and depopulated areas. Some Member States stimulate access to services by introducing quotas for medical students who plan to take up employment in rural areas and by introducing mobile medical teams and
teleconsultations. Healthcare information systems as well as online and telephone consultations have been particularly useful during the COVID-19 pandemic. EU Member States need to undertake actions to further improve digital infrastructure, providing older people with digital tools and improving their digital literacy.

The monitoring of the development of long-term care (LTC) in the EU-27 has improved. Still, there is a need to introduce long-term care-related indicators regarding the use and financing of LTC in the Eurostat database and Social Scoreboard. Increasing the affordability of LTC via social protection systems is a necessity as 40% of older people in the EU-27 report financial barriers in access to care and being overburdened with care costs. Digital technologies are a promising development in supporting care provision for people with low and moderate care needs, but should be complemented with training to increase digital competencies in the cared for and their careers. Investment in the LTC workforce and the regulation of migrant care work is essential to improve the supply of LTC for older people. E-platforms, reskilling, and service provision via social entrepreneurship are used to encourage employment in LTC.

Three key challenges associated with housing create a significant threat to successful active ageing. First, about one-third of older people in the EU live alone and this number is steadily increasing, which leads to the growing demand for home-based care services as well as social initiatives and innovations aimed at decreasing social isolation, such as telephone support lines for older people. Second, more than one-fifth of the ageing population in the EU need to allocate a significant part of their income to paying rent, while more than one-tenth of the population suffers from the burden of housing costs. Partial compensation for rent or utility costs has been introduced by some national governments to increase the affordability of housing for older people. Third, even though older people are relatively unlikely to face challenges related to the general quality of housing, few homes are adjusted to the specific needs of older people. Measures addressing this challenge include public grants or low-interest loans for housing adaptations, as well as counselling services regarding the adaptation of homes to specific needs.

There are several areas of public intervention that could significantly increase the accessibility of transportation for older Europeans. On the one hand, only some public transport vehicles have been designed to meet the specific needs of older people. On the other hand, the more active development of public shuttle services for older people could solve at least a few of the challenges related to the limited accessibility of transportation, for example, the lower availability of public transportation in rural areas, the low affordability of taxi services, or the significantly decreased accessibility of public transport services for older people in the context of the global pandemic.

Concerning the financial situation, in the majority of EU countries, older people are less likely to be at risk of poverty or face material deprivation in comparison to younger people. Nevertheless, some challenges related to the financial independence of older people might require a stronger focus on the political agenda. First, some demographic groups of older people such as migrants or single people face a higher financial risk. The gender gap also becomes more pronounced in old age, mostly determined by lower pensions for women than for men as a result of the gender pay gap and the shorter working life of women. These challenges have been addressed in some Member States through the introduction of special allowances in addition to pensions for some specific groups (e.g. an allowance for older people who live alone). Second, the financial situation for older people in Central and Eastern European Member States is especially threatening because of the poorer adequacy and limitations of their national pension systems that remain even after the recent pension reforms implemented in these countries over the last several years.