



Policy Brief on Ageing

Older Persons in Vulnerable Situations

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Suggested strategies

- Ensure adequate income and access to affordable housing.
- Provide affordable, accessible and quality health and long-term care services.
- Increase opportunities for social participation and reduce loneliness and social exclusion.
- Prevent all forms of violence, abuse and neglect.
- Promote the collection of disaggregated data and research on vulnerabilities among older persons.
- Involve older persons in decision-making.

Policy challenge

At any age, intersecting factors such as poverty, disability, social isolation and exposure to abuse can increase the risk of vulnerability and weaken resilience in the case of adverse events. One in five persons were at risk of poverty or social exclusion in the European Union in 2020.¹ The COVID-19 pandemic, rising inflation, natural disasters, and war are examples of adverse events that have disproportionately affected vulnerable persons, including many older persons. Often, the capacities and vulnerabilities of older persons remain invisible as their voices are less heard and their needs less known due to a lack of data and research, and their insufficient involvement in decision-making. A key challenge, therefore, is to inform, design and implement comprehensive policies that protect vulnerable older persons from adverse outcomes, enhance resilience and allow them to fulfil their full potential in later life.

What this brief is about

This policy brief addresses older persons in vulnerable situations. It first discusses the types of vulnerable situations experienced by older persons, their causes and strategies for increasing coping resources and resilience across the life course. It presents policy examples from the UNECE region addressing the situation of vulnerable older persons, with a focus on income and housing, health and long-term care, prevention of violence, abuse and neglect, and social participation. The brief also highlights several ongoing crises putting older persons at increased risk of vulnerability, including the costs-of-living crisis, the war in Ukraine and loneliness and social isolation. Finally, the brief draws attention to the importance of adequate data and research and the involvement of older persons in decision-making.

I. Vulnerable situations, their causes and mitigating factors

Vulnerability can stem from various sources. These include personal circumstances, societal events and inequities resulting from social, economic and cultural systems. The risk of vulnerability can be increased by the intersection of social identities like age, gender, ethnicity and socioeconomic status. Building coping capacities and resilience necessitates access to resources like income, health and social connections.

Unfortunately, these resources are unequally distributed, leaving those disadvantaged more prone to the risk of vulnerability. Vulnerability evolves over time, with individuals transitioning in and out of vulnerable situations. Preventing and mitigating vulnerability requires a life-course oriented, gender responsive and human rights-based approach, enhancing access to healthcare, education, employment and support.

Definitions

Vulnerable situations: events experienced at a specific moment in time that create difficulty across one or more areas of life, which may overwhelm coping capacities and increase the risk of a negative impact on life, including being harmed.

Vulnerabilities: characteristics and long-term circumstances that increase risk of exposure to challenging events, decrease access to resources and sources of support and increase the possibility of negative consequences.

Intersection of identities: combinations of social identities such as gender, ethnicity, age, socioeconomic status and disability that overlap in the life of an individual. Multiple identities create complex patterns of risk where individuals experience these identities within the context of institutional and socially accepted discrimination.

Coping capacities: the personal and external skills and resources, social networks and support individuals can access to deal with threats, events and circumstances.

Resilience: the ability of societies and individuals to adjust to and thrive despite minor and major shocks and setbacks.

Source: Bowleg (2012),² Levasseur (2022),³ Schröder-Butterfill & Marianti, (2006),⁴ Wild, Wiles & Allen (2013).⁵

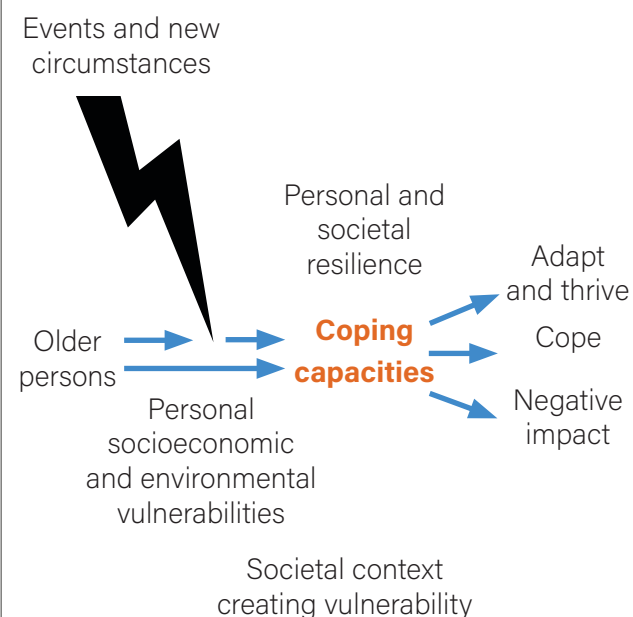
Vulnerable situations

Older persons experience vulnerable situations when one or a combination of difficulties arise, at a specific time, in personal, environmental, or societal circumstances that risk overwhelming coping capacities and resilience, with a potential negative impact on an individual's life.^{3, 4, 6, 7}

Many older persons are not vulnerable, living with sufficient income, health and social connections to cope with the challenges they face. It is therefore not helpful to universally label older persons as a vulnerable group. However, it is important to recognise older persons can be at greater risk of exposure to some difficulties, such as frailty or cognitive impairment, can face different challenges in comparison to younger adults and may have fewer coping strategies.^{6, 8}

Figure 1 illustrates how individual circumstances and societal context can create vulnerable situations for older persons by influencing exposure to threats and access to resources for coping and resilience. Life events such as the death of a spouse or retirement are encountered by many at some point in later life but are likely to have different impacts depending on individual financial, health and social circumstances. Similarly, while large-scale events such as epidemics, conflict, economic crisis or natural disasters can affect entire communities, access to personal and societal support determines their impact on individuals.

Figure 1. Framework for understanding older persons in vulnerable situations



Source: Adapted from Schröder-Butterfill, Elisabeth and Marianti, Ruly (2006).⁴

Long-standing vulnerabilities and inequities

Unforeseen events or changes to circumstances create the potential for vulnerable situations for whole communities. However, the degree to which these events impact individual lives depends on personal characteristics, accumulated experiences and the environmental and societal context. For instance, although the COVID-19 pandemic affected most people, the negative and lasting impacts have been greatest on those already facing long-term disadvantage, including older persons living in institutions, those with chronic illness, women and ethnic minorities.^{9, 10, 11} Vulnerable situations are often caused or exacerbated by long-standing inequities, which result from societal, economic and socio-cultural systems and discrimination.^{8, 12, 13} These sources of persistent vulnerability increase the likelihood of experiencing challenging events, decrease access to sources of coping and resilience and increase the severity of consequences.

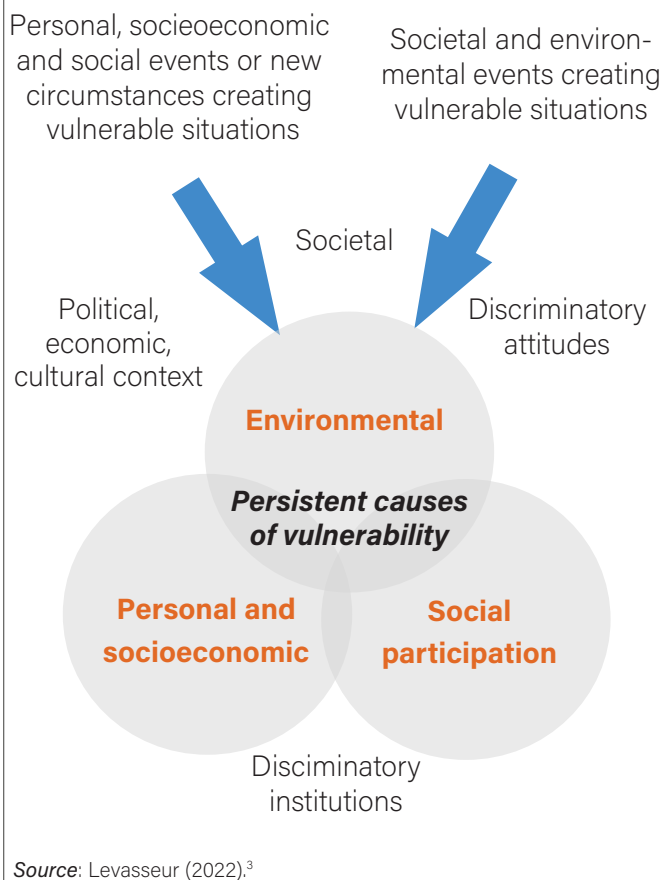
Figure 2 illustrates how the incidence of vulnerable situations, caused by personal, societal, or environmental events, interact with vulnerabilities at the societal or personal level. For instance, institutional and socially accepted ageism and other forms of discrimination can create vulnerability through diminished ability to raise concerns, inequitable access to resources and effects on physical and mental health.¹⁴ Personal circumstances such as having a low level of education and environmental circumstances such as living in an area with poor access to services are potential causes of vulnerability.

Accumulation of vulnerabilities over the life-course and between generations

Individuals with a low level of education, working in lower skilled, low-paying or precarious employment, are more likely to enter later life with limited savings and inadequate pensions. Accumulated disadvantages related to work, care responsibilities and pensions are particularly likely for older women. Later life events such as the death of a partner can further increase the risk of socioeconomic vulnerability.¹² Working in physically demanding jobs, ill health and disability earlier in life can all have damaging effects on mid- and later life circumstances and outcomes.^{12, 13} Disadvantage can also be transmitted from one generation to the next. For example, low parental education can have consequences for children's financial wellbeing.¹⁵

Women are at greater risk of disadvantage than men at each stage in life, more likely to have lower levels of education, more fragmented work patterns in lower paid roles and provide more and higher intensity of informal care in all but the oldest ages.^{16, 17} Women are more likely to arrive to older age with limited income

Figure 2.
Vulnerable situations and their interaction with long-standing causes of vulnerability among older persons



and savings, live longer with disabilities and are more likely to have unmet care needs. Older LGBTQI+ people and older men with lower socioeconomic status, disability and ethnicity can also face discrimination and vulnerable situations in many contexts.

Intersection of disadvantages

Individual social identities and characteristics such as age, gender, race and socio-economic status intersect and overlap to influence how people experience the world. Discrimination based on these intersecting identities creates complex overlapping layers of vulnerability. For instance, older women of an ethnic minority group may experience discrimination based on their age, gender and ethnicity.² These vulnerabilities can be further exacerbated when a large-scale event occurs, such as the COVID-19 pandemic.^{10, 18}

Coping capacities and resilience

Access to resources and support can help individuals cope when unforeseen events or a change in circumstances lead to adversity. Financial resources from income, savings or social protection programmes, good physical and mental health and strong social connections can enable older persons to overcome physical limitations, social isolation and financial hardship. However, these resources are distributed unevenly across the population and older persons who experience greater vulnerability often have fewer resources. Adaptation to new and challenging circumstances is possible when individuals have access to personal and societal sources of resilience such as individual agency and influence over circumstances and institutions that are responsive to all persons.^{4, 6, 12, 13}

The situation of older persons in war-affected Ukraine illustrates how existing disadvantages among individuals and communities affect people in vulnerable situations and how they relate to coping capacities and resilience.

An example: vulnerabilities of older persons in Ukraine

The war has created a situation of great vulnerability for older persons in Ukraine, putting their lives at risk, causing displacement, damaging their homes, among other devastating impacts.¹⁹ However, the war does not affect all older persons in the same way. Older persons with pre-existing vulnerabilities are at the greatest risk. For instance, older Ukrainians with mobility limitations face challenges fleeing from conflict-affected areas. Moreover, older persons in Ukraine, especially women, often have small pensions, making it difficult to find new accommodation on the rental market if they need to leave their home. In this vulnerable situation, social support networks, such as family, friends, or neighbours, are crucial for coping. Despite these challenges and harm to their lives, many older Ukrainians show high levels of resilience and contribute to their community through volunteering. Societal and contextual factors also play a role. For example, mobile phone network coverage in rural areas is often poorer than in urban ones and is also more frequently interrupted by electricity blackouts.²⁰ This increases the vulnerability of older persons in rural areas as they are more likely to be cut off from important information about imminent threats or support services and have fewer opportunities to communicate with their friends or family.

II. Policy strategies to support older persons in vulnerable situations

Exposure to risks, coping capacities and levels of resilience change over the life-course. Societal and environmental contexts can introduce barriers or facilitate coping and resilience. Levels of vulnerability therefore change over time and with changes in context. Furthermore, individuals can move in and out of vulnerable situations.

Policy strategies addressing vulnerability can be categorized into three main groups: prevention, mitigation and protection. Prevention strategies target the root causes by eliminating or minimizing risks. They address underlying factors such as poverty, lack of educational opportunities and inadequate infrastructure throughout the life-course. Examples include poverty reduction programs, education initiatives and improved urban planning (see Figure 3 on the next page). Mitigation strategies aim to reduce the severity of potential threats or hazards. They focus on implementing measures that minimize damage and disruption caused by disasters. Examples are early warning systems, building codes, land-use planning and public health preparedness. By investing in resilient infrastructure and emergency response mechanisms, mitigation strategies limit the negative consequences of hazards. Protection strategies prioritize immediate safety and security during crises. They involve measures like emergency shelters, evacuation plans, safety nets and humanitarian aid. The goal is to shield vulnerable populations, safeguard lives and provide support to those affected by emergencies. While prevention strategies address root causes, mitigation strategies minimize impacts and protection strategies ensure swift response and assistance.

An effective policy approach integrates elements from all three strategies, creating a comprehensive framework to reduce vulnerability while building resilience among persons and their communities. An effective policy approach should also be life-course oriented, gender-responsive and human rights-based.

This policy brief focuses primarily on policies that mitigate vulnerabilities that already exist and presents examples of policies from the UNECE region that address three very common types of vulnerable situations among older persons: first, situations related to lacking income and social security; second, situations related to poor health and dependency on health or long-term care; and third, situations related to loneliness and lack of social participation. The next section also discusses important cross-cutting issues, including the significance of data and research, as well as the inclusion of older persons in all stages of decision-making.

Figure 3.

Addressing vulnerabilities, coping capacity and resilience across the life course



Early-life policies:

- Childcare
- Education

Mid-life policies:

- Active labour market policies
- Parental leave
- Unemployment insurance
- Health insurance
- Family policies
- Support for carers

Later-life policies:

- Pensions
- Long-term care
- Healthcare
- Age-friendly environments
- Support for older workers
- Reducing ageism and discrimination
- Opportunities for volunteering and social participation

Examples of policy strategies to improve equality of opportunity and resources, prevent accumulation of vulnerabilities over the life course, increase coping capacities and resilience.

Sources: United Nations Department for Economic and Social Affairs (2023),¹² World Health Organization (2022),⁸ World Health Organization (2021),¹³ Avendano & Kawachi (2014).²¹

A - Ensuring adequate income and access to housing

Many older persons in the UNECE region and in particular women, are at risk of poverty (see Figure 4 on next page). Causes include unemployment in pre-retirement years or early retirement due to health issues. This leaves many older persons relying on their own assets and savings, which may not be enough to ensure financial security for the remainder of their lives. As a result, older persons face the risk of economic insecurity and poverty, with few options available to improve their situation.²²

Women, on average, have lower retirement incomes than men because of their lower average earnings and time spent out of the labour market or working part-time to raise children or care for older or disabled relatives or friends. For instance, in 16 countries in the UNECE region in 2018, there was a pension gap of more than 25 per cent between men and women.¹⁷ Intersecting disadvantages such as belonging to a minority ethnic group, having a disability, being a caregiver and being self-employed are also linked to lower income levels both before and after retirement.²³

Limited financial resources in older age increase vulnerability across multiple areas of life, as an individual's ability to remain independent and active often depend on having sufficient income, savings, or other assets.¹² Old age poverty can have significant

consequences on various life domains, including health, social participation and mental well-being. Older adults who live in poverty are more likely to have inadequate access to healthcare²⁴ and suffer from chronic conditions such as diabetes, heart disease and hypertension. They may also face difficulties participating in social activities due to a lack of economic resources or mobility limitations, leading to feelings of social isolation and loneliness. Therefore, addressing old age poverty is critical to ensure a dignified and fulfilling life for all older persons.

Support for unemployed older workers

Unemployment among older persons is widespread in many countries in the UNECE region. For instance, 10 percent of male and 13 per cent of female workers aged 55-74 were unemployed in Spain in 2022. In Greece, 7.3 per cent of male and 11.4 per cent of female workers were unemployed in 2022.²⁵ To address the issue of unemployment among older persons several policy options can be used, including employer wage and tax subsidies, reduced social insurance contributions, training allowances, counselling and retraining. Austria has developed specific counselling and support services to help unemployed older people reintegrate into the workforce, with workshops that cover topics such as healthy aging and the use of new media. Older job seekers can also be supported by policies providing priority access to

social employment, entrepreneurship support and special rules regulating or limiting the possibility of dismissing older workers. To incentivize employers hiring unemployed older workers, in Luxembourg, the government reimburses employer's share of a worker's social security contributions.

Incentive for the re-employment of older jobseekers

📍 Luxembourg

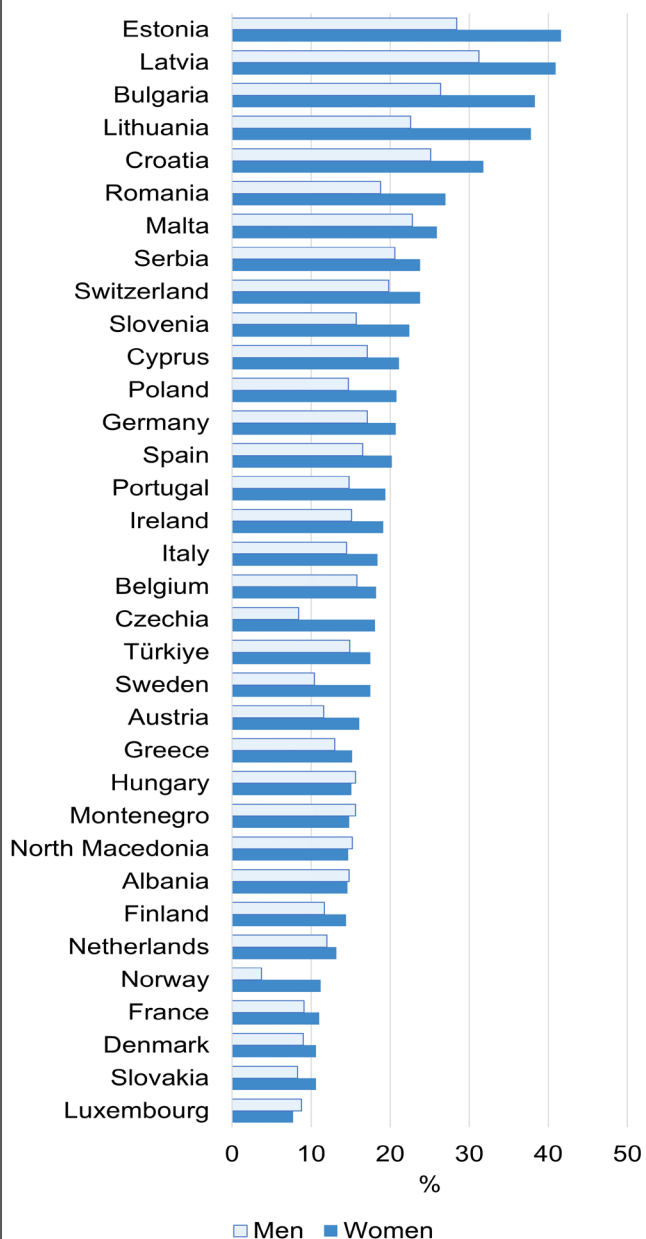
The programme, offered by the Luxembourg Employment Agency (ADEM), aims to provide financial incentives to employers for hiring unemployed workers aged 45 or older. Employers who hire eligible candidates have the employer's share of the social security contributions reimbursed. A requirement for the programme is that the employment contract offered to the jobseeker must be a permanent contract, a fixed term contract of at least 18 months, or for the replacement of an employee on parental leave. The employee must be occupied for at least 16 hours per week and not receiving an (early) old-age pension. The employer's share of the social security contributions is reimbursed for two years, for unemployed people aged 45 to 49 and up to the age of retirement for unemployed people aged 50 or over at the time they were hired.

Source: MIPAA+20 Country Report Luxembourg & Luxembourg Employment Agency, see: <https://unece.org/mipaa20-country-reports> (in French) & https://adem.public.lu/en/employeurs/demander-aides-financieres/embaucher_de_45-ans/embaucher-cho-age.html.

Older women are at greater risk of poverty than men in most countries

Figure 4.

At-risk of poverty rate among persons aged 60 years or above in different UNECE member States (2020)



Note: The rate of people who are at risk of poverty is determined by looking at the percentage of individuals with a disposable income (after considering any social benefits received) that falls below the poverty threshold, which is set at 60% of the national median disposable income.

Source: Eurostat (2020).²⁶

Adequate pensions and income

Despite the existence of pension systems in all UNECE member States, there is significant variability in coverage and benefit levels. As a result, even among older persons receiving a pension, at risk of poverty rates are very high in many countries. For instance, 21.6 per cent of male and 29 per cent of female pensioners are at risk of poverty in Switzerland as of 2021.²⁷ In Latvia the corresponding figures are 42 per cent for males and 55 per cent for females.

To mitigate old age poverty, a number of countries offer additional allowances for older persons with low pensions. In the case of Portugal, such additional allowances are linked to other benefits, including subsidies for health care, energy and public transport. Lithuania as well as other countries in the UNECE region offer specific allowances for single pensioners and surviving spouses. To close the widespread pension gap between women and men, one approach is to recognize raising children in the pension system, such as in the Czechia and Slovakia, among others. To maintain adequacy of pension levels one policy option, used in various UNECE member States, is to index pensions to increases in the cost of living.

Minimum income reform in Latvia

📍 Latvia

A comprehensive minimum income reform was introduced in January 2021 to reduce poverty and income inequality, particularly for people of retirement age. The reform links the minimum-income thresholds to a socio-economic indicator and establishes regular revision, resulting in substantial increases in the minimum income thresholds provided by local government social assistance and state benefits and pensions. The minimum old-age pension has been increased and the minimum disability pension has also been increased with adjustments to funeral allowances and allowances for the surviving spouse. As a result, the minimum old-age pension will not be less than €149.60 (and €179.30 for persons with disability since childhood). The state social security benefit for seniors and people with disabilities has also been increased.

Source: MIPAA+20 Country Report - Latvia, see: <https://unece.org/mipaa20-country-reports>.

Access to affordable housing

The lack of adequate, safe and affordable housing for poor older persons is a critical issue in the UNECE region that can have serious consequences for health, social and economic wellbeing and quality of life of affected individuals.²⁸ For instance, in the Netherlands, 44 per cent of individuals aged 65 or above were overburdened by housing costs in 2022, paying 40 per cent or more of their disposable income for housing.²⁹

To address this problem, policymakers have implemented a range of policy measures. These include increasing the supply of affordable housing, providing financial assistance to low-income households, targeted measures for particularly vulnerable groups, measures to prevent individuals from becoming homeless and exploring innovative housing solutions. In the United States, the Department of Housing and Urban Development (HUD) provides funding for affordable housing programmes that specifically target low-income seniors, such as the Section 202 Supportive Housing for the Elderly program. Additionally, some states and cities have implemented rent control policies and other tenant protections to help prevent displacement and ensure affordable housing options for older renters.³⁰ Many cities in the region have policies in place to provide access to housing for disadvantaged older persons.

For instance, cities have collaborated with non-governmental organizations (NGOs) to provide housing solutions for vulnerable groups and particularly older persons.³¹ To prevent evictions and homelessness, cities such as Brno (Czech Republic) have established programs that teach people at risk of homelessness essential skills, including housekeeping and independent living.³¹

Spotlight on the cost-of-living crisis

Societal events related to climate change, economic instability and conflict can create vulnerable situations for older persons, leaving them with little access to sources of income and at risk of abuse. The current "cost-of-living" crisis creates vulnerable situations for disadvantaged older persons with low income and savings, as energy bills account for a much greater proportion of household expenditure in low-income households. Many member States have acted to cushion price rises, for instance, Denmark, Finland, France, Germany, Netherlands, Portugal, Romania, Spain, Sweden and the United Kingdom have introduced a variety of measures such as energy price caps for households, one-off payments to eligible households and additional payments to pensioners.³² Discounts have been applied to care home energy bills in the United Kingdom above a set threshold through two time-limited schemes. The Energy Bill Relief Scheme ran from October 2022 to March 2023, succeeded by the Energy Bills Discount Scheme (April 2023 to March 2024).³³

Reducing financial burden due to inflation

📍 Slovakia

Increases in energy prices and housing expenses affected the cost of living for older persons. Older persons aged 62 and above without an income from retirement benefits, business or other sources were able to apply for a one-time contribution of €100. This amount aimed to reduce the financial burden for older persons due to the consequences of inflation. 1,500 persons received the subsidy before the scheme closed on 31 August 2022.

Source: National Focal Point on Ageing & Ministry of Labour, Social Affairs and Family, Slovakia (2022), see: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2020/103/20220601.html> (in Slovak).

B - Providing health, long-term care and community services

Good physical and mental health enable many older persons to enjoy their later years and are important coping resources for dealing with personal shocks and adverse external events. Physiological and psychological vulnerabilities such as increasing frailty, cognitive impairment or multi-morbidity are more likely to occur with increasing age.¹⁰ Especially in a context of an ever-increasing number of older persons living alone, affordable and quality health and long-term care services are crucial for helping people to live as independently and safely as possible. Older persons unable to access or afford such services can find themselves in situations of significant vulnerability.³⁴

Figure 5 shows the percentage of persons aged 65 years or above with a moderate or severe activity limitation who lack assistance for personal care, by country and gender. As the figure shows, a significant proportion of older persons and particularly women, lack assistance for personal care.

Socioeconomic inequalities in home care vary by socioeconomic status and availability of publicly funded long-term care.³⁵ In most countries the risk of unmet need for long-term care and especially for home care, are significantly higher among persons with lower socioeconomic status compared to those with higher socioeconomic status.

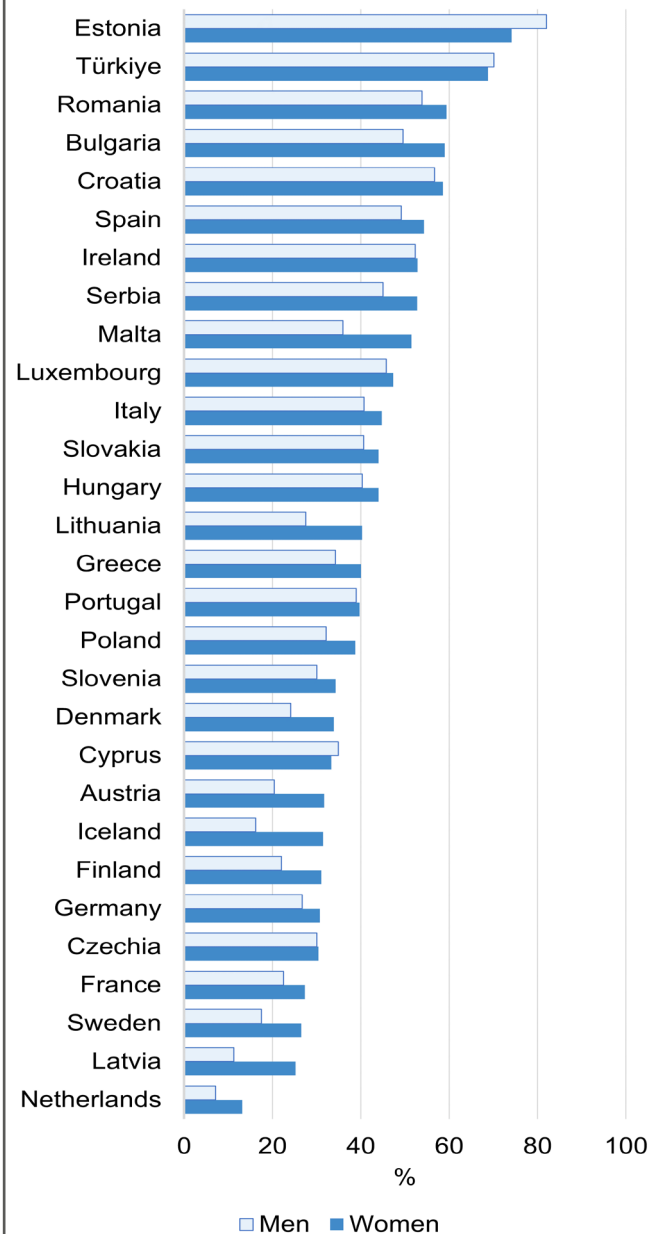
COVID-19 exposed and deepened weaknesses in health and social care provision in countries in the region, though services are provided according to different models. A challenge for all countries is to learn lessons from the pandemic and meet the needs of ageing populations, ensuring universal care for all older persons.^{9, 11, 36}

Integrated person-centred care

Many countries in the UNECE region are adopting strategies for integrated care.³⁷ Integration of health and social care, and across different healthcare settings, can provide continuity of care and support, as well as increased empowerment, for older persons with complex and chronic conditions as their situation changes.^{38, 39} Person-centred care can support individual autonomy and enable older persons to live where they would like for longer, most often in their own homes.⁴⁰

Many older persons with activity limitations are lacking assistance

Figure 5. Lack of assistance for personal care among persons aged 65 or above with at least one activity limitation in various UNECE countries (2019)



Note: Personal care activities include feeding oneself, getting in and out of a bed or chair, dressing and undressing, using toilets, bathing or showering.

Source: Eurostat (2019).⁴¹

Integrated care for older persons at risk of frailty

📍 Netherlands

A challenge to the concept of ageing in place is ensuring the medical, nursing and social care needs of an older person are met in their own home as their health circumstances change over time. Older persons experiencing failing health can be at risk of being sent to hospital for emergency care when community-based diagnosis and rapid interventions would be more suitable. The "Havenue" concept of integrated care aims to allow people from the city of Rotterdam to age comfortably at home for longer. General practitioners (GPs) can refer older patients to Havenue where a multidisciplinary team of care and welfare professionals work in consultation with the GP and a possible informal caregiver to draw up an integrated plan. Communication is simplified for the older person as one point of contact coordinates all care and treatment.

Source: National Focal Point on Ageing & Ministry of Health, Welfare and Sport of the Netherlands, see: <https://derotterdamsezorg.nl/nieuwsbericht/ouderen-langer-thuis-door-nieuw-zorgconcept-havenue/> (in Dutch).

Increasing the availability of home-care services

📍 Slovakia

The goal of the National Project Support for the Development and Availability of Homecare Services is to increase the availability of homecare services for citizens with severe disabilities, adverse health conditions and for senior citizens. It furthermore aims to increase the availability of care for persons dependent on help in the home environment, to develop community social services and measures for preventing the placement of clients in social service facilities, to create job opportunities and to create and maintain jobs for caregivers. The project provides support of homecare services in small municipalities that do not currently provide this type of social service. In addition to supporting full-time caregivers, the project also supports other activities, such as training of caregivers and representatives of local governments in the field of providing homecare services. Currently, the project supports nearly 200 jobs, 4,000 caregivers in homecare services and 9,000 clients.

Supporting vulnerable older persons to stay active and live independently at home

📍 Netherlands

VanThuisUit is aimed at older persons who prefer to stay at home as long as possible but are finding it increasingly difficult to do so due to dementia or physical limitations. Support aims to build on what older persons can do themselves and to work together where support is needed, focusing on reablement, prevention and staying active to reduce care dependency. An activity day centre provides structure, rhythm and respite for informal carers. Support at home is provided by professionals who find solutions together to make life easier and more comfortable.

Sources: National Focal Point on Ageing of Azerbaijan & Ministry of Labour and Social Protection of Population, Azerbaijan (2022), see: <https://e-qanun.az/framework/25205> (in Azerbaijani). National Focal Point on Ageing of Slovakia & Ministry of Labour, Social Affairs and Family, Slovakia (2022), see: <https://www.mpsvr.sk/sk/esf/programove-obdobie-2014-2020/dopytovo-orientovane-projekty/react-eu/implementacia-pos-ii/> (in Slovak). National Focal Point on Ageing of the Netherlands & Ministry of Health, Welfare and Sport of the Netherlands (2022), see: <https://tantelouise.nl> (in Dutch).

Home and day-care services

Many older persons in need of long-term care prefer receiving care at home or in day-care centres. As showcased by the examples of Azerbaijan, Slovakia and Netherlands, to address the demand for such services, many countries in the UNECE region are implementing policies that increase their availability.

Day-care centres

📍 Azerbaijan

120 older persons living alone who needed help during the day or were isolated were supported in day-care centres in four regions of Azerbaijan in 2022. The centres offered care, a safe environment and an opportunity to socialize and enjoy activities in a group setting. Social workers and psychologists provided daily services including psychological support and counselling, help with personal care and improving self-care skills, providing nutritious meals and organising social activities tailored to the interests and abilities of older participants.

End of life care

Older persons with dementia, mental health conditions or intellectual disabilities can be particularly at risk of not achieving their autonomous wishes for end-of-life care.⁴² Investments can be made in community care and delivering care that seeks to understand and support the preferences and choices of older persons, as the example from Germany illustrates.⁴³

Pilot programme Choosing to Die at Home

📍 Germany

Most people associate their own home with a feeling of safety, security, familiarity and personal memories. In Germany, the majority of people wish to be able to live in this familiar environment until they die. However, traditionally, people with fatal illnesses are cared for in inpatient hospice and palliative care wards. These do not necessarily adequately meet the individual needs of older people at the end of their lives. The pilot programme “Dying where one lives and is at home” is run by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. It aims to increase the ability of people in the last phase of their lives to remain in their own home for as long as they wish to and also support their relatives. Innovative offers such as semi-inpatient day hospices or forms of outpatient palliative living are being developed and limited services in rural areas being addressed.

Source: National Focal Point on Ageing & Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, Germany (2022), see: <https://hospizprogramm.fgw-ev.de/> (in German).

C - Prevention of abuse and violence

According to the WHO around one in six people 60 years and older experienced some form of abuse in community settings during 2022.⁴⁴ Rates of abuse of older people are high in institutions such as nursing homes and long-term care facilities, with two in three staff reporting that they have committed abuse in the past year. Rates of abuse of older people have dramatically increased during the COVID-19 pandemic. The abuses can be mental, physical, financial, sexual or can be neglect.

Preventing harm in care settings is critical to ensure patients can live safely and many countries have taken measures to raise awareness and improve legislation and procedures to protect victims. Some countries

have organized information campaigns, published leaflets, and increased awareness through workshops or cultural events. Strategies or legislation cutting across different areas of safety and security of older persons have also been adopted.

For instance, Finland published an action plan containing recommendations for preventing and combating abuse, violence, and crimes against older persons. Quebec, Canada, adopted the “Act to combat the maltreatment of seniors and other persons of full age in vulnerable situations,” while Ireland’s law enforcement body, An Garda Síochána, developed an Older People Strategy to better respond to crimes committed against older persons. Norway conducted a mapping of examples of municipalities that are successful in preventing and following up to violence and abuse in nursing homes and provided support to municipalities and hospitals to further their work of preventing violence against older persons.³⁷

Implementing the National Standards for Adult Safeguarding

📍 Ireland

The Health Information and Quality Authority in Ireland, in partnership with the Mental Health Commission, have developed the National Standards for Adult Safeguarding to promote a consistent approach to preventing and responding to harm. The national standards offer a common language to describe adult safeguarding in health and social care services and help people using services to understand what they should expect. An online course and associated tools support front-line staff to take a human rights-based approach to care and support, implement the standards in their day-to-day practice and identify any barriers to good practice.

Safe Spaces for youth, women, and older people

📍 Republic of Moldova

In 2022, HelpAge International launched an initiative to create Safe Spaces for youth, women, and older refugees seeking temporary shelter and protection in the Republic of Moldova. The project is funded by the United Nations Populations Fund (UNFPA). In partnership with five District Social Assistance Departments,

HelpAge International has established Safe Spaces in five Refugee Accommodation Centres, supporting more than 600 older Ukrainian refugees and people from the Republic of Moldova. The Safe Spaces provide recreational activities, intergenerational, intercultural and life skills activities and training. Older people can receive gender based-violence prevention and protection services, including psychological counselling, referral services and information. The spaces aim to strengthen the capacity of community services to prevent and respond to gender-based violence and empower women and girls, with a particular focus on older women.

Sources: National Focal Point on Ageing of Ireland & Health Information and Quality Authority (HIQA) (2022), see: <https://www.hiqa.ie/reports-and-publications/standard/national-standards-adult-safeguarding>. HelpAge International, Moldova (2022), see: www.helpage.md.

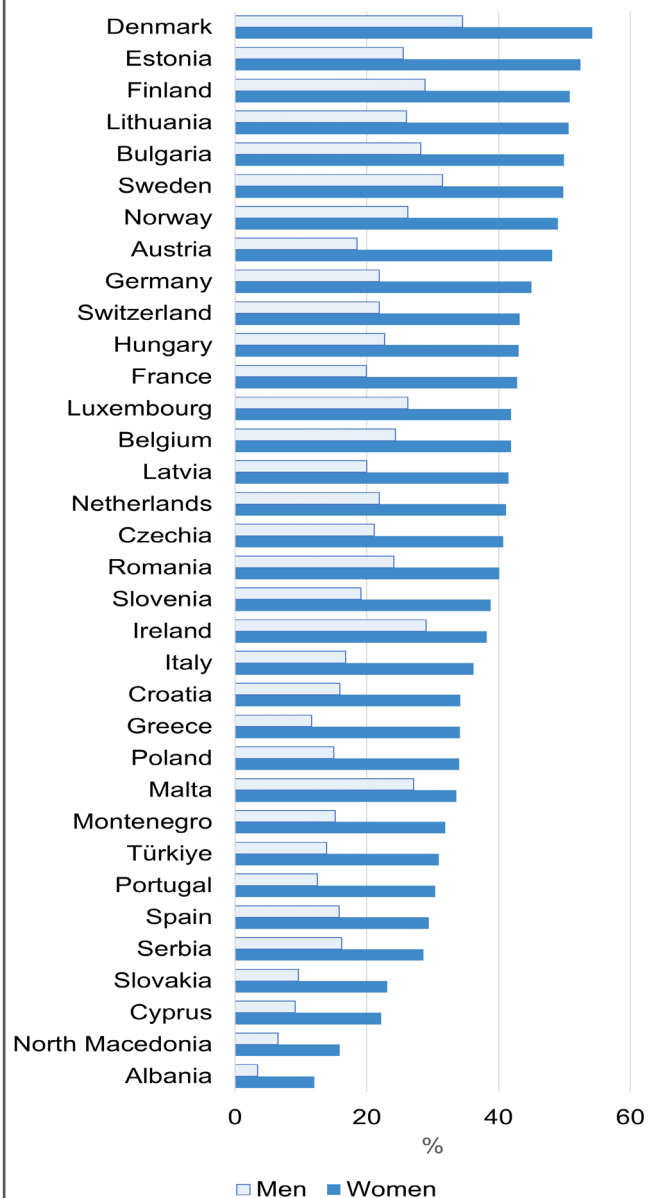
D - Reducing loneliness and encouraging social participation

Loneliness and lack of social participation are widespread issues among older persons in Europe, Central Asia, and North America. Population ageing, changing family structures, and an increasing number of people living alone have contributed to this trend. As Figure 6 shows, many older persons, and in particular older women, in the UNECE region live alone. For instance, In Denmark, Estonia and Finland, more than 50 per cent of older women live alone. The consequences of loneliness and social isolation can be severe, including negative impacts on physical and mental health, increased mortality rates, and reduced quality of life, creating a situation of vulnerability for many older persons.⁴⁴

Governments and community organizations have taken steps to address this issue through programmes and initiatives aimed at increasing social connectedness, such as social clubs, community centres, and intergenerational activities.

Many older women in UNECE region are living alone

Figure 6. Percentage of men and women aged 65 years or above living alone in different UNECE countries (2020)



Source: Eurostat (2020).⁴⁵

Creating opportunities for social participation

Many countries in the UNECE region have initiated programmes to support older persons living alone, experiencing loneliness or social isolation to participate in their communities and engage in social life. Several countries have implemented policies that provide opportunities for older persons to participate in social activities and access community services.³⁷ For example, Austria has developed a national strategy for active and healthy ageing that includes measures to promote social participation and intergenerational exchange. Belgium has implemented a programme that aims to prevent loneliness among older adults by facilitating social interactions and encouraging community engagement. Canada has developed a national seniors' strategy that includes initiatives to promote social inclusion and combat social isolation. Kazakhstan has established a programme that provides support to older persons to help them access social services and participate in community activities. When aiming to support older persons living alone it is important to consider the diversity of older persons and ensure that policies are tailored to meet the unique needs of different groups. Opportunities for refugees, for instance, to find support to navigate everyday systems and find new social connections can enable greater resilience in difficult situations.

Supporting older Ukrainian refugees to live independent, equal and self-determined lives

📍 Germany

Older refugees in Germany often face a difficult situation particularly on arrival without German language skills or social networks and fearing for their loved ones. The project "Sponsorships for Ukrainian seniors fleeing the war" intended to support older refugees to build independent, equal, and self-determined lives in Germany, contributing to their wellbeing and integration. It addressed the specific vulnerabilities of older Ukrainian refugees dealing with resettlement, for instance, lack of community support, access to resources and difficulties finding adequate housing and transportation. As well as assistance with daily life, sporting, leisure, and cultural activities were arranged in group settings. The groups offered connection, friendship, and opportunities to share joy or sorrow. Although funding was discontinued many networks created in the project continue

and older people continue to organize themselves, including serving as primary contacts for newly arriving refugees.

Increasing resilience and social connection through exercise

📍 Netherlands

"Sociaal Vitaal" is an exercise and training program for vulnerable older people aged 65-80, who have low education or income, are living at home, are insufficiently physically active and have little resilience and/or experience loneliness. The programme promotes 'healthy aging' with an emphasis on improving physical condition, developing resilience, and improving social skills. Trained volunteers visit door to door and interested older persons are screened by taking a fitness test and a questionnaire that measures loneliness and resilience. The programme consists of an exercise programme, a resilience training on subjects such as dealing with fear and gaining self-confidence, a social skills training designed to improve social skills and education about various health and social topics. The foundation leading the work collaborates with municipalities, healthcare groups, churches, and unions.

Avoiding social isolation and increasing the level of physical activity of older persons

📍 Italy

In the Lombardy Region, the "Walking Groups" program involves younger and older people in collective physical activity, led by a properly trained Walking leader, who identifies the route, organizes the schedule, welcomes participants and supervises the group walk. The programme is part of active ageing policies, responding to the directions of the "Strategy and Action Plan for Healthy Aging in Europe, 2012-2020" (WHO, 2012). Lombardy Region has expanded Walking Groups with particular attention to the engagement of persons which show both health and social isolation risk factors. The programme also supports local municipalities in creating environments and infrastructures for physical activity for all ages and in sharing good practices for active ageing.

Sources: Bundesverband russischsprachiger Eltern e.V. (Federal Association of Russian-speaking Parents e.V.), Germany (2022),

see: <https://bvre.de/projekte-des-bvre/patenschaften-fuer-die-vom-krieg-fliehende-ukrainische-senioren-und-seniorinnen.html> (in German and Russian). National Focal Point on Ageing & Ministry of Health, Welfare and Sport of the Netherlands, see: <https://www.kenniscentrumsportenbewegen.nl/interventies/interventie/sociaal-vitaal/> (in Dutch). National Focal Point on Ageing of Italy & Regione Lombardia (2022), see: <https://www.promozionesalute.regione.lombardia.it/wps/portal/site/promozione-salute/dettaglioedazionale/temi/stili-di-vita/stile-vita-attivo> (in Italian).

Combating loneliness and social isolation

Specific examples of countries in the UNECE region³⁷ addressing the issue of loneliness and social isolation among older persons include Ireland, which launched a national campaign to combat social isolation among older persons, and Portugal, which has established a network of community centres that offer social, educational, and recreational activities for older persons. In Sweden, the government has provided funding for municipalities to develop activities that encourage social interaction among older persons, such as dance classes and sports clubs. Similarly, Finland has introduced a national programme that promotes the involvement of older persons in community activities and volunteering. To identify lonely older persons in the Netherlands, local coalitions at the municipal level have created innovative systems for detecting and indicating loneliness.

Silver Line project

📍 Lithuania

The Silver Line is a free phone service that offers emotional and informational support to older persons who may feel lonely, isolated, or just want to chat. It provides an opportunity for regular phone conversations with a “telephone friend” who can discuss various topics, current events, or simply offer a listening ear. The service is open to all older persons, regardless of their circumstances, and registration includes the option for a free psychological or spiritual consultation. The conversations are free, and if a participant doesn't enjoy speaking with their phone friend, they can request to be matched with someone else.

Sources: National Focal Point on Ageing of Lithuania, see: <https://www.sidabrinelinija.lt/> (in Lithuanian).

Spotlight on loneliness during the COVID-19 pandemic

The COVID-19 pandemic and the social distancing measures had far-reaching effects on the lives and daily routines of many older persons in the UNECE region. This societal-level event created a situation of vulnerability especially for older persons with pre-existing health problems, low income or living alone. One specific consequence of the pandemic was the increase in loneliness and depressive symptoms among older adults. A survey conducted in summer 2022 in 25 European countries and Israel found that 16 per cent of older persons felt more depressed than before the pandemic, and 12 per cent felt lonelier than before the pandemic.⁴⁶

Levels of loneliness and social isolation among older persons have decreased since the social distancing measures were lifted. However, to draw the right conclusions from the COVID-19 pandemic on how to better protect vulnerable older persons in similar situations in the future it is crucial to understand the complex effects that the pandemic has had on older persons. Several countries in the UNECE region have conducted such assessments and identified lessons learnt for the future.³⁷

COVID-19 study to evaluate the impact of measures to contain the COVID-19 pandemic on older people

📍 Austria

The Federal Ministry of Social Affairs, Health, Care and Consumer Protection commissioned a study to formulate lessons learnt on the situation of older people regarding the impact of the COVID-19 pandemic containment measures. The study was conducted by the Austrian Public Health Institute. It stresses the need to question and expand existing conceptualisations of vulnerability, often focusing only on age alone, by considering the variety of living situations of older persons. The study highlights the importance of not only considering vulnerabilities of older persons themselves, but also those located at the societal and contextual level. The study also stresses the importance of involving individuals in decision making as well as the need for having timely and age-disaggregated data.

Sources: National Focal Point on Ageing of Austria & Federal Ministry of Labour, Social Affairs, Health and Consumer Protection (2022), see: <https://broschuere.service.sozialministerium.at/Home/Download?publicationId=947> (in German).

E - Enhanced data on older persons and inclusion into decision-making

The vulnerabilities of older persons cannot be effectively understood and addressed when data collection and research informing policies and programmes analyze older persons as a single group. The same applies to situations that do not consider the diverse characteristics, circumstances, capacities and needs of older persons. Research collecting the perspectives of a wide range of older persons and access to disaggregated data allows analysis of inequalities, discrimination, barriers, and opportunities among older persons. There are significant efforts being undertaken at national, regional, and global levels to improve the knowledge available to inform evidence-based policy. Still, there is limited access to data in some countries and some sectors to enable analysis of the heterogeneous characteristics and circumstances of older persons. Lessons from COVID-19 and UN recommendations on disaster response, climate change preparation, and healthy ageing emphasize the need for data disaggregation by relevant categories like age, gender, and disability. Such data are critical for developing interventions, setting indicators of success and monitoring progress.

Survey on the Profile of Older Persons

📍 Türkiye

The Türkiye Survey on the Profile of Older Persons will establish an age-, and gender-disaggregated data source and monitoring mechanism. Containing detailed demographic and socioeconomic data, it will be an important source for the formulation of social policies for older persons. The plan is to repeat the survey every four years.

Sources: National Focal Point on Ageing of Türkiye & Ministry of Family and Social Services (2022), see: <https://www.aile.gov.tr/eyhgm/haberler/aile-ve-sosyal-hizmetler-bakanligi-turkiye-yaslilik-arastirmasi-yapacak/> (in Turkish).

There is great heterogeneity among older persons, their views, strengths, difficulties. Older persons often do not have the opportunity to meaningfully participate in decision- and policymaking. The capacities and vulnerabilities of older persons are made invisible when decision-making bodies, policies and programmes do not hear and take account of the perspectives of diverse groups of older persons.

Older persons in vulnerable situations can have difficulty exercising their human rights due to the

challenges they face and reduced ability to achieve outcomes that are meaningful to them.⁴⁷ Introducing mechanisms for older persons or their representatives to meaningfully participate in decision-making bodies and in the development of policy and programmes increases the likelihood of effective, sustainable solutions. This includes crisis response situations where older persons can be forgotten.⁴⁸ Guidance has recently been developed for the UNECE region on meaningful participation of older persons and civil society in policymaking. The guidance offers examples and tools for policy makers and civil society actors to develop inclusive engagement and participatory policy processes.⁴⁹ In addition, acknowledging and addressing the diverse strengths and needs of older persons in national strategic plans and budgets is an important element of mainstreaming ageing.⁵⁰

III. Recommendations

To address the challenges faced by older persons, it is important to take a multi faceted approach that involves both short-term and long-term strategies. In the short-term, there is need for measures that provide immediate relief to older persons in vulnerable situations. This can include providing financial assistance and providing access to health and long-term care. Furthermore, it is important that older persons are not left behind in the current cost-of-living crisis.

In the long-term, taking a comprehensive approach to address the challenges faced by older persons will likely be most successful. This can include developing policies that promote social inclusion, eliminate discrimination, and ensure access to essential services. Older persons need to be involved in the design and implementation of these policies to ensure that they meet their specific needs and preferences.

The policy recommendations for addressing the challenges faced by older persons can be grouped into three main areas: ensuring adequate income and access to affordable housing, providing affordable and quality healthcare and long-term care services, preventing abuse and violence, and increasing opportunities for social participation while reducing loneliness and social exclusion.

In conclusion, the policy brief has highlighted the need to take a comprehensive approach to address the challenges faced by older persons in vulnerable situations. By implementing the policy recommendations outlined in this brief, governments and other stakeholders can ensure that older persons are not left behind and that their rights and well-being are protected.

IV. Checklist

Adequate income and access to housing

- | | | |
|------------------------------------------------------------|--------------------------|---------------------------------------------------------|
| Adequate pensions and income | <input type="checkbox"/> | Allowances for older persons with low pensions |
| | <input type="checkbox"/> | Allowances for single pensioners and surviving spouses |
| Support for older jobseekers | <input type="checkbox"/> | Tax subsidies |
| | <input type="checkbox"/> | Reduced social insurance contributions |
| | <input type="checkbox"/> | Training allowances |
| | <input type="checkbox"/> | Counselling |
| | <input type="checkbox"/> | Retraining |
| Access to affordable housing | <input type="checkbox"/> | Increasing the supply of affordable housing |
| | <input type="checkbox"/> | Targeted measures for particularly vulnerable groups |
| | <input type="checkbox"/> | Measures to prevent individuals from becoming homeless |
| | <input type="checkbox"/> | Providing financial assistance to low-income households |
| Financial support during the current cost of living crisis | <input type="checkbox"/> | Energy price caps for households |
| | <input type="checkbox"/> | One-off payments to eligible households |
| | <input type="checkbox"/> | Additional payments to pensioners |
| | <input type="checkbox"/> | Discounts to care home energy bills |

Health, long-term care, and community services

- | | | |
|--------------------------------|--------------------------|------------------------------------------------------------|
| Integrated person-centred care | <input type="checkbox"/> | Integration of health and social care, person-centred care |
| Home and day-care services | <input type="checkbox"/> | Care at home and day-care centres |

Prevention of abuse and violence

- | | | |
|-----------------------------------------------|--------------------------|----------------------------------|
| Strategies to prevent any form of elder abuse | <input type="checkbox"/> | Standards for adult safeguarding |
| | <input type="checkbox"/> | Safe spaces |
| | <input type="checkbox"/> | Ombudsperson |

Social participation

- | | | |
|-------------------------------------|--------------------------|------------------------------------------------------|
| Opportunities for social connection | <input type="checkbox"/> | Strategies for active and healthy ageing |
| | <input type="checkbox"/> | Walking groups |
| | <input type="checkbox"/> | Emotional and informational support to older persons |
| | <input type="checkbox"/> | Support to refugees and migrants |

Data and information

- | | | |
|---------------------------------|--------------------------|------------------------------------------------------------|
| Data and information collection | <input type="checkbox"/> | Collection of timely and relevant (age-disaggregated) data |
| | <input type="checkbox"/> | Surveys of older persons |

Representation in decision-making

- | | | |
|-----------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------|
| Inclusion of older persons in planning and implementation of measures | <input type="checkbox"/> | Representation of perspectives of diverse groups of older persons |
|-----------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------|

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The Policy Briefs on Ageing are prepared by the UNECE Population Unit in collaboration with the UNECE Standing Working Group on Ageing.

Each issue focuses on a policy challenge and priority under the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy and highlights diverse policy strategies developed and implemented across the UNECE region.

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