



## **Contribution from FutureGEN research project to the EU Green Paper on Ageing**

FutureGEN is a GENDER-ERA Net-funded research project on “evolving gender differences in health and care”, bringing together researchers from the European Centre for Social Welfare Policy and Research (Austria), Karolinska Institute (Sweden) and Queen’s University (Canada).

The researchers of the FutureGEN research consortium welcome the initiative of the European Commission to publish the Green Paper on Ageing. We consider this an important stepping-stone to deepen the discussion on ageing, its consequences and related policies in the European Union. We particularly welcome the recognition of unequal ageing processes and opportunities for active and healthy ageing (i.e. inequalities) and the emphasis on the life course that is included in the current version of the document.

We feel that the discussion on ageing policies and outcomes in the European Union could benefit from an approach that would better consider the following general points:

- i) a much greater attention to the structural determinants of inequalities, instead of the individual-centered approach that currently underpins much of the text and calls for policy and that places too much responsibility on the individual for existing inequalities.
- ii) a greater emphasis on and visibility of gender equality, particularly one that goes beyond the recognition of differences between women and men and challenges existing stereotypes and norms, that are still pervasive in some passages of the text.
- iii) an understanding of inequalities in general, and gender inequalities in particular, that recognizes the heterogeneity of both women and men (i.e. that accounts for differences between and within both sexes/genders).

*Question 2.1 How can healthy and active ageing policies be promoted from an early age and throughout the life span for everyone? How can children and young people be better equipped for the prospect of a longer life expectancy? What kind of support can the EU provide to the Member States?*

The Green Paper on Ageing, while recognizing the role of public policies and contextual factors, still takes an individualistic approach to the determinants of health without recognizing that inequalities in health, including sex/gender inequalities, are rooted in structural imbalances in access to resources

and power. Failing to recognize and address sex/gender inequalities in access to resources and power along the life-course will limit progress in reducing inequalities in health.

The Green Paper on Ageing comes to light in a context of an unprecedented health and social crisis caused by the COVID-19 pandemic, which has had a very different impact across sexes/gender. There is evidence that women have shouldered a greater share of the social effects of the pandemic (e.g. through increased unemployment and greater stress). Given the relevance of employment and income as social determinants of health, the EU should actively seek to bolster economic recovery and refrain from pursuing austerity measures that are likely to further impact health inequalities.

As healthcare systems have had to prioritize COVID-19-related patients, many Europeans, especially older people, have had to postpone needed healthcare. These unmet needs risk increasing the burden of disease for several cohorts of Europeans and could contribute to widen sex/gender inequalities in health in old age.

*Question 5.1: How can the EU support Member States' efforts to reconcile adequate and affordable healthcare and long-term care coverage with fiscal and financial sustainability?*

On average, European countries devote less than 2% of GDP to long-term care (public expenditure) despite a growing share of older people. Such a limited investment in older European's health and wellbeing is only possible due to the hidden contribution of families, and particularly women, to long-term care as informal carers. This has a cost, both in terms of forgone fiscal revenue - which does not show up in the national accounts analyzed in the context of European Semester - and increased risk of poverty and poorer health. Greater public expenditure in long-term care services has the potential to reduce sex/gender inequalities by allowing carers to provide lower intensity care and conciliate employment with care. It also carries with it the potential to generate new jobs, unlikely to be de-localized, that can ease the entry of disadvantaged groups into the labour market.

A greater emphasis on cost-containment has seen Member States enact policies that make access to or at least the value of public benefits for long-term care dependent on the (in)existence of would-be informal carers. As the majority of both cared-for older people and informal carers are women, these policies discriminate in practice against them.

*Question 5.2: How could the EU support Member States in addressing common long-term care challenges? What objectives and measures should be pursued through an EU policy framework addressing challenges such as accessibility, quality, affordability or working conditions? What are the considerations to be made for areas with low population density?*

The EU, through its Work-Life Balance Directive, has taken important steps in recognizing informal carers' contribution and securing rights (e.g. to care leave and flexible employment). This was a step towards recognizing the sex/gender inequalities observed in care. It fell short however, of taking a transformative approach to work-life balance issues by openly questioning sex/gender stereotypes (i.e. care as predominantly a female task) and calling for public policies to be put in place that incentivize a more equal sharing of informal care between men and women. We advocate that a measure that considers the gender gap in paid and unpaid activities (among the latter informal caregiving) is included as an indicator in the social scoreboard of indicators.