Questions on social protection and social security (including social protection floors)

AGE Platform Europe’s input

This short answer is submitted in reply to the call of the Chair of the Open-Ended Working Group on Ageing (OEWG). AGE Platform Europe (AGE) has ECOSOC status and is accredited to the OEWG since 2012.

As the largest European network of self-advocacy organisations of older people, our position aims to reflect the situation at EU level and to provide a comparative overview of the EU Member States on behalf of the 40 million older citizens represented by our members. Our contribution is based on written answers received from organisations of older people in several EU Member States, oral debate in the frame of our Council of Administration where representatives from 24 countries and 6 European organisations/federations sit, webinars organised with AGE members and desk research using sources referenced in this document.

Separate answers covering normative elements on long-term care and palliative care, normative elements on autonomy and independence, as well as on Education, Training, Life-long Learning and Capacity-Building, are also submitted.

Further resources:

- On adequate income and social inclusion
- On healthy ageing
- On quality long-term care and elder abuse

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1 All EU countries with the exception of Croatia, Latvia, Luxembourg and Slovakia
2 FIAPA, ESU, NOPO, EURAG, EDE, OWN Europe

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National legal framework

**Question 1**: What are the legal provisions in your country that recognizes the right to social security and social protection, including non-contributory and contributory old-age benefits? Do they have a constitutional, legislative or executive foundation?

- The right to social protection, including access to health care and old-age income is established in international, European and national laws.\(^3\) References exist that the right should cover contributory and non-contributory benefits to ensure universal access.\(^1\)
- On EU level, the CFREU\(^5\) is binding only in areas where European law applies—social assistance and social protection are a competence of member states. The European Pillar of Social Rights applies only in texts that make a reference to it.
- Most EU member states have not ratified article 23 on social protection of the European Social Charter nor completed the procedure allowing for collective complaints.\(^6\)

**Availability**

**Question 2**: What steps have been taken to guarantee universal coverage, ensuring that every older person has access to social security and social protection schemes including non-contributory, contributory and survivor old-age pensions, to ensure an adequate, standard of living in older age?

- Contributory pension coverage is limited to those who contributed to the pension system via formal employment.
- Non-contributory minimum schemes exist for persons without sufficient contributory entitlements.
- There is a lack of awareness or scrutiny of existing gaps, such as for people with health needs, experiencing a form of social exclusion or without legal right to residence.
- Not everyone can accrue pension rights: informal carers are rarely recognised via pension credits, putting women at a disproportional disadvantage given gender care gaps.
- Inequalities persist due to different retirement ages for men and for women, equalisation being very slow and one country has reintroduced gendered retirement ages,\(^7\) leading to lower pension entitlements for women.

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3 International: Universal Declaration of Human Rights article 22 (social security); International Covenant on Economic, Social and Cultural Rights article 9 (social security); Convention on the Elimination of All Forms of Discrimination Against Women article 11; Convention on the Rights of Persons with Disabilities article 28; Committee on Economic, Social and Cultural rights General Comments Number 6 on the Economic, Social and Cultural Rights of Older Persons and Number 19 on the Right to Social Security; ILO Convention 102 on Social Security (Minimum Standards); ILO Convention 128 on Old Age, Invalidity and Survivors’ Benefits; ILO Recommendation 131; ILO Recommendation 202 on Social Protection Floors

European: European Social Charter article 23; Council of Europe Recommendation 2014/2 on the Promotion of Human Rights of Older Persons paragraphs 21-29; European Charter of Fundamental rights article 34; European Pillar of Social Rights paragraph 12 (Social Protection), paragraph 14 (minimum income), paragraph 15 (old-age income and pensions), paragraph 16 (healthcare), paragraph 17 (inclusion), paragraph 18 (long-term care)

4 ICESCR General Comments as referenced above, especially General Comment No. 6 paragraph 30; Report of the Independent Expert on the Enjoyment of All Human Rights by Older Persons, A/HRC/30/43, 2015, paragraphs 102-105.

5 Charter of Fundamental Rights of the European Union

6 Non-ratification of article 23 ESC: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Germany, Hungary, Latvia, Lithuania, Luxembourg, Poland, Romania, Spain, United Kingdom

Non-ratification of the complaints procedure or lack of declaration enabling NGOs to submit complaints: Austria, Bulgaria, Cyprus, Denmark, Estonia, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Romania, Slovak Republic, Spain, Sweden, United Kingdom

7 Poland has reduced retirement ages of women from 60 to 65, rewinding a reform that equalised retirement ages for women and men in 2017. See also the European Commission’s written reply to Parliamentary question
• Survivors’ pensions exist in many member states. However, these are increasingly reduced due to a shift to the ‘individualisation of benefits’, while they are the only entitlement for many older women who lack entitlements from contributory pensions.
• Social assistance is often left to the municipalities or regions, leading to geographic differences in access
• Take-up of social assistance is an issue, as some provisions are in place to reduce the inheritance.\(^8\)
• Digitalisation can pose an additional barrier, where pension administration is shifted to online services.

**Question 3:** What steps have been taken to ensure that every older person has access to social security and social protection schemes which guarantee them access to adequate and affordable health and care and support services for independent living in older age?

• Positive measures are auto-enrolment schemes\(^9\).
• In many countries, care is unavailable\(^10\). Low public funding for care and independent living results in lack of access, which increases with demographic change.
• The cost of care surpasses the average pension in many countries, reducing access for people on low and minimum pensions.
• Problems of access harm older women disproportionately, as they continue to spend a larger proportion of their lives in bad health.\(^11\)
• Independent living is stressed in policy discourses, however many cases there is a lack of support and at the same time an insufficient offer of affordable care. This increases the number of informal carers who are at risk of social isolation and degrading mental and physical health.
• There is a lack of accessible social housing\(^12\), problems with mobility and transport for persons in need for support, reducing access to independent living.

**Adequacy**

**Question 4:** What steps have been taken to ensure the levels of social security and social protection payments are adequate for older persons to have access to an adequate standard of living, including adequate access to health care and social assistance?

• Adequate minimum pensions are an effective way to protect the most vulnerable. However, the levels for minimum pensions are often inadequate and do not allow to live a life in dignity.\(^13\)
• Gender gaps have the effect that many women who receive inadequate pensions. The gender pension gap in the EU is 37%\(^14\) and older women, especially the oldest women living alone, have a much higher risk of poverty and social exclusion. Pension reforms can reduce the adequacy of pensions for women.\(^15\)

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\(^8\) Reported from France

\(^9\) Reported from France, older persons on low pensions are auto-enrolled into supplementary health insurance

\(^10\) Reported from Malta

\(^11\) Healthy Life Years at birth in 2016 was of 64 years for women and 63 years for men, while life expectancy was 5 years higher for women than for men, Eurostat (online data code: hith_hlye for healthy life years and demo_mlexpec for life expectancy). Retrieved in 2019.

\(^12\) Reported from Belgium


\(^15\) For example, increases in state pension age of women in the UK have been accelerated, leaving many older women with a much higher pension age and not sufficient time to adapt to the changes.
• Pension reforms can put a strain on adequacy in setting replacement rates\(^{16}\) or reducing indexation mechanisms. The latter lead to a decreasing real value of pensions over time. Freezing of indexation, is a common tool used by governments in economic crises to cut costs,\(^{17}\) including when applied to pensions under the poverty threshold.\(^{18}\)

• Pension adequacy is a challenge to self-employed, who are only covered by minimum guarantees.\(^{19}\) The rise of new forms of employment raises questions about the extension of this phenomenon for today’s youth.

• In health care systems, diseases associated with older women are often less well treated and considered (such as post-menopausal, post-reproductive or age-related conditions).

**Accessibility**

**Question 5:** What steps have been taken to ensure older persons have adequate and accessible information on available social security and social protection schemes and how to claim their entitlements?

• Automatic information and auto-enrolment are experimented in some member states with success,\(^{20}\) it is lacking in others.\(^{21}\)

• A key role is played by trade unions, pensioners’ associations and discussions in the media, although in some member states, the media lacks interest.

• Digital pension information systems are being introduced with success, but digital information might not be accessible to all.\(^{22}\)

• As some groups (e.g. women and self-employed) often inadequately covered by pension systems, specific communication efforts should be made, especially towards younger people.

• Public Information on reforms is often not provided early enough.\(^{23}\) In some member states, the frequency of reforms in pensions and long-term care are confusing for many older persons who are unsure about their rights.\(^{24}\)

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\(^{16}\) In Greece, pensions have been cut by 14-50% in the context of the recession. In Lithuania, a shift towards a privately funded system is underway, but losses for pensioners from reduced public pensions were not compensated for.

\(^{17}\) In Malta, maximum pensions have not been indexed for several years, leading to an inadequate level (especially for couples) and rates of poverty are increasing, contrary to the European trend.

\(^{18}\) In Belgium, it has been reported that many pensioners are living under the poverty threshold. Efforts have been made to calculate reference budgets based on goods baskets of goods and services that reflect the needs to live in dignity, showing that even the poverty thresholds used are often inadequate. More information: AGE Platform Europe, *What should an adequate old-age income entail to live in dignity? Learnings from France, Ireland and Poland*. European Minimum Income Network thematic report on older people, November 2014.


\(^{20}\) Reported form Belgium, Malta (auto-enrolment after 75 years of age)

\(^{21}\) Reported from France

\(^{22}\) Belgium

\(^{23}\) Cf. the changes in Women’s Standard Pension Age in the UK, which were enacted several years ago to take effect only now, without communication efforts by the government – many older women were taken by surprise when, at the submission of their pension claim, they were informed that they were eligible only a couple of years later.

\(^{24}\) Reported from the Netherlands
**Question 6:** The design and implementation of normative and political framework related to social security and social protection benefits included an effective and meaningful participation of older persons?

Pensioners’ associations are consulted on pension policies through formal or non-formal mechanisms. However, these can involve a lack of dialogue rather than meaningful discussion. Sometimes, only social partners are involved in technical discussions on pension reforms.

**Accessibility**

**Question 7:** Which are the measures adopted to ensure equitable access by older persons to social security and social protection, paying special attention to groups in vulnerable situation?

- Enabling the participation of representative organisations such as pensioners’, women’s or informal carers’ organisations and the automatic allocation of social rights are safeguards against discrimination.
- Age-discriminatory practices exist in setting pension levels because of pension reforms. Discrimination exists where health or disability benefits are reduced or removed as a person with disability reaches a certain age.
- In some countries, minimum pensions are based on length of residency, indirectly discriminating migrants who entered at a later age.
- The absence of carers’ credits in many pension systems leads to an indirect discrimination of women.

**Accountability**

**Question 8:** What mechanisms are in place to ensure social security and social protection schemes are effective and accountable?

- Effectiveness can be reduced where a person has to rely on others (relatives, social workers) to receive a benefit because problems of accessibility or reduced legal capacity.
- Accountability is mainly ensured through statutory mechanisms, sometimes involving social partners.
- In few examples, additional civil dialogue exists with pensioners’ or third sector organisations. However, the impact of these is often limited and disconnected from policy decisions.

**Question 9:** What judicial and non-judicial mechanisms are in place for older persons to complain and seek redress for denial of their right to social security and social protection?

- The low amount of ratifications and declarations of the European Social Charters’ provisions on social protection and on collective complaints reduce the effectiveness of complaints at international level.
- Complaints mechanisms exist, such as national courts or ombudspersons. Not all constitutional courts allow complaints by individuals however, and procedures can be inaccessible because of lack of information, costs or length of procedures.
- Civil society organisations play an important role when are consulted, run helplines or when they can lodge collective complaints.

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25 E.g., Belgium has anchored the participation of older people’s organisations at federal and regional (Flemish) level by law, including funding for a secretariat on regional level; in France, pensioners’ organisations are members of the Orientation Council for Pensions.

26 In Malta, a pension reform has led to the reduction of first-pillar pensions for people who are entitled to an occupational pension, however this reduction only applies to pensioners born after 1967.

27 AGE Platform Europe, *Position on Structural Ageism*, 2016, p.5. In Belgium (Flanders), a free programme to access mental health is limited to persons under 65 years of age.

28 National parliaments and public institutions who have the oversight and budgetary authority about spending in the health, pensions and social assistance systems.