

Study on discrimination on the grounds of age in the EU

Final Report

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Contents

Abstract	1
Résumé	1
Zusammenfassung (Abstract)	2
Executive summary	3
Résumé exécutif	11
Zusammenfassung	20
1. Introduction	28
1.1. Objectives of the study	28
1.2. Report structure	30
1.3. Definitions	31
2. Methodology	34
2.1. Desk research and literature review	34
2.2. National country fiches	34
2.3. Qualitative surveys	35
2.4. Semi-structured interviews	36
2.5. Quantitative analysis	36
3. Findings	38
3.1. Barriers to equality	38
3.2. Work of CSOs	128
3.3. Comparative analysis of national frameworks against age discrimination and ageism	137
3.4. Comparative analysis of national strategies and actions	153
3.5. Monitoring structures in age discrimination and equality.....	189
3.6. Data collection and statistics	197
3.7. Adequacy of national legal and policy frameworks	203
3.8. Considerations for future action.....	208
Annex 1 Additional quantitative results	216
Annex 2 Summary of stakeholder consultation	344
Annex 3 Mapping of quantitative data in EU and national databases	413
Annex 4 Sources from literature	425
Annex 5 Good practices	431
Annex 6 Overview of age-related strategies	437

Abstract

This report presents the findings of a study on age discrimination and ageism across the European Union, carried out for the European Commission. The research assessed the prevalence, impacts and drivers of age-based discrimination, reviewed legal and policy frameworks and proposed measures to promote age equality. Using a mixed-methods approach, the study combined desk research, surveys, interviews and quantitative analysis of existing datasets. Findings show that age discrimination affects both younger and older people. Employment is the most affected area with more than half of Europeans believing age disadvantages candidates during recruitment. Healthcare is another relevant domain, particularly for those aged 75 and over. The study identified three main types of barriers to age equality. Institutional barriers include restrictive laws, mandatory retirement policies, age-based eligibility rules, weak enforcement of existing protections and a lack of tailored services. Interpersonal barriers arise from stereotypes, exclusionary behaviour in workplaces and healthcare, and negative portrayals in the media that reinforce ageist attitudes. Self-directed barriers occur when individuals internalise these norms, limiting their aspirations, confidence and participation in employment, education and social life. Policy analysis reveals that while most Member States have strategies addressing ageing, few explicitly target age discrimination and age equality, and implementation is often fragmented with weak monitoring, limited data collection and minimal civil society involvement. Although most Member States provide legal protection against age discrimination in the area of access to services, access to healthcare and in the fields of education, social protection, and housing, legal protections remain uneven beyond employment and intersectional discrimination is rarely addressed. The impacts of age discrimination and ageism include higher unemployment, poorer health, social isolation and reduced trust in institutions. The report calls for a coordinated rights-based approach including stronger legal safeguards, better data collection, awareness campaigns, intergenerational initiatives and inclusive policies in many areas of life to combat age discrimination and ageism and promote age equality.

Résumé

Ce rapport présente les résultats d'une étude sur la discrimination fondée sur l'âge et l'âgisme dans l'Union européenne, réalisée pour la Commission européenne. La recherche a évalué la prévalence, les impacts et les facteurs de la discrimination liée à l'âge, examiné les cadres juridiques et politiques et proposé des mesures pour promouvoir l'égalité entre les âges. En adoptant une approche méthodologique mixte, l'étude a combiné recherche documentaire, enquêtes, entretiens et analyses quantitatives de bases de données existantes. Les résultats montrent que la discrimination liée à l'âge touche à la fois les jeunes et les personnes âgées. L'emploi est le domaine le plus concerné : plus de la moitié des Européens estiment que l'âge désavantage les candidats lors du recrutement. Les soins de santé constituent un autre domaine critique, notamment pour les personnes de 75 ans et plus. L'étude a identifié trois principaux types d'obstacles à l'égalité des âges : les obstacles institutionnels, qui incluent des lois restrictives, des politiques de départ à la retraite obligatoire, des critères d'éligibilité fondés sur l'âge, une application lacunaire des protections existantes et un manque de services adaptés ; les obstacles interpersonnels, qui résultent des stéréotypes, des comportements exclusifs dans les milieux professionnels et de santé, ainsi que des représentations négatives dans les médias; et enfin les obstacles auto-imposés, qui apparaissent lorsque les individus intériorisent ces normes, limitant leurs ambitions, leur confiance et leur participation à l'emploi, à l'éducation et à la vie sociale. L'analyse des politiques révèle que, bien que la plupart des États membres disposent

de stratégies liées au vieillissement, peu ciblent explicitement la discrimination fondée sur l'âge et l'égalité des âges, et la mise en œuvre est souvent fragmentée, avec un suivi faible, une collecte de données limitée et une implication minimale de la société civile. Bien que la majorité des États membres prévoient une protection juridique contre la discrimination fondée sur l'âge dans l'accès aux services, aux soins de santé, à l'éducation, à la protection sociale et au logement, ces protections restent inégales en dehors du domaine de l'emploi et la discrimination intersectionnelle est rarement abordée. Les impacts de la discrimination et de l'âgisme incluent un chômage accru, une santé dégradée, l'isolement social et une baisse de la confiance dans les institutions. Le rapport appelle à une approche coordonnée fondée sur les droits, comprenant des garanties juridiques renforcées, une meilleure collecte de données, des campagnes de sensibilisation, des initiatives intergénérationnelles et des politiques inclusives dans de nombreux domaines de la vie pour lutter contre la discrimination et promouvoir l'égalité des âges.

Zusammenfassung

Dieser Bericht präsentiert die Ergebnisse einer Studie über Altersdiskriminierung und Ageismus in der Europäischen Union, die im Auftrag der Europäischen Kommission durchgeführt wurde. Die Untersuchung bewertete die Häufigkeit, Auswirkungen und Ursachen altersbedingter Diskriminierung, überprüfte rechtliche und politische Rahmenbedingungen und schlug Maßnahmen zur Förderung der Altersgleichheit vor. Mithilfe eines Mixed-Methods-Ansatzes kombinierte die Studie Literaturrecherche, Umfragen, Interviews und quantitative Analysen bestehender Datensätze. Die Ergebnisse zeigen, dass Altersdiskriminierung sowohl jüngere als auch ältere Menschen betrifft. Der Arbeitsmarkt ist der am stärksten betroffene Bereich: Mehr als die Hälfte der Europäer sind der Ansicht, dass das Alter Bewerber bei der Einstellung benachteiligt. Auch das Gesundheitswesen ist ein relevanter Bereich, insbesondere für Personen ab 75 Jahren. Die Studie identifizierte drei Hauptarten von Barrieren für Altersgleichheit: Institutionelle Barrieren umfassen restriktive Gesetze, obligatorische Ruhestandsregelungen, altersbasierte Anspruchskriterien, schwache Durchsetzung bestehender Schutzmaßnahmen und fehlende maßgeschneiderte Dienstleistungen. Zwischenmenschliche Barrieren entstehen durch Stereotype, ausgrenzendes Verhalten am Arbeitsplatz und im Gesundheitswesen sowie negative Darstellungen in den Medien, die altersfeindliche Einstellungen verstärken. Selbstbezogene Barrieren treten auf, wenn Individuen diese Normen verinnerlichen und dadurch ihre Ambitionen, ihr Selbstvertrauen und ihre Teilnahme an Beschäftigung, Bildung und gesellschaftlichem Leben einschränken. Die Analyse der politischen Maßnahmen zeigt, dass die meisten Mitgliedstaaten Strategien zum Thema Altern haben, jedoch nur wenige explizit Altersdiskriminierung und Altersgleichheit adressieren. Die Umsetzung ist oft fragmentiert, mit schwachem Monitoring, begrenzter Datenerhebung und minimaler Beteiligung der Zivilgesellschaft. Obwohl die meisten Mitgliedstaaten rechtlichen Schutz gegen Altersdiskriminierung im Bereich des Zugangs zu Dienstleistungen, zur Gesundheitsversorgung sowie in den Bereichen Bildung, Sozialschutz und Wohnen bieten, bleiben die rechtlichen Schutzmaßnahmen außerhalb des Arbeitsmarktes uneinheitlich, und intersektionale Diskriminierung wird selten berücksichtigt. Die Auswirkungen von Altersdiskriminierung und Ageismus umfassen höhere Arbeitslosigkeit, schlechtere Gesundheit, soziale Ausgrenzung und geringeres Vertrauen in Institutionen. Der Bericht fordert einen koordinierten, auf Rechten basierenden Ansatz, einschließlich stärkerer rechtlicher Schutzmaßnahmen, besserer Datenerhebung, Sensibilisierungskampagnen, generationenübergreifender Initiativen und inklusiver Politiken in vielen Lebensbereichen, um Altersdiskriminierung und Ageismus zu bekämpfen und Altersgleichheit zu fördern.

Executive summary

The primary objective of this study was to provide the European Commission with a comprehensive analysis of ageism and age discrimination across the European Union (EU). It explored the various forms of age discrimination (whether institutional, interpersonal, or self-directed) and its impact on age groups in key areas of life, including employment, healthcare, education, housing, digital access, and political participation. The study also evaluated national legal and policy frameworks, the role of equality bodies (EBs) and civil society organisations (CSOs), and the effectiveness of current protections. Particular focus was placed on highlighting gaps in existing measures and proposing improvements to ensure more inclusive and equitable treatment for people of all ages.

The study employed a mixed-methods approach, combining qualitative and quantitative data collection and analysis. Desk research and a literature review informed the design of surveys and interviews targeting individuals, national authorities (NAs), and CSOs across the Member States. Surveys gathered data on experiences of age discrimination, institutional responses, and policy gaps, while semi-structured interviews provided deeper insights into lived experiences and advocacy efforts. Quantitative analysis used microdata from the special Eurobarometer surveys on discrimination in the EU (Eurobarometer 2019, 2023) and the European Social Survey (ESS), alongside aggregate data from official EU and national sources. This analysis also included econometric modelling to estimate the financial impact of age discrimination. The study adopted a flexible, age-neutral perspective based on the World Health Organization (WHO) Global Report on Ageism, later applying detailed age groupings for analysis. Intersectionality and intergenerational fairness were integral to the study's design and interpretation.

Prevalence of discrimination

Age discrimination is an issue across the EU, affecting individuals at different life stages and in various settings. According to the most recent Eurobarometer (2023), 6.4% of the EU population have experienced age-based discrimination or harassment within the preceding year. The most affected groups are young people aged 15-24 (8.4%) and older adults, particularly those aged 75+ (10.7%).

Employment emerges as the most frequently cited setting for age discrimination. More than half of EU respondents (51.7%) believe that age can put a candidate at a disadvantage during the recruitment process, making it the most cited barrier to employment, ahead of disability, ethnic origins, or physical appearance. This finding is corroborated by qualitative surveys, which consistently show high levels of reported discrimination during job searches and in the workplace. NAs also confirm the prevalence of age discrimination in employment, although CSOs report it less frequently, possibly due to their focus on underrepresented areas.

Age discrimination in healthcare, particularly affect older individuals. Of the general population who have experienced age discrimination in the previous 12 months, 12.9% report discrimination when accessing healthcare services. This figure grows to 20.9% for individuals aged 75+. NAs (39%), individuals (44%), and CSOs (48%) acknowledge the high prevalence of age discrimination in healthcare, particularly among those aged 45+, in qualitative surveys.

Findings on the prevalence of age discrimination in social protection, housing, and education are more mixed. Qualitative surveys show discrimination in social services reported more frequently by younger people, at 70% of respondents aged 18-24 and

only 49% of those aged 75+. By contrast, Eurobarometer data suggest that older individuals are more likely to experience discrimination in this setting, at 13.4% of individuals aged 75+ and 7.8% of those aged 15-24. Housing discrimination is more commonly reported by younger age groups, specifically those aged 25-34 (28.1%) and 15-24 (17.7%).

Institutional, interpersonal, and self-directed barriers to equality

The study reveals an interconnected set of institutional, interpersonal, and self-directed barriers that hinder age equality across key policy areas. These barriers often overlap and reinforce one another, creating persistent inequalities that affect individuals throughout their lives.

Institutional barriers are systemic and embedded in laws, policies, and practices. These include discriminatory hiring practices, mandatory retirement policies, age-based eligibility criteria for benefits, and limited access to age-appropriate accommodations. For example, in the study's qualitative survey, older individuals reported being denied housing or loans despite financial stability, while younger people faced exclusion from housing benefits or training opportunities due to minimum age eligibility criteria. There have been significant improvements in numbers of beds in nursing homes and other residential long-term care facilities.

In healthcare, the survey of national authorities shows that institutional age limits on screenings or treatments were present at times. Inadequate enforcement of existing laws compounds these issues, with many individuals reporting that complaints were dismissed or not pursued. A lack of funding and tailored services such as accessible transport, digital support, and long-term care also limits equal participation.

Depending on the source, between 5% and 15% of the population reported unmet healthcare needs over the previous year, with significant heterogeneity across age groups. The most common reason for unmet needs was the unavailability of appointments (47%), with no marked disparities in reporting across different age groups. While long waiting lists were also an important explanation, they tended to be reported at a higher rate by older people (57% and 60% for those aged 65-74 and 75+, respectively, compared to only 40% for those aged 25-34). Young working-age adults were more likely to mention not being able to take time off work (17% of those aged 25-34). People who reported age discrimination were 13 percentage points (pp) more likely to report not being able to obtain a medical consultation or the treatment they need.

Interpersonal barriers manifest in everyday interactions and are shaped by ageist attitudes and stereotypes. Respondents reported instances of being interrupted during legal proceedings, denied housing by landlords favouring younger tenants, or having their ideas disregarded in the workplace. In healthcare and education, professionals often minimised their concerns, attributing symptoms or struggles to age rather than addressing them seriously. Media and advertising were felt to reinforce harmful stereotypes, portraying older people as dependent or out of touch and younger people as inexperienced or irresponsible.

Self-directed barriers are internalised forms of ageism. These barriers are often shaped by institutional and interpersonal experiences and can significantly limit individuals' aspirations, confidence, and participation. According to the individuals' survey, older adults reported avoiding promotions or new roles, believing they were too old to lead or learn new skills. The same source revealed that younger individuals hesitated to apply for jobs or speak up in meetings, assuming they would not be taken seriously. In education, people of all ages doubted their ability to succeed, feeling either too young or too old to be credible learners. In healthcare, many questioned the legitimacy of their

concerns or avoided seeking care, attributing symptoms to 'normal ageing'. These self-imposed limitations are often reinforced by a lack of supportive environments, training, or inclusive messaging.

Each type of barrier tends to be more prominent in specific policy areas. Institutional barriers are particularly prevalent in employment, housing, and social protection, where legal gaps, age-based eligibility rules, and lack of accommodations are most visible. Interpersonal barriers are most frequently reported in healthcare, employment, and media, where ageist attitudes and exclusionary behaviours are common. Self-directed barriers are especially pronounced in employment, education, and healthcare, where internalised age norms discourage individuals from pursuing opportunities, seeking care, or asserting their rights. These patterns suggest that while all three types of barriers exist across sectors, their intensity and impact vary depending on the context and the age group affected.

Impacts of age discrimination

The study shows that age discrimination has significant and measurable societal effects. In the labour market, individuals who reported age discrimination were 10 percentage points (pp) more likely to be unemployed, with the effect amplifying for people over the age of 35. This aligned with data from experiments showing reduced interview callbacks for older applicants.

According to the study, if people who are discriminated against were to have the same unemployment probability as those facing no such discrimination, nearly one million additional people could gain employment, reducing the EU unemployment rate by 0.5 pp. This would generate an estimated Gross Domestic Product (GDP) gain of €47 billion, a 0.3% increase. Most of these gains stem from higher employment gains among older people, who typically experience discrimination at higher rates and earn higher wages. The gains are also concentrated in Western Europe due to its higher population, income levels, and reported discrimination rates.

Qualitative data from NAs and CSOs reinforced these findings. Respondents highlighted economic insecurity as a major consequence of age discrimination, particularly for older adults facing involuntary retirement and younger individuals struggling to access stable employment. CSOs also reported long-term financial consequences, including reduced income, stalled career progression, and denial of credit or insurance.

In terms of health outcomes, people who reported experiencing age discrimination were 15 pp less likely to rate their health as good. Indeed, they were more likely to suffer from chronic conditions, including cardiovascular and musculoskeletal issues. NAs and CSOs echoed these concerns, citing ageist assumptions in healthcare settings leading to delayed or inadequate care, particularly for older adults. The aggregate effects are also significant: assuming a causal relationship, eliminating age discrimination could result in an additional 3.2 million individuals reporting good health, a sizable impact not only on individual lives, but on national healthcare systems and public finances.

People who reported age discrimination were 14 pp more likely to indicate poor housing conditions, including mould or rot in windows, doors, and floors, damp walls or leaking roof, and the presence of insects or rodents. Qualitative responses linked these experiences to broader financial vulnerability and exclusion from public housing or affordable accommodation, especially among younger and older respondents. Overall, limiting the extent to which age discrimination affects access to proper housing could improve the living conditions of somewhere between 1.1 and 3.5 million Europeans.

Social impacts are also significant. Based on the regression analysis of the European Social Survey, individuals who reported age discrimination were 27 pp more likely to feel lonely on a regular basis and 4 pp more likely to participate in no more than one social meeting every month. The effects were particularly strong among younger and older Europeans. These findings are supported by qualitative evidence from all stakeholder groups, which described social isolation, mental health challenges, and reduced participation in community life as common consequences of ageism. CSOs and individuals frequently mentioned feelings of invisibility, low self-esteem, and depression, particularly among those facing compounded discrimination due to gender, disability, or minority status. The estimates suggest that, in the absence of age discrimination, 4.6 million Europeans would no longer experience loneliness.

Trust in institutions is also affected. Based on the regression analysis of the European Social Survey, people who experienced age discrimination were 14 pp less likely to trust the legal system and showed reduced trust in political parties and politicians. The aggregate effects are considerable: curbing the effects of age discrimination could restore trust in the legal system for almost three million Europeans. People who experienced age discrimination were 11 pp more likely to express interest in politics, suggesting a disconnect between civic engagement and institutional confidence. NAs noted that underreporting of discrimination is widespread, often due to a belief that legal action is ineffective or burdensome.

Lastly, people who reported age discrimination were 14 pp less likely to trust their fellow citizens, corresponding to 3.2 million Europeans when aggregated at the EU population level. Trust and social capital have sizable effects on long-term economic growth.

Work of CSOs

The study highlights the diverse, person-centred role of CSOs in promoting age equality. CSOs representing older people focus on education, healthcare, and social isolation, while those representing younger people prioritise political participation and employment. Shared concerns include mental health, well-being, and civic engagement, reflecting a common commitment to addressing systemic ageism.

Intersectionality is widely recognised. Older people's CSOs often address age alongside disability and gender, while younger people's CSOs focus more on mental health, parental status, and appearance. Many CSOs promote intergenerational solidarity through centres, skill-sharing, and online dialogue, although structural collaboration between age-focused organisations remains limited.

Despite their efforts, CSOs face persistent challenges: ageist attitudes, low public awareness, limited funding, and a lack of data and intersectional approaches. These barriers affect the perceived impact of their work, with younger people's CSOs generally more optimistic.

Comparative analysis of national frameworks against age discrimination and ageism

The legal framework for age discrimination across Member States is largely harmonised in its definitions, covering direct and indirect discrimination as well as harassment. Nevertheless, major gaps remain. Protection is primarily focused on employment, with legal safeguards gradually expanding into other areas such as education and training and social protection (19 Member States), healthcare (16 Member States), housing (15 Member States), access to services (14 Member States), and beyond.

Alongside these developments, Directive 2000/78/EC, establishing a general framework for equal treatment in employment and occupation, allows for exemptions, including genuine occupational requirements (GOR) and positive action, and such exemptions are widely applied. All Member States recognise mandatory retirement ages, and 16 Member States allow private employers to set retirement ages. Age-based distinctions are also evident in social security (14 Member States), armed forces recruitment (16 Member States), police (14 Member States), education and medical criteria (14 Member States), and voting/public office eligibility (24 Member States). In addition, reduced transport fares are offered to students in 18 Member States and to seniors in nine Member States, reflecting targeted support for different age groups.

Although there is no agreed definition of ageism across the Member States, 21 Member States have policies promoting intergenerational fairness.

Case-law reflects broad sectoral coverage, with employment remaining dominant. Courts have increasingly addressed indirect discrimination and facially neutral policies with age-based impacts. A notable trend is high judicial tolerance for age-based justifications, such as labour market policies and succession planning, which would likely be impermissible on other grounds. Protections for older individuals are well-developed, whereas younger people remain underrepresented in litigation.

Analysis of monitoring structures across the Member States highlights significant shortcomings in collaboration, data collection, and enforcement mechanisms related to age discrimination and equality. Evidence from the NA survey indicates limited coordination between ministries and other NAs, with engagement typically strategic (on specific policy developments) or inconsistent. Only seven Member States have established dedicated units for age equality, and budget allocations for this area are typically the lowest among all grounds of discrimination.

Data collection on complaints of age discrimination is both sparse and uneven, hindering the ability of NAs to assess trends and prioritise interventions effectively. While all Member States provide support and assistance to claimants and maintain the capacity to adjudicate complaints, the lack of consistent data limits the potential for informed decision-making and policy development.

11 Member States offer comprehensive remedies for age discrimination, encompassing both financial and criminal penalties.

Comparative analysis of strategies and actions

Strategies

This section examines national and regional age-related strategies across Europe, which serve as policy frameworks to address demographic change, promote inclusion throughout the life course, and ensure equal opportunities for all age groups.

The review of 80 age-related strategies across Europe reveals a complex and evolving policy landscape, with varied approaches to ageing, monitoring, and implementation. The majority (63.8% - 51 strategies) adopt a mainstreaming approach, integrating age-related concerns into broader policy frameworks. By contrast, 36.6% (29 strategies) are age-specific, targeting distinct age groups. Lastly, 26.6% (21 strategies) of the strategies overall explicitly address age discrimination, ageism, or age equality, limiting their effectiveness in tackling structural inequalities.

In inclusivity and targeting, strategies adopting a life-course approach and covering all age groups account for 45% (36 strategies), reflecting a commitment to universal policy design. Those focused on individuals aged 50+ make up 30% (24 strategies), typically addressing active ageing, care, and social inclusion. Strategies targeting those under 50 account for 16.6% (13 strategies), often focusing on youth development, education, and employment. This distribution underscores the importance of combining inclusive frameworks with targeted interventions to address the specific needs of different age groups.

When comparing horizontal and sector-specific approaches, majority of strategies (61.6% - 49 strategies) are horizontal, integrating ageing considerations across multiple sectors. Education is the most frequently addressed sector (73.5% - 36 strategies), followed by employment and labour market (71.4% - 35 strategies), health and healthcare (67.4% - 33 strategies), civic and political participation (59.2% - 29 strategies), and digital transformation (46.9% - 23 strategies). Sector-specific strategies, at 35% (28 strategies), focus more narrowly, with health and housing each appearing in 17.9% (5 strategies) of such strategies, digital technology and education in 14.3% (4 strategies), and employment in 10.7% (3 strategies). The predominance of horizontal strategies reflects a systemic approach to ageing, while sector-specific strategies offer depth in specialised areas.

The strategic objectives adopted show that the most common goal is promoting intergenerational solidarity and social participation (25% - 20 strategies), followed by accessible healthcare and social services (23.8% - 19 strategies). Employment opportunities and digital inclusion each appear in 11.3% (9 strategies) of strategic objectives, while lifelong learning is addressed in 10% (8 strategies). An additional 20% (16 strategies) pursue broader goals such as human rights, anti-discrimination, poverty reduction, housing access, and democratic renewal.

Monitoring and evaluation mechanisms are present in 70% of strategies (56 strategies), typically involving structured governance, performance indicators, and regular reporting.

Indicators and reporting provisions are unevenly distributed, with 48.8% of strategies (39 strategies) including the measurable indicators essential for tracking progress and evaluating outcomes. 52.5% (42 strategies) lack defined indicators, limiting their evaluative capacity. Reporting mechanisms are included in 62.5% of strategies (50 strategies), often involving annual or biennial evaluations. However, 38.8% (31 strategies) lack clear reporting provisions, reducing transparency and hindering mid-course corrections.

Institutional oversight is a key factor, with designated institutions providing structure and accountability in 65% of strategies (52 strategies). These institutions can perform monitoring duties either individually or in collaboration with others. Ministries oversee 42.5% of strategies (34 strategies), agencies 15% (12 strategies), councils or committees 11.3% (9 strategies), and human rights bodies 7.5% (six strategies). However, 33.8% (27 strategies) lack designated institutions, leading to fragmented oversight.

CSOs have limited involvement in monitoring, with 35% of strategies (28 strategies) confirming active CSO participation and 65% (52 strategies) showing no evidence of their involvement. Expanding CSO participation would enhance democratic accountability and policy relevance.

The assessment of effects shows that 13 strategies (16.3%) demonstrated positive outcomes. These successes are linked to structured monitoring, stakeholder engagement, and evidence-based revisions. Five strategies (6.3%) showed mixed

effects, while 77.5% (62 strategies) lack evaluation data. Presence of formal monitoring mechanisms in many strategies help in data collection and assessment of progress.

Actions

This section analyses ageing-related actions undertaken across the Member States, spanning strategic measures, legislation, funding programmes, pilot initiatives, and advisory mechanisms, to assess their focus, implementation progress, and effects.

Analysis of the 603 ageing-related actions reveals a varied landscape of policy engagement, implementation, and impact.

In their personal scope, 62.6% of actions (376 actions) target individuals over 50, reflecting a strong emphasis on active ageing, healthcare, and digital inclusion. Only 15.8% (95 actions) focus on those under 50, while 22% (132 actions) address all age groups, suggesting limited intergenerational inclusivity.

Policy instruments implementing these actions vary across the Member States. Most actions (75.2% - 452 actions) are embedded in national or regional policies, with others distributed across funding programmes (7.7% - 46 actions), legislation (5.7% - 34 actions), pilot initiatives (4.5% - 27 actions), and administrative or advisory mechanisms (7.3% - 44 actions).

Thematic coverage is concentrated in social protection (22.4% - 135 actions), healthcare (20.7% - 125 actions), and education and training (19.1% - 115 actions). These domains dominate the policy landscape. Other areas, such as employment (8% - 48 actions), digital technology (5.1% - 31 actions), political participation (4.8 - 29 actions), housing (4.5% - 27 actions), access to services (4% - 24 actions), transport (2.5% - 15 actions), access to justice (2% - 12 actions), and media and advertising (1.7% - 10 actions), are less populated but show innovation potential.

Implementation status varies widely. Over half (55.6% - 335 actions) of actions are 'not specified', with healthcare (68.8% - 86 actions), social protection (54.8% - 74 actions), and education and training (47% - 54 actions) particularly affected. Partially implemented actions account for 33.8% (204 actions), while fully implemented actions remain limited, at 7% (42 actions). Digital technology (22.6% - 7 actions) and political participation (13.8% - four actions) show a somewhat stronger performance. Actions not implemented (3.7% - 22 actions) highlight structural barriers, especially in education and employment.

In access to justice, 75% of actions (9 actions) are unspecified and 8.3% are positive (1 action). In access to services, 62.5% of actions (15 actions) are unspecified and 12.5% (3 actions) are positive.

Digital technology has 64.5% (20 actions) unspecified actions and 16.1% (5 actions) positive. Education and training have 73% (84 actions) unspecified actions and 3.5% positive (4 actions).

Employment actions are 68.8% (33 actions) unspecified and 10.4% (5 actions) positive. Healthcare has the highest share of unspecified effects (78.4% - 98 actions), with 10.4% (13 actions) positive.

Housing actions are 70.4% (19 actions) unspecified and 7.4% (2 actions) positive. Media and advertising have 60% (6 actions) unspecified and 30% (3 actions) positive actions.

Political participation has 69% (20 actions) unspecified and 6.9% (2 actions) positive actions. Social protection has 60.7% (82 actions) unspecified and 23% (31 actions) positive actions.

Transport has the lowest share of unspecified effects (53.3% - 8 actions) and the highest positive share (40% - 6 actions).

Data collection and statistics

Most Member States collect relevant statistics, although these are published infrequently. Definitions of age groups vary across countries and even between surveys. Although some intersectional data are collected, they tend to focus primarily on gender and disability, with less emphasis on other characteristics.

There are notable gaps in data coverage, particularly for individuals aged 75 and over. Disaggregated data by age are more commonly available in employment, health, and social protection, but remain limited in political participation, media, transport, and financial services.

Perceptions of the adequacy of legal and policy frameworks

Stakeholders broadly agree on the need to strengthen the EU's legal and policy framework for age equality, though their perspectives differ. Common concerns include inconsistent implementation, limited resources, and the lack of comprehensive strategies to address age discrimination and ageism. There is also a shared call for better cooperation between authorities and CSOs, and more platforms for information exchange.

NAs, especially ministries, are generally more positive about existing measures, while EBs and national human rights institutions (NHRIs) are more critical, highlighting weak enforcement, limited data use, and financial constraints. CSOs point to inadequate funding, data gaps, and low public awareness, calling for stronger planning, collaboration, and education. They also emphasise the need to challenge cultural attitudes and improve digital literacy.

Individuals focus on practical and cultural barriers, stressing the need for better enforcement, quicker implementation, and more inclusive community initiatives. They also highlight the importance of awareness-raising and financial support for older people.

Further considerations

The report outlines a possible strategic path forward, drawing on successful practices from across the EU to inspire inclusive and equitable policy development. A coordinated and rights-based approach is considered important to effectively combat age discrimination and ageism and promote age equality across all stages of life. Legal and policy frameworks could be expanded to match the scope of protections offered for race and gender. Monitoring and data collection may be strengthened through disaggregated data and regular publication. Awareness-raising campaigns are seen as valuable to shift societal attitudes.

Access to justice might be widened through free legal aid, offline services, and plain-language education. Access to services can be improved through infrastructure upgrades and integrated community hubs. Digital inclusion requires attention to dismantling stereotypes and providing tailored training. Education and training could

support lifelong learning and challenge age bias. Policies might incentivise age-inclusive workplaces and fair pay.

Healthcare systems may benefit from integrating age-friendly services and user involvement. Housing design and access could aim to support independence and dignity. In media and advertising, content is encouraged to reflect age diversity and challenge stereotypes. For civic engagement, political and civic participation might become more inclusive and representative, ensuring engagement across generations. Social protection systems are worth considering for adequacy and accessibility for all ages. Finally, transport could be made more affordable and accessible.

Résumé exécutif

L'objectif principal de cette étude était de fournir à la Commission européenne une analyse détaillée du phénomène d'âgisme et de la discrimination fondée sur l'âge dans l'Union européenne (UE). Elle a exploré les différentes formes de discrimination liées à l'âge (qu'elles soient institutionnelles, interpersonnelles ou intériorisées) et leurs effets sur les groupes d'âge dans des domaines essentiels de la vie, notamment l'emploi, la santé, l'éducation, le logement, l'accès numérique et la participation politique. L'étude a également évalué les cadres juridiques et les politiques en vigueur au niveau national, le rôle des organismes de promotion de l'égalité (EB) et des organisations de la société civile (OSC), ainsi que l'efficacité des protections existantes. Une attention particulière a été portée à la mise en évidence des lacunes des mesures actuelles et à la formulation de recommandations pour garantir un traitement plus inclusif et équitable des personnes de tous âges.

L'étude a adopté une méthode mixte, combinant la collecte et l'analyse de données qualitatives et quantitatives. L'analyse documentaire et la revue de littérature ont orienté la conception des enquêtes et des entretiens auprès d'individus, d'autorités nationales (AN) et d'OSC dans les États membres. Les enquêtes ont permis de recueillir des données sur les expériences de discrimination fondée sur l'âge, les réponses institutionnelles et les lacunes politiques, tandis que les entretiens semi-directifs ont apporté des éclairages approfondis sur les expériences vécues et les efforts de plaidoyer. L'analyse quantitative s'est appuyée sur les microdonnées des enquêtes Eurobaromètre spéciales sur la discrimination dans l'UE (Eurobaromètre 2019, 2023) et de l'European Social Survey (ESS), ainsi que sur des données agrégées provenant de sources officielles européennes et nationales. Cette analyse a également inclus des modèles économétriques pour estimer l'impact financier de la discrimination liée à l'âge. L'étude a adopté une perspective neutre et inclusive en matière d'âge, fondée sur le rapport mondial sur l'âgisme de l'Organisation mondiale de la santé (OMS), puis a appliqué des regroupements d'âge détaillés pour l'analyse. L'intersectionnalité et l'équité intergénérationnelle ont constitué des axes transversaux de l'analyse, de la conception et de l'interprétation de l'étude.

Prévalence de la discrimination

La discrimination fondée sur l'âge est un problème dans toute l'UE, touchant des individus à différents stades de la vie et dans divers contextes. Selon le dernier Eurobaromètre (2023), 6,4% de la population de l'UE ont subi une discrimination ou un harcèlement lié à l'âge au cours de l'année écoulée. Les groupes les plus touchés sont les jeunes âgés de 15 à 24 ans (8,4%) et les personnes âgées, en particulier celles de 75 ans et plus (10,7%).

L'emploi apparaît comme le domaine le plus fréquemment cité pour la discrimination liée à l'âge. Plus de la moitié des répondants de l'UE (51,7%) estiment que l'âge peut

désavantager un candidat lors du processus de recrutement, ce qui constitue le principal frein à l'emploi, devant le handicap, l'origine ethnique ou l'apparence physique. Cette constatation est confirmée par les enquêtes qualitatives, qui montrent systématiquement des niveaux élevés de discrimination signalée lors des recherches d'emploi et sur le lieu de travail. Les autorités nationales confirment également la prévalence de la discrimination liée à l'âge dans l'emploi, bien que les organisations de la société civile (OSC) la mentionnent moins fréquemment, probablement en raison de leur concentration sur des domaines sous-représentés.

La discrimination liée à l'âge dans les soins de santé touche notamment les personnes âgées. Parmi la population générale ayant subi une discrimination liée à l'âge au cours des 12 derniers mois, 12,9% déclarent avoir été discriminées lors de l'accès aux services de santé. Ce chiffre atteint 20,9% pour les personnes âgées de 75 ans et plus. Les autorités nationales (39%), les individus (44%) et les OSC (48%) reconnaissent la prévalence élevée de la discrimination liée à l'âge dans les soins de santé, notamment chez les personnes de 45 ans et plus, dans les enquêtes qualitatives.

Les données sur la fréquence de la discrimination dans la protection sociale, le logement et l'éducation sont plus nuancées. Les enquêtes qualitatives montrent que la discrimination dans les services sociaux est rapportée le plus souvent par les jeunes, avec 70% des répondants âgés de 18 à 24 ans contre seulement 49% des personnes âgées de 75 ans et plus. À l'inverse, les données de l'Eurobaromètre suggèrent que les personnes âgées sont plus susceptibles de subir une discrimination dans ce domaine, avec 13,4% des individus âgés de 75 ans et plus contre 7,8% des personnes âgées de 15 à 24 ans. La discrimination dans le logement est davantage rapportée par les jeunes, en particulier ceux âgés de 25 à 34 ans (28,1%) et de 15 à 24 ans (17,7%).

Obstacles institutionnels, interpersonnels et intériorisés à l'égalité

L'étude révèle un ensemble d'obstacles interdépendants institutionnels, interpersonnels et internalisés qui nuisent à l'égalité entre les générations dans les principaux domaines politiques. Ces obstacles se recoupent souvent et se renforcent mutuellement, créant des inégalités persistantes qui affectent les individus tout au long de leur vie.

Les obstacles institutionnels sont systémiques et intégrés dans les lois, politiques et pratiques. Ils incluent des pratiques discriminatoires en matière de recrutement, des politiques de départ à la retraite obligatoire, des critères d'éligibilité fondés sur l'âge pour les prestations et un accès restreint aux dispositifs adaptés à l'âge. Par exemple, dans l'enquête qualitative, des personnes âgées ont signalé s'être vu refuser un logement ou un prêt malgré une stabilité financière, tandis que des jeunes ont été exclus de certaines aides au logement ou des opportunités de formation en raison de critères d'âge minimum. Des améliorations significatives ont été constatées dans le nombre de lits en maisons de retraite et autres établissements de soins de longue durée.

Dans le domaine de la santé, l'enquête auprès des autorités nationales montre que des restrictions d'âge imposées par les institutions pour les dépistages ou traitements étaient parfois présentes. Une application lacunaire des lois en vigueur aggrave ces problèmes, de nombreuses personnes indiquant que leurs plaintes n'ont pas été prises en compte. Le manque de financement et de services adaptés, tels que le transport accessible, le soutien à l'usage du numérique et les soins de longue durée, limite également la participation équitable.

Selon les sources, entre 5% et 15% de la population ont déclaré des besoins de santé non satisfaits au cours de l'année précédente, avec une hétérogénéité significative entre

les groupes d'âge. La raison la plus courante était le manque de créneaux disponibles (47%), sans écarts significatifs entre les groupes d'âge. Les longues listes d'attente étaient également une explication importante, signalée plus fréquemment par les personnes âgées (57% et 60% pour celles âgées de 65 à 74 ans et 75 ans et plus, respectivement, contre seulement 40% pour celles âgées de 25 à 34 ans). Les jeunes adultes actifs étaient plus susceptibles de mentionner l'impossibilité de prendre un congé (17% des personnes âgées de 25 à 34 ans). Les personnes ayant déclaré une discrimination fondée sur l'âge étaient 13 points de pourcentage plus nombreuses à déclarer ne pas avoir pu obtenir une consultation médicale ou un traitement nécessaire.

Les obstacles interpersonnels se manifestent dans les interactions quotidiennes et sont façonnés par des stéréotypes et préjugés liés à l'âge. Les répondants ont signalé des cas où ils ont été interrompus lors de procédures judiciaires, se sont vu refuser un logement par des propriétaires préférant des locataires plus jeunes, ou ont vu leurs idées ignorées au travail. Dans les soins de santé et l'éducation, les professionnels prenaient souvent leurs préoccupations à la légère, en attribuant systématiquement ces symptômes ou difficultés à l'âge plutôt que de les traiter sérieusement. Les médias et la publicité renforcent ces stéréotypes nuisibles, présentant les personnes âgées comme dépendantes ou déconnectées et les jeunes comme inexpérimentés ou irresponsables.

Les obstacles auto-dirigés sont des formes intériorisées d'âgisme. Ils sont souvent façonnés par des expériences institutionnelles et interpersonnelles et peuvent limiter considérablement les aspirations, la confiance et la participation des individus. Selon l'enquête auprès des individus, les personnes âgées ont déclaré éviter les promotions ou les nouveaux rôles, pensant qu'elles étaient trop âgées pour diriger ou apprendre de nouvelles compétences. La même source révèle que les jeunes hésitent à postuler à des emplois ou à s'exprimer en réunion, supposant qu'ils ne seraient pas pris au sérieux. Dans l'éducation, des personnes de tous âges doutaient de leur capacité à réussir, se sentant soit trop jeunes, soit trop âgées pour être des apprenants crédibles. Dans les soins de santé, beaucoup remettaient en question la légitimité de leurs préoccupations ou évitaient de consulter, attribuant les symptômes au «vieillissement normal». Ces limitations intériorisées sont souvent renforcées par l'absence d'environnements favorables, de formations ou de messages inclusifs.

Chaque type d'obstacle tend à être plus marqué dans certains domaines de politiques publiques. Les obstacles institutionnels sont particulièrement présents dans l'emploi, le logement et la protection sociale, où les lacunes juridiques, les critères d'éligibilité fondés sur l'âge et le manque d'aménagements sont les plus visibles. Les obstacles interpersonnels sont le plus souvent signalés dans les soins de santé, l'emploi et les médias, où les attitudes âgistes et les comportements d'exclusion sont courants. Les obstacles auto-imposés sont particulièrement prononcés dans l'emploi, l'éducation et les soins de santé, où les normes d'âge intériorisées découragent les individus de saisir des opportunités, de consulter ou de faire valoir leurs droits. Ces tendances suggèrent que, bien que les trois types d'obstacles existent dans tous les secteurs, leur intensité et leur impact varient selon le contexte et le groupe d'âge concerné.

Impacts de la discrimination fondée sur l'âge

L'étude montre que la discrimination liée à l'âge a des effets sociaux importants et quantifiables.

Sur le marché du travail, les individus ayant déclaré avoir subi une discrimination liée à l'âge étaient 10 points de pourcentage (pp) plus susceptibles d'être au chômage, l'effet étant amplifié pour les personnes de plus de 35 ans. Ce constat est cohérent avec les données issues d'expériences montrant une baisse du taux de convocation à un entretien chez les candidats plus âgés.

Selon l'étude, si les personnes discriminées avaient la même probabilité de chômage que celles qui ne subissent pas de discrimination, près d'un million de personnes supplémentaires pourraient accéder à l'emploi, réduisant le taux de chômage de l'UE de 0,5 pp. Cela générerait un gain estimé en termes de produit intérieur brut (PIB) de 47 milliards d'euros, soit une augmentation de 0,3 %. La majorité de ces gains proviendrait d'une hausse de l'emploi chez les personnes âgées, qui subissent généralement des discriminations plus fréquentes et perçoivent des salaires plus élevés. Les gains seraient également concentrés en Europe occidentale en raison de sa population plus importante, de ses niveaux de revenus plus élevés et de ses taux de discrimination signalés.

Les données qualitatives des autorités nationales (AN) et des organisations de la société civile (OSC) confirment ces résultats. Les répondants ont souligné l'insécurité économique comme une conséquence majeure de la discrimination liée à l'âge, en particulier pour les personnes âgées confrontées à une retraite forcée et pour les jeunes ayant des difficultés à accéder à un emploi stable. Les OSC ont également signalé des répercussions économiques durables, notamment une baisse des revenus, un ralentissement de la progression de carrière et un refus de crédit ou d'assurance.

En matière de santé, les personnes ayant déclaré avoir subi une discrimination liée à l'âge étaient 15 pp moins susceptibles d'évaluer leur santé comme bonne. Elles étaient également plus susceptibles de souffrir de maladies chroniques, notamment de maladies cardiovasculaires et troubles musculo-squelettiques. Les AN et les OSC ont confirmé ces préoccupations, citant des présomptions âgistes dans les soins de santé entraînant des retards ou des soins inadéquats, en particulier pour les personnes âgées. Les effets globaux sont également significatifs : en supposant une relation causale, l'élimination de la discrimination liée à l'âge pourrait permettre à 3,2 millions de personnes supplémentaires de déclarer être en bonne santé, ce qui aurait un impact considérable non seulement sur la vie des individus, mais aussi sur les systèmes de santé nationaux et les finances publiques.

Les personnes ayant déclaré une discrimination liée à l'âge étaient 14 pp plus susceptibles de signaler des conditions de logement médiocres, notamment la présence de moisissures ou de dégradations sur les fenêtres, portes et sols, des murs humides ou un toit qui fuit, ainsi que la présence d'insectes ou de rongeurs. Les réponses qualitatives ont lié ces expériences à une précarité économique plus marquée et à une exclusion du logement public ou abordable, en particulier chez les jeunes et les personnes âgées. Globalement, limiter l'impact de la discrimination liée à l'âge sur l'accès à un logement adéquat pourrait améliorer les conditions de vie de 1,1 à 3,5 millions d'Européens.

Les effets sociaux sont également importants. Selon l'analyse de régression de l'European Social Survey, les individus ayant déclaré une discrimination liée à l'âge étaient 27 pp plus susceptibles de se sentir seuls régulièrement et 4 pp plus susceptibles de participer au plus à une rencontre sociale par mois. Les effets étaient particulièrement marqués chez les jeunes et les personnes âgées. Ces résultats sont corroborés par des témoignages qualitatifs provenant de tous les groupes de parties prenantes, qui ont décrit l'isolement social, les problèmes de santé mentale et la réduction de la participation à la vie communautaire comme des conséquences courantes de l'âgisme. Les OSC et les individus ont fréquemment mentionné des sentiments d'invisibilité sociale, une faible estime de soi et la dépression, en particulier chez ceux confrontés à une discrimination multiple liée au genre, au handicap ou au statut minoritaire. Les estimations suggèrent qu'en l'absence de discrimination liée à l'âge, 4,6 millions d'Européens ne souffriraient plus de solitude.

La confiance dans les institutions est également affectée. Selon l'analyse de régression de l'European Social Survey, les personnes ayant subi une discrimination liée à l'âge étaient 14 pp moins susceptibles de faire confiance au système judiciaire et manifestaient une confiance affaiblie envers les partis politiques et les responsables politiques. Les effets globaux sont considérables : réduire les effets de la discrimination liée à l'âge pourrait restaurer la confiance dans le système judiciaire pour près de trois millions d'Européens. Les personnes ayant subi une discrimination liée à l'âge étaient 11 pp plus susceptibles d'exprimer un intérêt pour la politique, ce qui suggère une dissociation entre engagement citoyen et confiance dans les institutions. Les AN ont noté que la sous-déclaration de la discrimination est généralisée, souvent en raison de la conviction que les recours juridiques sont perçus comme inefficaces ou inaccessibles.

Enfin, les personnes ayant déclaré une discrimination liée à l'âge étaient 14pp moins susceptibles de faire confiance à leurs concitoyens, ce qui correspond à 3,2 millions d'Européens à l'échelle de la population de l'UE. La confiance et le capital social ont des effets considérables sur la croissance économique à long terme.

Travail des OSC

L'étude met en évidence le rôle diversifié et axé sur les besoins individuels des OSC dans la promotion de l'égalité des âges. Les OSC représentant les personnes âgées se concentrent sur l'éducation, les soins de santé et la lutte contre l'isolement social, tandis que celles représentant les jeunes privilégient la participation politique et l'emploi. Les préoccupations partagées portent sur la santé mentale, le bien-être et l'engagement civique, reflétant un engagement partagé à lutter contre l'âgisme systémique.

L'intersectionnalité est largement reconnue. Les OSC représentant les personnes âgées abordent souvent l'âge en lien avec le handicap et le genre, tandis que celles représentant les jeunes se concentrent davantage sur la santé mentale, le statut parental et l'apparence. De nombreuses OSC favorisent la solidarité intergénérationnelle par le biais de centres, d'échanges de compétences et de dialogues en ligne, bien que la collaboration institutionnalisée entre organisations axées sur l'âge reste limitée.

Malgré leurs efforts, les OSC sont confrontées à des obstacles durables: attitudes âgistes, faible sensibilisation du public, financement limité et absence de données et d'approches intersectionnelles. Ces obstacles nuisent à la reconnaissance de leur action, les OSC représentant les jeunes étant généralement plus optimistes.

Analyse comparative des cadres nationaux contre la discrimination fondée sur l'âge et l'âgisme

Le cadre juridique relatif à la discrimination fondée sur l'âge dans les États membres est relativement harmonisé dans ses définitions, couvrant la discrimination directe et indirecte ainsi que le harcèlement. Néanmoins, des lacunes importantes subsistent. La protection se concentre principalement sur l'emploi, avec des protections juridiques qui s'étendent progressivement à d'autres domaines tels que l'éducation, la formation et la protection sociale (19 États membres), les soins de santé (16 États membres), le logement (15 États membres), l'accès aux services (14 États membres), et d'autres domaines encore.

Parallèlement à ces évolutions, la directive 2000/78/CE, établissant un cadre général pour l'égalité de traitement en matière d'emploi et de travail, autorise des dérogations, notamment les exigences professionnelles essentielles (EPE) et les mesures de discrimination positive, et ces dérogations sont largement appliquées. Tous les États membres reconnaissent des âges obligatoires de départ à la retraite, et 16 États

membres permettent aux employeurs privés de fixer des âges de retraite. Des différences de traitement selon l'âge sont également présentes dans la sécurité sociale (14 États membres), le recrutement dans les forces armées (16 États membres), la police (14 États membres), les critères éducatifs et médicaux (14 États membres), ainsi que l'éligibilité au vote et aux fonctions publiques (24 États membres). De plus, des tarifs réduits de transport sont proposés aux étudiants dans 18 États membres et aux seniors dans 9 États membres, illustrant des mesures spécifiques selon les tranches d'âge.

Bien qu'il n'existe pas de définition consensuelle de l'âgisme dans les États membres, 21 États membres disposent de politiques favorisant l'équité intergénérationnelle.

La jurisprudence reflète une couverture étendue à plusieurs secteurs, l'emploi restant dominant. Les tribunaux abordent de plus en plus la discrimination indirecte et les politiques apparemment neutres ayant des impacts liés à l'âge. Une tendance notable est la grande latitude accordée par les juridictions aux justifications fondées sur l'âge, telles que les politiques du marché du travail ou la planification de la succession, qui seraient probablement interdites si elles reposaient sur d'autres motifs. Les protections pour les personnes âgées sont bien développées, tandis que les jeunes restent sous-représentés dans les litiges.

L'analyse des structures de suivi dans les États membres met en évidence des lacunes importantes en matière de collaboration, de collecte de données et de mécanismes d'application liés à la discrimination fondée sur l'âge et à l'égalité. Les données de l'enquête auprès des AN indiquent une coordination limitée entre les ministères et autres autorités nationales, avec un engagement principalement ponctuel ou thématique (sur des développements politiques spécifiques) ou incohérent. Seuls sept États membres ont mis en place des unités dédiées à l'égalité des âges, et les financements alloués à ce domaine sont généralement les plus faibles parmi tous les motifs de discrimination.

La collecte de données sur les plaintes pour discrimination liée à l'âge est à la fois rare et inégale, ce qui réduit la capacité des AN à évaluer les tendances et à hiérarchiser efficacement les interventions. Bien que tous les États membres fournissent un soutien et une assistance aux plaignants et disposent de la capacité à traiter les plaintes, l'absence de données cohérentes limite le potentiel de prise de décision éclairée et de développement des politiques.

Onze États membres offrent des recours exhaustifs contre la discrimination liée à l'âge, comprenant à la fois des sanctions financières et pénales.

Analyse comparative des stratégies et actions

Stratégies

Cette section examine les stratégies nationales et régionales liées à l'âge en Europe, qui servent de cadres politiques pour répondre aux évolutions démographiques, promouvoir l'inclusion tout au long de la vie et garantir l'égalité des chances pour tous les groupes d'âge.

L'examen de 80 stratégies relatives à l'âge en Europe révèle un paysage politique complexe et en évolution, avec des approches variées en matière de vieillissement, de suivi et de mise en œuvre. La majorité (63,8% – 51 stratégies) adoptent une approche d'intégration transversale, intégrant les préoccupations liées à l'âge dans des cadres politiques plus larges. En revanche, 36,6% (29 stratégies) sont spécifiques à l'âge, ciblant des groupes d'âge distincts. Enfin, 26,6% (21 stratégies) abordent explicitement

la discrimination fondée sur l'âge, l'âgisme ou l'égalité des âges, ce qui limite leur efficacité à lutter contre les inégalités structurelles.

En matière d'inclusivité et de ciblage, les stratégies adoptant une approche fondée sur le cycle de vie et couvrant tous les groupes d'âge représentent 45% (36 stratégies), reflétant un engagement en faveur d'une approche globale. Celles axées sur les personnes âgées de 50 ans et plus représentent 30% (24 stratégies), abordant généralement le vieillissement actif, les soins et l'inclusion sociale. Les stratégies ciblant les moins de 50 ans représentent 16,6% (13 stratégies), souvent axées sur le développement des jeunes, l'éducation et l'emploi. Cette répartition souligne l'importance de combiner des cadres inclusifs avec des interventions ciblées pour répondre aux besoins spécifiques des différents groupes d'âge.

En comparant les approches transversales et sectorielles, la majorité des stratégies (61,6% – 49 stratégies) sont horizontales, intégrant les considérations liées au vieillissement dans plusieurs secteurs. L'éducation est le secteur le plus fréquemment abordé (73,5% – 36 stratégies), suivie par l'emploi et le marché du travail (71,4% – 35 stratégies), la santé et les soins de santé (67,4% – 33 stratégies), la participation civique et politique (59,2% – 29 stratégies) et la transition numérique (46,9% – 23 stratégies). Les stratégies sectorielles, à 35% (28 stratégies), se concentrent plus étroitement, la santé et le logement apparaissant chacun dans 17,9% (5 stratégies) de ces stratégies, la technologie numérique et l'éducation dans 14,3% (4 stratégies), et l'emploi dans 10,7% (3 stratégies). La prévalence des stratégies horizontales reflète une approche systémique du vieillissement, tandis que les stratégies sectorielles offrent un traitement approfondi dans des domaines spécialisés.

Les objectifs politiques identifiés indiquent que le but le plus courant est de promouvoir la solidarité intergénérationnelle et la participation sociale (25 % – 20 stratégies), suivi par l'accès aux soins et aux services sociaux (23,8% – 19 stratégies). Les opportunités d'emploi et l'intégration numérique apparaissent chacune dans 11,3% (9 stratégies) des objectifs stratégiques, tandis que l'apprentissage tout au long de la vie est abordé dans 10% (8 stratégies). 20% supplémentaires (16 stratégies) poursuivent des objectifs plus larges tels que les droits humains, la lutte contre la discrimination, la réduction de la pauvreté, l'accès au logement et le renouveau démocratique.

Les mécanismes de suivi et d'évaluation sont présents dans 70 % des stratégies (56 stratégies), impliquant généralement une gouvernance structurée, des indicateurs de performance et des bilans réguliers.

Les indicateurs et les mécanismes de suivi et de rapport sont répartis de manière inégale, 48,8% des stratégies (39 stratégies) incluant les indicateurs mesurables essentiels pour suivre les progrès et évaluer les résultats. 52,5% (42 stratégies) n'ont pas d'indicateurs définis, ce qui limite leur capacité d'évaluation. Les mécanismes de rapport sont inclus dans 62,5% des stratégies (50 stratégies), impliquant souvent des évaluations annuelles ou biennales. Cependant, 38,8% (31 stratégies) n'ont pas de dispositions claires en matière de rapports, ce qui nuit à la transparence et entrave les corrections en cours de route.

L'encadrement institutionnel est un facteur clé, avec des institutions désignées fournissant structure et responsabilité dans 65% des stratégies (52 stratégies). Ces institutions peuvent effectuer des tâches de suivi individuellement ou en collaboration avec d'autres. Les ministères supervisent 42,5% des stratégies (34 stratégies), les agences 15% (12 stratégies), les conseils ou comités 11,3% (9 stratégies) et les organismes de défense des droits humains 7,5% (6 stratégies). Cependant, 33,8% (27 stratégies) n'ont pas d'institutions désignées, ce qui entraîne un encadrement dispersé.

L'implication active des OSC au suivi est limitée, 35% des stratégies (28 stratégies) confirmant une participation active des OSC et 65% (52 stratégies) ne montrant aucune preuve de leur implication. L'élargissement de la participation des OSC renforcerait la redevabilité démocratique et la pertinence des politiques.

L'évaluation des effets montre que 13 stratégies (16,3%) ont démontré des résultats positifs. Ces succès sont liés à un suivi structuré, à l'engagement des parties prenantes et à des ajustements fondés sur des données fiables. Cinq stratégies (6,3%) ont montré des effets mitigés, tandis que 77,5% (62 stratégies) ne disposent pas de données d'évaluation. La présence de mécanismes de suivi formels dans de nombreuses stratégies aide à la collecte de données et à l'évaluation des progrès.

Actions

Cette section analyse les actions relatives au vieillissement entreprises dans les États membres, couvrant les mesures stratégiques, la législation, les programmes de financement, les initiatives pilotes et les mécanismes consultatifs, afin d'évaluer leur orientation, leur niveau de mise en œuvre et leurs résultats.

L'analyse des 603 actions liées au vieillissement met en évidence une diversité d'approches en matière d'engagement politique, de mise en œuvre et d'impact.

En ce qui concerne leur population cible, 62,6% des actions (376 actions) ciblent les personnes de plus de 50 ans, traduisant une priorité marquée accordée au vieillissement actif, aux soins de santé et à l'inclusion numérique. Seules 15,8% (95 actions) concernent les moins de 50 ans, tandis que 22% (132 actions) s'adressent à tous les groupes d'âge, ce qui suggère une inclusion intergénérationnelle restreinte.

Les dispositifs politiques mobilisés pour mettre en œuvre ces actions varient selon les États membres. La plupart des actions (75,2% – 452 actions) sont intégrées dans des politiques nationales ou régionales, les autres étant réparties entre les programmes de financement (7,7% – 46 actions), la législation (5,7% – 34 actions), les initiatives pilotes (4,5% – 27 actions) et les mécanismes administratifs ou consultatifs (7,3% – 44 actions).

Les thèmes abordés se concentrent sur la protection sociale (22,4% – 135 actions), les soins de santé (20,7% – 125 actions) et l'éducation et la formation (19,1% – 115 actions). Ces domaines prédominent dans les politiques publiques. D'autres secteurs, tels que l'emploi (8% – 48 actions), la technologie numérique (5,1% – 31 actions), la participation politique (4,8% – 29 actions), le logement (4,5% – 27 actions), l'accès aux services (4% – 24 actions), le transport (2,5% – 15 actions), l'accès à la justice (2% – 12 actions) et les médias et la publicité (1,7% – 10 actions), sont moins représentés mais présentent un potentiel d'innovation.

Le niveau de mise en œuvre varie fortement. Plus de la moitié (55,6% – 335 actions) des actions dont le statut n'est pas précisé les soins de santé (68,8% – 86 actions), la protection sociale (54,8% – 74 actions) et l'éducation et la formation (47% – 54 actions) étant particulièrement concernés. Les actions partiellement mises en œuvre représentent 33,8 % (204 actions), tandis que les actions entièrement mises en œuvre restent limitées, à 7 % (42 actions). La technologie numérique (22,6% – 7 actions) et la participation politique (13,8 % – 4 actions) montrent des résultats légèrement supérieurs. Les actions non mises en œuvre (3,7% – 22 actions) révèlent des obstacles structurels, notamment dans l'éducation et l'emploi.

En matière d'accès à la justice, 75% des actions (9 actions) sont non spécifiées et 8,3% ont produit des effets positifs (1 action). Pour l'accès aux services, 62,5% des actions (15 actions) sont non spécifiées et 12,5% (3 actions) ont produit des effets positifs.

La technologie numérique compte 64,5 % (20 actions) d'actions non spécifiées et 16,1% (5 actions) positives. L'éducation et la formation comptent 73% (84 actions) d'actions non spécifiées et 3,5% positives (4 actions).

Les actions liées à l'emploi sont 68,8% (33 actions) non spécifiées et 10,4% (5 actions) positives. Les soins de santé ont la part la plus élevée d'effets non spécifiés (78,4% – 98 actions), avec 10,4% (13 actions) positives.

Les actions liées au logement sont 70,4% (19 actions) non spécifiées et 7,4% (2 actions) positives. Les médias et la publicité comptent 60% (6 actions) non spécifiées et 30% (3 actions) positives.

La participation politique compte 69% (20 actions) non spécifiées et 6,9% (2 actions) positives. La protection sociale compte 60,7 % (82 actions) non spécifiées et 23% (31 actions) positives.

Le transport présente le taux le plus faible d'effets non spécifiés (53,3% – 8 actions) et le taux le plus élevé d'effets positifs (40% – 6 actions).

Collecte de données et statistiques

La plupart des États membres recueillent des données statistiques utiles, bien que celles-ci ne soient que rarement publiées. Les définitions des tranches d'âge varient selon les pays et même entre les enquêtes. Bien que certaines données intersectionnelles soient collectées, elles se concentrent principalement sur le genre et le handicap, avec peu de prise en compte d'autres facteurs.

Des insuffisances marquées subsistent dans la couverture des données, en particulier pour les personnes âgées de 75 ans et plus. Les données ventilées par âge sont plus couramment disponibles dans les domaines de l'emploi, de la santé et de la protection sociale, mais demeurent limitées dans la participation politique, les médias, le transport et les services financiers.

Perceptions de l'adéquation des cadres juridiques et politiques

Les parties prenantes s'accordent largement sur le besoin de renforcer le cadre juridique et politique de l'UE en matière d'égalité des âges, bien que leurs points de vue divergent. Les préoccupations communes incluent une mise en œuvre hétérogène, des ressources limitées et l'absence de stratégies globales pour lutter contre la discrimination fondée sur l'âge et l'âgisme. Il existe également un appel commun à renforcer la coopération entre les autorités et les OSC, ainsi qu'à plus de canaux d'échange d'informations.

Les AN, en particulier les ministères, ont une perception généralement plus favorable à l'égard des mesures existantes, tandis que les organismes pour l'égalité (EB) et les institutions nationales des droits humains (INDH) sont plus critiques, soulignant une mise en œuvre insuffisante, une utilisation limitée des données et des limitations budgétaires. Les OSC pointent un financement insuffisant, des lacunes dans les données et une faible sensibilisation du public, appelant à un renforcement de la planification, de la collaboration et de l'éducation. Elles insistent également sur la nécessité d'interroger les normes culturelles et de renforcer les compétences numériques.

Les individus se concentrent sur les freins pratiques et culturels, soulignant la nécessité d'une meilleure application, d'une mise en œuvre plus rapide et d'initiatives locales plus inclusives. Ils mettent également en avant l'importance des actions de sensibilisation et des aides financières destinées aux personnes âgées.

Considérations supplémentaires

Le rapport présente une orientation stratégique envisageable, s'appuyant sur des pratiques éprouvées dans l'ensemble de l'UE pour favoriser l'élaboration de politiques inclusives et équitables. Une approche coordonnée fondée sur les droits fondamentaux est jugée essentielle pour lutter efficacement contre la discrimination fondée sur l'âge et l'âgisme et promouvoir l'égalité entre générations à chaque étape de la vie. Les cadres juridiques et politiques pourraient être élargis afin d'être alignés sur l'étendue des protections offertes pour la race et le genre. Le suivi et la collecte de données pourraient être renforcés grâce à des données désagrégées et à une publication régulière. Les campagnes de sensibilisation sont jugées efficaces pour modifier les attitudes sociétales.

L'accès à la justice pourrait être élargi grâce à l'assistance juridique gratuite, à des services accessibles hors ligne et à une formation en langage accessible. L'accès aux services peut être amélioré par l'amélioration des infrastructures et des pôles communautaires intégrés. L'inclusion numérique nécessite une attention particulière pour combattre les stéréotypes et offrir des formations adaptées. L'éducation et la formation pourraient soutenir l'apprentissage tout au long de la vie et combattre les préjugés liés à l'âge. Les politiques pourraient encourager des environnements professionnels inclusifs pour tous les âges et à une rémunération juste.

Les systèmes de santé pourraient bénéficier de l'intégration de services tenant compte de l'âge et de l'implication des bénéficiaires de ces services. La conception du logement et son accès pourraient favoriser l'autonomie et préserver la dignité. Dans les médias et la publicité, il est recommandé que les contenus reflètent la pluralité des générations et remettent en question les stéréotypes. Pour l'engagement civique, la participation politique et citoyenne pourrait devenir plus inclusive et représentative, assurant la participation de toutes les générations. Les systèmes de protection sociale doivent faire l'objet d'un examen approfondi pour leur pertinence et leur accessibilité à tous les âges. Enfin, les transports pourraient être rendus plus accessibles et financièrement abordables.

Zusammenfassung

Das Hauptziel dieser Studie war es, der Europäischen Kommission eine tiefgehende Analyse von Altersdiskriminierung und Altersfeindlichkeit in der Europäischen Union (EU) bereitzustellen. Sie untersuchte die verschiedenen Formen der Altersdiskriminierung (institutionell, zwischenmenschlich oder selbstbezogen) und deren Auswirkungen auf Altersgruppen in zentralen Lebensbereichen des gesellschaftlichen Lebens wie Beschäftigung, Gesundheitsversorgung, Bildung, Wohnen, digitaler Zugang und politische Teilhabe. Die Studie bewertete zudem nationale Rechts- und Politikrahmen, die Rolle von Gleichstellungsbehörden und zivilgesellschaftliche Organisationen (ZGOs) sowie die Wirksamkeit bestehender Schutzmaßnahmen. Besonderes Augenmerk lag auf der Identifizierung von Lücken in den bestehenden Maßnahmen und der Entwicklung von Empfehlungen für eine inklusivere und gerechtere Behandlung von Menschen aller Altersgruppen.

Die Studie nutzte einen kombinierten Methodenansatz der qualitative und quantitative Datenerhebung und -analyse kombinierte. Literaturrecherche dient die Gestaltung von Umfragen und Interviews mit Einzelpersonen, nationalen Behörden (NB) und ZGOs in den Mitgliedstaaten. Umfragen erfassten Daten zu Erfahrungen mit Altersdiskriminierung, institutionellen Reaktionen und politischen Lücken, während leitfadengestützte Interviews tiefere Einblicke in gelebte Erfahrungen und die Advocacy-Arbeit ermöglichten.

Die quantitative Analyse nutzte Mikrodaten aus den speziellen Eurobarometer-Umfragen zur Diskriminierung in der EU (Eurobarometer 2019, 2023) und der European Social Survey (ESS) sowie aggregierte Daten aus offiziellen EU- und nationalen Quellen. Diese Analyse umfasste auch ökonometrische Modellrechnungen zur Schätzung der finanziellen Auswirkungen von Altersdiskriminierung. Die Studie verfolgte eine flexible, altersneutrale Perspektive, die auf dem Global Report on Ageism der Weltgesundheitsorganisation (WHO) basiert, und wendete später detaillierte Altersgruppen für die Analyse an. Intersektionalität und intergenerationelle Gerechtigkeit waren integrale Bestandteile des Studiendesigns und der Interpretation.

Prävalenz der Diskriminierung

Altersdiskriminierung stellt ein verbreitetes Problem in der gesamten EU dar und betrifft Menschen in unterschiedlichen Lebensphasen und Kontexten. Laut Eurobarometer 2023 haben 6,4% der EU-Bevölkerung im letzten Jahr Altersdiskriminierung oder Belästigung erlebt. Besonders betroffen sind junge Menschen (15–24 Jahre: 8,4%) und ältere Erwachsene (75+: 10,7%).

Beschäftigung ist der am häufigsten genannte Bereich für Altersdiskriminierung. Mehr als die Hälfte der Befragten (51,7%) glaubt, dass das Alter Bewerber bei der Einstellung benachteiligt, was es zum größten Hemmnis beim Zugang zum Arbeitsmarkt macht – noch vor Behinderung, ethnischer Herkunft oder äußerem Erscheinungsbild. Diese Feststellung wird durch qualitative Umfragen bestätigt, die durchgehend hohe Werte für Diskriminierung bei der Arbeitssuche und am Arbeitsplatz zeigen. Nationale Behörden bestätigen ebenfalls die Häufigkeit von Altersdiskriminierung im Arbeitsleben, während ZGOs sie seltener melden, möglicherweise aufgrund ihres Fokus auf weniger vertretene Bereiche.

Besonders ältere Menschen sind von Diskriminierung im Gesundheitswesen betroffen. Von der Gesamtbevölkerung, die in den letzten 12 Monaten Altersdiskriminierung erlebt hat, berichten 12,9%, dass sie bei der Inanspruchnahme von Gesundheitsdiensten diskriminiert wurden. Dieser Wert steigt auf 20,9% bei Personen ab 75 Jahren. Nationale Behörden (39 %), Einzelpersonen (44%) und ZGOs (48%) erkennen in qualitativen Umfragen die hohe Prävalenz von Altersdiskriminierung im Gesundheitswesen an, insbesondere bei Personen ab 45 Jahren.

Die Ergebnisse zur Prävalenz von Altersdiskriminierung in der sozialen Sicherung, im Wohnungswesen und in der Bildung sind gemischt. Qualitative Umfragen zeigen, dass Diskriminierung in sozialen Diensten wird häufiger von jüngeren Menschen gemeldet: 70% der Befragten im Alter von 18–24 Jahren gegenüber nur 49% der über 75-Jährigen. Im Gegensatz dazu deuten Eurobarometer-Daten darauf hin, dass ältere Menschen in diesem Bereich eher Diskriminierung erfahren (13,4% der über 75-Jährigen gegenüber 7,8% der 15–24-Jährigen). Vor allem junge Erwachsene sind von Diskriminierung bei der Wohnungssuche betroffen – 28,1% der 25- bis 34-Jährigen und 17,7% der 15- bis 24-Jährigen berichten davon.

Institutionelle, zwischenmenschliche und selbstbezogene Barrieren für Gleichheit

Die Studie zeigt ein zusammenhängendes Geflecht von von institutionellen, zwischenmenschlichen und selbstbezogenen Barrieren, die die Gleichbehandlung aller Altersgruppen in zentralen Politikbereichen behindern. Diese Barrieren überschneiden sich häufig und verstärken sich gegenseitig, wodurch anhaltende Ungleichheiten entstehen, die Menschen ihr Leben lang betreffen.

Strukturelle Barrieren auf institutioneller Ebene sind systemisch und in Gesetzen, politischen Maßnahmen und Praktiken verankert. Dazu gehören diskriminierende Einstellungsverfahren, obligatorische Ruhestandsregelungen, altersbasierte Anspruchskriterien für Leistungen und eingeschränkter Zugang zu altersgerechten Vorkehrungen. Beispielsweise berichteten ältere Menschen in der qualitativen Umfrage, dass ihnen trotz finanzieller Stabilität Wohnraum oder Kredite verweigert wurden, während jüngere Menschen aufgrund von Altersgrenzen von Wohnungsleistungen oder Schulungsmöglichkeiten ausgeschlossen wurden. Es gab jedoch deutliche Verbesserungen bei der Anzahl der Betten in Pflegeheimen und anderen stationären Einrichtungen der Langzeitpflege.

Die Umfrage unter nationalen Behörden zeigt, dass Vorsorgeuntersuchungen und Behandlungen im Gesundheitswesen gelegentlich durch institutionelle Altersgrenzen eingeschränkt werden.

Eine unzureichende Durchsetzung bestehender Gesetze verschärft diese Probleme, wobei viele Personen berichten, dass Beschwerden ignoriert oder nicht bearbeitet wurden. Ein Mangel an Finanzierung und bedarfsgerechte Angebote wie barrierefreiem Transport, digitaler Unterstützung und Langzeitpflege begrenzt ebenfalls die gleichberechtigter Zugang.

Je nach Quelle berichteten zwischen 5% und 15% der Bevölkerung über nicht gedeckte Gesundheitsbedürfnisse im vergangenen Jahr, mit erheblichen Unterschieden zwischen den Altersgruppen. Der häufigste Grund für nicht gedeckte Bedürfnisse war die fehlende Terminangebote (47%), ohne deutliche Unterschiede zwischen den Altersgruppen. Lange Wartelisten waren ebenfalls ein wichtiger Grund, der häufiger von älteren Menschen genannt wurde (57% und 60% bei den 65–74-Jährigen bzw. 75+, gegenüber nur 40% bei den 25–34-Jährigen). Junge Erwachsene im erwerbsfähigen Alter gaben häufiger an, dass sie keine Zeit für Arztbesuche fanden (17% der 25–34-Jährigen). Personen, die Altersdiskriminierung meldeten, waren 13 Prozentpunkte (pp) eher der Meinung, dass sie keine medizinische Beratung oder Behandlung erhalten konnten.

Zwischenmenschliche Barrieren zeigen sich im Alltagsauf und werden durch altersbedingte Vorurteile und Stereotype geprägt. Befragte berichteten von Fällen, in denen sie während Gerichtsverfahren unterbrochen wurden, ihnen Wohnraum von Vermietern verweigert wurde, die jüngere Mieter bevorzugten, oder ihre Ideen am Arbeitsplatz ignoriert wurden. Im Gesundheitswesen und in der Bildung minimierten Fachkräfte häufig ihre Anliegen, indem sie Symptome oder Schwierigkeiten dem Alter zuschrieben, anstatt sie ernsthaft zu behandeln. Medien und Werbung verstärken schädliche Stereotype, indem sie ältere Menschen als abhängig oder weltfremd und jüngere Menschen als unerfahren oder verantwortungslos darstellen.

Internalisierte Barrieren sind Ausdruck verinnerlichter Altersdiskriminierung. Sie entstehen oft durch institutionelle und zwischenmenschliche Erfahrungen und können die Ambitionen, das Selbstvertrauen und die Teilhabe der Menschen erheblich einschränken. Laut der Umfrage unter Einzelpersonen berichteten ältere Erwachsene, dass sie Beförderungen oder neue Rollen vermieden, weil sie sich für zu alt hielten, um Führungsaufgaben zu übernehmen oder Neues zu lernen. Dieselbe Quelle zeigte, dass jüngere Menschen zögerten, sich zu bewerben oder in Besprechungen das Wort zu ergreifen, weil sie annahmen, nicht ernst genommen zu werden. Im Bildungsbereich zweifelten Menschen jeden Alters an ihrer Fähigkeit zum Erfolg, da sie sich entweder zu jung oder zu alt fühlten, um glaubwürdige Lernende zu sein. Im Gesundheitswesen stellten viele die Legitimität ihrer Anliegen infrage oder vermieden es, medizinische Hilfe zu suchen, weil sie Symptome dem „normalen Altern“ zuschrieben. Diese selbstbegrenzende Einstellungen werden oft durch das Fehlen unterstützender Umgebungen, Schulungen oder inklusiver Botschaften verstärkt.

Das Vertrauen in Institutionen wird ebenfalls beeinträchtigt. Laut der Regressionsanalyse der European Social Survey waren Personen, die Altersdiskriminierung erlebt haben, um 14 Prozentpunkte geringeren Wahrscheinlichkeit, und zeigten ein geringeres Vertrauen in politische Parteien und Politiker. Die aggregierten Auswirkungen sind beträchtlich: Die Eindämmung der Altersdiskriminierung könnte das Vertrauen in das Rechtssystem für fast drei Millionen Europäer wiederherstellen. Personen, die Altersdiskriminierung erlebt haben, waren 11 pp eher daran interessiert, sich für Politik zu interessieren, was auf eine Spannungsverhältnis zwischen zivilgesellschaftlichem Engagement und Vertrauen in Institutionen. Nationale Behörden stellten fest, dass die Unterberichterstattung über Diskriminierung weit verbreitet ist, oft aufgrund der Überzeugung, dass rechtliche Schritte gelten als wenig wirksam oder schwer zugänglich.

Schließlich waren Personen, die Altersdiskriminierung gemeldet haben, 14 pp weniger geneigt, ihren Mitbürgern zu vertrauen, was auf 3,2 Millionen Europäer hochgerechnet wird. Soziales Vertrauen und gesellschaftliches Kapital haben erhebliche Auswirkungen.

Arbeit der zivilgesellschaftlichen Organisationen (ZGOs)

Die Studie hebt die vielfältige, menschenorientierte Rolle der CSOs bei der Förderung der Altersgleichheit hervor. ZGOs, die ältere Menschen vertreten, konzentrieren sich auf Bildung, Gesundheitsversorgung und soziale Isolation, während diejenigen, die jüngere Menschen vertreten, sich auf politische Beteiligung und Arbeitsmarktintegration konzentrieren. Gemeinsame Anliegen sind psychische Gesundheit, Wohlbefinden und bürgerschaftliches Engagement, was ein gemeinsames Engagement gegen strukturellen Altersdiskriminierung erkennen lässt

Der intersektionale Ansatz ist allgemein anerkannt. ZGOs für ältere Menschen behandeln das Alter häufig zusammen mit Behinderung und Geschlecht, während ZGOs für jüngere Menschen sich stärker auf psychische Gesundheit, Familienstand und äußeres Erscheinungsbild konzentrieren. Viele ZGOs fördern die Solidarität zwischen den Generationen durch Zentren, Kompetenzvermittlung und Online-Dialoge, obwohl die institutionelle Kooperation zwischen altersorientierten Organisationen begrenzt bleibt.

Trotz ihrer Bemühungen stehen ZGOs vor anhaltenden Herausforderungen: altersbedingte Vorurteile, geringe öffentliche Aufmerksamkeit, begrenzte Finanzierung und ein Mangel an Daten und intersektionalen Ansätzen. Diese Barrieren beeinflussen die eingeschätzte Wirksamkeit ihrer Arbeit wobei ZGOs für jüngere Menschen im Allgemeinen optimistischer sind.

Vergleichende Analyse von Strategien und Maßnahmen

Strategien

Dieser Abschnitt untersucht nationale und regionale altersbezogene Strategien in Europa, die als politische Strategierahmendienen, um demografische Veränderungen zu bewältigen, Inklusion über den gesamten Lebensverlauf zu fördern und gleiche Chancen für alle Altersgruppen sicherzustellen.

Die Überprüfung von 80 altersbezogenen Strategien in Europa zeigt eine komplexe und sich entwickelnde politische Landschaft mit unterschiedlichen Ansätzen zu Altern, Beobachtung und Umsetzung. Die Mehrheit (63,8% – 51 Strategien) verfolgt einen Mainstreaming-Ansatz, bei dem altersbezogene Belange in breitere politische Rahmen integriert werden. Im Gegensatz dazu sind 36,6% (29 Strategien) altersspezifisch und

richten sich an bestimmte Altersgruppen. Schließlich adressieren 26,6% (21 Strategien) explizit Altersdiskriminierung, Ageismus oder Altersgleichheit, was ihre Wirksamkeit bei der Bekämpfung struktureller Ungleichheiten einschränkt.

Hinsichtlich Inklusivität und Zielgruppen decken Strategien mit einem lebensphasenorientierter -Ansatz alle Altersgruppen ab und machen 45% (36 Strategien) aus, was ein Bekenntnis zu universeller politischer Gestaltungswiderspiegelt. Strategien, die sich auf Personen ab 50 Jahren konzentrieren, machen 30% (24 Strategien) aus und behandeln typischerweise aktives Altern, Pflege und soziale Inklusion. Strategien für Personen unter 50 Jahren machen 16,6% (13 Strategien) aus und konzentrieren sich häufig auf Jugendförderung, Bildung und Beschäftigung. Diese Verteilung unterstreicht die Bedeutung der Kombination inklusiver Rahmenwerke mit gezielten Interventionen, um die spezifischen Bedürfnisse verschiedener Altersgruppen zu adressieren.

Beim Vergleich bereichsübergreifender und sektorbezogener Ansätze sind die meisten Strategien (61,6% – 49 Strategien) horizontal und integrieren Altersaspekte in mehrere Sektoren. Bildung ist der am häufigsten adressierte Sektor (73,5% – 36 Strategien), gefolgt von Beschäftigung und Arbeitsmarkt (71,4% – 35 Strategien), Gesundheit und Gesundheitsversorgung (67,4 % – 33 Strategien), zivilgesellschaftliche und politische Beteiligung (59,2% – 29 Strategien) sowie digitaler Wandel (46,9% – 23 Strategien). Sektorspezifische Strategien (35% – 28 Strategien) sind enger gefasst, wobei Gesundheit und Wohnen jeweils in 17,9% (5 Strategien) vorkommen, digitale Technologie und Bildung in 14,3% (4 Strategien) und Beschäftigung in 10,7% (3 Strategien). Der Vorrang intersektorale Strategien spiegelt einen ganzheitlicher Ansatz für das Altern wider, während sektorspezifische Strategien vertiefte Behandlung spezifischer Themenfelder bieten.

Die politische Zielsetzungen zeigen, dass das häufigste Ziel die Förderung der Solidarität zwischen den Generationen und der sozialen Teilhabe ist (25% – 20 Strategien), gefolgt von zugänglicher Gesundheitsversorgung und sozialen Diensten (23,8% – 19 Strategien). Beschäftigungsmöglichkeiten und digitale Teilhabeerscheinungen jeweils in 11,3% (9 Strategien) der strategischen Ziele, während lebensbegleitendes Lernen in 10% (8 Strategien) behandelt wird. Weitere 20% (16 Strategien) verfolgen breitere Ziele wie Menschenrechte, Antidiskriminierung, Armutsbekämpfung, Zugang zu Wohnraum und demokratische Erneuerung.

Überwachungs- und Bewertungsmechanismen sind in 70% der Strategien (56 Strategien) vorhanden und beinhalten typischerweise Governance-Struktur, Leistungsindikatoren und regelmäßige Berichterstattung.

Indikatoren und Berichtsvorgaben sind ungleich verteilt: 48,8% der Strategien (39 Strategien) enthalten messbare Indikatoren, die für die Fortschrittsverfolgung und Ergebnisevaluierung unerlässlich sind. 52,5% (42 Strategien) haben keine definierten Indikatoren, was ihre Bewertungspotenziale einschränkt. Berichtsmechanismen sind in 62,5% der Strategien (50 Strategien) enthalten, oft mit jährlichen oder zweijährlichen Bewertungen. Allerdings fehlen in 38,8% (31 Strategien) klare Berichtsbestimmungen, was die Transparenz verringert und Anpassungen im Prozessverlauf erschwert.

Institutionelle Aufsicht ist ein Schlüsselfaktor: 65% der Strategien (52 Strategien) haben zuständige Institutionen, die Struktur und Rechenschaftspflicht bieten. Diese Institutionen können Überwachungsaufgaben entweder einzeln oder in Zusammenarbeit mit anderen wahrnehmen. Ministerien überwachen 42,5% der Strategien (34 Strategien), Agenturen 15% (12 Strategien), Räte oder Ausschüsse 11,3% (9 Strategien) und Institutionen für Menschenrechte 7,5% (6 Strategien). Allerdings fehlen in 33,8% (27 Strategien) benannte Institutionen, was zu uneinheitlicher Kontrolle führt.

ZGOs sind in der Überwachung nur begrenzt beteiligt: 35% der Strategien (28 Strategien) bestätigen eine aktive Beteiligung von ZGOs, während 65% (52 Strategien) keine Hinweise auf ihre Beteiligung zeigen. Eine Ausweitung der CSO-Beteiligung würde die demokratische Verantwortlichkeit und die politische Wirksamkeit erhöhen.

Die Bewertung der Wirkungen zeigt, dass 13 Strategien (16,3%) positive Ergebnisse erzielt haben. Diese Erfolge sind mit strukturiertem Monitoring, Einbindung von Stakeholdern und datengestützte Anpassungen verbunden. Fünf Strategien (6,3%) zeigten gemischte Effekte, während 77,5% (62 Strategien) keine Evaluationsdaten aufweisen. Das Vorhandensein formaler Monitoringmechanismen in vielen Strategien unterstützt die Datenerhebung und Fortschrittsbewertung.

Maßnahmen

Dieser Abschnitt analysiert altersbezogene Maßnahmen in den Mitgliedstaaten, die strategische Maßnahmen, Gesetzgebung, Förderprogramme, Pilotinitiativen und Beratungsmechanismen umfassen, um ihren Fokus, den Umsetzungsfortschritt und die Wirkungen zu bewerten.

Die Analyse der 603 altersbezogenen Maßnahmen zeigt eine vielfältige Landschaft politischer Initiativen, Umsetzungen und Auswirkungen. Bei der Zielgruppe „richten sich 62,6% der Maßnahmen (376 Maßnahmen) an Personen über 50 Jahre, was eine starke Betonung auf aktives Altern, Gesundheitsversorgung und digitale Inklusion widerspiegelt. Nur 15,8% (95 Maßnahmen) konzentrieren sich auf Personen unter 50 Jahren, während 22% (132 Maßnahmen) alle Altersgruppen abdecken, was auf eine begrenzte generationenübergreifende Einbeziehung hindeutet.

Die politischen Instrumente zur Umsetzung dieser Maßnahmen variieren zwischen den Mitgliedstaaten. Die meisten Maßnahmen (75,2% – 452 Maßnahmen) sind in nationale oder regionale Politiken eingebettet, andere verteilen sich auf Förderprogramme (7,7% – 46 Maßnahmen), Gesetzgebung (5,7% – 34 Maßnahmen), Pilotinitiativen (4,5% – 27 Maßnahmen) und administrative oder beratende Mechanismen (7,3% – 44 Maßnahmen).

Die thematische Schwerpunkte konzentrieren sich auf soziale Sicherung (22,4% – 135 Maßnahmen), Gesundheitsversorgung (20,7% – 125 Maßnahmen) sowie Bildung und Ausbildung (19,1% – 115 Maßnahmen). Diese Bereiche prägen die politische Agenda. Andere Bereiche wie Beschäftigung (8 % – 48 Maßnahmen), digitale Technologie (5,1% – 31 Maßnahmen), politische Teilhabe (4,8% – 29 Maßnahmen), Wohnen (4,5% – 27 Maßnahmen), Zugang zu Dienstleistungen (4 % – 24 Maßnahmen), Verkehr (2,5% – 15 Maßnahmen), Zugang zur Justiz (2% – 12 Maßnahmen) sowie Medien und Werbung (1,7% – 10 Maßnahmen) sind weniger stark vertreten, weisen jedoch Innovationspotenzial auf.

Der Umsetzungsstatus variiert stark. Mehr als die Hälfte (55,6% – 335 Maßnahmen) sind „nicht spezifiziert“, wobei Gesundheitsversorgung (68,8% – 86 Maßnahmen), soziale Sicherung (54,8% – 74 Maßnahmen) und Bildung und Ausbildung (47 % – 54 Maßnahmen) besonders betroffen sind. Teilweise umgesetzte Maßnahmen machen 33,8% (204 Maßnahmen) aus, während vollständig umgesetzte Maßnahmen begrenzt bleiben (7% – 42 Maßnahmen). Digitale Technologie (22,6% – 7 Maßnahmen) und politische Teilhabe (13,8% – 4 Maßnahmen) zeigen etwas bessere Ergebnisse. Nicht umgesetzte Maßnahmen (3,7% – 22 Maßnahmen) verdeutlichen strukturelle Barrieren, insbesondere in Bildung und Beschäftigung.

Im Bereich Zugang zur Justiz sind 75% der Maßnahmen (9 Maßnahmen) nicht spezifiziert und 8,3% positiv (1 Maßnahme). Beim Zugang zu Dienstleistungen sind

62,5% der Maßnahmen (15 Maßnahmen) nicht spezifiziert und 12,5% (3 Maßnahmen) positiv.

Digitale Technologie weist 64,5% (20 Maßnahmen) nicht spezifizierte Maßnahmen und 16,1% (5 Maßnahmen) positive Ergebnisse auf. Bildung und Ausbildung haben 73% (84 Maßnahmen) nicht spezifizierte Maßnahmen und 3,5% positive (4 Maßnahmen).

Beschäftigungsmaßnahmen sind zu 68,8% (33 Maßnahmen) nicht spezifiziert und zu 10,4% positiv (5 Maßnahmen). Gesundheitsversorgung hat den höchsten Anteil nicht spezifizierter Wirkungen (78,4% – 98 Maßnahmen), mit 10,4% (13 Maßnahmen) positiven Ergebnissen.

Wohnungsmaßnahmen sind zu 70,4% (19 Maßnahmen) nicht spezifiziert und zu 7,4% positiv (2 Maßnahmen). Medien und Werbung haben 60% (6 Maßnahmen) nicht spezifizierte und 30 % (3 Maßnahmen) positive Maßnahmen.

Die politische Teilhabe weist 69% (20 Maßnahmen) nicht spezifizierte Wirkungen und 6,9% (2 Maßnahmen) positive Wirkungen auf. Die soziale Sicherung hat 60,7% (82 Maßnahmen) nicht spezifizierte und 23% (31 Maßnahmen) positive Wirkungen.

Der Bereich Verkehr hat den niedrigsten Anteil nicht spezifizierter Wirkungen (53,3% – 8 Maßnahmen) und den höchsten positiven Anteil (40% – 6 Maßnahmen).

Datenerhebung und Statistik

Die meisten Mitgliedstaaten erheben relevante Statistiken, obwohl diese nur selten veröffentlicht werden. Die Definitionen der Altersgruppen variieren zwischen den Ländern und sogar zwischen den einzelnen Erhebungen. Obwohl einige intersektionale Daten erhoben werden, konzentrieren sie sich hauptsächlich auf Geschlecht und Behinderung, während andere Merkmale weniger berücksichtigt werden.

Es bestehen erhebliche Lücken in der Datenabdeckung, insbesondere für Personen ab 75 Jahren. Nach Altersgruppen aufgeschlüsselte Daten sind häufiger in den Bereichen Beschäftigung, Gesundheit und soziale Sicherung verfügbar, bleiben jedoch in den Bereichen politische Teilhabe, Medien, Verkehr und Finanzdienstleistungen begrenzt.

Wahrnehmungen zur Angemessenheit der rechtlichen und politischen Rahmenbedingungen

Die Interessengruppen sind sich weitgehend einig über die Notwendigkeit, den rechtlichen und politischen Rahmen der EU für Altersgleichheit zu stärken, auch wenn ihre Perspektiven unterschiedlich sind. Gemeinsame Bedenken betreffen die uneinheitliche Umsetzung, mangelnde Ressourcen und das Fehlen umfassender Strategien zur Bekämpfung von Altersdiskriminierung und Ageismus. Es gibt auch eine gemeinsame Forderung nach besserer Zusammenarbeit zwischen Behörden und ZGOs sowie nach mehr Plattformen für den Informationsaustausch.

Nationale Behörden, insbesondere Ministerien, sind im Allgemeinen positiver gegenüber bestehenden Maßnahmen eingestellt, während Gleichstellungsstellen und Nationale Menschenrechtsinstitution (NHRIs) kritischer sind und auf schwache Durchsetzung, begrenzte Datennutzung und finanzielle Einschränkungen hinweisen. ZGOs verweisen auf unzureichende Finanzierung, Datenlücken und geringe öffentliche Sensibilisierung und fordern eine stärkere Planung, Zusammenarbeit und Bildung. Sie betonen auch die Notwendigkeit, kulturelle Einstellungen zu hinterfragen und die digitale Kompetenzen zu stärken.

Einzelpersonen konzentrieren sich auf praktische und kulturelle Hindernisse und betonen die Notwendigkeit einer besseren Durchsetzung, einer schnelleren Umsetzung und inklusiverer Gemeinschaftsinitiativen. Sie heben auch die Bedeutung von Sensibilisierung und finanzieller Unterstützung für ältere Menschen hervor.

Weitere Überlegungen

Der Bericht skizziert eine mögliche strategische Zukunftsperspektive, der auf erfolgreichen Praktiken aus der gesamten EU basiert, um eine inklusive und gerechte Politikentwicklung zu fördern. Ein koordinierter, rechtebasierter Ansatz wird als wichtig erachtet, um Altersdiskriminierung und Ageismus wirksam zu bekämpfen und Altersgleichheit in allen Lebensphasen zu fördern. Rechtliche und politische Rahmen könnten erweitert werden, um ein Schutzniveau zu erreichen, das dem für ethnische Herkunft und Geschlecht entspricht. Überwachung und Datenerhebung könnten durch aufgeschlüsselte Daten und regelmäßige Veröffentlichung gestärkt werden. Sensibilisierungskampagnen werden als wertvoll angesehen, um gesellschaftliche Einstellungen zu verändern.

Der Zugang zur Justiz könnte durch kostenlose Rechtsberatung, Offline-Dienste und niedrigschwellige Bildungsangebote erweitert werden. Der Zugang zu Dienstleistungen kann durch Infrastrukturverbesserungen und integrierte Gemeinschaftszentren verbessert werden. Digitale Inklusion erfordert Aufmerksamkeit, um Stereotype abzubauen und bedarfsgerechte Schulungsangebote anzubieten. Bildung und Ausbildung könnten lebenslanges Lernen unterstützen und Altersstereotype abbauen. Politiken könnten altersgerechte Arbeitsplätze und faire Bezahlung fördern.

Gesundheitssysteme könnten von der Integration altersfreundlicher Dienste und der Einbeziehung der Nutzer profitieren. Wohnungsdesign und Zugang sollten darauf abzielen, Unabhängigkeit und Würde zu unterstützen. In Medien und Werbung wird empfohlen, Inhalte zu fördern, die Altersvielfalt widerspiegeln und Stereotype herausfordern. Für bürgerschaftliches Engagement könnten politische und zivilgesellschaftliche Beteiligung inklusiver und vielfältiger ausgestaltet werden, um die Beteiligung aller Generationen sicherzustellen. Sozialsysteme sollten auf Angemessenheit und Zugänglichkeit für alle Altersgruppen geprüft werden. Schließlich könnte der Verkehr erschwinglicher und zugänglicher gemacht werden.

1. Introduction

This draft final report is submitted as part of the study on discrimination on the grounds of age in the EU, commissioned by the Directorate-General for Justice and Consumers of the European Commission (DG JUST).

1.1. Objectives of the study

The primary objective of the study is to provide the European Commission with a thorough and comprehensive analysis of ageism and age discrimination in the European Union (EU). It identifies the different age groups affected by age discrimination (whether institutional, interpersonal, or self-directed) and ageism, and explores how specific forms of discrimination, stereotypes and prejudice impact various key aspects of life, including employment, access to services, healthcare, social protection, education and training, housing, transport, access to justice, digital technology, media and advertising, and political participation. In addition to other forms of evidence, the study takes into account the lived experiences of those who experience age discrimination.

The study analyses national policies and legal frameworks related to age equality and non-discrimination in the EU Member States. It examines the efforts of equality bodies (EBs) and national human rights institutions (NHRIs) and civil society organisations (CSOs) in promoting age equality and their positions on age discrimination and ageism, and assesses the reasoning underpinning frameworks supporting age equality, exploring the limitations of their work (e.g. resource allocation) and evaluating the extent to which they protect various age groups.

Lastly, the study highlights the gaps and deficiencies in current protection measures against ageism and age discrimination, and identifies areas where improvements are needed to ensure comprehensive protection for all age groups. Figure 1 presents the scope of the study.

Figure 1. Scope of the study



The study used a mixed-methods approach to gather data on institutional, interpersonal, and self-directed barriers to age equality. More specifically, the study team collected data on:

- **Experiences of age discrimination and ageism:** Their impacts, perspectives on barriers to age equality (interpersonal, self-directed, institutional), key themes and risk factors, and gaps in protections and awareness of redress mechanisms. This was done in both a structured (qualitative survey of individuals) and a semi-structured (interviews with individuals) manner (Task 2).
- **Prevalence and financial impact of age discrimination:** Pre-existing representative data on age discrimination and ageism, barriers to equality due to age discrimination and ageist practices, and their impacts. The study included an assessment and quantification of these data, encompassing a monetisation of impacts on employment.
- **Actions, policies, legislation, and case-law:** These elements promote age equality and combat age discrimination and ageism across the Member States. The study examined actions, policies, and legislation that create age-related barriers (institutional/structural barriers) by providing for differences in treatment between unequal people of different ages (Task 4).
- **Forms and extent of age discrimination and ageism:** Identified by national authorities (NAs), including institutional responses and prevention strategies, gaps and challenges in addressing age-based discrimination and ageism, and good practices and innovative approaches to promote age equality. This was gathered through a qualitative survey of NAs.
- **Policy and advocacy efforts of relevant CSOs:** Focused on age equality and discrimination in the EU, and gaps in protections and awareness of redress mechanisms. This was done through a qualitative survey (structured questionnaire) and semi-structured interviews (Task 5).

The study adopted the perspective used in the World Health Organization (WHO) Global Report on Ageism and lifespan approach studies. This perspective recognises the diversity within and between generations and age groups, offering the advantages of being age-neutral and highly flexible, with fluid and adjustable separations between age groups. Accordingly, the study's data collection tools did not use predefined age categories, but, rather, used a comprehensive approach to investigate the barriers to equality faced by individuals of different ages, on the ground of age. The study team examined institutional, interpersonal, and self-directed barriers, exploring how these obstacles manifest and interact across different ages.

After processing the data collected, the study team adopted a detailed age grouping for the analysis: 18-24, 25-34, 35-44, 45-54, 55-64, 65-74, and 75 and over. This approach captures the experiences of people of different ages in detail. It also ensures consistency between the age groups used for large dataset analysis.

Lastly, the concepts of 'intersectionality' and 'intergenerational fairness' were integral to both its design and implementation of the study. The study included participants from diverse age groups and backgrounds, with support from AGE Platform Europe and the European Youth Forum. The study examined intergenerational dialogue and fairness, as well as intersectionality, through consultations and legal and policy analysis. Data were analysed using intersectional approaches to identify gaps and provide offer considerations. This report provides a comprehensive view of the prevalence and forms of age discrimination in different age groups.

1.2. Report structure

The structure of this report is as follows:

- Section 1.3 illustrates the key definitions of the study;
- Section 2 presents the study methodology;
- Section 3 provides the study findings based on the evidence collected.

This report contains four annexes:

- Annex 1 provides additional figures and tables for the quantitative analysis;
- Annex 2 provides the findings of the interviews with individuals;
- Annex 3 lists the sources of aggregate quantitative data at EU and national level;
- Annex 4 lists sources from the literature review;
- Annex 5 provides an overview of good practices identified through desk research and literature review;
- Annex 6 presents an overview of all national strategies mapped for the study.

1.3. Definitions

Adjudicating body: Refers to the organisation or body responsible for receiving and hearing cases or disputes involving discrimination, issuing a decision and, where applicable, issuing sanctions. Adjudicating bodies may include national courts, specialty tribunals, special administrative bodies, or EBs.

Ageism: Stereotypes, prejudice, or discrimination against (or in favour of) people because of their perceived or actual chronological age ⁽¹⁾. The WHO defines ageism as the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or ourselves based on age ⁽²⁾.

Age-appropriate accommodations: Modifications or supports tailored to the specific needs, capacities, and rights of individuals at different life stages, ensuring equitable access, participation, and well-being across age groups ⁽³⁾.

Age stereotypes: Age stereotypes represent people's beliefs about the characteristics of a group of individuals based on their age. Age stereotypes exist about different age groups (e.g. adolescents, middle-aged people), but the focus of this study is on age stereotypes about older adults ⁽⁴⁾.

Barrier: [For the purposes of this study]: An impediment based on age (including perceptions of age) that limit the enjoyment of fundamental rights and freedoms of individuals. This can be institutional, societal, and self-directed ⁽⁵⁾.

Direct discrimination: Occurs where one person is treated less favourably than another is, has been, or would be treated in a comparable situation, on the grounds of religion or belief, disability, age or sexual orientation ⁽⁶⁾.

Equality Body: Independent statutory body established at Member State level to promote equal treatment and fight discrimination ⁽⁷⁾.

Indirect discrimination: A rule or practice that seems neutral but in fact has a particularly disadvantageous impact on a person or a group of persons with a specific characteristic. The author of the rule or practice may have no idea of the practical consequences and intention to discriminate is therefore not relevant. As in Directives 2000/43/EC, 2000/78/EC and 2002/73/EC, it is possible to justify indirect discrimination (if 'that provision, criterion or practice is objectively justified by a legitimate aim and the means of achieving that aim are appropriate and necessary') ⁽⁸⁾.

⁽¹⁾ Ayalon, L. and Tesch-Römer, C., 'Taking a closer look at ageism: self- and other-directed ageist attitudes and discrimination', *Eur J Ageing*, Vol. 14, 2017, pp. 1-4, <https://doi.org/10.1007/s10433-016-0409-9>

⁽²⁾ World Health Organization (WHO), *Ageism*, WHO, Geneva, n.d., https://www.who.int/health-topics/ageism#tab=tab_1

⁽³⁾ World Health Organization (WHO), *National programmes for age-friendly cities and communities: a guide*, WHO, Geneva, 2003, <https://iris.who.int/bitstream/handle/10665/366634/9789240068698-eng.pdf>

⁽⁴⁾ Chasteen, A.L., Bergstrom, V.N.Z., Schiralli, J.E. and Le Forestier, J.M., 'Age Stereotypes', in: Gu, D. and Dupre, M.E. (Eds), *Encyclopedia of Gerontology and Population Aging*, Springer, Cham., 2021, https://doi.org/10.1007/978-3-030-22009-9_584

⁽⁵⁾ Hopf, S., Walsh, K. and Georgantzi, N., 'Social patterns of ageism: expert perspectives from Austria and Ireland', *Ageing & Society*, Vol. 44, 2024, pp. 79-103, <https://doi.org/10.1017/S0144686X22000186>

⁽⁶⁾ Directive 2000/78/EC, Article 2.

⁽⁷⁾ The establishment of EBs is required under Council Directive 2004/113/EC, Council Directive 2004/113/EC, Council Directive 2000/64/EC and Council Directive 2010/41/EC. Directive 2024/1499/EC widens the mandate of EBs beyond the grounds of race or ethnic origin and gender to discrimination on the grounds of religion or belief, disability, age or sexual orientation in employment and occupation.

⁽⁸⁾ Proposal for a Council Directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation. Op. cit.

Intergenerational fairness: [For the purpose of this study] Focuses on promoting an equitable and just distribution of benefits, risks and costs in all sectors, including socioeconomic sectors, between present and future generations ⁽⁹⁾. Intergenerational fairness also covers communication and dialogue between generations, as well as solidarity and engagement between people of different ages ⁽¹⁰⁾. A policy is fair to all generations when it allows people of all ages to meet their needs of the present without compromising the ability of future generations to meet their own needs ⁽¹¹⁾.

Interpersonal ageism: Arises in interactions between two or more individuals ⁽¹²⁾.

Interpersonal discrimination: Involves interactions that exhibit unjust or prejudicial treatment toward individual members of a social group. Ageism and negative age stereotypes can be expressed unconsciously and consciously through microaggressions in interpersonal interactions ⁽¹³⁾.

Microaggressions: Everyday derogations, slights, and invalidations that are often delivered to people of minority or marginalized backgrounds, whether intentional or unintentional ⁽¹⁴⁾.

Institutional ageism: Laws, rules, social norms, policies and practices of institutions that unfairly restrict opportunities and systematically disadvantage individuals because of their age ⁽¹⁵⁾.

Institutional discrimination: Refers to the unfair treatment of individuals or groups by society or its institutions through unequal consideration of members of subordinate groups. This type of discrimination is often ingrained in an institution's policies, procedures, laws, and objectives.

Life-course approach: The life course perspective is distinct from other research areas by focusing on changes in human lives over a long period, from childhood to old age, rather than specific episodes. It considers the impact of prior life history on later outcomes, investigates changes across multiple cohorts, and studies life domains such as work and family through interdisciplinary approaches. Life course development is seen as a result of personal characteristics, individual actions, cultural frames, and structural conditions, and it views human lives within collective contexts such as families and cohorts ⁽¹⁶⁾.

NHRIs: State entities with a constitutional and/or legislative responsibility to safeguard and advance human rights.

Prejudice: Preconceived opinion that is not based on reason or actual experience ⁽¹⁷⁾.

⁽⁹⁾ United Nations System Chief Executives Board for Coordination, *United Nations System Common Principles on Future Generations: Summary of deliberations*, United Nations, 2023, <https://www.un.org/ceb/CEB/2023/1/Add.1>

⁽¹⁰⁾ https://commission.europa.eu/document/download/c8b8682b-ca47-461b-bc95-c98195919eb0_en?filename=Mission%20letter%20-%20MICALLEF.pdf

⁽¹¹⁾ School of International Futures, *Framework for intergenerational fairness policy assessment tool: How-to guide* (2nd ed.), SOIF Ltd., 2021, <https://www.soif.org.uk/igf>

⁽¹²⁾ World Health Organization (WHO), *Global Report on Ageism*, WHO, Geneva, 2021.

⁽¹³⁾ Gordon, S., 'Ageism and age discrimination in the family: Applying an intergenerational critical consciousness approach', *Clinical Social Work Journal*, Vol. 49, Issue 2, 2020, pp. 271-285, <https://doi.org/10.1007/s10615-020-00753-0>

⁽¹⁴⁾ Lui, P. P., & Quezada, L., *Associations between microaggression and adjustment outcomes: A meta-analytic and narrative review*, *Psychological Bulletin*, 145(1), 2019, pp. 45–78. <https://doi.org/10.1037/bul0000172>

⁽¹⁵⁾ World Health Organization (WHO), *Global Report on Ageism*, WHO, Geneva, 2021, p. XV.

⁽¹⁶⁾ Mayer, K. U., 'New directions in life course research', *Annual Review of Sociology*, Vol. 35, Issue 1, 2009, pp. 413-433, <https://doi.org/10.1146/annurev.soc.34.040507.134619>

⁽¹⁷⁾ Oxford Languages.

Self-directed ageism: Self-doubt (*I'm too old to learn about this new technology or I'm too old to make new friends*) and negative perceptions of one's own ageing (*I'm so much worse at this than I used to be*). Occurs when ageism is internalised and turned against oneself ⁽¹⁸⁾.

Structural ageism: The way in which society and its institutions sustain ageist attitudes, actions or language in laws, policies, practices or culture. Can be encountered in the legal system, the media, healthcare provision and the economy, among many other areas ⁽¹⁹⁾. A process by which macro-level structural factors principally drive and reproduce ageist thoughts, feelings and behaviours at lower meso- and micro-levels. These macro-level influences include the system of policies, laws, societal attitudes, language and culture that shape institutional practices, as well as cultural representations that then reinforce the ways in which ageism and age-based discrimination are perpetuated ⁽²⁰⁾.

Tripartite life-course paradigm: The archetypical paradigm of the life-course comprises three distinct phases: early years are associated with learning, adulthood with work, and old age with retirement. One of the key problems with the prevalence of the tripartite life-course paradigm is that it drives prejudice and exclusion ⁽²¹⁾.

⁽¹⁸⁾ World Health Organization (WHO), *Global Report on Ageism*, WHO, Geneva, 2021.

⁽¹⁹⁾ AGE Platform Europe, *AGE Platform Europe Position on Structural Ageism*, AGE Platform Europe, Brussels, 26 April 2016.

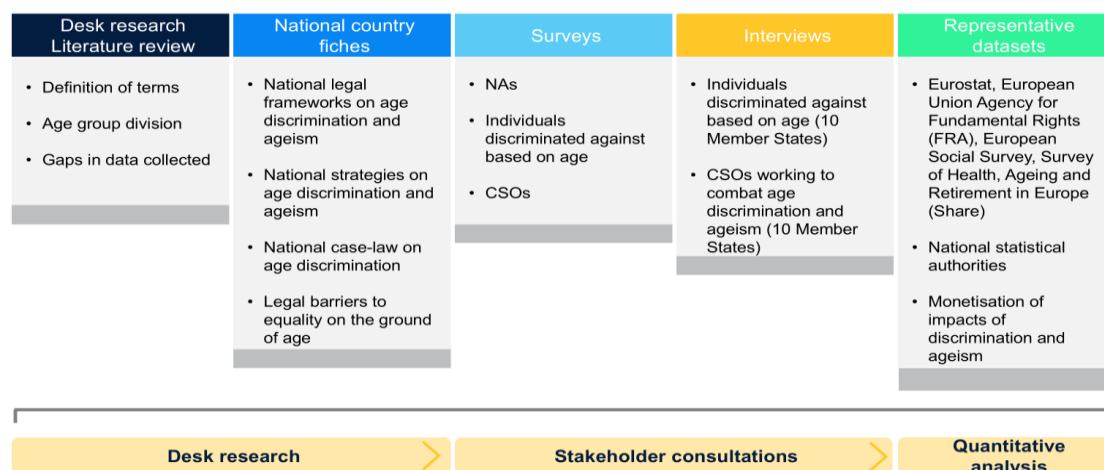
⁽²⁰⁾ Estes, C. L. and DiCarlo, N. B., *Aging A-Z: Concepts Toward Emancipatory Gerontology*, Routledge, London, 2019.

⁽²¹⁾ AGE Platform Europe, *The right to work in old age: How the EU Employment Framework directive still leaves older workers behind*, AGE Platform Europe, Brussels, March 2021.

2. Methodology

This section presents the tasks and methods used for the data collection of this study. These include qualitative and quantitative methodologies applied to different stakeholder groups, such as NAs, CSOs and individuals. It includes a focus on micro data quantitative analysis, surveys, and country fiches.

Figure 2. Methodology



2.1. Desk research and literature review

The literature review aimed to define critical concepts related to age discrimination and ageism, identify approaches to age categorisation in equality studies, and adopt a specific approach for this study. It also sought to map age discrimination within the study scope. The study team selected academic papers (peer-reviewed articles, book chapters, books, PhD theses) and researcher-led reports (from international organisations or funded by public bodies, the EU, or international organisations) on age discrimination and ageism within EU Member States. The team prioritised sources from the past four years while integrating significant sources from the past ten years. Some 200 references were reviewed, with extracts selected that addressed definitions, age categorisation, forms of age discrimination and ageism, barriers to equality based on age (institutional, interpersonal, self-directed), areas of age discrimination and ageism (employment, healthcare, digitalisation, other relevant areas), the impact of age discrimination and ageism, actions on intergenerational fairness and their effects on different age groups, and good practices to combat ageism and age discrimination.

2.2. National country fiches

Using a hub-and-spoke approach, the study gathered extensive data on national strategies and legal frameworks addressing age discrimination within the scope of the

study from all Member States. The research and data collection also focused on how national laws and decisions have created age-related barriers, resulting in unequal treatment. It involved in-depth documentation research, culminating in the completion of country questionnaires, based on a research protocol. The team used Microsoft Teams to share questions and answers, ensuring consistency across all EU Member States and avoiding duplicate requests. A webinar and subsequent meetings reviewed all materials and provided clarifications throughout the study.

2.3. Qualitative surveys

The study team designed three online qualitative surveys based on the literature and policy desk research carried out during the inception phase. The surveys targeted specific groups of stakeholders: NAs (ministries, EBs/NHRIs, and statistical authorities), individuals who have experienced discrimination, and CSOs working in the areas of age discrimination and ageism or other areas of life covered by the study in all Member States. The surveys investigated:

- Various forms and levels of age discrimination, institutional responses, statistical data collection, existing gaps and challenges, and effective practices for combating age-based discrimination and ageism at national level (NA survey).
- Experiences of individuals who perceive they have faced age discrimination and/or ageism across various age groups in all EU Member States (individual survey).
- Characteristics, working areas, and approaches to intersectionality and intergenerational fairness of CSOs, as well as their perceptions of ageism, legal and policy frameworks, gaps, barriers, and recommendations for achieving age equality (CSO survey)

The surveys followed best practices in survey flow, conciseness, and length of interview (LOI)/number of questions.

All surveys were carried out between mid-December 2024 and mid-February 2025. The survey of individuals gathered 323 responses from a diverse range of age groups across all EU Member States: ten respondents aged 18-24, 38 respondents aged 25-34, 16 respondents aged 35-44, 31 respondents aged 45-54, 72 respondents aged 55-64, 107 respondents aged 65-74, and 49 respondents aged 75 and over. The respondents comprised 122 men, 194 women, two respondents who identified as other, and four respondents who preferred not to disclose their gender.

The NA survey received responses from 42 authorities from 20 Member States (BE, BG, DE, EE, IE, EL, FR, HR, CY, HU, LV, LT, NL, AT, PL, PT, SI, SK, FI, SE), including 14 ministries, 19 EBs/NHRIs, and nine statistical authorities. The CSO survey collected 67 responses from 18 Member States (BE, DK, DE, EE, EL, ES, FR, IT, CY, HU, LT, NL, PL, PT, RO, SI, FI, SE). The majority of respondents (37) identified as non-profit organisations. Umbrella organisations that gathered multiple entities accounted for 11 responses. Grassroots or community organisations, social partners (including trade unions and employers' organisations), and other CSOs had four responses each. Research organisations contributed six responses, while one respondent was unsure of their category.

The total number of responses across all surveys lends credibility and breadth of perspectives. Nevertheless, the NA survey did not cover all Member States, the CSO

survey sample did not fully capture the diversity of perspectives on the ground, and the individual survey was similarly not fully representative.

More information on the consultations can be found in Annex 2 on the summary of consultations.

2.4. Semi-structured interviews

The study team conducted interviews with two types of stakeholders: individuals who have experienced age discrimination and CSOs working on age discrimination and ageism. For the interviews with individuals, the study team collected 235 contacts from people interested in participating, with 146 interviews subsequently carried out with individuals from ten Member States (CZ, DK, DE, EE, ES, FR, IT, NL, PL, RO). The study team conducted 31 interviews with CSOs (16 with CSOs representing older people; 15 with CSOs representing younger people) from ten Member States (CZ, DK, DE, EE, ES, FR, IT, NL, PL, RO). The interviews took place between January and May 2025 and while most were verbal (with later write-ups), the study team also provided the option for some stakeholders to provide written responses. The interviews aimed to:

- Gather information from a diverse group of individuals, encompassing various age groups and backgrounds, to explore experiences of age discrimination and ageism and understand the impacts of those experiences, capture perspectives on barriers to age equality, identify themes and risk factors, and recognise gaps in protection and knowledge of redress mechanisms (interviews with individuals).
- Gather evidence complementing the CSO survey, contextualising the work of CSOs, exploring the activities of CSOs with an intersectional and intergenerational approaches, and identifying good practices in combating discrimination and effective age equality advocacy (interviews with CSOs).

More information on the consultations can be found in Annex 2 on the summary of consultations.

2.5. Quantitative analysis

The study team collected two types of datasets:

- Individual-level data (microdata) from the Eurobarometer surveys on discrimination in the EU (Eurobarometer 2019, 2023) and the European Social Survey (ESS).
- Aggregate data from official EU-level and Member State sources.

The microdata were used to measure the prevalence and impacts of age discrimination in the areas provided in the Terms of Reference ⁽²²⁾. To derive credible estimates of the effects of age discrimination, individuals who experienced it were compared to others within the same age group who did not. The methods consisted of linear and non-linear regression models that controlled for individual characteristics such as age, gender,

⁽²²⁾ Terms of Reference: employment, access to services, healthcare, social protection, education and training, housing, transport, access to justice, digital technology, media and advertising, and political participation. The quantitative evidence on social protection is more limited

education, urban status, difficulty in paying bills, ethnic origin, and country-specific and year fixed effects ⁽²³⁾.

The microdata were combined with aggregate data from Eurostat to monetise the impacts of age discrimination in the labour market. The study team first identified the population at risk of experiencing age discrimination by multiplying the size of the labour force by the prevalence of discrimination. To estimate the number of individuals in the at-risk population who could be employed in the absence of age discrimination, the study used the difference in unemployment rates between people who reported discrimination and those who did not. Finally, potential Gross Domestic Product (GDP) gains were estimated by multiplying the projected number of additional employed individuals by average annual earnings. This approach led to country-level estimates of the economic impact of age discrimination.

Additional data were collected from official EU and Member State sources. The study team focused on statistics published between 2015 and March 2025. Relevant impact pathways for age discrimination were identified during the desk research phase and mapped to corresponding outcomes.

The study team assessed the impacts of age discrimination in the labour market, focusing on recruitment-related bias and its influence on unemployment, as well as working arrangements (e.g. self-employment, part-time work), hours worked, limited training opportunities, promotions denied, and (forced) early retirement. For access to services, the study examined the effects of age-related barriers and affordability issues on participation in cultural activities and events. Within the healthcare sector, it assessed access barriers and evaluated the impact of age discrimination on health outcomes. Housing-related impacts of discrimination were estimated by examining the availability of nursing and long-term care facilities, along with the accommodation difficulties experienced by affected individuals. Digital literacy among individuals was also examined, alongside the stereotypical representation of older adults in the media and the extent to which they perceive and resent such portrayals. Social interactions were evaluated, with particular attention given to loneliness and social isolation. For access to justice, the study provided insights into why individuals who experience discrimination often refrain from filing complaints and their level of trust in the legal system. Similarly, the study evaluated the political engagement of people who experienced discrimination, both in terms of self-assessed capacity to participate in the political debate and their level of trust in the political system. Finally, the study assessed the effects of age discrimination on social cohesion. Taken together, the findings provide a comprehensive overview of the prevalence of age discrimination and its multifaceted impacts across various domains.

⁽²³⁾ Annex A1.1 provides additional details on the estimation method and illustrates the approach.

3. Findings

This section presents the findings on national legal and policy frameworks to combat age discrimination and ageism, the work of CSOs, and the prevalence and barriers caused by ageism and age discrimination, as well as their respective impacts. It also offers considerations for future action, based on the evidence collected.

The analysis is based on the evidence collected from the qualitative online surveys of NAs, CSOs and individuals, as well as the analysis of microdata and country fiches.

3.1. Barriers to equality

This section presents the findings on the prevalence of age discrimination and ageism within the areas covered by the study, the barriers to equality that individuals face on the ground of their age, and the impacts of discrimination. The study uses evidence from microdata and the qualitative surveys to provide a global analysis, complemented by data from the country fiches.

3.1.1. Prevalence of discrimination

This section presents the analysis of microdata from large-scale surveys (Eurobarometer, ESS), as well as the qualitative experiences of respondents to the surveys of individuals, NAs and CSOs on the prevalence of discrimination in different areas of life.

Summary of key findings

Age discrimination is a widespread phenomenon. Data from the Eurobarometer survey in 2023 found that 6% of the EU population reported feeling discriminated against or experienced harassment on the grounds of their age during the preceding 12 months. The groups most likely to report age discrimination are young people (aged 15-24) and people aged 55+ (especially those aged 75+).

The labour market, whether during job search or in the workplace, is one of the most common settings mentioned by people who experienced age discrimination. Eurobarometer data show that, of those who reported age discrimination, discrimination when searching for a job is mentioned by 38% of respondents aged 55-64, 36% of those aged 45-54, and 32% of those aged 15-24. Discrimination in the workplace is mentioned at a higher rate by 25-34-year-olds (52%) and 35-44-year-olds (42%). These findings are confirmed by the qualitative survey of individuals: 84% of respondents aged 45-54, 71% of those aged 55-64, and 68% of those aged 25-34 report experiencing age discrimination always, often, or sometimes. Similarly, the individual interviewees experience discrimination in employment: 100% of those aged 35-44, 92% of those aged 55-64, 88% of those aged 25-34, 75% of those aged 45-54, and 88% of those aged 18-24. The results from the NA survey are also in line with these patterns: 27 out of 39 responses (69%) indicate that age discrimination is either prevalent or very prevalent in employment. Only eight of 27 (33%) CSOs mention discrimination in employment. This may reflect the concentration of their efforts on areas where age discrimination receives less attention. Overall, however, there appears to be agreement between the

Eurobarometer data and the qualitative surveys of individuals and NAs on the high prevalence of age discrimination in employment.

Healthcare is another setting common to the four datasets. Of the participants in the 2023 Eurobarometer who experienced age discrimination, 13% mention discrimination in the provision of healthcare. Although a higher proportion of participants in the qualitative survey of individuals highlight this setting (44%), disaggregating by age reveals similar qualitative patterns: a higher share of older people mention discrimination in healthcare compared to younger people. This is also the pattern with the individual interviews, with people over 45 years old identifying cases of discrimination in healthcare, notably those aged 45-54 (50%) and 65-74 (41%). Fifteen of 39 NAs (39%) report that age discrimination in health is prevalent or highly prevalent in their countries, similar to the qualitative survey. Thirteen of 27 CSOs (48%) highlight discrimination in the provision of healthcare. Notwithstanding some variation in assessments of the prevalence of age discrimination in healthcare, there is overall agreement on the age profile of those most likely to be affected.

There is some disagreement about the prevalence of age discrimination when accessing social services. Such discrimination is mentioned by 43% of respondents to the qualitative survey of individuals, compared to only 11% in the Eurobarometer survey. Young people are more likely to mention social services in the qualitative survey of individuals (70% of respondents aged 18-24), with older people more likely to report never experiencing discrimination in this setting. By contrast, the Eurobarometer data show that 14% of 65-74-year-olds mention discrimination when accessing social services, compared to just 8% of 15-24-year-olds. The results of the individual interviews are closer to the Eurobarometer, with discrimination most prevalent in the 75+ (48%) and 65-74 (33%) age groups. Eleven of 42 NAs indicate that age discrimination is prevalent or very prevalent in their country. No similar question was asked of CSOs, preventing meaningful comparisons.

Discrimination in housing is more frequently mentioned in the qualitative survey of individuals than in the Eurobarometer (31% and 10%, respectively). Both datasets show that younger people (aged 15-34) are more likely to report discrimination in this setting. This result is similar to the findings of individual interviews, where discrimination in housing is most prevalent in those aged 25-34 (27%), 18-24 (15%), and 35-44 (14%). Thirteen NAs indicate that discrimination in housing is either prevalent or very prevalent in their countries, in line with the analysis of the microdata and qualitative survey of individuals. Seven of 27 CSOs (26%) indicate that discrimination in housing is prevalent, in line with the qualitative survey of individuals.

Discrimination in education is mentioned by 7% of respondents to the Eurobarometer and 35% of respondents to the qualitative survey. The age profile of the respondents also differs: while young people are more likely to mention discrimination at school/university in the Eurobarometer (20% of 15-24-year-olds), the qualitative survey of individuals shows older generations more likely to report discrimination when accessing educational services (48% of respondents aged 45-54; 42% of those aged 55-64). This may reflect the different focus of the surveys: while the Eurobarometer targets discrimination at school or university, respondents to the qualitative survey may have focused more on lifelong education opportunities. The individual interviews reflect this difference, with discrimination most prevalent among 15-24-year-olds (25%) and 25-34-year-olds (15%), as well as 55-64-year-olds. Ten of 27 NAs (37%) agree that age discrimination is prevalent or very prevalent in their countries. Discrimination is most prevalent in education and training, according to 17 CSOs (63%). This result is not in line with the other surveys (qualitative and quantitative) and may be explained by the phrasing ('education and training' instead of just 'education') or it may be a byproduct of education being the most common area of the work of the responding CSOs.

Despite some discrepancies, there are significant similarities in the prevalence of age discrimination and settings across the Eurobarometer, qualitative survey of individuals, NA survey, and CSO survey. This is reassuring given several methodological challenges. Firstly, the setting in which age discrimination occurs is not clearly identified in the Eurobarometer, with the study team inferring it from the information on personal experiences. Secondly, the sample of participants in the qualitative survey of individuals is not random and is thus unlikely to be representative (unlike the Eurobarometer dataset). Thirdly, NAs and CSOs indicate the pervasiveness of age discrimination, whereas individual surveys are based on personal experiences of discrimination.

Overall, the analysis shows that age distribution is a widespread phenomenon in the EU, affecting all socioeconomic and age groups, albeit at different rates. The analysis also demonstrates that individuals experience age discrimination in various settings at different points in their life.

Detailed evidence supporting key findings

This section presents the evidence underpinning the main findings on the prevalence of age discrimination and ageism. It provides a comprehensive analysis of the data, establishing the robustness and reliability of the results and validating the conclusions.

3.1.1.1. Quantitative evidence from surveys

This section examines data on the prevalence of age discrimination, drawing from two large-scale, representative surveys, the Eurobarometer and the ESS. It presents evidence on how widespread age discrimination is perceived to be in society and specific contexts, as well as individuals' personal experiences. In addition to EU-wide results, the analysis includes findings from studies carried out by individual Member States.

Perceived prevalence of age discrimination

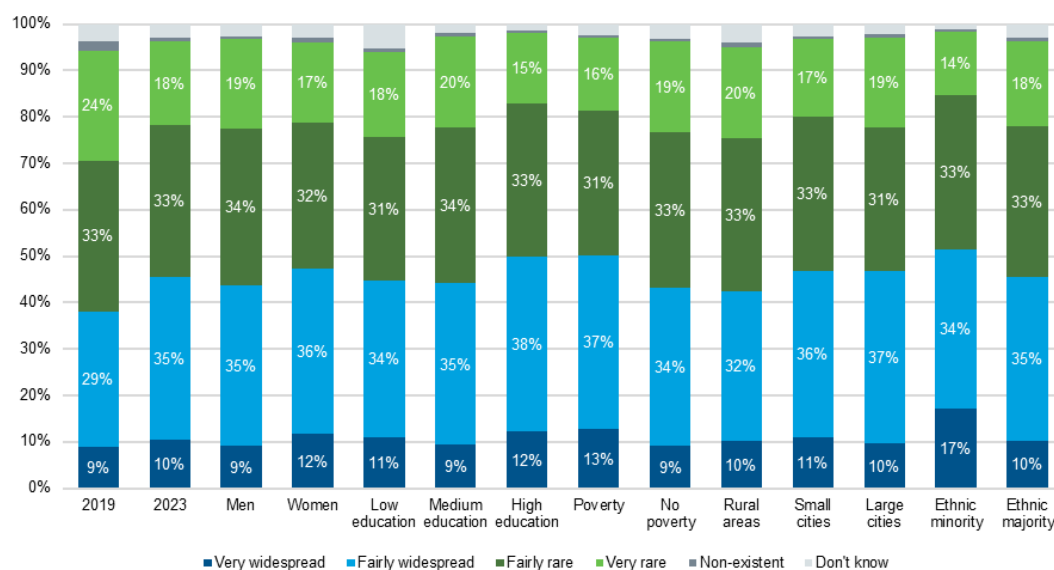
A significant proportion of the EU population believes age discrimination to be a widespread phenomenon. In 2023, 1 in 10 people indicated that discrimination on the grounds of age was very widespread in their country, while an additional 35% believed it was fairly widespread (**Error! Reference source not found.**) ⁽²⁴⁾. Between 2019 and 2023, the perceived prevalence of age discrimination increased by 7 percentage points (pp), suggesting that individuals living in Europe are increasingly aware of age discrimination.

⁽²⁴⁾ Annex 1, Tables 1 and 2 present the percentage of respondents who perceive age discrimination as very widespread and/or widespread in their country, disaggregated by country and age group.

Evidence from Member States

The evidence at EU level is corroborated by studies conducted by Member States: 12% of Austrians believe that age discrimination is very common in their country, and 28% believe it is very common ⁽²⁵⁾; 12% of Latvians agree that age discrimination is very common in their country, while 39% agree it is relatively common ⁽²⁶⁾; 75% of Lithuanians think that age discrimination is very widespread or widespread ⁽²⁷⁾; 71% of Romanians consider discrimination a problem in their country ⁽²⁸⁾, with discrimination against older and younger people being particularly problematic (38% and 21%, respectively) ⁽²⁹⁾; 35.9% of Portuguese believe that age discrimination exists in their country ⁽³⁰⁾.

Figure 3. Perceived prevalence of age discrimination (% of respondents)



Sources: European Commission, *Discrimination in the European Union, Special Eurobarometer SP493 and SP535*, 2019, 2023.

Notes: The prevalence of age discrimination was measured using participants' answers to the following question: 'For each of the following types of discrimination, could you please tell me whether, in your opinion, it is very widespread, fairly widespread, fairly rare or very rare in (our country)? By discrimination we mean when somebody is treated unfavourably compared with others based on arbitrary criteria. Discrimination on the basis of age, being perceived as too old or too young'. The disaggregated results refer to data from 2023.

Disaggregating by various socioeconomic categories does not reveal marked disagreements. While being a woman, better educated, or experiencing problems paying bills are associated with higher perceived prevalence of age discrimination, the differences tend to be small (<7 pp). The perceived prevalence of age discrimination is also marginally higher among people who live in urban areas and among ethnic minorities. Older age groups, especially those aged 45-54 and 75+, report comparatively higher rates (see Annex 1, Figure 1).

⁽²⁵⁾ Schönherr, D., Leibetseder, B., Moser, W. & Hofinger, C., *Diskriminierungserfahrungen in Österreich: Erleben von Ungleichbehandlung, Benachteiligung und Herabwürdigung in den Bereichen Arbeit, Wohnen, medizinische Dienstleistungen und Ausbildung*, 2019, https://arbeiterkammer.at/interessenvertretung/arbeitsundsoziales/gleichbehandlung/Diskriminierungsstudie_2019.pdf

⁽²⁶⁾ Labklājības ministrija, *Sabiedriskās domas aptauja par sabiedrības izpratni par diskriminācijas aspektiem*, 2022, <https://www.lm.gov.lv/lv/media/22110/download?attachment>

⁽²⁷⁾ Lygių galimybių kontrolieriaus tarnyba, *Vyresnio amžiaus asmenų diskriminacija darbe*, 2023, <https://lygybe.lt/wp-content/uploads/2023/12/Vyresnio-amziaus-asmenu-diskriminacija-darbe.pdf#:~:text=Ap%C5%BEvalga%20apie%20diskriminacij%C4%85%20d%C4%97l%20am%C5%BEiaus%20u%C5%BEintumo%20srityje%20yra,apie%20diskriminacij%C4%85%20d%C4%97l%20am%C5%BEiaus%20vartotoj%C5%B3%20teis%C5%B3%20apsaugos%20srityje>

⁽²⁸⁾ Institutul Român pentru Evaluare și Strategie (IRES), *Discriminarea în România: percepții și atitudini*, 2018, https://ires.ro/uploads/articole/ires_cncd_discriminarea-in-romania_2018.pdf

⁽²⁹⁾ Consiliul Național pentru Combaterea Discriminării (CNCD), *Percepții și atitudini ale populației României față de Strategia națională de prevenire și combatere a discriminării*, 2015, https://www.cncd.ro/wp-content/uploads/2021/01/Sondaj_TNS_CNCD_2015.pdf

⁽³⁰⁾ Instituto Nacional de Estatística (INE), *Inquérito às Condições de Vida, Origens e Trajetórias da População Residente em Portugal – 2023*, 2023, <https://cidadania.dge.mec.pt/sites/default/files/pdfs/inquerito-ine-2023.pdf>

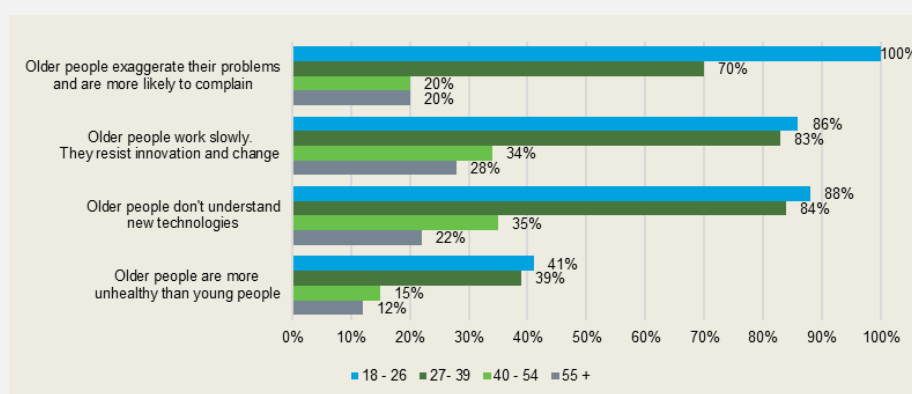
Ageist prejudice and stereotypes

In 2024, the Bulgarian Industrial Association carried out a survey on ageist beliefs in five economic sectors (canning industry, woodworking and furniture, metallurgy, beer production, trade in petroleum products) ⁽³¹⁾. In addition to an online survey administered to 80 people (including managers, human resources specialists, team leaders, employees and their representatives), it carried out 27 structured interviews with 27 human resources specialists and experts.

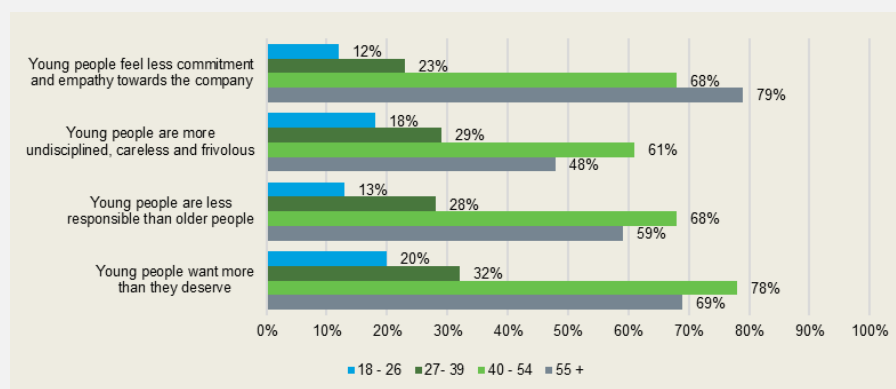
The results provide insights into the type of ageist stereotypes held by different age groups. Younger people (<39) believe that older adults exaggerate their problems and are more likely to complain at surprisingly high rates. Another evident prejudice is that older adults are reluctant to adapt to innovation and change, are not as technology-savvy, and (to a lesser extent) are more unhealthy than younger people. As expected, older people are less likely to hold these views.

A commonly held prejudice against younger people shared by a significant share of older people is that they are not sufficiently committed and empathic towards the companies for which they work. They are also considered less disciplined and responsible, and express expectations that exceed those they deserve. These stereotypes are shared by a significantly smaller fraction of those directly concerned (<39).

Stereotypes about older people



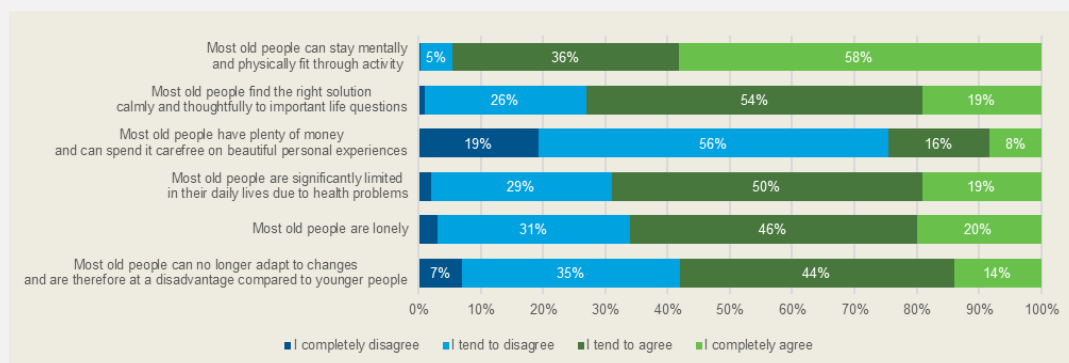
Stereotypes about younger people



Source: Българска стопанска камара (БСК), *По-младите поколения са по-склонни към мислене и нагласи, повлияни от ейджизъм*, 2024.

Age-related stereotypes are not limited to the labour market performance of different age groups. A 2022 survey in Germany assessed the prevalence of positive and negative stereotypes about older people ⁽³²⁾. The results showed that a considerable majority (94%) estimate that older people can stay mentally and physically fit by adopting an active lifestyle. However, more than half of respondents (66%) also indicated that most older people face significant health-related limitations in their daily life. Another common belief shared by 73% of the population is that old people are more experienced and better able to find solutions to life questions. On the other hand, their financial situation is difficult, with 66% of the population believing that older people feel lonely. Another commonly held belief is that most older people are reluctant to embrace change and innovation, in line with similar evidence from Bulgaria.

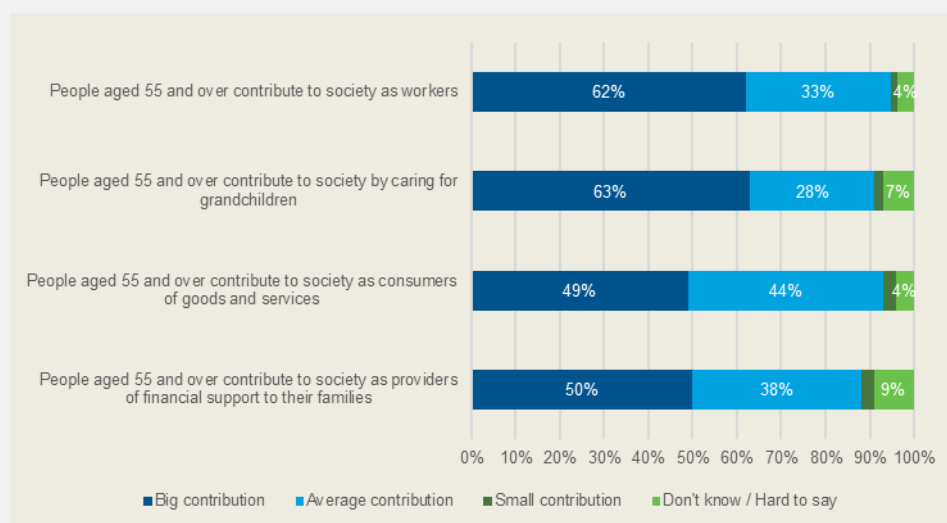
Positive and negative stereotypes about older people



Source: Kessler, E.-M., & Warner, L. M., *Ageismus – Altersbilder und Altersdiskriminierung in Deutschland*, 2023.

Despite the high prevalence of ageist stereotypes, the overall contribution of older people to society is viewed positively. A 2023 survey from Lithuania revealed that almost two out of three respondents estimate that people aged 55+ make a big contribution to society by working or caring for their grandchildren⁽³³⁾. The contribution of older people as consumers of goods and services and providers of financial support to their families is considered less important. Only a small share of the population (<3%) estimate that their contribution is small.

Perceived contribution of older people to society



Source: Lygių galimybių kontrolieriaus tarnyba, *Vyresnio amžiaus žmonių diskriminacija. Reprezentatyvi visuomenės nuomonės apklausa*, 2023.

Perceived prevalence of age discrimination in the labour market

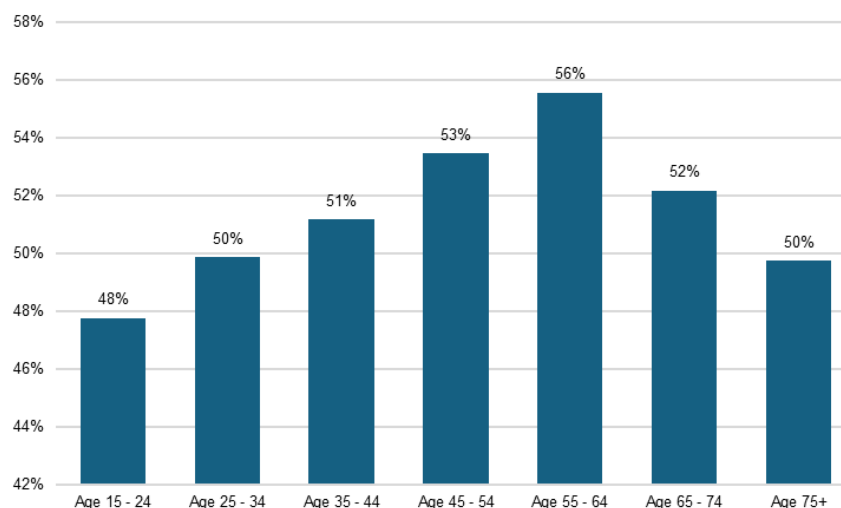
⁽³¹⁾ Българска стопанска камара (БСК), *По-младите поколения са по-склонни към мислене и нагласи, повлияни от ейджизъм*, 2024, <https://www.bia-bg.com/uploads/files/Projects/2024-zaedno/2024-08-20-zaedno.pdf>

⁽³²⁾ Kessler, E.-M. and Warner, L.M., *Ageismus – Altersbilder und Altersdiskriminierung in Deutschland*, Antidiskriminierungsstelle des Bundes, Berlin, 2022, https://www.antidiskriminierungsstelle.de/SharedDocs/downloads/DE/publikationen/Expertisen/altersbilder_lang.pdf?blob=publicationFile&v=8

⁽³³⁾ Lygių galimybių kontrolieriaus tarnyba, *Vyresnio amžiaus žmonių diskriminacija. Reprezentatyvi visuomenės nuomonės apklausa*, 2023, https://lygybe.lt/wp-content/uploads/2023/10/Visuomenes-apklausa_poziuris-i-vyresnius-asmenis.pdf

According to the 2023 Eurobarometer, one in two individuals considers that being perceived as too young or too old can put a candidate at a disadvantage during the recruitment process ⁽³⁴⁾. Age is the most cited obstacle to securing employment, ahead of ethnic origin, skin colour, gender, disability, or sexual orientation. People approaching retirement age are the most likely to hold this view: 56% of 55-64-year-olds agree that age would put a candidate at a disadvantage during the recruitment process, while less than half of the respondents age 15-24 (48%) and 75 and over (50%) share this opinion (see Figure 4).

Figure 4. Age as a barrier to employment, by age group (% of respondents)



Sources: European Commission, *Discrimination in the European Union, Special Eurobarometer SP535*, 2023.

Notes: The bars show the fraction of respondents in each age group who consider that, when a company must choose between two candidates with equal skills and qualifications, a candidate's age (being perceived as too old or too young) would put them at a disadvantage.

Perceiving age as a barrier to employment can stem from a general awareness of the pervasiveness of discrimination in society or from personal experience. Regression analysis at the individual level confirms that the probability of considering age as a barrier to employment increases for older generations and peaks in the 55-64 age group. Significantly, individuals who report personal experiences of age discrimination are 20 pp more likely to share this view ⁽³⁵⁾. The effect does not vary with age, suggesting that the high perceived prevalence of discrimination in the labour market is at least partly driven by lived experiences.

⁽³⁴⁾ Annex 1, Table 3 shows the percentage of people who consider that being perceived as too old or too young can put a candidate at a disadvantage when being considered for employment, by country and age.

⁽³⁵⁾ Annex 1, Tables 4 and 5 show the results from linear models and logit regressions of the probability of mentioning age as a barrier during recruitment on a set of individual characteristics, including age and personal experienced of discrimination.

Evidence from the Member States

Results from studies at Member State level paint a similar picture, with the vast majority of individuals considering age a potential impediment in the labour market. A 2018 survey by the *Eesti Avatud Ühiskonna Instituut* found that 70% of Estonians believe that people aged 50+ face significantly higher constraints and barriers than their younger counterparts ⁽³⁶⁾. Similarly, 48% of Lithuanians estimate that it is more difficult for a man aged 50-59 to find a job, and 53% share this view for women aged 50-59 ⁽³⁷⁾. This is in sharp contrast with the 7% who believe that is difficult for a man aged under 50 to find a job and the 20% who make a similar claim for women. These statistics are not restricted to paid work: almost 9% of participants in a recent Dutch survey mentioned experiences of discrimination in volunteer work, 3% had been rejected because of their age, 2% mentioned fewer opportunities, and 2% noted limited roles and responsibilities ⁽³⁸⁾.

The high perceived prevalence of age discrimination in the labour market is in line with experimental evidence showing significantly lower call-back rates for older candidates. In this type of research, fictitious CVs are sent in response to online job advertisements. At similar levels of education and professional experience, any difference in the probability of being invited to an interview is interpreted as evidence of discrimination. The table below summarises the results from several recent experiments in the EU, which all point towards a significant bias against older candidates.

Experimental evidence on age discrimination during recruitment

Study	Year	Country	Main result
Petit, P., 'The effects of age and family constraints on gender hiring discrimination: A field experiment in the French financial sector', <i>Labour Economics</i> , Vol. 14, Issue 3, 2007, pp.371-391	2002	France	Candidates aged 37 are less likely to be invited to an interview compared to a 25-year-old when applying for administrative and commercial jobs in the financial sector
Albert, R., Escot, L. and Fernández-Cornejo, J.A., 'A field experiment to study sex and age discrimination in the Madrid labour market', <i>International Journal of Human Resource Management</i> , Vol. 22, Issue 2, 2011, pp.351-375	2005	Spain	Compared to candidates aged 24 or 28, 38-year-olds have significantly lower chances of being invited to an interview
Capéau, B., Eeman, L., Groenez, S. and Lamberts, M., 'Two concepts of discrimination: Inequality of opportunity versus unequal treatment of equals', <i>Ecore Discussion Papers</i> , Vol. 58, 2012, p. 127	2010-1	Belgium	Age is the most important factor driving discrimination when applying for jobs, favouring younger groups at the expense of older candidates
Montizaan, R. and Fouarge, D., <i>The impact of employer's characteristics and beliefs on the propensity to hire older job applicants: Evidence from a stated preferences experiment</i> , Maastricht University, Netspar, and IZA, 2018	2011	the Netherlands	A 60-year-old is 41 pp less likely to be invited to an interview than a 35-year-old
Ahmed, A.M., Andersson, L. and Hammarstedt, M., 'Does age matter for employability? A field experiment on ageism in the Swedish labour market', <i>Applied Economics Letters</i> , Vol. 19, Issue 4, 2012, pp. 403-406	2012	Sweden	Younger candidates (aged 31) received three times more responses than older candidates (aged 46) when applying for restaurant worker jobs. The bias was even stronger when applying for sales assistant positions
Challe, L., Duguet, E., Langot, F., L'Horty, Y., Du Parquet, L., & Petit, P., <i>Why are the older workers discriminated in hirings?</i> , HAL open archive, 2023	2015	France	Candidates aged 50 or more have significantly lower call-back rates
Riach, P.A., 'A field experiment investigating age discrimination in four European labour markets', <i>International Review of Applied Economics</i> , Vol. 29, Issue 5, 2015, pp. 608-619	2015	France, Germany, Spain, UK	Compared to younger candidates (aged 27), there is a significant bias against older men (aged 47) who apply for waiter positions. The bias is greater in France and Spain than in Germany or the UK
Carlsson, M. and Eriksson, S., 'Age discrimination in hiring decisions: Evidence from a field experiment in the	2015-6	Sweden	The probability of being invited to an interview decreases by 0.5 pp with each year of ageing and is observed for candidates in their 40s

labour market', <i>Labour Economics</i> , Vol. 59, 2019, pp. 173-183			
Berde, É. and Mágó, M.L., 'Életkori diszkrimináció a magyar munkaerőpiacon: Visszajelzések a fiatalabb, illetve az idősebb nők állásjelentkezéseire', <i>Közgazdasági Szemle</i> , Vol. 68, Issue 4, 2021, pp. 399-420	2019-20	Hungary	Older women applicants to positions of economic analyst received fewer responses from potential employers than their younger counterparts
Baszczak, Ł., Trojanowska, M., Wincewicz-Price, A. and Zyzik, R., <i>Dyskryminacja ze względu na wiek na polskim rynku pracy–diagnoza</i> , Warszawa: Polski Instytut Ekonomiczny, 2021	2021	Poland	For non-specialised positions, the call-back rate is 80% higher for younger women and 120% higher for younger men. For specialised positions, the call-back rate is 140% higher for younger women and 50% higher for younger men

A recent meta-analysis highlights that age is more heavily penalised in the European labour market than elsewhere. Additionally, age discrimination affects individuals at younger ages in the EU than in the Americas ⁽³⁹⁾.

Prevalence of age discrimination and ageism in politics

Ageism and age discrimination are not confined to the labour market, amplifying their societal cost. Such prejudice can hinder the efficient allocation of skills, whether in employment or in broader society, by preventing individuals from occupying roles where their abilities might be used most effectively. In the political sphere, age-based biases can distort representation and decision-making, excluding valuable perspectives and undermining democratic inclusivity.

For instance, in the 2023 Eurobarometer, 8% of the EU population reported feeling uncomfortable if someone perceived as young was elected to the highest political office in their country. A slightly higher share (9%) are uncomfortable with someone perceived as old holding the same office ⁽⁴⁰⁾. Support for people perceived as young being elected to the highest political office decreases with age: 83% of the population aged 15-24 are comfortable with such a scenario, compared to only 74% of the population aged 75+ (see **Error! Reference source not found.**). Support for people perceived as old holding the highest political office is systematically lower. Older generations are least likely to be supportive of someone their age occupying the highest elected office in the country: 71% are comfortable with this scenario, 4 pp lower than their 15-24-year-old counterparts.

⁽³⁶⁾ Eesti Inimõiguste Keskus, *Ealine diskrimineerimine tööturul: Uuringu tulemused*, 2018,

<https://humanrights.ee/app/uploads/2019/03/Ealine-diskrimineerimine-uuringu-tulemused.pdf>

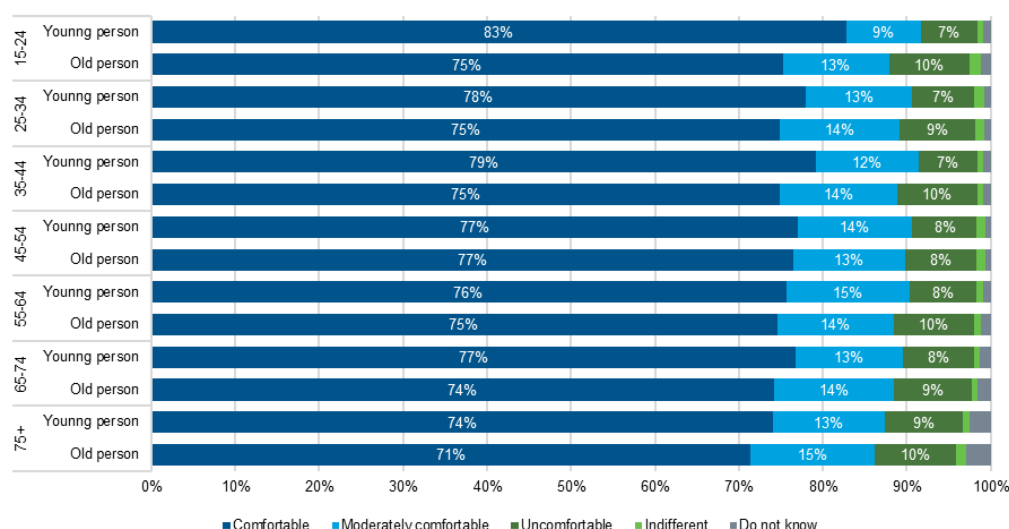
⁽³⁷⁾ Lygių galimybių kontrolieriaus tarnyba, *Vyresnio amžiaus žmonių diskriminacija. Reprezentatyvi visuomenės nuomonės apklausa*, 2023, https://lygybe.lt/wp-content/uploads/2023/10/Visuomenes-apklausa_poziuris-i-vyresnius-asmenis.pdf

⁽³⁸⁾ ANBO-PCOB & Abbi Insights, *Onderzoek leeftijdsdiscriminatie: Resultaten van het Nationaal Seniorenpanel*, 2025, <https://anbo-pcob.nl/media/documents/onderzoek-leeftijdsdiscriminatie-nationaal-seniorenpanel-anbo-pcob-jan2025.pdf>

⁽³⁹⁾ Lippens, L., Vermeiren, S. and Baert, S., 'The state of hiring discrimination: A meta-analysis of (almost) all recent correspondence experiments', *European Economic Review*, Vol. 151, 2023, p. 104315.

⁽⁴⁰⁾ Annex 1, Tables 6 and 7 show the percentage of respondents who would feel uncomfortable with someone perceived as young or old being elected to the highest political office in their country, respectively, by country and age.

Figure 5. Prevalence of ageism in politics, by age group (% of respondents)



Sources: European Commission, *Discrimination in the European Union, Special Eurobarometer SP535*, 2023.

Notes: Share of respondents in each group who would feel comfortable, moderately comfortable or uncomfortable with someone perceived as young or old occupying the highest elected position in their home country.

These findings indicate that the perceptions of different generations' competence in political leadership differ between age groups. Younger individuals tend to exhibit greater confidence in their own political capabilities while expressing markedly lower trust in the abilities of older generations. Conversely, older individuals often assess their own political competence with equal, if not greater, scepticism, potentially reflecting internalised ageist attitudes ⁽⁴¹⁾.

An analysis of individual-level data confirms these patterns. Younger generations are more likely to believe they can take an active role in a group involved with political issues. Compared to the 35-44 age group, 15-to-24-year-olds are 7 pp more likely to share this view, while those aged 65-to-74 and 75+ are 7 pp and 19 pp, respectively, less likely to share this view ⁽⁴²⁾. Younger people are also more likely to express confidence in their ability to participate in politics. People aged 15-24 have the highest confidence (by a large margin) in their ability to engage in politics, while people aged 75+ show the least confidence.

While age is negatively correlated with self-assessed abilities to engage politically, personal experiences of discrimination show the opposite trend. Belonging to a group that is discriminated against based on age increases the probability of considering oneself able to take part in a group involved with political issues by 7 pp. The effect is particularly strong among older generations, notably among individuals aged 45-54. Similarly, age discrimination increases the probability of expressing confidence in one's ability to engage with a political group by 6 pp. However, this effect is significantly stronger among younger generations, particularly those aged 15-34.

These results can be subject to two alternative interpretations. On the one hand, experiences of discrimination may encourage political engagement at an individual level. On the other hand, interest in politics may correlate with greater awareness of age discrimination and a higher likelihood to report such discrimination in surveys. The

⁽⁴¹⁾ Annex 1, Tables 8 and 9 report the percentage of respondents who consider themselves able to take an active role in a group involved with political issues and are confident in their own ability to participate in politics, respectively, by country and age.

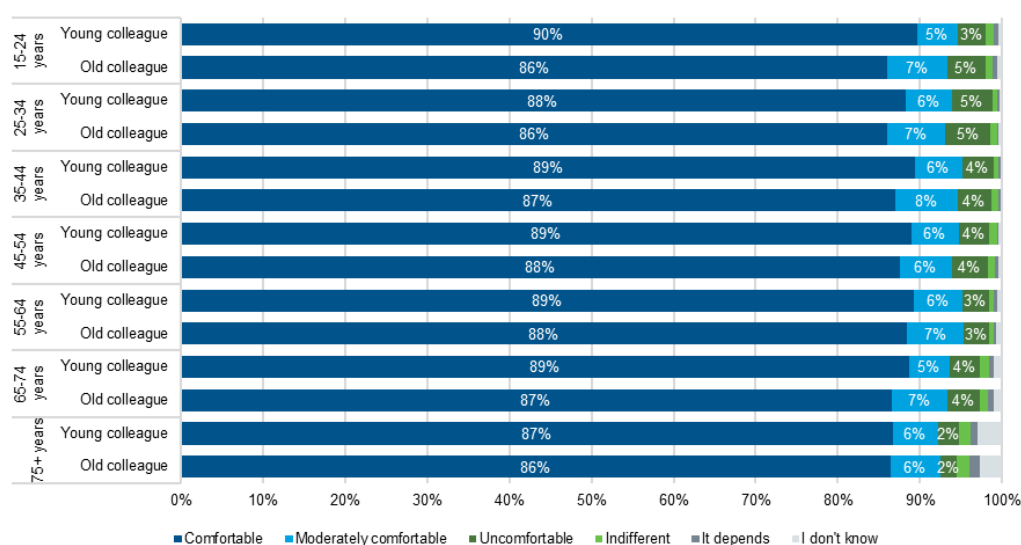
⁽⁴²⁾ Annex 1, Tables 10 and 11 present the results from ordinary least squares (OLS) and logit regressions, respectively.

heterogeneous effects across age groups on the type of political engagement provide some evidence for the first hypothesis ⁽⁴³⁾.

Ageism and intergenerational relations

Data from the most recent Eurobarometer (2023) show no significant bias and prejudice in intergenerational relations in the workplace. Some 87% of persons aged 75+ are comfortable interacting on a daily basis with a young colleague, only 3 pp lower than respondents aged 15-24 (see Figure 6) ⁽⁴⁴⁾. Similarly, 86% of 15-24-year-olds would not mind working with an old colleague. The same percentage is observed for the oldest age group in the same sample ⁽⁴⁵⁾.

Figure 6. Intergenerational relations in the workplace (% of respondents)



Sources: European Commission, *Discrimination in the European Union, Special Eurobarometer SP535*, 2023.

Notes: Share of respondents in each group who would feel comfortable, moderately comfortable or uncomfortable interacting on a daily basis with a young/old colleague in the workplace.

There is a clear bias against older people in personal matters. Less than 60% of the people in each age group are comfortable with the hypothetical situation of their child being in a love relationship with someone old (see Figure 7). This is 20 pp less than in the equivalent scenario of a love relationship with someone young. These patterns hold within all age groups ⁽⁴⁶⁾.

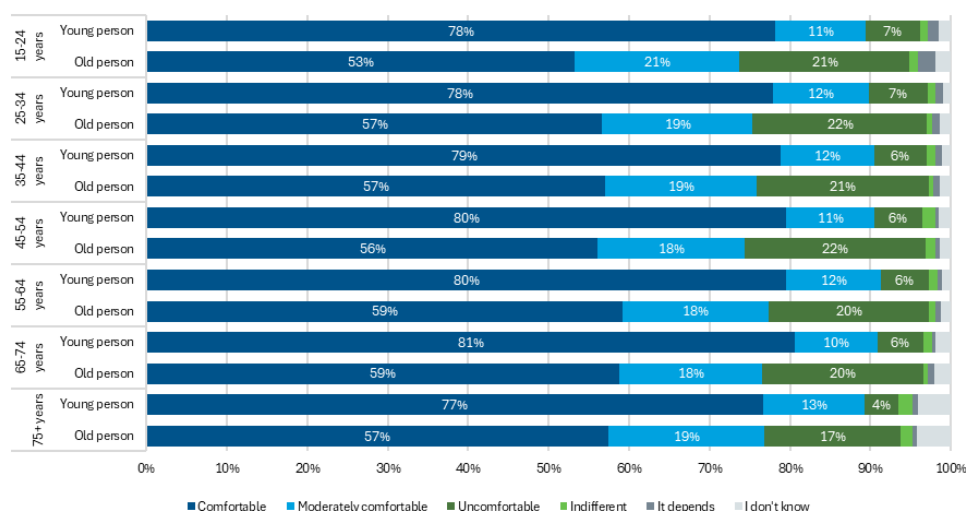
⁽⁴³⁾ If interest in politics explains the effect of age discrimination on the self-assessed capacity to engage politically, then the effect should be observed for all age groups; however, this is not evident in the data.

⁽⁴⁴⁾ Annex 1, Table 12 shows the percentage of respondents who would feel comfortable working with a colleague who is perceived as young, by country and age.

⁽⁴⁵⁾ Annex 1, Table 13 shows the percentage of respondents who would feel comfortable working with a colleague who is perceived as old, by country and age.

⁽⁴⁶⁾ Annex 1, Tables 14 and 15 present the percentage of respondents who would feel comfortable with their children dating someone younger or older, respectively, by country and age.

Figure 7. Attitudes towards intergenerational love relationships (% of respondents)



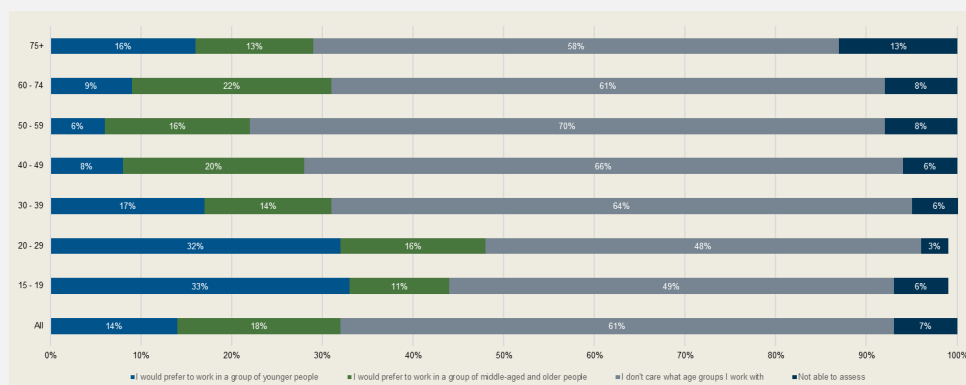
Sources: European Commission, *Discrimination in the European Union, Special Eurobarometer SP535*, 2023.

Notes: Share of respondents in each group who would feel comfortable, moderately comfortable or uncomfortable if their child was in a love relationship with a young/old person.

Evidence from the Member States

While EU-wide data indicate that people generally do not object to interacting with younger or older colleagues in the workplace, other surveys provide more nuanced interpretations. A 2018 Estonian study asked participants to indicate whether they preferred to work in a group of younger people, a group of middle-aged and older people, or whether they were indifferent⁽⁴⁷⁾. Although a majority of respondents chose the latter option (61%), almost one-third of respondents aged <29 expressed a preference for working in a team of younger people. By contrast, only 9% of respondents aged 60-74 made a similar choice. Similarly, 60-74-year-olds were 11 pp more likely to prefer working in a group of middle-aged and older people than their younger counterparts. These results suggest a preference for homophily in the workplace, with that preference slightly stronger among younger workers.

Preferences for working with different age profiles (% of respondents)



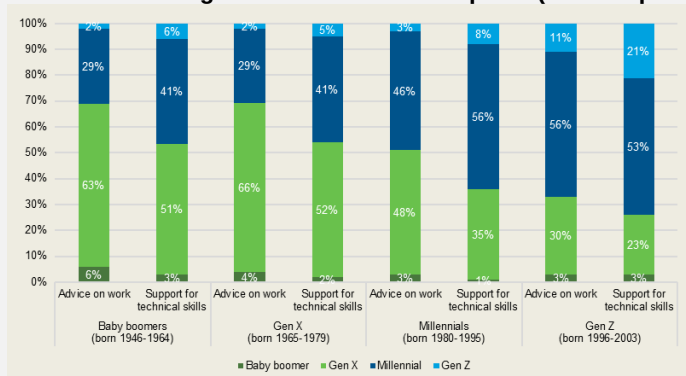
⁽⁴⁷⁾ Eesti Inimõiguste Keskus & Eesti Avatud Ühiskonna Instituut, *Ealine diskrimineerimine tööturul: Uuringu tulemused*, 2018, <https://humanrights.ee/app/uploads/2019/03/Ealine-diskrimineerimine-uuringu-tulemused.pdf>

Source: Eesti Inimõiguste Keskus, *Ealine diskrimineerimine tööturul: Uuringu tulemused*, 2018.

Notes: Share of respondents in each age group preferring to work in young or middle-aged/older teams, and the share of respondents who are indifferent.

While these studies evaluate potential intergenerational interactions, a 2024 survey in Italy highlighted the actual frequency of intergenerational interactions in the workplace ⁽⁴⁸⁾. The study shows the centrality of Gen X (born between 1965 and 1979) and Millennials (born between 1980 and 1995) relative to Baby Boomers (born between 1946 and 1964) and Gen Z (born between 1996 and 2003). Baby Boomers and Gen Z are unlikely to ask for support from people their own age, instead tending to refer to the next-closest generation. A majority of Baby Boomers ask for work advice and technical support from Gen X (63% and 51%, respectively), while Gen Z are more likely to ask for work advice or technical support from Millennials (56% and 53%, respectively). These dynamics may be the result of both homophily, with people preferring to interact with people closer to their age, as well as the internal dynamics of the firm, where Gen X hold a significant share of higher management roles.

Interactions between different generations in the workplace (% of respondents)



Source: Valore, D., *Oltre le generazioni: esperienze, relazioni, lavoro*, 2024.

Notes: Distribution of interactions between the different generations in the workplace. Each number indicates how often people in the generation indicated below the bars ask for specific type of help from the generation indicated by the different colours. For instance, 63% of Baby Boomers turn to Gen X for advice on work.

Experienced prevalence of age discrimination

Individuals living in Europe report experiencing age discrimination at higher rates than in the past. In 2019, 4.1% of the EU population disclosed personal experiences of age discrimination. In 2023, that number rose to 6.4% (see Figure 8) ⁽⁴⁹⁾.

⁽⁴⁸⁾ Valore, D., *Oltre le generazioni: esperienze, relazioni, lavoro*, 2024, <https://www.valored.it/ricerche/oltre-le-generazioni-esperienze-relazioni-lavoro/>

⁽⁴⁹⁾ Annex 1, Tables 16 to 18 present self-reported age discrimination rates based on three distinct data sources. Table 16 draws on data from the 2023 Eurobarometer and reflects personal experiences of discrimination or harassment on the grounds of age within the past 12 months. Table 17 uses data from the most recent wave of the ESS, capturing individuals' identification with a group that experiences age-based discrimination. Table 18 is based on the 2019 Fundamental Rights Survey and reports feelings of being discriminated against in various contexts, such as at work, when seeking employment, in shops, cafés, restaurants, leisure or sports facilities, or similar settings during the previous five years.

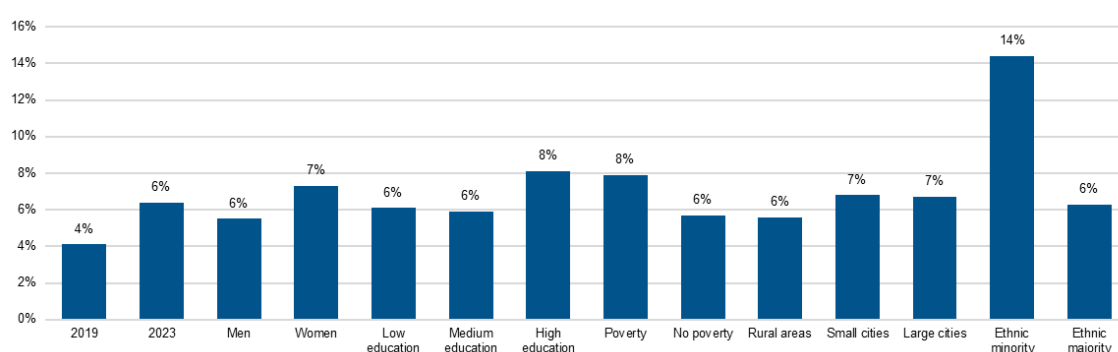
Self-reported discrimination rates and awareness of discrimination

Self-reported discrimination rates depend on both the prevalence of discriminatory acts and the ability of individuals to identify and reveal them to the interviewer. The observed increase in discrimination rates may thus reflect growing public awareness rather than an increase in discrimination per se. CSOs and activists play a crucial role in this process: a recent Organisation for Economic Co-operation and Development (OECD) study highlights that aggregate discrimination rates tend to be higher in countries where anti-discrimination engagement is stronger ⁽⁵⁰⁾.

Quantitative analysis at regional level provides additional supporting evidence (see Annex 1, Table 19). In 2019, in regions with high levels of anti-discrimination engagement (defined as the share of residents who shared content about discrimination on the internet, publicly defended a victim of discrimination, joined an anti-discrimination association or campaign, or raised the issue of discrimination in the workplace), self-reported discrimination rates grew at a slower pace. In other words, discrimination rates increased less in regions where the population was already better informed about discrimination. Changes in anti-discrimination engagement correlate positively with changes in self-reported discrimination rates, suggesting that discrimination rates increase as communities gain a better understanding of how discrimination operates. These correlations are consistent with the view that the increase in prevalence rates was due (at least in part) to growing public awareness. An alternative interpretation is that, in regions where anti-discrimination engagement levels are high, discriminatory practices are also more widespread (leading to higher self-reported discrimination rates). The existing evidence does not allow for a clear distinction between these alternative interpretations.

Age discrimination affects everybody, irrespective of gender, educational attainment, difficulties in paying bills, urban status, or belonging to an ethnic minority. In 2023, self-reported discrimination rates exceeded 5% for all socioeconomic groups ⁽⁵¹⁾. However, some groups are more likely to experience age discrimination than others. Self-reported discrimination rates are 1.8 pp higher for women than men. Respondents with a bachelor's degree are 2.2 pp more likely to report discrimination than those without a college degree. Individuals who experience difficulties paying bills disclose personal experiences of age discrimination at a higher rate (+2.2 pp) than those who do not, while respondents living in small and large urban areas are 2.2 pp and 2.1 pp, respectively, more likely to disclose such experiences. Lastly, age discrimination is more prevalent among ethnic minorities, for which the self-reported discrimination rate is 8.1 pp higher than for the majority.

Figure 8. Age discrimination rates, by socioeconomic group (% of respondents)



Sources: European Commission, *Discrimination in the European Union, Special Eurobarometer SP493 and SP535*, 2019, 2023.

Notes: Discrimination rates are defined as the percentage of respondents who indicated that they had personally felt discriminated against or experienced harassment on account of their age (i.e. being perceived as too old or too young) during the previous 12 months. Low education corresponds to educational attainment below lower secondary education; medium levels include upper secondary, post-secondary, non-tertiary, and short-cycle tertiary; high levels correspond to an educational attainment above bachelor or equivalent. Poverty is defined as having experienced difficulties paying bills either most of the time, or from time to time over the last year.

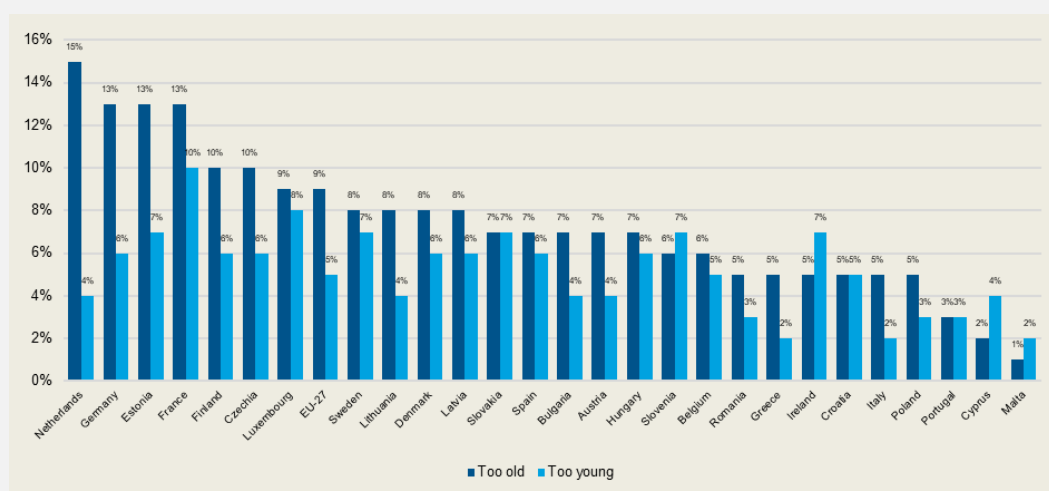
⁽⁵⁰⁾ Hardy, S. and Schraepen, T., 'The state and effects of discrimination in the European Union', *OECD Papers on Well-being and Inequalities*, No. 26, OECD Publishing, Paris, 2024, <https://doi.org/10.1787/7fd921b9-en>

⁽⁵¹⁾ Discrimination rates are calculated using data on self-reported experiences of age discrimination. They are not based on official complaints filed with the relevant NAs (i.e. police or EB).

Evidence from the Member States

The figure below shows discrimination rates in the Member States using data from the 2019 FRA Fundamental Rights Survey. A distinctive feature of the Fundamental Rights Survey is its separate examination of discrimination faced by older individuals and that experienced by younger individuals. Several patterns are apparent. Firstly, discrimination rates are higher in the Fundamental Rights Survey than in the Eurobarometer. In the Fundamental Rights Survey, 14% of European indicate that they have experienced discrimination for being too old or too young (this result does not change if the analysis is restricted to discriminatory acts over the previous 12 months). Secondly, discrimination against older people appears more prevalent, potentially reflecting the EU's demographic composition. According to the data, 9% of the EU population reported personal experiences of age discrimination for being too old, compared to 5% for being too young. Thirdly, there is significant variation between Member States. Discrimination against old people is highly prevalent in the Netherlands (14%), Germany (13%), Estonia (13%), and France (13%), and less so in Portugal (3%), Cyprus (2%), and Malta (1%). Discrimination against young people is highly prevalent in France (10%), Luxembourg (10%), Estonia (7%), Ireland (7%), Slovakia (7%), Slovenia (7%), and Sweden (7%), and less so in Greece (2%), Malta (2%), and Italy (2%). These discrimination rates are based on self-reported experiences and may not fully capture the actual prevalence of discrimination. Differences between Member States may reflect varying levels of public awareness about what constitutes discrimination, as well as individuals' confidence or ability to recognise and report such experiences.

Age discrimination in the Member States

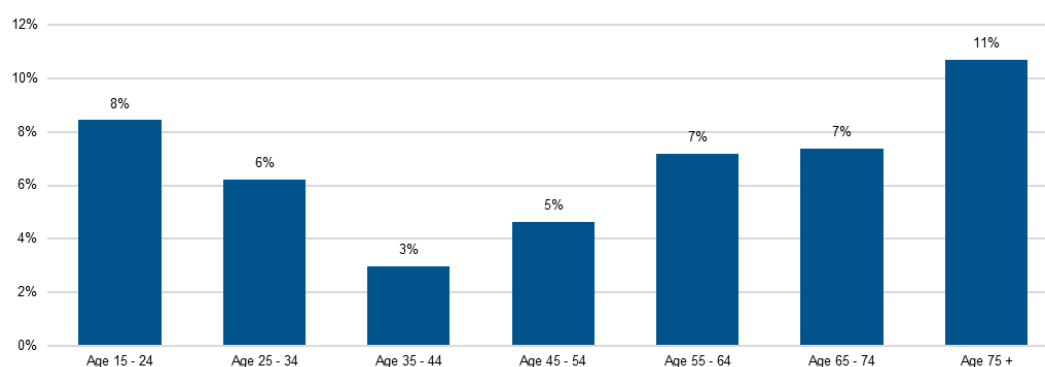


Source: FRA, *Fundamental Rights Survey*, 2020.

Notes: Bars correspond to the percentage of people who were discriminated against for being 'too old' or 'too young' at work or when looking for work, or in a shop, café, restaurant, or when using leisure or sports facilities, or in other similar situations in the preceding five years.

Significantly, the relationship between age discrimination and age is U-shaped. The share of respondents who personally feel discriminated against or harassed because of their age is highest for the younger and older generations (see Figure 9). Some 8% of people aged 15-24 report personal experiences of age discrimination, with the share decreasing monotonically up to the 35-44 age group. Only a small fraction of this group (3%) mention personal experiences of age discrimination. For older people, discrimination rates increase with age, reaching 11% for respondents aged 75+.

Figure 9. Age discrimination rates, by age group (% of respondents)



Sources: European Commission, *Discrimination in the European Union, Special Eurobarometer SP535*, 2023.

Notes: Discrimination rates are equal to the percentage of respondents who indicated that they had personally felt discriminated or experienced harassment because of their age (i.e. perceived as too old or too young) during the preceding 12 months. The sample includes all respondents.

Regression analysis of the Eurobarometer microdata, while allowing for the various individual characteristics to simultaneously shape the probability of reporting discrimination, produces similar results⁽⁵²⁾. Again, the probability of reporting age discrimination is U-shaped with respect to age. Respondents aged 15-24 are 5.7 pp more likely to report age discrimination compared to respondents in the 35-44 age group, while those aged 25-34 are only 2.2 pp more likely to do so. The effect is 1.6 pp for respondents aged 45-54, 4.2 pp for those in the 55-64 and 65-74 age groups, and 6.2 pp for those aged 75+⁽⁵³⁾. Notably, people who engage in anti-discrimination activities are 6 pp more likely to report age discrimination, reflecting the results at regional level.

The age profile of the people most likely to report discrimination is highly robust. Using data from the ESS, an alternative definition of age discrimination (identification with a group that is being discriminated against on the grounds of age, rather than personal experiences of discrimination) and different time periods (2016-2023 and 2010-2014) produce estimates that are largely consistent with Eurobarometer results.

Settings where people experience age discrimination

Public spaces are the most common setting in which age discrimination occurs (see Figure 10)⁽⁵⁴⁾. In 2023, 31% of the respondents who experienced age discrimination mentioned that they had been discriminated against in a public space, 25% indicated the workplace, 24% when looking for a job, and 17% in cafés, bars, restaurants, or nightclubs⁽⁵⁵⁾. These numbers show that age discrimination is not limited to the workplace and can encroach on the personal lives of those affected.

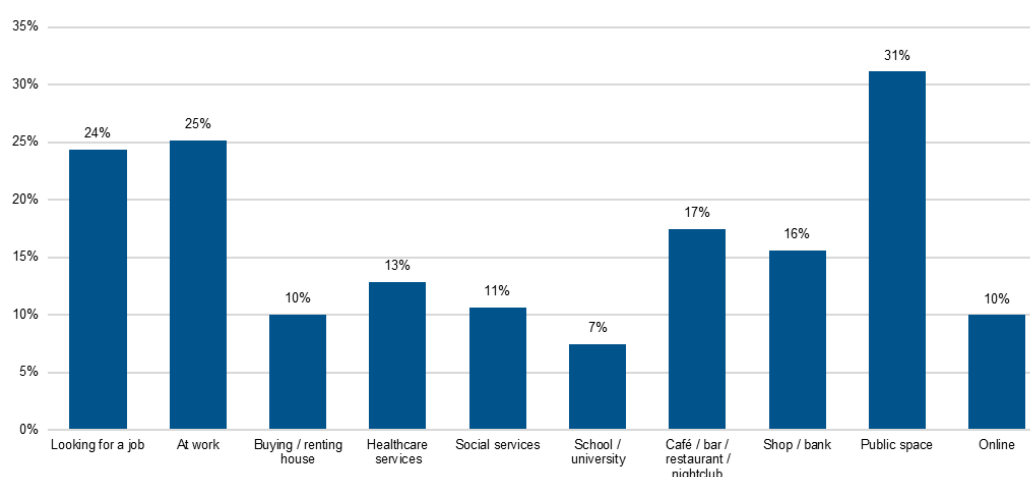
⁽⁵²⁾ Annex 1, Tables 20 and 21 show the estimates from the OLS and logit regressions, respectively.

⁽⁵³⁾ The sign and magnitude of the coefficients on the other individual characteristics (gender, educational attainment, urban status, poverty, ethnic origins) are in line with the aggregate statistics presented above.

⁽⁵⁴⁾ Eurobarometer data do not identify the specific setting in which respondents experienced age discrimination, but, rather, the circumstances under which the most recent experience of discrimination (of any type) occurred. As a robustness check, Annex 1 provides aggregate statistics for the sample of individuals who experienced only age discrimination (a significantly reduced sample size).

⁽⁵⁵⁾ Annex 1, Tables 22 and 23 show the percentage of respondents who experienced age discrimination in each of these settings, by country and age.

Figure 10. Settings where age discrimination occurs (% of respondents)



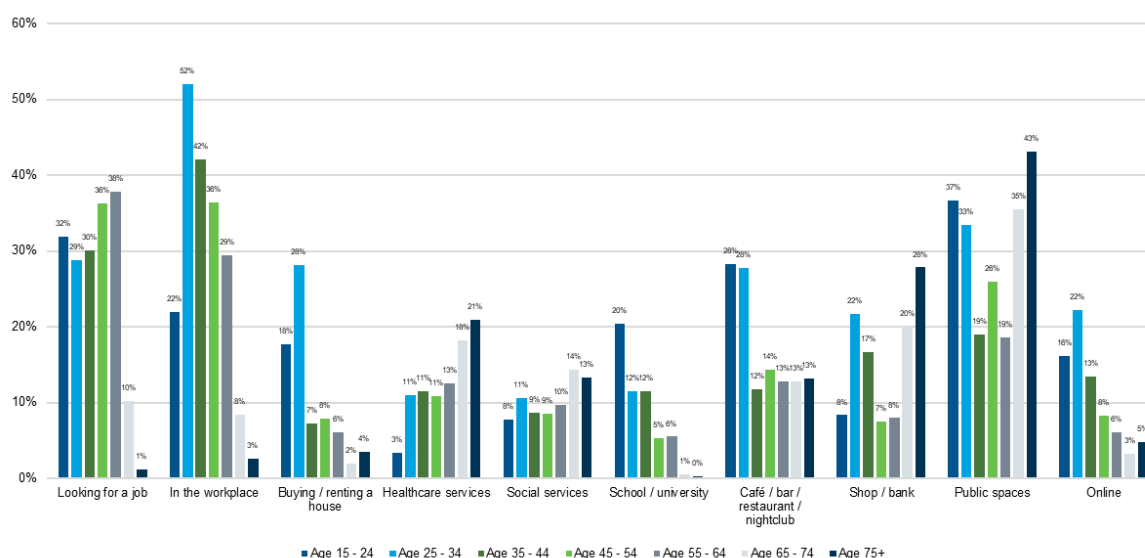
Sources: European Commission, *Discrimination in the European Union, Special Eurobarometer SP535*, 2023.

Notes: Fraction of respondents who experienced age discrimination in the setting indicated below each bar. As respondents could indicate more than one setting, the sum across all settings can exceed 100%.

Discrimination when looking for a job affects a higher proportion of 55-64-year-olds (38%), 45-54-year-olds (36%) and 15-24-year-olds (30%) (see Figure 11). A majority of 25-34-year-olds (52%) and a significant share of 35-44-year-olds (42%) mention experiences of discrimination in the workplace. Some 28% of the 25-34-year-olds and 18% of the 15-24-year-olds who reported age discrimination also indicate being discriminated against when looking to buy or rent a house or apartment. Discrimination when accessing healthcare services is mentioned by 21% of people in the 75+ age group and 18% of 65-74-year-olds. These age groups also highlight higher rates of discrimination when accessing social services (13% and 14%, respectively). Discrimination in education primarily affects 15-24-year-olds (20%). Younger people are also more likely to mention experiences of discrimination in cafés, bars, restaurants, or nightclubs, at 28% of 15-24-year-olds and 25-34-year-olds. Discrimination rates in public spaces affect older generations (43% of 75+ age group; 35% of 65-74 age group) and younger generations (37% of 15-24 age group). Discrimination online affects a higher share of young people, particularly 25-43-year-olds (22%) ⁽⁵⁶⁾.

⁽⁵⁶⁾ Annex 1, Figure 3 replicates the analysis for respondents who only reported age discrimination. Despite some slight differences, the patterns are similar.

Figure 11. Settings where age discrimination occurs, by age group (% of respondents)



Sources: European Commission, *Discrimination in the European Union, Special Eurobarometer SP535*, 2023.

Notes: Fraction of respondents in each age group who experienced age discrimination in the setting indicated below each bar. As respondents could indicate more than one setting, the sum across settings can exceed 100%.

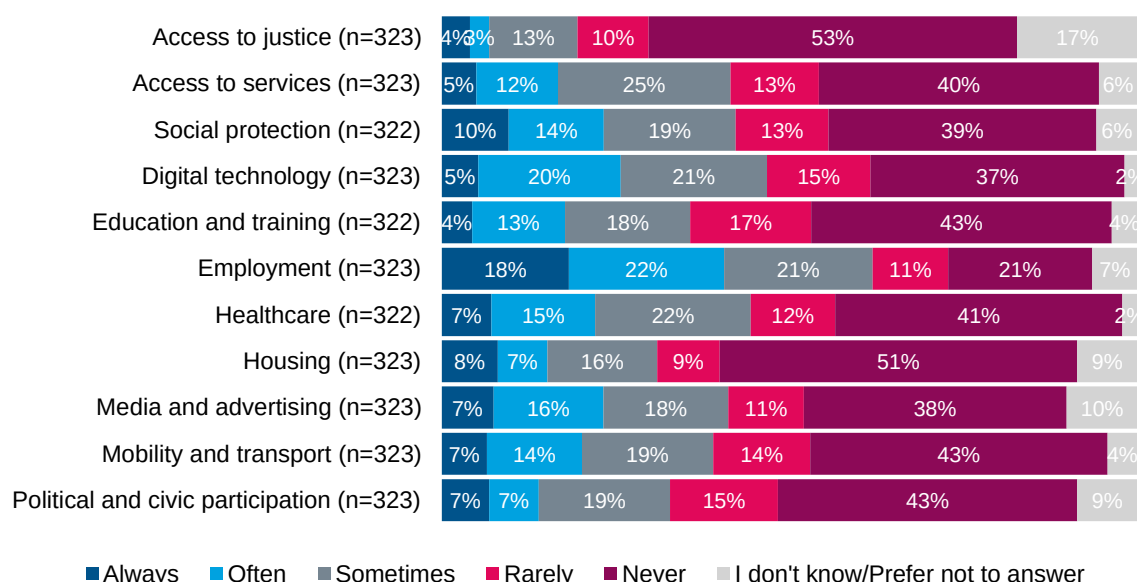
As these figures suggest, age discrimination disproportionately affects specific age groups in a given setting (see Annex 1, Figures 4 and 5). In employment, respondents in the 55-64 age group are overrepresented in discrimination during the recruitment process, accounting for 28% of all cases of age discrimination, despite making up only 18% of the discriminated-against population. The 45-54 and 15-24 age groups are also overrepresented (18% and 21%, respectively, while accounting for 12% and 16%, respectively, of the discriminated-against population). This suggests that discriminatory practices during the recruitment process are more likely to concern individuals who are expected to leave the labour market and retire (45-54 and 55-64 age groups) and those who have only recently joined the labour market and may be perceived as lacking relevant professional experience (15-24 age group). In the workplace, 27% of cases of age discrimination are reported by 25-34-year-olds, 21% by 55-64-year-olds and 18% by 45-54-year-olds. These figures may reflect delayed promotions or refused training opportunities.

Discrimination when looking to buy or rent a house is more likely to be mentioned by 15-24-year-olds and 25-34-year-olds, who, together, account for 65% of all cases of discrimination in this setting. Discrimination when requesting or accessing healthcare and social services is primarily reported by older people (65+), who account for 50% and 43%, respectively, of all such cases. Young people make up a higher share of discrimination in education (44% reported by the 15-24 age group). Discrimination in cafés, bars, restaurants, or nightclubs also tends to concern younger people (15-24 and 25-34 age groups), while discrimination in shops or banking institutions is primarily reported by older people (65+). Older generations also account for a higher share of cases of discrimination in public spaces. Discrimination online primarily concerns younger cohorts.

3.1.1.2. Analysis of qualitative survey of individuals

This section presents the analysis of the data collected from the qualitative survey of individuals. Figure 12 shows the prevalence of discrimination, as reported by the survey respondents.

Figure 12. Survey of individuals: Q9A To what extent have you experienced ageism or age discrimination in the following areas? (n=323)



Overall, the 323 respondents indicate that employment is the area where they most frequently experience ageism or age discrimination, with 18% of respondents replying always, and 61% replying always, often, or sometimes. Employment is followed, by some distance, by digital technology (46%), healthcare (44%), and social protection (43%), access to services (42%), media and advertising (41%), and mobility and transport (40%). Respondents experience age discrimination least often in access to justice, with 19% of respondents answering that they always, often, or sometimes experienced age discrimination here.

Age discrimination is a significant issue across many areas of life, affecting different age groups and genders to varying extents. Older adults, particularly those aged 75+, frequently report experiencing age discrimination, especially in accessing services and digital technology. Younger adults, particularly those aged 18-24, also report significant age discrimination in social protection. Female respondents consistently report higher levels of age discrimination compared to male respondents across most areas.

The survey responses reveal significant insights into age discrimination across various areas of life, highlighting differences based on age and gender. In employment, a substantial proportion of respondents aged 45-54 (84%), 55-64 (71%), and 25-34 (68%) report experiencing age discrimination always, often, or sometimes. By contrast, only 34% of respondents aged 75+ note frequent age discrimination in employment. Some 68% of female respondents report experiencing age discrimination compared to 61.5% of male respondents.

Access to justice shows notable age discrimination, with 40% of respondents aged 18-24 and 19% of those aged 35-44 reporting frequent experiences of age discrimination. However, 62% of respondents aged 75+ report never experiencing age discrimination in

this area. Gender differences are evident, with 45% of female respondents and 34% of male respondents noting age discrimination in access to justice.

In access to services, 53% of respondents aged 75+ and 48% of those aged 45-54 report experiencing age discrimination. Gender differences are again apparent, with 45% of female respondents and 34% of male respondents noting age discrimination here. In social protection, 70% of respondents aged 18-24 report experiencing age discrimination, while 51% of those aged 75+ have never experienced it. Some 45% of female respondents report age discrimination, 16% often, compared to just 9% of male respondents.

Age discrimination is prevalent in digital technology, reported by 60% of respondents aged 55-64 and 51% of those aged 65+. Female respondents report higher levels of age discrimination than male respondents (53% and 13%, respectively). In education and training, 48% of respondents aged 45-54 and 42% of those aged 55-64 have experienced age discrimination. Gender differences are also present, with 41% of female respondents and 50% of respondents who preferred not to specify their gender reporting age discrimination.

In healthcare, 49% of respondents aged 75+ report age discrimination, compared to just 10% of respondents aged 18-24. Gender differences are again evident, with 47% of female respondents reporting experiencing age discrimination and 54% of male respondents never experiencing it. In housing, 50% of respondents aged 18-34 report experiencing age discrimination. Gender differences emerge, with 36% of female respondents reporting age discrimination and 57% of male respondents never experiencing it.

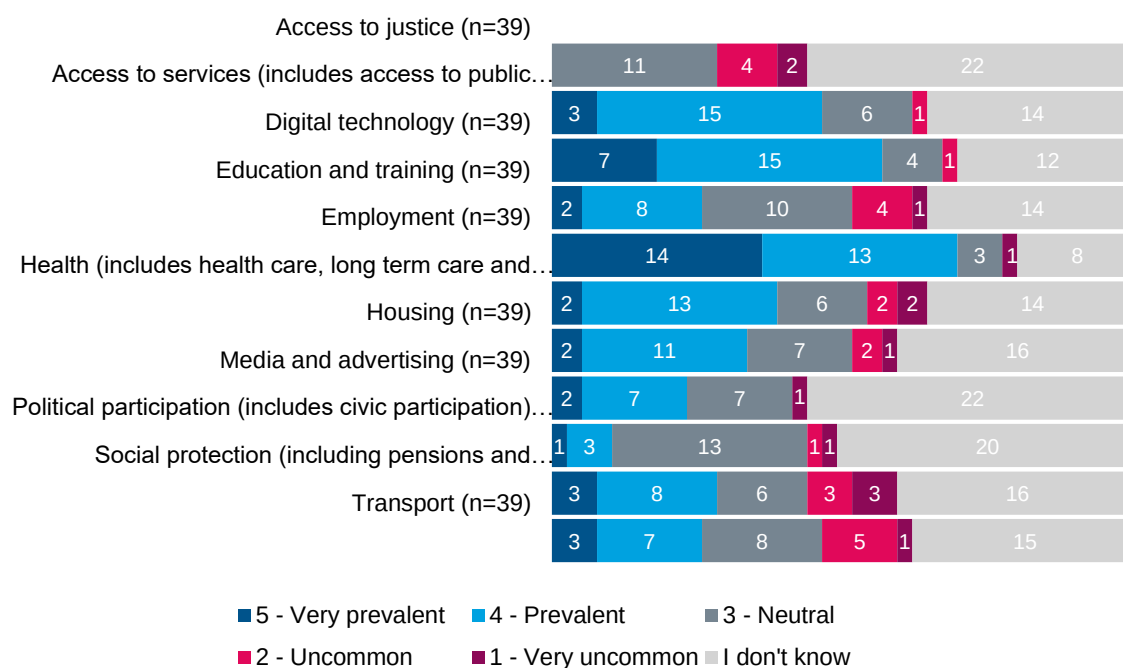
Media and advertising show significant levels of age discrimination, as reported by 48% of respondents aged 45-54, 47% of those aged 55-64, 45% of those aged 65-74, and 43% of those aged 75+. Female respondents report higher levels of age discrimination compared to male respondents (51% and 28%, respectively). Finally, 55% of respondents aged 75+ report experiencing age discrimination in mobility and transport, while 60% of respondents aged 18-24 and 58% of those aged 45-54 have never experienced it.

Overall, age discrimination is a pervasive issue that affects individuals differently based on their age and gender, with older adults and women and girls often reporting higher levels of discrimination across various areas of life.

3.1.1.3. Analysis of qualitative NA survey

This section presents the analysis of the data collected from the NA survey. Figure 13 shows the prevalence of discrimination, as reported by the respondents to the survey.

Figure 13. NA survey: Q9 In which sectors are age discrimination and ageism barriers most prevalent? (n=39)



Age discrimination and ageism barriers are most prevalent in the employment sector, according to the 39 NAs from various Member States that responded to the survey, followed at some distance by digital technology and access to services. They note that discrimination in access to justice and political participation is less prevalent.

In the employment sector, age discrimination and ageism are considered very prevalent by 14 respondents from 11 Member States (BE, DE, EE, IE, EL, FR, HR, LT, NL, SK, SE), with 13 respondents from nine Member States (BG, DE, EE, FR, HR, HU, AT, SK, FI) rating it as prevalent. Three Member States (EL, LT, NL) indicate that these barriers are neutral. No Member States report these barriers as uncommon, while one (CY) reports that age discrimination and ageism barriers are very uncommon.

In digital technology, seven respondents from five Member States (BE, DE, FR, LT, FI) rate age discrimination and ageism as very prevalent, and 15 respondents from ten Member States (BE, DE, EE, EL, FR, HR, LV, SK, FI, SE) rate it as prevalent. Four Member States (IE, HU, LT, SK) respond neutrally. One Member State (NL) rates it as uncommon.

In access to services, three respondents from two Member States (DE, HR) rate age discrimination and ageism as very prevalent, and 15 respondents from ten Member States (BE, DE, EE, FR, LT, HU, NL, SK, FI, SE) rate it as prevalent. Six Member States (IE, EL, FR, HR, LT, NL) respond neutrally. One Member State (FI) rates it as uncommon, and no Member State rates it as very uncommon.

In health, age discrimination and ageism are considered very prevalent in two Member States (EL, SK) and prevalent in 13 respondents from nine Member States (BE, DE, EE, FR, HR, LT, SK, FI, SE). Six Member States (BE, DE, IE, FR, LT, HU) respond neutrally. Two Member States (NL, FI) indicate that these barriers are uncommon. Two Member States (BG, DE) report that age discrimination and ageism barriers are very uncommon.

In social protection, age discrimination and ageism are considered very prevalent in three Member States (EE, FR, SK) and prevalent by eight respondents from seven Member

States (BE, DE, EE, EL, HR, LT, SK). Six Member States (BE, DE, IE, FR, LT, HU) respond neutrally. Three Member States (NL, SK, FI) rate it as uncommon. Three respondents from two Member States (BG, FI) report that age discrimination and ageism barriers are very uncommon.

In housing, age discrimination and ageism are considered very prevalent by two respondents from one Member State (SK) and prevalent by 11 respondents from nine Member States (BE, DE, EE, FR, HR, LT, SK, FI, SE). Seven respondents from six Member States (DE, IE, EL, HU, LT, FI) respond neutrally. Two Member States (LT, NL) rate it as uncommon. One Member State (BG) reports that age discrimination and ageism barriers are very uncommon.

Age discrimination and ageism are considered very prevalent in education and training in two Member States (DE, EL) and prevalent by eight respondents from seven Member States (BE, EE, EL, HR, LT, NL, FI). Ten respondents from eight Member States (BE, DE, IE, FR, LT, HU, NL, SK) respond neutrally. Four respondents from three Member States (DE, FR, FI) rate it as uncommon. One Member State (BG) reports that age discrimination and ageism barriers are very uncommon.

In transport, age discrimination and ageism are considered very prevalent in three Member States (EE, FR, SK) and prevalent by seven respondents from four Member States (BE, BG, EE, HR). Eight Member States (DE, IE, EL, FR, LT, HU, SK, FI) respond neutrally. Five respondents from four Member States (DE, LT, SK, FI) rate it as uncommon. One Member State (NL) reports that age discrimination and ageism barriers are very uncommon.

In media and advertising, age discrimination and ageism are considered very prevalent in two Member States (FR, SK) and prevalent by seven respondents from four Member States (BE, EL, HR, LT). Seven respondents from six Member States (DE, IE, FR, LT, HU, SK) respond neutrally. No Member States rate it as uncommon. One Member State (BG) reports that age discrimination and ageism barriers are very uncommon.

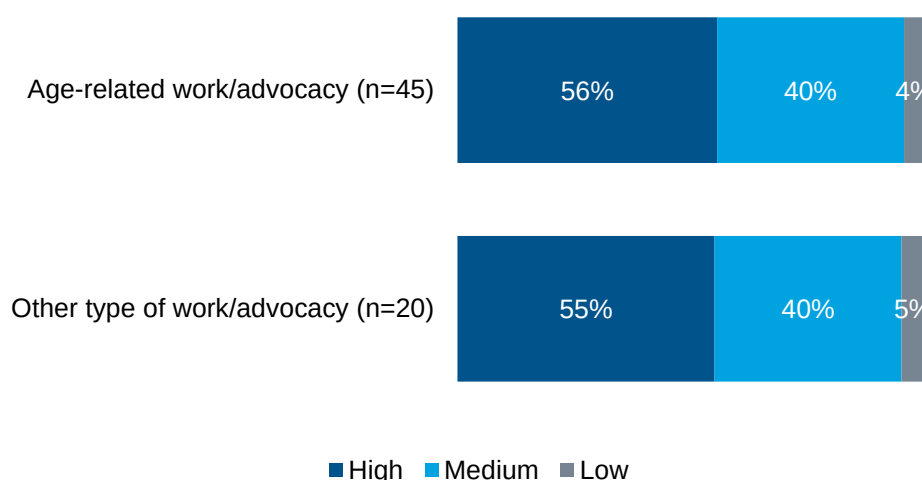
Age discrimination and ageism are considered very prevalent in political participation in one Member State (SK) and prevalent in three Member States (DE, FR, HR). Thirteen respondents from ten Member States (BE, DE, EE, IE, EL, FR, HR, LT, HU, SK) respond neutrally. One respondent from one Member State (FI) rates it as uncommon, and another respondent from the same Member State reports that these barriers are very uncommon.

No Member States rates age discrimination and ageism as very prevalent or prevalent in access to justice. Eleven respondents from eight Member States (DE, IE, FR, HR, LT, HU, SK, FI) respond neutrally. Four Member States (BE, DE, EL, HR) rate it as uncommon and two Member States (NL, FI) rate it as very uncommon.

3.1.1.4. Analysis of qualitative survey of CSOs

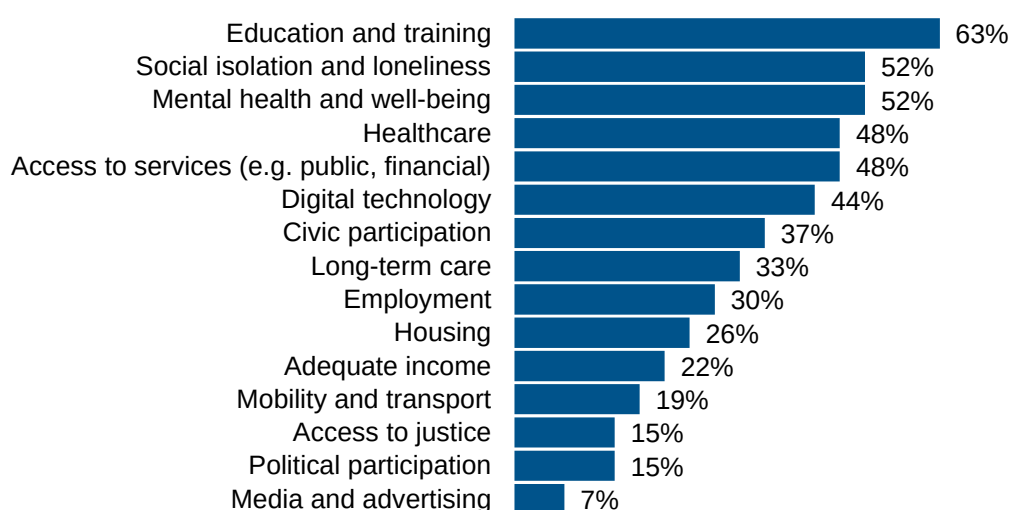
This section presents an analysis of the data collected from the qualitative survey of CSOs. Figure 14 illustrates the prevalence of discrimination as reported by the CSO survey respondents.

Figure 14. CSO survey: Q16 In your perception, what is the prevalence of ageist stereotypes (how we think) and ageist prejudice (how we feel) in your country/region of work? (n=65)



The CSO survey received 65 responses on perceptions of the prevalence of ageist stereotypes and ageist prejudice in the country or region of work. Among those engaged in age-related work or advocacy (n=45), 56% perceive the prevalence as high, 40% as medium, and 4% as low. Among respondents engaged in other types of work or advocacy (n=20), 55% perceive the prevalence as high, 40% as medium, and 5% as low. Figure 15 presents the areas where age discrimination is prevalent.

Figure 15. CSO survey: Q17 In your perception, what is the prevalence of age discrimination (being treated differently because of your age or perceived age) for different areas in your country/region of work? (n=27)

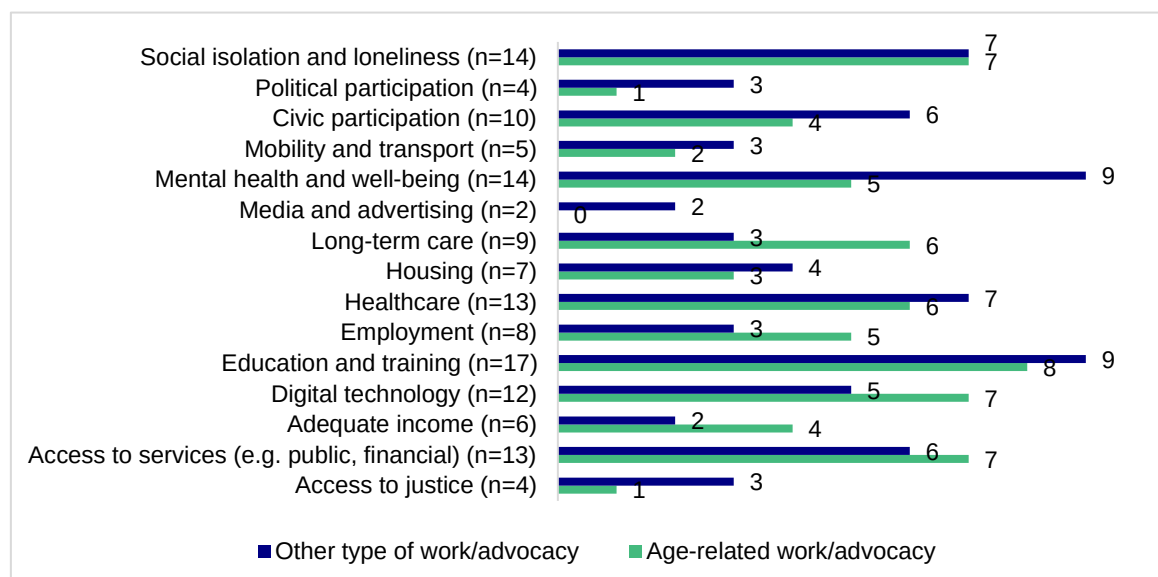


CSOs perceive age discrimination as most prevalent in education and training, with approximately 63% of respondents experiencing or observing age-related discrimination here. This suggests that age significantly impacts opportunities for learning and professional development. Additionally, over half of respondents (52%)

perceive age discrimination as prevalent in social isolation and loneliness. This highlights the social and psychological challenges faced by individuals due to age-related biases. Healthcare and access to services (e.g. public and financial services) followed closely, with nearly 48% of respondents reporting age discrimination, indicating that older individuals might face barriers in receiving adequate healthcare and accessing essential services.

Media and advertising are perceived to have the least age discrimination, at only 7%. This could suggest that age-related biases are less prominent in these sectors, or that they are not as readily recognised. Mobility and transport, access to justice, and political participation also have lower levels of perceived age discrimination, with around 15-19% of respondents indicating such experiences. This may imply that these areas are somewhat more inclusive, or that age-related issues are less visible. Figure 16 presents a breakdown of responses to the CSO based on the nature of their work.

Figure 16. CSO survey: Q17 In your perception, what is the prevalence of age discrimination (being treated differently because of your age or perceived age) for different areas in your country/region of work? Analysis based on the nature of CSOs' work (n=27)



Of those engaged in age-related work or advocacy, the highest reported areas of perceived age discrimination and ageism include education and training (eight respondents), digital technology, access to services such as public or financial services, and social isolation and loneliness (seven respondents), healthcare and long-term care (six respondents), mental health and well-being, and employment (five respondents). Other areas include civic participation (five respondents), housing (three respondents), mobility and transport (two respondents), access to justice, and political participation (one respondent apiece).

Among respondents engaged in other types of work or advocacy, the most frequently reported areas of perceived age discrimination are education and training, mental health and well-being (eight respondents), healthcare and social isolation and loneliness (seven respondents), access to services and civic participation (six respondents), digital technology (five respondents), and housing (four respondents). Other areas include employment, access to justice, long-term care, and mobility and transport (three respondents), media and advertising, and political participation (two respondents each).

Comparing the two groups, respondents engaged in age-related work or advocacy report lower percentages of perceived age discrimination across most areas. Notably, education and training, mental health and well-being, healthcare, and social isolation and loneliness are more frequently reported by those in non-age-related work. Conversely, areas such as digital technology, access to services, and long-term care are more frequently reported by those engaged in age-related work or advocacy.

3.1.1.5. Analysis of qualitative interviews of individuals

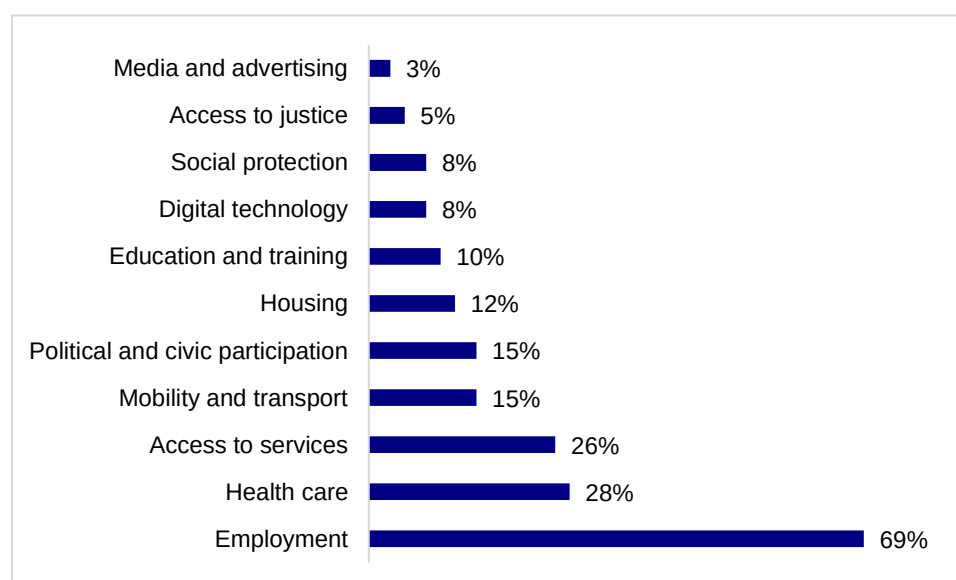
This section presents the findings on the prevalence of age discrimination collected through national researchers' interviews with 146 individuals in ten EU Member States.

Employment is the most prominent category where discrimination is experienced, cited by 100 interviewees (69%). This is followed by healthcare (including long-term care, mental health, and well-being) and access to services (e.g. public, financial) by 40 (28%) and 38 (26%) of interviewees respectively.

Mobility and transport are mentioned by 22 interviewees (15%), political and civic participation by 22 interviews (15%), housing by 17 interviewees (12%), and education and training by 16 interviewees (12%).

Comparatively lower prevalence is observed for issues concerning digital technology and social protection (including adequate income), both of which are noted in 11 interviews, each accounting for 8% of the total. Access to justice and media and advertising are the least frequently mentioned, in seven (5%) and five (3%) respectively, indicating they were of comparatively lesser prominence.

Figure 17. In what areas of life have interviewees experienced ageism or age discrimination (n=146)



Each age group identified a number of areas of life where they feel most affected by discrimination, as illustrated in Figure 18.

Figure 18. Areas of life where discrimination was most experienced, by age group

Sector	Under 18 (n=2)	Age group: 18-24 (n=20)	Age group: 25-34 (n=26)	Age group: 35-44 (n=7)	Age group: 45-54 (n=4)	Age group: 55-64 (n=13)
Employment	50%	75%	88%	100%	75%	92%
Healthcare	0%	10%	19%	14%	50%	15%
Access to services	0%	10%	15%	0%	25%	23%
Mobility and transport	0%	0%	0%	0%	0%	0%
Political and civic participation	100%	35%	12%	0%	0%	8%
Housing	0%	15%	27%	14%	0%	8%
Education and training	50%	25%	15%	14%	0%	15%
Digital technology	0%	5%	0%	0%	0%	8%
Social protection	0%	5%	4%	0%	0%	0%
Access to justice	0%	0%	0%	0%	0%	0%

Discrimination across different areas of life varies considerably by age group. Employment emerges as the most frequently cited area of concern, particularly among those aged 35–44 (100%), where all respondents reported experiencing discrimination. High levels are also noted among the 25–34 (88%) and 55–64 (92%) age groups. By contrast, individuals aged 75+ (35%) report the lowest levels of employment-related discrimination, but face greater challenges in accessing services (48%) and navigating mobility and transport (39%). Healthcare and access to services become increasingly significant issues from the age of 65-74 (41% and 33%, respectively) onwards, suggesting a shift in the nature of discrimination as people age. Meanwhile, younger cohorts highlight barriers in civic engagement and learning, particularly those under 18 (100% in political and civic participation, 50% in education and training) and those aged 18–24 (75% in employment, 35% in political and civic participation, 25% in education and training), indicating early exclusion from key societal domains.

Female respondents (n=94) mostly experience discrimination in employment (71%), access to services (32%), healthcare (30%) and mobility and transport (17%). Male respondents most frequently cite discrimination in employment (63%), healthcare (23%), political and civic participation (23%) and access to services (15%).

3.1.2. Institutional, interpersonal, and self-directed barriers to equality

This section presents the evidence collected through the qualitative surveys of individuals and of NAs on barriers to equality on the ground of age. The evidence is complemented by data collected through the country fiches.

Summary of key findings

Ageism and age discrimination present significant barriers to equality across various policy areas, as evidenced by the surveys of NAs and individuals. These barriers can be categorised into three main types: 1) institutional barriers, which include legal and policy frameworks (legal protections, enforcement, age restrictions), accommodations, funding, and training; 2) interpersonal barriers, such as exclusionary or discriminatory behaviours, biases, and pressures; and 3) self-directed barriers, encompassing self-limiting beliefs, feelings, and behaviours.

Respondents to the individual survey report experiencing institutional and interpersonal ageism and age discrimination at high frequencies across all policy areas. A combined 63% of respondents report always, often, or sometimes facing these forms of discrimination across all policy areas, highlighting their pervasiveness. Self-directed ageism and age discrimination, while less common, affect slightly less than one in two respondents (49%, always, often, and sometimes).

Institutional age discrimination most affect the policy areas of social protection (72%), housing (71%), and employment (70%), with all policy areas above 50%. Interpersonal age discrimination affects employment most (68%), followed by healthcare (68%), media and advertising (67%), social protection (67%), justice (64%), and access to services (63%). Finally, self-directed ageism and age discrimination affects employment (61%), social protection (53%), housing (51%) and healthcare (50%), with digital technology (48%) and education and training (47%) slightly below the 50% mark.

Institutional barriers pose a significant challenge to age equality.

- Inadequate legal protections and policy frameworks against age discrimination are a major concern. The lack of comprehensive laws and policies prohibiting age discrimination and ageism in different areas leaves individuals vulnerable to unfair treatment. The NA survey reveals significant gaps in legal protection against age discrimination in different areas. Individual survey respondents describe situations where housing discrimination had no legal remedy. Older individuals note the absence of laws preventing landlords from refusing to rent to pensioners despite proof of financial stability, while students report no legal recourse when property managers demanded parental guarantors based solely on age.
- Age-based legal restrictions, eligibility criteria, and mandatory requirements such as age limits, age-based exclusions, or mandatory age-related practices further perpetuate inequalities. The NA survey documents extensive explicit age-based restrictions: mandatory retirement policies; age-based restrictions on housing loan subsidies for applicants under 45; age thresholds for electoral participation and eligibility for political office. Individual survey respondents also describe age limits for political candidacy and for health screening despite risk factors due to old age, as well as eligibility gaps in benefits systems. Younger respondents mention being excluded from housing benefits due to age minimums during critical career-building stages, while older respondents note being disqualified

from training opportunities based on maximum age limits, irrespective of their qualifications.

- Inadequate enforcement of existing age discrimination laws and policies compounds barriers. NAs identify significant enforcement gaps, with individuals describing no meaningful follow-up when reporting discrimination to authorities. Employment complainants report that companies simply claimed they hired ‘more suitable’ candidates and authorities dismissed complaints as ‘difficult to prove’.

Institutional barriers extend to accommodations, funding and training.

- The surveys indicate that the lack of age-appropriate accommodations, adaptations, or specialised services is a significant obstacle. This includes the absence of programmes, services, facilities, or resources tailored to the specific needs of different individuals and groups. This is particularly the case for transport accessibility for older individuals or those with disabilities, unavailability of transport for students attending evening classes (creating safety concerns); digital barriers in access to healthcare and broader services; or lack of housing accommodations for older individuals or people with disabilities. Quantitative evidence from representative surveys supports these findings. The Irish National Travel Survey shows limited bus service availability, unaffordability for younger people, and inaccessibility for those with disabilities are key barriers. In Belgium, nearly half of people over 50 living alone report low digital skills and avoided online administrative tasks. Additionally, nursing and long-term care services remain underdeveloped and unevenly distributed (availability, accessibility, quality) across Member States.
- Insufficient funding or support for age-inclusive policies, programmes, and practices exacerbates the challenges faced by individuals. Multiple NAs highlight critical funding and support gaps across policy areas such as education and lifelong learning, including digital support, and healthcare. Individuals described chronically underfunded pension systems, limited funding of education-to-employment transitions, financial barriers to securing loans, and complex and lengthy bureaucratic hurdles in accessing social benefits. The quantitative evidence highlights the high share of unmet medical needs (4% in the EU Survey on Income and Living Conditions (EU-SILC), 16% in the ESS). There are also significant disparities between age groups. Insufficient provision of healthcare services and unaffordability appear to be highly significant barriers.
- Inadequate staff training and awareness of age-related needs, issues, and competencies perpetuate ageist attitudes and practices within institutions and organisations. NAs identify significant training and awareness gaps for healthcare and education professionals, echoed by individual respondents. Middle-aged patients report symptoms being dismissed as ‘normal for your age’ rather than properly investigated. Young adults describe mental health concerns being minimised as ‘just phases’.

Interpersonal barriers, characterised by discrimination and bias, present obstacles to age equality.

- Discriminatory, exclusionary, or hostile behaviours based on age, such as lack of recognition and opportunities, are prevalent across various policy areas. Stereotypes, prejudices and biases based on age, such as patronising, condescending, or infantilising comments, attitudes, or assumptions, further reinforce ageist narratives and limit individuals' potential. Individual survey respondents describe court officials speaking to their adult children instead of to

them directly. Housing applicants report landlords explicitly favouring younger tenants. Individuals in their twenties described having their ideas dismissed without consideration by older colleagues. Qualified older candidates describe being told that positions are 'meant for someone younger', while younger applicants mention being considered 'too inexperienced' despite holding relevant qualifications. Media and advertising perpetuate harmful age stereotypes, with age-based and gendered stereotypical portrayals and narratives. Access to services, including healthcare, is hindered by age-based stereotypes affecting quality. External quantitative evidence from the Member States supports these findings. Access to legal services remains limited, with few discrimination victims filing official complaints. The Irish Equality and Discrimination Survey points to a lack of awareness about rights under equality laws, while a Luxembourg survey reveals widespread scepticism about the value of legal proceedings. In Finland, nearly half of respondents feel negatively portrayed by the media.

- Pressure from others to conform to age-related expectations, norms, or stereotypes can restrict individuals' choices and opportunities, perpetuating inequalities. Individuals reported feeling pressured to conform to age-appropriate service use patterns, limiting their choices and independence.

Self-directed barriers significantly impact individuals' experiences with ageism across multiple domains.

- Self-limiting beliefs about personal capabilities particularly affect employment, social protection, and housing sectors. Older individuals report avoiding applying for management positions, despite having suitable qualifications, believing that companies prefer younger leaders. Middle-aged respondents feel trapped – too old for career changes, yet too young to accept stagnation. Conversely, younger employees decline promotions, assuming that employers want someone older. In education, people abandon opportunities, believing they were 'too old to learn new skills' or 'too young to be taken seriously'. Eurobarometer data show that feelings of being too young or too old are a significant barrier to accessing cultural goods and services, an effect that is amplified by digital illiteracy among older generations.
- Feelings of self-doubt or imposter syndrome manifest strongly in employment, justice, and social protection contexts. Older learners report questioning their place in technical training despite relevant experience, while younger professionals constantly feel pressured to prove their competence. Middle-aged students feel out of place among their younger classmates, despite having valuable work experience. In healthcare, many doubt their understanding of medical information and question the legitimacy of their concerns.
- Self-imposed avoidance behaviours are prominent in employment, social protection, and health domains. Health respondents report delaying treatment by attributing symptoms to 'normal ageing'. Digitally experienced retirees avoid online services despite prior computer proficiency. Young community members abandon local governance participation after being dismissed as idealistic. In transportation, people avoid certain routes, anticipating difficulties with systems not designed for their age group's needs.

Overall, ageism and age discrimination present significant barriers to equality across various policy areas, as evidenced by the surveys of NAs and individuals. These barriers manifest in three main forms: institutional, interpersonal, and self-directed. Institutional barriers, including inadequate legal protections, age restrictions, lack of enforcement, and gaps in accommodations, funding, and training, systemically disadvantage people

based on age. NAs identify critical gaps in legal protection, enforcement, and support across multiple policy areas. Interpersonal barriers, such as exclusionary behaviours, stereotyping, and pressures to conform to age norms, further marginalise individuals in their daily interactions and experiences. Individual survey respondents report high frequencies of institutional and interpersonal discrimination across all policy areas, with self-directed barriers affecting slightly less than half of respondents. These barriers substantially impact individuals' experiences, limiting their opportunities, choices, and full participation in society.

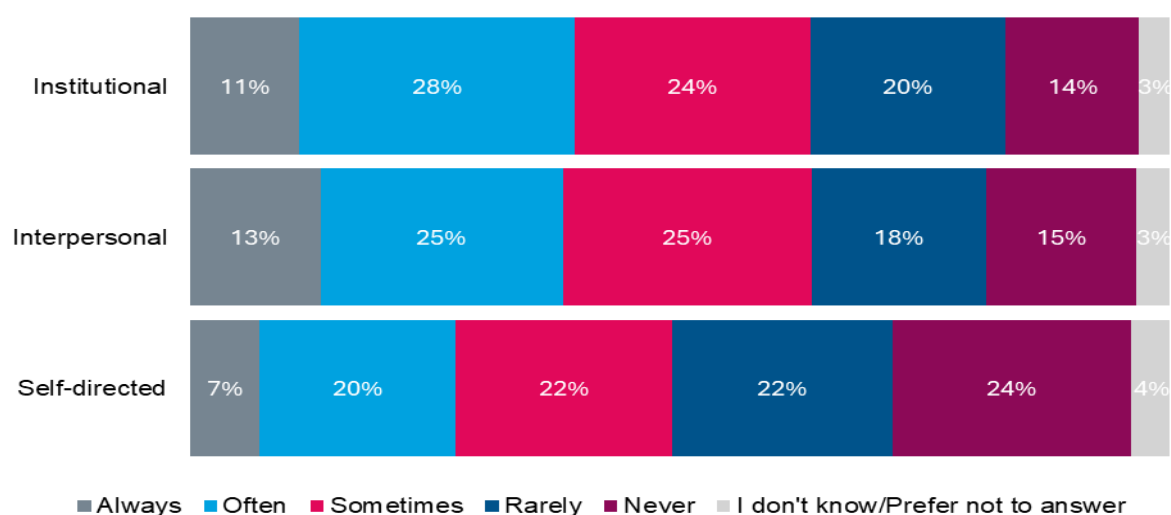
Detailed evidence supporting key findings

This section closely examines the evidence supporting the main findings on barriers to age equality.

The qualitative survey of individuals shows that institutional and interpersonal age discrimination are experienced at similar frequencies, with 39% (always) and 38% (often) of respondents reporting that they face these forms of discrimination. Together, 63% have experienced institutional and interpersonal age discrimination always, often, or sometimes. Only a small percentage of respondents (14% and 15%, respectively) report never experiencing these forms of discrimination.

Self-directed age discrimination has the lowest reported frequency, with 27% of respondents replying always or often, and 49% replying sometimes or rarely. Compared to institutional and interpersonal age discrimination, a higher percentage of respondents (24%) report never experiencing self-directed age discrimination.

Figure 19. Survey of individuals: Forms of age discrimination across all policy areas



Notes: The general percentages summarising experiences of age discrimination across all policy areas were calculated using a weighted average. The weight assigned to each policy area was proportional to the number of responses it received, ensuring that areas with a larger number of respondents had a greater influence on the overall percentage.

The open-ended responses to the individual survey (Q18 'What do you think are the main barriers to addressing ageism and age discrimination in your country?') provide some useful insights:

- Interpersonal barriers, such as societal attitudes and stereotypes, are the most frequently mentioned barrier, with 87 respondents (35%) indicating that deeply ingrained cultural norms and stereotypes about ageing were significant obstacles.

These stereotypes often depict older individuals as less capable or relevant. Curtailment of employment and economic opportunities are cited by 27 respondents (11%), with older individuals facing challenges in securing employment or advancing their careers due to perceptions of reduced productivity.

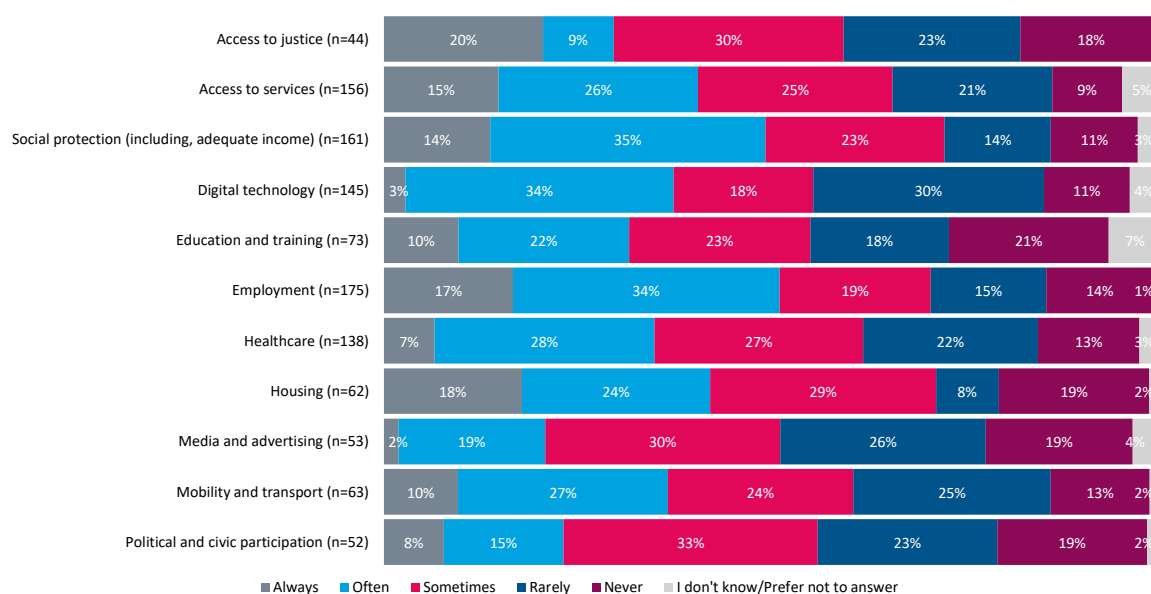
- Institutional barriers such as legislation and policy are seen as significant by 45 respondents (18%), who feel that inadequate legal frameworks and poor enforcement of existing laws are major obstacles. Many respondents note that laws are either outdated or not applied uniformly. Institutional barriers such as infrastructure and support systems are mentioned as inadequate by 12 respondents (5%), particularly accessibility and support for older individuals. Respondents feel that public services and infrastructure do not adequately cater to the needs of the ageing population. Lack of awareness and education is highlighted by 34 respondents (14%).

The survey of individuals asked respondents how often they experienced institutional age discrimination across different policy areas. Employment has the highest reported frequency, with 51% of respondents indicating that they experience discrimination always or often. This is followed by social protection (49%) housing (42%), and access to services (41%). By contrast, media and advertising have the lowest percentage of respondents reporting frequent (always and often) discrimination (21%).

When including those who report experiencing discrimination sometimes, the most affected areas are social protection (72%), housing (71%), and employment (70%), but with all policy areas above 50% (access to services: 66%; healthcare: 62%; mobility and transport: 61%; access to justice: 59%; political and civic participation: 56%; digital technology: 55%; education and training: 55%; media and advertising: 51%).

The proportion of respondents indicating having never experienced institutional age discrimination varies, with the highest percentages in education and training (21%), political and civic participation (19%), media and advertising, and housing (19%). A small percentage of respondents selected 'I don't know/prefer not to answer' across all policy areas.

Figure 20. Institutional age discrimination across all policy areas

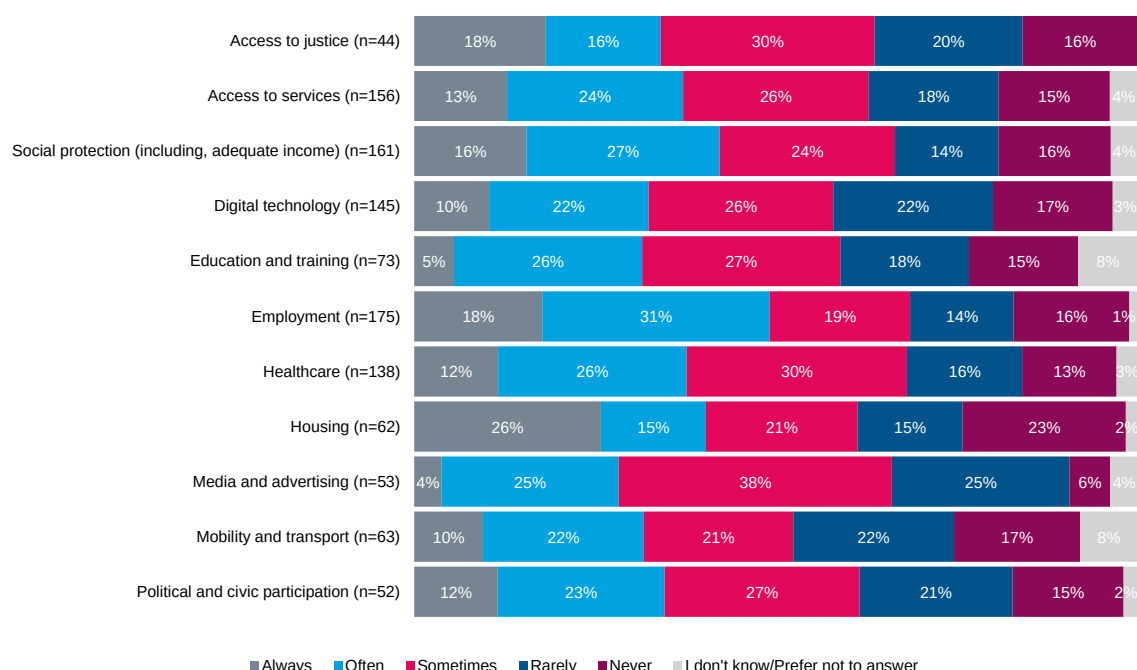


The survey of individuals asked respondents how often they experienced interpersonal age discrimination across different policy areas. Employment has the highest reported frequency, with 49% of respondents indicating that they experience discrimination always or often. This is followed by social protection (43%) and housing (%). Media and advertising have the lowest percentage of respondents reporting frequent discrimination (29%).

When including those who report experiencing discrimination sometimes, the most affected areas are employment (68%), healthcare (68%), media and advertising (67%), and social protection (67%), with access to justice (64%) and access to services (63%) also affected.

The proportion of respondents indicating never having experienced interpersonal age discrimination varies, with the highest percentages in housing (23%), mobility and transport (17%), and digital technology (17%). A small percentage of respondents selected 'I don't know/prefer not to answer' across all policy areas.

Figure 21. Survey of individuals: Interpersonal age discrimination across all policy areas



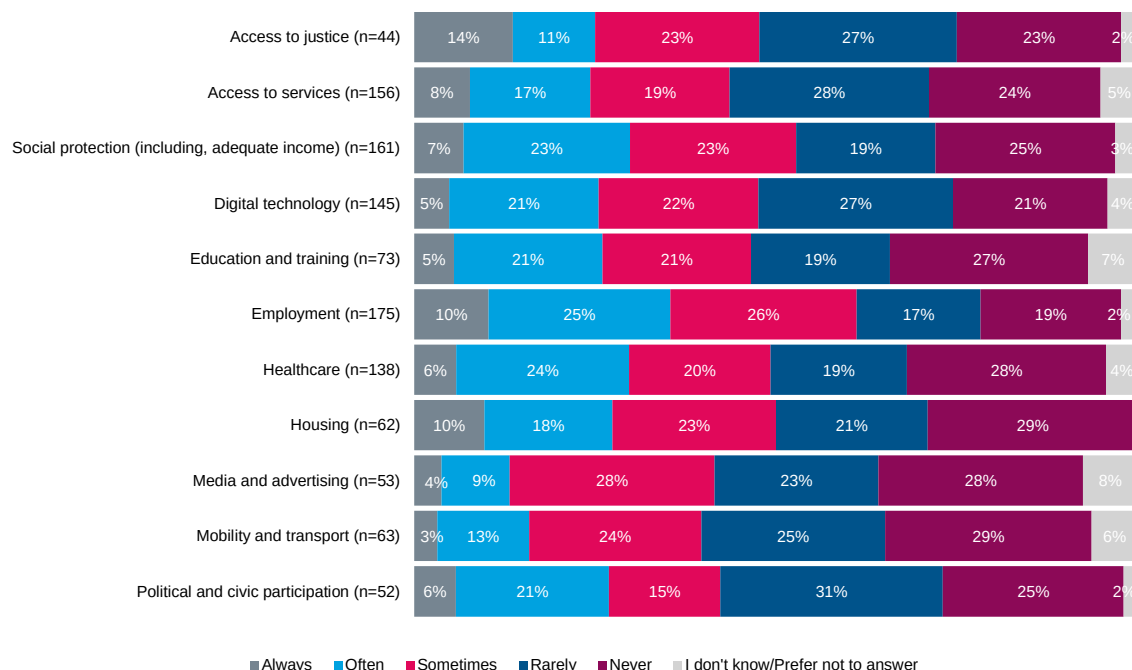
The survey of individuals asked respondents how often they experienced self-directed age discrimination across different policy areas. Employment has the highest reported frequency, with 35% of respondents indicating that they experience discrimination always or often. This is followed by social protection (30%), healthcare (30%), housing (28%), and political and civic participation (27%). Media and advertising have the lowest percentage of respondents reporting frequent discrimination (13%).

When including those who reported experiencing discrimination sometimes, the most affected areas are employment (61%), social protection (53%), housing (51%) and healthcare (50%), with digital technology (48%) and education and training (47%) selected by slightly less than one in two respondents.

The proportion of respondents indicating having never experienced interpersonal age discrimination is highest in housing (29%) and mobility and transport (29%). A small

percentage of respondents selected 'I don't know/prefer not to answer' across all policy areas.

Figure 22. Survey of individuals: Self-directed age discrimination across all policy areas



The experience of barriers varies depending on different age groups, according to the individual interviews (n=146). For interpersonal barriers, younger people (18-34) are primarily dismissed or underestimated, while 18-24-year-olds often encounter patronising attitudes, with their views frequently dismissed in professional and civic contexts. Their inclusion is sometimes merely symbolic, rather than meaningful and they feel unheard in politics. Similarly, 25-34-year-olds report older colleagues dismissing their ideas. Younger adults face blatant age discrimination in services (housing, healthcare, mortgages) and financial discrimination (low wages, unpaid internships). COVID-19 responses are perceived de-prioritising their well-being. One interviewee from Estonia explains how younger individuals experienced challenges regarding unpaid work:

Young people just get exploited for money, who may not be in a great financial situation, but you have to do it to get closer to a job. If you do not have any family money, you are not getting paid. This is truly unfair to many people because it is basically exploitation. The issue is that even paid internships are way below minimum wage.

-male, Estonia, age 22

Good practice

France has long required that internships exceeding two months must be paid at a minimum hourly rate, currently set at around €4.35 per hour. This policy has helped to reduce the prevalence of unpaid internships and is associated with greater access to internships for students from lower-income backgrounds. Similarly, Spain mandates compensation for internships that are not part of formal education programmes and has introduced monitoring mechanisms to ensure compliance ⁽⁵⁷⁾.

These policies have proven effective in reducing financial exclusion and improving the quality of internships. According to a European Youth Forum report, countries with clear legal frameworks, such as France and Spain, tend to offer internships that are more structured, better supervised, and more likely to lead to employment ⁽⁵⁸⁾. Young people in these countries report higher satisfaction, greater skill development, and less stress compared to peers in countries where unpaid internships remain unregulated.

Middle-aged adults (aged 35-54) report encountering age discrimination intertwined with societal expectations (family roles, career). Women face scrutiny over family decisions and are overlooked for promotions based on assumptions about family responsibilities. Microaggressions about appearance are reported, and medical complaints are sometimes dismissed as age-related. Older adults (aged 55+) experience a loss of autonomy and respect. Some 55-64-year-olds report facing pressure for early retirement and difficulty in finding new jobs. Digitalisation has exacerbated perceptions of incompetence, with older adults experiencing condescension in healthcare and retail. The 75+ age group reports age-based hostility and a lack of consideration for physical limitations (e.g. public spaces, healthcare access). Across groups, age-based stereotypes limit individuals: younger people struggle for credibility, while older adults face marginalisation.

Institutional barriers range from a lack of youth participation to systemic disadvantages for older adults. Younger people (aged 18-34) report barriers when engaging public agencies, noting that their ideas are often dismissed. One interviewee from Estonia indicates:

Even the politicians, who support youth involvement, can be negative towards a young person, when they dare to disagree with them.

-male, Estonia, aged 21

Resistance to younger voices challenging established structures is evident. Younger people report that their workplace ideas are undervalued, COVID-19 measures impacted them disproportionately, and certain contract types exploit younger workers without leading to secure employment. Mid-career individuals (aged 35-54) report barriers to advancement, with their age potentially impacting project evaluations or leading to positions being restructured to exclude them, particularly younger women in male-dominated leadership structures. Employment discrimination is prominent for older adults (aged 55+), while 55-64-year-olds feel pressured to retire to make space for younger people. Re-employment is similarly difficult, as employers may devalue experience or explicitly refuse pensioners, and there is continuous pressure to accept redundancy packages. Beyond employment, older adults report barriers from digitalisation (supermarket points, transport information) and healthcare services (concerns dismissed as 'age-related', infantilisation, underestimation of women). Infrastructural deficits disproportionately affect older adults (transport, accessibility) and

⁽⁵⁷⁾ Campus France, 'Working while studying in France', 2024, <https://www.campusfrance.org/en/working-student>

⁽⁵⁸⁾ European Youth Forum, *High quality or unpaid and unregulated? Uncovering national internship policies in Europe*, 2022, https://www.youthforum.org/files/Internship-Policies-Report_v3.0.pdf

funding cuts to older people's clubs show institutional disregard for community support. These instances highlight systemic biases in various domains across the age spectrum.

Self-directed barriers are linked to external perceptions and experiences. Older adults (aged 65-74) report internalising limitations from societal expectations and institutional age discrimination. Legal battles reinforce their feelings that the rules are stacked against them, and extensive experience is seen as a liability. Stereotypes can lead to internalising being seen as 'slower' or 'feeble-minded', while feeling overlooked in spaces associated with young people contributes to exclusion. Healthcare dismissal of concerns as 'age-related' reportedly fosters a sense of being devalued, while difficulty with digital skills leads to avoidance and isolation. Younger adults (aged 18-24) report internalising doubts from underestimation, for example being relegated to afterthoughts in discussions or told they 'weren't even born' when others started working, undermining their confidence and hindering participation. Expectation of older leaders reinforce that self-doubt. They also report removing their age from CVs as a measure of internalised bias. Middle-aged adults (aged 55-64) internalise doubts stemming from job loss experiences, struggling to pinpoint age discrimination but nevertheless feeling less valuable. Applying for financial services sometimes induces feelings of being 'second-class'. Despite fewer responses, 25-34-year-olds feel their authority and credibility are questioned based on their youth. Self-directed age discrimination creates a cycle: older adults internalise perceived decline and irrelevance, while younger adults internalise that their opinions are less valuable. These self-perceptions are reinforced by societal practices, perpetuating discrimination.

The experience of barriers differs depending on an individual's gender. Data collected from interviews with individuals (n=146) show that women's experiences often involve age intersecting with gender stereotypes about competence, attractiveness, and professional viability. Older women report being dismissed by doctors, while younger women's health concerns are trivialised. Both face condescending attitudes in professional settings and are overlooked for opportunities. Older women feel undervalued professionally and socially, needing extra effort for acknowledgement, with additional pressure around appearance and age-related norms. One interviewee from Poland provides some insights into doctors' perceptions of older women:

Because of my mother's illness, I often feel healthcare professionals suggest to me that she should not be alive anymore, that we spend too much time taking care of her.

-female, Poland, age 67

Men's experiences focus more on perceived professional value and changing societal roles. Older men report feeling overlooked in the workplace, struggling to find jobs (sometimes told they are too old/expensive), and fearing being seen as technologically inept. Younger men's opinions are dismissed in political/professional contexts and seen as less valid due to their perceived inexperience. Digitalisation has created interpersonal tension for both genders, with older individuals feeling excluded or dependent on younger help. The underlying theme is that age-based stereotypes influence perception and treatment, ranging from subtle acts to discrimination.

Institutional barriers affect women and men differently through systemic biases. For women, inadequate legal protections are evident in job rejection cases where their experience is disregarded to favour younger candidates. Age limits in professions and funding cuts for women's community groups impact older women. Inflexible retirement systems, denial of loans based on age, and perceived higher insurance premiums all highlight intersecting barriers. Healthcare sees older women's symptoms dismissed as solely age-related. Younger women report dismissal of their opinions in organisations

and neglect during crises such as COVID-19. Low-wage internships perpetuate inequality for young women needing financial support. For men, institutional age discrimination often centres on enforced retirement and digital exclusion, impacting access to services and information. Younger men report workplace discrimination, where their input is undervalued compared to older colleagues. These experiences demonstrate systemic biases impacting employment, healthcare, finance, and social participation, requiring strengthened legal protections and age-inclusive policies.

Self-directed barriers for women often involve internalised doubt related to competence and relevance, while for men they are linked to diminishing value and societal disregard. Women internalise biases when facing career transitions, removing age from CVs or feeling devalued despite their experience. Older women's competence is challenged in professional and healthcare settings, leading to undermined self-assurance and perceived capabilities. Digitalisation contributes to feelings of being left behind, sometimes leading to people hiding their difficulties. Younger women internalise doubt when their opinions are disregarded due to age or when facing inappropriate questions (e.g. family plans). Men's self-directed age discrimination stems from feeling disconnected and lacking agency. Unsuccessful job searches can lead to internalising messages of low future value. Feeling disparaged in youth-oriented spaces or by healthcare professionals contributes to eroded self-worth. Challenges with mobility or navigating digital bureaucracy can foster feelings of powerlessness and self-imposed limitation. In essence, women internalise doubts about competence, while men experience a sense of disconnect and diminished value in a youth-focused society.

3.1.2.1. Access to justice

According to the NA survey (n=9) ⁽⁵⁹⁾, within the judicial sphere, several structural impediments disproportionately affect specific age groupings. In three Member States (BE, BG, IE), minors face significant barriers to justice due to legal representation requirements. Older individuals also encounter challenges, particularly in Lithuania, where complex legal aid systems hinder access. Belgium's NA noted that older people often receive inadequate legal support and are not taken seriously in court. Slovakia highlights financial barriers, with many seniors unable to afford legal services. Similarly, Sweden points to the high cost of legal representation as a deterrent in discrimination cases, calling for more actors to support litigation, beyond the Equality Ombudsman. In Cyprus, anti-discrimination laws lack provisions for punitive damages in age discrimination cases. Digital barriers are also widespread. In Italy, digital identity requirements limit access to justice for both young and older people. Finland's NA reports that digitalised systems complicate legal access for older citizens, while Poland notes the absence of ex officio representation and a dedicated legal representative for older persons.

Based on the survey of individuals (n=44) the most significant macro barrier to access to justice is interpersonal, with an overall frequency of 64%. The most common sub-barrier is social pressure to conform to age-related norms (70%), followed by discriminatory or exclusionary behaviour (64%) and age-based stereotypes or biases (57%). The open-ended responses support these findings, with 43% citing specific discrimination. Older people's complaints are often dismissed by legal professionals, while younger individuals are seen as unreliable due to age bias. The second most frequent macro barrier is institutional – accommodations, funding, and training (61%). Key issues include inadequate staff training on age-related needs (66%), insufficient

⁵⁹ NA survey: Q10 What are the main barriers to equality caused by ageism and age discrimination at a national level in the below areas? (Please provide as brief of an answer as you like. You do not have to complete every box to proceed) (n=9).

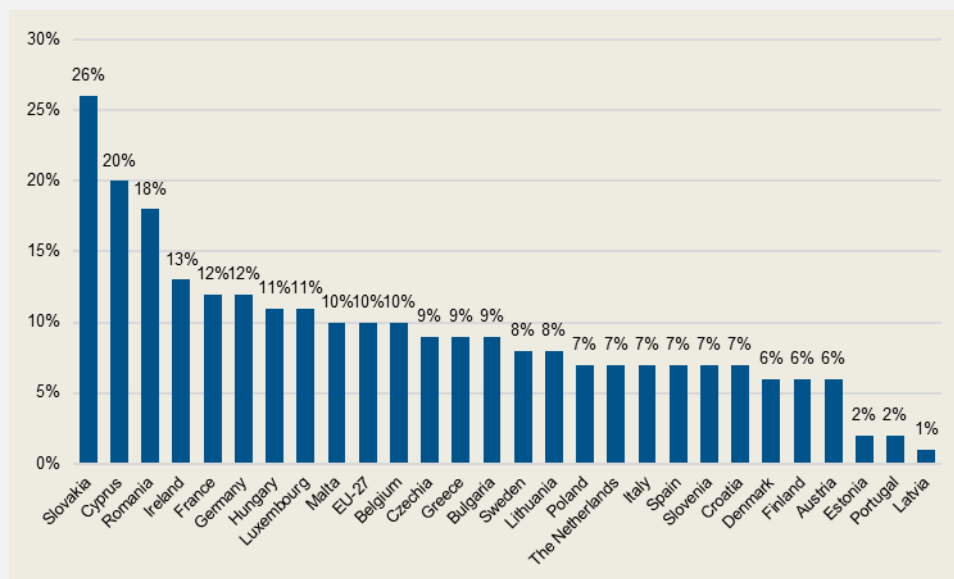
funding for inclusive policies (61%), and lack of age-appropriate services (57%). Access difficulties are noted by 38%, with one respondent highlighting the 'length and burdensomeness of court sessions' as a major challenge.

Institutional – legal and policy frameworks rank third (55%), with concerns about inadequate legal protections (61%), poor enforcement of existing laws (55%), and age-based legal restrictions (48%). Respondents raise issues such as unfair pension rules and lack of equitable retirement benefit policies in divorce cases. Self-directed barriers are least common (48%), including self-limiting beliefs (50%), self-doubt or imposter syndrome (48%), and avoidance or disengagement behaviours (45%).

Quantitative evidence

Only a fraction of the people who experience discrimination (of any type) take corresponding legal action. The results of the Fundamental Rights Survey show that only 10% of the EU population reported or made a complaint about the most recent time they felt discriminated against in employment or when using selected services. There is also significant variation between the Member States, with Slovakia, Cyprus and Romania having high reporting rates, while Estonia, Portugal and Latvia have significantly smaller rates. Less than half of respondents (46%) were aware of the existence of laws forbidding discrimination against job applicants because of their age. Again, there is significant cross-country variation: almost 70% of Finnish, Irish, Swedish, and Dutch respondents were aware of such legislation, with awareness significantly lower in Bulgaria (31%), Greece (30%), and Cyprus (19%).

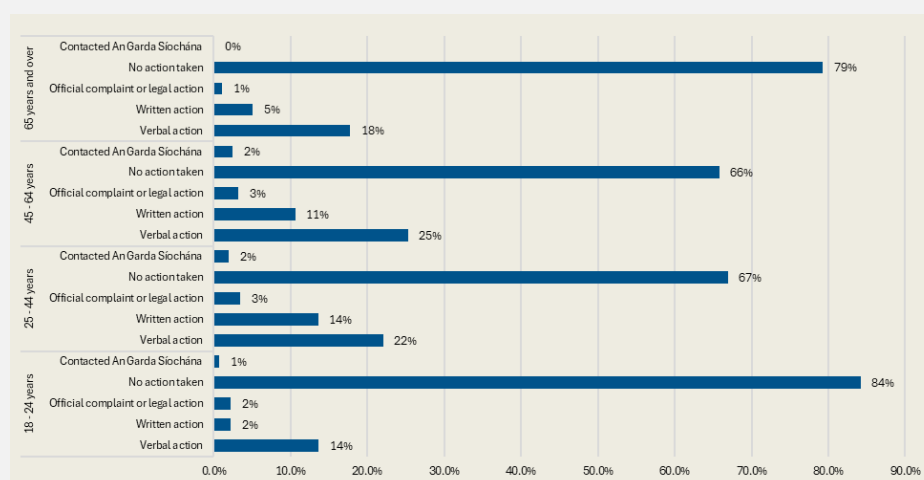
Reporting discrimination experienced in employment or when using selected services



Source: Fundamental Rights Survey (2020).

This evidence is also consistent with results from studies conducted by the Member States. Data from the 2019 Irish Equality and Discrimination Survey shows that 70% of persons aged 18+ who experienced discrimination (of any type) did not take any action, while 21% took verbal action and 10% written action⁽⁶⁰⁾ Only 3% filed an official complaint or initiated legal action and 2% contacted the national police (CSO, 2019). As the figure below illustrates, 18-24-year-olds (84%) and people above 65 (79%) are the most likely not to take any action and the least likely to file a complaint or contact the An Garda Síochána.

Action taken after experiencing discrimination



Source: Central Statistics Office, *Equality and Discrimination 2019*, 2019.

In Ireland, one potential barrier to justice is the lack of a good understanding of one's rights under Irish equality legislation. The same survey revealed that less than 20% of people aged 18-24 who experienced discrimination had a good understanding of their rights, while 15% had no understanding. A similar share of persons aged 65+ expressed a lack of understanding of their rights, although 28% had a good understanding. The figures were slightly higher for the remaining age groups, in particular for 45-64-year-olds, of whom 40% indicated a good understanding of their rights. This suggests that the lack of awareness of one's rights may represent a barrier to justice, especially for young and older people. The survey also highlighted that a better understanding of the equality legislation increased the probability that an individual would take action after experiencing discrimination.

A similar survey in Luxembourg in 2024 provides additional insights ⁽⁶¹⁾. Of the people who reported personal experiences of discrimination, 18% had filed a complaint: 6% with the police, 5% with a union, 3% with superiors. The most common reason for not filing a complaint was the perception that it was a waste of time and useless (49%). Some 17% feared the consequences of filing a complaint, 13% did not know who to contact, while 6% indicated burdensome procedures. These figures indicate that the system may not provide adequate protections to people who experience discrimination.

3.1.2.2. Access to services

According to the NA survey (n=18), ageism and age discrimination present barriers to equality in accessing services across several European countries.

Age-related disparities in access to services are particularly evident in the digital domain. Older citizens in several Member States (BG, DE, FR, CY, MT) are disproportionately affected by digital literacy gaps and poor infrastructure. In Czechia, the removal of cash payment options creates functional barriers for older people.

The financial services sector shows systemic age discrimination. In three Member States (IE, ES, HR), risk assessment methods have led to higher premiums or exclusion for older clients. Banks in Denmark and Germany have rejected loan applications solely based on age, often using algorithms that disadvantage older applicants. In Denmark, mandatory digital communication with public authorities further limits access.

NAs in six Member States (DE, NL, LT, PL, SK, SE) report widespread issues in financial services. The Dutch NA cites age-based mortgage denials and credit card blocks. A Swedish NA reports complaints about loan conditions that prioritise monthly income, disadvantaging older applicants. A Lithuanian NA notes insurance refusals and less favourable bank card terms for older clients. A German NA acknowledges that both older and younger people faced age-based financial discrimination. Slovakia highlights that seniors are often denied loans, while a Polish NA points to upper age limits for bank card users.

Legal limitations also exist. The Estonian NA states that the Equal Treatment Act restricts the Commissioner's competence on age-related cases, limiting protection. The Belgian NA raises concerns about digitalisation without non-digital alternatives. The French NA warns of the risks from automated public services, while the Finnish NA cites digitalisation, service costs, austerity, and ageist perceptions as barriers. The Polish NA also notes increasing digitalisation and bank branch closures as access issues.

Additionally, the Swedish NA report that some shops restrict unaccompanied shopping for children under a certain age, highlighting age-based limitations for younger people as well.

⁽⁶⁰⁾ Central Statistics Office, Ireland, 2019. Equality and Discrimination 2019. <https://www.cso.ie/en/releasesandpublications/er/ed/equalityanddiscrimination2019/>

⁽⁶¹⁾ Centre pour l'Égalité de Traitement (CET) & ILRES, *Observatoire des discriminations 2024*, 2024, https://cet.lu/wp-content/uploads/2024/12/ILRES_CET_Rapport_2024_FINAL.pdf

Based on the survey of individuals (n=156), the most significant macro barrier in accessing services is Institutional - accommodations, funding, and training, with an overall frequency of 68%. The most common sub-barriers include inadequate staff training on age-related needs (69%), lack of age-appropriate services (68%), and insufficient funding for inclusive policies (67%). In the open-ended responses, 32% of people report physical and systemic access issues, such as 'unsuitable counters for people in wheelchairs' and lack of home services. Additionally, 45% have experienced financial barriers in accessing loans or mortgages due to age. For example, one interviewee from Poland says:

When I asked the bank about the possibility of a mortgage, the employee looked at me meaningfully and shook his head... I felt like a second-class person for whom no offer was made. I felt excluded.

-male, Poland, aged 59

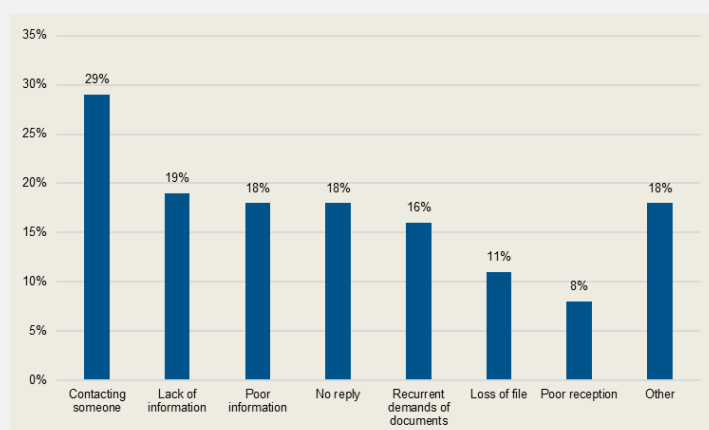
The second most commonly cited barrier is interpersonal (63%), with age-based stereotypes and biases (66%) the most frequent sub-barrier, followed by social pressure to conform to age norms (64%) and discriminatory behaviours (59%). Some 40% of respondents describe unfair treatment due to age, often intersecting with gender or other factors.

Institutional – legal and policy frameworks rank third (60%). Key issues include poor enforcement of age discrimination laws (62%), inadequate legal protections (60%), and age-based eligibility restrictions (59%). Half of the respondents report being denied services based solely on age, expressing frustration with societal expectations that older people should only focus on health. Self-directed barriers are least common (47%), including self-limiting beliefs (51%), avoidance behaviours (46%), and self-doubt or imposter syndrome (43%). The digital divide is an additional concern (13%), with older adults feeling pressured to use digital systems that are not user-friendly.

Quantitative evidence

According to a 2021 survey in France ⁽⁶²⁾, 23% of respondents aged 65+ reported difficulties in completing administrative procedures. Additionally, 21% experienced challenges in resolving issues with public services over the preceding five years.

The most common challenges older adults faced when interacting with public services included difficulty reaching a contact person (29%), lack of information (19%), unclear information (18%), and the absence of a response (18%). As a result, many individuals, especially the oldest, gave up: the abandonment rate was 14% among respondents under the age of 85, rising to 22% among those aged 85+.



Source: Défenseur des droits, *Difficultés d'accès aux droits et discriminations liées à l'âge avancé : une étude auprès des personnes âgées de 65 ans ou plus vivant à domicile*, 2021.

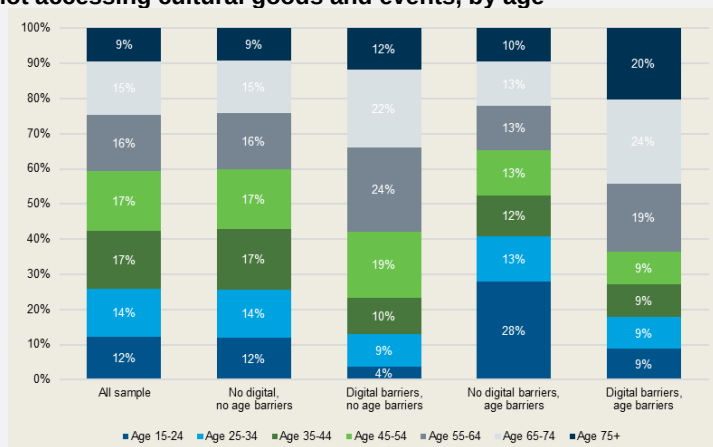
Barriers to accessing cultural goods and services

Participation in cultural activities decreases with age. In most European countries in 2022, the participation rate of young persons (aged 16-29) was twice the participation rate of older people (aged 65+) ⁽⁶³⁾. Digitalisation may exacerbate inequalities, especially in light of lower digital skills among older people ⁽⁶⁴⁾.

According to the 2019 Eurobarometer, feeling too young or too old was the second most frequent barrier to accessing cultural goods and events (5%), with unaffordability the top barrier (15%) and lack of digital skills in third (4%) ⁽⁶⁵⁾.

The figure illustrates the age profile of the respondents who mentioned age or digital skills (and their combinations) as a barrier to accessing cultural goods. Older people are overrepresented in the subset of respondents who singled out digital barriers but not age. People aged 55+ account for almost 60% of this group, despite making up only 40% of the total population. People aged 15-25 are overrepresented among the respondents who experienced age-related barriers but not digital barriers (28%, compared to 12% in the overall population). People aged 55+ are overrepresented among those respondents who experienced both types of barriers. These results highlight the significant digital barriers to accessing cultural goods and events for older people and the age-related barriers for younger people.

Reasons for not accessing cultural goods and events, by age



Sources: European Commission, *Discrimination in the European Union, Special Eurobarometer SP535*, 2023.

Unaffordability alone does not produce significant changes in the age distribution of the people who do not access cultural goods (see Annex 1, Figure 6). As above, young people below the age of 24 are overrepresented in the sub-groups who experienced age-related barriers, highlighting the important deterrent effect of age-related barriers for this group.

3.1.2.3. Digital technology

According to the NA survey (n=20), ageism and age discrimination in digital technology present widespread barriers across Europe. NAs from three Member States (BE, DE, EE) cited stereotypical attitudes as a key factor. The Belgian NA notes assumptions that older adults lack digital skills, while younger people are seen as too inexperienced for tech roles.

Digital literacy and accessibility are highlighted by several NAs. Six Member States (BG, DE, ES, FR, CY, MT) report that digital skill gaps among older adults limit access to online services. Finnish and Greek NAs point to the lack of training in new technologies. The Finnish NA also cites affordability, limited support, and the absence of alternative service channels, noting that digital services are designed for the ‘average’ user, excluding those with lower digital competence or without access to digital tools. The Cypriot NA reports unequal access to advanced tech training in workplaces affecting both older and younger workers. The Slovak NA notes generally low digital literacy among older people, while the German NA highlights non-accessible devices and difficulties in using digital services.

Digitalisation practices are criticised by NAs from several Member States (BE, LT, PL, SE). The Belgian NA raises concerns about the lack of non-digital alternatives. The Lithuania NA cites examples such as discounts only available via mobile apps and the removal of cash payments for public transport, disadvantaging older pensioners. The Polish NA echoes these concerns, noting that many services are app-only and there is no systemic approach to lifelong digital learning. The Swedish NA report complaints about digital access requirements for essential services such as healthcare and transport. The Greek NA highlights ageist design and poor accessibility in digital tools, while the French NA warns that artificial intelligence (AI) may amplify age discrimination. In Italy, digital identity requirements for political participation are seen as a barrier. On a more positive note, Slovakia provides free digital training courses for seniors.

Based on the survey of individuals (n=145), the most significant macro barrier in digital technology is institutional - accommodations, funding, and training, with an overall frequency of 66%. The most common sub-barrier is insufficient funding or support for age-inclusive policies, followed closely by a lack of age-appropriate services and inadequate staff training on age-related needs (68%). These challenges are echoed in the open-ended responses, where nearly half of participants report difficulties accessing digital services such as banking, healthcare, and public administration. A further 31% express frustration with the pace of technological change and the expectation to adapt quickly, citing a lack of training opportunities. Additionally, 22% identify specific age-related challenges, including physical and cognitive limitations that

⁽⁶²⁾ Défenseur des droits, *Difficultés d'accès aux droits et discriminations liées à l'âge avancé : une étude auprès des personnes âgées de 65 ans ou plus vivant à domicile*, 2021, <https://www.defenseurdesdroits.fr/sites/default/files/2023-07/ddd-etude-difficultes-acces-aux-droits-et-discriminations-age-avance-20211001.pdf>

⁽⁶³⁾ Eurostat, *Culture statistics - cultural participation*, 2024, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Culture_statistics_-_cultural_participation

⁽⁶⁴⁾ Eurostat, *Digital skills in 2023: Impact of education and age*, 2024, <https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20240222-1>

⁽⁶⁵⁾ Annex 1, Tables 24, 25, 26 show the percentage of respondents who indicated affordability, the lack of digital skills, and age as a barrier to accessing cultural goods and services, by country and age.

hinder their ability to use technology, while 13% mention communication barriers such as complex interfaces and technical language.

Interpersonal barriers are the second most commonly reported, with an overall frequency of 58%. The most frequently reported issue in this category is the persistence of age-based stereotypes and prejudices. Respondents describe feeling pressured to conform to age-related expectations and experiencing discriminatory or exclusionary behaviour. In total, 44% of participants share their experiences of being perceived as digitally incompetent or treated condescendingly by younger individuals.

Institutional barriers related to legal and policy frameworks rank third, at 52%. Respondents highlight inadequate legal protections against age discrimination, weak enforcement of existing laws, and age-based eligibility restrictions as key concerns. Many express their frustration at being denied services solely based on age, with some noting that legal frameworks fail to reflect the realities of an ageing population.

Self-directed barriers are the least common, reported by 49% of respondents. These include self-limiting beliefs about personal capabilities, avoidance or withdrawal from digital engagement, and feelings of self-doubt or imposter syndrome. While less prevalent, these internalised barriers nevertheless contribute to the broader exclusion of older individuals from digital spaces.

Quantitative evidence

According to a 2021 survey by Ipsos for Amnesty International, almost 40% of Belgians aged 55+ believed they did not possess sufficiently advanced digital skills and either avoided or were unable to complete administrative tasks online ⁽⁶⁶⁾. The lack of digital literacy disproportionately affected women (46%), people aged 75+ (62%), minorities (46%), and those living alone (50%). These disparities reflect the digital divide and raise concerns about inaccessibility in the context of the digitalisation of public services.

3.1.2.4. Education and training

According to the NA survey (n=13), there are multiple age-related impediments to accessing education.

The Estonian NA notes that the Equal Treatment Act only protects age in access to specific vocational training, not general education, and cites stereotypical attitudes and lack of accommodations as barriers. The Finnish NA reports no existing policies or programmes to support lifelong learning.

NAs in Germany and Croatia state that older individuals are excluded from education, with Croatia noting age limits for certain programmes and Germany highlighting biased views on older adults' adaptability and limited post-retirement opportunities. Germany also observes that younger people are sometimes excluded from advanced programmes due to age-based assumptions. The Greek NA reports limited training opportunities for those over 40. The Bulgarian NA cites poor digital infrastructure and a lack of skills development for school-age students. The Cypriot NA highlights the absence of legal provisions supporting vocational integration for both older and younger workers. Slovakia reports imposing tuition fees for university students over 26. The Swedish NA identifies financial barriers to education for older people, while the Dutch NA reports exclusions from vocational training benefits based on demographic criteria.

⁽⁶⁶⁾ Amnesty International Belgique francophone & IPSOS, *Sondage sur l'âgisme envers les aînés : les chiffres de 2021*, 2021, <https://www.amnesty.be/campagne/droits-aines/article/sondage-agisme-aines-chiffres-2021>

The Slovak NA mentions limited availability of retraining courses, despite reduced or no fees, while the Polish NA reports low participation in education among older adults, linked to a lack of systemic support and stigmatising community interviews.

Good practice

In 2000, the Irish government launched a transformative policy through the publication of *Learning for Life*, the country's first White Paper on adult education. This document laid the foundation for a more inclusive, accessible, and lifelong approach to learning. Central to the policy were six major interventions that reshaped the adult education landscape⁽⁶⁷⁾. Firstly, the government formally recognised adult literacy as a national priority. This led to the establishment of a structured and publicly funded adult literacy programme, offering free and confidential support to adults with low literacy and numeracy skills. Local literacy centres were expanded, and volunteer tutors were trained to deliver learner-centred education tailored to individual needs. A second major intervention was the creation of the National Framework of Qualifications in 2003. This provided a unified system for recognising all types of learning - formal, informal, and non-formal - allowing adult learners to gain nationally recognised qualifications and progress through different levels of education and training with greater ease and transparency.

The White Paper also placed strong emphasis on community education. This approach aimed to reach marginalised groups, including early school leavers, older adults, and people with disabilities, by offering flexible, locally driven learning opportunities. Delivered in informal settings such as community centres, these programmes focused on personal development, social inclusion, and civic engagement. Another key initiative was the introduction of the Intensive Tuition in Adult Basic Education (ITABE) programme. Designed as a short-term intervention, ITABE provided focused literacy and numeracy tuition over a 14-week period. With small group sizes and individual learning plans, it served as a stepping stone for learners who might later pursue more formal education or training.

Recognising the importance of quality teaching, the White Paper also called for the professionalisation of adult education. This included the development of training and qualifications for adult educators, investment in continuing professional development, and the creation of clearer career pathways within the sector. Finally, the government committed to significantly increasing funding and infrastructure for adult education. This investment supported the expansion of learning centres, improved facilities, and provided essential learner supports such as childcare and transport, particularly in rural and disadvantaged areas.

The impact of the policy was substantial. Between 2000 and 2008, the number of literacy programme participants increased by nearly 200%, rising from 17,150 to 49,962⁽⁶⁸⁾. In 2003, the policy also led to the creation of the National Framework of Qualifications, which standardised and recognised learning achievements across all levels of education and training in Ireland⁽⁶⁹⁾. Together, these interventions marked a turning point in Irish education policy, embedding lifelong learning into the national agenda and dramatically expanding access to education for adults across the country.

Based on the survey of individuals (n=145), the most significant macro barrier in education and training is interpersonal, with an overall frequency of 62%. Stereotypes, prejudices, or biases based on age are cited by 67% of respondents, followed by discriminatory or exclusionary behaviours (60%) and pressure to conform to age-related expectations (58%). In open-ended responses, 17% describe how age stereotypes affect educational settings, with one respondent noting that younger peers in continuing education were dismissive rather than respectful. The second most common macro barrier is institutional, specifically in accommodations, funding, and training, as reported by 56% of respondents. The most cited sub-barrier is inadequate staff training on age-related needs (58%), followed by a lack of age-appropriate services (56%) and insufficient support for age-inclusive policies (55%). These issues are reflected in 36% of the open-ended responses, where participants note a lack of courses tailored to older adults. One respondent remarks that training opportunities are limited,

⁽⁶⁷⁾ National Adult Literacy Agency (NALA), *Profile of adult literacy learners in Ireland 2000–2009*, NALA, Dublin, 2009, <https://www.nala.ie/wp-content/uploads/2019/08/Profile-of-adult-literacy-learners-in-Ireland-2000-2009.pdf>

⁽⁶⁸⁾ Ibid.

⁽⁶⁹⁾ Quality and Qualifications Ireland (QQI), *20 years of the Irish National Framework of Qualifications: A story of collaboration and co-operation (2003–2023)*, 2024, QQI, Dublin, <https://www.qqi.ie/sites/default/files/2024-04/20-years-of-the-irish-national-framework-of-qualifications-a-story-of-collaboration-and-co-operation-2003-2023.pdf>

while another criticises the assumption that older people require only basic education, despite their prior qualifications and experience.

Institutional barriers related to legal and policy frameworks rank third, with a frequency of 55%. The most common sub-barrier is age-based legal restrictions and eligibility criteria (60%), followed by weak enforcement of existing laws (55%) and inadequate legal protections (51%). In the open-ended responses, 72% cite specific examples of age-based exclusion, such as age limits for PhD funding and training opportunities. Self-directed barriers are the least common, with an overall frequency of 48%. These include self-limiting beliefs about one's own capabilities (52%), feelings of self-doubt or imposter syndrome (47%), and avoidance or disengagement behaviours (45%).

3.1.2.5. Employment

Based on the survey of NAs (n=24), ageism and age discrimination in employment present significant barriers to equality in several countries. The NAs of four Member States (BE, DE, FI, SE) report that both older and younger individuals face age discrimination, albeit in different forms. The Irish NA references an Age Action paper highlighting ageism in the public sector's mandatory retirement age of 70. NAs in ten Member States (BE, BG, DE, HR, CY, HU, AT, PT, SI, SK) report automatic retirement policies. For example, Hungary mandates retirement at 65 for those with 15 years of pension insurance, while in Bulgaria employment can be terminated once an individual qualifies for an old-age pension. Portugal converts permanent contracts to fixed-term contracts at age 70.

Six NAs (DE, EL, FR, LT, SK, SE) raise concerns about the challenges faced by older workers in their Member States, with the persistence of age-related stereotypes affecting recruitment, promotion, and training proving a common theme. The German NA notes assumptions that older workers are less adaptable or productive, while the Lithuanian NA reports inappropriate comments during hiring processes. The Slovak NA highlights discrimination against older women in particular.

Good practice

The Later Life Workplace Index (LLWI) is a diagnostic tool developed in Germany to assess and promote age-inclusive working environments. Designed by researchers at Leuphana University, Lüneburg in collaboration with the Federal Institute for Occupational Safety and Health (BAuA), the LLWI evaluates organisational practices across nine dimensions, including health management, workplace design, leadership, and retirement transition. Its primary aim is to help organisations to identify strengths and areas for improvement in supporting an ageing workforce ⁽⁷⁰⁾. The LLWI has been validated in both German and English and is currently being adapted for international use, including in the US, Japan, and South Korea ⁽⁷¹⁾.

Difficulties in employment retention and re-entry are noted by NAs in Belgium, Greece, France and Finland. The Finnish NA stresses that people aged 55+ struggle to find new roles, regardless of their experience. The French NA links employability to both age and physically demanding work conditions, pointing to a gap in employment rates between those aged 55-64 and younger age groups.

⁽⁷⁰⁾ BAuA, *Later Life Workplace Index – Evaluation of application in organisations and further development*, Bundesanstalt für Arbeitsschutz und Arbeitsmedizin, n.d., <https://www.baua.de/EN/Research/Research-projects/f2533>

⁽⁷¹⁾ BAuA, *Later Life Workplace Index – A tool for age-inclusive work design*, Bundesanstalt für Arbeitsschutz und Arbeitsmedizin, 2023, <https://www.baua.de/EN/Service/Publications/Essays/article4110>

Good practice

Introduced in France in 2013, the *contrat de génération* aimed to promote intergenerational solidarity by encouraging companies to hire young workers while retaining or recruiting older employees. The scheme offered financial incentives (up to €12,000 over three years) to small and medium-sized enterprises (SMEs) that hired a young person under 26 and retained or hired someone aged 55+. If both were newly hired, the subsidy could reach €24,000. This dual approach helped to tackle youth unemployment and age discrimination in the workplace, fostering mentorship and knowledge transfer between generations. CSOs successfully advocated for the inclusion of older jobseekers in the scheme, ensuring that it addressed the needs of both age groups ⁽⁷²⁾.

During its active years, the programme saw over 50,000 contracts signed nationwide, reflecting strong uptake among eligible companies ⁽⁷³⁾. In the Île-de-France region, a detailed evaluation by Aract IDF and the Regional Employment Directorate highlighted the scheme's reach and impact. The report included case studies from ten diverse companies, selected for their size, sector, and quality of negotiated agreements. These companies reported positive outcomes, including improved knowledge transfer, enhanced intergenerational cooperation, and better integration of older workers into the workforce ⁽⁷⁴⁾.

The Greek NA cites unjustified age limits in recruitment and limited opportunities for older workers due to stereotypes that hinder access to training and career development. The Belgian NA lists several contributing factors, including seniority-based pay, collective bargaining rules, job age limits, and mandatory retirement. Conversely, younger people also face discrimination: the Belgian and German NAs report that assumptions about inexperience or immaturity can limit younger individuals' access to leadership roles. The Greek, Latvian and Lithuanian NAs note that job adverts often specify age ranges and many professions impose explicit age limits. Other employment protections may also disadvantage older workers.

Good practice

The Italian organisation *Associazione Nazionale per la Tutela dei Diritti dei Lavoratori Over 40* (ATDAL Over 40) actively combats age discrimination in employment by directly engaging with companies and organisations that publish age-discriminatory job advertisements. Their approach involves contacting employers to highlight discriminatory language or criteria in their job advertisements and requesting modifications. This strategy has proven highly effective: in 9 out of 10 cases, the advertisements were successfully revised to remove ageist content ⁽⁷⁵⁾.

The organisation maintains a public list of modified job advertisements on its website, showcasing tangible outcomes of their advocacy efforts. This transparency not only demonstrates the success of their interventions but also serves as a resource for raising awareness of age discrimination in recruitment practices. ATDAL Over 40 is also registered with Italy's national anti-discrimination office (UNAR), legitimising its role in promoting equal opportunities in the labour market.

In Cyprus, Spain and Hungary, workers beyond pensionable age have reduced dismissal protections. In Cyprus, redundancy compensation is calculated in a way that disadvantages older employees. Meanwhile, minimum age requirements in Czechia, Hungary and Latvia disproportionately affect younger people. The Swedish NA notes that age influences how employers allocate training opportunities. Finally, the Dutch NA reports that very few verdicts on age discrimination have been issued by the Institute for Human Rights.

Based on the survey of individuals (n=175), the most significant macro barriers are institutional - legal and policy frameworks and interpersonal, at approx. 71% each. Age-based legal restrictions, eligibility criteria, or mandatory requirements are the most prevalent sub-barrier, reported by 72% of respondents. This is followed by

⁽⁷²⁾ Ministère du Travail, du Plein emploi et de l'Insertion, *Le contrat de génération*, n.d., <https://travail-emploi.gouv.fr/le-contrat-de-generation>

⁽⁷³⁾ Ibid.

⁽⁷⁴⁾ DARES, *Contrat de génération*, Ministère du Travail, du Plein emploi et de l'Insertion, n.d., <https://dares.travail-emploi.gouv.fr/definitions-et-concepts/contrat-de-generation>

⁽⁷⁵⁾ ATDAL Over 40, *Discriminazioni*, n.d., <https://www.atdal.eu/category/discriminazioni/>

inadequate enforcement of existing age discrimination laws (71%) and insufficient legal protections (69%). In the open-ended responses, 65% of participants report being denied employment due to age, affecting both younger and older individuals. One younger respondent shares their frustration at being told they were ‘too young’, despite meeting all job requirements, while older respondents frequently encounter age limits in job adverts or are explicitly told they are too old.

Interpersonal barriers are the second most common barrier, with an overall frequency of 70%. Stereotypes and biases based on age are the most frequently cited sub-barrier (75%), followed by pressure to conform to age norms (69%) and discriminatory or exclusionary behaviours (67%). In the open-ended responses, 14% of respondents describe how age discrimination intersected with other biases, such as nationality and gender. One respondent notes experiencing discrimination in Italy as a Romanian woman. Another 11% report feeling marginalised in the workplace, while 14% describe age as a barrier to career advancement, with one respondent being told, ‘It’s too late for you now because you’re no longer young’.

Institutional barriers related to accommodations, funding, and training rank third, with a frequency of 69%. The most common sub-barrier is inadequate staff training on age-related needs (73%), followed by insufficient support for age-inclusive policies (68%) and a lack of age-appropriate services (66%). Self-directed barriers are the least common, with an overall frequency of 61%. These include self-limiting beliefs about one’s own capabilities (65%), feelings of self-doubt or imposter syndrome (60%), and avoidance or disengagement behaviours (58%).

3.1.2.6. Health (healthcare, long-term care, well-being)

The NA survey (n=16) identifies several barriers to healthcare equality for older adults, including stereotypical attitudes, difficulties accessing services, and disparities in care provision compared to younger populations. The survey also highlights issues related to affordability, social support, and long-term care.

Two NAs (EE, EL) identify stereotypical attitudes as a barrier to equality in healthcare. The Estonian NA points to a lack of accommodations and the influence of implicit bias on medical decision-making. The Greek NA notes that stereotypes can lead to misdiagnoses, inadequate treatment, or dismissal of symptoms as simply age-related.

Access to healthcare services is flagged as a concern by four NAs (EL, SI, FI, SE). The Finnish NA reports growing difficulties for older adults, including reduced availability and rising costs. The Slovak NA highlights digitalisation as a barrier, while the Greek NA cites mobility issues and poor public transport. The Swedish NA reports complaints about digital tools being required for healthcare access, such as booking vaccinations.

Four NAs (BE, LT, SI, SE) reported that older people are often denied or receive limited care. The Belgian NA notes that older adults receive less treatment, while younger people are not always encouraged to prioritise their health. The Slovak NA observes lower levels of care for older individuals, and Sweden cites cases where older patients were denied screenings or given palliative care instead of life-saving treatment. Lithuania reports disrespectful treatment by medical professionals, with ageing often used to justify health deterioration without proper examination.

The Greek NA highlights high medical costs, inadequate insurance, and out-of-pocket expenses as barriers for older people. A lack of caregiver support, loneliness, and poor social support are cited as contributing to neglected care and worsening mental health.

Insufficient home-based services and continuous care have led to overuse of institutional care in countries such as Portugal and Slovakia.

Lastly, the Finnish NA reports a reduction in long-term 24-hour care, with an expectation that older people will manage at home despite deteriorating health. The French NA raises concerns about mistreatment in care homes, while the Irish NA references a paper arguing that long-term care can isolate older people and frame them as burdens rather than rights-holders.

Good practice

In 2021, a group of academics developed a video-based training intervention in the US to reduce ageism among staff working in long-term services and supports, comprising care workers, nurses, aides, and other professionals. These staff members provide ongoing care to older adults, often in residential or home-based settings. The intervention was a one-hour training module featuring personal stories from older adults and expert commentary designed to challenge stereotypes and reframe ageing in a more positive light. It was delivered to 265 staff members and evaluated over three months. The results showed a significant reduction in ageist attitudes and behaviours, with participants reporting greater empathy and more respectful interactions with older adults. The study demonstrated that this low-cost, scalable approach could be effectively integrated into staff training to promote more person-centred care ⁽⁷⁶⁾.

Based on the survey of individuals (n=138), the most significant macro barrier in healthcare is institutional - accommodations, funding, and training, with an overall frequency of 71%. The most common sub-barrier is the absence of suitable services and adaptations for different age groups (72%), followed by inadequate staff training on age-related needs (71%) and insufficient support for age-inclusive policies (70%). These issues are reflected in the open-ended responses, where 40% of participants raise concerns about healthcare providers' sensitivity, with one noting, 'Medical staff call you by name or call you grandma in the third person, even though it's not family'. Additionally, 19% report financial and resource-related barriers, such as high costs and poor insurance coverage, while 12% feel that care quality is compromised due to age, including being denied treatment.

Interpersonal barriers are the second most common, with an overall frequency of 67%. Age-based stereotypes and biases are the most frequently cited sub-barrier (69%), followed by pressure to conform to age norms (68%) and discriminatory or exclusionary behaviours (63%). In the open-ended responses, 40% describe having their health concerns dismissed as typical signs of ageing. One respondent shares, 'A common example of ageism in healthcare can occur when an older patient seeks care for a health problem but is patronised or has their concerns dismissed as simply a normal effect of ageing'. The 12% who report being denied treatment may also reflect the impact of these interpersonal biases.

Institutional legal and policy frameworks rank third, with an overall frequency of 56%. The most common sub-barrier is age-based legal restrictions and eligibility criteria (59%), followed by inadequate legal protections (55%) and poor enforcement of existing laws (54%). In the open-ended responses, 16% of participants cite systemic issues such as bureaucratic hurdles and poor coordination within the healthcare system.

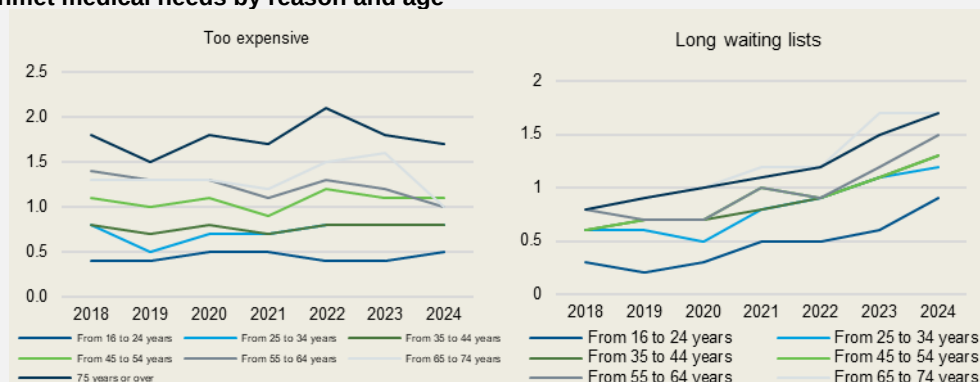
Self-directed barriers are the least common, at 50%. The most prevalent sub-barriers are self-limiting beliefs and avoidance behaviours (52% each), followed by feelings of self-doubt or imposter syndrome (47%).

⁽⁷⁶⁾ Gendron, T., Cimarolli, V.R., Inker, J., Rhodes, A., Hennessy, A. and Stone, R., 'The efficacy of a video-based intervention to reduce ageism among long-term services and supports staff', *Gerontology & Geriatrics Education*, Vol. 42, Issue 3, 2021, pp. 316–330, doi:10.1080/02701960.2021.1880904.

Quantitative evidence

Almost 4% of the EU population aged 16+ had an unmet need for a medical examination in 2023 (EU-SILC). The data also reveal significant disparities between age groups. Typically, a higher fraction of older people mentioned unmet medical needs: 5.1% of the population aged 75+, compared to 2.0% of the 16-24 age group. The most common reasons for unmet medical needs were unaffordability and long waiting lists. As the figures below show, the share of the population indicating unmet needs due to unaffordability (left graph) and long waiting lists (right graph) increased with age.

Unmet medical needs by reason and age



Source: EU-SILC, from Eurostat (online code: [hlth_silc_08](#)).

Regression analysis of individual-level data from the most recent wave of the ESS (2023/24) provides additional insights into the relationship between age discrimination and access to healthcare. In line with expectations, older people are more likely to have discussed their health with a general practitioner or a specialist during the previous year ⁽⁷⁷⁾. However, a higher proportion (17%) of respondents indicated unmet healthcare needs during the previous year ⁽⁷⁸⁾. The age group more likely to report unmet healthcare needs were 25-34-year-olds (22%), followed by 35-44-year-olds (19%). People aged 75+ were least likely to report being unable to get a medical consultation or the treatment they needed (13%).

These results were confirmed by individual-level regressions ⁽⁷⁹⁾. Older people were more likely to discuss their health with a general practitioner or a specialist, while at the same time less likely to report unmet healthcare needs. The share of respondents with unmet healthcare needs peaked for the 25-34 age group, who were 4 pp more likely to be unable to obtain a medical consultation or the treatment they need than people aged 35-44, while people aged 75+ were 5 pp less likely. While age discrimination is not associated with the frequency of visits to general practitioners or specialists, it is positively linked to the presence of unmet healthcare needs. Respondents who indicated belonging to a group discriminated against based on age were almost 13 percentage points more likely to indicate unmet health needs, echoing previous studies ⁽⁸⁰⁾. These findings suggest that access to healthcare has not significantly improved for people experiencing age discrimination.

The most commonly cited reason for not being able to obtain a medical consultation or treatment was the lack of available appointments, which was mentioned by almost half of the respondents who had unmet needs in 2023, with no marked disparities between age groups ⁽⁸¹⁾. Long waiting list were also a common issue, especially among people aged 65+. While the availability of healthcare professionals where one lives was less common, it affected a higher share of older people (12% of 65-74-year-olds and 15% of people aged 75+). As expected, not being to take time off work was mentioned by young working adults (17% of 25-34-year-olds). Unaffordability was less of an issue for 16-24-year-olds and older generations.

Reasons for unmet needs

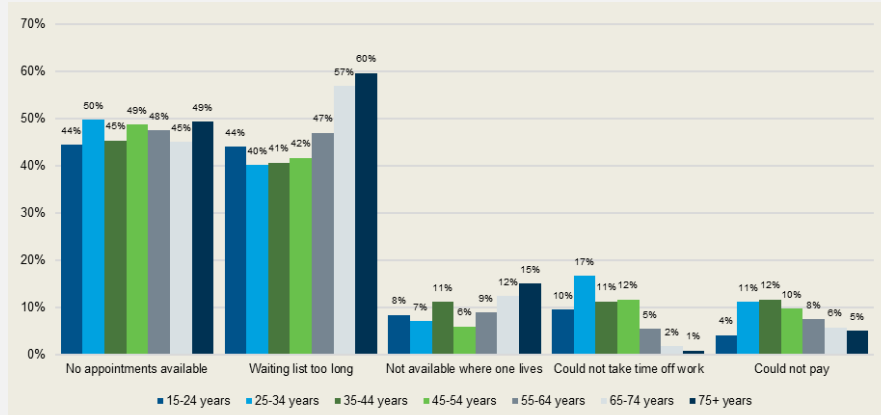
⁽⁷⁷⁾ Annex 1, Tables 27 and 28 present the percentage of respondents who indicated that they had discussed their health with a general practitioner or specialist over the preceding year, by country and age group.

⁽⁷⁸⁾ Annex 1, Table 29 shows the percentage of respondents with unmet healthcare needs according to data from the 11th wave of the ESS, by country and age.

⁽⁷⁹⁾ Annex 1, Tables 30 and 31 show the results from OLS and logit regressions estimated at the individual level.

⁽⁸⁰⁾ van Ballegoij, W. and Moxom, J., *Equality and the fight against racism and xenophobia: Cost of Non-Europe report*, 2018, <https://doi.org/10.2861/1791>

⁽⁸¹⁾ Annex 1, Tables 32 and 33 show the percentage of respondents with unmet healthcare needs who identified the reason listed in the top row as the cause of those unmet needs, by country and age.



Source: ESS, 2023.

Member States' studies provide additional insights into the type of problems faced by older people when accessing healthcare services. For instance, a 2024 survey in Finland showed that 59% of the people who believe age discrimination exists in their country also believe that older people are discriminated against when accessing healthcare services (e.g. seeking medical appointments)⁽⁸²⁾. Some 12% of Dutch people aged 65+ mentioned that their complaints were dismissed as 'old age complaints', while 3% were reportedly not eligible for treatments, medication or therapies⁽⁸³⁾.

3.1.2.7. Housing

According to the NA survey (n=9), ageism and age discrimination in housing present several barriers across European nations.

The limited availability and accessibility of suitable housing accommodations is a common concern noted by the NAs of four Member States (BE, EE, SK, SE). The Estonian NA cites a lack of purpose-designed housing for older adults, while the Belgian NA highlights accessibility issues, particularly for people with disabilities, and rental discrimination against younger individuals. The Swedish NA notes that age-specific housing designations can exclude those outside the targeted age group. In Slovakia, although housing conditions for older people have improved, securing new housing is a challenge.

Good practice

The 'STOP the Slavery of the 4th Floor' campaign, led by Stowarzyszenie MANKO – Głos Seniora, advocates for mandatory elevator access in buildings with more than three floors to address the isolation faced by older adults and people with disabilities. The campaign has gained national attention, with support from the Minister for Senior Policy and coverage on TVP3 Kraków⁽⁸⁴⁾. It has influenced local action, including Kraków's commitment to install elevators in ten municipal buildings, and national policy: new regulations mandating elevators in buildings with more than two or three floors are expected by 30 September 2026, confirmed by the Ministry of Funds and Regional Policy⁽⁸⁵⁾.

Rental policies are also flagged as problematic. The Swedish NA reports complaints and cites its 2021 report showing that rental criteria such as high-income thresholds and restrictions on acceptable income types can disproportionately affect both older and

⁽⁸²⁾ Suomen Kyselytutkimus Oy & Samu Lagerström, *Suomalaisten suhtautuminen ja asenteet vanhuutta, vanhustyötä ja ikääntymistä kohtaan - kansalaiskyselyn yhteenvetoraportti*, Helsinki, 2024.

⁽⁸³⁾ ANBO-PCOB & Abbi Insights, *Onderzoek leeftijdsdiscriminatie: Resultaten van het Nationaal Seniorenpanel*, ANBO-PCOB, Utrecht, 2025.

⁽⁸⁴⁾ Głos Seniora, *STOP niewolnictwu czwartego piętra*, 2025, <https://glosseniara.pl/2025/02/20/stop-niewolnictwu-czwartego-pietra/>

⁽⁸⁵⁾ Głos Seniora, *Stop Niewolnictwu IV piętra pod patronatem Marzeny Okły-Drewnowicz!*, 14 March 2025, <https://glosseniara.pl/2025/03/14/stop-niewolnictwu-patronatem-minister/>

younger people. One case involved a housing provider that only accepted income from salaries, grants, or study loans, excluding pensioners.

In terms of home ownership, the country fiches show that Lithuania and Croatia restrict housing loan subsidies to applicants under 45. Lithuania also applies age-based restrictions to rental agreements and housing support, while Croatia limits tax refunds for first-time buyers to those under 45.

The French NA identifies barriers to accessing rental properties, credit insurance, and housing for people with disabilities. One interviewee explains:

When an older person is disabled, he or she is put in an EPAD [accommodation and care facility for the elderly], even though it is often not a structure that is suitable for managing disability.

-female, France, aged 78

France is addressing these issues through initiatives such as *ma primadapt*, improvements in social housing access, and efforts to promote diverse housing models such as independent living, with an emphasis on aligning supply with demographic needs.

Good practice

Launched in 2012, the *Ville Amie des Aînés* (VADA) programme in France is a national adaptation of the World Health Organization (WHO)'s global Age-Friendly Cities framework. Coordinated by the *Réseau Francophone des Villes Amies des Aînés* (RFVAA), the initiative encourages local governments to develop inclusive policies that support older adults in ageing well within their communities ⁽⁸⁶⁾.

The programme awards the 'Age-Friendly City' label to municipalities that demonstrate commitment and progress across eight key domains: housing, transport, outdoor spaces and buildings, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services. Cities must provide evidence of planning, implementation, and evaluation in these areas, often through participatory processes involving older residents themselves. The initiative specifically targets older adults, particularly those at risk of isolation, reduced mobility, or limited access to services. It promotes their active involvement in shaping local policies and environments, reinforcing their role as valued members of society.

As of 2025, 80 French cities have received the label, reflecting a growing national commitment to age-friendly urban planning. The programme has contributed to tangible improvements such as more accessible public transport, safer pedestrian zones, age-adapted housing, and increased opportunities for intergenerational engagement. It also supports municipalities in aligning with broader national strategies on ageing and autonomy.

Finally, the Spanish NA reports a heightened risk of eviction among older tenants with limited pension income, particularly in the face of rising rental costs.

Based on the survey of individuals (n=62), the most significant macro barrier reported is institutional - accommodations, funding, and training, with an overall frequency of 69%. The most common sub-barrier is insufficient funding or support for age-inclusive programmes (76%), followed by a lack of age-appropriate accommodations (73%) and inadequate staff training on age-related needs (60%). In their open-ended responses, 47% of participants describe difficulties finding suitable housing due to age-based restrictions. One respondent notes that most housing options are reserved for those above a certain age, limiting choices for younger people. Another

⁽⁸⁶⁾ Réseau Francophone des Villes Amies des Aînés (RFVAA), *Label 'Ami des Aînés'*, n.d., <https://www.villesamiesdesaines-rf.fr/processus-de-labelisation/>

highlights the lack of accessible facilities for individuals with musculoskeletal conditions, underscoring the need for more inclusive housing.

Interpersonal barriers are the second most significant, with an overall frequency of 63%. Age-based stereotypes are the most frequently reported sub-barrier (66%), followed by pressure to conform to age norms (63%) and discriminatory or exclusionary behaviours (60%). In the open-ended responses, 21% of participants report being judged based on age. One younger respondent shares that landlords question their ability to pay rent, despite being financially independent. Another notes that older women struggle to secure housing, as landlords prefer to rent to young families.

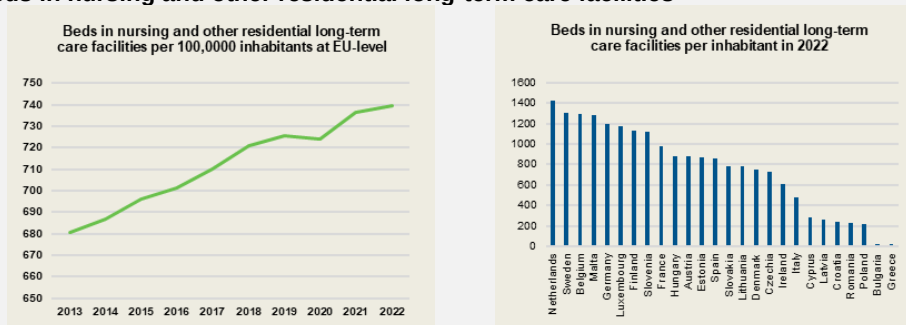
Institutional legal and policy frameworks rank third, with a frequency of 60%. The most commonly reported sub-barrier is inadequate legal protections against age discrimination (63%), followed by age-based eligibility restrictions (61%) and weak enforcement of existing laws (55%). In the open-ended responses, 62% of participants report being denied housing or financial services due to age. One respondent notes that banks in Cyprus refuse loans to pensioners solely because of their age, while others share that landlords prefer younger tenants, assuming they will better maintain the property.

Self-directed barriers are the least common, at 51%. The most prevalent sub-barriers are self-limiting beliefs (56%), followed by self-doubt and imposter syndrome (48%) and avoidance behaviours (48%). In the open-ended responses, 24% discuss financial exclusion, particularly difficulties securing loans or mortgages due to age. One respondent from Italy shares that banks are unwilling to offer mortgages to young workers unless backed by parental guarantees, leaving many unable to start families or buy homes.

Quantitative evidence

Overall, the number of beds in nursing and other residential long-term care facilities has increased steadily, from 681 beds per 100,000 inhabitants in 2013 to 740 beds in 2022. While that increase is significant, it is still below what the research has suggested as the optimal number ⁽⁸⁷⁾. There is significant variation between the Member States. While some countries have a particularly high number of beds per 100,000 of people, such as the Netherlands (1,429), Sweden (1,304), and Belgium (1,290), others lag significantly behind, with Bulgaria and Greece at 26, for example. Further investment in nursing and other residential long-term care facilities is necessary given that the share of the population with long-term care needs and chronic diseases is expected to increase as a result of demographic factors and the overall ageing of the European population ⁽⁸⁸⁾.

Beds in nursing and other residential long-term care facilities



Source: Eurostat (online code : [hlth_rs_bdlitc](#)).

Notes: The following countries are not included in the calculation of the number of beds per 100,000 inhabitants at EU level due to the lack of available data over this period: Cyprus, Germany, Greece, Luxembourg, Portugal.

According to a 2017 Eurofund report, the percentage of older people (aged 80+) residing in care homes tended to be smaller in Central and Eastern Europe and higher in Western Europe ⁽⁸⁹⁾. Availability (long waiting lists, lack of services) is a serious barrier to long-term care in Greece, Slovakia, Slovenia, Bulgaria, and Italy, in line with the evidence provided above. Accessibility (distance or opening hours) is another barrier to long-term care, and is particularly prevalent in Greece, Romania, Bulgaria and Portugal. Some 44% of individuals using long-term care services also indicated poor quality as a major barrier to long-term care services, with the highest share of dissatisfaction in Greece, Bulgaria, Latvia and Slovakia.

3.1.2.8. Media and advertising

The NA survey (n=6) identifies several barriers to equality in media and advertising, including stereotyping, underrepresentation of older individuals, and the reinforcement of unrealistic expectations about ageing.

Media portrayals and advertising practices across several Member States reveal persistent age-related representational issues. Four Member States (BE, CZ, ES, FR) raise concerns about the use of stereotypes in advertising. The Belgian NA highlights both the prevalence of ageist stereotypes and the underrepresentation of certain older age groups. Similarly, the French NA reports that older individuals make up only 6% of those appearing on screen, despite representing a significant share of the population. This underrepresentation spans various programme types, with women over 65 markedly less visible than either men of the same age or younger women.

The Lithuanian NA identifies the reinforcement of negative stereotypes in media as a major barrier. Ageing is often portrayed as undesirable or avoidable, with media content

⁽⁸⁷⁾ Wilson, Donna M., Brow, R. R. and Playfair, R., 'What is the "right" number of nursing home beds for population needs? An indicator development project', *Jour Nursing Home Res*, vol. 3, 2017, pp. 16-21.

⁽⁸⁸⁾ Belmonte, M., Grubanov-Boskovic, S., Natale, F., Conte, A., Belanger, A. and Sabourin, P., *Demographic microsimulation of long-term care needs in the European Union*, Publications Office of the European Union, Luxembourg, 2023, doi:10.2760/941182, JRC135303.

⁽⁸⁹⁾ Eurofound, *Care homes for older Europeans: Public, for-profit and non-profit providers*, 2017, <https://www.eurofound.europa.eu/en/publications/2017/care-homes-older-europeans-public-profit-and-non-profit-providers>

either concealing or glamourising it, creating unrealistic expectations and limiting relatable representations for older audiences.

Good practice

The WHO Quick Guide to Avoid Ageism in Communication provides practical advice for communicators to ensure respectful and inclusive representation of older people. It recommends using inclusive language that avoids framing ageing as decline or dependency, diversifying imagery to show older adults in active and varied roles and avoiding stereotypes that portray them as frail or technologically inept. The guide also encourages communicators to frame ageing positively, highlighting the contributions, resilience, and diversity of older populations ⁽⁹⁰⁾.

According to the survey of individuals (n=53) on their experiences of ageism and age discrimination in media and advertising, the most significant macro barrier is Interpersonal, with an overall frequency of 65%. Stereotypes, prejudices, or biases based on age are the most frequently reported sub-barrier (79%), followed by pressure to conform to age-related norms (62%) and discriminatory or exclusionary behaviours (53%). The open-ended responses strongly reflect these concerns, with 75% of respondents highlighting how media perpetuates ageist stereotypes. Many express frustration at portrayals of older adults as frail, dependent, or passive. One respondent notes, 'Older people are often portrayed not very seriously, as if they were children requiring care'. Others point to the near invisibility of older individuals, especially older women, in media, where they are often shown as mentally unwell or sick rather than competent. As one respondent puts it, 'Older women rarely appear in films and series and are hardly portrayed as competent personalities'. The second most significant barrier is institutional, specifically in accommodations, funding, and training, with an overall frequency of 59%. The most common sub-barrier is inadequate staff training on age-related needs (62%), followed by insufficient support for age-inclusive policies (60%) and a lack of age-appropriate services (55%).

Self-directed barriers rank third, with an overall frequency of 44%. These include self-limiting beliefs about one's own capabilities (47%), feelings of self-doubt or imposter syndrome (43%), and avoidance or disengagement behaviours (42%).

Institutional legal and policy frameworks are the least significant macro barrier, with a frequency of 43%. The most common sub-barrier is age-based legal restrictions and eligibility criteria (49%), followed by inadequate legal protections (42%) and weak enforcement of existing laws (40%).

Quantitative evidence

A 2021 Finnish survey of people aged 60+ found that almost half of respondents (49%) considered themselves to have been treated poorly or mischaracterised in the media ⁽⁹¹⁾. This is 6 pp higher than a previous similar survey in 1998. Stereotypical representations in the media appear to persist, despite growing public awareness of discrimination and ageism.

3.1.2.9. Political and civic participation

The NA survey (n=10) shows varying perspectives and experiences of the impact of ageism and age discrimination on political participation.

Political participation frameworks contain structural age-related barriers. The Belgian NA reports the marginalisation of older adults in political processes, alongside perceptions

⁽⁹⁰⁾ World Health Organization (WHO), *Global report on ageism*, 2021, <https://www.who.int/publications/i/item/9789240016866>

⁽⁹¹⁾ Eläkeliitto, +60-barometri: Yli 60-vuotiaiden hyvinvointi ja arki, 2021, https://elakeliitto.fi/sites/default/files/2021-09/EI%C3%A4keliitto_%2B60-barometri_2021.pdf

that younger individuals lack the experience for political roles. It also notes age limits for certain activities, such as volunteering. Similarly, the German NA cites age restrictions for voluntary work and jury service as barriers.

The French NA highlights accessibility challenges for dependent older adults, particularly those in care facilities, in reaching polling stations. The Estonian NA acknowledges widespread stigmatisation, with young people viewed as naive and older individuals as inflexible. The Portuguese NA reports excluding bedridden care home residents from early voting procedures. Slovak NA reports that young people face significant barriers to national political engagement, including stereotyping and verbal harassment.

By contrast, the Finnish NA reports a strong culture of political participation across all age groups, supported by initiatives such as youth councils and accessible voting for older adults. The French NA also observes active civic engagement among older individuals, noting their strong presence in local elected offices and volunteer roles. It adds that associations of locally elected representatives often highlight the overrepresentation of retired individuals in local democratic bodies. The Slovak NA mentions the existence of numerous senior organisations supported by the national government.

According to the survey of individuals (n=52), the most significant macro barrier is interpersonal, with an overall frequency of 64%. Stereotypes, prejudices, or biases based on age are the most frequently reported sub-barrier (67%), followed by pressure to conform to age norms (65%) and discriminatory or exclusionary behaviours (54%). The open-ended responses strongly reflect these concerns, with 74% of respondents describing how age was used to exclude or belittle individuals in political contexts. One respondent notes that, 'Age becomes a discriminating element even in situations in which you would like to propose yourself to contribute to political activities with social content'. Another 30% highlight gendered and ageist perceptions, with one stating, 'Political participation is very much still viewed as old men's business'.

The second most significant barrier is institutional, specifically in accommodations, funding, and training, with an overall frequency of 61%. The most common sub-barrier is the lack of age-appropriate accommodations (65%), followed by insufficient support for age-inclusive policies (58%) and inadequate staff training (58%). In the open-ended responses, 48% of participants express their frustration over exclusion from political processes. One respondent says, 'My participation in political discussions is always mocked when elders are present because of my young age'. Another describes how high school representatives are dismissed from major political events due to being under 18 and ineligible to vote.

Institutional legal and policy frameworks rank third, with a frequency of 52%. The most frequently cited sub-barrier is inadequate legal protections against age discrimination (58%), followed by age-based eligibility restrictions (54%) and weak enforcement of existing laws (45%). One respondent criticises arbitrary age limits for political candidacy in Italy, calling them 'direct age discrimination instead of basing the candidacies on actual experience'.

Good practice

Lowering the voting age to 16 or 17 has shown promising effects on both youth political engagement and the representation of younger politicians in national parliaments. Malta lowered the voting age in 2018, with the proportion of Members of Parliament under the age of 30 increasing from 5.97% in 2019 to 10.00% in 2025. This 6% rise suggests a potential correlation between enabling younger citizens to vote and the emergence of younger political candidates. While causality cannot be definitively established, the timing supports the idea that early enfranchisement may empower young people to participate more actively, not just as voters, but as political actors ⁽⁹²⁾.

Austria offers further evidence. A peer-reviewed study found that 16- and 17-year-olds who were allowed to vote tended to have higher turnout rates than slightly older first-time voters ⁽⁹³⁾. This was attributed to the fact that younger teens are more likely to be living at home, in school, and embedded in stable social environments that encourage civic participation. These findings challenge the assumption that younger voters are less politically engaged and instead suggest that early voting can foster lifelong democratic habits.

The Inter-Parliamentary Union (IPU) highlighted these trends in its global reports, noting that countries that lower the voting age often see increased youth engagement and a gradual shift in political representation toward younger demographics ⁽⁹⁴⁾.

Self-directed barriers are the least common, with an overall frequency of 49%. These include self-limiting beliefs (50%), feelings of self-doubt or imposter syndrome (45%), and avoidance or disengagement behaviours (44%). Additionally, 19% of respondents feel their views are not adequately represented. One respondent notes the difficulty of finding political representation, while another highlights the exclusion of young people from electoral commissions.

3.1.2.10. Social protection

Based on the NA survey (n=12), social protection and adequate income present barriers to equality across several countries due to ageism and age discrimination.

Social security frameworks in several Member States reveal extensive age-based eligibility criteria and unequal treatment. In Estonia, low pensions significantly affect older people's well-being and limit their ability to remain active. Slovakia similarly reports that social protection for seniors remains inadequate. The country fiches confirm that in some cases, minimum pension rates fall below minimum wage levels. In Sweden, gender disparities in pensions are evident, with women often receiving lower benefits due to part-time work and childcare responsibilities, factors not adequately addressed by the pension system. An interviewee from Estonia explains the impact of funding cuts on the lives of older individuals:

What else is left there to do then? Wait for death? [regarding the funding cuts to the popular older people's club]

-female, Estonia, age 80

Age is frequently used as a proxy to restrict access to social protection. For example, Belgium limits subsistence allowance eligibility to those over 18, while countries such as Germany, Croatia, and Sweden use age-based formulas to determine pension eligibility

⁽⁹²⁾ Inter-Parliamentary Union, *Data on age: By country*, 2025, <https://data.ipu.org/age-brackets/>

⁽⁹³⁾ Searing, B.M. and Searing, M.E., 'Beyond the rhetoric: Parliamentary careers and the institutionalization of representative democracy', *Journal of Legislative Studies*, Vol. 22, Issue 3, 2016, pp. 342-364, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4864896/>

⁽⁹⁴⁾ Inter-Parliamentary Union, *Data on age: By country*, 2025, <https://data.ipu.org/age-brackets/>

and benefits. In Croatia, national compensation is only available to those over 65 without pension benefits, and unemployment support is restricted to those aged 15–65. Cyprus reduces benefits for public sector employees retiring before 45, and German company pension schemes may include age-based limitations.

The German NA raises concerns about the pressure an ageing population places on pension systems. Older individuals may face policies that overlook their ability to work longer or maintain income, while employers may be reluctant to invest in training for older workers. At the same time, younger workers often face insecure contracts, limiting their access to benefits and long-term financial stability. Similar challenges are reported in Belgium, where young people struggle with temporary contracts and limited benefits, while older people face inadequate pensions and age-based restrictions on disability support.

In Greece, limited understanding of pension systems and investment options contributes to financial insecurity in later life. Chronic illness and disability may prevent older adults from working longer, while inflation and rising healthcare and housing costs can outpace pension growth. The Slovenian NA raises concerns about potentially discriminatory retirement provisions for those with vocational education.

The French NA reports difficulties in accessing benefits and assessing the need for home help, while Estonia points to stereotypical attitudes and a lack of motivation to implement positive measures as further barriers to equality.

According to the survey of individuals (n=161), the most significant macro barrier is institutional - accommodations, funding, and training, with an overall frequency of 74%. The most prevalent sub-barrier is insufficient support for age-inclusive policies and programmes (78%), followed by a lack of suitable services (73%) and inadequate staff training on age-related needs (70%). These issues are reflected in the open-ended responses, where 21% of participants highlight difficulties accessing social support, often due to complex and inaccessible systems. One respondent describes the experience as ‘humiliating’ after years of work, while another cites ‘very complex and inaccessible social support’.

Interpersonal barriers rank second, with an overall frequency of 69%. The most common sub-barrier is pressure to conform to age-related expectations (71%), followed by age-based stereotypes (68%) and discriminatory behaviours (63%). In the open-ended responses, 41% of participants report being treated unfairly due to their age, particularly in employment. One says, ‘At 50 you can no longer find a decent job... because you are considered obsolete’. Another 32% describe being overlooked for promotions or job opportunities, with one noting they had to omit their date of birth from their CV to avoid bias.

Institutional legal and policy frameworks are the third most significant barrier, at 69%. The most cited sub-barrier is inadequate enforcement of age discrimination laws (70%), followed by age-based eligibility restrictions (69%) and weak legal protections (68%). In the open-ended responses, 51% raise concerns about economic inequality, citing inadequate pensions and the struggle to maintain a decent standard of living. One respondent from Poland states, ‘You cannot survive to buy medicine for a pension of PLN 1,780 when medicines cost PLN 400 a month’. Others express frustration with high taxes and low wages exacerbating financial hardship.

Self-directed barriers are the least common, with an overall frequency of 54%. These included self-limiting beliefs (56%), avoidance behaviours (55%), and feelings of self-doubt or imposter syndrome (52%). Additionally, 16% of respondents highlight the intersection of ageism and sexism. Women report lower pay than male colleagues and

additional barriers in the workplace. One respondent states, 'I am not paid as much as my male colleagues despite doing the same job and working harder than them'.

3.1.2.11. Transport

The NA survey (n=10) identifies several barriers to equality in transport caused by ageism and age discrimination, including stereotypical attitudes, organisational barriers, lack of understanding of people's needs, increasing digitisation, and inadequate infrastructure and accessibility, particularly in rural areas.

Transport systems in several Member States present age-related barriers, particularly in accessibility, digitalisation, and affordability. In Estonia, key challenges include stereotypical attitudes, organisational barriers, and a lack of understanding of people's real needs.

Digitalisation of transport services is a growing concern. In Finland, individuals with limited digital skills face increasing difficulties using public transport, such as buying tickets or accessing timetables. The Belgian NA raises similar concerns, noting that some tickets are only available, or more affordable, online, creating barriers for those without digital access. This issue is compounded by a lack of accessible infrastructure, particularly for people with disabilities.

Accessibility and infrastructure availability are highlighted by four NAs (BE, BG, FR, SK). In Belgium, older adults face limited mobility and transport options, while younger people struggle with affordability. Bulgaria's public transport lacks adequate adaptations for older adults and people with disabilities. In Hungary, mobility scooter users are reportedly denied access to public transport. The French NA points to challenges in car hire and polling station access, and recommends improvements such as better rural transport, simplified ticketing, and safer infrastructure for people with reduced mobility. Slovakia's rural areas also suffer from poor transport infrastructure, limiting older residents' access to services.

Three Member States report implementing affordability measures: Slovakia offers free or reduced-cost transport for seniors, Austria provides reduced fares, although this may disadvantage those aged 26–65, and Croatia offers free train travel for students, pensioners, and people over 65.

Portugal, however, imposes stricter age-based driving licence rules, including shorter revalidation intervals and a ban on revalidation after age 65.

According to the survey of individuals (n=63), the most significant macro barrier is institutional - accommodations, funding, and training, with an overall frequency of 70%. Inadequate training and awareness of age-related needs is the most prevalent sub-barrier (75%), followed by insufficient funding for age-inclusive policies (70%) and a lack of suitable services (67%). These issues are reflected in the open-ended responses, where 71% of participants describe inadequate public transport for older passengers. Intercity buses are often inaccessible, and city buses are overcrowded, with younger passengers occupying priority seats. One respondent notes that transport planning often prioritises younger people's needs, leaving retirees with limited options for social engagement and essential services, contributing to isolation.

Institutional legal and policy frameworks and interpersonal barriers are equally significant, each with an overall frequency of 54%. Under legal and policy frameworks, the most common sub-barrier is inadequate legal protections against age discrimination

(57%), followed by poor enforcement (54%) and age-based eligibility restrictions (49%). Accessibility is a major concern, according to 55% of respondents. Physical barriers such as high steps on buses, lack of ramps, and broken lifts at stations are frequently cited. One respondent describes being left at a bus stop with a walker because the driver refused to lower the ramp, while another struggled with platform transitions due to broken escalators. One interviewee from Germany emphasises both the inaccessibility and unavailability of transport:

Physical limitations increase with age. As an older person, I have bigger problems using public transport, just because of the distances I have to cover to get to the stops. Plus, it is luck or bad luck depending on where I live. In rural areas, public transport is much worse organised. Mobility is certainly also a problem in terms of income. Less income means lower ability to afford journeys and participate in social life.

-male, Germany, age 66

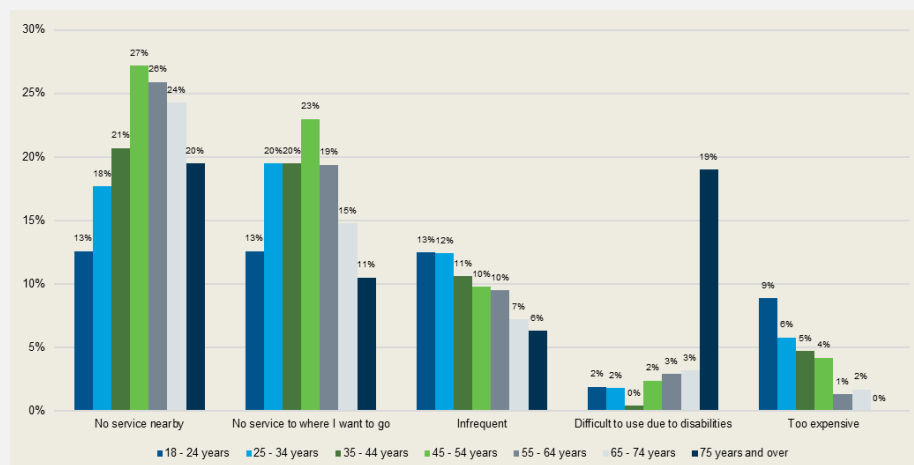
Interpersonal barriers include age-based stereotypes (56%), pressure to conform to age norms (52%), and discriminatory behaviours (51%). In the open-ended responses, 34% of participants report disrespectful treatment, such as being ignored by younger passengers or refused seats. One respondent describes being shouted at to move aside, highlighting a broader lack of respect for older individuals in public spaces.

Self-directed barriers are the least common, with a frequency of 44%. These include avoidance or withdrawal behaviours (44%), self-limiting beliefs (44%), and feelings of self-doubt or imposter syndrome (33%).

Quantitative evidence

Data from the 2019 Irish National Travel Survey provide valuable insights into the reasons for not using bus services more frequently. As the figure below shows, accessibility (both geographically and frequency of service) was one of the most important reasons for not using public transportation more often (the most commonly cited reason was the lack of need). Inaccessibility was cited more frequently by people still active in the labour market (25-74-year-olds). Individuals older than 75 were most likely to mention the difficulty to use due to disabilities, with 19% singling out this barrier. Unaffordability, while cited less often than inaccessibility, concerned a higher share of younger people, particularly 15-24-year-olds. Concerns about experiencing discrimination were mentioned by an extremely low number of people (<0.3%).

Reasons for not using bus services more frequently



Source: Central Statistics Office (Ireland), *National Travel Survey*, 2019.

3.1.3. Impacts of age discrimination and ageism

This section presents the evidence collected on the impacts of age discrimination and ageism in the areas covered by the study.

Summary of key findings

The quantitative analysis highlights significant correlations between age discrimination and various outcomes at the individual level.

The most widely studied effects of age discrimination relate to the labour market experiences of older people. Descriptive statistics show marked discrepancies across age groups. Participation in the labour market (i.e. the fraction of individuals who are in the labour market, whether employed or unemployed, out of the total population) peaks for people aged 25-54 and is significantly lower for younger and older cohorts. Unemployment rates (i.e. the share of unemployed people out of the labour force) decrease monotonically with age and are the lowest for the 75+ age group. Self-employment is more common among older generations, while part-time contracts are more prevalent among young (15-24 years old) and old people (65-74 years old). To assess whether these differences stem from rational, individual choices (desire for more flexible working arrangements) or discriminatory practices, the study team compared individuals who reported age discrimination to those who did not, in each group.

This approach allowed the study team to identify only a significant correlation for unemployment: people who report personal experiences of age discrimination are 10 pp more likely to be unemployed. Disaggregating by age, the effect is only significant for cohorts older than 35 and increases with age. These results are consistent with a wealth of experimental evidence showing that the probability of being invited to an interview is significantly lower for older individuals. No similar patterns emerged for self-employment, part-time employment, or number of hours worked.

The monetisation of the effects of age discrimination in the labour market then focused exclusively on closing the gap in unemployment between individuals who have experienced age discrimination and those who have not. The benefits to individuals and society would be consequential: eliminating age discrimination in the labour market would allow an estimated almost one million people to find employment, reducing the unemployment rate by 0.5 pp. The GDP gains are also important: €47 billion, or a 0.3% increase.

The monetisation exercise also highlights important variations in the effects, both across different age groups and geographically. Firstly, most of the gains (in employment and in GDP) are driven by the higher employment of older people (54%). This is due to a higher prevalence of age discrimination for this age group (which implies that the population at risk is larger) and a higher effect of age discrimination on unemployment (which implies that a larger share of the population at risk could be employed). The GDP effects are amplified by the fact that older generations typically earn higher wages. Secondly, the majority of these gains are concentrated in Western Europe. As was the case previously, this is due to higher prevalence rates, greater populations, and higher incomes.

Beyond labour market effects, age discrimination has a negative impact on individuals' quality of life, with health a significant contributor ⁽⁹⁵⁾. While older people are, on average,

⁽⁹⁵⁾ Steptoe, A., Deaton, A. and Stone, A.A., 'Subjective well-being, health, and ageing', *Lancet*, Vol. 385, Issue 9968, 2015, pp. 640-648, doi: 10.1016/S0140-6736(13)61489-0; Zautra, A. and Hempel, A., 'Subjective well-being and

more likely to discuss health concerns with general practitioners and specialists, there are no statistically significant differences between people who reported age discrimination and those who did not. However, the former are more likely to mention that they were unable to get a consultation or the required treatment for their condition. When disaggregating by age, unaffordability and the lack of time are more commonly mentioned by the respondents who are typically the most active in the labour market (25-54-year-olds). Whether driven by the inability to access healthcare services or other factors, people who report age discrimination are 15 pp less likely to indicate that they are in good health compared to people who do not report discrimination. Age discrimination is positively correlated with heart and circulatory conditions, high blood pressure, back or neck pain, muscular or joint pain, and stomach and digestion-related conditions. These results are in line with extensive evidence highlighting the detrimental effect of discrimination on health ⁽⁹⁶⁾.

Evidence on the prevalence of age discrimination shows that individuals aged 25-34 are most likely to indicate experiences of discrimination when trying to rent or buy an apartment or a house. Similarly, this age group also reports the highest rates of problems with their accommodation. In addition, the probability of experiencing housing issues is 14 pp higher for people who have personally felt discriminated against on the basis of their age. The most commonly associated problems associated with age discrimination are mould or rot in windows, doors, and floors, damp walls or leaking roof, and the presence of insects or rodents. These results suggest that age discrimination may translate into vulnerable groups having access to worse housing conditions.

At a personal level, age discrimination correlates positively with a lack of social interactions. On average, persons who report age discrimination are 4 pp more likely to indicate that they only rarely meet their friends and 14 pp more likely to compare themselves less favourably to their peers on participation in social activities. Consistent with these findings, people who report age discrimination are 27 pp more likely to express feelings of loneliness. These findings suggest that age discrimination is often accompanied by social isolation, whether imposed by others or internalised by its victims.

In case of discrimination experiences, only a fraction of victims report it to the competent authorities. Data from Ireland's 2019 Survey on Equality and Discrimination found that 70% of the people who experienced discrimination did not take any action – less than 5% filed an official complaint or legal action or contacted the police. The shares were even smaller for young respondents (aged 18-24), at 2.9%, or older respondents (aged 64+), at 1.1% ⁽⁹⁷⁾. Similar data from Luxembourg show that the main reason for not filing a complaint is the respondent's belief that such legal proceedings are useless and a waste of time ⁽⁹⁸⁾. Consistent with these aggregate statistics, the study team found that people who experienced age discrimination are 13.5 pp less likely to express trust in the legal system. This pattern is observed among all age groups, even among younger generations who show higher average trust levels in general.

Beyond the legal system, people who experience age discrimination are less likely to trust political parties (11 pp) and politicians (15 pp) and instead consider that the political system gives people little oversight over the government's actions. The effects are particularly strong among older respondents, although statistically significant differences are also observed for younger cohorts. Interestingly, people who report age

physical health: a narrative literature review with suggestions for future research', *Int J Aging Hum Dev.*, Vol. 19, Issue 2, 1984, pp. 91-110, doi: 10.2190/a9rb-7d02-g77k-m3n6.

⁽⁹⁶⁾ Chang, E.S., Kanno, S., Levy, S., Wang, S.Y., Lee, J.E. and Levy, B.R., 'Global reach of ageism on older persons' health: A systematic review', *PLoS One*, Vol. 15, Issue 1, 2020, e0220857, doi: 10.1371/journal.pone.0220857.

⁽⁹⁷⁾ Central Statistics Office, *Equality and discrimination Survey*, 2019, 2019, <https://www.cso.ie/en/releasesandpublications/er/ed/equalityanddiscrimination2019/>

⁽⁹⁸⁾ ILRES and CET, *Observatoire des discriminations*, 2024, https://cet.lu/wp-content/uploads/2024/12/ILRES_CET_Rapport_2024_PK.pdf

discrimination are also 11 pp more likely to express an interest in politics compared to people who do not report age discrimination. Similarly, people who experience age discrimination are more likely to be regular users of the internet and to spend more time using it. They are also more confident in their capacity to engage politically, but are not more likely to vote in national elections.

Age discrimination also correlates negatively with trust in others, a pattern that is observed among almost all age groups. On average, people who report age discrimination are 14 pp less likely to express trust in others. This result has important consequences as it suggests that age discrimination may negatively impact social cohesion, an important contributor to economic growth. In other words, not addressing age discrimination and its deleterious effects can undermine social cohesion and reduce the potential of European economies for sustainable and equitable growth.

The extensive qualitative evidence gathered from the NA survey, CSO survey, and survey of individuals shows the wide-ranging and detrimental effects of age discrimination and ageism.

The findings from the NA survey (Q12) underscore the key themes of exclusion and marginalisation from society and services, limited access to opportunities and resources, economic and financial insecurity, health and well-being disparities, and reduced participation and representation.

- Exclusion and marginalisation from society and services are evident in various areas, such as unequal treatment in the legal system (BE, PT, SK, FI) and denied access to financial services (BE, EE, DE, NL, SK, FI, SE). Limited access to opportunities and resources is another major impact, with older adults facing restricted access to information, services, and communication due to limited digital skills (BE, DE, EE, IE, FI), while individuals of various ages experience exclusion from educational and vocational training (EE, EL, PL) and limited job opportunities due to stereotyping and ageist assumptions (BE, EL, HR, AT, SK).
- Economic and financial insecurity is a significant concern, with younger individuals facing challenges in securing stable employment and accessing social benefits (BE), and older people at a higher risk of poverty due to low average old-age pensions (BE, EE, SK). Housing precarity, insufficient funds, and low access to public housing are also reported (BE, EE, SK).
- Health and well-being disparities arise from age discrimination and ageism, with older individuals experiencing difficulties in daily life, decreased independence, and challenges in accessing appropriate healthcare services (EE, FI). Ageist assumptions in healthcare settings can lead to less thorough or tailored care, delayed interventions, and dismissal of health concerns (BE, EL, SK).
- Reduced participation and representation are evident in media, advertising, political participation, and transport. Older people may be underrepresented or misrepresented in media and advertising (FR), while both older and younger citizens can be marginalised in political debates (BE, SK). In the transport sphere, older citizens face limited mobility and inadequate transportation options, while younger citizens grapple with transport affordability issues (EE, BE, FI).

These themes are echoed in the responses from the CSO survey and the survey of individuals, which provide further evidence of the negative impacts of ageism across different domains.

- In the CSO survey, physical health, mental health, social well-being, and economic impact had combined ‘high’ and ‘medium’ answers ranging between 91% and 85%. Respondents highlight economic challenges, such as financial insecurity, high insurance premiums, denial of credit facilities, and involuntary retirement. Discrimination in the workplace emerges as a prominent theme, affecting both older and younger individuals, and having long-term financial and career consequences. Social isolation is another significant impact, with respondents describing how ageist stereotypes can lead to loneliness and reduced participation in community life. The intersection of ageism with other identities, such as being LGBTIQ+, exacerbates isolation. Access to essential services is a concern for many respondents, with older adults facing barriers to accessing services due to digital exclusion. Mental health impacts of ageism and age discrimination include feelings of invisibility, low self-esteem, depression, anger, insecurity, and hopelessness.
- In the survey of individuals, finances are the most negatively impacted area of life, with 59% of respondents reporting a very large, large, or moderate impact due to age discrimination. Mental health is the second most affected area (49%), followed by relationships (46%), physical health (42%), and behaviours (17%). In the open-ended responses, financial challenges and career stagnation emerge as prominent themes, with respondents describing the difficulties they faced in securing loans, mortgages, and accessing credit facilities. Many have experienced reduced income and limited job opportunities, as well as biases stalling career progression. Respondents mention difficulties in accessing healthcare, social activities, and other crucial services, contributing to their sense of isolation, loneliness, and disconnection, particularly post-retirement.

The survey of individuals provides valuable insights into the perceived severity of age discrimination across various policy areas. Employment, social protection, digital technology, healthcare, and access to services emerge as the most severely impacted domains, with notable differences between age groups. Women and girls generally report slightly higher levels of severity compared to men and boys across most policy areas.

Intersectionality plays a role in shaping experiences of age discrimination. The survey findings highlight the compounded discrimination faced by individuals due to the intersection of age with other identity characteristics, such as gender, race, ethnicity, disability status, and being LGBTIQ+. Gender emerges as a prominent factor across all policy areas, with the highest percentages observed in media and advertising (34%), employment (32%), and political and civic participation (27%). Respondents' narratives further illustrate the layered nature of discrimination, with race/ethnicity, migratory status, disabilities, and LGBTIQ+ status compounding barriers to equality and the impact of ageism and age discrimination.

Detailed evidence supporting key findings

This section examines the evidence supporting the main findings on the impacts of age discrimination and ageism.

3.1.4. Quantitative evidence on the impacts of age discrimination and ageism

This section presents quantitative evidence on the impact of age discrimination on the following areas: the labour market, healthcare, housing, access to justice, digital

technology and media, loneliness and isolation, politics, and social cohesion. The analysis will further be expanded using aggregate data from the FRA Fundamental Rights Survey in 2019. The analysis here uses microdata from the Eurobarometer and aggregate data from Eurostat.

3.1.4.1. Labour market

This section presents quantitative evidence on how age discrimination shapes the experience of different age groups in the labour market. It begins by showing descriptive statistics for different age groups. It then uses regression models to estimate correlations between age discrimination and various labour market outcomes (barriers to employment, unemployment, self-employment, part-time employment, number of hours worked, training). The section concludes with a monetisation of the lower unemployment of persons discriminated on the basis of their age. While descriptive statistics are provided for all age groups between 15 and 74 (where available), the quantitative analysis and monetisation exercise focus on the groups below the average age of retirement in the EU (<64).

Descriptive statistics

The EU population is growing older. From 2014 to 2023, the median age increased by 2.2 years ⁽⁹⁹⁾. By 2050, 30% of the EU population is projected to be 65 or older, with rising life expectancy and lower birth rates important contributors to this trend ⁽¹⁰⁰⁾. Within this changing demographic landscape, older people will play a more significant role in the economy. In 2023, persons aged 55+ made up 22% of the labour force, marking a 5 pp increase compared to 2014 (Figure 23, Panel A). By contrast, the fraction of workers aged 25-34 and 35-44 dropped by approximately 2 pp each. Throughout the period, 15-to-24-year-olds accounted for roughly the same proportion of the labour force.

Another significant trend is the increasing participation of older people in the labour market (Figure 23, Panel B). In 2014, the participation rate (share of individuals in each age group who are still active in the labour market out of the total number of persons in that age group) for 55-to-64-year-olds was 55%. By 2023, it reached 67%. The share of 65-to-74-year-olds still active in the labour market also rose, albeit to a smaller extent, at 3 pp (from 8% to 11%). Pension reforms appear to explain the largest part of these changes, although it is unclear whether further reforms will produce similar effects ⁽¹⁰¹⁾. The labour market participation of the remaining age groups has also improved, but the gains are more modest. As the participation rate decreases significantly after age 65, the analysis of the effects of age discrimination in the labour market will focus on individuals aged 15-64.

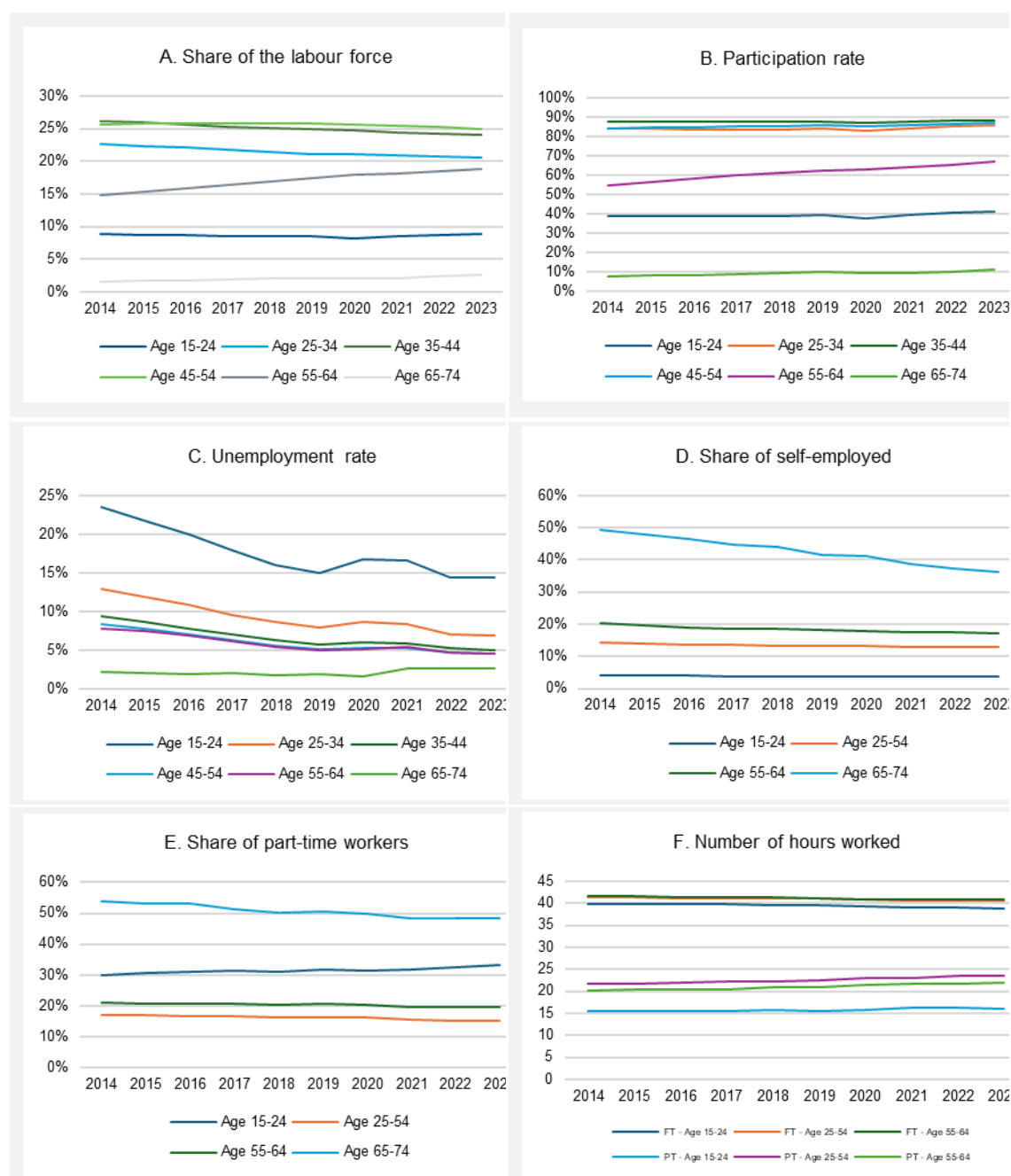
Figure 23 Panel C shows the evolution of the unemployment rate for different age groups. Several patterns stand out. Firstly, the unemployment rate decreased for almost all age groups between 2013 and 2024. The increase in unemployment observed during the early 2020s appears to have been short-lived and persisted only for individuals in the 65-74 age group. Secondly, unemployment rates are typically smaller for older cohorts. Young people (aged 15-24) exhibit particularly high unemployment rates. This may reflect the difficulties they face in finding employment. However, most persons in this age group are still enrolled in full-time education and are not part of the labour force.

⁽⁹⁹⁾ Eurostat, *Population structure indicators at national level*, 2024, https://ec.europa.eu/eurostat/databrowser/product/page/DEMO_PJANIND

⁽¹⁰⁰⁾ European Commission, *The impact of demographic change in a changing environment*, 2023.

⁽¹⁰¹⁾ Bodnár, K. and Nerlich, C., *The macroeconomic and fiscal impact of population ageing*, ECB Occasional Paper, No 296, 2022.

Figure 23. Labour market outcomes: descriptive statistics



Sources: Eurostat, *Population by sex, age, citizenship and labour status*, 2025, https://ec.europa.eu/eurostat/databrowser/product/page/LFSA_PGANSWS; Eurostat, *Employment by sex, age, professional status and full-time/part-time*, 2025, https://ec.europa.eu/eurostat/databrowser/product/page/LFSA_EFTPT; Eurostat, *Average number of usual weekly hours of work in main job, by sex, age, professional status, full-time/part-time and economic activity (from 2008 onwards, NACE Rev. 2)*, 2025, https://ec.europa.eu/eurostat/databrowser/product/page/LFSQ_EWHUN2

Notes: Panel A shows the share of the total labour force accounted for by workers in a given age group. Panel B shows the participation rate of different age groups, defined as the share of persons who are active in the labour market (either employed or actively looking for a job) out of the total number of persons. Panel C shows the unemployment rate, defined as the share of persons actively looking for a job out of the total labour force. Panel D shows the share of part-time workers out of the total number of workers. Panel E shows the share of self-employed workers out of the total number of workers. Panel F shows the number of usual weekly hours worked in the main job.

Self-employment was a particularly common working arrangement for older workers in 2014, with one in two 65-to-74-year-olds being self-employed (Figure 23, Panel D). Over the last decade, however, the share of self-employed workers in the 65-74 age group has dropped by 13 pp. By comparison, younger workers are less likely to be self-employed. Only 4% and 13% of workers in the 15-24 and 25-54 age group are self-employed, with the data showing marginal changes over time. Self-employment may provide older workers with more flexibility and allow them to retire at an older age. On

the other hand, the high prevalence of self-employment may also reflect a lack of employment opportunities.

Older and younger workers are more likely to be employed on a part-time basis (Figure 23, Panel E). In 2023, 49% of workers in the 65-74 age group were part-time workers. The high frequency of part-time employment may reflect a preference for a phased retirement, with older cohorts progressively reducing their labour supply in anticipation of a permanent retirement or perhaps that there is no possibility for full-time employment or combination with pension. Part-time contracts may also be the consequence of a lower demand for older workers in the labour market, with potentially detrimental effects on their financial stability. However, the share of part-time workers among this group has decreased over the last decade by 5 pp. The share of part-time workers is also high for 15-to-24-year-olds, reflecting the tendency of young people to combine full-time education with part-time employment.

Full-time employees typically work the same number of hours a week, irrespective of their age (Figure 23, Panel F). For example, 15-to-24-year-olds work, on average, two hours less than their older counterparts, while 55-to-64-year-olds have the longest working weeks. Stronger differences across age groups exist among part-time workers: workers in the 15-24 age group work 16 hours a week, six hours less than those in the 55-64 age group and seven hours less than those in the 25-54 age group.

These descriptive statistics show that age groups differ in their labour market experience. In the absence of discrimination, workers choose the amount of labour they wish to supply depending on their current circumstances. Typically, younger workers take part-time jobs to finance their studies, while older workers reduce the number of hours they work in anticipation of retirement. However, by reducing the demand for young and old workers, age discrimination can lead to equivalent equilibrium outcomes. The following analysis provides quantitative evidence on the impact of age discrimination on the labour market.

Age discrimination and unemployment

Age discrimination during the recruitment process is highly prevalent. In addition to its detrimental effect on the material and psychological well-being of those who experience it, age discrimination imposes significant costs on society in lost earnings and greater spending on social welfare.

In line with the aggregate descriptive statistics, the regressions at individual level show that the probability of unemployment decreases with age ⁽¹⁰²⁾ ⁽¹⁰³⁾. Compared to the 35-44 age group, younger cohorts are more likely to be unemployed: 15-to-24-year-olds by 13 pp and 25-to-34-year-olds by 2 pp. Respondents in the 45-54 age group have a similar probability of unemployment, while those in the 55-64 age group fare slightly worse, as their unemployment probability is almost 2 pp greater.

Individuals who report personal experiences of discrimination are 9.5 pp more likely to be unemployed than those who do not. The effect also varies with age: for respondents below 35, there is no statistically significant difference between discriminated and non-discriminated against individuals (within the same age group). For older cohorts, the effect of discrimination is positive and significant. Compared to people within the same

⁽¹⁰²⁾ Annex 1, Tables 34 and 35 contain the unemployment rates calculated using data from the Eurobarometer and the ESS, by country and age.

⁽¹⁰³⁾ Annex 1, Tables 36 and 37 present the results from the OLS and logit regressions. The sample includes individuals of working-age (15-to-64-year-olds) who are in the labour force (either employed or actively looking for a job). This contrasts with van Ballegoij and Moxom (2018) who also include individuals not in the labour market (students, retirees, permanently sick or retired persons).

age group who did not experience age discrimination, discriminated against 35-to-44-year-olds are 9 pp more likely to be unemployed; 45-to-54-year-olds are 12 pp more likely, and 55-to-64-year-olds are 17 pp more likely ⁽¹⁰⁴⁾.

Using data from the ESS produces similar results. Age discrimination is positively correlated with unemployment – discriminated-against people are 9 pp more likely to be unemployed, with the effect being statistically significant for older cohorts. However, the correlation only becomes significant after the age of 45. The similarity between the two sets of estimates is notable, given the different definitions of age discrimination and highlights the robustness of the positive relationship between age discrimination and unemployment.

Good practice

In 2019, the Netherlands introduced the Open Hiring Programme, a ground-breaking initiative led by the Start Foundation. Inspired by a model first developed by Greyston Bakery in New York, the programme reimagines traditional recruitment by removing all barriers to entry. Anyone interested in a job can simply sign up on a waiting list, and when a position becomes available, the next person on the list is hired – no CV, no interview, and no background check ⁽¹⁰⁵⁾.

The programme was created to address the persistent exclusion of individuals who face difficulties entering the labour market. This includes older adults, people with disabilities, long-term unemployed individuals, and those with limited formal education or work experience. By eliminating conventional hiring filters, the programme opens doors for those who are often overlooked.

Since its launch, Open Hiring has expanded to over 150 locations across the Netherlands. Employers from a wide range of sectors have adopted the model, including logistics, retail, hospitality, cleaning, and even municipal government. One notable example is the municipality of Zoetermeer, which hired two employees through Open Hiring for office-based roles. One, Milou, had previously worked in childcare but had to stop due to physical strain. She applied by simply submitting her name and contact details and was hired the same day.

The Dutch Employee Insurance Agency (UWV) supports the programme, recognising its potential to address both labour shortages and social exclusion. Employers are increasingly drawn to Open Hiring not only for its inclusiveness but also for its efficiency in filling vacancies. To ensure successful integration, the Start Foundation provides coaching and support to both employers and employees. While the model removes traditional hiring filters, it emphasises on-the-job support and trial periods to help new hires to succeed.

Age discrimination and self-employment

While self-employment can offer workers greater flexibility in organising their working hours, it may also reflect a lack of opportunities. In the absence of formal employment, some individuals may be compelled to pursue self-employment out of necessity rather than choice.

Regressions at the individual level produce point estimates that are consistent with the descriptive statistics ⁽¹⁰⁶⁾. Self-employment is more common among older workers. For instance, respondents in the 15-24 age group are 7 pp less likely to be self-employed compared to 35-44-year-olds, while respondents aged 55-64 are 4 to 5 pp more likely to be self-employed. There is no statistically significant difference between individuals who report age discrimination and those who do not, nor does allowing for the effect to vary

⁽¹⁰⁴⁾ The additional unemployment probabilities associated with age discrimination are 8.9 pp for 35-44-year-olds, 10.7 pp for 45-54-year-olds, and 15.2 pp for 55-64-year-olds.

⁽¹⁰⁵⁾ NOS, *Wie zich als eerste meldt, krijgt de baan: werkgevers werven met 'open hiring'*, 2024, <https://nos.nl/artikel/2516465-wie-zich-als-eerste-meldt-krijgt-de-baan-werkgevers-werven-met-open-hiring>

⁽¹⁰⁶⁾ Annex 1, Tables 38 and 39 show the rates of self-employment calculated using data from the Eurobarometer and the ESS, respectively, by country and age. Annex 1, Table 40 contains the individual-level OLS results and Table 41 those from the logit regression.

across age groups reveal significant differences. The evidence does not suggest that self-employment is a mechanism to cope with age discrimination in the labour market.

Age discrimination and part-time employment

Age discrimination could lead to the underutilisation of at-risk groups, typically younger and older workers, who may be limited to part-time employment opportunities. As the ESS does not include data on contract types, a proxy measure is applied: individuals working fewer than 30 hours per week are classified as part-time workers, while those working more than 30 hours are considered full-time.

Consistent with the descriptive statistics, workers aged 15-24 are 4 pp more likely to be employed on a part-time basis relative to the reference group ⁽¹⁰⁷⁾. Workers aged 55-64 are also 1 pp more likely to be part-time employees. There is no evidence that discriminated against workers are more likely to be part-time employees.

When examining differences within age groups between discriminated-against and non-discriminated-against people, the findings are less definitive. Among younger individuals aged 15-34, those who report age discrimination are less likely to be part-time employees compared to their peers who do not report discrimination. By contrast, for workers aged 55-64, age discrimination is linked to a higher likelihood of part-time employment. However, this relationship is only statistically significant at the 10% level. Overall, the evidence on the impact of age discrimination on employment arrangements remains mixed and inconclusive.

Age discrimination and number of hours worked

Beyond its impact on employment, age discrimination may affect the number of hours individuals are offered to work, with those facing discrimination potentially receiving fewer contractual hours. On aggregate, the number of contracted hours per week in their main job for full-time employees tends to increase with age for full-time employees, and peak for 25-34-year-olds employed on a part-time basis ⁽¹⁰⁸⁾.

The results from the individual-level regression analysis are consistent with these descriptive statistics ⁽¹⁰⁹⁾. Among full-time employees, those aged 15-24 work, on average, 1% fewer hours than respondents aged 35-44. For part-time employees, those aged 15-24 (16%) and 55-64 (6%) work fewer hours than the reference group.

There are no statistically significant differences in the number of contracted hours between individuals who report age discrimination and those who do not. Nor are there significant differences, within age groups, between respondents who report age discrimination and those who do not. The only exception concerns individuals aged 15-24 employed on a part-time basis: respondents who report discrimination tend to work 38% fewer hours than their counterparts who did not report age discrimination.

Training, denied promotions, and early retirement

Age discrimination in the workplace may appear in the form of limited training opportunities, denied promotions, or forced early retirement. One interviewee from Italy says that:

⁽¹⁰⁷⁾ Annex 1, Table 42 shows the percentage of respondents employed on a part-time basis, by country and age.

Annex 1, Tables 43 and 44 show the results from individual-level OLS and logit regressions, respectively.

⁽¹⁰⁸⁾ Annex 1, Tables 45 and 46 show the average number of contracted hours for full-time and part-time employees, by country and age, respectively.

⁽¹⁰⁹⁾ Annex 1, Table 47 contains the main results.

The problem is that, with age, my salary decreased and also my job stability. Also, in my current job, where my company has been acquired by an international fund since 2023, since June and July 2024 I started receiving pressures to leave the company where I work. The need to 'reduce the average age' of the workforce is a recurring message I receive.

-male, Italy, age 63

At the aggregate level, the 25-34 age group attends courses, lectures, or conferences to improve their professional skills at the highest rate (47%). The probability of attending professional training decreases for the following age groups, with fewer than one-in-three respondents aged 55-64 participating in training ⁽¹¹⁰⁾. Regression analyses at the individual level are largely in line with these results ⁽¹¹¹⁾. After controlling for demographic and socioeconomic characteristics, the probability of attending professional training decreases monotonically with age. Compared to 35-44-year-olds, people aged 15-24 are 7 pp more likely to have participated in professional training, while 55-to-64-year-olds are 5 pp less likely. However, there is no statistically significant difference between people who experience age discrimination and those who do not in participation in professional training ⁽¹¹²⁾.

Age discrimination may lead to people being forced into early retirement. Figure 24 provides insights into this issue by showing the distribution of the reason of retirement for people aged 50-64 using data from the most recent wave of the Survey of Health, Ageing, and Retirement in Europe (SHARE) ⁽¹¹³⁾. The most common reason for retirement is eligibility for public pension, mentioned by 61% of retirees aged 50-64. This is followed by ill health (20%) and offers of early retirement options (12%). Redundancy (including pre-retirement) is mentioned by only 2% of respondents. However, when focusing on individuals aged 55–60, i.e. workers who are approaching retirement but still have several years before becoming eligible, the figure rises to 5%.

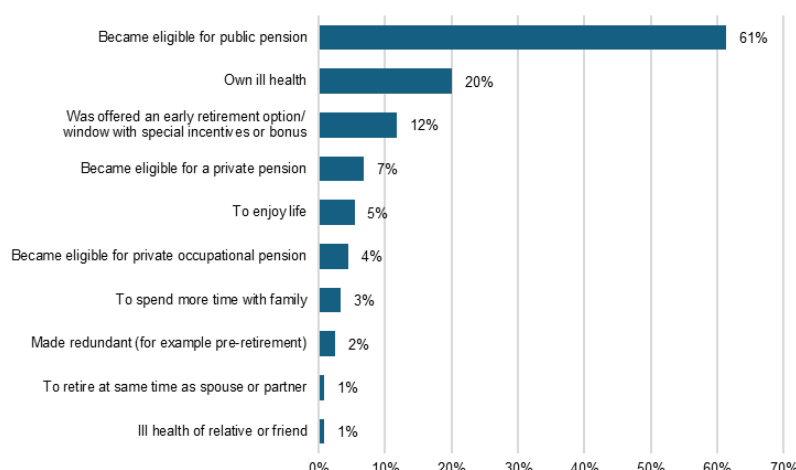
⁽¹¹⁰⁾ Annex 1, Table 48 shows the percentage of people who had taken a course or attended a lecture or conference to improve their knowledge or skills for work during the last 12 months, by age group and country.

⁽¹¹¹⁾ Annex 1, Tables 49 and 50 contain the point estimates from the OLS and logit regressions, respectively.

⁽¹¹²⁾ The 15-to-24-year-olds who report age discrimination are more likely to participate in professional training compared to other people aged 15-24 who do not experience age discrimination.

⁽¹¹³⁾ SHARE-ERIC, *Survey of Health, Ageing and Retirement in Europe (SHARE) Wave 9*, Release version: 9.0.0. SHARE-ERIC data set, 2019, doi: 10.6103/SHARE.w9.900; Börsch-Supan, A., Brandt, M., Hunkler, C., Kneip, T., Korbacher, J., Malter, F., Schaan, B., Stuck, B. and Zuber, S., 'Data resource profile: The Survey of Health, Ageing and Retirement in Europe (SHARE)', *International Journal of Epidemiology*, 2013, doi: 10.1093/ije/dyt088; Bergmann, M., Wagner, M. and Börsch-Supan, A., (Eds.), *SHARE Wave 9 Methodology: From the SHARE Corona Survey 2 to the SHARE Main Wave 9 Interview*, SHARE-ERIC, Munich, 2024, doi: 10.6103/mv.w09.

Figure 24. Reasons for retirement (% of retired, 50-65 years old)



Source: SHARE, Wave 9.

Notes: Reasons for retirement of people aged 50-65. As respondents could indicate several reasons, summing across reasons may exceed 100%.

Quantitative evidence from the Member States

A 2024 survey highlights generational differences in perceptions of age-related barriers in the workplace ⁽¹¹⁴⁾. Notably, 66% of Baby Boomers (born between 1946 and 1964) believe their age hinders their chances of promotion. This sentiment is shared by 55% of Gen Z respondents (born between 1996 and 2003), compared to just 43% of Gen X (born between 1965 and 1979) and 36% of Millennials (born between 1980 and 1995). Baby Boomers are the most likely to view age as a barrier to securing stable employment (65%) and accessing professional development opportunities (57%). Meanwhile, Gen Z express the greatest concern about age affecting their salary (69%) and the level of responsibilities they are assigned (71%).

The impact of workplace discrimination is far-reaching and pervasive. A 2024 study of discrimination in the French labour market shows that 74% of older workers (aged 50-65) believe that discrimination and harassment have a negative impact on their professional life ⁽¹¹⁵⁾. The most commonly cited impacts are worse working conditions (20%), resignation or mutual termination (18%), protected measures (18%), or dismissal or non-renewal of contract (17%).

Monetisation of age discrimination in the labour market

The regression analysis highlights a significant correlation between age discrimination and the probability of unemployment. No similar relationships are observed for part-time employment (conditional on being employed) or the number of weekly hours of work (again conditional on being employed). Consequently, the monetisation exercise focuses exclusively on the elimination of barriers to employment.

This analysis relies on discrimination rates derived from self-reported survey data. Any biases in how individuals report experiences of discrimination, such as underreporting or misperception, can therefore influence the estimated effects of labour market discrimination. For example, if discrimination is underreported, the resulting monetary

⁽¹¹⁴⁾ Valore, D. and Behave Lab, Università degli Studi di Milano, *Oltre le generazioni: esperienze, relazioni, lavoro*, 2024, <https://www.valored.it/ricerche/oltre-le-generazioni-esperienze-relazioni-lavoro/>

⁽¹¹⁵⁾ Défenseur des droits & Organisation internationale du travail (OIT), *17e baromètre de la perception des discriminations dans l'emploi : Les discriminations des seniors dans l'emploi*, 2024, https://www.defenseurdesdroits.fr/sites/default/files/2024-12/ddd-OIT_enquete_17e-barometre-discriminations-emploi_20241209.pdf

impacts will likely be understated. A more detailed discussion of the underlying assumptions and potential biases is provided in Annex A1.1.2.

Eliminating age discrimination in the labour market would bring about significant economic benefits. Table 2 shows the potential gains in employment, income, and GDP. The absolute gains in employment are proportional to the size of each Member State and the prevalence of age discrimination. Germany and France, for instance, would gain 200,000 and 240,000 employees, respectively, if age discrimination were eliminated. In smaller countries, such as Cyprus or Luxembourg, the increase in employment would be more limited. At the EU level, more than one million additional persons could be employed.

Table 2. Monetisation of age discrimination in the labour market

Country	Increase in employment (000s)	Change in unemployment rate (pp)	Income gains (EUR billion)	GDP gains (EUR billion)	GDP gains (%)
Belgium	63.37	-1.20	2.31	3.85	0.65
Bulgaria	7.27	-0.24	0.07	0.09	0.10
Czechia	30.30	-0.60	0.61	0.76	0.24
Denmark	14.77	-0.49	0.71	1.10	0.29
Germany	196.51	-0.46	7.17	11.46	0.27
Estonia	6.87	-0.98	0.13	0.16	0.42
Ireland	7.54	-0.28	0.33	0.46	0.09
Greece	11.66	-0.25	0.24	0.32	0.14
Spain	130.30	-0.55	3.42	4.38	0.29
France	236.70	-0.79	8.28	11.43	0.40
Croatia	6.05	-0.35	0.08	0.11	0.14
Italy	54.19	-0.22	1.64	2.27	0.11
Cyprus	1.48	-0.30	0.04	0.05	0.16
Latvia	5.97	-0.67	0.09	0.12	0.31
Lithuania	7.83	-0.53	0.11	0.18	0.24
Luxembourg	1.17	-0.35	0.07	0.10	0.13
Hungary	12.90	-0.27	0.17	0.25	0.13
Malta	0.63	-0.20	0.02	0.02	0.10
Netherlands	55.95	-0.57	2.43	3.35	0.31
Austria	22.38	-0.48	0.95	1.41	0.30
Poland	19.65	-0.12	0.29	0.38	0.05
Portugal	9.09	-0.17	0.17	0.24	0.09
Romania	34.78	-0.43	0.40	0.63	0.19
Slovenia	2.92	-0.29	0.06	0.10	0.16
Slovakia	12.41	-0.45	0.20	0.27	0.22
Finland	21.76	-0.80	0.81	1.19	0.44
Sweden	47.20	-0.86	1.88	2.47	0.46
EU-27	1,021.66	-0.48	32.68	47.15	0.27

Sources: Authors' calculations using the methodology of van Ballegooy, W. and Moxom, J., *Equality and the fight against racism and xenophobia: Cost of Non-Europe report*, 2018, <https://doi.org/10.2861/1791>

Notes: Effects of eliminating age discrimination in the labour market (if the unemployment rate for discriminated-against people matched that of non-discriminated-against people).

Given the heterogeneous effects of age discrimination on different age groups, most of the employment gains would be accounted for by older cohorts. Workers aged 35-44 would make up 14% of the potential hires, those aged 45-54 would account for 32%, and those aged 55-64 would represent 54%. Geographically, the gains would be concentrated in Western Europe (56%), with Southern Europe accounting for 21% of the gains, Eastern Europe for 11%, and Northern Europe for 11%.

It is useful to consider how eliminating age discrimination would impact the unemployment rate. The highest reductions would occur in Belgium (-1.2 pp) and Estonia

(-1 pp). The smallest decrease would occur in Poland (-0.1 pp). At the EU level, the unemployment rate would drop by 0.5 pp.

Income gains would amount to €33 billion. Countries with greater populations at risk of discrimination and higher incomes would experience the largest income gains. German workers would see their incomes raise by €7.2 billion and French workers by €8.3 billion.

At the EU level, it is projected that the elimination of age discrimination in the labour market would increase GDP by €47.2 billion, a 0.3% increase. There is significant variation across the Member States: Poland's GDP would increase by 0.05%, whereas in Belgium, the GDP would increase by 0.70%. The largest share of these gains, 58%, would result from the higher employment of older workers, reflecting both their overrepresentation in the population being discriminated against and their higher wages. The 45-54 age group would account for 29% of the gains, and the 35-44 age group would make up only 13%.

The geographical distribution of the gains shows that they would be concentrated in Western Europe (67%), which has a larger population at risk and higher-than-average wages. Southern Europe would account for 16% of the gains and Northern Europe for 12%. Eastern Europe would make up only 5% of the GDP gains, significantly less than it accounts for in terms of employment, reflecting the region's lower wages.

Eliminating age discrimination in the labour market by allowing more people to become employed would also have a positive impact on public finances. Tax revenue would increase, with estimated effects varying from 0.02% to 0.31% of GDP across the Member States and an EU-level effect estimated at 0.1% ⁽¹¹⁶⁾. Spending on unemployment benefits would decrease by as much as 0.03% in Spain and Finland. The net effect on public finances ranges between 0.02% and 0.33%, with the EU average at 0.13%.

3.1.4.2. Healthcare

This section discusses the quantitative evidence on the relationship between age discrimination and various health outcomes. The focus is on subjective assessments of health and different self-reported medical conditions.

Age discrimination and subjective assessments of health

Age discrimination can significantly impact health by limiting access to adequate healthcare services. This effect compounds the natural decline in health associated with ageing. While 86% of individuals aged 15-24 report being in good health, fewer than 35% of those aged 75+ say the same ⁽¹¹⁷⁾. This finding is confirmed in the individual-level regressions ⁽¹¹⁸⁾: persons in the 15-24 age group are 11 pp more likely to indicate that they are in good health compared to the 35-44 age group, while people aged 75+ are 39 pp less likely to agree.

Age discrimination is negatively correlated with subjective assessments of health. Respondents who report age discrimination are 15 pp less likely to consider themselves in good health. This negative correlation holds within all age groups except the 25-34 age group. While negative, the point estimate for this group is not statistically significant. Overall, if individuals who experience age discrimination were to report good health at

⁽¹¹⁶⁾ Annex 1, Table 19.

⁽¹¹⁷⁾ Annex 1, Table 52 illustrates the share of respondents who indicated that they were in good health, by country and age group.

⁽¹¹⁸⁾ Annex 1, Tables 53 and 54 present the OLS and logit estimates, respectively; van Ballegooij and Moxom (2018) also report a positive correlation between age discrimination and poor health using ESS data from 2010 to 2014.

the same rate as those who do not, an additional 3.2 million people would be in good health, underscoring the substantial impact age discrimination can have at the aggregate level.

Age discrimination and different medical conditions

To better understand the healthcare conditions associated with age discrimination, information on the specific pathologies reported by different age groups were analysed ⁽¹¹⁹⁾. For example, heart or circulation problems, high blood pressure, and muscular and joint pain are more prevalent among older people; back or neck pain among middle-aged people; stomach or digestion-related problems among younger people.

These age patterns are confirmed by the individual-level analysis ⁽¹²⁰⁾: cardiovascular conditions are more likely to affect older respondents, while back or neck pain is more likely to be reported by individuals of working-age (aged 35-64). Muscular or joint pain, whether in the hand/arm or foot/leg, are typically associated with older ages, while no specific pattern is observed for stomach or digestive conditions.

The prevalence of these health problems is positively correlated with age discrimination. Age indiscrimination is associated with an 8 pp increase in the probability of mentioning heart or circulation problems, 7 pp for high blood pressure, 9 pp for back or neck pain, 10 pp for muscular or joint pain in the hand or arm, 8 pp for muscular or joint pain in foot or leg, and 9 pp for stomach or digestion-related issues. No statistically significant effects are observed for breathing problems, allergies, skin conditions, severe headaches or diabetes.

3.1.4.3. Housing

Approximately 10% of individuals who report age discrimination experienced it while attempting to buy or rent a house or apartment. This form of discrimination predominantly affects younger individuals, particularly those under the age of 35, who may face financial constraints that limit their access to adequate housing. A potential consequence is that vulnerable people may be forced to live in substandard or unsafe conditions.

Aggregate data show that the 25-34 age group is the most likely to indicate accommodation problems, with one in three people in this group reporting at least one housing issue. That share drops to 15% for people aged 75+ ⁽¹²¹⁾. The microdata analysis is in line with the aggregate evidence: housing issues are more likely to be mentioned by the 25-34 age group ⁽¹²²⁾. The probability of experiencing housing issues decreases monotonically with age for the remaining age groups.

⁽¹¹⁹⁾ Annex 1, Tables 55 and 56 illustrate the percentage of respondents who indicated suffering from various health problems, by country and age group, respectively.

⁽¹²⁰⁾ Annex 1, Tables 57 and 58 report the estimates from OLS and logit specifications.

⁽¹²¹⁾ Annex 1, Tables 59 and 60 contain the percentage of people reporting problems with their accommodation, by country and age group, respectively.

⁽¹²²⁾ Annex 1, Tables 61 and 62 present the OLS and logit regressions.

Good practice

In 2004, the city of Porto, Portugal, launched the Aconchego Programme, a pioneering initiative designed to address two pressing urban challenges: loneliness and isolation of older adults and the housing needs of university students. With Porto hosting around 70,000 students annually and simultaneously facing one of the highest ageing populations in the country, the programme offered a creative and compassionate solution.

Aconchego facilitates intergenerational home-sharing, where older residents offer spare rooms to university students. In return, students provide companionship and informal support, helping to alleviate the emotional and social isolation often experienced by seniors. This arrangement fosters mutual benefit, creating meaningful relationships across generations and cultures.

The programme has been widely celebrated for its innovation and impact. It received the Innovation@Home award in 2018 and the This is European Social Innovation prize from the European Commission in 2010, 2011 and 2012. It also contributed to Porto's decision to join the WHO's Age-Friendly Cities network, reinforcing its commitment to inclusive urban development.

Over the years, the Aconchego model has inspired similar initiatives in 16 countries, including Australia, Belgium, Canada, and South Korea. While most evaluations have focused on outcomes such as housing affordability and social inclusion, the programme also holds promise for reducing ageism by fostering sustained, direct contact between generations ⁽¹²³⁾.

Accommodation problems are also associated with age discrimination: discriminated-against people are, on average, 14 pp more likely to report issues with their accommodation. The most common issues associated with age discrimination include mould or rot in windows, doors, and floors (5 pp more likely), damp walls or leaking roof (9 pp more likely), and the presence of insects or rodents (5 pp more likely). The analysis reveals no significant associations between age discrimination and the following accommodation problems: absence of indoor flushing toilet, no bath or shower, overcrowding, extremely hot or extremely cold, and noise.

If all age groups who experience discrimination were equally likely to report accommodation issues, eliminating age discrimination could improve the housing situation of 3.5 million individuals ⁽¹²⁴⁾. Under the more conservative assumption that only discriminated-against people below the age of 35 experience barriers to adequate housing, the effect would be lower, at 1.1 million people, still far from negligible.

Quantitative evidence from the Member States

A 2019 Austrian study on the effects of discrimination found that older adults (aged 50+) reported greater satisfaction with the cost and size of their housing compared to younger individuals ⁽¹²⁵⁾. However, they were less content with aspects such as connectivity and access to local amenities. The study also underscored the potentially serious consequences of housing discrimination: almost 10% of those who experienced discrimination in housing stated that it had contributed to them becoming ill.

⁽¹²³⁾ German Marshall Fund of the United States (GMFUS), *Ageing in Place in Porto: The Aconchego Programme*, n.d., <https://www.gmfus.org/gmf-cities/democracy-actions-cities/aging-place-porto-aconchego-program>; AGE Platform Europe, *Intergenerational housing programme in Portugal*, 2019, <https://www.age-platform.eu/intergenerational-housing-program-in-portugal/>

⁽¹²⁴⁾ Estimates based on a low number of respondents who experienced both age discrimination and housing issues. Due to the low number of observations, the effect of age discrimination cannot be broken down by age group.

⁽¹²⁵⁾ Schönherr, D., Leibetseder, B., Moser, W. and Hofinger, C., *Diskriminierungserfahrungen in Österreich: Erleben von Ungleichbehandlung, Benachteiligung und Herabwürdigung in den Bereichen Arbeit, Wohnen, medizinische Dienstleistungen und Ausbildung*, 2019, https://www.arbeiterkammer.at/interessenvertretung/arbeitsundsoziales/gleichbehandlung/Diskriminierungsstudie_2019.pdf

3.1.4.4. Justice

Age discrimination can erode trust in the legal system when individuals feel that existing laws and institutions do not adequately safeguard their rights. Overall, trust in the legal system tends to be lower among older generations ⁽¹²⁶⁾. This pattern is in line with results from individual-level regressions controlling for demographic and socioeconomic characteristics. While 15-to-24-year-olds are 7 pp more likely to trust the legal system compared to their 35-to-44 counterparts, respondents in the 65-75 age group are 4 pp less likely.¹²⁷

Trust levels are lower among people who report age discrimination (-14 pp). The negative relationship between age and trust in the legal system is observed within almost all age groups. Even though respondents aged 75+ who report age discrimination express less trust in the legal system than those who do not experience such discrimination, that difference is not statistically significant at conventional levels.

At the aggregate level, these findings suggest that eliminating age discrimination could yield substantial societal benefits. Based on estimates from individual-level regressions, in the absence of discrimination, over three million additional individuals would express trust in the legal system.

3.1.4.5. Digital technology and media

Inadequate representation in the media and limited digital skills can discourage discriminated-against individuals from engaging with media content and digital services, leading to lower levels of consumption. Overall, older people tend to dedicate more time to watching, reading, and listening about politics and current affairs than their younger counterparts ⁽¹²⁸⁾. These patterns are consistent with estimates from the regression results. Respondents aged 15-24 spend the least time watching, reading, or listening to news about politics and current affairs – 27% less than the 35-44 age group – whereas 75+-year-olds spend the most time, at almost twice as much as the reference group. Respondents who report age discrimination spend 11% more time watching, reading, or listening about politics and current affairs on a typical day ⁽¹²⁹⁾.

In line with lower digital literacy of older generations, regular use of internet decreases with age, from 98% among 15-24-year-olds to 34.3% among 75+-year-olds ⁽¹³⁰⁾ ⁽¹³¹⁾. This result is also observed in the individual-level regressions: 75+-year-olds are 57 pp less likely to use the internet on a regular basis compared to respondents aged 35-44. There is a positive correlation between age discrimination and internet use: respondents who indicate age discrimination are 3 pp more likely to use the internet on a regular basis.

Consistent with these results, the time spent using the internet on a typical day also decreases with age. For example, 75+-year-olds spend 56% less time using the internet

⁽¹²⁶⁾ Annex 1, Table 63 shows the average percentage of people who express trust in the legal system, by country of residence and age group.

⁽¹²⁷⁾ Annex 1, Tables 64 and 65 show the results from OLS and logit regressions, respectively.

⁽¹²⁸⁾ Annex 1, Table 66 shows the average time spent on a typical day watching, reading, or listening to news about politics and current affairs, by country and age group.

⁽¹²⁹⁾ Annex 1, Table 69 shows the results from the individual-level regressions.

⁽¹³⁰⁾ While nearly three-quarters of young adults aged 16-34 possess at least basic digital skills, this figure drops sharply to just 28% among those aged 65-74, highlighting a significant generational digital divide (Eurostat, *Skills for the digital age*, 2025, <https://ec.europa.eu/eurostat/statistics-explained/index.php?oldid=627685#:~:text=In%202023,%2056%20of%20EU%20citizens%20aged,and%20how%20they%20vary%20for%20different%20population%20groups>).

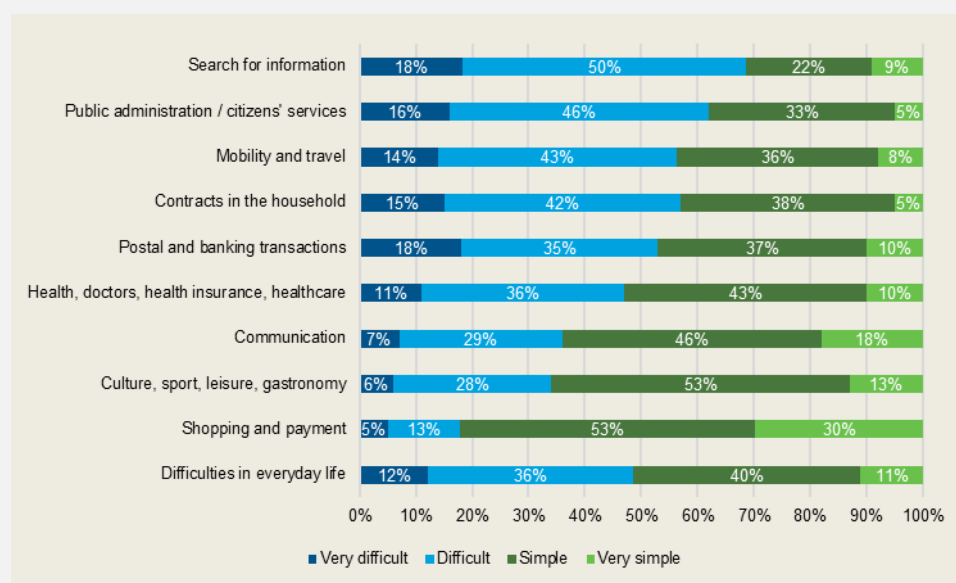
⁽¹³¹⁾ Annex 1, Table 67 shows the percentage of Europeans who use the internet regularly, while Table 68 the daily time spent on the internet. Both measures are broken down by country and age group.

than their 35-to-44-year-old counterparts. People who report age discrimination also spend 21% more time on the internet than those who do not. Several factors may explain this finding: they may be seeking community and support; they may be searching for tailored information; or they may use digital platforms to raise awareness and engage in anti-discrimination activities.

Quantitative evidence from the Member States

A 2022 survey by *Bundesarbeitsgemeinschaft der Seniorenorganisationen* (BAGSO) in Germany highlights the challenges older adults (aged 60+) face when performing certain tasks without internet access⁽¹³²⁾. The most challenging activity is searching for information (66%), followed by interacting with public administration and accessing citizen services (62%). They reported that managing daily tasks without the internet is very difficult (12%) or difficult (36%).

Difficulty in conducting daily activities without the internet (% of respondents)



Source: BAGSO, 2022. *Leben ohne Internet – geht's noch?*

3.1.4.6. Loneliness and social isolation

Stereotypes about the ability of different age groups to participate in social activities can lead to exclusion, limiting opportunities for meaningful interactions. When ageist prejudices are internalised, they can amplify this effect, as diminished self-worth may prompt individuals to voluntarily withdraw from social engagement. These effects are compounded by the well-documented negative of loneliness on health and overall quality of life⁽¹³³⁾.

There is a non-monotonic relationship between age and loneliness⁽¹³⁴⁾. Regression analysis at the individual level confirms that this relationship holds even after accounting for other demographic and socioeconomic characteristics⁽¹³⁵⁾. Compared to 35-to-44-

⁽¹³²⁾ Bundesarbeitsgemeinschaft der Seniorenorganisationen (BAGSO), *Leben ohne Internet – geht's noch?* Ergebnisbericht zu einer Umfrage der BAGSO, 2022, https://www.bagso.de/fileadmin/user_upload/bagso/06_Veroeffentlichungen/2022/Ergebnisbericht_Leben_ohne_Internet_gehts_noch.pdf

⁽¹³³⁾ Park, C., Majeed, A., Gill, H., Tamura, J., Ho, R.C., Mansur, R.B., Nasri, F., Lee, Y., Rosenblatt, J.D., Wong, E. and McIntyre, R.S., 'The effect of loneliness on distinct health outcomes: A comprehensive review and meta-analysis', *Psychiatry Res.*, Vol. 294, 2020, p. 113514, doi: 10.1016/j.psychres.2020.113514.

⁽¹³⁴⁾ Annex 1, Table 70 shows the share of people who feel lonely, by country and age group. Tables 71 and 72 show the percentage of people who do not engage in social meetings and indicate that, compared to other people their age, they take part in social activities much less and less, respectively, than most.

⁽¹³⁵⁾ Annex 1, Tables 73 and 74 present the results from the OLS and logit regressions, respectively.

year-olds, individuals aged 15-24 are 6 pp more likely to indicate that they have felt lonely at least some time during the preceding week. Similarly, people aged 75+ (but not younger cohorts) are 9 pp more likely to feel lonely on a regular basis.

Age discrimination and feelings of loneliness are positively correlated. People who report discrimination on the grounds of age are 27 pp more likely to mention that they have felt lonely at least some time over the preceding week. Broken down by age group, the correlation is statistically significant for respondents aged 55+, indicating that the negative effect of age discrimination on social isolation is especially strong among the older generations.

In line with these results, the probability of reporting at most one social meeting a month increases with age. Age discrimination further increases this probability, by 4 pp, with the effect driven by people aged 15-24 (6 pp more likely) and those aged 55-64 (9 pp more likely).

When asked to assess how their social engagement compares to that of most people their age, young people are 9 pp less likely to indicate that they participate less in social activities, whereas people aged 75+ are 6 pp more likely. Age discrimination exacerbates this probability by 14 pp. The effect is observed within all age groups, ranging from 10 pp for 45-to-54-year-olds and 75+-year-olds to 19 pp for 35-to-44-year-olds.

Eliminating age discrimination could significantly reduce feelings of social exclusion across the population. Estimates suggest that, in its absence, approximately 4.7 million people would no longer experience loneliness, representing over 1% of the EU population. Additionally, 620,000 individuals would participate in more than one social event per month, and 3.1 million would no longer perceive their level of social engagement as lower than that of their peers.

3.1.4.7. Political participation

This section presents evidence of the correlation between age discrimination and individuals' evaluation of the political system, their trust in politicians and political parties, and civic engagement.

Assessment of the political system and trust

Age discrimination and ageism can erode trust in the political system by fostering perceptions of unfairness, diminishing feelings of representation, and reinforcing the belief that the voices of those affected are not valued in policy-making. This section presents quantitative evidence on how age discrimination shapes individuals' perceptions of the political system and their trust in it.

When compared to older people, young respondents are the least likely to consider that the political system does not allow them to have a say in what the government does⁽¹³⁶⁾. Estimates from individual-level regressions that control for other characteristics show that the 15-24 age group is 13 pp less likely to share this view than the 35-44 age group⁽¹³⁷⁾, while differences between other age groups are smaller and usually insignificant. Age discrimination increases the probability by 10 pp. When breaking down the effect by age group, it appears driven primarily by respondents aged 45-54 and those aged 65+.

⁽¹³⁶⁾ Annex 1, Tables 75-78 provide summary statistics for the outcomes discussed in this section, by country and age group.

⁽¹³⁷⁾ Annex 1, Tables 79 and 80 report the results from OLS and logit regressions estimated at the individual level.

Older generations are less likely to consider that the political system allows people to have an influence on politics. While 15-to-24-year-olds are 12 pp less likely to hold this view relative to the baseline group, people aged 75+ are 5 pp more likely. Age discrimination also increases the probability of considering that the political system does not allow people to influence politics by 10 pp. Within age groups, discrimination increases the likelihood of holding this view among older cohorts (aged 55+), although a marginally significant effect is also observed for 15-to-24-year-olds.

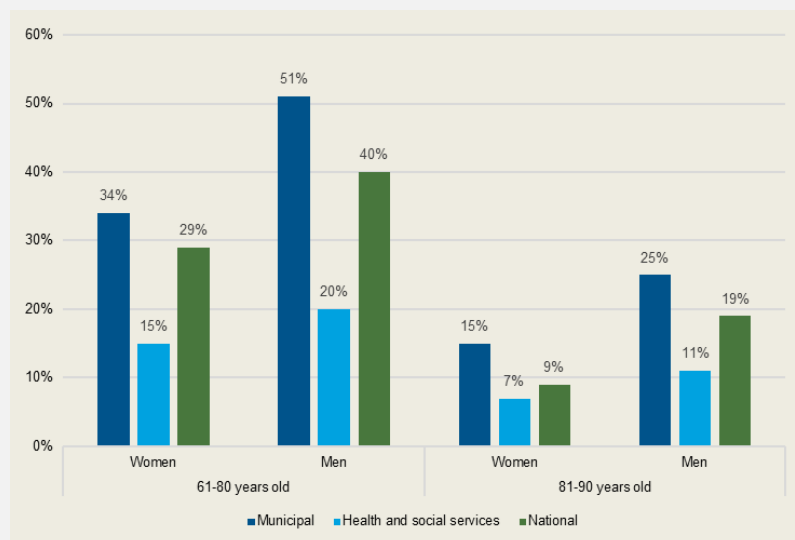
When considering trust in politicians and political parties, the relationship with age is non-monotonic. For instance, trust levels are high among respondents aged 15-24 (8 pp more for politicians and 12 pp more for political parties compared to the baseline age group) and 75+ (9 pp more for politicians and 6 pp more for political parties compared to the baseline age group). Trust is lower for respondents aged 25-64. Consistent with the previous results, age discrimination is associated with a drop in trust in politicians (15 pp) and political parties (11 pp). This negative correlation is observed for all age groups, although the differences are not always statistically significant.

The broader implications of age discrimination should not be overlooked. In its absence, an estimated 1.6 million additional people would feel that the political system allows them to have a say in governmental actions, and two million additional people would believe they can influence politics. Additionally, 2.5 million more individuals would express trust in political parties, while 3.6 million would place greater trust in politicians.

Political representation

Ageist prejudice can impact political representation and amplify the disconnect between the electorate and their representatives⁽¹³⁸⁾. A survey by the Finnish Pensioners' Federation in 2021 found that only 38% of the Finnish population aged 60+ believed they were adequately represented in municipal politics. The shares were lower for health and social services (16%) and national politics (31%). As the figure below shows, the lack of representativeness was felt more acutely by women (across all generations) and older people.

Are people your age adequately represented in politics? (% of respondents)



Source: Eläkeliitto & Tutkimustie Oy, +60-barometri: Yli 60-vuotiaiden hyvinvointi ja arki, 2021.

Individual participation in the political system

⁽¹³⁸⁾ Eläkeliitto & Tutkimustie Oy, +60-barometri: Yli 60-vuotiaiden hyvinvointi ja arki, 2021, https://elakeliitto.fi/sites/default/files/2021-09/El%C3%A4keliitto_%2B60-barometri_2021.pdf

Older people express greater interest in politics than younger people ⁽¹³⁹⁾. After controlling for demographic and socioeconomic characteristics, respondents aged 65-74 show the greatest interest (18 pp more than the reference age group), while respondents aged 25-34 show the smallest interest (2 pp less than the baseline group). People who report age discrimination are 11 pp more likely to indicate that they are interested in politics, with most of the effect being explained by people aged less than 45 or 55-64 ⁽¹⁴⁰⁾.

Greater interest in politics does not translate into higher turnout. While the probability of voting in a general election increases with age and peaks for the 65-74 age group, there is no statistically significant difference between people who report age discrimination and those who do not.

Overall, these findings suggest that while age discrimination may deepen disenchantment with the political system, it does not dampen interest in politics; in fact, quite the opposite. However, this heightened interest does not translate into increased electoral participation.

3.1.4.8. Social cohesion

Age discrimination can undermine social cohesion by eroding intergenerational trust, which in turn weakens solidarity and collective action. This erosion of trust is particularly concerning given the pronounced disparities in trust levels observed across Member States and age groups ⁽¹⁴¹⁾. When accounting for demographic and socioeconomic characteristics, younger and older respondents are more likely to express trust in others ⁽¹⁴²⁾. For example, 15-to-24-year-olds and 65-to-74-year-olds are approximately 2 pp more likely to mention that they tend to trust other people, compared to respondents aged 35-44.

Good practice

Launched in 2006 and currently operating under the federal programme *Mehrgenerationenhaus, Miteinander – Füreinander* since 2021, Germany's multigenerational houses are community-based centres designed to foster social cohesion and address the challenges of demographic change. Funded by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, the initiative supports over 530 houses across the country.

These centres serve as inclusive meeting points for people of all ages, offering a wide range of services and activities that promote intergenerational exchange, mutual support, and civic engagement. Typical offerings include childcare, senior support, digital literacy training, language courses, and cultural events, all under one roof. The model encourages older adults to remain active and socially connected, while also providing younger generations with mentorship and support. The programme specifically targets local communities facing demographic shifts, such as ageing populations, rural depopulation, or social fragmentation. By bringing generations together, the houses help to strengthen neighbourhood ties, reduce loneliness, and create more resilient communities.

According to the 2021-2024 evaluation report, the multigenerational houses have had a positive social impact, contributing to more equal living conditions across regions. They have proven especially valuable in supporting local responses to demographic change, offering flexible, community-driven solutions that adapt to local needs ⁽¹⁴³⁾.

⁽¹³⁹⁾ Annex 1, Tables 81 and 82 illustrate the percentages of people expressing an interest in politics and having voted, by country and age group.

⁽¹⁴⁰⁾ Annex 1, Tables 83 and 84 show the results from the OLS and logit regressions, respectively.

⁽¹⁴¹⁾ Annex 1, Table 85 presents the percentage of individuals who report trusting other people, by age and country of residence.

⁽¹⁴²⁾ Annex 1, Tables 86 and 87 present the results from OLS and logit regressions at the individual level.

⁽¹⁴³⁾ Valtin, A., Eckl, V., Ekert-Kaiser, S., Klische, L., Groß, R. and Theel, T., *Zwischenbericht zur Evaluation im Bundesprogramm Mehrgenerationenhaus. Miteinander – Füreinander (2021–2028). Evaluationszeitraum: 2021–2024*, INTERVAL GmbH, Berlin, 2024,

Individuals who report age discrimination are 14 pp less likely to trust others. Within each age group, discrimination is associated with a lower level of trust, especially among young and older respondents. Overall, eliminating age discrimination could increase the number of people who trust others by 3.2 million, boosting EU trust levels by 0.8 pp.

This finding has important implications, as the literature has documented a positive correlation between trust, economic growth and development ⁽¹⁴⁴⁾. In other words, the costs of age discrimination are greater than simply those arising from lost income due to unemployment.

https://www.mehrgenerationenhaeuser.de/fileadmin/Daten/Zwischenbericht_BPMGH_Evaluationszeitraum_2021-2024-2.pdf

⁽¹⁴⁴⁾ Zak, P.J. and Knack, S., 'Trust and Growth', *Economic Journal*, Vol. 111, 2001, pp. 295-321; Bjørnskov, C., 'How does social trust affect economic growth?', *Southern Economic Journal*, Vol. 78, Issue 4, 2012, pp. 1346–1368.

3.1.5. Qualitative evidence on the impacts of age discrimination and ageism

This section presents the evidence on the impacts of discrimination based on data collected from the surveys of individuals, NAs and CSOs, and interviews with individuals.

According to the NA survey (n=21) ⁽¹⁴⁵⁾, key themes for impacts of ageism and age discrimination are exclusion and marginalisation from society and services, limited access to opportunities and resources, economic and financial insecurity, health and well-being disparities, and reduced participation and representation. These themes reflect the wide-ranging and detrimental effects of age discrimination and ageism on individuals, communities, and society as a whole. Stereotyping and ageist assumptions play a significant role in contributing to these impacts, as they can limit access to opportunities, resources, and services, and exacerbate existing disparities.

Exclusion and marginalisation from society and services

Age discrimination and ageism can lead to exclusion and marginalisation from society and services. This impact is evident across various policy areas, such as access to justice and services, digital technology, education, training, and employment. Some NAs (BE, PT, SK, FI) suggest that stereotypes, limited mobility, and restricted access to legal resources can result in unequal treatment within the legal system. In terms of access to services, several NAs (BE, DE, EE, NL, SK, FI, SE) highlight that people of various ages are denied access to financial services, affecting their autonomy and increasing marginalisation.

Limited access to opportunities and resources

Limited access to opportunities and resources is another significant impact of age discrimination and ageism. This impact is particularly apparent in the digital technology, education, training, and employment spheres. Five NAs (BE, DE, EE, IE, FI) note that limited digital skills and literacy among older adults can restrict their access to information, services, and communication. Three NAs (EE, EL, PL) report exclusion from educational and vocational training, leading to social exclusion and a lack of skills. In the employment sector, five NAs (BE, EL, HR, AT, SK) highlight the detrimental effects of stereotyping and ageist assumptions on job opportunities for individuals of various ages, particularly older workers. These assumptions can limit access to opportunities and resources, as employers may be less interested in hiring older people due to perceived performance and health issues. One interviewee from the Netherlands says:

When I was 50, I tried to get a job, but I saw that the team members were below 30 and this disincentivised me from applying for the position.

-female, the Netherlands, aged 70

Economic and financial insecurity

Age discrimination and ageism can contribute to economic and financial insecurity across different age groups. This impact is evident in the areas of employment, housing, and social protection. Four NAs (DE, EE, SK, FI) emphasise the economic implications of age discrimination, with younger individuals facing challenges in securing stable

⁽¹⁴⁵⁾ NA survey: Q12: What are the main impacts of age discrimination and ageism in your country in the below areas? (n=21).

employment and accessing social benefits (BE). Housing precarity, insufficient funds, and low access to public housing are reported by three NAs (BE, EE, SK), while older people may face a higher risk of poverty due to low average old-age pensions.

Health and well-being disparities

Age discrimination and ageism can contribute to health and well-being disparities across different age groups. Two NAs (EE, FI) report impacts such as difficulties in daily life, decreased independence, and challenges in accessing appropriate healthcare services. One interviewee from Germany states:

I am worried that everything will be decided over my head and I will have to accept these decisions, that because of my age I will no longer be able to defend myself.

-male, Germany, aged 66

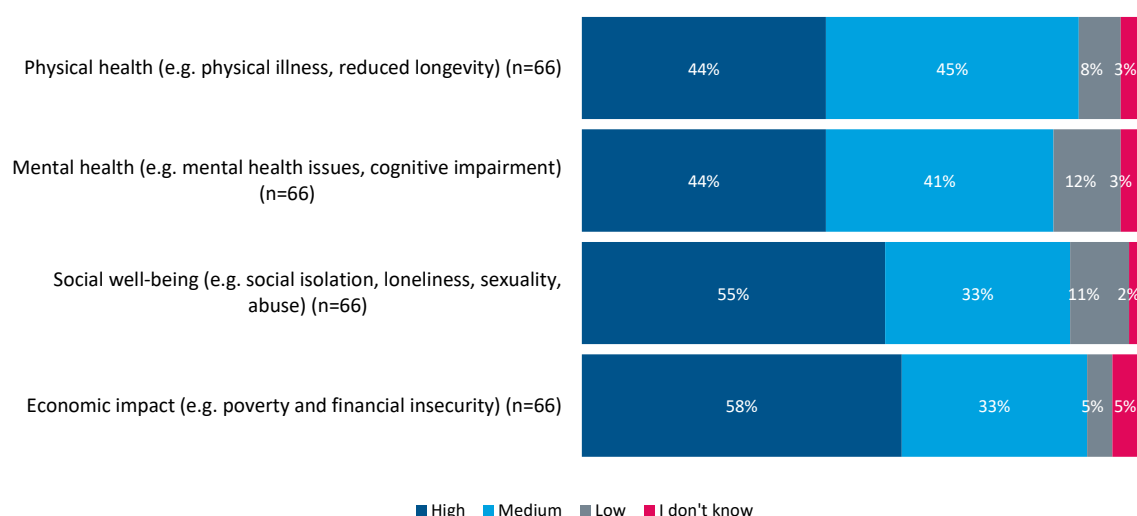
Ageist assumptions in healthcare settings may lead to less thorough or tailored care, delayed interventions, and dismissal of health concerns for individuals of various ages, according to three NAs (BE, EL, SK).

Reduced participation and representation

Reduced participation and representation are significant impacts of age discrimination and ageism. This impact is evident in the areas of media, advertising, political participation, and transport. The French NA highlights concerns about the representation and expression of older people in media and advertising. Two NAs (BE, SK) report that older citizens can be marginalised in political debates, while younger people may be overlooked due to perceived inexperience, restricting full and diverse civic participation. In the transport sphere, three NAs (BE, EE, FI) highlight that age discrimination and ageism can lead to reduced mobility and participation, with older citizens dealing with limited mobility and inadequate transportation options, and younger citizens facing issues with transport affordability.

The CSO survey asked respondents about their perceptions of the prevalence of given consequences (physical health, mental health, social well-being, economic impact). Overall, across dimensions, the combined 'high' and 'medium' answers range between 91% for economic impact and 85% for mental health: 58% and 55% of organisations, respectively, chose 'high' for economic impact and social well-being, while 44% chose 'high' for both physical and mental health.

Figure 25. CSO survey: Q18 In your perception, what is the prevalence of the following consequences of ageism and age discrimination in your country/region of work? (n=66)



A total of 47 respondents provided further details ⁽¹⁴⁶⁾. Discrimination in the workplace emerges as a prominent theme, with 45% of respondents (n=21) highlighting its pervasive impact. Some respondents note that ageism in the workplace affects both older and younger individuals, with older people often facing barriers to job opportunities. One respondent says, 'Employment discrimination exists and has an impact on the revenues of the future pensioners'. Another points out that ageism combines with other forms of discrimination, particularly affecting women and minorities, leading to feelings of devaluation and humiliation.

Social isolation is highlighted by 40% of respondents (n=19), who describe how ageism leads to loneliness and a lack of participation in community life. One respondent notes, 'Social isolation is one of the main effects, as ageist stereotypes can reduce seniors' chances of actively participating in community life'. The intersectionality of ageism with other identities, such as being LGBTIQ+, exacerbates isolation.

Economic challenges are mentioned by 40% of respondents (n=19), who point to the financial insecurity faced by older adults due to ageism. Respondents note issues such as high insurance premiums, denial of credit facilities, and involuntary retirement. One respondent states, 'The economic impact is the highest because when one leaves the workforce earlier than expected, the financial consequences remain during all the life after work'.

Access to services is a concern for 34% of respondents (n=16). Some note that older adults face difficulties accessing essential services, particularly in the digital age. One respondent from Portugal highlights the challenges posed by digitalisation: 'Access to essential services has become restricted for older people, as there is still a significant rate of digital exclusion'.

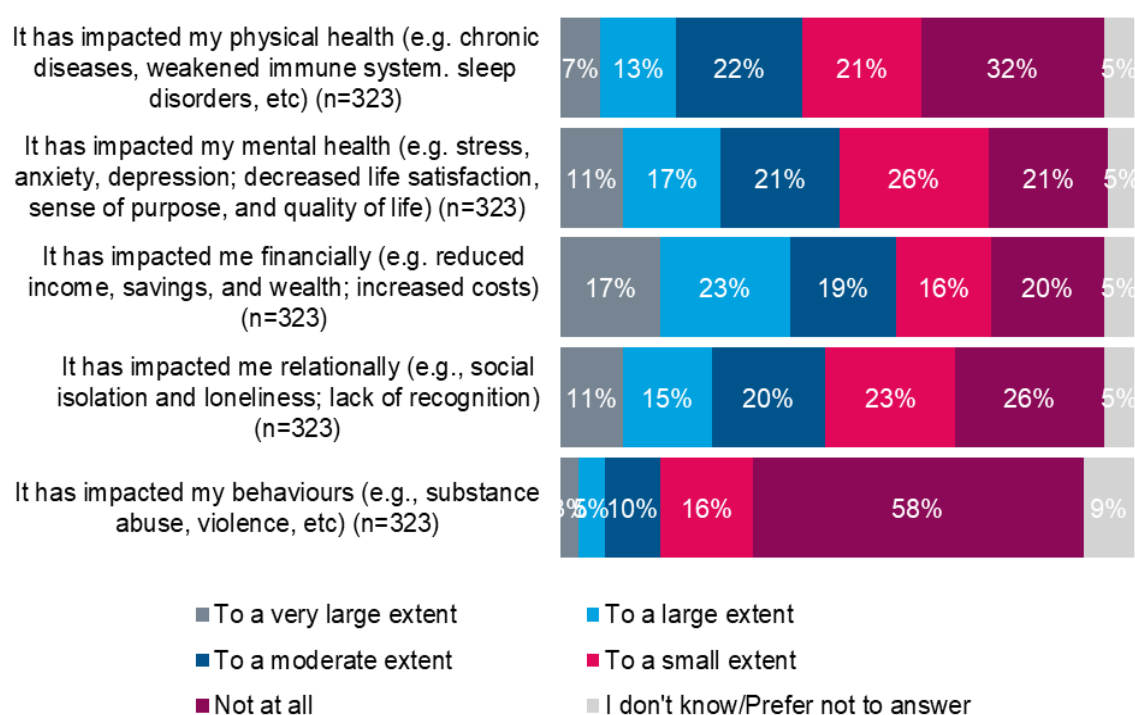
Mental health is mentioned by 23% of respondents (n=11), who describe the psychological impact of ageism and age discrimination. Feelings of invisibility, low self-esteem, and depression are common, with one respondent noting that, 'Internalised

⁽¹⁴⁶⁾ CSO survey: Q18A Please provide further details on the consequences of ageism and age discrimination (n=47).

ageism is the most common form of ageism among older persons... leading to feelings of anger, insecurity, and hopelessness’.

The survey of individuals asked about the extent to which ageism and age discrimination negatively impact respondents’ life across five dimensions (physical health, mental health, financially, relationally, behaviourally). Finances are the most impacted area, with 59% of respondents answering that age discrimination impacts them financially to a very large, large or moderate extent. This is particularly the case for respondents aged 55-64 (74%), 45-54 (68%), and 25-34 (63%), while the impact was lower by at least 12 pp for the other age groups, and as much as 26 pp for the least impacted group, those aged 35-44 (37%). Mental health is the second most impacted area, at 49% (very large: 11%; large: 17%; moderate: 21%), with respondents aged 18-24 (70%) and those aged 55-64 (65%) most impacted. They are followed by relationally (46%) with respondents aged 55-64 the most impacted (67%), and physical health (42%), with respondents aged 55-65 the most impacted (56%). Behaviour is the least impacted area of life, with only 17% of respondents noting that age discrimination impacts their behaviour to a very large, large or moderate extent (17%) ⁽¹⁴⁷⁾.

Figure 26. Survey of individuals: Q14 To what extent has ageism and age discrimination negatively impacted your life?



When the survey asked individuals to elaborate on the impacts of ageism and age discrimination on their lives (n=167) ⁽¹⁴⁸⁾, one of the most prevalent themes that emerged is the experience of discrimination and stereotypes, mentioned by 41% of respondents (n=69). Many individuals report being judged solely based on their age rather than their abilities, leading to feelings of disrespect and marginalisation. Stereotyping and ageist

⁽¹⁴⁷⁾ This large gap may be due at least in part to a social desirability bias in survey responses, which refers to the tendency of respondents to answer questions in a way that they believe will be viewed favourably by others, rather than providing truthful or accurate responses. This bias occurs because people often want to present themselves in a positive light, avoid embarrassment, or align with perceived social norms. A feature of the bias in survey responses is the underreporting of behaviours that are perceived as socially unacceptable or undesirable.

⁽¹⁴⁸⁾ Survey of individuals: Q15 Please elaborate on how ageism and discrimination has impacted your life (n=167).

assumptions can contribute to the exclusion of individuals from various aspects of society, limiting their opportunities to engage fully in their communities.

Financial challenges emerge as a prominent theme, with 22% of respondents (n=37) highlighting the impact on economic instability. Difficulties in securing loans, mortgages, and facing reduced income and limited job opportunities are common experiences. These challenges often lead to a lower standard of living, reflecting the impact of economic and financial insecurity. A related theme is career development and stagnation, reported by 24% of respondents (n=24). Age-related biases often result in stalled career progression, denied access to management positions, and blocked advancement in favour of younger candidates.

Mental health and emotional well-being emerges as a theme in the open-ended responses, highlighted by 19% of respondents (n=31). Respondents report feelings of depression, anxiety, and low self-esteem, with one individual writing, 'My self-esteem has plummeted. I'm tired and empty'. One interviewee from Czechia states:

One feels inferior, undervalued. I would like to pass on my experience, but there is no interest. It lowers your self-esteem.

-female, Czechia, aged 56

Another 12% of respondents (n=20) mention barriers to services and participating in society, such as access to jobs, social activities, and healthcare. Social isolation and support are concerns for 12% of respondents (n=20), particularly post-retirement.

The interviews asked individuals about the most significant personal impacts of discrimination (n=146) ⁽¹⁴⁹⁾. The most frequently cited impact is on mental health (e.g. stress, anxiety, depression), at 81%, followed by impacts on individuals' relational well-being, at 47%. Financial repercussions are also a substantial concern (33%). Effects on physical health (e.g. chronic disease, weakened immune system, sleep disorders) are reported with a lower frequency (11%).

Table 3. Most frequently reported impacts of discrimination, by age group (individual interviews)

Age group	Mental health	Relational well-being	Financial repercussions	Physical health	Behavioural issues
Age <18	50%	50%	50%	0%	0%
Age 18-24	55%	35%	20%	0%	5%
Age 25-34	81%	50%	19%	8%	0%
Age 35-44	71%	71%	14%	29%	0%
Age 45-54	50%	50%	25%	0%	25%
Age 55-64	62%	31%	54%	23%	0%
Age 65-74	71%	35%	31%	10%	2%
Age 75+	43%	22%	13%	4%	0%

⁽¹⁴⁹⁾ Survey of individuals: Q3/Q4 Can you describe a specific incident or situation where you felt you were treated unfairly because of your age?/Have you experienced different forms of age discrimination from different sources?

{Under 18 (n=2); age 18-24 (n=20); age 25-34 (n=26); age 35-44 (n=7); age 45-54 (n=4); age 55-64 (n=13); age 65-74 (n=51); age 75+ (n=23)}.

Female respondents (n=94) most frequently report mental health issues (66%); relational impacts (39%), financial impacts (32%) and physical health impacts (e.g. chronic diseases, weakened immune system, sleep disorders, at 11%). Similarly, male respondents (n=52) report impacts on mental health (62%), relational impacts (35%), financial impacts (15%) and physical health impacts (6%).

Overall, mental health is significantly impacted, with common experiences of lost self-esteem/confidence, feelings of worthlessness, despair, and hopelessness. Discrimination leads to frustration, anger, anxiety, stress, emotional exhaustion, burnout, or depression. One interviewee from Germany explains:

Realising I am not being taken seriously makes me frustrated and angry. Why make an effort if I am not being listened to anyway? Tokenism, standing there for the photo but not being listened to, makes you frustrated and wonder why you should invest your time.

-female, Germany, aged 24

Resilience is also highlighted, with individuals challenging discrimination or developing coping mechanisms. From a financial point of view, consequences are severe: difficulty finding or retaining employment, job loss, unemployment, precarious and/or low-paying jobs, and financial insecurity. This results in reduced income, difficulty affording necessities, depleted savings, increased costs, and diminished pensions, with a tangible fear of poverty in old age and economic exploitation. Relational impacts include social isolation and loneliness, especially in old age or after job loss. Individuals feel disregarded, undervalued, or excluded. Intergenerational tensions, lack of recognition, and feeling burdened by stereotypes are commonly reported. Physical health is mentioned less frequently but includes stress-related symptoms, physical constraints from discriminatory healthcare, mobility limitations, and concerns about declining health being met with poor treatment. Behavioural responses vary from withdrawal and self-limitation to active stances such as self-advocacy, challenging discrimination, seeking new opportunities, or joining associations.

3.1.6. Severity of ageism and age discrimination

The survey of individuals provides insights into the perceived severity of ageism and age discrimination across various policy areas. The data reveal two distinct groups of policy areas based on perceived severity level. Group 1 and Group 2 include, respectively, the top five and the remaining six policy areas where age discrimination is perceived as most/least severe, as evidenced by: the percentages of respondents reporting 'Very high' or 'High' levels of discrimination in Q10 ⁽¹⁵⁰⁾; and the mean severity score, modal category, and top-three percentage for Q10A ⁽¹⁵¹⁾.

Employment emerges as the area with the highest perceived severity of discrimination in both Q10 and Q10A. In Q10, a combined 50% of respondents indicate either 'Very high' (29%) or 'High' (21%) levels, increasing to 67% with the addition of 'Moderate'. This trend is particularly pronounced among the 45-54 age group,

⁽¹⁵⁰⁾ Survey of individuals: Q10 In your view, how severe is the ageism and/or age discrimination you have experienced in the following areas? (n=323).

⁽¹⁵¹⁾ Survey of individuals: Q10A Please rank the types of age discrimination you have experienced in order of severity (n=251).

which reports the highest percentage (55%) of very high severity and the highest combined percentage (74%) of very high or high severity. The 55-64 age group follows closely, with 42% reporting very high severity. There is a 5 pp difference between females (51%) and males (46%). Employment also ranks first in Q10A, with a mean severity score of 3.1, with the modal category being 1, and 65% of respondents selecting it as one of the top three severity categories.

Social protection ranks second in both Q10 and Q10A. In Q10, 35% of respondents report either 'Very high' or 'High' levels of discrimination, increasing to 54% when including 'Moderate'. The 45-54 age group has the highest percentage (29%) reporting very high severity, followed by the 35-44 age group (25%), with no notable differences between genders. In Q10A, social protection has a mean severity score of 3.7, with a modal category of 2, and 54% of respondents selecting it as one of the top three severity categories.

Digital technology ranks third in Q10, with 34% of respondents indicating either 'Very high' or 'High' levels of discrimination, increasing to 52% with the addition of 'Moderate'. The digital technology domain reveals a significant disparity between age groups, with the 55-64 age group having the highest percentage (18%) reporting very high severity and the highest combined percentage (50%) of very high or high severity. By contrast, the 18-24 age group has 0% reporting very high or high severity. Females (36%) have a slightly higher percentage of very high or high severity in digital technology compared to males (31%). In Q10A, digital technology ranks fifth, with a mean severity score of 4.4, a modal category of 4, and 42% of respondents selecting it as one of the top three severity categories.

Healthcare ranks fourth in both Q10 and Q10A. In Q10, 33% of respondents report either 'Very high' or 'High' levels of discrimination, increasing to 51% when including 'Moderate'. The 45-54 age group has the highest percentage (45%) reporting very high or high severity. Conversely, only 10% of respondents aged 18-24 experience severe age discrimination in this area. Females (33%) and males (34%) report similar levels. In Q10A, healthcare has a mean severity score of 4.3, with a modal category of 1, and 42% of respondents selecting it as one of the top three severity categories.

Access to services ranks fifth in Q10, with 29% of respondents indicating either 'Very high' or 'High' levels of discrimination, increasing to 50% with the addition of 'Moderate'. The 35-44 age group reports the highest percentage (25%) of very high severity, and the 45-54 age group has the highest combined percentage (39%) of very high or high severity, with no significant gender differences. In Q10A, access to services ranks third, with a mean severity score of 3.7, modal category of 3, and 51% of respondents selecting it as one of the top three severity categories.

Mobility and transport ranks sixth in Q10, with 24% of respondents reporting either 'Very high' or 'High' levels of discrimination, increasing to 47% when including 'Moderate'. Mobility and transport show a higher percentage of females (20%) reporting high severity compared to males (11%), with the 65-74 age group having the highest percentage (22%) reporting high severity. In Q10A, mobility and transport ranks ninth, with a mean severity score of 6.9, modal category of 10, and 17% of respondents selecting it as one of the top three severity categories.

Media and advertising ranks seventh in Q10, with 23% of respondents indicating either 'Very high' or 'High' levels of discrimination, increasing to 46% with the addition of 'Moderate'. Females (20%) have a higher percentage reporting high severity compared to males (9%), with the 55-64 age group having the highest percentage (24%) reporting high severity. In Q10A, media and advertising ranks tenth, with a mean severity score of

7.0, modal category of 9, and 16% of respondents selecting it as one of the top three severity categories.

Political and civic participation ranks eighth in Q10, with 23% of respondents reporting either 'Very high' or 'High' levels of discrimination, increasing to 41% when including 'Moderate'. Political and civic participation shows the highest percentage (30%) of high severity among the 18-24 age group, with no significant gender differences. In Q10A, political and civic participation ranks 11th, with a mean severity score of 7.6, modal category of 11, and 15% of respondents selecting it as one of the top three severity categories.

Housing ranks ninth in Q10, with 22% of respondents indicating either 'Very high' or 'High' levels of discrimination, increasing to 41% with the addition of 'Moderate'. Housing discrimination is most severe for the 18-24 age group, with 50% reporting very high or high severity, and no notable differences between genders. In Q10A, housing ranks seventh, with a mean severity score of 6.1, modal category of 8, and 22% of respondents selecting it as one of the top three severity categories.

Education and training ranks tenth in Q10, with 20% of respondents reporting either 'Very high' or 'High' levels of discrimination, increasing to 40% when including 'Moderate'. Education and training show the highest combined percentage (29%) of very high or high severity among the 45-54 age group, followed by the 55-64 age group (24%), with similar levels reported by females (23%) and males (15%). In Q10A, education and training ranks sixth, with a mean severity score of 5.7, modal category of 6, and 24% of respondents selecting it as one of the top three severity categories.

Access to justice ranks 11th in Q10, with 13% of respondents indicating either 'Very high' or 'High' levels of discrimination, increasing to 28% with the addition of 'Moderate'. Respondents aged 35-44 and 45-54 report the highest levels of very high or high severity (19% for both age groups), while only 5% of those aged 25-34 experience the same level of severity, with no substantial differences between genders. In Q10A, access to justice ranks eighth, with a mean severity score of 6.3, modal category of 5, and 25% of respondents selecting it as one of the top three severity categories.

Table 4. Ranking of policy areas for severity of ageism and age discrimination

Policy Area	Q10 Rank, very high/high	Q10 % very high & high severity	Q10 Rank, very high to moderate	Q10 % very high to moderate	Q10 A Rank	Q10 A Mean score	Modal category	Q10 A Top 3 %
Group 1								
Employment	1	50%	1	67%	1	3.1	1	65%
Social protection	2	35%	2	54%	2	3.7	2	54%
Digital technology	3	34%	3	52%	5	4.4	4	42%
Healthcare	4	33%	4	51%	4	4.3	1	42%
Access to services	5	29%	5	50%	3	3.7	3	51%

Policy Area	Q10 Rank, very high/high	Q10 % very high & high severity	Q10 Rank, very high to moderate	Q10 % very high to/moderate	Q10 A Rank	Q10 A Mean score	Modal category	Q10 A Top 3 %

Group 2

Mobility and transport	6	24%	6	47%	9	6.9	10	17%
Media and advertising	7	23%	7	46%	10	7.0	9	16%
Political and civic participation	8	23%	8	41%	11	7.6	11	15%
Housing	9	22%	9	41%	7	6.1	8	22%
Education and training	10	20%	10	40%	6	5.7	6	24%
Access to justice	11	13%	11	28%	8	6.3	5	25%

Notes: Modal category refers to the severity rank chosen most often by the respondents for a particular policy area. It represents the most common response or the one selected by the largest number of respondents. For example, for employment, the modal category is 1, i.e. more respondents assigned a severity rank of 1 to employment than any other rank. A top 3 in % shows the percentage of respondents that have ranked the severity of discrimination, according to Q10A, in a specific area of life in their first three choices.

3.1.6.1. Intersectional experience and impact of discrimination

The survey of individuals asked respondents to indicate whether they experienced discrimination based on the combination of age and intersectional traits (gender, race/ethnicity, disability status, LGBTIQ+ status, religion, or other characteristics), using a multiple-choice format ⁽¹⁵²⁾. In an open-ended question, respondents could provide their views on how intersectional characteristic affect their age discrimination experiences ⁽¹⁵³⁾.

Of the 323 respondents that provide answers to Q12, 20% note experiences of age discrimination based on gender, 13% select Other (e.g. physical appearance, parental status); 8% based on disability status, and 5% based on race/ethnicity and LGBTIQ+ status. Only 4% of respondents note experiences of age discrimination based on religion. Some 40% of respondents report no experiences of discrimination based on the combination of age and other aspects of their identity.

Gender emerges as a prominent factor across all areas, with the highest percentages in media and advertising (34%), employment (32%), and political and civic participation

⁽¹⁵²⁾ Survey of individuals: Q12 Have you experienced discrimination based on the combination of your age and other aspects of your identity, such as your gender, race / ethnicity, disability status, sexual orientation, religion, or other characteristics? (n=323).

⁽¹⁵³⁾ Survey of individuals: Q19 How do you think other aspects of your identity (such as your gender, race, ethnicity, disability status, sexual orientation, religion, or other characteristics) affect your experiences of discrimination based on age? (n=213).

(27%). Conversely, gender-based age discrimination appears least prevalent in housing (18%), digital technology (18%), and access to services (18%).

The 'Other' category, which includes factors such as physical appearance and parental status, consistently ranks among the top three most significant considerations across all areas, with the highest percentages in employment (22%) and housing (19%). This category appears least relevant in mobility and transport (10%) and political and civic participation (10%), although it still represents a notable proportion of respondents in these areas.

Disability status is a significant consideration, particularly in areas such as mobility and transport (21%), access to justice (16%), and healthcare (12%). However, it appears less relevant in education and training (1%) and media and advertising (4%).

Race and ethnicity are notable factors in access to justice (14%) and access to services (14%), suggesting the compounding effects of age and racial/ethnic discrimination. However, race and ethnicity seem least relevant in digital technology (1%) and media and advertising (2%).

Being LGBTIQ+ is most significant in media and advertising (13%) and mobility and transport (6%), highlighting the specific challenges faced by LGBTIQ+ individuals in these domains. However, it appears less relevant in digital technology (3%) and education and training (3%).

Religion emerges as a relevant consideration for smaller but meaningful groups, particularly in access to justice (7%), social protection (7%), and media and advertising (6%). However, it appears least significant in digital technology (6%) and mobility and transport (0%), suggesting that the intersection of age and religious identity may be less salient in these domains.

In Q19, many respondents describe experiencing compound discrimination due to multiple aspects of their identity. Several note that older women face significant barriers in the labour market, often being overlooked for promotions or job opportunities. One respondent says, 'Gender really impacts with age - older women are often financially excluded, the gender pay, and pension gap is large'.

Another respondent describes the intersection of age, gender, and race/ethnicity, as 'Any form of discrimination is amplified through intersectionality. Older women experience more discrimination than older men. Older women that are black or brown even more so'. This highlights the layered nature of discrimination faced by many individuals.

Other respondents point out that their sexual orientation or ethnicity compound the discrimination they face. One states, 'If, in addition to being older, you are an immigrant or have a non-heterosexual sexual orientation, discrimination is guaranteed in every sense'. Another respondent underlines their own privilege: 'I am white, so this 90/100 positively influences those around me who are white like me, but without any specific merit'.

3.2. Work of CSOs

This section looks at the main areas of focus of CSOs' work, i.e. equality and non-discrimination considerations, and the operational activities of CSOs involved in age-related advocacy and other activities. It gives insights into the challenges for CSOs, and the strategies used to combat ageism and age-related discrimination.

Summary of key findings

The study's findings highlight the multifaceted nature of CSO activities in advancing age-related equality and broader social advocacy.

Older people CSOs mostly engage in education and training, healthcare, and social isolation and loneliness, whereas younger people CSOs focus predominantly on political participation and employment. Mental health and well-being and civic participation are shared areas of focus among all CSOs, reflecting a concerted effort to address systemic ageism and related inequalities, while putting the individual person at the centre of their work.

The intersectionality of discrimination is widely acknowledged, with older people CSOs and other type of work/advocacy organisations working mainly on the intersection of age and disability and sex/gender. Younger people CSOs also consider the intersection with sex/gender a priority, although disability is less of a focus, instead considering other non-listed grounds such as physical appearance, parental status or mental health conditions.

CSOs widely believe that intergenerational communication and collaboration are crucial for combating ageism and fostering solidarity, translating into various activities such as intergenerational centres, initiatives promoting mutual teaching of skill/s, or facilitating democratic conversations across age groups online. Structural collaboration between organisations representing different age groups is lacking.

Lastly, CSOs face challenges related to ageist cultures/societal perceptions and low awareness of ageism, limited funding and resources, and a lack of data and intersectional approaches in practice. These challenges may also be reflected in the assessment of the comprehensiveness of CSOs work which is assessed as somewhere between 'not very comprehensive' and 'somewhat comprehensive', with younger people CSOs slightly more positive and CSOs focused on other type of work/advocacy slightly more critical. This points to the need for more focused policy interventions and strategic coordination. For age-related equality to be successfully incorporated into larger anti-discrimination initiatives, it is necessary to address these constraints via enhanced advocacy, heightened public involvement, and consistent funding.

Detailed evidence supporting key findings

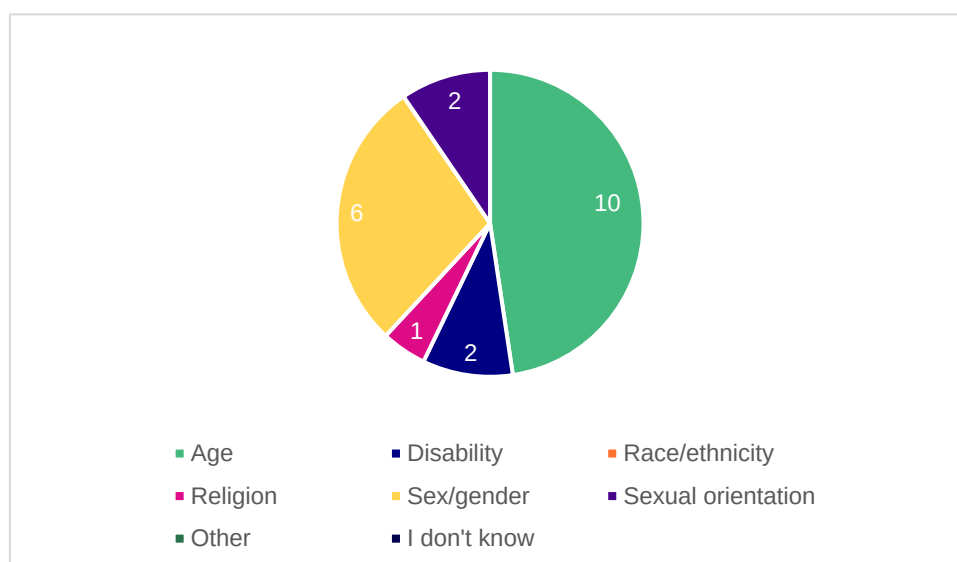
This section examines the evidence supporting the main findings on the work of CSOs. It offers an in-depth analysis of the data, substantiating the conclusions.

3.2.1. Scope of work

This section describes the scope of work of CSOs, looking at the grounds of equality they take into consideration, the intersections they cover, and the primary areas of life on which they focus. The analysis is based on the CSOs survey (n=67) and interviews

with younger people CSOs (n=15) ⁽¹⁵⁴⁾. A total of 67 CSOs responded to the survey, 44 focusing on older people, one on younger people, and 22 conducting other types of work or advocacy (e.g. trade unions, research organisations, advocacy organisations on disability). Figure 26 shows the areas of equality and non-discrimination considered by CSOs not primarily working on age-related issues.

Figure 27. CSO survey: Q12 Which area of equality or non-discrimination do you mainly take into consideration in your work? (n=21)

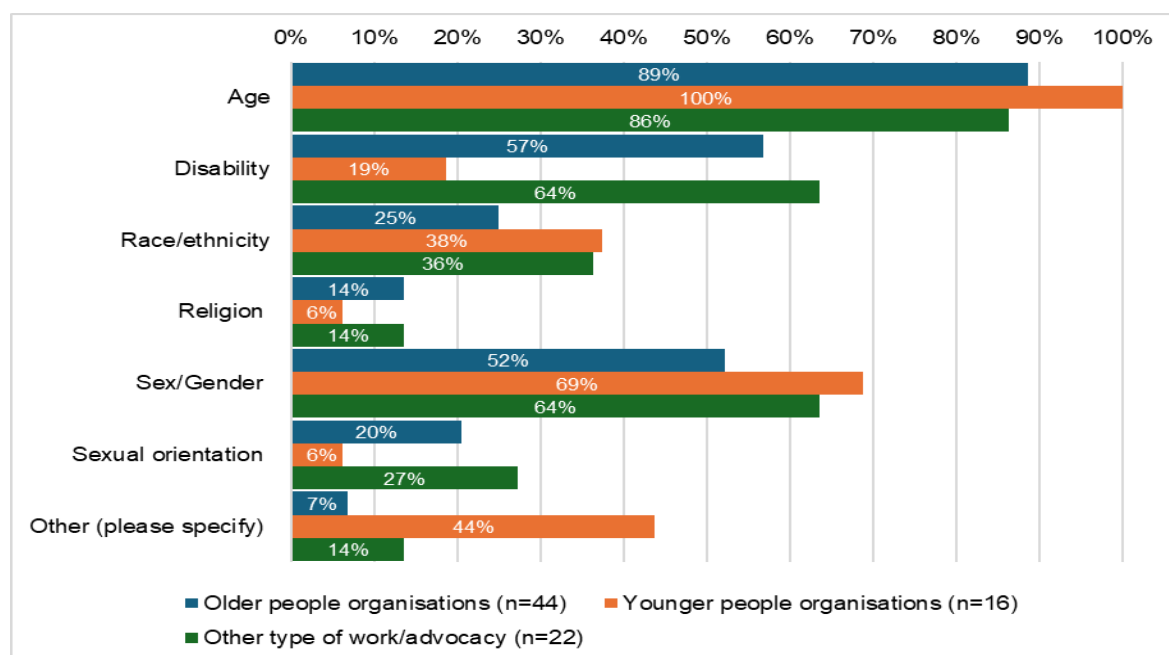


Of the organisations not primarily working on age-related issues or advocacy, nearly half (10) still take age into consideration in their work, followed by sex/gender (six), and disability or sexual orientation (two apiece).

In addition to the primary grounds of equality taken into consideration, all CSOs were asked about the intersecting grounds they consider.

⁽¹⁵⁴⁾ As the survey of CSOs gathered few responses from younger people CSOs, some questions from the survey were added to the interview guide for younger people CSOs to gather additional insights.

Figure 28. CSO survey Q13/ CSO interview Q3: Which intersecting characteristics are you considering when working on equality and non-discrimination? (n=82)



Age is named by 74 out of 82 respondents (90%).

Among the older people CSOs, 89% consider age, 57% consider disability, 52% consider sex/gender, 25% consider race/ethnicity, 20% consider sexual orientation, and 14% consider religion. Additionally, 7% selected other characteristics (e.g. socioeconomic status, migration status, class).

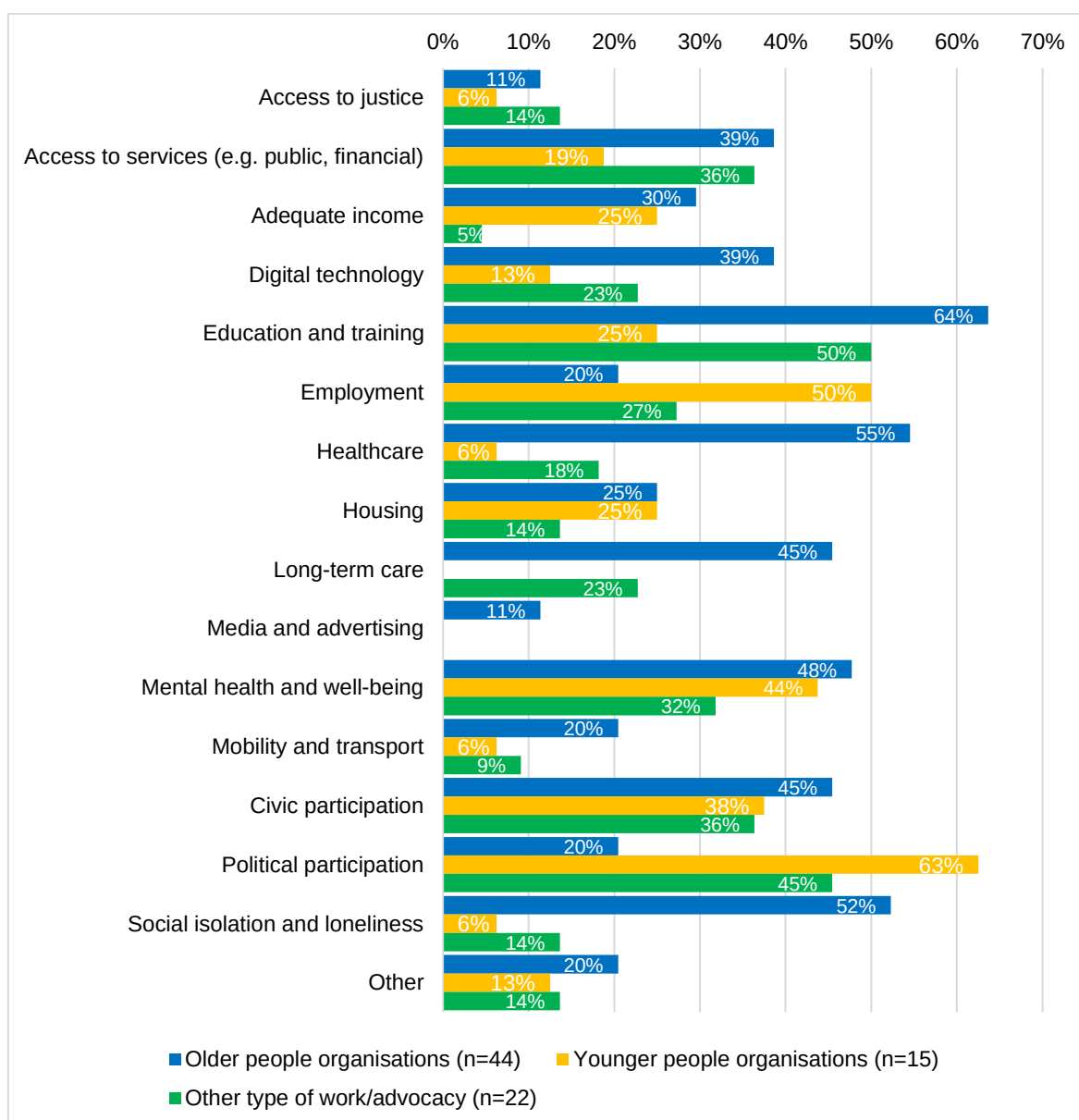
Among younger people CSOs, all consider age, 69% consider sex/gender, 44% consider other (e.g. physical appearance, parental status, mental health conditions), 38% consider race/ethnicity, 19% consider disability and 6% consider sexual orientation or religion. During the interviews with younger people CSOs, they mentioned, as an example of the intersection of sex and age, the discrimination of younger women in academia, where maternity can negatively impact publication output within a 'publish or perish' culture.

Among respondents engaged in other types of work or advocacy, 86% consider age, 64% consider disability or sex/gender, 36% consider race/ethnicity, 27% consider sexual orientation and 14% consider religion. Additionally, 14% consider other characteristics (e.g. employment status). During the older people CSO interviews, disability status was frequently highlighted, particularly physical barriers in the built environment and inadequate accessibility in social services and housing, which disproportionately affect older people with mobility issues.

Older people CSOs and other type of work/advocacy organisations show similar responses on intersection, with disability and sex/gender ranking highest, whereas for younger people CSOs, disability is not mentioned as often (19%).

CSOs were also asked about the primary focus of their work, with education and training receiving the highest number of responses (see Figure 29).

Figure 29. CSO survey Q10/ CSO interview Q2: Which area(s) do you work on? (n=81)



Among older people CSOs, the most frequently reported focus areas include education and training (64%), healthcare (55%), social isolation and loneliness (52%), mental health and well-being (48%), civic participation (45%), and long-term care (45%). Other areas of focus include digital technology (39%), access to services (39%), adequate income (30%), housing (25%), and political participation (20%). Smaller numbers of respondents identify mobility and transport (20%), media and advertising (11%), and access to justice (11%) as their primary focus.

Among younger people CSOs, political participation (63%) is by far the most mentioned. Employment (50%), mental health and well-being (44%), civic participation (38%), housing, adequate income, and education and training (all 25%) are also mentioned frequently. Access to services (19%), digital technology (13%), access to justice, healthcare, mobility and transport, social isolation (all 6%) are mentioned less often, with long-term care and media and advertising not chosen at all.

Among respondents engaged in other types of work or advocacy, education and training (50%), political participation (45%), access to services (36%), civic participation (36%), and mental health and well-being (32%) are the most frequently reported focus areas.

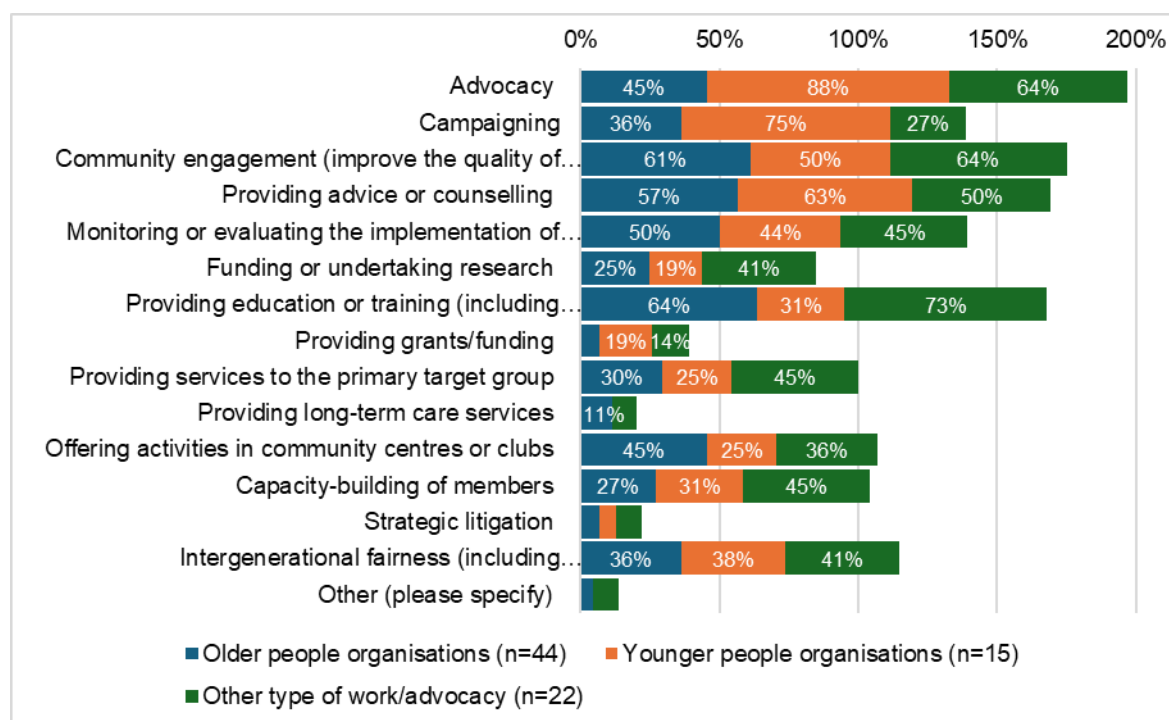
Other areas include employment (27%), long-term care (23%), digital technology (23%) and healthcare (18%). Fewer respondents identify housing (14%), access to justice (14%) and mobility and transport (9%) as their primary focus.

Among older people CSOs, the most frequently reported focus areas are education and training, healthcare, social isolation and loneliness, mental health and well-being, civic participation, and long-term care. Younger people CSOs' most important focus is political participation, with long-term care not mentioned at all. Respondents engaged in other types of work or advocacy prioritise education and training, similar to older people CSOs, but place greater emphasis on political participation, similar to younger people CSOs. All groups share a focus on mental health and well-being, as well as civic participation.

3.2.2. Type of work

This section outlines the type of work CSOs perform, the activities they undertake and if/how they collect and respond to complaints of discrimination. Figure 30 provides an overview of the activities of CSOs, ranging from advocacy to providing long-term care services.

Figure 30. CSO survey Q14/ CSO interviews Q4: Which of the following activities does your organisation undertake:



Among older people CSOs, 64% are involved in education or training, 61% in community engagement, 57% provide advice or counselling, 50% monitor or evaluate policy or legislation, 45% engage in advocacy, 45% offer activities in community centres, and 36% engage in intergenerational fairness initiatives or conduct campaigns. The interviews with older people CSOs (featuring different CSOs to those in the survey) highlighted advocacy efforts most prominently, often directed at national or local governments and policymakers, covering diverse issues such as discriminatory job advertisements, improving employment conditions and challenging unemployment, changing public policies related to ageism and loneliness, improving access to public services (toilets, lifts, transport, healthcare) and promoting an age-friendly society.

Younger people CSOs are also highly involved in advocacy (88%), providing advice or counselling (63%), and community engagement (50%). Monitoring or evaluating the implementation of policy (44%), providing education or training and capacity-building of members (both 31%), providing services to younger people and offering activities in community centres or clubs (both 25%) are also mentioned frequently. Providing grants or funding or undertaking research (both 19%) are less of a focus, with strategic litigation (6%) and providing long-term care (0%) mentioned least. During the interviews, younger people CSOs provided examples of campaigns related to 'financial worries' and education via initiatives like the 'Change Makers Academy.' Community engagement extends to activities such as youth consultations, sometimes linked to broader strategies such as a national youth strategy.

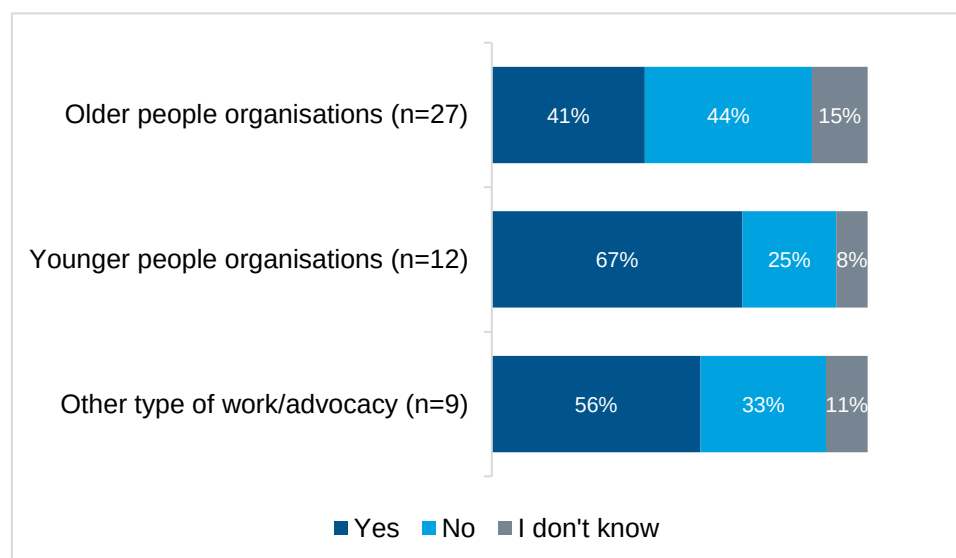
Among respondents engaged in other types of work or advocacy, 73% are involved in education or training, 64% engage in advocacy, 64% conduct community engagement, 50% provide advice or counselling, 45% provide capacity-building, 45% monitor or evaluate policy or legislation, 45% provide services to the primary target group, and 41% undertake research, as well as engaging in intergenerational fairness initiatives (41%), and offering activities in community centres (36%).

Older people CSOs and other type of work/advocacy CSOs show a strong involvement in education or training, while advocacy and campaigning are more important to younger people CSOs. All CSOs mention community engagement frequently.

When asked about intergenerational fairness during the interviews, CSOs provided insights into their work on intergenerational dialogue and solidarity to counter ageism and age discrimination. CSOs widely believe that intergenerational communication and collaboration are crucial to combat ageism and fostering solidarity. All but one of the older people CSOs engage in such work, as do some two-thirds of the younger people CSOs interviewed. This engagement manifests in various forms, including structured programmes such as 'Grandma company' for culinary traditions, intergenerational centres that bring younger and older people together for shared activities like homework help or arts projects, initiatives promoting mutual teaching of skill/s (e.g. young people teaching digital literacy, older adults sharing local history) and facilitating democratic conversations across age groups online. Volunteering is a significant area, with younger people visiting older people to combat loneliness, older people assisting in schools, and all generations participating in community support initiatives such as food distribution. Despite diverse activities, organisations are often in contact with one another, but not formally, and widely cooperate with groups of other age ranges. However, campaigns mobilising younger and older generations are lacking, as are intergenerational links in companies.

Respondents from CSOs that provide services (see Figure 31) were asked whether they provide avenues for people using their services to give feedback on discrimination they have faced.

Figure 31. CSO survey Q15/ CSO interview Q14: Do you provide avenues for people using the services in the sector you are working in to provide feedback on the discrimination they have faced? (n=48)



Among older people CSOs (n=27), 41% provide such avenues, 44% do not, and 15% are unsure. Among younger people CSOs (n=12) 67% provide avenues for individuals to give feedback, with 25% stating they do not, and 8% unsure. Among respondents engaged in other types of work or advocacy (n=9), 56% provide feedback avenues, 33% do not, and 11% are unsure.

To gather more qualitative insights, the survey asked CSOs for some specifics on how they respond to age-related complaints or issues⁽¹⁵⁵⁾. Of the 16 older people CSOs that replied, seven provide feedback and complaints management, describing various mechanisms for collecting and addressing complaints related to age discrimination. Two report collaboration with the national EB. One CSO from Italy is registered with the official register held by the Italian EB, UNAR and has also established an online service on its own website, allowing victims of work discrimination to file complaints by completing a standard form and attaching evidence, such as job advertisements with age limits for candidates. Two respondents use surveys, with one focusing specifically on impacts on older women. Eight responses mention advocacy, awareness-raising, and community engagement. Several affirmative responses from younger people CSOs during the interviews indicate various structures and activities for gathering information and supporting young people, including regular consultations with member organisations and general feedback collected through surveys or from designated reference persons. However, there are notable limitations, especially in relation to age discrimination. The responses explicitly state that there is no dedicated system for reporting age discrimination, even within existing general claims structures, nor is there any feedback mechanism specifically for discrimination issues.

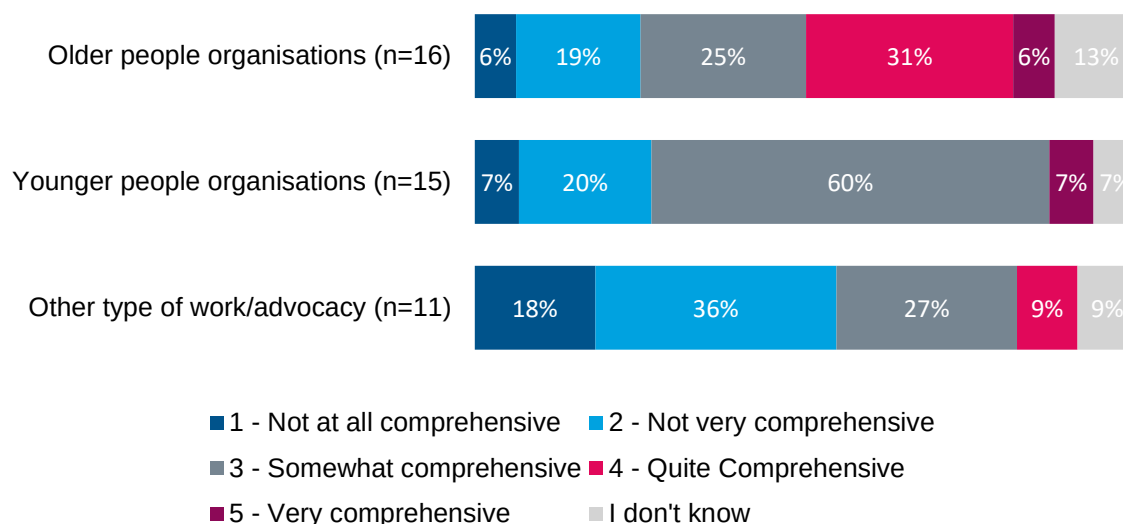
3.2.3. Assessment of CSO landscape on age-related issues

This section describes CSO's perceptions of the comprehensiveness of their work on age equality and perceived gaps. The survey asked CSOs whose primary focus is work on equality (n=27) and all younger people CSOs through interviews (n=15) about the

⁽¹⁵⁵⁾ CSO survey: Q15A How has your organisation responded specifically to age-related complaints or issues? (n=16).

extent to which they consider the work of EU and national CSOs on age equality and age discrimination to be comprehensive (see Figure 32).

Figure 32. CSO survey Q24/ CSO interview Q18: To what extent do you consider the work of EU and national civil society organisations on age equality and age discrimination comprehensive? (n=42)



CSOs focused on age-related work/advocacy consider their work more comprehensive overall than CSOs that work on other grounds of equality. Of the older people CSOs (n=16), 6% rate the work as not at all comprehensive, 19% as not very comprehensive, 25% as somewhat comprehensive, 31% as quite comprehensive, and 6% as very comprehensive, while 12% do not know. Among younger people CSOs (n=15), 7% rate the work as not at all comprehensive, 20% as not very comprehensive, 60% as somewhat comprehensive, 0% as quite comprehensive, 7% as very comprehensive, with 7% stating that they do not know. Among respondents engaged in other types of work or advocacy (n=11), 18% rate the work as not at all comprehensive, 36% as not very comprehensive, 27% as somewhat comprehensive, 9% as quite comprehensive, and none rated it as very comprehensive, while 9% do not know.

Overall, CSOs engaged in other type of work/advocacy rate the comprehensiveness of their work lower than younger and older people CSOs, which provided fairly similar assessments, albeit with younger people CSOs mostly finding the work somewhat comprehensive (60%) and older people CSOs more evenly split between somewhat and quite comprehensive.

The CSOs surveyed and interviewed shared their views on the gaps and challenges in their work in respect of age equality and age discrimination⁽¹⁵⁶⁾. Most of the gaps related to the challenges CSOs face in working more effectively, rather than deficiencies in their activities. Multiple respondents note a gap in policy at both EU and national level in respect of the coordination and planning needed to address age discrimination and promote inclusive societies for all ages. They emphasise the limited awareness of ageism among CSOs, NAs, companies, and individuals, describing the difficulty of changing societal perceptions and creating a more nuanced understanding of diversity within age groups that recognises that older/younger people are not a monolithic entity. Financial insecurity and lack of resources for CSOs' work is a prominent concern.

⁽¹⁵⁶⁾ CSO survey: Q25 What are the gaps in the work of EU and national civil society organisations regarding age equality and age discrimination? (n=14).

Although the vast majority of CSOs acknowledge the existence of intersecting discrimination, this is often not reflected in their work.

3.3. Comparative analysis of national frameworks against age discrimination and ageism

This section presents a comparative analysis of national legal frameworks, national strategies and corresponding actions, national case-law on age discrimination and ageism, and a review of the national policies and legislation on intersectionality and intergenerational fairness.

Summary of key findings

The legal framework governing age discrimination across EU Member States has become relatively harmonised, particularly in terms of definitions. Age discrimination is commonly understood to include direct and indirect discrimination, as well as harassment. However, significant gaps persist in national legal systems that limit the overall effectiveness of these protections.

The limited scope of protection against discrimination is a primary gap, with many Member States confining that scope to the field of employment. Although employment is the most comprehensively protected area under EU law, there is a growing trend to extend legal safeguards to other domains such as social protection, and education and training (19 Member States), healthcare (16 Member States), housing (15 Member States), access to services (14 Member States), and, to a lesser extent, transport and media (11 Member States), justice (9 Member States), political participation (seven Member States), and digital technology (six Member States).

Another major shortcoming is the broad range of justifications and exemptions permitted under national laws. These provisions significantly weaken the impact of age discrimination legislation. Across the Member States, several exemptions to age discrimination are permitted under Directive 2000/78, including genuine occupational requirements (GORs) and positive action measures. These exemptions must pursue a legitimate aim and be proportionate. Specific exceptions are widely applied, with all Member States recognising mandatory retirement ages and 16 Member States allowing private employers to set retirement ages. Age-based distinctions in social security and pensions exist in 16 Member States, while recruitment age limits for armed forces and police are present in 16 and 14 Member States, respectively. Compulsory education and age-based medical criteria apply in 14 Member States. Reduced transport fares are offered to students in 18 Member States and to seniors in nine. Advertising regulations protecting young people exist in 17 Member States, with two Member States also protecting older individuals. Minimum age requirements for voting and public office are established in 24 Member States.

EU case-law on age discrimination spans a wide range of sectors, with employment the most prominent, followed by social security, healthcare, education, and housing. Discriminatory practices include both direct and indirect forms, with courts increasingly addressing facially neutral policies that disproportionately affect certain age groups. A notable trend is the broad judicial tolerance for age-based justifications, such as labour market policies, succession planning, and operational needs, exceptions that would likely be impermissible under other grounds of discrimination. While protections for older individuals are well-developed, younger people remain underrepresented and jurisprudence on indirect discrimination and harassment is still evolving.

The lack of protection against multiple and intersectional discrimination is a critical deficiency. Most Member States do not provide adequate legal mechanisms to address situations where age discrimination intersects with other protected characteristics such

as gender, disability, or ethnicity. Nor is there an agreed definition of ageism across Member States. Unlike age discrimination, ageism encompasses broader societal attitudes, stereotypes (how we think), prejudice (how we feel), and discrimination (how we act), manifesting at institutional, interpersonal, and self-directed levels. The absence of a shared understanding of ageism limits the ability to address its full impact. In addition, ageism is often narrowly associated with older people, overlooking the fact that younger individuals can also be affected. This bias is reflected in case-law and national strategies, which predominantly focus on older persons.

There is a lack of specific attention to intergenerational fairness. Although 21 Member States (BG, DE, EE, IE, ES, FR, HR, IT, CY, LV, LT, HU, NL, AT, PL, PT, RO, SI, SK, FI, SE) have implemented policies to promote intergenerational fairness, a significant gap remains in the absence of a formal, coherent, and unified national strategy. Existing approaches are often fragmented and lack a long-term, cross-sectoral vision, resulting in limited integration of the needs and contributions of all age groups within a comprehensive policy framework.

In summary, although there is a high degree of consistency in the definition of age discrimination across the EU, the scope of protection, the level of permissible exemptions, the absence of intersectional safeguards, and the lack of a comprehensive approach to ageism represent significant legal and practical gaps. Addressing these shortcomings will require legislative reform and dedicated resources to ensure that age discrimination and ageism are effectively tackled across all age groups and areas of life.

Detailed evidence supporting key findings

This section outlines the evidence supporting the main findings, detailing the data and analysis that confirm the validity of the conclusions.

3.3.1. Comparative analysis of national legal frameworks

This section presents an analysis of the national legal frameworks with respect to their definition of age discrimination, scope, the type of discrimination they protect against, legitimate aims to justify age discrimination, and exceptions to age discrimination.

3.3.1.1. Definition of age discrimination

This section analyses the extent to which discrimination on the ground of age is defined in each Member State and any divergences or differences that may exist.

According to evidence from the country fiches, all 27 EU Member States have a common definition of age discrimination, deriving either from Directive 2000/78/EC or from national constitutional protections. In five Member States the definition of age discrimination provided in national legislation repeats the directive almost exactly (DK, EL, IT, CY, AT). The definition adopted is broadly similar in most Member States and is typically defined as either 'less favourable treatment based on age' or treating someone 'less favourably than another person' on the ground of age.

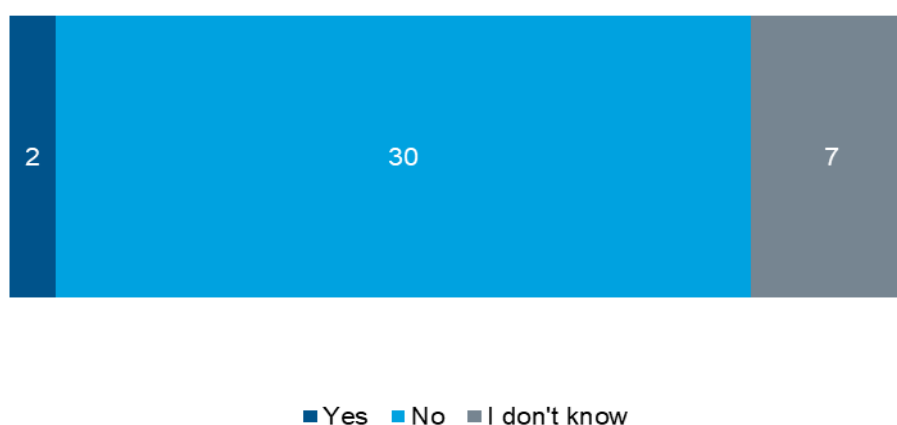
Harassment and instruction to discriminate are considered forms of discrimination under Directive 2000/78/EC and, as such, individuals should not be harassed or be the subject of an instruction to discriminate on grounds of age in the labour market context. All Member States include these acts as part of the national definition of discrimination and

protect against them in the field of employment, and, in some cases, in other areas of life (see section 3.3.1.3).

3.3.1.2. Definition of ageism

Ageism is a different concept to age discrimination and is rarely addressed by the Member States directly. Figure X presents an overview of the adoption of a definition of ageism by the Member States, according to the NA survey.

Figure 33. NA survey: Q6A What is the legal definition of age-based discrimination in your national context (n=39)



Of the 39 respondents, two Member States (FR, SI) have a distinct legal definition of ageism. Thirty respondents from 17 Member States (BE, BG, DE, EE, EL, HR, CY, LV, LT, HU, NL, AT, PL, PT, SK, FI, SE) report that their country does not have such a definition, while seven (BE, DE, IE, EL, HR, AT, SK) do not know whether a legal definition exists. This indicates a clear gap in the explicit legal recognition of ageism in many European countries.

Even in those Member States where there is a belief that definitions of ageism exist, the reference provided is often to the national legislation against age discrimination more generally, rather than ageism as a specific concept. Slovenia's survey response refers to a broader anti-discrimination law protecting individuals from discrimination based on various characteristics, including age, within different areas of social life. Germany acknowledges that while it does not have a separate legal definition of 'ageism', it is addressed under the General Equal Treatment Act. The definition provided by France comes closer to a concept of ageism, describing age discrimination as unequal and unfavourable treatment based on age, manifested through looks, attitudes, gestures, or actions leading to the denial of rights. While alluding to the more social implications of ageism and its multi-faceted nature, France indicates that the concept is not widely used.

Understandings of what ageism actually means are more standardised, according to the NA survey. There is an acceptance that ageism is multi-faceted and includes behaviours such as stereotyping, prejudice and discrimination based on age. Responses indicate recognition that ageism can extend beyond discriminatory actions to underlying biases

and stereotypical beliefs (BE, DE, CY, AT, PT, FI). Belgium views ageism as broader than age-based discrimination, encompassing prejudices, biases, and stereotypes, and distinguishes between benevolent and hostile attitudes. Similarly, Finland and Germany highlight the significance of stereotypes and prejudices as foundational elements of ageism, with Germany emphasising its manifestation in various aspects of life, including employment and education.

According to the survey, explicit alignment with the WHO definition of ageism is notable in some jurisdictions (EE, CY, PL). In Poland, this is further developed to include the different levels at which ageism might manifest, i.e. institutional, interpersonal and self-directed, again drawing on the WHO definition.

Ageism is often understood to be associated primarily with older people. In Sweden, ageism is described explicitly as negative and stereotypical attitudes against older people. Greece views ageism as prejudice or discrimination against age groups, particularly older people. Similarly in Hungary, ageism is defined as a prejudiced attitude mainly, but not exclusively, towards older people. However, some Member States identify ageism as a problem impacting on all age groups: Portugal, Belgium and Germany all specify that ageism may target both younger and older people.

Overall, there appears to be no clear and accepted legal definition of ageism across the Member States, which may undermine awareness and concerted legislative action to combat ageism in national contexts. Understanding ageism as more nuanced than merely age discrimination and arising at multiple levels in society (as per the WHO definition) is generally widespread.

3.3.1.3. Scope/areas of coverage

This section examines the scope of protection against age discrimination afforded by Member States. This allows for an analysis of the sectors most frequently protected and provides clear evidence of the sectors most commonly excluded. The analysis is based on the country fiches.

With the protection afforded at EU level limited to employment, the evidence from the country fiches similarly shows that employment is the area of life where all Member States have adopted age equality measures and measures against age discrimination. In the context of employment, Article 2(1) of Directive 2000/78/EC indicates that protection against age discrimination extends to:

- (a) conditions for access to employment, to self-employment or to occupation, including selection criteria and recruitment conditions, whatever the branch of activity and at all levels of the professional hierarchy, including promotion;
- (b) access to all types and to all levels of vocational guidance, vocational training, advanced vocational training and retraining, including practical work experience;
- (c) employment and working conditions, including dismissals and pay;
- (d) membership of, and involvement in, an organisation of workers or employers, or any organisation whose members carry on a particular profession, including the benefits provided for by such organisations.

Further evidence from the country fiches indicates that legislative frameworks in many Member States include protection across specific employment aspects, including

recruitment, advancement, workplace conditions, and employment termination (BE, DK, EE, IE, EL, ES, IT, LT, LU, NL, AT, PL, PT). Several Member States expressly extend protection to vocational training and career guidance services (BE, EE, IE, LU, NL, AT).

Beyond the employment sector, the country fiches show a sizable number of Member States have established comprehensive protections extending fully to areas such as education and training (19: BE, BG, CZ, DE, IE, ES, FR, HR, CY, LU, HU, MT, NL, PT, RO, SI, SK, FI, SE), social protection (19: BE, BG, CZ, DE, IE, ES, FR, HR, CY, LV, LT, LU, MT, NL, PL, SI, SK, FI, SE), health (16: BE, BG, CZ, DE, IE, ES, FR, HR, LV, LU, HU, RO, SI, SK, FI, SE), housing (15: BE, CZ, DE, IE, ES, FR, HR, LU, HU, PT, RO, SI, SK, FI, SE) and access to services (14: BE, CZ, DE, IE, ES, FR, HR, LU, HU, RO, SI, SK, FI, SE).

Less frequently protected sectors include: transport (11: BE, CZ, IE, ES, FR, HR, LT, LU, HU, PT, FI), media and advertising (11: BE, CZ, IE, ES, FR, HR, LT, HU, MT, SI, FI), access to justice (9: BG, CZ, IE, ES, FR, HR, LV, RO, FI), political participation (7: BE, CZ, ES, HR, LU, RO, FI), and digital technology (6: CZ, IE, ES, FR, HR, FI). Table 4 presents an overview of the areas where age discrimination is protected by national legislation.

Table 5. Scope of national legislative measures

Member States	Employment	Education and training	Social protection	Healthcare	Access to services	Housing	Transport	Access to justice	Digital technology	Media and advertising	Political participation
BE											
BG											
CZ											
DK											
DE											
EE											
IE											
EL											
ES											
FR											
HR											
IT											
CY											
LV											
LT											
LU											
HU											
MT											
NL											

AT											
PL											
PT											
RO											
SI											
SK											
FI											
SE											

Notes: Full coverage is presented in green, partial coverage in orange, and no coverage in red.

Croatia, Czechia, Finland and Spain provide the most expansive scope of protection against age discrimination, covering all 11 areas of life addressed by the study.

Specific protection against age discrimination is also provided in more targeted areas. Financial services is specifically mentioned as part of the scope of anti-discrimination measures in seven jurisdictions (IE, ES, HR, LV, MT, SI, FI). Another specialised protected area is pensions systems, which is specifically mentioned in seven Member States (DE, IE, ES, NL, PT, SK, FI). Both of these areas are implicitly incorporated within access to services and social protection, respectively, in other jurisdictions.

Age-specific protection measures have been adopted by Member States. In access to justice, some Member States (BE, BG, CZ, EE, EL, HR, CY) provide targeted measures to protect younger age groups. In housing, specialised protections for older tenants appear in certain jurisdictions (FR, PL). Targeted measures such as reduced fares for students or seniors, or mandated accessibility accommodations, are evident in some Member States (EL, PT). Specific regulations governing advertising content targeting minors also exist (EL, PT). Political participation commonly involves minimum age requirements for voting rights or public office candidacy (BG, CZ, EL, RO).

Lastly, the national legal framework against age discrimination is applicable to all age groups across a variety of sectors with very few exceptions. Ireland is a notable outlier, where protection is only afforded to individuals above school-leaving age.

3.3.1.4. Types of discrimination protected against

There is a great deal of consistency between Member States with respect to the types of discrimination protected against, based on the country fiches. In general, protections against both direct and indirect forms of age discrimination, as well as harassment, are included in all Member States. These protections tend to directly reflect the provisions of Directive 2000/78/EC. Multiple jurisdictions explicitly reference the incorporation of specific EU directives within their domestic legal systems (DK, EL, IT, CY).

While it is generally accepted in the employment field that harassment and instructions to discriminate amount to discriminatory acts, the same recognition of these forms of discrimination is not uniformly afforded in other fields. The European Equality Law Network found a divergence of protection depending on the field⁽¹⁵⁷⁾. In the area of social security, there is a relatively high level of protection (BE, BG, CZ, IE (harassment), EL,

⁽¹⁵⁷⁾ Dewhurst, E., *Age discrimination law outside the employment field*, European Commission, Brussels, 2020, <https://doi.org/10.2838/214317>

ES, FR, HR, LV, LU, AT, RO, SI, SK, FI, SE). In the educational, housing and healthcare fields, the level of protection is similar (BE, BG, CZ, IE (harassment), EL, ES, FR, HR, LT (instruction to discriminate in healthcare and housing), LU, AT, RO, SI, SK, FI, SE). Similarly in the field of goods and services, protection exists against both acts of discrimination in a large proportion of Member States (BE, BG, CZ, IE (harassment), EL, ES, FR, HR, LT (instruction to discriminate), LU, AT, RO, SI, SK, FI, SE).

In general, both direct and indirect forms of discrimination are expressly prohibited within legislation at national level (CZ, ES, LU, HU, NL, PL, RO, SK). Comprehensive statutory definitions of both forms of discrimination are often included (LU, HU, NL, PL, RO), offering clarity on the scope and application of measures.

3.3.1.5. Legitimate policy aims accepted for direct and indirect discrimination

Legitimate objectives that are proportionate can offer a justification for differential treatment on grounds of age, which might otherwise amount to direct or indirect age discrimination. This is permitted at an EU level in accordance with Articles 2 and 6 of Directive 2000/78/EC. This is replicated across all Member States within their legislative regimes, according to the country fiches.

Common legitimate objectives which may justify differential treatment based on age, if proportionate, include vocational integration initiatives, employment policy objectives, labour market considerations (BE, DE, EE, EL, LU, AT, PT), protective measures for different age groupings (younger workers, older employees, individuals with caring responsibilities) (BE, DE, AT), actuarial calculations and financial sustainability considerations (particularly in social security systems) (BE, DE, AT, SK).

A proportionality assessment of these objective aims or measures is required and usually establishes whether the measure is appropriate and necessary to meet the particular objective. This is replicated across all Member States. Given the importance of the principle of non-discrimination, these assessments are regularly subjected to rigorous scrutiny by Member States (BE, CZ, DE, EE, IE, EL, NL, SK, FI, SE).

Sweden presents a distinctive approach where the justification framework normally applied does not apply in the context of memberships of certain professional organisations or public employment, where age discrimination is strictly prohibited. Such strict prohibition of age discrimination within public employment is not reported by other Member States.

3.3.1.6. Exceptions for direct discrimination and indirect discrimination

There are a variety of mechanisms through which exceptions for differential treatment based on age can emerge at national level, according to the country fiches. Some Member States provide a comprehensive and detailed list of legislative exemptions within age discrimination legislation, which include specific examples of permissible differential treatment on grounds of age (BE, DE, IE, ES, AT, PT.). In other Member States, exceptions might be found within other legislative instruments and apply across multiple grounds of discrimination or be related only to specific fields (BG, CZ, DK, DE, EE, IE, EL, ES, FR, HR, IT, CY, LV, LT, LU, HR, MT, NL, PL, PT, RO, SI, SK, FI, SE).

- **Genuine and determining occupational requirements** (GORs) operate throughout equality regimes generally and appear consistently in Member States' employment contexts. They are explicitly protected by Article 4 of Directive 2000/78/EC. These provisions allow for differential treatment based on age where age constitutes an essential occupational requirement due to the nature of the specific professional activities or their operational context, subject to an assessment of the legitimacy and the proportionality of these requirements. GORs constitute a frequently cited exception where age represents an essential factor for specific positions due to their inherent nature or operational environment. This exception typically requires satisfaction of legitimate aim and proportionality criteria. In many cases, these are limited to specialised professions where age-related characteristics may significantly impact on performance or safety evaluations. Professional experience or seniority requirements are also identified as potentially GORs, subject to a proportionality assessment.
- **Positive action measures** are permitted in the employment context across all Member States by virtue of Article 7 of Directive 2000/78/EC. This is not restricted to the age ground. These actions are designed to address existing inequalities and enhance equal opportunities for specific groupings, and are not classified as discriminatory practices. These initiatives in the age context typically aim to promote substantive equality or mitigate disadvantages experienced by specific age demographics. The demographic shift and the implications associated with ageing populations are expressly acknowledged in Croatia, with broader consideration of these challenges in legislation in Portugal and Spain. Examples of positive measures include targeted employment programmes, specialised training opportunities, or preferential treatment to ameliorate disadvantages experienced by particular age groups. Regardless of the ground of discrimination, the same justification mechanisms apply: the measures must have a legitimate aim and be proportionate to the aims.
- **Protective measures** can be introduced as an exception to the age discrimination principles. Young people are frequently subject to protective measures in various Member States (IE, EL, ES, HR, CY, PT). These protections can include restrictions on hazardous employment, regulated working hours, limitations on accessing certain venues, and sector-specific employment prohibitions, all of which are intended to safeguard the health, safety, and developmental well-being of young people.
- **Specific exceptions in certain sectors:**
 - Social security and pension systems: Recital 13 and Article 3(3) of Directive 2000/78/EC state that the directive does not apply to social security and social protection schemes whose benefits are not treated as income within the meaning given to that term for the purpose of applying Article 141 of the Treaty Establishing the European Community (now 157 of the Treaty on the Functioning of the European Union), nor to any kind of payment by the state aimed at providing access to employment or maintaining employment. General social security exemptions are common in many jurisdictions (e.g. BE, DE, IE, ES, HR, LV, AT, PL, SK). Examples include differential treatment based on age in access to social security or pension benefits (BE, DE, IE, EL, ES, HR, CY, LV, NL, AT, PT, SK, FI), pension eligibility thresholds, contribution structures and benefit calculations and, age-based actuarial calculations within pension systems. Specialised exceptions, as in Germany, permit upper age limitations in company social security systems in respect of membership eligibility or benefit qualification, including variable age thresholds and actuarial calculations based on age.

- Employment:** One of the most common exceptions in the employment context is mandatory or compulsory retirement provisions, which are permitted by Recital 14 of Directive 2000/78/EC. The legal age limits for mandatory or compulsory retirement vary across Member States, with specific provisions for different professions. Eight Member States have set the mandatory retirement age at 65 (ES, HR, CY, LV, MT, AT, RO, SI). For instance, in Austria, civil servants automatically retire at the end of the month in which they reach 65. Six Member States have set the mandatory retirement age at 67 (BE, DK, EE, EL, IT, NL). For example, Greece requires permanent civil servants to retire at 67, provided they have acquired the right to a pension. Seven Member States have set the retirement age between 68 and 70 (CZ, IE, FR, LU, PT, SK, FI). Ireland has different retirement ages: 70 for public servants recruited before April 2004, no specific age for those recruited between 2004-2012, and 66 for those recruited after 2013. Portugal has a mandatory retirement age of 70 for all public servants (can be extended where there is a legitimate public interest) but this is reduced to 65 years for lawyers (subject to extension in specific circumstances). Four Member States have varied age limits depending on specific conditions (BG, DE, HU, LT, PL, SE). In Bulgaria, there is no mandatory retirement age, but certain professions such as professors and doctors of science retire at 65. Lithuania and Germany do not have a general mandatory retirement age, but specific limits apply to certain positions. Poland sets statutory ages at 65 for men and 60 for women, while Sweden allows flexible retirement up to 69. While 16 Member States authorise private employers to establish mandatory retirement ages, this practice lacks universal acceptance and frequently requires objective justification (BG, DK, DE, EE, IE, ES, FR, IT, CY, NL, PT, RO, SI, SK, FI, SE). For example, in Ireland and Estonia, any employer (including a private employer) can set a mandatory retirement age, but this has to be objectively justified and proportionate. Minimum or maximum age thresholds are required in some jurisdictions for access to certain employments. Sixteen Member States (BG, DK, DE, EE, IE, ES, FR, IT, CY, NL, RO, SI, SK, FI, SE) provide specific age limits for recruitment in the armed forces. For example, in Bulgaria, applicants must not be older than 40 years at the time of applying for military service, while in France the age limit for armed forces recruitment is 30 years, with opportunities for non-combat roles after this age. Minimum age thresholds for employment also exist for police officers: 14 Member States (BE, BG, CZ, DE, EL, ES, FR, HR, IT, CY, MT, AT, RO, SK) have specific age limits for police recruitment. For instance, Austria sets a minimum age of 18, with no maximum age limit, while Bulgaria has a maximum age of 41 for positions requiring mandatory initial professional training.
- Education:** 14 Member States (BE, BG, CZ, DE, EL, ES, FR, HR, IT, CY, MT, AT, RO, SK) have established specific age limits for compulsory education. In Austria and Germany, compulsory education typically begins between the ages of five and seven and lasts until the student reaches 18 years old.
- Health:** In healthcare, specific treatments can be limited to those within certain age groups. Fourteen Member States (BE, BG, CZ, DE, IE, EL, ES, HR, HU, MT, PL, PT, SK, FI) have established specific age limits for various medical treatments. For example, Greece has specific regulations for medically assisted reproduction, setting the upper age limit at 54, with special permits required for women aged between 50 and 54 to ensure medical safety and oversight.
- Housing:** Six Member States (BE, DE, FR, IT, PL, PT) have established protections specifically for older tenants. Portugal has provisions where any increase in lease for tenants aged 65+ only applies with their acceptance, and harassment in lease contracts is prohibited, with increased sanctions if the tenant

is over 65 years old. France protects people over the age of 65 renting a subsidised flat against landlords wishing to terminate the lease. Three Member States (ES, PT, FI) have protections for young tenants.

- Media and advertising: 17 Member States (BE, BG, DK, DE, IE, EL, FR, LT, LU, HU, MT, AT, PL, PT, SK, FI, SE) have clear regulations targeting young people in advertising. Two countries (PT, FI) have regulations protecting older individuals from harmful advertising practices.
- Political participation: Minimum age requirements for voting and participating in public office are commonplace. Twenty-four Member States (BE, BG, CZ, DK, DE, EE, IE, EL, ES, FR, HR, IT, CY, LV, LT, LU, MT, NL, AT, PL, PT, RO, SK, FI) have established minimum age requirements for voting. For instance, Greece allows individuals to vote from the age of 17, while Malta permits voting from the age of 16. On holding public office, 24 Member States (BE, BG, CZ, DK, DE, EE, IE, EL, ES, FR, HR, IT, CY, LV, LT, LU, MT, NL, AT, PL, PT, RO, SK, FI) have established minimum age requirements. Czechia generally requires candidates to be 18 years old, with higher age limits for senators or the president.
- Transport: 18 Member States offer reduced fares exclusively for students (BG, CZ, DK, DE, EE, IE, EL, ES, FR, HR, IT, CY, LV, LT, HU, PL, PT, RO, SI, SK, FI, SE). In Croatia, there are free railway transportation projects for pupils and partial subsidies for full-time students. Nine Member States provide reduced fares exclusively for seniors (BE, DK, EL, LT, MT, NL, AT, PL, PT). In Austria, seniors aged 65+ can travel on reduced fares offered by various public transport providers.

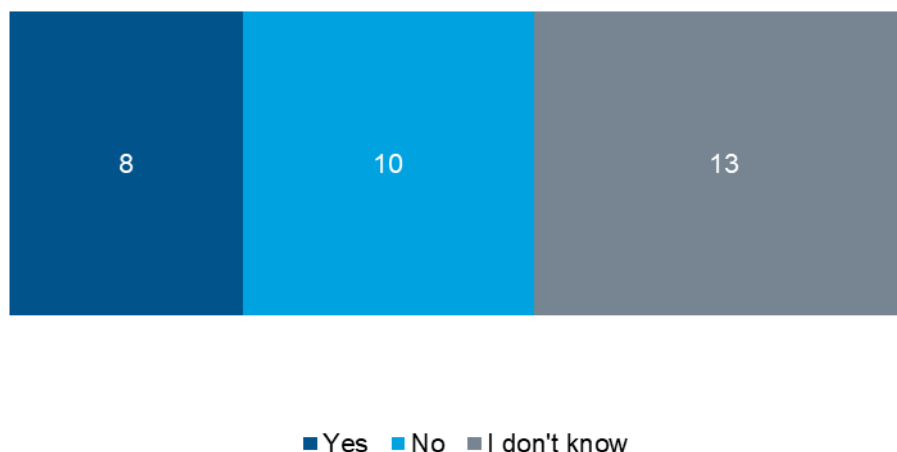
3.3.2. National legislation, policies or strategies that involve intergenerational fairness and intersectionality

This section describes how NAs consider intersectionality and intergenerational fairness in national laws, policies and strategies.

3.3.2.1. National legislation, policies or strategies on intersectionality

According to the NA survey, the consideration of intersectionality and multiple discrimination (e.g. gender, ethnicity, disability) in policies addressing age-based discrimination in various Member States is limited (n=31) (see Figure 34).

Figure 34. NA survey: QM3 Are intersectionality and multiple discrimination (e.g. gender, ethnicity, disability) considered in policies addressing age-based discrimination?



Consideration of multiple and intersectional discrimination in policies addressing age-based discrimination is low, with eight respondents from seven Member States (BE, DE, IE, EL, FR, SK, FI) reporting that intersectionality and multiple discrimination on the grounds of gender, ethnicity and disability are considered in policies addressing age-based discrimination. A total of ten respondents from six Member States (EE, HR, CY, LT, NL, PL) indicated that these factors are not considered, while 13 respondents from eight Member States (BE, HR, HU, NL, AT, SK, FI, SE) do not know whether such considerations are included in policies.

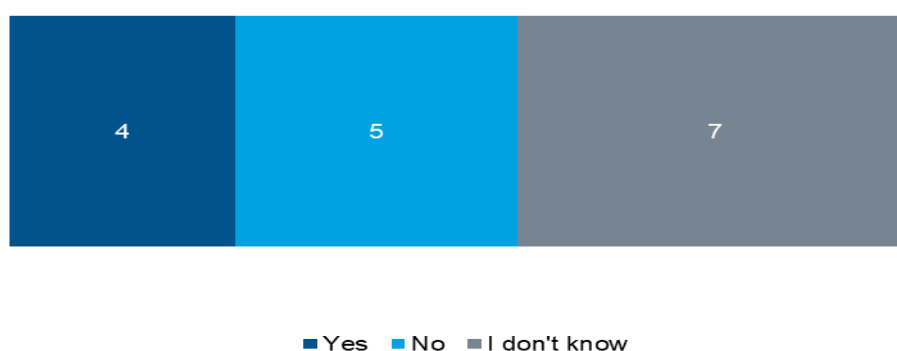
NA survey respondents provided some unique concrete examples of the use of intersectional approaches in national policy and law-making:

- Statutory pension schemes that acknowledge care work contributions, benefiting older woman who have disproportionately carried care burdens throughout their working lives (DE).
- National strategies that focus on older persons and the intersectional nature of inequalities and the impact of discrimination on perpetuating vulnerability and marginalisation (IE, FI).
- Law 4443/2016 expressly protects individuals from multiple discrimination (EL).
- An amendment to three federal laws (dated 28 June 2023), expressly recognises cumulative and intersectional discrimination across different grounds, including age (BE). The cumulative and intersectional aspects are considered in victim compensation (BE). France's plan to create new solutions and transform the medico-social offer for people with disabilities, particularly older people with disabilities, arising from the 2023 National Disability Conference, is supported by a 2023 Court of Accounts report highlighting age as a complicating factor in accessing disability services. The report's recommendations are under review by public authorities, with local initiatives to be implemented to improve support for older persons with disabilities, including the creation of dedicated establishments for older persons.

3.3.2.2. National legislation, policies or strategies on intergenerational fairness

Intergenerational understanding and collaboration are vital mechanisms for promoting social cohesion and combating ageism in Member States. Responses to the NA survey, however, suggest limited consideration of intergenerational fairness in national laws, policies and strategies (n=16) (see Figure 35).

Figure 35. NA survey: QM5 Are there specific measures to promote intergenerational fairness in your national policies?



Of the 16 respondents, four Member States (DE, IE, FR, HU) report that their national policies include specific measures to promote intergenerational fairness. Five respondents from four Member States (EE, EL, HR, LT) indicate that no such measures in place, while seven respondents from six Member States (BE, DE, EL, NL, SK, FI) do not know whether intergenerational fairness is specifically addressed in national policies.

The findings of the NA survey are corroborated by the evidence collected through the country fiches, which show that a formal, unified, intergenerational fairness strategy is absent across all EU jurisdictions. Nevertheless, 21 Member States have adopted intergenerational fairness policies (BG, DE, EE, IE, ES, FR, HR, IT, CY, LV, LT, HU, NL, AT, PL, PT, RO, SI, SK, FI, SE) ⁽¹⁵⁸⁾. The approaches to intergenerational fairness vary across the Member States. Common themes include promoting social inclusion, ensuring financial sustainability, and fostering intergenerational cooperation. These policies aim to balance the needs and opportunities of different age groups, creating a fair and equitable society for both current and future generations. The transfer of wealth and resources between generations is managed through various mechanisms, ensuring that both younger and older individuals are supported, fostering a sense of solidarity and mutual responsibility. The typologies of actions identified include advisory bodies and strategies, legislation, and policies.

Advisory bodies and strategies

Advisory bodies and strategies are prominent in six Member States (BG, DE, EE, AT, RO, FI). Austria focuses on enhancing the quality of life for seniors through advisory bodies such as the *Bundesseniorenbeirat*, which promotes intergenerational dialogue and proposes solutions to legislative bodies. The Austrian Strategy for Life-Long

⁽¹⁵⁸⁾ There three conflicting outcomes between the NA survey and the country fiches. This is likely because NAs operate within a specific remit and do not necessarily have a full overview of all national policies. The national experts were assigned a broader review to identify such policies. As a result some divergence between the different sources is to be expected.

Learning aims to enhance the quality of life for seniors through education and intergenerational projects, implemented through measures in basic research, quality criteria development, and promotion of continuing education activities. Bulgaria's National Strategy for Sustainable Development 2021-2030 ensures that youth policy aligns with the principles of intergenerational fairness by addressing key issues such as education, employment, and social inclusion, which are crucial for building a fair and sustainable future for all generations. Collaboration between state, regional, and local institutions, as well as social partners and non-governmental organisations (NGOs), helps to create supportive conditions for young people's well-being and societal integration. The policy emphasises youth engagement in policy-making processes, ensuring that their voices are heard in shaping decisions that impact current and future generations. Germany's approach includes youth strategies and urban development programmes. The Federal Government's Youth Strategy addresses the importance of intergenerational dialogue and fairness, while the *Mehrgenerationenhaus* programme funds multigenerational homes to promote intergenerational living environments. These initiatives encourage interaction and mutual support between generations, fostering a cohesive society. Estonia demonstrates a commitment to intergenerational fairness through various national strategies: Estonia 2035 and the Welfare Development Plan focus on social inclusion, financial well-being, and active ageing, ensuring equitable support for both young and older individuals. Finland is undergoing pension reforms to adapt the system to demographic changes and economic conditions. The General Government Fiscal Plan and debates on pension sustainability reflect a focus on balancing the needs of current and future retirees. Romania's policies, such as the National Strategy for Social Inclusion and Poverty Reduction, address the needs of vulnerable groups across different age stages, promoting social inclusion and equity.

Legislation

Legislation is central to the approaches of three Member States (FR, HR, HU). Croatia's policies, including the Pension Insurance Act and housing grant schemes, focus on generational solidarity within the pension system and providing affordable housing for young people. The Pension Insurance Act regulates compulsory pension insurance based on generational solidarity, while housing grants aim to address intergenerational wealth gaps by providing financial assistance for young couples and families. France incorporates intergenerational equity into its tax burden distribution reviews and Social Security Finance Law criteria, particularly in financing pensions. The pay-as-you-go pension system relies on current working populations to support retirees, ensuring fairness in the distribution of financial responsibilities across generations. Hungary's policies primarily focus on environmental sustainability and the protection of future generations, as outlined in the Fundamental Law and the Ombudsman Act. The Constitutional Court interprets these provisions as binding obligations on the state to preserve natural resources and cultural heritage for future generations. Its Ombudsman for Future Generations monitors the enforcement of these interests and recommends legislative changes to protect future generations.

Policy

Seven Member States (CY, LV, LT, NL, PT, SI, SK) have implemented policies in different areas to promote intergenerational fairness. In Cyprus, housing grants for young people, social inclusion programmes for older people, and youth employment initiatives address housing affordability, social inclusion, and employment opportunities, fostering intergenerational cooperation and support. Latvia's Social Protection and Labour Market Policy Guidelines emphasise sustainable development and social security, ensuring that current policies benefit both present and future generations. The guidelines aim to improve the indexation mechanism for pensions and remuneration, ensuring financial

security for retirees while supporting the social protection system. Lithuania engages in social dialogue initiatives, promoting the participation of older adults in the workforce and society, reducing generational disparities. Social dialogue initiatives facilitate balanced and fair policy outcomes across different age groups. The Netherlands has undertaken significant pension reforms through the Future Pensions Act, aiming to ensure financial sustainability and transparency. The *NL Leert Door* programme supports lifelong learning for all age groups, ensuring flexibility and employability. Additionally, initiatives such as the Generation Pact promote intergenerational cooperation in the workplace by enabling older employees to work shorter hours, creating job opportunities for younger employees. Portugal's environmental policies emphasise intergenerational solidarity and sustainable development, ensuring that natural resources are preserved for future generations. Slovenia's National Social Protection Programme focuses on intergenerational cooperation and social welfare, ensuring equitable support for both young and older generations. The National Housing Programme addresses the housing needs of older adults, promoting intergenerational fairness and social inclusion. Slovakia's Age Management Principles and Diversity Charter promote fair treatment and inclusion in the workplace, supporting employees of different ages. The Age Management document provides guidance on managing an age-diverse workforce, while the Diversity Charter commits employers to creating inclusive working environments.

Overall, despite the emergence of various policy initiatives to foster intergenerational fairness, a clear and coordinated national strategy is lacking across the Member States. Existing measures tend to be piecemeal and reactive, often developed in isolation within specific policy areas such as pensions, education, or housing. This fragmented approach fails to capture the complexity of intergenerational dynamics and does not provide a consistent framework for balancing the rights, responsibilities, and needs of different age groups. There is limited evidence of long-term planning or cross-sectoral coordination to ensure that policies are sustainable and equitable for both current and future generations. The lack of a unified vision undermines efforts to promote genuine intergenerational solidarity and risks perpetuating structural inequalities between age cohorts.

3.3.3. Comparative analysis of national case-law

The case-law indicates a wide scope of sectors covered by national equality legislation, with a relatively broad scope of application. Cases have arisen primarily in the area of employment, encompassing dismissals, recruitment practices, promotion decisions, retirement provisions, and benefits administration (as provided by the country fiches). Other notable areas include social security (BE, CZ, DE, CY, LV, AT, PL, PT, SK, SE), financial services (CZ, LT, SE), education (BG, LV, LU, SE), goods and services (BE, CZ, IE, ES, HR, LT, HU, FI), healthcare (BE, BG, ES, LT, PT, FI), and housing (BE, BG, SE). There are also cases on access to justice (LU, PT). The causative mechanisms underlying alleged discrimination span a broad spectrum, ranging from explicitly age-targeted policies to facially neutral practices with disparate age-based impacts. An interesting case on housing arose in Belgium with respect to a landlord who stipulated that students must have Belgian parents and be between 20 and 26 years old to be able to apply for accommodation. The tribunal found that the landlord committed direct discrimination based on age. The landlord did not provide any reason for setting the age limit and did not participate in the proceedings. This provides a unique snapshot of the variety of cases and the wide scope of the protections available.

The case-law covers a variety of discriminatory practices, from direct discrimination to indirect discrimination and harassment. The majority of cases were based on direct

discrimination, with a notable number taken on the grounds of indirect discrimination outside the employment field. For example, the cases related to healthcare, education and financial services all involved allegations of indirect discrimination. A clear example of indirect discrimination and harassment in the healthcare context arose in Bulgaria (SAC, Decision, No. 10875 of 9 November 2023 in Case No.1419/2023), where it was argued that a healthcare provider had discriminated against individuals over 18 years old with specific medical conditions by imposing additional requirements for accessing 'dietary foods for special medical purposes'. These requirements, including mandatory medical tests at a designated hospital, were not applied to those under 18, constituting age- and disability-based discrimination. The court affirmed a finding of discrimination, ruling that the additional requirements unjustly burdened adults with chronic medical conditions, violating anti-discrimination laws.

Certain legitimate aims for direct and indirect discrimination have been accepted by the courts. These typically relate to labour market policies to support employment for certain age groups (older persons (HR, AT) and younger persons (EL, FR), effective succession planning (BE, IE), balanced distribution of employment among the generations (DE, IE, FR), protecting the operational capacity of certain professions (BG, EL, ES, LV, NL), protection of social security and social justice (DE, HR, CY), functioning of a fair, competent and motivated civil service, and the rights of others (DE), including judicial independence (NL). Legal certainty was also accepted as a legitimate aim (DE). Aims that were not accepted included those that had mere financial motives (BE, SK) and those where the scientific evidence did not match the claims in relation to occupational capacity (BE). The court dismissed the poor state of public finances as a legitimate aim (CY). A useful example of legitimate aims in action is a case arising in Austria (Equal Treatment Commission, GBK II/269/15, 31.05.2017) relating to a 43-year-old who had applied for a job advertised as 'particularly aimed at people aged 50+'. The potential discrimination was justified by reference to an employment initiative to increase employment of those aged 50+. The court held that the restriction of applicants by the defendant to persons aged 50+ did not constitute discrimination. In view of the employment policy measure behind this action, it was considered a justified differentiation between applicants of different ages.

Older groups are most commonly protected within the case-law. There are some limited cases involving younger individuals, but these tend to be outside the employment context in areas such as healthcare, social security and housing (BE, BG, CY, HU, NL, RO). A case involving older people in the financial services context arose in Lithuania, where the Lithuanian Equal Opportunities Ombudsperson investigated whether an insurance company had discriminated against individuals aged 75+ by limiting their ability to purchase travel insurance online. The case focused on the company's policy requiring those aged 75+ to undergo an individualised assessment rather than using the automated online system. The insurer argued that individuals over 75 are at higher risk of health complications, necessitating detailed risk assessments. It claimed that the policy aimed to balance actuarial fairness with service accessibility, as older individuals statistically face greater health challenges that impact travel insurance risk. Public health data corroborated increased prevalence of chronic conditions and health risks among older adults, supporting the insurer's claim of higher risk in this demographic. It was also claimed that individuals over 75 could still purchase insurance by contacting the company through email, phone, or social media platforms, even if this process was less convenient than the automated online system. The Ombudsman concluded that the insurer's policy was not discriminatory, as it was grounded in objective risk management practices. The company was recommended to improve the transparency of its alternative application methods for older clients to ensure clarity and accessibility.

Outside of the GORs, the cases contained no exceptions that were used by the courts to justify potential age discrimination. Where GORs were used (BE), these were strictly

scrutinised, and the court held that there was no legitimate aim that could justify its imposition.

The case-law across the Member States demonstrates a broad application of age discrimination protections, particularly in employment, but increasingly in areas such as healthcare, education, and financial services. However, it reveals notable limitations, including a strong bias towards older individuals, inconsistent interpretation of legitimate aims, and underdeveloped jurisprudence on indirect discrimination and harassment. Younger people are underrepresented in litigation and certain sectors remain largely untested. While courts generally scrutinise exceptions carefully, disparities in reasoning and fragmented sectoral coverage suggest that the legal framework, although evolving, does not yet fully or consistently address the complexity of age discrimination across all age groups and contexts.

3.4. Comparative analysis of national strategies and actions

This section explores Member States' adoption and implementation of national strategies and their associated actions on age-related matters.

Summary of key findings

This section summarises the key findings from the analysis of 80 age-related strategies across Europe, focusing on strategic approaches, implementation mechanisms, and good practices. It offers a synopsis of the 603 actions outlined in national strategies, their execution, and an assessment of their tangible effects.

Of the 80 strategies reviewed, 63.75% adopt a mainstreaming approach. These strategies integrate age-related concerns into broader policy frameworks, recognising ageing as a cross-cutting issue that affects multiple sectors. In comparison, 36.25% strategies are age-specific and focus on the distinct needs of particular age groups through targeted measures. Only 26.25% of the strategies explicitly address age discrimination, ageism or age equality. The remaining 73.75% do not directly and explicitly engage with these issues, even when aiming to improve outcomes for specific age groups. This limits their effectiveness in addressing structural inequalities and promoting fair treatment across the life course.

Some 45% of the strategies adopt an inclusive, life-course approach, covering all age groups. These strategies reflect a commitment to universal policy design, aiming to embed age inclusivity across sectors such as health, social participation and mental well-being. Strategies focusing on individuals aged 50+ account for 30%. These typically address active ageing, care, and social inclusion, with a strong emphasis on lifelong learning, workforce participation and reducing age discrimination. Strategies targeting individuals under 50 represent 16.25%. These often concentrate on youth development, education, employment and civic engagement. The predominance of inclusive strategies suggests a growing recognition of ageing as a universal issue requiring coordinated responses across the life course.

Some 61.25% of the strategies are horizontal, integrating ageing considerations across multiple sectors. These strategies reflect a systemic approach to ageing, embedding age-related concerns into mainstream policy areas. Within this group, education is the most frequently addressed sector, appearing in 73.47% of horizontal strategies. Employment and the labour market follow closely, at 71.43%, with health and healthcare included in 67.35%. Civic and political participation features in 59.18% of strategies, while digital technology and transformation is in 46.94%. By contrast, 35% of strategies are sector-specific, focusing on particular domains. Within this group, healthcare and housing and living environment each account for 17.86%. Digital technology and transformation and education each represent 14.29%, while employment and the labour market make up 10.71%. The predominance of horizontal strategies highlights a strong commitment to treating ageing as a cross-cutting issue.

The strategic objectives adopted across the strategies most commonly relate to the promotion of intergenerational solidarity and social participation, appearing in 25% of strategies. Objectives focused on accessible, quality healthcare and social services follow closely and are present in 23.75% of strategies. Objectives related to employment opportunities and workforce participation for older adults and digital inclusion and media literacy each appear in 11.25% of strategies. Lifelong learning and skill development is addressed in 10% of strategies, supporting continuous personal and professional growth

across all ages. An additional 20% of strategies pursue other objectives, including human rights, anti-discrimination, poverty reduction, housing access, and democratic renewal. This diversity illustrates a growing recognition that ageing is not a single-issue concern, but, rather, a multi-dimensional experience requiring coordinated responses across sectors. Strategies such as Slovakia's National Programme for Active Ageing (2021-2030) and Spain's Strategy for Older People exemplify this comprehensive approach, addressing multiple objectives simultaneously to promote dignity, independence, and well-being throughout the life course.

Monitoring and evaluation mechanisms are essential to ensuring that age-related strategies are not only well-designed but effectively implemented. Of the strategies reviewed, 70% include defined monitoring systems. These mechanisms typically involve structured governance, performance indicators, and regular reporting, enabling policymakers to track progress, adapt to emerging needs, and maintain accountability. Examples such as Austria's Strategy for Life-long Learning and Estonia's Estonia 2035 demonstrate how robust monitoring frameworks can support cross-sectoral coordination and long-term strategic alignment. By contrast, 31.25% of strategies lack clear evidence of monitoring systems, often omitting key elements such as indicators, reporting structures, or designated responsibilities. The distribution of monitoring mechanisms highlights both progress and gaps. Countries such as Belgium, Estonia, Germany, Romania, and Slovakia stand out for their consistent inclusion of monitoring tools, reflecting a strong commitment to evidence-based policy-making.

Measurable indicators are essential for ensuring that age-related strategies are not only well-intentioned but effectively implemented and evaluated. Some 48.75% of the strategies include defined indicators, providing structured frameworks for tracking progress and assessing outcomes. These strategies typically link specific actions to measurable results, enabling regular reporting and informed adjustments. Conversely, 52.50% of strategies lack clearly defined indicators, limiting their ability to measure progress, ensure accountability and align actions with strategic goals. Strong examples, such as Bulgaria's National Strategy for Active Life of Older People, Romania's 2023-2030 Strategy on Long-term Care and Active Ageing, and Slovakia's National Programme for Active Ageing (2021-2030) demonstrate how indicators can support transparency, accountability and evidence-based policy-making.

Reporting mechanisms are essential for maintaining transparency, accountability and adaptability in the implementation of age-related strategies. Some 62.50% of the strategies include provisions for reporting. These mechanisms often involve annual or biennial evaluations, mid-term reviews and structured documentation of progress. However, 38.75% of strategies provide no clear mechanisms for reporting. Common issues include vague or absent timelines, fragmented monitoring at agency level and reliance on end-of-period evaluations without opportunities for mid-course correction. Croatia's National Plan for the Protection and Promotion of Human Rights and Combating Discrimination and Germany's Federal Government Strategy to Counter Loneliness demonstrate a structured approach to reporting.

The involvement of clearly designated institutions is a key factor in ensuring that age-related strategies are effectively implemented, monitored and evaluated. Some 65% include designated institutions responsible for overseeing implementation and evaluation. These institutions may operate individually or jointly to carry out monitoring responsibilities. A wide variety of institutional types are involved in monitoring: ministries are the most common, overseeing 42.50% of strategies; agencies or NAs are responsible for 15%; councils or committees monitor 11.25%; NHRIs, EBs or commissions are involved in 7.50%; and organisations such as national agencies or foundations oversee 5%. By contrast, 33.75% of strategies lack explicitly designated monitoring institutions. This absence can result in fragmented oversight, weak

accountability and reduced effectiveness. Good practices include Cyprus's National Strategy for Active Ageing 2025-2030 and its Action Plan for Active Ageing 2025-2027, which feature a multi-tiered governance system involving the Deputy Ministry of Social Welfare, the Third Age Agency, a service committee and a steering committee.

CSO involvement in monitoring age-related strategies is a key factor in promoting transparency, accountability and inclusiveness. Only 35% confirmed active CSO involvement, while 65% showed no evidence of such participation. This imbalance reflects a broader reliance on top-down governance models, where oversight is concentrated within government institutions and opportunities for external engagement are limited. Bulgaria's National Strategy for Active Life of Older People, and the Netherlands' Labour Market Discrimination Action Plan are good practices in promoting civil society involvement in the monitoring process.

The analysis of implementation levels across the mapped age-related strategies reveals considerable variation and significant gaps in the available data. Only 6.25% of strategies have been fully implemented or achieved more than 70% of their planned actions. A further 15% show limited implementation, with less than 35% of actions completed, and another 15% are partially implemented, with 35-70% of actions completed. However, the most striking finding is that 65% of strategies have no specified implementation status. This includes both completed and ongoing strategies, indicating that a substantial portion of national ageing policies lack publicly available data on their progress. Of the completed strategies ⁽¹⁵⁹⁾, 10% have unspecified implementation status, while 52.5% of the ongoing strategies fall into this category. This widespread absence of implementation data suggests either a lack of comprehensive monitoring or limited transparency in reporting, despite many strategies having formal monitoring structures. This concern is underscored by the fact that only 39.29% of strategies with designated monitoring mechanisms show evidence of implementation, falling to 28% for strategies without designated monitoring mechanisms. While this difference suggests that having formal monitoring arrangements can improve implementation outcomes, the overall low share of evidence indicates that many of these mechanisms are not functioning effectively.

The assessment of the effects of age-related strategies reveals a mixed and often inconclusive landscape. Only 16.25% of the strategies demonstrated positive effects, suggesting tangible improvements in areas such as employment, healthcare, digital inclusion, and community support for older adults. These strategies, including Austria's Strategy for Life-long Learning, Germany's National Dementia Strategy, and Slovakia's National Programme for Active Ageing (2021-2030), stand out for their structured monitoring frameworks, stakeholder engagement, and evidence-based revisions. A further 6.25% of strategies have mixed effects, indicating uneven outcomes or partial success. However, the most striking finding is that 77.5% of strategies reportedly have neutral or unspecified effects. In many cases, this is not due to a lack of impact, but rather to the absence of evaluative data. This widespread lack of evidence underlines the broader issues in monitoring and evaluation.

The analysis of 603 ageing-related actions across Member States reveals a complex and uneven landscape of policy engagement, implementation, and impact. While some countries demonstrate strategic coherence and measurable progress, others show fragmented efforts and limited follow-through. The disparities in action volumes, thematic coverage, and evaluation practices underline the need for more robust, inclusive, and accountable frameworks to combat age discrimination and ageism and promote age equality. A striking trend emerges in the volume of proposed actions: Slovakia leads with 24.38% of all recorded actions, followed by Malta (18.91%) and Bulgaria (12.6%). These countries not only contribute significantly in quantity but also exhibit strategic depth. By

⁽¹⁵⁹⁾ Strategies whose period of implementation has passed are considered completed.

contrast, countries such as Latvia, Ireland, and Czechia contribute less than 0.5% of total actions, raising concerns about the prioritisation of age-related issues within their national policy agendas.

The personal scope of actions further illustrates the strategic orientation of Member States. While 22% of actions address all age groups, indicating a commitment to intergenerational fairness, the majority (62.6%) target individuals aged 50+. This reflects a strong policy emphasis on active ageing, healthcare, and digital inclusion for older adults. Only 15.8% of actions focus on those under 50, suggesting that younger populations are underrepresented in these strategies. Slovakia and Malta again stand out for their balanced approaches, addressing all age groups through diverse initiatives.

The diversity of policy instruments used across the Member States reflects varying institutional capacities and policy environments. The majority of actions (75.2%) are embedded within national or regional policies, providing a structured framework for implementation. Funding programmes (7.7%), legislation (5.7%), pilot initiatives (4.5%), and other mechanisms such as administrative measures and advisory structures (7.3%) complement these strategies. Germany, Malta, and Sweden exemplify a balanced use of instruments, combining legal, financial, and strategic tools to address complex challenges.

The thematic scope of actions reveals a strong emphasis on core policy areas. Social protection (22.4%), healthcare (20.7%), and education and training (19.1%) dominate the landscape, reflecting a shared commitment to foundational support systems. Bulgaria, Malta, Slovakia, and Belgium show high levels of engagement across these sectors, implementing comprehensive initiatives such as caregiver support, digital literacy programmes, and inclusive housing. Other domains, such as employment (8%), digital technology (5.1%), political participation (4.8%), housing (4.5%), access to services (4%), transport (2.5%), access to justice (2%), and media and advertising (1.7%), remain less populated. Despite their lower representation, these areas offer promising innovation. Estonia's senior-friendly transport planning and Belgium's inclusive media campaigns exemplify efforts to expand age inclusion beyond traditional sectors. However, the limited number of actions in these domains highlights opportunities for further investment and policy expansion.

The implementation status of actions reveals significant variation in progress and transparency. More than half (55.56%) of actions are categorised as 'not specified', indicating widespread gaps in monitoring and reporting. This trend is particularly pronounced in healthcare (68.8%), social protection (54.81%), and education and training (46.96%), where the absence of clear implementation data undermines accountability and strategic follow-through. Partially implemented actions make up 33.83% of the total, reflecting moderate progress, especially in education and training (42 actions) and employment (21 actions). Fully implemented actions remain limited, accounting for just 6.97% overall. Digital technology (22.58%) and political participation (13.79%) show relatively stronger performance, suggesting that innovation and civic engagement are areas of emerging success. Not implemented actions, although fewer (3.65%), highlight persistent structural and logistical barriers, with education and training (11.3%) and employment (14.58%) standing out as domains where planned initiatives have failed to progress.

The effects of implementation further underscore the challenges of systematic evaluation. Across the actions reviewed, 66.33% are classified as having unspecified effects, indicating a widespread lack of impact measurement. Nevertheless, 16.42% of actions are assessed as positive, with good practices emerging across nearly all domains.

In access to justice, 75% of actions are unspecified and 8.3% are positive. For example, Slovakia's regular reporting of crimes against seniors has improved transparency and informed policy-making. In access to services, 62.5% are unspecified and 12.5% are positive. Malta has enhanced the accessibility and quality of community-based services, while Slovakia provides legal and psychological support through victim support offices. In digital technology, 64.5% are unspecified and 16.1% are positive. Slovakia leads with initiatives to improve digital literacy, distributing tablets and digitising public services, significantly enhancing inclusion and reducing isolation. Education and training has 73% unspecified and 3.5% positive actions. Slovakia has expanded the lifelong learning opportunities for seniors and promoted non-formal education through cultural institutions. Malta supports youth development through private sector partnerships. In employment, 68.8% are unspecified and 10.4% are positive. Slovakia has achieved strong results through retraining programmes for older jobseekers, while Lithuania promotes labour market participation among older adults.

Healthcare actions are 78.4% unspecified and 10.4% positive. Ireland has implemented community-based health initiatives supporting ageing in place and mental health. Malta focuses on social inclusion for isolated older individuals. Slovakia promotes healthy lifestyles through education and counselling. Sweden has trained over 76,000 older adult care workers, while Germany has enhanced dementia care through inclusive community initiatives. Housing actions are 70.4% unspecified and 7.4% positive. Hungary supports youth housing stability through subsidies, and Malta helps older adults to adapt their homes for safer, independent living. Media and advertising have 60% unspecified and 30% positive actions. Slovakia enriches public broadcasting with senior-focused content and supports cultural participation through philatelic events. Political participation has 69% unspecified and 6.9% positive actions. Estonia has expanded youth involvement through local councils, while Slovakia has strengthened older persons' institutional role in policy-making.

Social protection has 60.7% unspecified and 23% positive actions. Germany addresses loneliness through inclusive public spaces and programmes. Malta improves financial literacy among older adults, and Slovakia has expanded its community-based elder care. Italy introduced a universal benefit for dependent older adults, offering substantial financial support for caregiving. Transport has 53.3% unspecified and 40% positive actions. Slovakia has implemented fare discounts, improved barrier-free infrastructure, and promoted active mobility through cycling and hiking initiatives.

Detailed evidence supporting key findings

This section presents detailed evidence underpinning the main findings, offering a thorough examination of the data and analysis that substantiates the conclusions.

3.4.1. Comparative analysis of national strategies

This section presents an overview of the age-related strategies adopted by Member States, with a focus on the type of strategy, personal scope, scope of application, objectives, monitoring mechanisms, level of implementation, and effects. The mapping encompassed strategies introduced after 2015 and completed after 2020. Within these time parameters, a total of 80 strategies were identified, offering a snapshot of current and past policy efforts across the EU. On this basis, 11 strategies are complete (BE, ES, LV, LU, HU, NL, AT, SI, SK), 55 are ongoing (BE, BG, CZ, DE, EE, IE, EL, ES, FR, IT, CY, LV, LT, LU, HU, MT, NL, AT, PL, PT, RO, SI, SK, FI, SE), and 15 are not specified (BG, DE, IE, FR, HR, CY, LV, MT, SK, FI).

3.4.1.1. Types of strategies related to age

This section explores how Member States approach age-related challenges, whether through dedicated age-specific strategies or by mainstreaming ageing concerns into broader policy frameworks. It assesses the extent to which these strategies explicitly address age discrimination, ageism, and age equality.

Twenty-nine strategies focus on age-specific issues (BE, BG, DE, EE, EL, ES, FR, IT, CY, LT, HU, MT, AT, PL, PT, RO, SI, SK, FI). Austria's Youth Strategy and Belgium's Flemish Policy Plan for the Elderly are examples of age-specific strategies designed to address the distinct needs of particular age groups. The Austrian strategy targets young people aged 14-24, focusing on digital inclusion and media literacy, while the Belgian plan supports individuals aged 55+, promoting active ageing, intergenerational solidarity, and combating ageism. Fifty-one strategies are categorised as mainstreaming (BG, CZ, DE, EE, IE, EL, ES, HR, CY, LV, LT, MT, NL, AT, PL, RO, SI, SK, FI, SE). Estonia's Cohesive Estonia Strategy 2021-2030 and Ireland's Healthy Ireland Framework 2013-2025 are examples of mainstreaming strategies, integrating ageing considerations into broader policy areas. Overall, mainstreaming strategies are more common, reflecting a recognition that age-related considerations are vital cross-cutting issues that affect multiple sectors. While integrating age-related concerns into broader policies promotes inclusivity and cooperation, these approaches alone cannot fully address the specific and complex challenges associated with people of difference ages. Dedicated, targeted measures remain essential to ensure comprehensive support for populations of different ages.

Fifty-two strategies do not specifically focus on tackling age discrimination, ageism, and promoting age equality (DE, EL, FR, HR, IT, CY, LV, LU, HU, NL, AT, FI, SE). Germany's Federal Government Strategy to Counter Loneliness and France's One Young Person, One Solution initiative are examples of age-specific strategies that do not focus on age equality. While Germany's strategy aims to improve social participation and reduce loneliness, and France's initiative supports youth employment and training, neither explicitly addresses age discrimination nor promotes age equality. Twenty-one strategies focus on these issues (BE, BG, CZ, EE, IE, ES, LT, MT, PL, SI, SK). Lithuania's Active Ageing Strategy 2021–2030 and Belgium's Flemish Policy Plan for the Elderly 2020–2025 are strong examples of age-specific strategies that explicitly address age equality. Both aim to combat ageism and promote the active participation of older adults in society. Lithuania focuses on enhancing social inclusion and reducing generational disparities, while Belgium proposes targeted actions such as improving media representation and ensuring equal opportunities for seniors. Overall, a large number of strategies across the Member States do not explicitly aim to combat age discrimination or promote age equality. Some countries have introduced strategies with specific measures addressing these issues, but most focus on broader age-related concerns without directly targeting age equality. This limits the effectiveness of such policies in tackling inequalities between age groups. Developing targeted strategies to address age discrimination and promote age equality, similar to those used for disability rights, would help to address age-based disparities more comprehensively.

3.4.1.2. Personal scope of the strategies

This section reveals whether Member States are adopting inclusive, life-course approaches or focusing on specific age demographics.

A total of 36 strategies are inclusive of all age groups, reflecting a universal approach to ageing and intergenerational policy (BG, DE, EE, IE, EL, HR, CY, LV, LT, LU, MT, NL,

AT, PL, PT, RO, SI, SK, FI, SE). Two notable examples of strategies designed to support individuals across all age groups come from Germany and Finland. Germany's Federal Government Strategy to Counter Loneliness focuses on fostering social participation and inclusivity for people of all ages, promoting a community-wide response to isolation and solitude. Similarly, Finland's National Mental Health Strategy and Programme for Suicide Prevention 2020-2030 adopts a comprehensive approach by integrating mental health services across age-related challenges, ensuring that support is accessible throughout the life course.

A more focused approach is seen in 24 strategies that specifically address individuals aged 50+, aiming to support older adults in areas such as active ageing, care, and inclusion (BE, BG, CZ, DE, EE, IE, EL, ES, FR, IT, CY, LT, HU, MT, PL, RO, SI, SK, SE). Czechia's Strategic Framework for Preparation for the Ageing of Society 2021-2025 exemplifies this approach by addressing key areas such as healthcare, workforce participation, and supportive living environments for older adults. Similarly, Ireland's Housing Options for Our Ageing Population Policy Statement concentrates on adaptive housing solutions that facilitate continued independent living for people aged 50+, ensuring that ageing individuals can remain active and autonomous within their communities.

Lastly, 13 strategies concentrate on individuals under 50, often targeting youth development, education, employment, and civic engagement (BE, DE, EE, FR, CY, HU, MT, NL, AT, RO). The Netherlands' New Action Plan on Labour Market Discrimination 2022-2025 includes specific measures to address internship discrimination, particularly benefiting younger individuals entering the workforce. Similarly, Malta's National Youth Policy 2021-2030 promotes empowerment, participation and skill-building for people aged 13-30, with a strong emphasis on enhancing education and employment opportunities. These strategies reflect broader efforts to reduce youth unemployment and equip young people with the competencies needed for future success.

The predominant category among age-related strategies is those that cover all age groups, reflecting a commitment to inclusive policy design. Estonia stands out, with eight strategies explicitly targeting individuals across the age spectrum. These strategies aim to embed inclusivity within various public policies and social programmes, ensuring that services such as employment, healthcare, and social participation are universally accessible. Conversely, strategies targeting individuals aged 50+ also represent a significant category, focusing on securing the social, economic, and health needs of older adults. Cyprus exemplifies this approach through multiple strategies that emphasise active ageing and the integration of older people into the labour market and wider society. Central themes include active ageing and lifelong learning, which aim to reduce age discrimination and promote continued workforce participation. Meanwhile, age-specific strategies directed at younger populations often prioritise education and employment, with the goal of tackling youth unemployment and improving digital competency.

3.4.1.3. Scope of application of the strategies

This section explores the sectors covered by these strategies. It discusses whether ageing is treated as a cross-cutting issue or confined to specific domains, and highlights the extent to which Member States have adopted integrated approaches.

Forty-nine strategies are identified as horizontal, integrating ageing considerations across multiple sectors (BE, BG, CZ, DE, EE, IE, EL, ES, HR, IT, CY, LT, HU, MT, AT, PL, PT, RO, SI, SK, FI, SE). Germany's National Dementia Strategy and Austria's Youth Strategy are examples of horizontal policy approaches. Both strategies adopt cross-

sectoral frameworks: Germany's integrates health, education, employment, and transport to improve support for people with dementia, while Austria's embeds youth perspectives across education, employment, media, and social participation.

In reviewing the horizontal strategies developed by Member States to address age-related themes, the education sector leads, with 36 strategies (BE, BG, EE, ES, HU, CY, LT, MT, AT, PL, PT, RO, SI, SK, FI), closely followed by employment and the labour market, with 35 strategies (BE, BG, CZ, DE, EE, EL, HR, CY, LT, LU, HU, MT, NL, AT, PL, PT, RO, SI, SK, FI). Health and healthcare is also a major focus, with 33 strategies (BE, BG, DE, EE, EL, ES, IT, CY, LT, HU, MT, PL, PT, RO, SI, SK, FI, SE), while civic and political participation is addressed in 29 strategies (BE, BG, DE, EE, ES, CY, HU, MT, AT, PL, PT, RO, SI, SK, FI). The digital technology and transformation sector features in 23 strategies (BE, BG, DE, EE, ES, CY, LV, LU, HU, MT, PL, RO, SI, FI) and housing and living environment is covered by 19 strategies (BE, BG, CZ, ES, HR, IT, CY, HU, MT, PL, RO, SI, SK). Human rights and anti-discrimination issues appear in 16 strategies (BG, EE, HR, CY, LT, MT, PL, RO, SI, SK, FI), while culture and recreation is covered by 13 strategies (BE, BG, DE, EE, CY, HU, MT, PL, PT, SI, SK, FI), and unclassified strategies account for 13 strategies (BE, BG, IE, ES, HR, IT, CY, HU, MT, AT, PL, SI, SK). Community engagement and volunteering is addressed in 12 strategies (BG, EE, IE, EL, CY, HU, MT, AT, PT, SI, SK, FI), and financial security and economic policy by nine strategies (BG, ES, HR, CY, HU, MT, PL, PT, SI, SK). Family and intergenerational support is the focus of eight strategies (BG, CZ, CY, HU, MT, PL, SK), while just one strategy addresses environment and sustainability (DE).

Bulgaria, Cyprus, Hungary and Malta have extensive age-related strategies. Their policies encompass education, employment and the labour market, health and healthcare, digital technology and transformation, culture and recreation, community engagement and volunteering, financial security, family and intergenerational support, housing and the living environment, as well as human rights and anti-discrimination. In contrast, Czechia, Germany and Greece, while active in key areas such as health, digital technology, employment, and community engagement, cover fewer sectors overall.

Three individual strategies provide the most comprehensive scope coverage through their proposed actions: Slovakia's National Programme for Active Ageing (2021-2030), Spain's Strategy for Older People, and Slovenia's Strategy for a Long-Lived Society. Firstly, Slovakia's National Programme for Active Ageing (2021-2030) is a deeply integrated and wide-ranging strategy that addresses ageing across nearly every sector of public life. It takes a horizontal approach, embedding age-related considerations into areas such as human rights and civic participation, employment and employability, education, health and long-term care, housing and the living environment, social services, financial security and pensions, poverty and social inclusion, mobility and transportation, culture, intergenerational solidarity, environment and energy, and technology and innovation.

Secondly, Spain's Strategy for Older People is one of the most detailed and holistic frameworks in the EU. It spans a wide range of sectors, including employment and training, occupational health and workplace safety, retirement policy, employment services and labour market inclusion, anti-discrimination, taxation and social security, and intergenerational knowledge transfer. It also addresses work-life balance and caregiving, social protection and pensions, social inclusion and community participation, volunteering and civic engagement, digital inclusion and adult education, civic and political participation, health and social care, housing, urban planning, transportation, long-term care and support services, informal caregiving, human rights, gender equality, disability rights, legal protection, awareness and education, elder protection infrastructure, judicial reform, and research and data development. The strategy's

breadth ensures that ageing is treated as a cross-cutting issue requiring coordinated action across all levels of governance.

Thirdly, Slovenia's Strategy for a Long-Lived Society, developed by the Institute of Macroeconomic Analysis and Development (UMAR), is a comprehensive policy document that integrates ageing into a wide array of sectors. It addresses employment, education, health, social care, social inclusion, social protection, family policy, intergenerational cooperation, digital inclusion, anti-discrimination and human rights, public safety, elder protection, volunteering, community engagement, culture, sports, civic and political participation, long-term care, consumer and economic adaptation, housing, transport, and regional development. The strategy is designed to foster a society where older individuals are empowered, included, and supported across all dimensions of life.

By contrast, 28 strategies are sector-specific (DE, EE, IE, ES, FR, CY, LV, LT, LU, NL, AT, RO, SK, FI, SE), targeting particular domains to address age-related issues. Luxembourg's National Action Plan for Digital Inclusion and Sweden's National Dementia Strategy are strong examples of sector-specific strategies. Luxembourg's focuses on digital technology, promoting digital skills and addressing regional disparities, particularly among older adults, while Sweden's targets healthcare and social care, aiming to improve dementia care through better training and integrated support.

These strategies encompass actions across a range of sectors. The health and healthcare sector (EE, LT, RO, SE) and housing and living environment sector (IE, ES, CY, RO) lead with five initiatives each. Digital technology and transformation (EE, IT, LV, LU) and education (EE, CY, AT, SK) follow with four strategies, while employment and the labour market (FR, CY, NL) feature in three. Other sectors, such as culture and recreation (EE, CY), media and information (LV), transport and mobility (EE), and social protection (FR) are represented by one or two strategies.

Cyprus Sports Organisation's Policy for Senior Adults is a good example of a strategy in the culture and recreation sector, promoting intergenerational solidarity and social inclusion through free access to adult sports programmes for seniors. Luxembourg's National Action Plan for Digital Inclusion is a strategy in the digital technology and transformation sector that aims to improve digital skills and accessibility for all age groups, while Latvia's Digital Transformation Guidelines 2021-2027 also represent this sector by focusing on lifelong learning and digital literacy. Estonia's Education Strategy 2021-2035 is a strong example in the education sector, supporting lifelong learning by integrating technological skills into educational systems. The Netherlands' Labour Market Discrimination Action Plan 2018–2021 exemplifies a strategy in the employment and labour market sector, addressing age-based discrimination and promoting equal opportunities. Sweden's Improvement of Elder Care programme represents the health and healthcare sector, enhancing the quality of elder care through improved staff training and support. Ireland's Housing Options for Our Ageing Population strategy is a key example in the housing and living environment sector, guiding the development of age-friendly housing to support independent living.

The predominance of horizontal strategies highlights a growing recognition that ageing affects all aspects of society and should be integrated into mainstream policy design. However, sector-specific strategies remain valuable for addressing specialised needs. Taken together, these strategies reveal a broad and evolving understanding of ageing as a multi-dimensional experience that intersects with nearly every aspect of life.

3.4.1.4. Objectives of the strategies

This section examines the most frequently addressed objectives, highlighting both common themes and specific examples of the diverse objectives pursued by these strategies.

The most frequently addressed objective is to promote intergenerational solidarity and social participation, with 20 strategies identified (BE, BG, DE, EE, IE, IT, CY, MT, NL, PL, PT, SI, SK). For example, Malta's National Strategic Policy for Active Ageing 2023-2030 promotes intergenerational fairness by encouraging older adults to remain active contributors to society, fostering mutual support across age groups. This is followed by 19 strategies aiming to ensure accessible, quality healthcare and social services for older adults (BG, CZ, EE, IE, EL, ES, FR, CY, MT, PL, RO, SK, FI, SE). Germany's National Dementia Strategy strengthens social services by improving access and support for people living with dementia and their families.

Nine strategies seek to enhance employment opportunities and workforce participation for older adults (ES, CY, LT, NL, AT, PL, SI, SK), and another nine aim to promote digital inclusion and media literacy for all age groups (BE, EE, IT, LV, LU, MT, NL, AT, SI). For example, Austria's Strategy for Life-long Learning supports older adults' participation in the workforce by promoting continuous education and aiming to increase employment rates among those aged 55-64. Italy's National Strategy for Digital Skills focuses on enhancing digital competencies among older and younger populations, helping to bridge generational divides and improve employability in a digital economy. Eight strategies support lifelong learning and skill development across all ages (EE, FR, IT, CY, SK). For example, Slovakia's National Programme for Active Ageing (2021-2030) supports lifelong learning by ensuring continuous skill development across all life stages, fostering equal opportunities for personal growth.

Sixteen strategies reflect objectives outside the five most common categories (BG, EE, FR, HR, CY, LV, PL, RO, SK). Croatia's National Plan for the Protection and Promotion of Human Rights and Combating Discrimination for the period to 2027 focuses on strengthening public administration, raising awareness, and combating hate crimes and discrimination. Similarly, Cyprus's National Strategy for the Protection and Promotion of Human Rights aims to enhance legal compliance with human rights and foster a culture of respect for human rights. Estonia's Internal Security Development Plan 2020-2030 seeks to improve community involvement in security, regardless of age. Romania's National Strategy for the Rights of Persons with Disability 'An Equitable Romania' for 2022-2027 promotes full societal participation and accessibility, while its National Strategy for Social Exclusion and Poverty Reduction for 2022-2027 aims to reduce poverty through social investment and protection. Romania also addresses housing access through its National Housing Strategy 2022-2050. Slovakia's Programme Statement of the Government of the Slovak Republic 2023-2027 outlines broad goals, including democratic renewal and sustainable growth.

Several Member States demonstrate a comprehensive approach to tackling age-related matters by adopting holistic strategies that address various dimensions of ageing. Slovakia's National Programme for Active Ageing (2021-2030) is a particularly holistic strategy, addressing the full spectrum of ageing-related objectives. It promotes employment opportunities for older adults, ensures access to quality healthcare and social services, and supports lifelong learning and skill development. It also fosters intergenerational solidarity through family and community engagement, encourages digital inclusion, and upholds dignity, independence, and income security in later life. In integrating these diverse priorities, the programme reflects a comprehensive and inclusive approach to ageing policy.

3.4.1.5. Monitoring implementation of the strategies

Monitoring and evaluation mechanisms play a critical role in ensuring that age-related strategies are not only well-designed but effectively implemented. This section examines several dimensions of monitoring, including the presence of a dedicated monitoring mechanism, adoption of indicators to assess progress, implementation of reporting procedures, designation of responsible institutions, and involvement of CSOs in the monitoring process.

Overview

Evidence from across the Member States indicates that 56 strategies contain defined monitoring mechanisms (BE, BG, DE, EE, IE, EL, ES, FR, HR, IT, CY, LV, LT, LU, MT, NL, AT, PL, PT, RO, SI, SK, FI, SE). For instance, Austria's Strategy for Life-long Learning in Austria includes a dedicated task force for coordination, regular monitoring using specific indicators, and annual reporting to assess progress and guide necessary adaptations. Bulgaria's National Strategy for Active Life of Older People (2019-2030) outlines a comprehensive framework, with 22 indicators spanning domains such as employment and independent living, supported by biennial government-reviewed reports to ensure transparency and stakeholder engagement.

Croatia's National Plan for the Protection and Promotion of Human Rights and Combating Discrimination involves the Office for Human Rights and the Rights of National Minorities in ongoing monitoring, with detailed action plans specifying objectives, responsible bodies, and reporting structures. Cyprus's National Strategy for Active Ageing 2025-2030 features a governance system coordinated by the Deputy Ministry of Social Welfare, overseeing monitoring, evaluation, and revision to maintain strategic responsiveness. Lastly, Estonia's Estonia 2035 serves as a central tool for long-term development, with annual reviews led by government officials, including the Prime Minister. The strategy is integrated into the European Semester, aligning national reform programmes with broader EU objectives and ensuring continuity in achieving strategic goals.

However, 25 strategies lack clear monitoring systems (BG, CZ, DE, EE, IE, FR, IT, CY, LV, HU, MT, PL, SI, SK, FI). These strategies often do not outline how implementation will be reviewed or adapted over time, limiting their responsiveness to emerging needs. The absence of clearly defined indicators, reporting frameworks, and assigned responsibilities makes it difficult to track progress or assess whether or not objectives are achieved. Without a clear governance structure, oversight becomes fragmented, and accountability is weakened.

This distribution suggests a strong overall emphasis on monitoring and evaluation, although some countries continue to face challenges in establishing comprehensive tracking frameworks. Belgium, Estonia, Germany, Romania, and Slovakia have the highest number of strategies with monitoring mechanisms, reflecting a commitment to accountability and evidence-based policy-making. By contrast, countries such as Hungary and Latvia show fewer instances of monitoring, indicating potential gaps in evaluating the effectiveness of their strategies. Notably, strategies that include monitoring are often linked to health, social services, and community engagement – sectors that typically require more robust oversight due to their complexity and societal impact.

Measurable indicators

This section evaluates the presence of measurable indicators across national strategies, highlighting strengths and gaps in current monitoring practices.

In evaluating the presence of indicators, the findings reveal a mixed landscape. A total of 42 strategies lack defined indicators (BE, BG, CZ, DE, EE, IE, ES, FR, IT, CY, LV, HU, MT, NL, AT, PL, SI, SK, FI, SE). The lack of clearly defined metrics or timelines for reporting is a common challenge, resulting in limited accountability and reduced transparency. The absence of topic-specific data and evaluation tools creates uncertainty about the alignment of actions with broader policy goals.

Conversely, 39 strategies include defined indicators, offering a more structured approach to tracking progress (BE, BG, DE, IE, EL, ES, FR, HR, IT, CY, LT, LU, MT, NL, AT, PT, RO, SK). Austria's Strategy for Life-long Learning defines specific indicators for each action area to ensure that progress is tracked and reported annually. A dedicated task force oversees implementation, enhancing accountability and adaptability.

The distribution of strategies across Member States shows a greater number of countries lacking systematic monitoring indicators, including those with substantial social policy frameworks in education, health, and employment. This presents a challenge for evaluating the effectiveness of strategic actions. Strategies that focus on lifelong learning, workforce participation, social inclusion, and age-specific healthcare are more likely to include well-defined monitoring frameworks. However, some countries with broad age-mainstreaming initiatives, such as Bulgaria and Slovakia, still fall short of establishing concrete indicators. This suggests a gap between policy ambition and the ability to measure progress, which may hinder efforts to assess impact and improve strategic outcomes.

The following three strategies represent good practices in establishing indicators to measure progress on implementation of age-related strategies. Bulgaria's National Strategy for Active Life of Older People outlines 22 indicators across employment, social participation, independent living, and capacity-building. The Ministry of Labour and Social Policy coordinates implementation, with biennial reports ensuring clear responsibility and follow-up. Examples of indicators include the employment rate of people aged 55-64 and 65-74, participation in lifelong learning for ages 55-74, the share of older adults (65+) involved in voluntary activities, the percentage of older people (65+) living independently, and the use of information and communications technology (ICT) by older adults (55+). Romania's 2023–2030 Strategy on Long-term Care and Active Ageing includes specific, measurable indicators for each objective and action. Annual reporting by designated institutions to the Ministry of Labour and Social Solidarity enables targeted adjustments and informed policy development. Indicators include increases in the proportion of older adults (65+) living independently, reduction in institutionalisation rates among the 65+ population, coverage rate of long-term care services for people aged 65+, number of community-based care centres serving older adults, and the participation rate of older adults (65+) in social and community programmes. Slovakia's National Programme for Active Ageing (2021-2030) assigns measurable outcomes to each action, facilitating clear progress tracking. Examples are the employment rate of people aged 55-64 and 65+, digital literacy rate among older adults (65+), access to preventive healthcare services for people aged 65+, and participation in intergenerational and volunteer programmes for seniors.

Reporting

Reporting mechanisms provide a structured means of assessing progress, enabling mid-course adjustments and ensuring transparency and accountability. Of the strategies reviewed, 50 include provisions on reporting, demonstrating a commitment to monitoring progress (BE, BG, DE, EE, IE, EL, ES, FR, HR, IT, CY, LT, MT, NL, AT, PL, PT, RO, SI,

SK, SE). The following examples illustrate how certain national strategies incorporate structured reporting provisions to ensure accountability and track progress effectively. Portugal's Action Plan for an Active and Healthy Ageing 2023-2026 mandates annual reporting, although its implementation has faced challenges due to administrative changes. Slovakia's Youth Strategy of the Slovak Republic for 2021-2028 includes biannual evaluations and a mandatory mid-term evaluation, reflecting a well-established framework for regular progress updates on youth policies. Estonia's Education Strategy 2021-2035 and Welfare Development Plan 2023-2030 are subject to annual reporting, with evaluations embedded in their implementation processes to maintain alignment between strategic goals and actual outcomes.

By contrast, 31 strategies do not provide mechanisms for progress reporting (BE, BG, CZ, DE, IE, FR, IT, LV, LU, HU, FI). Common challenges include a lack of clarity on reporting timelines, reliance on fragmented or agency-level monitoring without overarching documentation, and the absence of systematic frameworks for evaluation. In some instances, the reporting structures originally planned were not implemented, while others focus solely on end-of-period evaluations, limiting opportunities for mid-course adjustments. These gaps hinder transparency, reduce accountability, and weaken the ability to assess whether strategic goals are met effectively over time.

Croatia's National Plan for the Protection and Promotion of Human Rights and Combating Discrimination (2021-2027) represents good reporting practice. It includes a legally mandated annual reporting system, coordinated by the Office for Human Rights and the Rights of National Minorities. Reports must detail progress on each specific objective, using predefined outcome and performance indicators. The strategy also requires recommendations for improvement and allows for adjustments to future action plans. This structured and legally embedded reporting process ensures transparency and accountability. Similarly, Germany's Federal Government's Strategy to Counter Loneliness (2020-2025) includes a structured and consistent reporting mechanism. Monitoring is supported by the Office for Monitoring the Strategy to Counter Loneliness, located within the Loneliness Competence Network (KNE). According to the strategy, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) is responsible for publishing regular monitoring reports, with two reports planned, one at the end of 2024 and another at the end of 2025. These reports provide an overview of the implementation status of each measure, including timelines and the ministries responsible.

Institutions involved in monitoring

The involvement of clearly designated institutions is essential to ensure that age-related strategies are implemented and evaluated effectively. These bodies are responsible for overseeing progress, coordinating actions, and ensuring accountability throughout the strategy's lifecycle. Of the reviewed strategies, 52 have designated institutions responsible for overseeing implementation and evaluation (BE, BG, DE, EE, IE, EL, ES, FR, HR, IT, CY, LT, MT, NL, AT, PL, RO, SI, SK, FI, SE). The following examples illustrate how certain national strategies explicitly assign institutions or agencies to monitor their progress. Austria's Strategy for Lifelong Learning is monitored by a task force, with a national platform comprising representatives from federal ministries and other stakeholders coordinating implementation. The process includes the presentation of an annual report to the Council of Ministers. Bulgaria's National Strategy for Active Life of Older People is tracked by a Standing Interministerial Working Group, involving representatives from ministries, agencies, and civil society. Biennial reports are submitted for government adoption. Cyprus's National Strategy for Active Ageing 2025-2030 is coordinated by the Deputy Ministry of Social Welfare and a steering committee, with governance roles assigned to the Third Age Agency and a service committee. Estonia's Estonia 2035 assigns coordination to the Ministry of Education and Research,

with governmental-level interactions integrated into the European Semester's economic processes. Strategies within the education sector are further supported by a broad-based steering committee.

A wide variety of institutions are tasked with monitoring the implementation of national age-related strategies. These institutions can act either individually or in collaboration to perform monitoring duties and fall into five main categories. Ministries are the most common type of monitoring body, overseeing 34 strategies (BE, BG, DE, EE, IE, EL, ES, HR, IT, CY, LT, MT, NL, AT, PL, RO, SI, SK, FI, SE). These central government bodies are responsible for policy leadership, coordination, and oversight. For example, the Flemish Youth and Children's Rights Policy Plan 2020-2024 is monitored by the Flemish Ministry of Youth, coordinated by the Minister for Youth. It is responsible for tracking implementation, evaluating progress, and ensuring that youth-related measures are aligned with broader governmental objectives. Agencies or NAs monitor 12 strategies (DE, CY, NL, RO, SK, FI, SE). These specialised public bodies provide technical expertise and operational support. In Finland, the National Mental Health Strategy and Programme for Suicide Prevention (2020-2030) is overseen by the Finnish Institute for Health and Welfare, which coordinates suicide prevention efforts and tracks implementation through a comprehensive set of indicators. Councils or committees are responsible for monitoring nine strategies (BG, DE, EE, CY, SI, SK), often acting as consultative or coordinating bodies. These include interministerial groups and stakeholder forums. Bulgaria's National Strategy for Equality, Inclusion & Participation of Roma (2021–2030) is monitored by the National Council for Cooperation on Ethnic and Integration Issues, which facilitates annual reporting and stakeholder engagement at national and local levels. NHRIs, EBs or other commissions oversee six strategies (DE, HR, NL, PL), typically focusing on rights, compliance, and transparency. These bodies are often independent or semi-autonomous. Croatia's National Plan for the Protection and Promotion of Human Rights and Combating Discrimination is monitored by the Office for Human Rights and the Rights of National Minorities, which coordinates reporting and evaluation in line with national strategic planning legislation. Lastly, organisations, including national agencies and foundations, monitor four strategies (CY, MT, SK). These entities often operate semi-independently and focus on programme delivery and reporting. In Malta, National Youth Policy 2021-2030 is monitored by the Youth Agency (*Aġenzija Żgħażaġħ*), which tracks youth engagement and policy effectiveness through annual reports and mid-term reviews.

Conversely, 27 strategies lack explicitly designated monitoring institutions, which may hinder systematic reporting and accountability (BG, CZ, DE, FR, IT, CY, LV, LU, HU, MT, NL, PL, PT, SK). The absence of clearly defined institutional responsibilities for monitoring progress in certain strategies can be attributed to a range of factors. In many cases, strategic documents refer to monitoring in general terms but fail to specify the bodies responsible, resulting in ambiguity and weak accountability. Some rely on existing administrative structures or cross-sectoral groups without formal designation, which can lead to fragmented oversight. Political shifts and policy changes, as seen in Hungary, may disrupt the implementation of originally planned monitoring frameworks. Limited institutional capacity or resources can further hinder the establishment of dedicated monitoring entities. Additionally, some strategies are designed to be broad and flexible, prioritising overarching goals over operational detail, while others defer evaluation to the end of the strategy period, delaying the need for assigning monitoring institutions. These factors collectively contribute to gaps in governance and reduce the effectiveness of strategic implementation.

The data indicate a strong emphasis on monitoring in Estonia, with ten strategies featuring designated monitoring institutions, and in Romania, with six such strategies. By contrast, countries such as Hungary have no strategies that include designated monitoring bodies. The presence of monitoring entities is often associated with horizontal

and multisectoral strategies, such as those addressing human rights, digital inclusion, and lifelong learning, highlighting the comprehensive structural arrangements typically required for these domains.

Cyprus' National Strategy for Active Ageing 2025-2030 and Action Plan for Active Ageing for 2025-2027 represent good practice in institutional structures to monitor the implementation of the strategies. They feature a multi-tiered governance system involving the Deputy Ministry of Social Welfare, the Third Age Agency, a service committee, and a steering committee. Each body has clearly defined roles in coordinating, evaluating, and revising the strategy. The Deputy Ministry prepares annual progress reports for the Council of Ministers, ensuring institutional oversight and responsiveness. Another good practice is Estonia's Internal Security Development Plan 2020-2030, which assigns the Ministry of the Interior to oversee implementation, supported by a steering committee and expert groups. Ministries submit annual reports, which are consolidated into a results area report. This structure ensures cross-sectoral coordination and oversight.

Involvement of CSOs in monitoring mechanisms

The involvement of CSOs in monitoring mechanisms is a critical factor to ensure transparency, accountability, and inclusiveness in the implementation of age-related strategies. However, of the strategies reviewed, 52 have no active CSO involvement, indicating limited engagement in monitoring processes (BE, BG, DE, EE, IE, EL, ES, FR, HR, IT, CY, LV, LT, LU, HU, MT, NL, AT, PL, PT, RO, SI, SK, FI, SE). A key reason for the limited involvement of CSOs in monitoring national strategies is the predominance of top-down governance models, where decision-making and oversight are concentrated within government institutions, leaving little room for external participation. Even when CSOs are consulted during the drafting phase, their roles in monitoring are often undefined or informal, resulting in unclear responsibilities and limited engagement in follow-up activities. Additionally, many strategies prioritise administrative reporting by public bodies, without establishing mechanisms for inclusive or participatory monitoring. This is compounded by the absence of legal or policy mandates requiring CSO involvement, making their participation optional and dependent on political will or institutional openness.

By contrast, 28 strategies confirm active involvement of CSOs, reflecting a more participatory approach to monitoring (BG, DE, EE, IE, CY, LT, NL, AT, RO, SI, SK, FI, SE). The following examples highlight how CSOs are actively involved in monitoring and implementing national strategies, contributing to transparency, inclusiveness and accountability. In Bulgaria, the National Strategy for Equality, Inclusion and Participation of Roma (2021-2030) involves civil society through consultative structures at various levels and promotes the inclusion of Roma women and young people. A Monitoring Council supports oversight and implementation. In Estonia, the Youth Sector Development Plan 2021-2035 includes the Estonian National Youth Council in coordinating youth-centred policy development. The plan is supported by a steering committee, with progress reports prepared by the Ministry of Education and Research.

Germany's National Dementia Strategy establishes a steering group involving CSOs, which monitors implementation annually. Stakeholders also convene as part of a broader network to share experiences. Luxembourg's National Action Plan for Digital Inclusion provides for stakeholder involvement to ensure digital inclusion, with tracking and reporting mechanisms in place until its comprehensive review in 2024. In Malta, the National Youth Policy 2021–2030 assigns the Youth Agency responsibility for ongoing monitoring and reporting, involving young people and aligning with their participation in youth work and services. An independent evaluation is conducted at the end of the policy period. Finally, Slovakia's Youth Strategy of the Slovak Republic for 2021-2028 takes a

multisectoral approach, incorporating input from public administration, private and non-governmental sectors. Monitoring is supervised by the Ministry of Education.

The distribution of strategies reveals that a greater proportion of the strategies lack active civil society involvement in monitoring efforts, highlighting considerable potential for increased engagement across Member States. Estonia has the highest number of strategies with active civil society participation (four), covering areas such as digital inclusion, media literacy and social protection. Germany and Slovakia also demonstrate a more collaborative approach, actively involving CSOs in the monitoring of their strategies. However, several countries including Belgium, Croatia, France, Greece, Hungary, Italy, Latvia, Luxembourg, Malta, Poland, Portugal and Spain show no active CSO involvement in any of the strategies.

Bulgaria's National Strategy for Active Life of Older People (2019-2030) represents good practice in involving CSOs, explicitly integrating CSOs into its Standing Interministerial Working Group, which oversees monitoring. CSOs contribute data, participate in evaluations, and are involved in updating strategic goals. This inclusive model ensures transparency and leverages the expertise of non-governmental actors in shaping and assessing policy. The Netherlands' Labour Market Discrimination Action Plan 2018-2021 also promotes civil society involvement, engaging employers' organisations, youth groups, and NGOs in monitoring, awareness campaigns, and pilot evaluations.

3.4.1.6. Level of implementation of the strategies

This section examines the level of implementation of the strategies mapped. The assessment draws on an analysis by national experts of the proportion of actions set out in these strategies that have been carried out. Of the 80 strategies, five have been fully implemented or have more than 70% of actions completed (CY, PT, SK). Portugal's Action Plan for an Active and Healthy Ageing 2023-2026 and Slovakia's National Programme for Active Ageing (2021-2030) exemplify fully implemented strategies. They focus on promoting health, autonomy, and intergenerational solidarity, offering concrete measures to improve quality of life and support active participation of older adults in society.

A further 12 strategies have seen limited implementation, with only 0-35% of actions completed (DE, HR, CY, LT, HU, AT, RO). Austria's Strategy for Life-long Learning and Croatia's National Plan for the Protection and Promotion of Human Rights reflect limited implementation. Progress is constrained by financial, jurisdictional, and prioritisation challenges that hinder full execution. Another 12 strategies (DE, IE, IT, CY, LV, NL, PL, SK) are partially implemented, with 35-70% of actions completed. For instance, Latvia's Digital Transformation Guidelines 2021-2027 is partially implemented, reflecting progress in digital infrastructure and public service modernisation. While several initiatives have been launched to enhance digital literacy and access, full implementation remains ongoing.

In contrast, 52 strategies fall into the category of 'not specified', with no clear data available on implementation progress. Of the completed strategies, four are partially implemented (CY, LU, NL, SK), one is implemented to a limit extent (AT), and eight are reported with an unspecified implementation status (BE, DE, EE, IE, ES, HU, PT). This evidence suggests that, for many completed strategies, insufficient data are publicly available on their implementation status. By contrast, of the ongoing strategies, five are fully implemented (CY, PT, SK), eight are partially implemented (DE, IE, IT, LV, PL, SK), 11 show limited implementation (DE, EE, HR, CY, LT, HU, AT, RO), and 42 have an unspecified implementation status (BE, BG, CZ, DE, EE, EL, ES, FR, IT, CY, LV, LT,

MT, NL, PL, RO, SI, SK, FI, SE). The high number of strategies with an unspecified implementation status may indicate either a lack of comprehensive data collection or ongoing developments that make current implementation status unclear or difficult to assess. It could also reflect limited progress reporting, despite having established monitoring systems. Of the strategies with designated monitoring mechanisms, evidence of implementation could be identified for only 39.29%. For those strategies without designated monitoring mechanisms, the percentage is lower, at 28%. While this difference suggests that having designated monitoring mechanisms has a positive impact on the level of implementation, the relatively low share of evidence also indicates that, in many cases, these mechanisms do not perform their tasks effectively.

3.4.1.7. Effects of implementation of the strategies

This section explores the outcomes of age-related strategies. This analysis is informed by evidence mapped by national experts on the impact of actions implemented under these strategies. Of the 80 strategies mapped, five have mixed effects (BG, CY, NL, SK), indicating uneven outcomes or partial success in tackling age-related issues. For example, Bulgaria's Updated National Strategy for Demographic Development 2012-2030 has led to improvements in life expectancy and infant mortality, yet challenges such as demographic decline and population ageing persist. Measures are described as fragmented and insufficient to reverse negative trends ⁽¹⁶⁰⁾. Slovakia's National Programme for Active Ageing 2014-2020 achieved progress in healthcare and lifestyle improvements for older adults but fell short in areas such as material and legislative support ⁽¹⁶¹⁾.

Meanwhile, a total of 62 strategies have neutral or unspecified effects (BE, BG, CZ, DE, EE, IE, ES, EL, FR, HR, IT, CY, LV, LU, MT, NL, AT, PL, PT, RO, SI, SK, FI, SE). For example, Croatia's National Plan for the Protection and Promotion of Human Rights and Combating Discrimination lacks evaluative evidence specifically concerning age-related activities. Current reporting does not indicate any discernible positive or negative impact on age equality, suggesting a neutral effect ⁽¹⁶²⁾. Similarly, Finland's National Programme on Ageing 2030 is not accompanied by detailed monitoring or evaluation reports. The absence of outcome data prevents conclusive statements on its effectiveness in tackling age discrimination or ageism. The fact that the majority of strategies show no discernible impact may be attributed to a lack of available evaluation data, whether due to insufficient data collection or limited progress reporting. It may also reflect ongoing developments that make current implementation status unclear or difficult to assess.

Thirteen strategies demonstrate positive effects (DE, EE, IT, CY, LT, HU, AT, FI). The most impactful strategies are:

- Austria's Strategy for Life-long Learning has contributed to improved employment outcomes for older adults, with the employment rate for individuals aged 55-64 reaching 58.8% in 2024, surpassing earlier targets ⁽¹⁶³⁾, by fostering continuous

⁽¹⁶⁰⁾ Council of Ministers of the Republic of Bulgaria, *Measures to combat the demographic crisis start to yield first results*, 2023, <https://gov.bg/en/Press-center/News/Prime-Minister-Acad-Nikolai-Denkov-Measures-to-combat-the-demographic-crisis-start-to-yield-first-results>

⁽¹⁶¹⁾ Ministry of Labour, Social Affairs and Family of the Slovak Republic, *Správa o plnení úloh z NPAS na roky 2014–2020*, 2021, <https://www.employment.gov.sk/sk/ministerstvo/rada-vlady-sr-prava-seniorov/narodny-program-aktivneho-starnutia.html>

⁽¹⁶²⁾ Government of the Republic of Croatia, *National Plan for the Protection and Promotion of Human Rights and Combating Discrimination for the period to 2027*, 2023, <https://pravamanjina.gov.hr/UserDocImages/dokumenti/National%20Plan%20for%20the%20Protection%20and%20Promotion%20of%20Human%20Rights%20and%20Combating%20Discrimination%20for%20the%20period%20to%202027.pdf>

⁽¹⁶³⁾ Statistics Austria, *Economic recession and labour market in 2024*, 2025, <https://www.statistik.at/fileadmin/announcement/2025/03/20250314Arbeitsmarkt2024EN.pdf>

skill development and supporting older workers' participation in the workforce. Germany's National Dementia Strategy shows strong results, with systematic monitoring indicating that 50% of its measures were successfully implemented by 2025. The strategy also fosters additional unplanned initiatives, reflecting a productive collaborative environment supported by the National Dementia Strategy Office ⁽¹⁶⁴⁾. Its success lies in its ability to bring together a wide range of stakeholders, including civil society, healthcare providers, and government agencies, under a unified framework. The establishment of the National Dementia Strategy Office has played a pivotal role in facilitating collaboration and ensuring that efforts are not duplicated.

- In Poland, while direct causality is not established, the Labour Market Discrimination Action Plan 2018-2021 and its successor have coincided with improved labour market outcomes for older adults, suggesting indirect benefits from targeted policy efforts ⁽¹⁶⁵⁾. This outcome reflects the effectiveness of the policy framework and its alignment with labour market needs. The strategy's success is also attributed to its commitment to regular evaluations, facilitating timely adjustments and ensuring accountability.
- Slovakia's National Programme for Active Ageing (2021-2030) shows early signs of success, notably due to its robust monitoring and evaluation framework. The first evaluation report, covering 2021–2022, used 84 measurable indicators to assess progress across strategic domains. Positive developments were noted in areas such as digital skills training for seniors, expanded access to home care, and the growth of community support services. Although the COVID-19 pandemic posed implementation challenges, the strategy's adaptability and evidence-based revisions have helped to maintain its relevance. Its success is rooted in its comprehensive scope and commitment to continuous improvement, building on the 2014-2020 programme, and including mechanisms to track progress in areas such as digital literacy and home care ⁽¹⁶⁶⁾.

3.4.2. Comparative analysis of national actions

Understanding the scale and intensity of efforts to combat age discrimination and ageism and promote age equality across the EU requires examining the relevant actions undertaken by each Member State. This section presents an overview of the actions proposed in the strategies described above, their implementation and effects.

3.4.2.1. Overview of national actions

An examination of the 603 actions proposed by the Member States reveals significant disparities in the strategic prioritisation of age-related issues. Slovakia emerges as the most proactive Member State, with 147 actions (24.38%). This reflects a strong and sustained policy focus on age-related matters. Malta follows with 114 proposed actions (18.91%), suggesting a similarly high level of strategic planning. Bulgaria ranks third with 76 actions (12.6%), indicating notable efforts, while Belgium and Greece have proposed 52 (8.62%) and 46 actions (7.63%), respectively, showing moderate but meaningful engagement. Slovenia and Spain each propose 30 actions (4.98%), closely followed by Poland with 29 actions (4.81%). These figures reflect a consistent but less intensive approach to age-related policy planning. Germany, despite its size and resources, has

⁽¹⁶⁴⁾ Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, *National Dementia Strategy – Implementation Report*, 2025, www.bmbfsfj.bund.de

⁽¹⁶⁵⁾ Commissioner for Human Rights, *Situation of older people in the labour market in Poland*, n.d., <https://bip.brpo.gov.pl/en/content/situation-older-people-labor-market-poland>

proposed only 14 actions (2.32%), placing it behind several smaller Member States in terms of strategic volume. Italy, Croatia and Sweden each propose eight actions (1.33%), with Finland slightly behind at six actions (1%). Luxembourg proposes five actions (0.83%), while the Netherlands, Austria, Estonia, and Lithuania propose four actions apiece (0.66%). Latvia and Ireland each propose just two actions (0.33%), while Czechia proposes only one action (0.17%).

The distribution of proposed actions across the Member States highlights stark differences in national approaches to age equality and anti-discrimination. Slovakia reflects a comprehensive strategy that spans social protection, digital inclusion, and community-based care. Malta and Bulgaria also show strong engagement, albeit with differing emphases. By contrast, Latvia, Ireland, and Czechia have proposed very few actions, indicating limited policy engagement.

3.4.2.2. Personal scope of the actions

To complement the analysis of proposed actions by country, the distribution of these actions across different age groups should be considered.

A total of 132 proposed actions address all age groups, reflecting a broad and inclusive policy orientation. These actions have been put forward by 15 Member States (BE, BG, DE, EE, IE, EL, ES, HR, CY, LV, LT, LU, MT, NL, AT, FI, SE). They typically focus on universal access to services, intergenerational solidarity, and cross-cutting measures that promote age equality throughout the life course. For example, Belgium has taken action to improve access to services for vulnerable groups by establishing a network that enables more inclusive access to holidays. This initiative, part of the strategy 'We eliminate individual barriers that vulnerable Flemings cannot overcome themselves', helps individuals facing social or financial challenges to participate in leisure activities. Estonia, under its Transport and Mobility Development Plan 2021-2035, is working to enhance public transport accessibility by merging transport centres. This action aims to improve service quality and ensure equitable mobility for people of all ages. Slovakia has the highest number of actions addressing all age groups, indicating a comprehensive approach to age-related strategies across the population. By contrast, countries such as Austria, Czechia, Hungary, Italy, and Poland do not propose any action in this context, suggesting a less universal approach in their actions.

The most targeted age group is those aged 50+, with 376 proposed actions across 19 Member States (BE, BG, CZ, DE, EE, EL, ES, HR, IT, LT, HU, MT, NL, AT, PL, SI, SK, FI, SE). These actions include initiatives to support active ageing, improve healthcare access, enhance digital literacy, and promote labour market participation among older adults. For example, Austria has taken steps to support lifelong learning among older adults by introducing geragogical⁽¹⁶⁷⁾ model projects and tailored advisory services as part of its national strategy to promote continued education and personal development later in life. Belgium, meanwhile, addresses digital exclusion in the older people population through education-focused actions to reduce barriers to technology access.

Slovakia again leads with the most entries, reflecting a strong emphasis on policies and programmes targeting older adults. This points to a well-developed framework for active ageing and older person supports. However, Ireland, Latvia, and Luxembourg report the fewest entries, which could imply a lack of targeted initiatives for this age group.

⁽¹⁶⁷⁾ Geragogy (or Geragogics) refers to the theory and practice of education specifically tailored for older adults, typically those aged 50 and above. It acknowledges that older learners have unique physical, cognitive, social, and emotional characteristics compared to younger adults, and therefore require adapted teaching methods. The approach promotes lifelong learning, social inclusion, and active engagement in later life.

For individuals under 50, the analysis identifies 95 actions proposed by nine Member States (BE, BG, DE, EE, ES, HU, MT, NL, AT, SK). These actions often focus on youth empowerment, education, early career support, and digital inclusion. For example, Hungary is supporting young people entering the labour market through concrete actions such as tax reductions and housing subsidies under its Youth Guarantee Programme. These measures are designed to ease the transition into employment and improve financial stability for younger individuals. In the Netherlands, efforts to tackle employment discrimination are implemented through the *Actieplan Arbeidsmarktdiscriminatie*, which provides training for employers and human resources professionals to prevent bias in recruitment and workplace practices, promoting fairer access to job opportunities. Malta emerges as the leader, with a notably high number of entries targeting this age group, suggesting a proactive stance on youth and working-age population issues. Conversely, a group of countries including Croatia, Czechia, Finland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Poland, and Sweden show minimal activity, indicating potential gaps in strategic attention for younger adults.

3.4.2.3. Types of policy instrument of the actions

An analysis of actions by Member States reveals a diverse use of policy instruments to address age-related issues. These range from formal legislation to pilot initiatives and funding programmes, reflecting varied approaches to implementation across countries.

A total of 46 actions involve funding programmes (BE, BG, DE, EL, ES, HR, LU, HU, MT, AT, PL, SI, SE). For example, in Germany, funding is allocated to a variety of projects under the Federal Government's Strategy to Counter Loneliness (2020-2025), enabling the testing and evaluation of different approaches to support vulnerable groups and foster social connection. Greece strengthens its long-term care framework through targeted funding for initiatives such as the Help at Home programme and infrastructure upgrades tailored to the needs of older people populations. Malta provides financial support for housing adaptations to ensure age-friendly living environments, alongside funding for initiatives that combat financial abuse and promote economic empowerment among older adults. Sweden provides funding to support the dissemination of knowledge about dementia, enhancing outreach and understanding within the healthcare sector. Spain makes substantial funding available to intergenerational and accessible housing projects, addressing demographic shifts and promoting inclusive living arrangements. Slovenia allocates financial resources to reinforce social protection systems and ensure pension sustainability, securing long-term support for quality older persons care.

Thirty-four actions are implemented through laws (BE, BG, IT, HU, MT, NL, SE). In particular, Italian Law No. 33 of 23 March 2023 delegates authority to the government to reform legislation on social, healthcare, and socio-healthcare assistance to systematically improve the dignity and living conditions of older citizens. In Sweden, the Research and Innovation Bill (prop. 2024/25:60) introduces a four-year legislative initiative focused on dementia care, committing public resources to long-term research and service development for ageing populations. Hungary supports youth employment through legislation that grants tax exemptions to individuals under 25, improving their financial prospects and encouraging early labour market participation. In Malta, legal obligations require professionals to report suspected elder abuse, strengthening protective mechanisms, while additional legislation on advance directives in end-of-life care empowers individuals to make informed and autonomous decisions about their healthcare, reinforcing dignity and personal agency in later life.

Twenty-seven actions are classified as pilot initiatives (BE, BG, DE, EL, HU). Greece has proposed pilot initiatives that develop early intervention mechanisms and integrate

technology for crisis monitoring, aiming to strengthen healthcare support systems for older adults. Belgium is trialling hybrid care models that combine digital tools with traditional services to address loneliness and improve older persons care. One specific pilot focuses on fall prevention in home settings, enhancing safety and in-home support. In Hungary, the Infocommunication Programme for Older People is piloting digital literacy initiatives to improve older adults' access to technology and promote digital inclusion. Malta's Strategic Policy for Active Ageing runs a befriending service as a pilot project, targeting vulnerable groups such as homebound older adults and those in long-term care to reduce isolation and foster social engagement. Estonia is piloting the integration of public transport centres to improve accessibility and age equality in mobility services. Spain has proposed pilot schemes for intergenerational housing, testing communal living arrangements that benefit both younger and older residents.

Policy is the most common instrument, with 452 actions implemented through national or regional strategies across 22 Member States (BE, BG, CZ, DE, EE, IE, EL, ES, HR, IT, LV, LT, LU, HU, MT, NL, AT, PL, SI, SK, FI, SE). Finland has adopted an age-competent approach by encouraging voluntary work, improving functional capacity, and promoting age-friendly housing, creating a more inclusive and supportive environment for older citizens. Poland outlines actions to enhance older adults' participation in civic life, adapt work environments to their capabilities, and support their continued economic engagement. Estonia proposes an Older Persons Programme to ensure financial stability and equal participation opportunities for older adults, reinforcing their role in society. Additional policy-driven actions include Germany's Loneliness Awareness Week, which brings together multiple sectors to raise awareness and reduce social isolation among older people, reflecting a civic-minded and inclusive approach, and Slovakia's qualified human resources plan to improve older adults' access to education.

Lastly, 44 actions fall under other categories, including administrative measures and strategic frameworks (BE, DE, EL, HR, HU, PL, FI). For instance, Croatia has organised regional public forums to raise awareness of the rights and services available to older persons and persons with disabilities. These forums serve as platforms for dialogue and visibility rather than regulatory or financial instruments. Finland encourages voluntary work among older citizens as a means of fostering social inclusion and active ageing. This strategic encouragement supports informal civic engagement without constituting a formal programme or policy. Similarly, Germany enables youth delegates to participate in international climate protection efforts, offering a representational mechanism that amplifies young voices in global discussions and promotes intergenerational dialogue. Meanwhile, Belgium's Action 12 recognises the Flemish Council of Elders as an advisory body, ensuring that older people have a structured voice in policy-making. This action exemplifies governance through institutional representation and consultation rather than direct service delivery or legislative reform.

3.4.2.4. Scope of application of the actions

This section outlines the implementation of ageing-related actions across the Member States, highlighting the most active policy areas and showcasing country-specific initiatives that exemplify targeted support for populations of different ages.

A total of 603 actions are recorded across the Member States. Social protection is the most active area, with 135 actions (BG, DE, EL, ES, MT, SK, FI). For example, Slovakia has significantly enhanced its support for informal caregivers through amendments to its social protection legislation. The cash allowance for care has been increased progressively, with the 2025 rate reaching €663.50 per month for working-age recipients. The healthcare sector follows closely, with 125 actions (BE, BG, EL, HU, IT, MT, SK, FI,

SE). For example, Greece proposes a targeted action to strengthen the operation of long-term care service structures. This involves funding for daycare centres for older people, rehabilitation centres, and palliative care units, as well as temporary accommodation for chronic patients. The initiative aims to expand access to specialised care, improve infrastructure, and ensure continuity of support for older adults with complex health needs. Education and training is another major domain, with 115 actions (BE, BG, ES, HR, LT, MT, AT, SK). In Belgium, for example, the ICT Impulse Programme aims to combat digital exclusion among older adults by providing tailored digital literacy training through adult education centres, focusing on low-literate older individuals. The programme also supports outreach and awareness campaigns, such as Literacy Week, to promote e-inclusion and ensure that older people can access essential digital services.

Employment includes 48 actions (BG, DE, ES, HR, IT, HU, NL, PL, SI, SK, FI). For instance, the Netherlands' *Seniorenkansensvisie* initiative aims to improve labour market inclusivity for individuals aged 55+. It supports employer awareness campaigns, retraining programmes, and intergenerational knowledge transfer. The initiative also includes pilot schemes to facilitate career transitions and promote age-diverse workplaces. Digital technology includes 31 actions (BE, EL, IT, LV, LU, HU, MT, PL), such as Estonia's e-service enhancements for older adults. The initiative adapts public digital infrastructure to meet age-related needs, including simplified interfaces and support services. It aims to ensure that older citizens can access government services independently and securely. Housing policies account for 27 actions (BE, BG, ES, IT, FI). For example, Italy's co-housing projects for older individuals offer innovative housing solutions that foster intergenerational connections. These projects provide shared living spaces designed to promote social interaction, mutual support, and community integration, reducing loneliness and improving quality of life for older adults. Access to services accounts for 24 actions (BE, HR, MT, PL, SK). In particular, Belgium's initiative to develop Flanders as an accessible holiday destination showcases inclusive tourism for older people and people with disabilities. The programme promotes universal design in infrastructure and services, ensuring comfort and accessibility for all visitors. It also supports training and labelling schemes to improve service quality across the tourism sector. Transport includes 15 actions (MT, PL, AT, SI, SK). For example, Estonia has outlined a strategy to improve public transport accessibility for older adults. It proposes merging small transport centres into unified organisations to enhance service quality and coordination. Complementary initiatives such as GreenSAM and BaltSe@nioR 2.0 promote senior-friendly public spaces and transport planning, while the Tallinn Accessibility Mapping project involves volunteers in assessing over 1,000 transport stops for age-friendly access.

Political participation includes 29 actions (BE, BG, EE, ES, MT, AT, PL, SK). For example, Belgium has outlined a dedicated action to promote quality participation of older adults in policy-making. Since 2022, the Flemish Elderly Council has supported 23 regional platforms and five interregional steering groups, creating a structured network for older people's participation in policy. These platforms serve as learning and exchange hubs for senior councils, associations, and volunteers, ensuring that older people have a meaningful voice in shaping the policies that affect their lives. Access to justice also includes 12 actions (BG, ES, HR, MT, AT, PL). For example, Croatia proposes a targeted initiative to improve access to justice for older adults and persons with disabilities. Through regional public forums, the programme raises awareness of legal rights and available services, while encouraging the development of tailored support in local communities. These forums also connect residents with service providers, helping to ensure that vulnerable groups are informed and empowered to exercise their rights. Finally, the domain of media and advertising includes ten actions (BE, BG, PL, SK). For instance, Belgium's public broadcaster VRT is encouraged to portray older adults more realistically and inclusively. This initiative aims to counter ageism by reflecting the

diversity and vitality of older people in media content. It forms part of a broader strategy to promote positive ageing narratives.

The distribution of ageing-related actions across Member States suggests several thematic patterns. Social protection, healthcare, and education and training are the most prominent areas of focus, reflecting a strong commitment to supporting older adults through inclusive welfare systems, accessible health services, and lifelong learning. Countries such as Bulgaria, Malta, Slovakia, and Belgium show particularly high levels of engagement in these areas. Bulgaria has implemented extensive measures in employment, social protection, healthcare, and education, while Malta prioritises community-based health interventions and education. Slovakia's approach includes support for actions on education and social protection, and Belgium has led efforts on healthcare. By contrast, Ireland and Czechia report fewer actions in these areas, suggesting more limited engagement or emerging policy development. Meanwhile, areas such as transport, media and advertising, access to justice, and political participation remain less populated, indicating potential gaps or opportunities for further investment. Nevertheless, targeted initiatives such as Estonia's senior-friendly transport planning and Belgium's inclusive media campaigns demonstrate innovation and growing attention to these underrepresented domains.

3.4.2.5. Typologies of actions in areas of life

This section outlines the key typologies of actions identified in the fields of the study.

Social protection: The actions in the field of social protection are grouped into six distinct typologies. **Income and material support** is the most prevalent, with 32 actions (BG, EL, ES, SK) to safeguard basic living standards. This category includes direct financial assistance and material aid such as pensions, heating allowances, food distribution schemes, rent support, and targeted benefits. These measures are fundamental in preventing poverty and promoting social protection among older populations and those at risk of exclusion. **Support for informal caregivers** is addressed through 21 actions (BG, EL, ES, SK) recognising the crucial role played by informal carers, often family members, in providing essential day-to-day support. The actions include financial incentives, respite services, insurance coverage, and training programmes. By supporting caregivers, these measures aim to reduce the burden of care, improve well-being, and ensure the sustainability of home-based support systems. **Social participation and inclusion** is promoted through 18 actions (BG, DE, EL, MT, SK, FI) focusing on enabling older persons to remain actively engaged in community life. Initiatives encourage participation in cultural, recreational, and intergenerational activities, with the aim of reducing isolation and fostering a sense of belonging. These actions contribute to mental well-being and strengthen social cohesion. **Community-based services** form another significant typology, with 26 actions (BG, EL, ES, SK) supporting the development and expansion of community-based services that allow older persons to remain in their homes and communities. These include day centres and integrated service networks. **Financial security and pension adequacy** is addressed through 14 actions (BG, DE, EL, SK) focusing on the sustainability and fairness of pension systems. Measures aim to provide adequate retirement income, reduce poverty in old age, and address gender disparities in pension entitlements. Lastly, **governance and institutional strengthening** comprises 12 actions (BG, EL, ES, SK), including reforms to improve the coordination, monitoring, and evaluation of social protection systems. It involves the development of national registries, policy frameworks, and mechanisms for data collection and service integration.

Healthcare: The healthcare-related actions are clustered in seven distinct typologies, each delineating a core domain of policy emphasis. **Preventive and public health** measures account for approximately 30 actions (BE, BG, EL, IT, HU, MT, SK, FI, SE). They include initiatives such as screening programmes, vaccination campaigns, fall prevention strategies, nutrition policies, substance use awareness, and oral health promotion. These actions aim to reduce health risks, promote healthier lifestyles, and prevent the onset of chronic conditions, particularly among ageing populations. **Integrated and community-based care models** are represented by 25 actions (BE, BG, EL, IT, MT, SK, FI). These measures focus on delivering care within local communities through home care services, hybrid models combining remote and in-person support, and the development of caring neighbourhoods and community health hubs. The emphasis is on integrating medical services to provide holistic, person-centred care that supports independent living. **Long-term and palliative care** is addressed through approximately 20 actions (BE, BG, EL, IT, SK, SE). It includes services for individuals with chronic conditions, dementia, and those requiring end-of-life care. It also encompasses support for caregivers and the expansion of hospice and palliative care infrastructure. These actions aim to ensure dignity, comfort, and continuity of care for those with complex and long-term health needs. **Health system governance and quality assurance** is the focus of 15 actions (BE, BG, EL, IT, SK). These initiatives involve improving transparency in inspections, establishing quality standards, developing monitoring systems, and implementing institutional reforms. The goal is to enhance accountability, ensure consistent service quality, and strengthen the overall performance of healthcare systems. **Mental health and well-being** is promoted through approximately 15 actions (BE, EL, SK, FI, SE). It includes mental health promotion, suicide prevention strategies, loneliness reduction initiatives, and psychological support services. These actions recognise the importance of mental health as a component of overall well-being, particularly for older adults and those experiencing social isolation. **Health workforce support** is addressed in ten actions (BE, EL, IT, SK). These measures focus on training for medical personnel, improving working conditions, and supporting professional caregivers. They include the adoption of health workforce regulation and ethics, development of national registries and quality standards for professional caregivers, and enhancing the skills of medical personnel through digital means. **Digital health and telemedicine** is the final typology, comprising approximately ten actions (BE, EL, IT, HU, MT, SK). These actions promote the use of telehealth services, enhance digital literacy for accessing healthcare, and implement remote monitoring systems. The integration of digital technologies into healthcare delivery is intended to improve accessibility, especially in remote or underserved areas, and to support more efficient and responsive care.

Education and training: The education and training-related actions comprise five typologies. **Lifelong learning** is the most prominent, with 18 actions (BE, BG, ES, HR, LT, MT, AT, SK) promoting continuous education for adults and older people. These initiatives include geragogical models, adult education centres, and national lifelong learning strategies. The focus is on enabling individuals to pursue personal development and maintain employability throughout their lives, with tailored programmes that reflect the needs of ageing populations. **Vocational training** has 16 actions (BE, BG, ES, HR, LT, MT, AT, SK), concentrating on employment-oriented education and skill development. These actions support older adults and young people, including jobseekers and those undergoing career transitions. Programmes include training guarantees, career counselling, and structured pathways into employment, helping individuals to adapt to changing labour market demands. **Digital skill training** is addressed through 14 actions (BE, BG, ES, HR, LT, MT, AT, SK) enhancing digital literacy and inclusion for older adults. These initiatives include ICT training, digital buddy programmes, and e-learning platforms designed to empower individuals to access online services and participate in digital society. **Health education** is supported by 12 actions (BE, BG, ES, HR, LT, MT, AT, SK) focusing on physical and mental health promotion.

Programmes include education on nutrition, fall prevention, mental well-being, and disease prevention, aiming to improve health outcomes and support healthy ageing through informed lifestyle choices. **Caregiver education** is the focus of ten actions (BE, BG, ES, HR, LT, MT, SK), providing training and support for both formal and informal caregivers. These initiatives cover psychological support and the use of digital tools to improve the quality of care and ensure that caregivers are equipped to meet diverse and evolving needs. **Intergenerational learning** is promoted through ten actions (BE, BG, ES, HR, LT, MT, AT, SK) encouraging collaboration between generations through shared learning spaces, cultural programmes, and intergenerational housing. These actions foster mutual understanding and solidarity, creating opportunities for older and younger people to learn from one another and engage in joint activities. **Inclusive education** is addressed through nine actions (BE, BG, ES, HR, LT, MT, SK) promoting equality and combating discrimination. These initiatives include awareness campaigns, accessible learning environments, and inclusive curricula that reflect the diversity of learners and ensure that education systems are open and responsive to all.

Employment: Actions in the field of employment are grouped into six main typologies. **Youth employment and activation** is a widely adopted typology, with 15 actions across the Member States (BG, DE, ES, HR, IT, HU, NL, PL, SI, SK, FI). These initiatives aim to integrate young people into the labour market, particularly those classified as not in education, employment, or training (NEETs). Measures typically include internships, apprenticeships, wage subsidies, and Youth Guarantee schemes designed to provide structured pathways into employment and reduce youth unemployment. **Support for older workers** is reflected in ten actions (BG, DE, ES, IT, PL) focusing on retaining ageing individuals in the workforce while promoting active ageing. These measures often involve mentoring schemes, flexible work arrangements, and incentives for employers to hire or retain older employees, helping to ensure that older workers remain active and valued in the labour market. **Inclusive employment for vulnerable groups** is addressed through eight actions (BG, DE, ES, HR, PL, SK) aiming to integrate people with disabilities, long-term unemployed individuals, and marginalised communities into the labour market. These actions typically include targeted employment programmes, wage subsidies, and support for social enterprises, with a focus on reducing structural barriers to employment. **Digital skills and lifelong learning** are increasingly emphasised to improve employability and adaptability in a changing labour market. Six actions have been proposed in this area (BG, DE, IT, NL, SK, FI), focusing on digital literacy, upskilling, and continuous learning to help workers to remain competitive and resilient in the face of technological change. **Entrepreneurship and self-employment support** is another key typology, with five actions proposed (BG, HR, IT, NL, SK). These initiatives promote business creation among young people and older adults through training, mentoring, and financial assistance, encouraging innovation and self-sufficiency, particularly in regions with limited formal employment opportunities. **Workplace health and safety** is addressed through four actions (BG, DE, ES) focusing on improving working conditions, particularly for older workers. These measures promote occupational health, ergonomic adaptations, and awareness of labour regulations, aiming to reduce physical strain, enhance well-being, and extend working life.

Digital technology: Digital innovation-related actions are clustered in five typologies. **Digital inclusion** is the most prominent typology, with seven actions (BE, EL, MT, PL) aiming to improve access to digital tools and connectivity for vulnerable groups. These initiatives focus on older adults and individuals in remote or low-income areas and include digital buddy schemes and infrastructure improvements such as public computer rooms and internet access initiatives. The goal is to reduce digital exclusion and ensure equitable access to essential online services. **Smart ageing** is addressed through seven actions (BE, EL, MT) applying digital technologies to support healthy and independent ageing. These include smart home systems, hybrid care models, and ageing-in-place strategies that combine remote monitoring with personalised care. The emphasis is on

enabling older adults to live safely and autonomously in their own homes through the use of innovative digital solutions. **Assistive technology** is supported by six actions (EL, LU, MT) involving the use of smart devices, robotics, and ergonomic adaptations to enhance independent living and safety for older persons. These measures include AI-based monitoring systems, robotic support in older persons care, and smart home pilot projects that help individuals to manage daily tasks and health needs more effectively. **Digital public services** are the focus of six actions (BE, EL, PL) aiming to digitise public administration and services to improve accessibility, efficiency, and transparency. These actions include the development of unified digital portals, accessibility testing for online services, and the expansion of e-government platforms tailored to the needs of older citizens. **Civic tech** is addressed through five actions (BE, LV, PL) using digital platforms to enhance citizen engagement, policy feedback, and participatory governance.

Housing: Housing-related actions identified are grouped into five typologies. **Supportive housing services** is the most prominent, with seven actions (BE, BG, ES, IT, FI) focusing on housing integrated with care and support services. These initiatives aim to enable independent living for older adults and people with disabilities by linking housing with home care, community-based services, and assistive technologies. The emphasis is on maintaining autonomy while ensuring access to essential support within the home environment. **Affordable and inclusive housing** is addressed through six actions (BE, BG, ES, IT, FI) aiming to ensure access to housing for all, particularly vulnerable groups. These include rent subsidies, social housing schemes, and reforms to allocation systems that prioritise older adults, low-income households, and young people. The goal is to reduce housing insecurity and promote equitable access to safe and stable accommodation. **Age-friendly and intergenerational living** is supported by five actions (BE, BG, ES, IT, FI) promoting housing environments that are suitable for older adults while fostering intergenerational interaction and mutual support. These policies encourage the design of inclusive public spaces, intergenerational cohousing, and community housing models that bring together people of different ages to share resources and build social cohesion. **Innovative and experimental housing models** are represented by five actions (BE, BG, ES, IT, FI) involving pilot projects and new housing concepts such as modular homes, and smart housing. These initiatives aim to address demographic and social challenges through flexible, scalable, and community-oriented solutions that respond to the evolving needs of ageing populations. Finally, **governance and participation in housing policy** comprises four actions (BE, BG, FI, IT) focusing on improving housing policy through participatory planning, stakeholder engagement, and better coordination across sectors. They include evaluations of local housing strategies, demographic planning, and forums that give older adults a voice in shaping housing solutions that affect their lives.

Access to services: Actions identified in the area of access to services are clustered in three typologies ⁽¹⁶⁸⁾. **Administrative simplification and service navigation** is the most prominent typology, with four actions (EL, HR). These initiatives aim to simplify bureaucratic procedures and improve access to public services through better coordination, single-entry systems, and user-friendly service design. Examples include the development of national registries, quality assessment mechanisms for service providers, and digital education to help citizens to navigate e-government platforms. The overarching goal is to reduce administrative barriers and empower individuals, particularly older adults and people with disabilities, to access the services they need more independently. **Access to cultural services** is addressed through three actions (BE, PL, SK) aiming to promote participation in cultural life among older adults and vulnerable groups. Examples include funding for cultural projects targeted at older people, support for intergenerational artistic education, and the use of subsidy

⁽¹⁶⁸⁾Due to the interconnection of access to services with other areas of life part of the study, the typologies exclude actions interconnected with other areas to avoid repetition.

instruments. **Access to recreational and leisure services** is addressed through three actions (BE, PL) to promote well-being and social inclusion through physical activity, tourism, and leisure, particularly for older adults, through active tourism projects and inclusive holiday programmes for older people, including those with disabilities or limited mobility.

Transport: The transport-related actions are grouped into four typologies. **Road safety and vulnerable users** is the most prominent, with four actions (PL, AT, SI, SK) focusing on improving road safety for children and young people. These initiatives include strategic planning, infrastructure adaptation, and awareness campaigns to promote safer mobility. **Accessible and inclusive public transport** is addressed through three actions (MT, PL, SK) aiming to make transport systems more accessible for older adults and people with disabilities. These measures include barrier-free infrastructure, and inclusive design. **Digital and smart mobility solutions** are supported by three actions (MT, PL, SK) that leverage digital technologies to enhance transport services. These initiatives include telematics, and smart infrastructure planning, with a particular focus on improving the transport experience for older adults and those unfamiliar with digital tools. **Awareness and education campaigns** are the focus of three actions (AT, SI, SK) promoting behavioural change and safety through targeted education. These campaigns aim to inform citizens, especially older adults, about safe mobility practices, transport rights, and the importance of staying alert and informed in traffic environments.

Access to justice: Four typologies of actions are identified in the field of access to justice. **Digital inclusion and access to legal services** includes three actions (ES, AT). These aim to improve digital literacy and facilitate access to online public services and legal tools, particularly for older persons. They support individuals to independently navigate administrative and legal systems, enhancing their ability to exercise their rights and access justice. **Protection of vulnerable groups** comprises four actions (BG, ES) focusing on safeguarding the rights of older people persons, persons with disabilities, and victims of abuse. They include measures to prevent mistreatment, promote legal empowerment, and ensure access to professional support and community-based services for those at risk. The typology of **awareness and education on rights** covers three actions (ES, MT). These actions involve public campaigns, educational forums, and outreach activities aimed at informing citizens, especially vulnerable groups, about their legal rights and available services. They foster civic engagement and promote a culture of rights awareness. The typology of **legal aid and support services** consists of two actions (BG, PL), including the expansion of legal aid, free counselling, and training for professionals and volunteers to assist vulnerable populations in navigating justice systems. They aim to reinforce legal support structures and ensure equitable access to justice.

Political and civic participation: The political and civic engagement actions are grouped into four typologies. **Civic engagement and volunteering** is the most prominent, with seven actions (BE, BG, MT) promoting active citizenship through volunteering, community involvement, and grassroots initiatives. Programmes mobilise volunteers to support vulnerable groups, encourage intergenerational service, and build stronger community ties through shared action. **Participation in decision-making** is addressed through seven actions (BE, AT, PL) focusing on enabling citizens to influence public policy and democratic processes. These initiatives include advisory councils, youth parliaments, and participatory mechanisms to ensure that diverse voices are heard in shaping policy. **Intergenerational dialogue and inclusion** are supported by eight actions (BE, EE, ES) promoting mutual understanding and collaboration between generations. These actions encourage the use of inclusive public spaces, and cultural exchange programmes that bring together young and older people. **Community empowerment and social cohesion** is the final typology, comprising seven actions

(BG, MT, SK). These initiatives build resilient communities by addressing social exclusion, promoting inclusive services, and fostering local collaboration.

Media and advertising: The media and advertising-related actions are grouped into three typologies. **Strategic communication for social inclusion** is the most prominent, with four actions (BE, BG, SK) using media and advertising to promote participation, raise awareness of rights and services, and foster inclusive narratives. These initiatives include public campaigns that encourage active ageing, celebrate intergenerational solidarity, and highlight the contributions of older adults. **Inclusive representation and anti-ageism** is addressed through three actions (BE, BG) focusing on reshaping public perceptions of older adults. These actions promote realistic, diverse, and respectful portrayals in media and government communications, challenging stereotypes and fostering dignity. **Media literacy and digital inclusion** is supported by three actions (BE, PL) empowering older adults to engage critically and confidently with media content and services. These initiatives include training programmes, accessibility improvements, and the development of support networks such as digital buddies.

Across all domains, several cross-cutting themes emerge. Integration and coordination, whether between health and social services, education and employment, or housing and care, are central to delivering person-centred support. Digital transformation is a pervasive enabler, enhancing access, efficiency, and autonomy across sectors. Participation and empowerment, especially of older adults and caregivers, are consistently promoted through inclusive governance, civic engagement, and education. Intergenerational solidarity is a recurring motif, reflected in housing, learning, mobility, and media initiatives that foster mutual understanding and shared responsibility across age groups. These typologies and insights reflect a holistic policy vision that values autonomy, dignity, and active participation for all, and responds to the evolving demographic and social landscape with innovation, compassion, and inclusivity.

3.4.2.6. Level of implementation of the actions

This section examines the level of implementation of ageing-related actions across the Member States, providing insight into how far proposed initiatives have progressed from planning to execution. This assessment was carried out by national experts through desk research on the implementation of actions set out in age-related strategies. By categorising actions as fully implemented, partially implemented, not implemented or not specified, the analysis highlights both the momentum and the gaps in policy delivery.

A significant proportion of actions, at 335 out of 603 (55.56%), are categorised as not specified. These actions are distributed across a wide range of Member States (BE, BG, CZ, DE, EE, EL, ES, IT, LV, HU, MT, PL, SI, SK, FI, SE). Among the not specified actions, initiatives such as developing exercise programmes and promoting cultural participation for care-dependent seniors is a good example. Similarly, Greece's initiatives to enhance general practitioners and integrate digital technology for crisis monitoring lack detailed updates on execution. A further 204 actions (33.83%), are recorded as partially implemented, reflecting moderate progress (BE, BG, DE, EE, IE, HR, IT, LV, LT, HU, NL, PL, AT, SK, FI, SE). For example, Austria's geragogical model projects and advisory services for older adults remain in progress, while Lithuania's measures to promote labour market participation and social inclusion for older adults face systemic fragmentation, slowing full execution.

Only 42 actions (6.97%) are classified as fully implemented, showing complete execution in a smaller group of Member States (BE, DE, IT, LU, HU, NL, AT, PL, SK, SE). Germany's Loneliness Awareness Initiative is a notable example of a fully implemented

action. Developed by the Federal Ministry for Family Affairs, it includes nationwide campaigns and awareness weeks to reduce social isolation across all age groups, supported by robust monitoring and stakeholder engagement. Lastly, 22 actions (3.65%) are marked as not implemented (IE, ES, NL, PL, SK). For example, Ireland's National Smart Ageing Housing Programme illustrates the challenges in implementing these actions. Despite its aim to enhance independent living through tailored housing options and interdepartmental collaboration, the programme has not progressed beyond the planning stages, hindered by coordination and funding issues. Slovakia's planned reforms to enhance older adults' political engagement similarly reflects barriers in stakeholder alignment and strategic clarity, leaving planned reforms unrealised.

In the area of access to justice, 12 actions are recorded across the Member States. ten actions are categorised as not specified, involving five Member States (BG, EL, ES, MT, PL, SI), while two actions fall under partially implemented (BG, PL). The remaining action is classified as fully implemented (SK). In access to services, 24 actions are identified in various Member States. Eighteen actions (BE, MT, PL, SK) are categorised as not specified, while six (HR, PL, SK) fall under partially implemented. In digital technology, 31 actions are recorded across the Member States, of which 18 (BE, EL, IT, LV, MT, PL, SI) are categorised as not specified, while six actions (HR, IT, HU, SK) fall under partially implemented. The remaining seven actions (LU, HU) are classified as fully implemented.

In education and training, a total of 115 actions are identified in various Member States, of which 54 (BE, BG, DE, EL, ES, MT, PL, SI, SK) are categorised as not specified, while 42 (BE, BG, HR, LT, AT, PL, SK) fall under partially implemented. The remaining seven actions are classified as fully implemented, involving four Member States (BE, DE, AT, SK). Additionally, 13 actions (SK) are categorised as not implemented. In employment, a total of 48 actions are recorded across the Member States, of which 20 (BG, ES, HU, MT, PL, SI, FI) are categorised as not specified, while 21 (BG, DE, HR, LT, HU, NL, PL, SK) fall under partially implemented. Of the remaining actions, four are classified as fully implemented (NL, SK) and three as not implemented (NL, PL, SK). In healthcare, a total of 125 actions are observed in the Member States, of which 86 (BE, BG, EL, ES, MT, PL, SI, FI) are categorised as not specified, while 47 actions (BG, DE, IE, HR, IT, LT, HU, PL, SK, SE) fall under partially implemented. The remaining four actions (DE, PL, SE) are classified as fully implemented, and one (SK) is categorised as not implemented. In housing, 27 actions are observed among the Member States, of which 19 (BE, BG, ES, MT, SI) are categorised as not specified, while eight (BG, DE, HR, LT, HU, NL, PL, SK, FI) fall under partially implemented. One action is classified as fully implemented (DE) and one as not implemented (IE).

In media and advertising, ten actions are recorded across the Member States. Five (BE, BG, MT) are categorised as not specified, while five (LV, PL, SK) fall under partially implemented. In political participation, a total of 29 actions are observed among the Member States, of which 18 (BE, BG, ES, MT, PL, SI) are categorised as not specified, while six actions (BG, EE, PL, SK) fall under partially implemented. The remaining four actions (DE, HU, AT) are classified as fully implemented, and one (SK) is categorised as not implemented. In social protection, 135 actions are identified in various Member State, of which 74 (BE, BG, EE, EL, ES, MT, PL, SI, FI) are categorised as not specified, while 55 (BG, IT, HU, SK) fall under partially implemented. The remaining eight actions (DE, IT, SK) are classified as fully implemented, and one (SK) is categorised as not implemented. In transport, 15 actions are observed among the Member States. Six actions (BE, BG, ES, MT, PL, SI) are categorised as not specified, while seven (BG, EE, SK) fall under partially implemented. The remaining two actions (DE, AT) are classified as fully implemented.

The implementation of ageing-related actions across the Member States reveals a landscape marked by uneven progress. A predominant trend is the high number of

actions categorised as not specified, which suggests gaps in monitoring and reporting mechanisms. This is particularly evident in healthcare (68.8%), education and training (46.96%), and social protection (54.81%). Partially implemented actions are also widespread, reflecting ongoing efforts that are yet to reach full maturity. Fields such as education and training and employment show strong engagement but also highlight the challenges of moving from planning to execution. Fully implemented actions remain relatively rare, often requiring strong intersectoral coordination and sustained investment. Notable examples of high shares of fully implemented actions include digital technology (22.58%) and political participation (13.79%), suggesting that while innovation and civic engagement are progressing in some areas, comprehensive success is still limited. Although fewer, not implemented actions highlight persistent structural or logistical barriers. Education and training (11.3%) and employment (14.58%) are notable areas of not implemented actions.

3.4.2.7. Effects of implementation of the actions

This section presents an overview of the effects of actions taken by Member States to combat age discrimination and ageism and promote age equality. This assessment was undertaken by national experts using official and academic sources to evaluate the effects of actions implemented under age-related strategies. The categorisation is based on five effect types: unspecified, positive, neutral, negative, and mixed.

The most prevalent category is that of unspecified effects, encompassing 400 actions (66.33%) reported by eight Member States (BE, BG, EL, ES, MT, NL, SI, FI). This dominance highlights the need for improved evaluation and reporting mechanisms to better understand the effectiveness of such initiatives. Actions perceived as having a positive effect account for 99 instances (16.42%), contributed by ten Member States (BE, EE, IE, ES, IT, LT, HU, MT, SK, SE), reflecting strong efforts and investment to see their strategies and corresponding actions succeed. Some 88 actions (14.59%) are classified as having a neutral effect, reported by 14 Member States (BE, CZ, DE, EE, HR, IT, LT, LU, HU, MT, AT, PL, FI, SE). This category reflects initiatives where the impact is limited, unclear, or not strongly directional, although such actions may still play a role in maintaining existing standards or facilitating incremental change. Both negative and mixed effects are the least reported, with only eight actions each (1.33%). Negative effects are attributed to three Member States (MT, AT, PL), potentially indicating unintended consequences, implementation challenges, or design shortcomings. Mixed effects are confined to two Member States (LT, SK), suggesting that while some aspects of these initiatives were beneficial, others may have been problematic or less effective.

Of the 12 actions related to access to justice, one is assessed as having a positive effect (SK), one neutral (MT), and one negative (PL). The remaining nine actions are not specified (BG, ES, MT, PL, SI). Slovakia's initiative under the National Programme for Active Ageing (2021-2030) is reported as positive. It involved the regular preparation and submission of reports on crimes against seniors to the Council of the Government of the Slovak Republic. This mechanism promotes transparency, institutional accountability, and evidence-based policy-making, enhancing protections for older individuals. The success of this action is attributed to its structured review process and its role in informing targeted public policies⁽¹⁶⁹⁾. By contrast, Poland's action within the Social Policy for Elderly People by 2030 to increase physical security and prevent violence against older people is recorded as negative. The initiative suffered from limited civil society involvement and was undermined by a corruption scandal involving the misuse of the

⁽¹⁶⁹⁾ Ministry of Labour, Social Affairs and Family of the Slovak Republic, *Správy o vývoji kriminality páchanej na senioroch*, n.d., <https://www.employment.gov.sk/sk/ministerstvo/rada-vlady-sr-prava-seniorov/spravy-vyvoji-kriminality-pachanej-senioroch.html>

Justice Fund central to its implementation, significantly compromising its credibility and effectiveness ⁽¹⁷⁰⁾.

Access to services show a total of 24 actions across the Member States. Of these, three are considered to have a positive effect (MT, SK), five neutral (HR, MT, SK), and one negative (PL). The remaining 15 actions are not specified (BE, MT, PL, SK). Two actions are assessed as having a positive effect. In Malta, under the National Strategic Policy for Active Ageing 2023-2030, the measure to evaluate and improve the accessibility of Active Ageing Hubs is positively assessed. It focuses on enhancing the quality and reach of community-based services for older persons through better promotion, staff training, and infrastructure improvements. The actions are considered to have increased participation and service quality for older people. Similarly, Slovakia implemented a successful initiative under the National Programme for Active Ageing (2021-2030), which provides information, legal guidance, and referrals for seniors through victim support information offices. This action is positively assessed due to the high number of older people beneficiaries and its role in improving access to psychological, legal, and social support services ⁽¹⁷¹⁾. Conversely, Poland's action under the Social Policy for Elderly People by 2030 aimed at reducing dependence by improving access to supportive services is assessed negatively. The initiative failed to deliver on its promise of a supported decision-making model, and recent policy developments excluded individuals aged 65+ from accessing personal assistance services ⁽¹⁷²⁾.

In digital technology, a total of 31 actions are recorded across the Member States. Of these, five are assessed as having a positive effect (IT, HU, SK), six as neutral (HR, IT, LU, HU, MT), and the remaining 20 as not specified (BE, BG, EE, EL, ES, LV, LU, MT, PL, SI, FI). Three actions are considered to have a positive effect in promoting digital inclusion and improving public services for older individuals. In Slovakia, under the National Programme for Active Ageing (2021-2030), the Digital Seniors initiative was launched to improve digital skills among older people. It includes the distribution of tablets and the implementation of the Information Technology (IT) Fitness Test, helping seniors to engage with digital tools and services. The initiative is ongoing and has shown promising results in enhancing digital literacy and reducing isolation among older adults ⁽¹⁷³⁾. In Hungary, the ICT Model Programme distributed 5,000 laptops across 480 settlements between 2017 and 2019, targeting isolated older populations. Although no formal public assessments exist, pilot feedback from 45 participants in three municipalities is overwhelmingly positive, citing improved quality of life, enhanced communication, and even life-saving outcomes in two cases ⁽¹⁷⁴⁾. Another Slovak action digitised the real estate cadastre via the Operational Programme for Informatisation of Society, introducing 45 electronic services accessible through national portals. This significantly improved public service efficiency and accessibility, especially for older adults increasingly using online tools ⁽¹⁷⁵⁾.

In education and training, a total of 115 actions are recorded across the Member States. Of these, four are considered to have a positive effect (MT, SK), 24 neutral (BE, DE, HR,

⁽¹⁷⁰⁾ Barigazzi, J., 'Polish opposition accuses justice minister of corruption', Politico, 2023, <https://www.politico.eu/article/zbigniew-ziobro-corruption-allegations-polish-opposition-party-law-and-justice-poland-justice-ministry/>

⁽¹⁷¹⁾ National Programme for Active Ageing (2021-2030), Slovakia, *Provision of information and support services for seniors through victim support offices. Assessment: Positive*, n.d., <https://rokovania.gov.sk/RVL/Material/28723/1>

⁽¹⁷²⁾ Social Policy for Elderly People by 2030, Poland, *Action to reduce dependence through service access. Assessment: Negative*, in: Rynek Zdrowia, *Nowe wsparcie od rządu: Osoby powyżej 65 roku życia wykluczone*, 2024, <https://www.rynekzdrowia.pl/Prawo/Nowe-wsparcie-od-rzadu-Osoby-powyzej-65-roku-zycia-wykluczone.271389.2.html>

⁽¹⁷³⁾ National Programme for Active Ageing (2021-2030), Slovakia, *Digital Seniors initiative*, n.d., <https://www.digitalniseniori.gov.sk/o-projekte/>

⁽¹⁷⁴⁾ eGov Hírlevél, 'Az NFM kiterjeszti az idősgügyi infokommunikációs modellprogramot', 2017, <https://hirlevel.egov.hu/2017/10/24/az-nfm-kiterjeszti-az-idosugyi-infokommunikacios-modellprogramot/>

⁽¹⁷⁵⁾ Ministry of Investments, Regional Development and Informatisation of the Slovak Republic, *Unikátny mapový klient ZBGIS.sk spustený pre všetky*, 2023, <https://mirri.gov.sk/aktuality/informatizacia/unikatny-mapovy-klient-zbgis-sk-spusteny-pre-vsetkych/>

MT, AT, SK), two mixed (LT, SK), one negative (AT), and the remaining 84 actions not specified (BE, BG, ES, MT, PL, SI, SK). Three actions are assessed to have a positive effect. In Slovakia, the National Programme for Active Ageing (2021-2030) successfully incorporated senior education into the Lifelong Learning Act. This legislative reform broadened the definition of lifelong learning and expanded opportunities for older adults to acquire new qualifications, marking a significant systemic achievement⁽¹⁷⁶⁾. Another Slovak initiative involved implementing non-formal education activities through cultural institutions. High participation rates among seniors confirmed the effectiveness of this initiative in promoting lifelong learning and social inclusion⁽¹⁷⁷⁾. In Malta, under the National Youth Policy 2021-2030, the action to engage and work with the private and corporate sectors to develop initiatives supporting education, training, leadership, and employment opportunities for young people is assessed positively⁽¹⁷⁸⁾, demonstrating strong collaboration and impact on youth development.

Slovakia's action on integrating senior education into the national education system under the National Programme for Active Ageing 2014-2020 had mixed effects. While progress included the creation of a qualification card for senior education lecturers, the core legislative changes were not fully implemented, leading to a partially successful outcome. Austria's action under the Strategy for Lifelong Learning aimed to enrich the quality of life through education in the post-professional phase is assessed as having a negative effect. Despite launching pilot projects, the initiative failed to meet its participation targets due to limited personnel and financial resources. The evaluation recommended redefining goals and expanding alliances to improve outcomes⁽¹⁷⁹⁾.

In employment, 48 actions are recorded across the Member States. Of these, five are assessed as having a positive effect (LT, HU, SK), ten neutral (DE, HR, HU, PL, SK, FI), and the remaining 33 not specified (BG, ES, HU, MT, NL, PL, SI, SK). Three actions are assessed as having a positive effect in promoting employment and inclusion of older individuals. In Slovakia, under the National Programme for Active Ageing (2021-2030), the action to support employment of persons aged 50+ through retraining programs has proved highly effective. In 2021 and 2022, 945 jobseekers aged 50+ were successfully placed in the labour market after completing retraining, representing nearly 60% of all participants. The REPAS+ and KOMPAS+ projects contributed significantly to this success⁽¹⁸⁰⁾. Launched in April 2024, Hungary's Youth Guarantee Plus Programme offers wage subsidies to employers hiring registered job seekers aged 15-30. The subsidy covers up to 50% of gross wages (max. HUF 300,000/month) for four months, or six months for vulnerable groups. While current monitoring data are unavailable, an assessment of the 2015-2023 phase showed that 54% of participants remained employed 180 days after the subsidy ended, indicating lasting impact on youth employment⁽¹⁸¹⁾. In Lithuania, the Active Ageing Strategy 2021-2030 includes measures to promote labour market participation among older adults. Early indications suggest a positive impact on employment rates, reflecting the strategy's effectiveness in addressing age-related barriers to work⁽¹⁸²⁾. An action in Germany under the Federal

⁽¹⁷⁶⁾ National Programme for Active Ageing (2021-2030), Slovakia, *Incorporation of senior education into the Lifelong Learning Act*, n.d., <https://www.slov-lex.sk/ezbierky/pravne-predpisy/SK/ZZ/2024/292/>

⁽¹⁷⁷⁾ National Programme for Active Ageing (2021-2030), Slovakia, *Non-formal education through cultural institutions*, n.d., <https://rokovania.gov.sk/RVL/Material/28723/1>

⁽¹⁷⁸⁾ European Commission, *The ESF+ in Malta*, 2024, <https://european-social-fund-plus.ec.europa.eu/en/support-your-country/esf-malta>

⁽¹⁷⁹⁾ Strategy for Lifelong Learning in Austria, *Post-professional education initiatives. Assessment: Negative*, n.d., https://www.bundeskanzleramt.gv.at/dam/jcr:f3fee96f-ed96-47c0-a7bc-4dacde023afa/35_8_bericht_NB.pdf

⁽¹⁸⁰⁾ National Programme for Active Ageing (2021-2030), Slovakia, *Retraining and employment support for persons aged 50+*, n.d., <https://rokovania.gov.sk/RVL/Material/28723/1>

⁽¹⁸¹⁾ Public Employment Service of Hungary, *Ifjúsági Garancia Plusz Program Bértámogatás*, 2024, https://nfsz.munka.hu/cikk/4271/Ifjúsági_Garancia_Plus_Program_Bertamogatás; Public Employment Service of Hungary, *GINOP 5.2.1 Kiemelt Projekt Szakmai Beszámoló*, 2023, https://nfsz.munka.hu/nfsz/document/3/9/4/8/doc_url/GINOP_521_kiemelt_projekt_szakmai_beszamolo_munkahu.pdf

⁽¹⁸²⁾ European Commission: Directorate-General for Structural Reform Support, *Promoting Active Ageing in Lithuania*, 2023, https://reform-support.ec.europa.eu/publications-0/promoting-active-ageing-lithuania_en

Government's Demographic Strategy is evaluated as neutral. The strategy aimed to secure skilled workers through age-appropriate work design and support for older employees. However, the working groups responsible for implementation ceased activity in 2017, and no measurable outcomes or SMART goals were defined. As a result, its impact remains symbolic rather than demonstrable, leading to a neutral evaluation.

In healthcare, a total of 125 actions are recorded across the Member States. Of these, 13 are assessed as having a positive effect (IE, MT, SK, SE), ten neutral (DE, HR, IT, LT, MT, SK), two mixed (SK), and two negative (MT, SK). The remaining 98 actions are not specified (BE, BG, DE, EL, ES, IT, HU, MT, PL, SI, FI, SE). Five actions are assessed as having a positive effect. In Ireland, the Healthy Ireland Framework has implemented several initiatives supporting older adults, including the Healthy Age Friendly Homes programme, social prescribing, and digital literacy campaigns, helping older people to age in place, improve mental health, and access services more effectively ⁽¹⁸³⁾. In Malta, the National Strategic Policy for Active Ageing 2023-2030 launched community-led interventions targeting isolated older individuals, both at home and in residential care, which are positively assessed as improving social inclusion and well-being. In Slovakia, the National Programme for Active Ageing (2021-2030) introduced educational and counselling activities promoting active ageing and healthy lifestyles. These have reached thousands of participants and are deemed effective in raising awareness and improving health outcomes ⁽¹⁸⁴⁾. In Sweden, the Elder Care Boost initiative trained over 76,000 employees in older people care between 2020 and 2023. Municipalities reported improved staff competence, although some funding remained underutilised ⁽¹⁸⁵⁾. In Germany, the National Dementia Strategy supports the development of dementia-inclusive communities, expands counselling services, and promotes awareness, contributing to improved care and social integration for people with dementia ⁽¹⁸⁶⁾.

Slovakia reports a mixed outcome for the initiative to prevent health deterioration through home nursing care. Although the action aimed to reduce hospitalisations, data showed an increase in hospital admissions among older adults, suggesting partial success and ongoing challenges ⁽¹⁸⁷⁾. In Austria, an action under the Strategy for Lifelong Learning is assessed negatively. The initiative sought to expand educational opportunities for older adults but failed to meet participation targets due to resource constraints. The evaluation recommended redefining goals and expanding partnerships to improve outcomes ⁽¹⁸⁸⁾.

In housing, 27 actions are recorded across the Member States. Of these, two are assessed as having a positive effect (HU, MT), six neutral (DE, HR, SK), and the remaining 19 are not specified (BE, BG, IE, ES, MT, NL, SI, FI). Two actions have had a positive effect. In Hungary, the Youth Guarantee Programme includes a housing subsidy initiative to support young people in securing accommodation and improving employment outcomes. According to the assessment of the 2015-2023 phase, 2,321 beneficiaries received support, and 54% of participants remained employed six months after the programme ended, indicating long-term benefits for youth employment and housing stability ⁽¹⁸⁹⁾. In Malta, under the National Strategic Policy for Active Ageing

⁽¹⁸³⁾ Government of Ireland, *Healthy Ireland – A framework for improved health and well-being 2013–2025*, 2023, <https://www.gov.ie/en/publication/healthy-ireland-framework>

⁽¹⁸⁴⁾ National Programme for Active Ageing (2021-2030), Slovakia, *Educational and counselling activities for active ageing*, n.d., https://old.uvzsr.sk/docs/vs/vyrocná_správa_SR_2021.pdf

⁽¹⁸⁵⁾ Socialstyrelsen, *Joint accounting of state grants in the elderly sector*, 2024, <https://regeringen.se/contentassets/587b803819e44cc08afb79f7ed488bcc/uppdrag-till-socialstyrelsen-att-betala-ut-medel-for-aldreomsorgslyftet.pdf>

⁽¹⁸⁶⁾ Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, *National Dementia Strategy*, 2023, <https://www.bmfsfj.de>

⁽¹⁸⁷⁾ National Programme for Active Ageing (2021-2030), Slovakia, *Home Nursing Care Agency initiative. Assessment: Mixed*, n.d., https://nczisk.sk/Statisticke_vystupy/Tematicke_statisticke_vystupy/Hospitalizacie/Pages/default.aspx

⁽¹⁸⁸⁾ Austrian Federal Chancellery, *Evaluation of the Strategy for Lifelong Learning*, 2018, https://www.bundeskanzleramt.gv.at/dam/jcr:f3fee96f-ed96-47c0-a7bc-4dacde023afa/35_8_bericht_NB.pdf

⁽¹⁸⁹⁾ Ministry for National Economy, Hungary, *GINOP 5.2.1 Project Report*, 2023, https://nfsz.munka.hu/nfsz/document/3/9/4/8/doc_url/GINOP_521_kiemelt_projekt_szakmai_beszamolo_munkahu.pdf

2023-2030, the action to assist older persons in adapting their homes to be more age-friendly, such as installing appropriate heating and accessible bathrooms, is evaluated positively, as it has contributed to safer, more independent living environments for older adults.

In media and advertising, ten actions are recorded across the Member States. Of these, three have had a positive effect (SK), one neutral (MT), and six are not specified (BE, BG, LV, PL). Two actions are evaluated as having a positive effect. In Slovakia, under the National Programme for Active Ageing (2021-2030), the initiative to strengthen television and radio programming focused on active ageing and the living conditions of older people has proven highly successful. Public broadcaster RTVS includes senior-focused content such as educational shows, cultural retrospectives, and spiritual broadcasts. During the COVID-19 pandemic, special programming was introduced, such as televised church services and prevention series for seniors, contributing to high viewer engagement and cultural inclusion ⁽¹⁹⁰⁾. Another Slovak action under the National Programme for Active Ageing 2014-2020 supported philatelic events for older adults. Through cooperation with the Union of Slovak Philatelists, the Ministry of Transport provided financial support for exhibitions, equipment restoration, and publications. Despite pandemic-related limitations, the initiative effectively promoted cultural participation and social engagement among seniors ⁽¹⁹¹⁾.

For political participation, 29 actions are recorded across the Member States. Of these, two are assessed as having a positive effect (EE, SK), seven neutral (DE, HU, MT), and 20 not specified (BE, BG, ES, MT, AT, PL, SI, SK). Among the positively evaluated actions, Estonia's Youth Sector Development Plan 2021-2035 stands out for its initiative to increase youth participation through the creation of six county-level youth councils, 42 municipal-level youth councils, 26 youth action groups, and numerous student councils involving over 800 participants. Although formal reports are not yet available, the scale and structure of these initiatives suggest a promising impact, and the initial outcome has been deemed positive to a certain degree ⁽¹⁹²⁾. Another positively assessed action is from Slovakia, where the National Programme for Active Ageing (2021-2030) has strengthened the institutional role of the Council of the Government for the Rights of Older Persons. The Council continues to meet regularly and adopts formal positions, demonstrating sustained engagement and influence in policy-making. This ongoing activity has led to a positive evaluation of the action's effectiveness ⁽¹⁹³⁾.

In social protection, 135 actions are recorded across the Member States. Of these, 31 are assessed as having a positive effect (DE, MT, SK), 16 neutral (DE, EE, IT, MT, SK), three mixed (IT, SK), and three negative (SK). The remaining 82 actions are not specified (BE, BG, EL, ES, MT, PL, SI, SK, FI). Among the positively evaluated actions, Germany's federal initiative to combat loneliness, the Life as Usual project (as part of the broader strategy to counter loneliness) successfully created inclusive public spaces and programmes for older adults. Implemented as planned, the initiative reached a significant number of participants and demonstrated strong potential for replication across regions, contributing meaningfully to social inclusion and mental well-being among seniors ⁽¹⁹⁴⁾. In Malta, the National Strategic Policy for Active Ageing 2023-2030 introduced a financial literacy and planning initiative tailored to older adults, enhancing long-term financial

⁽¹⁹⁰⁾ National Programme for Active Ageing (2021-2030), Slovakia, *Strengthening senior-focused public broadcasting*, n.d., <https://rokovania.gov.sk/RVL/Material/28723/1>

⁽¹⁹¹⁾ Ministry of Finance of the Slovak Republic, *2024 Ageing Report: Slovak Republic – Country Fiche*, 2023, https://economy-finance.ec.europa.eu/document/download/9d858e5d-9263-4055-a008-162bf459da4e_en?filename=2024-ageing-report-country-fiche-Slovakia.pdf

⁽¹⁹²⁾ European Commission, *Youth policies in Estonia 2021*, Youth Wiki, 2023, https://national-policies.eacea.ec.europa.eu/sites/default/files/2023-04/Estonia_2021.pdf

⁽¹⁹³⁾ Ministry of Labour, Social Affairs and Family of the Slovak Republic, *Council of the Government of the Slovak Republic for the Rights of Older Persons*, 2025, <https://www.employment.gov.sk/sk/ministerstvo/rada-vlady-sr-prava-seniorov/>

⁽¹⁹⁴⁾ German Federal Government, *Monitoring Report on Strategy to Counter Loneliness*, 2024, <https://www.bmfsfj.de>

security and empowering older individuals to manage their resources more effectively. It also contributed to reducing the risk of financial vulnerability in later life. Slovakia's National Programme for Active Ageing (2021-2030) implemented a community-based care model to help older people to remain in their home environments. Supported by the Slovak Recovery and Resilience Plan, this initiative led to the expansion of smaller, community-oriented facilities and a shift away from institutional care. The reform was accompanied by increased service capacity and a restructuring of the care financing system, marking a significant step toward sustainable, person-centered older person care ⁽¹⁹⁵⁾. Italy introduced a universal benefit system for non-self-sufficient older individuals under Legislative Decree No. 29/2024. Though still in its pilot phase, the measure is positively evaluated for providing substantial financial support, up to €1,350 per month, to help to cover caregiver expenses. While the benefit does not fully meet the cost of care, it represents a meaningful advancement in supporting dependent older adults ⁽¹⁹⁶⁾.

In Slovakia, an initiative to strengthen intergenerational family relationships through the establishment of counselling centres is assessed as having a mixed effect. Although ten centres were launched successfully, the original target of 46 was not met. The partial implementation indicates progress, but highlights the need for further investment and outreach to achieve full coverage ⁽¹⁹⁷⁾. Conversely, a Slovak measure to prevent neglect and abuse of dependent older people through improved social services was assessed negatively: the 2020 report revealed that many seniors continued to live in undignified conditions and faced risks of abuse, often from family members. The lack of systematic support for caregivers and the failure to meet deinstitutionalisation goals, compounded by the COVID-19 pandemic, contributed to the initiative's shortcomings ⁽¹⁹⁸⁾.

In transport, 15 actions are recorded across the Member States. Of these, six are assessed as having had a positive effect (EE, SK), one neutral (DE), and eight are not specified (BE, BG, ES, MT, AT, PL, SI). Of the positively evaluated actions, Slovakia demonstrates a strong commitment to inclusive transport through several initiatives under its National Programme for Active Ageing (2021-2030). One such action involves maintaining and improving fare discounts for older passengers, including free rail transport for individuals aged 62+ and expanded exemptions in the Bratislava region. These measures effectively support mobility, reduce social exclusion, and ease financial burdens for seniors ⁽¹⁹⁹⁾. Several Baltic-region initiatives aim to improve transport accessibility for older adults, with early signs of success. In Tartu, the GreenSAM project involves seniors in transport planning to encourage public transport use. The BaltSe@nioR 2.0 initiative promotes age-friendly design in public spaces, including rest areas and transport hubs, based on input from thousands of seniors. In Tallinn, volunteers mapped over 1,000 public transport stops to assess accessibility, contributing to a city-wide system update ⁽²⁰⁰⁾. A third action, also from Slovakia, promotes cycling and hiking through legal and financial support mechanisms, such as Act No. 151/2019

⁽¹⁹⁵⁾ National Programme for Active Ageing (2021-2030), Slovakia, *Community-based social services and deinstitutionalisation*, <https://rokovania.gov.sk/RVL/Material/29512/1>

⁽¹⁹⁶⁾ Legislative Decree No. 29 of 15 March 2024, <https://www.normattiva.it/uri-res/N2Ls?urn:nir:stato:legge:2023-03-23:33-art3>

⁽¹⁹⁷⁾ National Programme for Active Ageing (2021-2030), Slovakia, *Intergenerational counselling centers*, n.d., <https://www.rodinnaporadna.gov.sk/index.html>

⁽¹⁹⁸⁾ European Commission, *2024 Ageing Report: Slovak Republic – Country Fiche*, 2023, https://economy-finance.ec.europa.eu/document/download/9d858e5d-9263-4055-a008-162bf459da4e_en?filename=2024-ageing-report-country-fiche-slovakia.pdf

⁽¹⁹⁹⁾ Ministry of Transport and Construction of the Slovak Republic, *Material No. 28723/1 – Measures for Active Ageing*, 2025, <https://rokovania.gov.sk/RVL/Material/28723/1>

⁽²⁰⁰⁾ Interreg Baltic Sea Region, *GreenSAM – Green Silver Age Mobility*, n.d., <https://interreg-baltic.eu/project/greensam/>; Interreg Baltic Sea Region, *BaltSe@nioR 2.0 – Senior-Friendly Public Spaces*, n.d., <https://interreg-baltic.eu/project/baltse-nioR-2-0/>; Transition Pathways, *Tallinn Launches Accessibility Mapping of Public Transport*, 2025, <https://transition-pathways.europa.eu/news/tallinn-launches-accessibility-mapping-public-transport>

and its inclusion in the 2021-2027 Partnership Agreement. This structured approach reflects a long-term commitment to active mobility and tourism ⁽²⁰¹⁾.

This analysis of 603 actions undertaken by the Member States to address age discrimination and ageism and promote age equality reveals a diverse and uneven landscape of policy implementation and evaluation. The most prevalent classification is that of unspecified effects, accounting for 400 actions (66.33%). This predominance underscores a critical gap in monitoring and evaluation frameworks, limiting the ability to assess the real-world impact of interventions. Nevertheless, 99 actions (16.42%) are assessed as having a positive effect, indicating meaningful progress in several domains. Several cross-cutting issues emerge across these domains. Firstly, the lack of systematic evaluation remains a significant barrier to understanding policy effectiveness. Secondly, digital transformation is a recurring enabler of inclusion, particularly in Slovakia, where multiple initiatives have improved access and engagement. Thirdly, integrated, community-based approaches have proven effective in healthcare, social protection, and service access. Finally, the need for SMART goals, measurable outcomes, and sustained implementation is evident, as demonstrated by the shortcomings in some national strategies.

⁽²⁰¹⁾ Ibid.

3.5. Monitoring structures in age discrimination and equality

This section examines Member States' monitoring activities on age equality. It also analyses the collaboration of Member States with relevant stakeholders.

Summary of key findings

The analysis reveals considerable deficits in collaboration, collection of data, and enforcement and monitoring across the Member States. Evidence from the NA survey shows limited engagement between ministries or between ministries and other NAs. Where this engagement does occur, it tends to be either strategic or inconsistent. Only seven Member States (BE, DE, EL, FR, LT, SK, FI) have a dedicated unit on age equality and this is reflected in the budget allocated to age equality, which tends to be the lowest across all grounds of discrimination. There is a paucity and unevenness to Member State data collection on complaints of acts of discrimination, affecting the ability of NAs to accurately assess the level of complaints and areas of prioritisation. However, this does not reflect on the level of support and assistance offered to claimants (which exists in all Member States) and the ability of the relevant authorities to carry out their role as adjudicators effectively (although increased and more consistent data would be beneficial).

On enforcement of legislation against age discrimination, 11 Member States (BE, EL, ES, FR, CY, LV, LU, MT, PT, SK, FI) provide comprehensive remedies for age discrimination, including monetary and criminal penalties. However, disparities exist, with 16 Member States (BG, CZ, DK, DE, EE, IE, HR, IT, LT, HU, NL, AT, PL, RO, SI, SE) lacking explicit compensatory provisions or criminal sanctions, underscoring the need for harmonised and effective legal frameworks to ensure robust protection against age discrimination across all fields. Finland is a good example of strong enforcement mechanisms for legislation on age discrimination, providing for criminal sanctions for violations of such legislation, as well as monetary or financial penalties without an upper limit on compensation.

Detailed evidence supporting key findings

This section presents detailed evidence supporting the main findings, including a comprehensive examination of the data and analysis that validate the conclusions. It covers monitoring and enforcement mechanisms for age equality, the existence of designated units and budgets, the collection of complaints and related data, awareness-raising activities, victim support, and collaboration between NAs.

3.5.1. Monitoring and enforcement mechanisms

The country fiches show that enforcement mechanisms exhibit considerable diversity, with certain Member States establishing dedicated EBs or ombuds institutions to investigate complaints and promote equal treatment, while others primarily rely on judicial systems and labour inspectorates. Enforcement and monitoring responsibilities for age discrimination are predominantly assigned to specialised EBs, ombuds, or NHRIs across numerous jurisdictions (EE, ES, HU, LT, AT, SI, SK). Designated entities frequently provide counselling and assistance services to victims of age discrimination (e.g. AT). Judicial systems remain universally available for pursuing discrimination claims

across all Member States. Legal representation for disadvantaged individuals is facilitated through anti-discrimination organisations in certain jurisdictions (e.g. DE).

Available remedies for age discrimination victims range from compensation and reinstatement to cessation orders for discriminatory conduct and publication requirements for court decisions. The country fiches show that 21 Member States (BE, BG, CZ, DE, IE, EL, ES, FR, HR, CY, LV, LT, LU, HU, MT, AT, PL, PT, RO, SK, FI) provide for compensation for breach of anti-discrimination principles on grounds of age in all fields. Only six Member States do not provide expressly for compensatory provisions (DK, EE, IT, NL, SI, SE).

Fourteen Member States provide a lower limit for compensation (BE, BG, IE, ES, HR, CY, LV, LT, LU, MT, AT, PT, RO, SK). For example, in Austria, the minimum compensation for cases of discrimination in access to employment is two months' salary, and in Belgium, lump sum compensation ranges from EUR 2,082 to EUR 4,056, depending on the severity of the harm. Latvia has no compensation provision for discrimination in education or in the provision of goods, while Poland leaves the question of compensation quite unclear and subject to judicial interpretation. Restrictions via an upper limit on compensation should be avoided to ensure that compensation is effective, proportionate and dissuasive ⁽²⁰²⁾. Thirteen Member States (BE, BG, IE, ES, CY, HR, LV, LT, LU, MT, PT, RO, SK) provide for an official upper limit on compensation for age discrimination in all fields. For example, Ireland allows compensation of up to two years' pay or €40,000, whichever is greater, under its Employment Equality Act, while Portugal sets a maximum administrative fine of €61,200, depending on the employer's size and the severity of the discriminatory act. Conversely, four Member States (DE, HU, AT, FI) do not provide for an official upper limit on compensation.

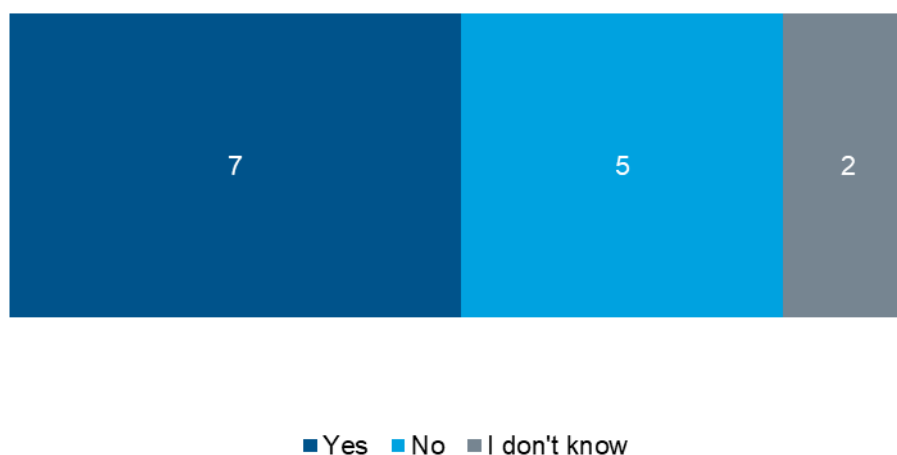
Criminal sanctions are not universally adopted. Sixteen Member States impose no criminal sanctions for breaches of age discrimination law (BG, CZ, DK, DE, EE, IE, HR, IT, LT, HU, NL, AT, PL, RO, SI, SE). However, 11 Member States provide for criminal sanctions across all fields (BE, EL, ES, FR, CY, LV, LU, MT, PT, SK, FI). The severity of these penalties varies: three Member States impose imprisonment of up to six months (CY, MT, FI), Latvia allows for imprisonment of up to one year, two Member States provide for imprisonment of up to three years (EL, ES), and France imposes the most severe penalty, with imprisonment of up to five years.

3.5.2. Designated unit and budget

This section presents the evidence on the existence of a designated unit responsible for age equality in the ministries of Member States and the distribution of the budget on age discrimination comparing to other grounds of discrimination, based on the results of the NA survey. Figure 36 presents an overview of the results on the designated unit.

⁽²⁰²⁾ Dewhurst, E., *Age discrimination law outside the employment field*, European Commission, Brussels, 2020, <https://doi.org/10.2838/214317>

Figure 36. NA survey: QM14 Does your ministry have a designated unit responsible for age equality? (n=14)



Of the 14 respondents to the survey ⁽²⁰³⁾, seven Member States (BE, DE, EL, FR, LT, SK, FI) report that their ministry has a designated unit responsible for age equality, five (IE, CY, HU, NL, FI) indicate no such unit, and two (BE, EL) do not know. Data from the European Network of Legal Experts in Gender Equality and Non-Discrimination indicates that a considerable number of national EBs have jurisdiction to promote equality on grounds of age (BE, BG, CZ, DE, IE, EL, FR, HR, IT, CY, LV, LT, LU, HU, MT, NL, AT, PL, RO, SI, SK, FI, SE). Denmark and Spain limit their promotion and protection activities on grounds of age to the employment field, while Portugal is the only country not to provide for age-related equality activities ⁽²⁰⁴⁾. This does not indicate that these countries have a dedicated age equality unit, but, rather, means they have authority to promote age equality within their Member States.

Turning to the budget allocated to combat age discrimination ⁽²⁰⁵⁾, four out of five ministries (BE, EL, NL, FI) responded that the budget allocated to combat age discrimination is ranked lowest among the five grounds of discrimination, after gender, disability, race, and sexual orientation. By contrast, gender discrimination receives the highest prioritisation, with four ministries (BE, EL, NL, FI) allocating it the most funding. Disability-related discrimination is also prioritised, with four Member States (BE, EL, NL, FI) ranking it in the second-highest category and one in the first (SK). Race discrimination is more evenly distributed, with three Member States (BE, EL, NL) ranking it in third place and two in fourth (SK, FI). Lastly, funding for addressing discrimination based on sexual orientation varies, with three Member States (BE, EL, NL) ranking it fourth and one (FI) third.

3.5.3. Collection of complaints and related data

Based on the NA survey responses on mechanisms to collect and address feedback/complaints about age-related discrimination ⁽²⁰⁶⁾, nine respondents from eight

⁽²⁰³⁾ NA survey: M14 Does your ministry have a designated unit responsible for age equality? (n=14).

⁽²⁰⁴⁾ European Network of Legal Experts in Gender Equality and Non-Discrimination, *A comparative analysis of non-discrimination in Europe 2024*, Publications Office of the European Union, Luxembourg, 2025.

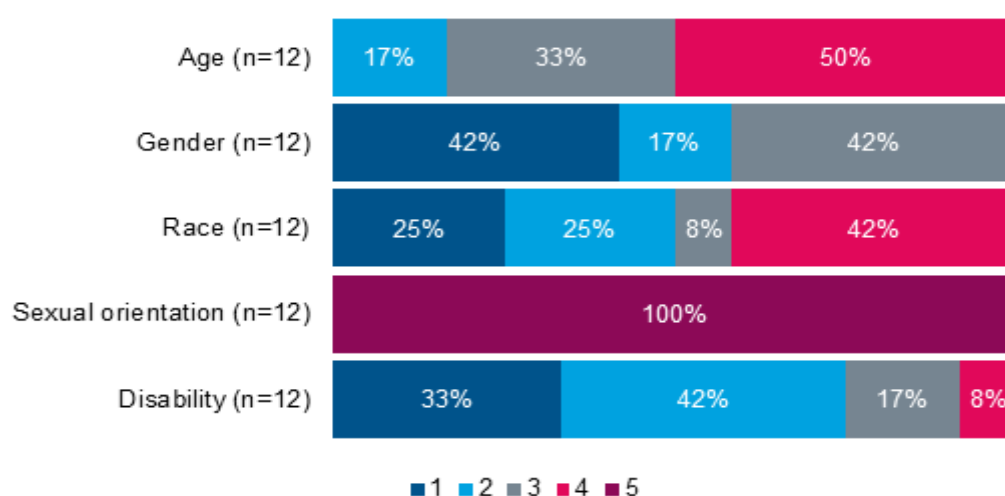
⁽²⁰⁵⁾ NA survey: M15 Please place the following types of discrimination in order of amount of budget allocated (n=6).

⁽²⁰⁶⁾ NA survey: M8 Are there mechanisms in place to collect and address feedback/complaints from citizens regarding age-related discrimination? (n=14).

Member States ministries confirm the presence of such mechanisms (BE, EE, EL, FR, CY, LT, NL, FI). Germany has no such mechanisms, while four Member States' ministries (BE, IE, HU, SK) are unsure.

According to 12 NA survey respondents, the ground of discrimination with most complaints in the last year is disability discrimination, followed closely by gender discrimination⁽²⁰⁷⁾. Race discrimination ranks third, with age discrimination ranked fourth and sexual orientation ranked fifth (see Figure 37).

Figure 37. NA survey: QEB8A Thinking about the complaints related to discrimination in the last year, please place the following types of discrimination in order of the number of complaints received



The evidence from the NA survey shows limited collection of data on complaints by ministries⁽²⁰⁸⁾. Of the nine respondents, two (BE (Federal Public Services Justice, Equal Opportunities Team), EL (Ministry of Labour and Social Security)) collected data on age-related complaints in the last five years. Seven ministries from six Member States (EL (Ministry of Social Cohesion and Family Affairs), FR (unstated), CY (Department of Labour), LT (Ministry of Social Security and Labour), NL (Ministry of Interior and Kingdom Relations), FI (Ministry of Justice and Ministry of Social Affairs and Health) have not collected these data.

Finally, the NA survey responses on tracking court cases on age discrimination by ministries⁽²⁰⁹⁾ show ministries from two Member States (BE (Federal Public Service Justice Ministry - Equal Opportunities Team), CY (Department of Labour)) tracking such cases. However, ten ministries from eight Member States (IE (Department of Children, Equality, Disability, Integration and Youth), EL (Ministry of Labour and Social Security and Ministry of Social Cohesion and Family Affairs), FR (unstated), LT (Ministry for Social Security and Labour), HU (Ministry of Justice), NL (Ministry of the Interior and Kingdom Relations), SK (Ministry of Health), FI (Ministry of Justice)) do not track such cases, and four ministries from two Member States (BE (Equal Opportunities Team), DE (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth)) do not know.

⁽²⁰⁷⁾ NA survey: QEB8A Thinking about the complaints related to discrimination in the last year, please place the following types of discrimination in order of the number of complaints received (n=12).

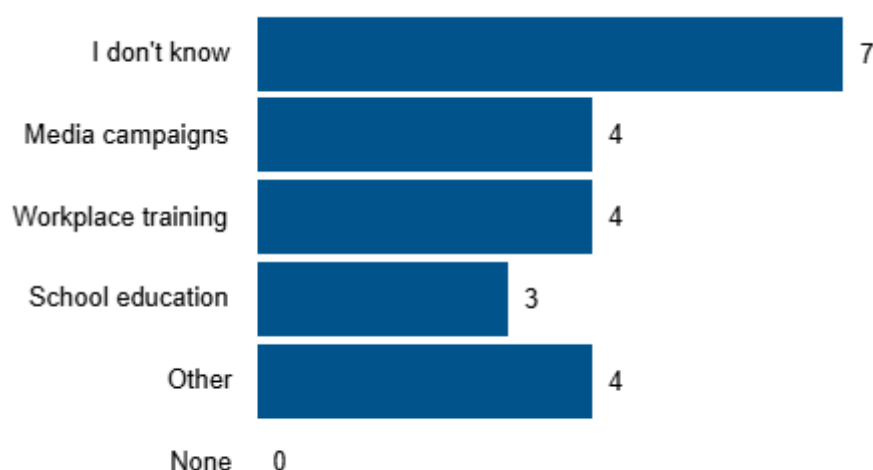
⁽²⁰⁸⁾ NA survey: QM9 Has your institution collected data on age-related complaints in the last five years? (n=9).

⁽²⁰⁹⁾ NA survey: QM11 Do you track court cases related to age discrimination? (n=14).

3.5.4. Awareness-raising

This section presents the evidence on actions taken by NAs (ministries, EBs/NHRIs) to raise awareness of age discrimination. Figure 38 provides an overview of the way ministries take action to raise awareness of this topic.

Figure 38. NA survey: QM19 How is public awareness of age discrimination and ageism raised in your country? (n=14)



Of the 14 respondents, seven ministries from six Member States (BE, EL, FR, CY, LT, NL) do not know how public awareness of age discrimination and ageism is raised in their country. Media campaigns are identified by four Member States (DE, IE, HU, SK), as are workplace training (IE, HU, FI), and other unspecified methods (IE, EL, SK, FI). School education is mentioned by three respondents (HU, SK, FI).

Only four ministries (IE, EL, SK, FI) provide insights into how public awareness of age discrimination and ageism is raised within their country ⁽²¹⁰⁾. Some common themes emerge: Finland highlights the role of media coverage and the activities of CSOs in promoting debate, suggesting a multi-faceted approach where both media and advocacy groups contribute to raising public consciousness. Ireland notes the use of workshops, specifically mentioning 'Combating Self-Ageism Workshop Advocacy through the Arts', indicating a focus on direct engagement and creative methods to address ageism. Slovakia indicates the presence of national programmes, which are assumed to be government-led. Greece cites the publication of an information leaflet to educate the general public about the prohibition of discrimination, including on the grounds of age, illustrating a more direct, informational approach. These responses suggest that different strategies are employed across the Member States, ranging from broad awareness campaigns to targeted interventions.

EBs/NHRIs in eight Member States (BE, EE, EL, FR, LT, PL, SK, SE) raise public awareness through various communication channels ⁽²¹¹⁾. NAs from three Member States (EE, EL, SE) use social media, while the French NA publishes brochures. The Belgian NA uses communication campaigns and visuals and publishes/promotes case-law.

⁽²¹⁰⁾ NA survey: M15 How is public awareness of age discrimination and ageism raised in your country? - Other – Text (n=4).

⁽²¹¹⁾ NA survey: EB17 How does your organisation engage the public in reporting age-based discrimination (e.g. campaigns, community outreach)? (n=14).

In addition, NAs from three Member States (LT, SK, SE) publish research and reports. The Latvian NA prepares articles for the media, and representatives participate in public discussions and radio programmes, the Slovakian NA publishes its own research and promotes it through community outreach, and the Swedish NA includes thematic areas in its annual report on the state of discrimination.

Several NAs engage with CSOs to gather insights and extend their reach. The Estonian NA partners with CSOs and unions. NAs from three Member States (EL, FI, SE) conduct dialogue meetings with CSOs. The Belgian NA holds open days and individual meetings and engages with organisations working to protect the rights of older people, the Polish NA organises campaigns, and the Greek NA organises educational workshops and seminars.

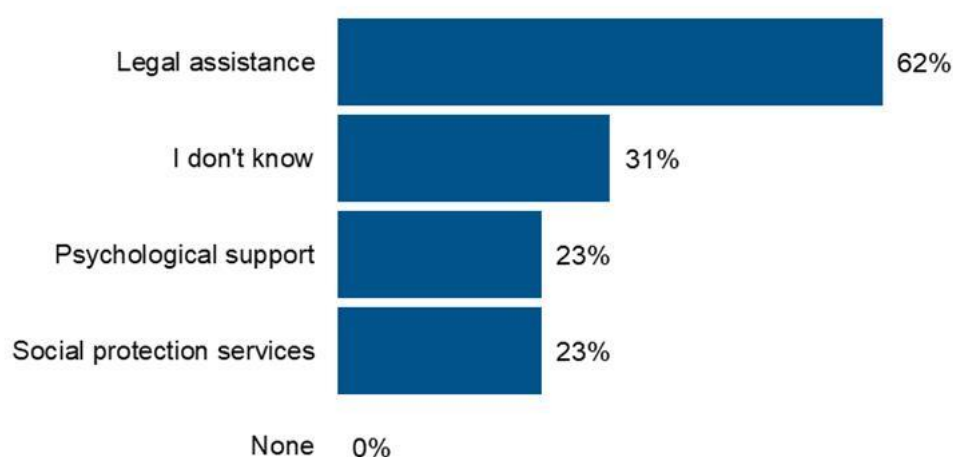
Overall, while ministries often implement top-down, government-led initiatives, EBs/NHRIs adopt a more diverse and collaborative approach, leveraging multiple communication channels and partnerships with civil society to promote awareness and address age discrimination. This combination of strategies ensures a comprehensive effort to combat ageism across different sectors and levels of society.

3.5.5. Victim support

This section presents an overview of the institutional support provided by ministries and EBs/NHRIs to victims of age discrimination.

Based on survey responses on the kinds of institutional support offered to those affected by age-based discrimination ⁽²¹²⁾, eight ministries from six Member States (BE, EL, CY, HU, NL, FI) offer legal assistance, while three (EL, HU, FI) offer psychological support. Social protection services are provided by ministries from three Member States (BE, HU, SK). One ministry offers no support (LT), while respondents from four Member States (BE, DE, IE, FR) are unsure of any support provided (see Figure 39).

Figure 39. NA survey: QM13 What kinds of institutional support are offered to those affected by age-based discrimination?



⁽²¹²⁾ NA survey: QM13 What kinds of institutional support are offered to those affected by age-based discrimination? (n=14).

Of the 19 responses from EBs/NHRIs ⁽²¹³⁾, five bodies from five Member States (BE, DE, EL, PL, SE) provide victim support services for those experiencing age-based discrimination, 11 bodies from seven Member States (EE, FR, HR, LT, NL, SK, FI) do not provide such services, and bodies from three Member States (EL, HR, AT) are uncertain.

The NA survey also explored the adequacy of the victim support services. Of the 19 responses from EBs/NHRIs ⁽²¹⁴⁾, two (SK, SE) consider the victim support services in addressing age-based discrimination adequate, while four from three Member States (DE, EL, PL) consider them inadequate. A total of 13 bodies from nine Member States (BE, EE, EL, FR, HR, LT, NL, AT, FI) do not know.

3.5.6. Collaboration with other national bodies and organisations

This section presents evidence on the level of collaboration between ministries with EBs/NHRIs and CSOs. The NA survey shows that ministries' engagement with other national bodies and organisations is limited. Of the 14 respondents ⁽²¹⁵⁾, ministries in four Member States (DE, EL, IE, LT) report engaging with stakeholders to discuss policies related to age equality on a quarterly basis. Two (CY, SK) indicate that engagement occurs biannually, while five respondents from three Member States report that it takes place annually (FR, HU, FI). One member state never engages with stakeholders on this topic (NL), while two respondents from Belgium do not know.

These engagements can take various forms. In Germany, the BMFSFJ maintains continuous exchanges with stakeholders such as CSOs, unions, and the private sector. This includes regular meetings and project funding with organisations such as BAGSO e.V. The Federal Ministry for Labour and Social Affairs (BMAS) also engages in active dialogue with unions and employers. In Ireland, while there are no scheduled periodic engagements for age equality policies, the Department of Health routinely engages with stakeholders through various forums and media during policy development, approximately quarterly. The Commission on Care for Older People in Ireland also focuses on stakeholder engagement, including public consultations on policies related to adult safeguarding, home support regulations, and health and social care for older people.

In Finland, stakeholder engagement occurs through the publication of reports and public seminars. Annual meetings are held with representatives from ministries, NGOs, and the scientific community on matters concerning older people. In Greece, a working group consisting of social partners, administration representatives, and civil society has been established to implement equal treatment principles. The National Council against Racism and Intolerance promotes stakeholder actions to address racism and strengthen cooperation with civil society, meeting four times in 2024. Lastly, in France, the Directorate-General for Social Cohesion supports the organisation of *Semaine Bleue*, the national week for older people, and participates in the Intergeneration prizegiving ceremony annually. The Directorate-General for Social Cohesion also works with stakeholders, including associations and local authorities, to adapt society to ageing through policies on support provision, housing, and preventing loss of autonomy.

⁽²¹³⁾ NA survey: QEB14 Does your institution provide victim support services for those experiencing age-based discrimination? (n=19).

⁽²¹⁴⁾ NA survey: QEB15 How do you evaluate the adequacy measures on of victim support services in addressing age-based discrimination in your country? (n=19).

⁽²¹⁵⁾ NA survey: QM17 How often does the ministry engage with stakeholders (e.g., CSOs, private sector, unions) to discuss policies related to age equality? (n=14).

The limited collaboration of ministries with EBs/NHRIs is corroborated by the responses of EBs/NHRIs to the NA survey ⁽²¹⁶⁾. Of the 19 EBs/NHRIs that responded, two from two Member States (BE, FI) report that their organisation collaborates with ministries or statistics authorities to gather data on age-related discrimination. A total of 14 bodies from 11 Member States (DE, EE, EL, FR, HR, LT, AT, PL, SK, FI, SE) do not engage in such collaboration, while three (HR, NL, AT) do not know.

Seven EBs/NHRIs (BE, BG, EE, EL, FR, PL, SK, FI) collaborate with government ministries and bodies beyond data collection activities ⁽²¹⁷⁾. The Estonian authority gives official opinions on policies and legal drafts where possible, while the Finnish authority meets regularly with ministries, participates in working groups, and reports annually to the government. The Greek authority consults with ministries to ensure policies adhere to anti-discrimination laws. The French authority engages in dialogue with the parliament and the government and signed a partnership with the National Fund for Solidarity and Autonomy CNSA to develop joint actions. The Polish authority issues letters of intervention to ministers indicating desired policy directions.

However, the Estonian authority notes that collaboration with ministries is uneven, depending on official awareness and personal contacts. The Belgian authority reports infrequent consultations by public authorities, but has included government bodies working on equal opportunities and statistics in its research project advisory group. Lastly, the Slovak authority engages with the relevant ministry on an irregular basis.

By contrast, collaboration with CSOs is a common trend in the work of EBs/NHRIs, according to respondents from six Member States (BE, EE, EL, FR, FI, SE). The Estonian authority engages in regular correspondence with CSOs, while the Swedish authority holds regular meetings to gain knowledge on discrimination and strengthen trust. The Belgian authority has an advisory group with CSOs for its research project. The Finnish authority uses Human Rights Delegation meetings as a platform for discussion between the Human Rights Centre, CSOs, academia, and officials. The Greek authority partners with CSOs to understand the challenges faced by different age groups and advocate for policy changes. Lastly, the French authority gathers together a committee composed of associations twice a year.

⁽²¹⁶⁾ NA survey: QEB16 Does your organisation collaborate with ministries or statistics authorities to gather data on age-related discrimination? (n=19).

⁽²¹⁷⁾ NA survey: QEB8: How do you collaborate with other bodies (e.g. ministries, civil society organisations) to address ageism? (n=12).

3.6. Data collection and statistics

Section 3.3 examined how NAs collect and analyse data related to age-based discrimination across the Member States. This section examines the processes of data collection, disaggregation, methodologies employed, and the publication of the collected data.

Summary of key findings

Several conclusions can be drawn from the NA survey responses on data collection and statistics. Firstly, statistics on age discrimination are collected to a different extent by Member States and are only published occasionally. Secondly, data are collected on the intersectionality of age with other characteristics, but the emphasis is mainly on gender and disability. Thirdly, age group definitions vary between countries and sometimes between surveys, creating challenges in harmonising results at EU level. Fourthly, there are specific age groups, particularly individuals aged 75+, for which data are missing, with no current plans to increase data collection for these groups. Finally, age-related indicators are considered secondary in the areas of political participation, media, transport, and access to financial services, while they are a priority in the areas of employment, health, and social protection. Slovenia reports the most extensive availability of age-disaggregated data, covering a broad range of areas including employment, health, education, social protection, housing, public services, digital technology, financial services, and transport.

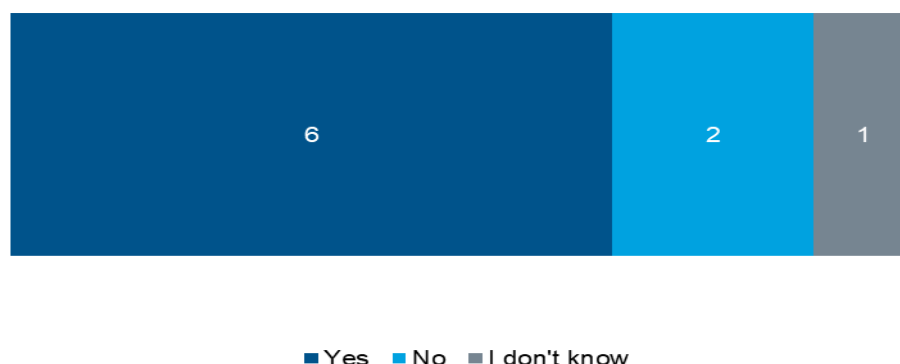
Detailed evidence supporting key findings

This section presents the detailed evidence supporting the main findings on age equality data collection and statistics. It provides a thorough analysis of the data, validating the conclusions.

3.6.1. Data collection

This section examines the practices and challenges experienced by authorities when collecting data on age-based discrimination. Figure 40 presents an overview of responses on the collection of statistics on age discrimination by statistical authorities.

Figure 40. NA survey: QNSA1 Does your authority collect statistics related to age-based discrimination? (n=9)



Based on the NA survey responses, the Member States can be grouped as follows: authorities in six Member States (BE, DE, AT, PL, PT, SI) collect statistics related to age-based discrimination, authorities in two Member States (BG, LV) do not collect such statistics, and one Member State (SK) is uncertain.

Data collection on age discrimination is not without its challenges ⁽²¹⁸⁾. The Belgian NA cites its limited experience in collecting data related to age-based discrimination, noting the importance of precise wording and terminology. The German NA identifies several challenges in measuring age discrimination, including the lack of established international standards for methodology and operationalisation, the absence of legal mandates for collecting age discrimination data, methodological issues in gathering data from individuals in institutions, and the lack of internationally agreed statistical indicators on ageing. Similarly, the Polish NA highlights respondents' reluctance to answer questions about discrimination, suggesting the need to combine surveys with administrative sources. The Portuguese NA notes the sensitive nature of collecting ethnicity data alongside age discrimination data. In response, in 2023, it carried out a data protection impact assessment for the Survey on Living Conditions, Origins and Trajectories of the Resident Population (ICOT). It also raises concerns about the exclusion of individuals under 18 and over 74 years of age from the survey.

To improve data collection ⁽²¹⁹⁾, the Belgian NA suggests including a specialised statistical survey in the National Statistical Programme, alongside the necessary financial and human resources. Similarly, the Latvian NA advocates for Eurostat to develop a dedicated survey focusing on discrimination topics, citing the limitations of existing surveys, such as the EU Labour Force Survey (EU-LFS) and EU-SILC, and the inability to obtain discrimination data through register data. The German NA emphasises the need to establish internationally agreed methodologies and a feasible list of ageing-related indicators. It also proposes creating international forums to encourage cooperation and the exchange of experiences. The Austrian NA propose that data collection on age-based discrimination should be bound by legal requirements through national or European law. The Portuguese NA suggests developing a new edition of the ICOT and recommends studying the coverage of age groups and population subgroups in current statistical operations and exploring the possibility of conducting specific surveys for age groups not usually included in these operations. Finally, the Polish NA proposes increasing the use of administrative records to improve data collection on age-related discrimination.

3.6.2. Methodology for data collection and disaggregation based on age

This section discusses the survey responses on the methodologies used in data collection on age discrimination and their disaggregation. It highlights the varying approaches to disaggregation, challenges faced, and specific methodologies used.

The survey results show that age group definitions vary between Member States ⁽²²⁰⁾. The Austrian and Bulgarian NAs report that definitions depend on the survey type, with Austria specifying that data protection concerns may lead to broader age groups, especially for older cohorts with few cases. The German NA cites a flexible approach, with age groups aggregated according to data user needs, noting that common age groups include 65+ and 75+, with breakdowns by five-year age groups also common.

⁽²¹⁸⁾ NA survey: QNSA3 What challenges do you face in collecting data related to age-based discrimination? (n=5).

⁽²¹⁹⁾ NA survey: QNSA18 What actions should be taken to improve data collection on age-based discrimination over the next five years? (n=6).

⁽²²⁰⁾ NA survey: QNSA9 How are age groups defined in the disaggregation process? (n=6).

The Polish NA states that data are initially collected for each individual age, then grouped into age ranges (typically 5 or 10 years, but potentially 0-2 years or 80+), depending on the survey and resources available.

Looking at the type of disaggregation in data processing ⁽²²¹⁾, Bulgaria's NA states that the level of detail in disaggregation depends on the survey type, with exhaustive surveys like censuses allowing for more detailed disaggregation. Belgium's NA indicates a limitation, using only one age category for individuals aged 74+. Germany's NA observes that while many variables are available for disaggregation, the potential is limited by small sample sizes, particularly when analysing discrimination. Portugal's NA reports that age group disaggregation depends on the statistical operation and reliability of estimates, with efforts to disaggregate as much as possible when quality standards permit (e.g. coefficients of variation). Poland's NA gives an example related to age groups, explaining that data from the Polish Labour Force Surveys are typically presented using 12 age groups for weighting purposes. However, data for working persons aged 75-89 are not published due to high random sampling error, which can be biased.

On the challenges of disaggregation by age group ⁽²²²⁾, the Austrian and German NAs highlight issues relating to small sample sizes when disaggregating data by age group, especially for older age groups and certain variables. The Latvian NA reports a challenge whereby survey data often do not meet publication standards, preventing the release of data for older or younger age groups. The Polish NA cites a lack of representativeness with detailed breakdowns, especially for small sample sizes (aged 75-89), making it difficult to publish. The Portuguese NA states that with sample surveys, the level of disaggregation relies on the reliability of the estimates. It explains that for administrative data, there are rules about direct and indirect statistical confidentiality (nondisclosure below three observations or a higher number if identification is possible). By contrast, the Bulgarian NA reports no specific challenges related to disaggregating data by age group.

On specific methodologies used to collect data ⁽²²³⁾, the Latvian, Slovenian, and Polish NAs all report using both surveys and administrative records. The Belgian NA specifies the use of age information from its central population register, in conjunction with both administrative data and surveys. Similarly, the Portuguese NA notes that data on age are collected through household surveys and administrative records, calculated based on individuals' dates of birth and reference dates. The German NA describes using a multimode data collection approach including computer-assisted web interviews (CAWI), pen-and-paper personal interviews (PAPI) and computer-assisted telephone interviews (CATI) within surveys, in addition to administrative data on areas such as dependent employment and earnings. The Bulgarian NA states that date of birth is generally used to calculate age, while the Austrian NA uses no specific methods for age-related data, instead focusing on designing survey samples to achieve representativeness.

3.6.3. Disaggregation based on other factors

This section presents the NA survey findings on age discrimination data collection among Member States. It covers the linkage of ageism data to other demographic factors, the intersectionality of age with factors like gender or disability, the comprehensiveness of geographic coverage, the types of age-disaggregated data available, the underrepresented or missing age groups, and the plans to increase data collection on these groups.

²²¹ NA - QNSA8 "What type of disaggregation has been adopted in the data processing?" (n=5)

²²² NA – QNSA15 "What challenges do you face in disaggregating data by age group?" (n=6).

²²³ NA - QNSA10 "What specific methodologies are used to collect age-related data (e.g., surveys, administrative records)?" (n=8)

When asked about intersectionality ⁽²²⁴⁾, five Member States (BE, DE, PL, PT, SI) collect data on the intersectionality of age with other factors such as gender or disability, while one (AT) does not collect such data. Data on ageism and age discrimination are linked to other demographic factors (e.g. gender, ethnicity, disability) ⁽²²⁵⁾ in four Member States (DE, AT, PT, SI), while one Member State (PL) makes no such link and one (BE) is unsure.

In terms of geographical coverage (e.g. national, regional) ⁽²²⁶⁾, the NA survey shows comprehensive data in two Member States (PT, SI), limited data in two Member States (AT, BE), and very limited data in two Member States (DE, PL).

The survey examined the extent of population coverage, notably whether age groups are underrepresented in the data collected ⁽²²⁷⁾. Responses show specific age groups or sub-populations of age groups underrepresented or missing data in seven Member States (BE, DE, LV, AT, PL, PT, SI), no such issues in one Member State (BG), and one (SK) uncertain.

These groups can vary by Member State ⁽²²⁸⁾. Austria's NA authority states that coverage 'depends on the statistics'. NAs from Germany, Poland and Slovenia identify 'persons in institutional settings' as a specific sub-population. Poland's NA describes the exclusion of individuals in institutional households, such as lodging houses, student hostels, boarding schools, and social welfare homes, as well as homeless individuals. Germany's NA adds that people aged 75+ are not consistently covered across all surveys. Similarly, Poland's NA mentions that people aged 80+ are sometimes excluded due to the lack of a representative sample for this age group collected by the surveys. Belgium's NA excludes collective households from their surveys, and their Labour Force Survey only interviews persons aged 15-89. Portugal's NA notes the potential underrepresentation of the youngest and oldest population groups, citing the characteristics of statistical operations based on household surveys. Lastly, Latvia's NA notes that data for older age groups often do not meet publication conditions, due to low survey samples.

The NA survey included a specific question on persons aged 75+, as this group is systematically underrepresented in surveys, according to data collected in the inception phase of the study. Figure 41 presents the findings on types of age-disaggregated data, including for persons aged 75+, currently available. It shows that data on this age group are limited in several areas of life.

⁽²²⁴⁾ NA survey: QNSA5 Do you collect data on the intersectionality of age with other factors such as gender or disability? (n=6).

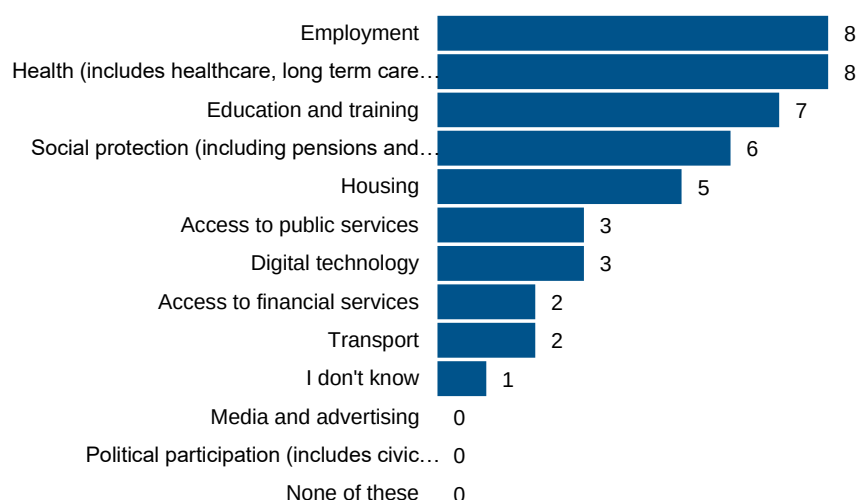
⁽²²⁵⁾ NA survey: QNSA4 Is data on ageism and age discrimination linked to other demographic factors (e.g., gender, ethnicity, disability)? (n=6).

⁽²²⁶⁾ NA survey: QNSA6 How comprehensive is the available data on age discrimination in terms of geographic coverage (e.g. national, regional)? (n=6).

⁽²²⁷⁾ NA survey: QNSA11 Are there specific age groups or sub-populations of age groups (e.g. older persons in institutional settings) for which data is underrepresented or missing? (n=9).

⁽²²⁸⁾ NA survey: QNSA12 Which age groups or sub-populations of age groups? (n=7).

Figure 41. NA survey: QNSA7 What types of age-disaggregated data including for persons aged 75 and over are currently available? (n=9)



The results show that of the nine respondents, eight Member States report that age-disaggregated data, including for persons aged 75+, are available for employment and health (BE, BG, DE, LV, AT, PL, PT, SI), seven (BG, DE, LV, AT, PL, PT, SI) for education and training, and six (BG, LV, AT, PL, PT, SI) for social protection, including pensions and adequate income. Five Member States (BG, DE, AT, PT, SI) report that housing data are disaggregated by age, while three (BE, AT, SI) indicate that such data are available for access to public services (DE, PL, SI) and digital technology (BE, AT, SI). Access to financial services (BE, SI) and transport (PT, SI) are each reported by three Member States.

In response to the challenges of capturing the experiences of underrepresented groups, national statistical authorities were asked to indicate whether they have adopted concrete plans to increase data collection on currently missing or underrepresented age groups ⁽²²⁹⁾. Of the seven respondents, six Member States (BE, DE, LV, PL, PT, SI) have no concrete plans to increase data collection on currently missing or underrepresented age groups and one (AT) is uncertain.

3.6.4. Publication of data collected

This section presents an overview of the frequency with which data on age-based discrimination are published in national reports, as well as the age-related indicators prioritised in institutional reports.

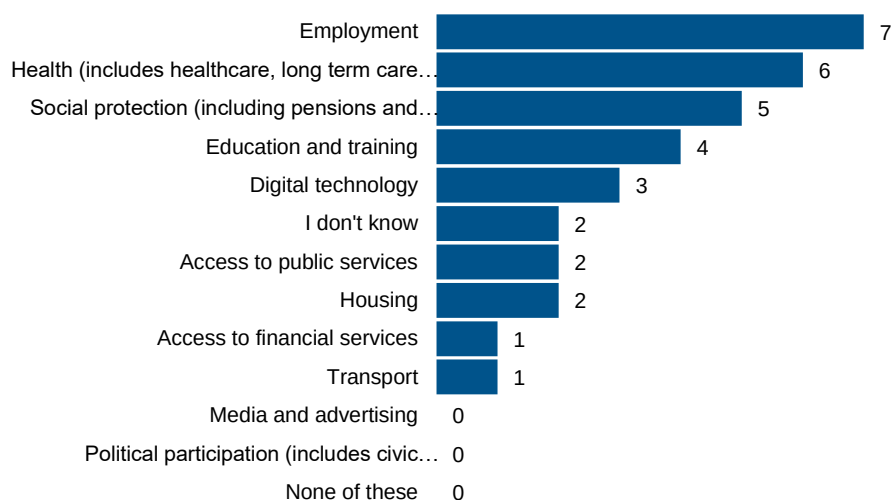
Statistical authorities from six Member States provided their insights into publication of the results of data collection ⁽²³⁰⁾, with little evidence of systematic publication of data on age discrimination overall. One statistical authority reports that data on age-based discrimination are published in national reports annually (SI), while five indicate that these data are published only occasionally (BE, DE, AT, PL, PT).

⁽²²⁹⁾ NA survey: QNSA13 Are there concrete plans to increase data collection on currently missing or underrepresented age groups? (n=7).

⁽²³⁰⁾ NA survey: NSA2 How frequently is data on age-based discrimination published in national reports? (n=6).

The NA survey suggests that data published in institutional reports prioritise the areas of employment, health and social protection (see Figure 42).

Figure 42. NA survey: QNSA16 Which age-related indicators are prioritised in your institution's reports? (n=9)



In seven Member States (BE, BG, DE, LV, PL, PT, SI) employment is a prioritised age-related indicator in institutional reports. Health, including healthcare, long-term care, and well-being, is identified by six Member States (BG, DE, LV, PL, PT, SI), while five Member States (BG, DE, LV, PL, PT) indicate social protection, including pensions and adequate income prioritising social protection (including pensions and adequate income) as age-related indicators. Four Member States (BE, LV, PL, PT) select education and training, three (BE, PL, SI) digital technology, two select housing (BG, PT) and access to services (PL, SI), and one each for access to financial services (BE) and transport (PT).

Looking at how age-disaggregated data inform national policies and legal frameworks ⁽²³¹⁾, according to the statistical authorities from Bulgaria and Poland, age-related data support the creation of strategic documents. Bulgaria notes that annual data from the National Statistical Institute informs these processes, and Poland adds that these data are used to produce strategic documents at both local and central level.

The Portuguese statistical authority states that official statistical information is disseminated by Statistics Portugal to all users, adhering to the European Statistics Code of Practice. It notes that specific indicators are calculated on request, tailored to users' needs. For example, data from the ICOT has been requested by public entities for specific age groups, allowing for the monitoring of public policies. Austria's statistical authority mentions that many of its reports include age-disaggregated results, while Germany's authority provides tabulations at users' requests, as well as statistical reports with differentiated tables. Both indicate that the ultimate application of these data is determined by policymakers and users, respectively.

⁽²³¹⁾ NA survey: QNSA17 How is age-related data used to inform national policies and legal frameworks on age discrimination? (n=5).

3.7. Adequacy of national legal and policy frameworks

This section presents the findings on the adequacy of the national legal and policy frameworks in the Member States to combat age discrimination and ageism. It discusses the opinions of NAs, CSOs and individuals, as well as findings from the analysis of the legislative, policy, monitoring frameworks to combat age discrimination and ageism.

Summary of key findings

Findings from the analysis of the legal, policy, and monitoring frameworks on age discrimination and ageism reveal several significant gaps. Despite a general consensus on the definition of age discrimination and the protections afforded, the legal frameworks remain limited in scope, particularly outside the employment context. Member States have inconsistently expanded these protections, and the increasing reliance on exemptions to age discrimination undermines existing frameworks. There is a notable lack of protection against multiple and intersectional discrimination, which could be addressed by developing comprehensive protections across all grounds covered by the EU legal order. Additionally, the absence of an agreed definition of ageism and a clear understanding of its broader implications hinders the effectiveness of current laws. The association of age discrimination primarily with older persons limits awareness and protection for other age groups.

Significant gaps exist in the monitoring and data collection framework. Statistics on age discrimination are collected but published only occasionally, and while data on the intersectionality of age with characteristics such as gender or disability are collected (albeit not consistently), specific age groups lack data, with no current plans to address these gaps. Definitions of age groups are also inconsistent between Member States creating challenges in harmonising results at EU level. Disaggregated data on age groups are particularly scarce in areas such as political participation, media, transport, and access to financial services, but are more frequently available for employment, health, and social protection. This unevenness in data collection hampers the ability of NAs to accurately assess the level of complaints and prioritise areas for action. Additionally, the lack of dedicated units and sufficient resources for age equality in many Member States exacerbates these issues, highlighting the need for improved collaboration, comprehensive data collection, and enhanced monitoring mechanisms to ensure a more effective legal framework.

The analysis of stakeholder responses reveals similarities and differences in their perspectives on the adequacy and challenges of the legal frameworks on age equality in the EU. All stakeholders recognise the need for improvements in the legal framework and its implementation, with NA, CSOs, and individuals all highlighting gaps such as inconsistent implementation, insufficient resources, and a lack of comprehensive strategies on age discrimination and ageism. They also emphasise the need for better cooperation between NAs and CSOs, as well as more platforms for exchanging experiences and information.

However, differences emerge in their specific concerns and focus areas: NAs, particularly ministries, are generally more positive about the adequacy of measures, while EBs/NHRIs are more critical. They point to systemic and enforcement issues, such as the need for better data collection and usage, and the challenges posed by financial constraints and negative stereotypes.

CSOs largely believe the measures to be insufficient, noting key gaps such as inadequate funding, data and research gaps, and low public awareness. They stress the

need for stronger policy planning, better cooperation, increased funding, and enhanced educational efforts. CSOs also highlight the importance of addressing cultural attitudes towards ageing and improving digital literacy.

Individuals focus on the practical and cultural changes needed to achieve age equality. They emphasise the need for better enforcement of existing laws, faster implementation of actions, and measures to promote cultural change. They identify gaps such as insufficient awareness and enforcement, the need for additional educational initiatives, and financial measures to support older individuals. Social inclusion through community programmes is also a significant theme.

In summary, while all stakeholders agree on the need for improvements, their perspectives vary based on their roles and experiences. NAs focus on systemic and enforcement issues, CSOs highlight strategic and resource gaps, and individuals emphasise the practical and cultural changes needed to achieve age equality.

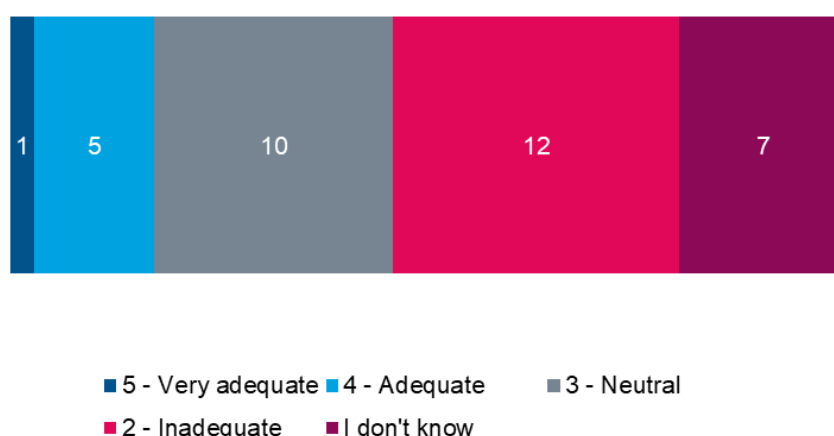
Detailed evidence supporting key findings

This section examines the evidence underpinning the main findings on the adequacy of national legal and policy frameworks. It offers an in-depth analysis of the data, substantiating the conclusions.

3.7.1. Perception of NAs

The NA survey received 35 responses on the adequacy of the national legal and policy framework to combat age discrimination and ageism. Figure 43 presents an overview of the responses.

Figure 43. NA survey: Q13 Do you think the measures adopted by your country are adequate to combat discrimination on the ground of age and ageism? (n=35)



In the NA survey responses on the adequacy of measures adopted by the Member States to combat discrimination on the ground of age and ageism, one Member State (FI – Ministry for Social Affairs and Health) states that it is very adequate, while five Member States (BG (National Statistical Institute), FR, CY (Department of Labour), HU (Ministry of Justice), NL (Ministry of Interior and Kingdom Relations)) states that it is adequate.

With the exception of the Bulgarian NA (statistical authority) all of the NAs indicating that national legal frameworks are (very) adequate are ministries.

Ten respondents from nine Member States (BE, IE, EL, FR, HR, LT, SI, SK, FI) are neutral. Responses are split between five ministries (BE, IE, EL, SK, FI), four EBs/NHRIs (EL, FR, HR, LT) and one statistical authority (SI). Twelve respondents from ten Member States (BE, DE, EE, EL, HR, AT, PL, SK, FI, SE) believe the measures are inadequate. All respondents are EBs/NHRIs. A total of seven respondents from six Member States (BE, DE, EL, LV, AT, PT) don't know. Two respondents are from ministries (DE, EL) and five from statistical authorities (BE, DE, EL, LV, AT, PT).

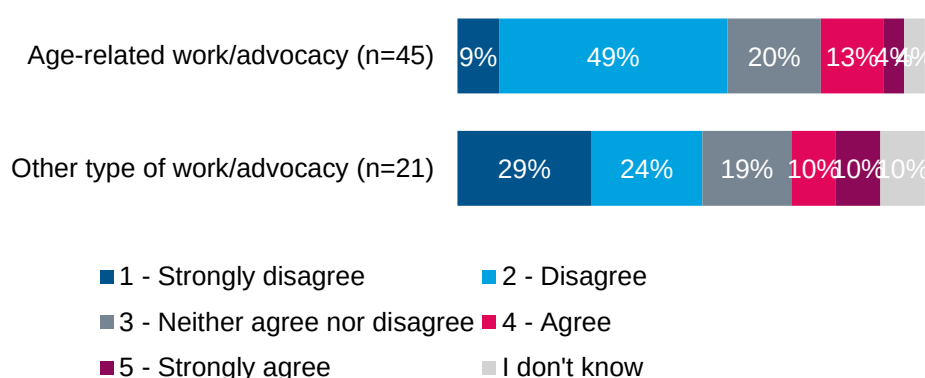
Some Member States report mixed responses (AT, DE.) In Austria, the Ombudsman for Equal Treatment believes the measures are inadequate, while Statistics Austria does not know. Similarly in Germany, the Federal Anti-Discrimination Agency believes the measures inadequate, while the Federal Statistical Office and the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth do not know. In Belgium, Unia believes the measures inadequate, while organisations such as Statistics Belgium do not know, and the Federal Public Service Justice – Equal Opportunities Team is neutral.

Overall, the mixed responses from NAs reflect their differing priorities and perspectives. The critical view from EBs/NHRIs suggests that, despite some positive assessments from ministries, there is a need for ongoing evaluation and enhancement to ensure that measures to combat age discrimination are comprehensive and effective.

3.7.2. Perceptions of CSOs

Sixty-six CSOs provided a response on whether the legal and policy frameworks on age equality and age discrimination are sufficient to combat age discrimination and ageism (see Figure 44).

Figure 44. CSO survey: Q19 Are the legal and policy frameworks on age equality and age discrimination sufficient in the country/region of your work? (n=66)



Of those engaged in age-related work or advocacy (n=45), 9% strongly disagree, 49% disagree, 20% neither agree nor disagree, 13% agree, 4% strongly agree, and 4% do not know. Of respondents engaged in other types of work or advocacy (n=21), 29% strongly disagree, 24% disagree, 19% neither agree nor disagree, 10% agree, 10% strongly agree, and 10% do not know.

Overall, the respondents who believe national legal and policy measures to combat age discrimination and ageism to be insufficient are more than double those who believe the measures to be sufficient. Over half of both age-related and non-age-related CSOs find the measures insufficient to combat age discrimination and ageism. The responses between the two types of CSOs are also similar in respect of the extent to which they find the national legal and policy framework to be sufficient. In both cases, there are slight differences between the two, with more age-related CSOs concluding that the measures are insufficient and fewer age-related CSOs finding the measures sufficient. These differences are not significant, however.

CSO respondents (n=14) describe the gaps in the legal and policy frameworks at national and EU level ⁽²³²⁾. In the area of policy and governance, five respondents highlight a lack of comprehensive strategies at both national and EU level to address age discrimination effectively. They also note the absence of a specific Commissioner on Ageing and the need for stronger policy planning within the framework of solidarity and equality. Additionally, they point to the lack of cooperation between NAs and insufficient platforms for exchanging experiences and information between NAs and CSOs.

Three respondents cite data and research gaps as significant. They emphasise the lack of data on the position of older women and the impact of ageism, and propose more comprehensive research to inform policy and advocacy efforts, in the absence of on the position of older women.

Two respondents note gaps in funding and resources, pointing out the inadequacy of financial support for initiatives to combat age discrimination. One notes the lack of funding as a critical issue, indicating that financial constraints hinder the effectiveness of CSOs in this area of work.

Gaps in awareness and education are suggested by two respondents, who express concerns about the general public's lack of awareness of ageism until personally affected. They highlight the need for broader educational efforts to raise awareness of age-related issues.

3.7.3. Perceptions of individuals

In an open-ended question, individuals provided their perspectives on what works in their country in ensuring equality based on age, and in countering ageism and age discrimination (n=239) ⁽²³³⁾. While laws are frequently cited as a foundation for combating ageism (n=64), 31 respondents emphasise the need for better enforcement of existing legislation and faster implementation of actions to combat new sources of age discrimination and ageism. Measures to promote cultural change are an important gap in the legal and policy framework, according to 41 respondents, 28 of whom highlight the need for additional educational initiatives to change societal attitudes toward ageing and ensure true equality across age groups. Twenty-six individuals propose adopting financial measures to support older individuals, such as pensions and employment opportunities. One respondent says, 'There are only incentives for hiring young people and not for hiring those over 50'.

Social inclusion is a significant theme believed to be lacking from the national legal and policy frameworks, with 18 respondents promoting the adoption of community

⁽²³²⁾ CSO survey: Q20 What are the gaps in the legal and policy frameworks on national and EU level regarding age equality and age discrimination? (n=14).

⁽²³³⁾ Survey of individuals: Q16 What do you think works in your country in ensuring equality based on age, in countering ageism and age discrimination (e.g. laws, redress mechanisms, social norms, work of NGOs, etc)? (n=239).

programmes and initiatives to foster intergenerational interaction. Nine respondents suggest further action to increase community engagement through local initiatives and community programmes to support older adults. One respondent says, 'Local governments create senior clubs where people sing carols, embroider napkins, go to concerts, sew clothes for dogs, etc.' The responses highlight the need for better enforcement of existing age discrimination laws, rapid implementation of actions, and measures to promote cultural change. Respondents also emphasise the importance of educational initiatives, financial support for older individuals, and social inclusion through community programmes. These insights suggest that while legal frameworks are in place, there is a significant need for improved implementation, cultural shifts, and enhanced support systems to ensure true age equality.

3.8. Considerations for future action

This section offers considerations based on feedback from stakeholder consultations and the analysis of the evidence collected.

Legal and policy frameworks

Expand national legal frameworks to combat ageism and age discrimination beyond the field of employment, aiming to provide at least the same scope of protection as provisions offered at EU level on the grounds of race and sex discrimination⁽²³⁴⁾. Existing EU age discrimination law has a very limited scope in the age context, applying only to employment. This contrasts with gender, which has a much wider scope of protection, covering areas such as employment and occupation, including occupational social security (Directive 2006/54/EC), statutory social security schemes (Directive 79/7/EEC), self-employment (Directive 2010/41/EU) and, access to and supply of goods and services (Directive 2004/113/EC), including healthcare and housing. Age-related protections also contrast with the much broader scope afforded to race and ethnicity discrimination, which applies across a variety of fields, including employment and occupation, social protection and social advantages, education and goods and services, including housing and healthcare (Directive 2000/43/EC). Future developments could include multiple and intersectional discrimination on all grounds covered by EU equality law. National provisions might also limit exemptions in age discrimination to strengthen the existing legal frameworks. This could involve minimising reliance on exemptions in age discrimination law, publishing an annual list of exemptions for public scrutiny and awareness, and regularly reviewing the relevance and necessity of existing provisions, as well as the proportionality and appropriateness of justifications. Croatia, Czechia, Finland and Spain have expanded their protections against age discrimination on the ground of age to all 11 areas of life addressed by this study and can serve as good examples in developing this legislation.

Redouble the efforts in supporting the Presidency and the Member States with all possible means to help find an agreement on the Horizontal Equal Treatment Directive. It is noted that the European Commission has maintained for further discussion the proposal for an Equal Treatment Directive which would expand the protection against discrimination on the grounds of religion or belief, disability, age, and sexual orientation to the areas of social protection, education and access to goods and services, including housing. .

Promote a rights-based approach on ageing⁽²³⁵⁾ in EU and national policy-making to ensure that younger and older persons are treated with dignity and respect. A rights-based approach means embracing all human rights, respecting the principle of equality and non-discrimination, working with the rights holders concerned, and collecting data to monitor, measure and assess the enjoyment of rights⁽²³⁶⁾. In practice, this may involve setting clear guidelines and legal frameworks that protect people's rights in various aspects of life. It would also be valuable to provide training for legal professionals and public officials to recognise and address age discrimination effectively, along with conducting public awareness campaigns to inform employers and the general public about these legal protections.

⁽²³⁴⁾ Council Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin, OJ L 180, 19.7.2000, p. 22–26.

⁽²³⁵⁾ European Union Agency for Fundamental Rights (FRA), *Fundamental Rights Report 2018 – Focus Chapter: Shifting perceptions: towards a rights-based approach to ageing*, 2018, https://fra.europa.eu/sites/default/files/fra_uploads/fra-2018-fundamental-rights-report-2018-focus_en.pdf

⁽²³⁶⁾ AGE Platform Europe, *What is a rights-based approach to ageing? Here are some general guidelines*, 2020, <https://www.age-platform.eu/what-is-a-rights-based-approach-to-ageing-here-are-some-general-guidelines/>

Develop comprehensive national strategies to mainstream age equality and fight ageism and age discrimination across policy areas. These strategies could include specific action plans on age discrimination, establish a monitoring framework with clear indicators and timelines to assess progress, ensure adequate budget and resources and appoint a dedicated focal point to develop guidelines, build expertise, and steer implementation. They should also adopt a rights-based approach, cover all age groups and areas of life, take due account of multiple and intersectional discrimination, promote intergenerational solidarity and fairness, create a duty to collect data on ageism and age discrimination, improve awareness among the general public and public officials, and provide training for legal professionals, employers, health professionals and other relevant actors..

Work towards an EU-wide comprehensive strategy on age equality, based on human rights, intersectionality, equality and solidarity within and between generations. It would pool the necessary resources and set clear actions to ensure coherence between EU and Member State commitments to equal rights for all ages, complementing the EU's existing equality framework and contributing to its goals for equality, sustainable growth, intergenerational fairness, competitiveness and cohesion.

Facilitate intergenerational multi-stakeholder engagement and collaboration in EU and national strategies, including support and funding for CSOs working in ageism and age discrimination.

Strengthen consistent and strategic engagement between NAs and CSOs to prioritise age equality. This could include establishing dedicated units in national ministries on age equality in all Member States to ensure focused efforts and adequate budget allocation. This will help to address the current deficits in collaboration and ensure that age equality receives the necessary attention and resources.

Support the work done at United Nations (UN) level towards a new UN Convention on the Rights of Older Persons and for discussions on improved global protection of youth rights. These would provide comprehensive frameworks for addressing age discrimination across the life course. Collaboration with international organisations and third countries to share best practices and ensure a coordinated approach will enhance efforts towards age equality.

Monitoring and collection of data on age discrimination

Enhance the collection of data for specific age groups, ensuring more comprehensive and better disaggregated data for all age and population groups (e.g. 75+, those in institutions), as well as consistency to ensure comparability.

Promote the collection of disaggregated data on age groups in key areas of life, including, but not limited to, political participation, representation in media and advertising, transport issues, and access to financial services, where data on age discrimination are currently lacking. Encouraging NAs to develop and use age-related indicators for these areas in their publications would provide valuable insights and help address age-specific barriers more effectively. Slovenia reports the availability of age-disaggregated data in the greatest number of areas of life, covering employment, health, education, social protection, housing, public services, digital technology, financial services, and transport.

Increase the publication rate of statistics and reports on ageism and age discrimination. Slovenia is the only Member State to publish data on age-based discrimination systematically (annually) in national reports, demonstrating a strong commitment to transparency and monitoring.

Intergenerational collaboration

Foster intergenerational collaboration programmes, activities, and spaces to promote understanding, dialogue and cooperation between different age groups. These initiatives could include intergenerational community centres, mentoring programmes, exchanges between associations representing younger and older people, and collaborative projects that bring together people of different ages to work on common goals. Such initiatives can help break down barriers and promote a sense of shared purpose and community. The upcoming EU Strategy on Intergenerational Fairness ⁽²³⁷⁾ might draw from existing collaboration and support further intergenerational co-work. EU funding could strengthen the (currently lacking) formalised, consistent intergenerational links between CSOs representing different age groups..

Encourage community-based initiatives to combat social isolation. This may involve establishing accessible centres with intergenerational activities, healthcare, and digital literacy programmes, which would help reduce social isolation and improve quality of life for older adults.

Raise awareness of ageism

Develop awareness campaigns on age discrimination and the contributions of older persons in society. These campaigns should aim to promote a more positive view of ageing, which is essential for changing societal attitudes. They could include media campaigns, public events, and educational programmes that showcase the achievements and potential of older adults, promoting a positive image of ageing and fostering intergenerational solidarity. Collaboration with community-level organisations and the private sector would help maximise reach and impact.. Similarly, campaigns could raise awareness of the contribution of younger people to society, promoting their participation. Efforts can include youth work and non-formal education aimed at young people/ activists, highlighting that being treated differently for being young is not acceptable.

Access to justice

Expand access to legal aid and pro bono services for low-income and older individuals, including free legal aid where necessary to address financial and administrative barriers in accessing justice. CSOs, EBs and NHRIs can play an important role in supporting victims and may require adequate funding to fulfil this role. Introducing sliding scale fees or capped legal costs for common services such as financial services, housing disputes, or elder abuse cases could help close gaps in legal remedy. In Slovakia, a network of counselling centres and a dedicated hotline service have been successfully implemented to provide free legal advice for older adults, particularly in cases of elder abuse and financial exploitation. These services were supported by senior organisations and public institutions, demonstrating the effectiveness of empowering local actors ⁽²³⁸⁾.

Ensure that procedures for legal aid and submission of claims are available offline, together with information on legal proceedings, to address digital barriers. Accommodations can be made available as a right for those in need. Slovakia's approach includes making legal support accessible through offline channels, such as in-

⁽²³⁷⁾ European Commission, Intergenerational fairness, n.d., https://citizens.ec.europa.eu/intergenerational-fairness_en

⁽²³⁸⁾ Government of the Slovak Republic, *Koncepcná reforma krízového riadenia a civilnej ochrany v Slovenskej republike na obdobie 2025 – 2030*, Ministerstvo vnútra Slovenskej republiky, Bratislava, 2025, <https://rokovania.gov.sk/RVL/Material/26206/1>

person counselling and printed materials, helping to overcome digital exclusion among older populations.

Simplify legal information using plain language and accessible formats (e.g. large print, audio, or translated materials) and offer community-based legal education through workshops, senior centres, and online platforms. These actions can improve enforcement of existing legal frameworks and encourage reporting of discrimination, especially for people in vulnerable situations. This was effectively demonstrated in Slovakia through its peer-led legal education programme, developed in collaboration with the National Bank and senior organisations to promote financial awareness and autonomy.

Access to services

Strengthen the accessibility and quality of social services for older adults. Developing a national accessibility audit and upgrade programme may help modernise social service facilities, ensuring they are inclusive and safe for individuals with mobility limitations. This could involve regular infrastructure audits, targeted funding for renovations, involving service users in co-designing improvements, and publicly reporting progress to ensure transparency. Malta's evaluation and improvement of its Active Ageing Hubs enhance the accessibility and quality of community-based services for older adults through targeted promotion, staff training, and infrastructure upgrades, leading to increased participation and service effectiveness.

Promote the development of community-based active ageing hubs offering integrated support services to enhance local-level care. This might include expanding networks of hubs in underserved areas, training staff in gerontology and digital literacy, promoting services through community outreach, and integrating legal and psychological support to address elder abuse and isolation..

Digital technology

Address ageist stereotypes about older people and digital technologies to ensure that policies, products and services are shaped to meet people's needs without reinforcing inequalities. Full accessibility, including availability and affordability, is essential..

Challenge the stereotype of the 'young digital native'. While young people use the internet more frequently, not all have equal access to digital education or equipment. National and local authorities can integrate digital skills and competences into school, university and training curricula across the EU, progressing to advanced skills. For example, Belgium's UiTPAS programme promotes inclusive access by enabling over 38,000 children and young people to participate in more than 181,000 cultural and digital activities at reduced rates, helping to bridge gaps in digital and cultural engagement. Education providers should also acknowledge varying levels of access to ICT hardware and software and provide equipment to young people where needed to ensure their full participation.

Education and training

Promote lifelong learning and expand access to affordable education and training opportunities irrespective of socioeconomic background. Ensuring that adults have access to education and training throughout their lives can help them remain active and engaged in the workforce and society. Lifelong learning programmes may include formal education, vocational training, and informal learning opportunities tailored to the interests and needs of older adults. Public employment services (PES) and employers can support

the continuous development of older individuals through training and professional development opportunities. Ireland's White Paper on adult education, Learning for Life, significantly expanded access to learning through a national literacy programme, a qualifications framework, and community-based education, nearly tripling participation in literacy programmes between 2000 and 2008.

Encourage research and awareness on age discrimination in education. Despite frequent reports of age discrimination, there is a notable lack of case-law in this area, possibly due to limited implementation, legal protections, and information. Promoting research and awareness campaigns could improve understanding and protection against age discrimination in education ⁽²³⁹⁾.

Ensure that training materials and teaching methods avoid reinforcing ageist assumptions. Educational content can reflect the diversity of age experiences by including examples and case studies across life stages. Educators and facilitators may benefit from training to recognise and challenge age bias in their teaching practices, fostering a more inclusive learning environment. All educational resources could use inclusive language and imagery that represent people of all ages in a respectful and balanced way.

Equip people to recognise and respond to age discrimination. This might involve integrating anti-discrimination modules into professional development programmes and school curricula to raise awareness of age-related bias. These modules could provide practical tools and clear guidance on identifying and reporting discrimination, as well as encourage peer-led workshops where individuals share experiences and strategies for addressing age-based prejudice.

Employment and adequate income

Introduce incentives for organisations fostering age-inclusive practices. These incentives could encourage businesses to adopt measures supporting the employment and inclusion of older workers, such as flexible working arrangements, training opportunities, and anti-discrimination measures. Recognition schemes may also highlight businesses promoting age diversity and inclusion, including initiatives supporting young people's entry into the labour market..

Phase out unpaid internships and promote fair compensation for all workers to reduce exploitation and improve economic security. Policies could ensure that internships and work experience placements are paid and that older workers are not subjected to unfair treatment..

Support the recognition of non-formal and informal learning and volunteering so that employers value competences gained outside formal education. These competences, developed through structured volunteering, align with the goal of making such experiences visible and valuable to employers ⁽²⁴⁰⁾.

Healthcare

Promote equal treatment in healthcare to ensure equitable access for all age groups. This includes guaranteeing that adults receive the same quality of care as other age groups and that younger people have access to essential services, including mental

⁽²³⁹⁾ Dewhurst, E., *Age discrimination law outside the employment field*, European Commission, Brussels, 2020, <https://doi.org/10.2838/214317>

⁽²⁴⁰⁾ Sacchi, S. and Scarano, G., 'Digital transformation of public employment services in the post-pandemic era. Evidence from Italy as a latecomer country', *Australian Journal of Social Issues*, Vol. 00, 2024, pp. 1-17.

healthcare. Sixteen Member States currently provide protections against discrimination in health (BE, BG, CZ, DE, IE, ES, FR, HR, LV, LU, HU, RO, SI, SK, FI, SE).

Provide training for healthcare providers to understand the specific needs of older patients and deliver respectful, inclusive care. Expanding access to preventive care and health promotion services can also contribute to better outcomes..

Expand access to geriatric healthcare and integrate age-friendly services into national health systems. This may involve increasing the availability of specialised services, establishing geriatric clinics, and embedding age-friendly practices in existing facilities. Policies could also address mental health and well-being for both older and younger people. To illustrate, Italy's universal benefit scheme for non-self-sufficient older adults provides targeted financial support for care needs.

Involve long-term care service users and their families in policy design and evaluation to ensure their perspectives inform service development. Mechanisms for feedback and consultation can help create more effective and responsive care services.

Housing

Facilitate access to housing for adults through a legal framework that prohibits age discrimination in the housing and banking sectors (e.g. access to mortgages, rental contracts). Fifteen Member States (BE, CZ, DE, IE, ES, FR, HR, LU, HU, PT, RO, SI, SK, FI, SE) currently provide protections against discrimination in housing, while seven (IE, ES, HR, LV, MT, SI, FI) provide protections in financial services.

Adapt housing to support safe, independent and dignified living for older adults. This may involve investing in age-friendly housing design, including step-free access, wider doorways, and accessible bathrooms, as well as promoting home adaptations and repairs. Support can also include options for those wishing to downsize or move into supported or sheltered accommodation. Local authorities and housing providers could collaborate to ensure that housing meets changing needs, reduces isolation, and supports health and well-being ⁽²⁴¹⁾.

Expand access to affordable, secure and quality housing options for young people entering the housing market or living independently for the first time. This could include increasing the availability of social and affordable rental housing, regulating short-term lets and rent increases, and supporting first-time buyers through targeted schemes. Housing policies may also address the needs of young people in precarious situations, such as students, care leavers, and those in low-paid or insecure work, by offering flexible tenancy agreements and access to housing advice and support services.

Media and advertising

Develop age-inclusive media guidelines that discourage ageist stereotypes and promote balanced representation. These guidelines could apply to public broadcasters, advertising agencies, and digital platforms, ensuring that content reflects the diversity of age experiences. Co-creation with representative organisations of young and older people can enhance relevance and impact. A good practice example is the WHO Quick Guide to Avoid Ageism in Communication, which offers practical advice for media professionals to avoid ageist language and imagery. It promotes inclusive language, diverse portrayals of older adults, and positive framing of ageing.

⁽²⁴¹⁾ United Nations (UN), *Promotion and protection of human rights: Report of the Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression*, A/77/239, 2022, <https://docs.un.org/A/77/239>

Provide grants and incentives for media projects that feature intergenerational stories or challenge age-based stereotypes. This might include funding for documentaries, public awareness campaigns, or youth-led media initiatives.

Promote positive and diverse portrayals of older adults in media and advertising, moving away from depictions focused solely on decline or dependency. Content can showcase older people in varied roles such as working, learning, socialising, and contributing to society. Advertisers and content creators may consult with older audiences to ensure accurate and respectful representation. Advertisers and content creators should consult with older audiences to ensure that their perspectives are accurately and respectfully reflected and promote intergenerational narratives that foster understanding and inclusion.

Political and civic participation

Strengthen participation and consultation of older and younger persons in all matters affecting them as a foundation for well-designed and sustainable policies. National authorities could support independent and representative organisations of older persons and youth organisations to ensure their voices are reflected in policy-making. Several good practices are evident at local and regional level, such as statutory older citizens' assemblies. National youth councils could be consulted to inform the development of national youth strategies, which could be inspired by the EU Youth Strategy 2018-2027.

Remove barriers to political participation for both older and younger people. NAs should implement policies that remove structural barriers to participation, such as inaccessible voting procedures or lack of representation. They should fund intergenerational civic programmes, promote age diversity in political appointments and public bodies, and monitor participation rates across age groups to identify and address disparities. For older persons, particularly people with disabilities, those in need of long-term care and support, and older persons from ethnic minority groups, this can take the form of making voting and public consultations more accessible through postal voting, accessible polling stations, and digital literacy support. Older people could be encouraged to participate in advisory boards, community planning and volunteering, with efforts made to challenge stereotypes that suggest civic engagement is only for the young. Creating an age-friendly public discourse can also act as an incentive to older persons to become politically active. For younger people, measures could include lowering the voting age, earmarking funding for youth candidates, and training and promoting young candidates, especially those with diverse backgrounds, to elections at all levels of legislature. Information provided by public institutions on the electoral processes, explaining why, when and how to participate in elections, working closely with youth organisations, could raise the number of young people engaging in political and civic matters.

Social protection

Enhance financial security and pension systems to support pension adequacy, particularly for women and low-income retirees. Allowing retirees to work without financial penalties can enable older adults to continue working by choice, supporting economic independence and active participation in the workforce. This approach recognises the contributions of older workers and provides flexibility to balance work and retirement. For example, Italy's universal benefit scheme for non-self-sufficient older individuals provides structured financial support through fixed monthly payments and caregiver assistance, effectively addressing the economic burden of ageing and enhancing the well-being of vulnerable older adults.

Eliminate discriminatory minimum wage levels based on age and address gaps in enforcement. Belgium's removal of youth-specific minimum wages under the Summer Agreement promotes fair pay and improves income security for young workers, particularly benefiting those entering the labour market without formal qualifications or support.

Improve the availability and accessibility of social benefits for young people. This may include access to unemployment benefits, housing support, and income assistance for those in education, training, or low-paid work. Social protection could also cover young carers, care leavers, and those with disabilities. Measures such as reducing minimum contribution periods, counting internships and apprenticeships towards eligibility, and lowering minimum age requirements can help ensure inclusivity.

Transport

Improve access to affordable, safe and reliable transport options for young people, particularly those in education, training, or low-income employment. This could involve discounted travel schemes, safe cycling infrastructure, and better public transport links in rural or underserved areas. The collaboration of operators, public authorities, and transport manufacturers to make transport systems accessible to all citizens, is essential. Eighteen Member States (BG, CZ, DK, DE, EE, IE, EL, ES, FR, HR, IT, CY, LV, LT, HU, PL, PT, RO, SI, SK, FI, SE) offer reduced fares exclusively for students, while nine (BE, DK, EL, LT, MT, NL, AT, PL, PT) provide reduced fares for seniors.

Ensure that transport systems are accessible, age-friendly, and responsive to the mobility needs of older adults through collaboration between operators, public authorities, and manufacturers. This may include step-free access, clear signage, seating, and driver awareness training. Expanding community transport services and door-to-door options can help address gaps in rural areas. Strengthening passenger rights, including the right to assistance throughout multimodal journeys, is also important. Finally, the revision of the EU Driving Licence Directive ⁽²⁴²⁾ should eliminate unjustified age-based restrictions, such as the possibility to shorten the validity of driving licences for drivers aged 65+, preventing discrimination and supporting active mobility at all ages.

⁽²⁴²⁾ Proposal for a Directive of the European Parliament and of the Council on driving licences, amending Directive (EU) 2022/2561 and Regulation (EU) 2018/1724, COM(2023) 127 final, https://transport.ec.europa.eu/system/files/2023-03/COM_2023_127.pdf

Annex 1 Additional quantitative results

A1.1 Methodological notes

A1.1.1 Regression analysis

A1.1.1.1 Estimating the prevalence of age discrimination

To shed light on the correlation between individual characteristics and experiences of age discrimination, the study team conducted a regression analysis. Intuitively, the exercise consists of measuring how the probability of reporting age discrimination depends on different factors, such as age, gender, educational attainment, urban status, poverty, or ethnic origins. Specifically, the study team estimated the following regression equation:

$$\text{Discrimination}_{ict} = \alpha + \beta \text{Age}_{ict} + \gamma \text{Socioeconomic}_{ict} + \delta_c + \nu_t + \epsilon_{ict},$$

where i indexes a respondent, c their country of residence, and t the year when the survey was conducted. $\text{Discrimination}_{ict}$ is an indicator variable equal to 1 if individual i reported age discrimination, and 0 otherwise. When data from the Eurobarometer are used, this variable is equal to 1 if an individual personally felt discriminated against or experienced harassment on reason of their age (i.e., being perceived as too old or too young) during the last twelve months. When data from the European Social Survey were used, this variable is equal to 1 if an individual reported belonging to a group that was discriminated on grounds of their age.

Age_{ict} is a vector containing indicator variables for the following age groups: 15-24, 25-34, 45-54, 55-64, 65-74, and 75 and older. Respondents aged 35-44 represent the reference group. The coefficients β measure how much more likely it is that respondents in a given age group report discrimination relative to the reference group (see the example below).

$\text{Socioeconomic}_{ict}$ is a vector containing indicator variables for the following socio-economic characteristics: gender, education, urban status, poverty, and ethnic origin. Only two genders are identified in the Eurobarometer: men and women. Men are chosen to be the reference group, as they systematically report lower discrimination rates. Educational attainment is computed using information on the age at which respondents finished their full-time education, as the 2019 Eurobarometer survey did not collect information on the highest degree obtained. Respondents are considered to have low education if they left full-time education before the age of 15, medium education if they left full-time education between 16 and 19, and high education if they left full-time education after 20. Individuals with low education are chosen to be the reference group. Regarding urban status, there are three possible categories: rural areas and villages (referred to as rural areas), small or middle-sized towns (referred to as small cities), and large towns (referred to as large cities). Respondents living in rural areas represent the reference category. The poverty status of a respondent is defined in terms of difficulties to pay bills. Poor respondents are those who experience difficulties most of the time or from time to time as opposed to almost never or never. Poor respondents are the reference category. Respondents' ethnic origins are coded using information on whether they see themselves as being part of an ethnic minority where they live. Respondents who belong to the ethnic majority are the reference group. Similar variables are constructed for the analysis of the data from the European Social Survey. In certain specifications, the vector also includes an indicator variable equal to 1 if the respondent engaged in anti-discrimination activities, and 0 otherwise. The coefficients for the socio-economic variables, γ , measure how much more likely it is that a specific socio-economic group reports age discrimination relative to the reference group.

δ_c is a country-specific fixed effect that accounts for variation in reporting rates across member states. Different societies may have different tolerance levels for what is acceptable and what is not, which may influence the likelihood that their members correctly identify and report age discrimination. The inclusion of the country fixed effects will control for such variation, and any other country-specific factors that may affect the probability of reporting age discrimination. ν_t is a year-specific fixed effect that controls for changes in reporting behaviour over time. Lastly, ϵ_{ict} is the error term.

To better understand the interpretation of the coefficients in the regression equation, consider the following (simplified) model:

- There are only three age groups: 15-34, 35-64, and above 65. Because these groups are mutually exclusive, the youngest respondents (i.e., those aged 15-34) are chosen as the reference group.
- The vector of socioeconomic characteristics only includes gender. As in the baseline model, men will represent the reference group.
- For simplicity, it is assumed that the researcher only observes data from a single country in a given year. The model, therefore, does not include country- and year-specific fixed effects.

Based on this information, the extended regression equation can be written as:

$$\text{Discrimination}_i = \alpha + \beta_1 \text{Age35\_64}_i + \beta_2 \text{Age65}_i + \gamma \text{Woman}_i + \epsilon_i,$$

where Discrimination_i is equal to 1 if respondent i experienced age discrimination and 0 if they did not. Age35_64_i is equal to 1 if respondent i is aged 35-64 and 0 otherwise, while Age65_i is equal to 1 if respondent i is aged 65 or older and 0 otherwise. Woman_i is equal to 1 if respondent i is a woman, and 0 if they are a man. ϵ_i is the error term, and α , β_1 , β_2 , and γ are the parameters that will be estimated.

One can rewrite the model above expressing the expected value of the dependent variable as a function of the independent variables:

$$E[\text{Discrimination} \mid \text{age, gender}] = \alpha + \beta_1 \text{Age35\_64}_i + \beta_2 \text{Age65}_i + \gamma \text{Woman}_i,$$

since $E[\epsilon \mid \text{age, gender}] = 0$ (i.e., the error term is, on average, 0). Because the dependent variable is binary, its expected value is also the probability that it is equal to one:

$$E[\text{Discrimination} \mid \text{age, gender}] = P[\text{Discrimination} = 1 \mid \text{age, gender}].$$

Consider a 15-34-year-old man. The probability that he experiences age discrimination is:

$$P[\text{Discrimination} = 1 \mid 15\text{-}34\text{-year-old man}] = \alpha + \beta_1 \times 0 + \beta_2 \times 0 + \gamma \times 0 = \alpha.$$

Consider now the case of a 35-64-year-old man. The expected probability that he experiences age discrimination is:

$$P[\text{Discrimination} = 1 \mid 35\text{-}64\text{-year-old man}] = \alpha + \beta_1 \times 1 + \beta_2 \times 0 + \gamma \times 0 = \alpha + \beta_1.$$

Comparing the two probabilities, it becomes apparent that β_1 measures the increased likelihood that a 35-64-year-old man experiences age discrimination relative to a 15-34-year-old man.

Similarly, the expected probability that a 15-34-year-old woman experiences age discrimination is:

$$P[\text{Discrimination} = 1 \mid 15\text{-}34\text{-year-old woman}] = \alpha + \beta_1 \times 0 + \beta_2 \times 0 + \gamma \times 1 = \alpha + \gamma.$$

In this case, γ measures the increased likelihood that a woman experiences age discrimination compared to a man, holding their age constant.

This interpretation extends to other age groups and socio-economic characteristics. It is important to note that the coefficients measure the higher likelihood of experiencing age discrimination relative to the baseline age group holding all other individual characteristics constant.

The coefficients from the baseline specification are estimated using ordinary least squares (OLS) and each observation is weighted using the appropriate weights. Because the dependent variable is binary, the error terms are necessarily heteroskedastic.²⁴³ To address this issue, we report heteroskedasticity-robust standard errors. Using OLS also raises the possibility that the predicted probabilities are smaller than zero, or larger than one. As a robustness check, we also report in the annex marginal effects obtained using a logit model.²⁴⁴ In this case, the marginal effects are evaluated at the mean values of the other covariates. The study team preferred to report the results from linear probability models as a baseline due to the straightforward interpretation of the interaction terms. However, the results are qualitatively and quantitatively similar across the two methods.

A1.1.1.2 Estimating the effects of age discrimination

To estimate the effect of age discrimination on various outcomes, the study team estimated the following regression equation:

$$\text{Outcome}_{ict} = \alpha + \rho \text{Discrimination}_{ict} + \beta \text{Age}_{ict} + \gamma \text{Socioeconomic}_{ict} + \delta_c + \nu_t + \epsilon_{ict},$$

where Outcome_{ict} is the outcome of interest (e.g., an indicator variable for unemployment). The other variables have the same definition as before. The coefficient ρ measures the change in the outcome induced by age discrimination (i.e., the increase in the likelihood that a person who reported age discrimination is unemployed compared to a person who did not report age discrimination).

⁽²⁴³⁾ See, for instance, Angrist, Joshua D., and Jörn-Steffen Pischke. *Mostly harmless econometrics: An empiricist's companion*. Princeton university press, 2009, p. 47.

⁽²⁴⁴⁾ The regression equation takes the following form: $P[\text{Discrimination}_{ict} = 1 \mid \text{Age}_{ict}, \text{Socioeconomic}_{ict}] = F(\alpha + \beta \text{Age}_{ict} + \gamma \text{Socioeconomic}_{ict} + \delta_c + \nu_t)$, where $F()$ is the logistic function. It is important to note that, in this case, the parameters no longer measure the marginal effects on the probability of experiencing age discrimination. As is well known, marginal effects in non-linear models also depend on the value of the covariates. For logit regressions, average marginal effects are reported.

As before, consider the following (simplified) model:

- The dependent variable, $Unemployed_i$, is an indicator variable equal to 1 if individual i is unemployed, and 0 otherwise.
- There are only three age groups: 15-34, 35-64, and above 65. The 15-34 group represents the baseline.
- For simplicity, no other socio-economic variables are included in the regression model. The sample includes cross-sectional data from one country only.

Based on these assumptions, the extended regression equation can be written as:

$$Unemployed_i = \alpha + \rho Discrimination_i + \beta_1 Age35\_64_i + \beta_2 Age65_i + \epsilon_i.$$

As before, the conditional expected probability that an individual is unemployed is:

$$P[Unemployed = 1 | \text{age, discrimination}] = \alpha + \rho Discrimination + \beta_1 Age35\_64 + \beta_2 Age65.$$

Consider a 15-34-year-old respondent who did not experience age discrimination. Their expected probability of unemployment is:

$$P[Unemployed = 1 | 15-34 \text{ years old, not discriminated}] = \alpha + \rho \times 0 + \beta_1 \times 0 + \beta_2 \times 0 = \alpha.$$

Consider now a 35-64-year-old respondent who did not experience age discrimination. Their expected probability of unemployment is:

$$P[Unemployed = 1 | 35-64 \text{ years old, not discriminated}] = \alpha + \rho \times 0 + \beta_1 \times 1 + \beta_2 \times 0 = \alpha + \beta_1.$$

Comparing the two probabilities, it is apparent that β_1 measures the increase in the probability that a 35-64-year-old is unemployed relative to a 15-34-year-old (holding the discrimination status fixed).

Finally, consider a respondent aged 15-34 who experienced age discrimination. Their probability of being unemployed is:

$$P[Unemployed = 1 | 15-34 \text{ years old, discriminated}] = \alpha + \rho \times 1 + \beta_1 \times 0 + \beta_2 \times 0 = \alpha + \rho.$$

In this case, the coefficient ρ measures the increase in the probability that a person who experienced discrimination is unemployed relative to a person who did not experience discrimination (holding age fixed).

To shed light on heterogeneity across age groups, the study team also estimated the following regression model:

$$Outcome_{ict} = \alpha + \beta Age_{ict} + \rho Age_{ict} \times Discrimination_{ict} + \gamma Socioeconomic_{ict} + \delta_c + \nu_t + \epsilon_{ict},$$

where $Age_{ict} Discrimination_{ict}$ correspond to interactions between the age indicators and the discrimination model. In this model, ρ measures the change in the outcome of interest that is due to age discrimination *within* a specific age group.²⁴⁵

⁽²⁴⁵⁾ This methodology follows van Ballegooij, W. and J. Moxom (2018), "Equality and the Fight Against Racism and Xenophobia: Cost of Non-Europe Report," <https://doi.org/10.2861/1791>. The analysis updates and extends their results using more recent data and additional outcomes. The variables common to the two studies are: unemployment, self-assessed health status, barriers to healthcare, and experiences of housing problems.

The following example will help with the interpretation of the coefficients. As in the previous case, it is assumed that there are only three age groups. No other socioeconomic variables are included in the analysis.

The cross-sectional version of the regression model becomes:

$$\text{Unemployed}_i = \alpha + \beta_1 \text{Age35\_64}_i + \beta_2 \text{Age65}_{ict} + \gamma_1 \text{Age15\_34}_i \times \text{Discrimination}_i + \gamma_2 \text{Age35\_64}_i \times \text{Discrimination}_i + \gamma_3 \text{Age65}_i \times \text{Discrimination}_i + \epsilon_i.$$

The conditional expected probability that an individual is unemployed is:

$$P[\text{Unemployed} = 1 \mid \text{age, discrimination}] = \alpha + \beta_1 \text{Age35\_64} + \beta_2 \text{Age65} + \gamma_1 \text{Age15\_34} \times \text{Discrimination} + \gamma_2 \text{Age35\_64} \times \text{Discrimination} + \gamma_3 \text{Age65} \times \text{Discrimination}.$$

The expected probability that a person aged 15-34 who did not experience age discrimination is unemployed is:

$$P[\text{Unemployed} = 1 \mid 15-34 \text{ years old, not discriminated}] = \alpha + \beta_1 \times 0 + \beta_2 \times 0 + \rho_1 \times 0 + \rho_2 \times 0 + \rho_3 \times 0 = \alpha.$$

The expected probability that a person aged 15-34 who experienced age discrimination is unemployed is:

$$.P[\text{Unemployed} = 1 \mid 15-34 \text{ years old, discriminated}] = \alpha + \beta_1 \times 0 + \beta_2 \times 0 + \rho_1 \times 1 + \rho_2 \times 0 + \rho_3 \times 0 = \alpha + \rho_1.$$

In this case, ρ_1 measures the effect of age discrimination on unemployment for persons aged 15-34.

By the same token, the expected probability of unemployment for a 35-64-year-old who did not experience discrimination is:

$$P[\text{Unemployed} = 1 \mid 35-64 \text{ years old, not discriminated}] = \alpha + \beta_1 \times 1 + \beta_2 \times 0 + \rho_1 \times 0 + \rho_2 \times 0 + \rho_3 \times 0 = \alpha + \beta_1.$$

Comparing this probability to the first one, it is apparent that β_1 measures the higher probability of unemployment of 35-64-year-olds compared to 15-34-year-olds, holding their discrimination status fixed.

The expected probability of unemployment for a 35-64-year-old who experienced age discrimination is:

$$P[\text{Unemployed} = 1 \mid 35-64 \text{ years old, discriminated}] = \alpha + \beta_1 \times 1 + \beta_2 \times 0 + \rho_1 \times 0 + \rho_2 \times 1 + \rho_3 \times 0 = \alpha + \beta_1 + \rho_2.$$

In this case, ρ_2 measures the increase in the probability that a person aged 35-64 who experienced age discrimination is unemployed compared to a similarly aged person who did not experience discrimination.

To sum up, the coefficients on the age group indicators measure the increase / decrease in the probability of unemployment as one considers older cohorts (relative to the youngest respondents). The coefficients on the interaction terms measure the increase / decrease in the probability of unemployment associated with age discrimination within an age group.

As before, the regression equation is estimated by OLS and heteroskedasticity-robust standard errors are reported. The computation of marginal effects for interaction terms in logit models is more complex and can vary depending on the values of the covariates – for this reason, this method was not chosen as a baseline in the current report.²⁴⁶

⁽²⁴⁶⁾ For the methodological challenges related to the interpretation of interaction terms in logit model, see Ai, Chunrong, and Edward C. Norton. "Interaction terms in logit and probit models." *Economic letters* 80.1 (2003): 123-129. The tables reporting logit estimates of models that include interaction terms, both the estimated coefficients and the implied marginal effects are shown. Note that, unlike linear models, the coefficients in a logit model show the effects on the log-odds of the outcome (and not the probability). The marginal effects shown in the tables correspond to differences in the average probability predicted by the model. For instance, the average marginal effect of age discrimination among 15-24-year-olds on unemployment is the difference between the average predicted probability of unemployment among 15-24-year-olds who experienced age discrimination and the average predicted probability of unemployment among 15-24-year-olds who did not experience age discrimination.

It is noteworthy to mention that the estimates of β and ρ do not have a causal interpretation. One cannot rule out unobserved, omitted variables that would bias OLS estimates. Furthermore, concerns about reverse causality remain (i.e., negative outcomes could lead to a higher likelihood that individuals report age discrimination). The inclusion of a comprehensive set of covariates and fixed effects is meant to mitigate these concerns, although it cannot altogether rule them out.

A1.1.1.3 Regional analysis

When estimated at the individual level, the prevalence regressions indicate the effect of various variables on the probability of reporting age discrimination. An alternative strategy consists of aggregating the data at the regional level and estimate the following model:

$$\text{Discrimination}_{r(c),t} = \alpha + \beta X_{r(c),t} + \gamma_t Z_{r(c)} + \delta_{r(c)} + \nu_{c,t} + \epsilon_{r(c),t},$$

where $r(c)$ denotes region r in country c , and t the year. $X_{r(c),t}$ is the independent variable of interest and $Z_{r(c)}$ a set of baseline characteristics whose effect may vary over time. $\delta_{r(c)}$ is a region-specific fixed effect and $\nu_{c,t}$ a country-specific year-fixed effect. $\epsilon_{r(c),t}$ is the error term.

Because there the sample consists of two time periods only, the previous equation is equivalent to the first-difference equation:

$$\Delta \text{Discrimination}_{r(c)} = \beta \Delta X_{r(c)} + \gamma Z_{r(c)} + \nu_c + \epsilon_{r(c)},$$

where $\Delta \text{Discrimination}_{r(c)} = \text{Discrimination}_{r(c),t+1} - \text{Discrimination}_{r(c),t}$ is the change in discrimination rates, $\Delta X_{r(c)} = X_{r(c),t+1} - X_{r(c),t}$ the change in the independent variable, and $\epsilon_{r(c)} = \epsilon_{r(c),t+1} - \epsilon_{r(c),t}$. Note that, when taking first-differences, the regional fixed-effects cancelled out and the difference in the time-varying country fixed effects is absorbed by the country specific fixed effects ν_c .

The coefficient of interest is β , which measures the effect of a one unit change in the growth of X on growth in discrimination rates (see example below).

Rewriting the previous expression using the expected value of the dependent variable gives the following expression (assuming away any cross-country variation):

$$E[\Delta \text{Discrimination} | \Delta X, Z] = \beta \Delta X + \gamma Z.$$

Suppose that $\Delta X = x$ and $Z = z$. Then the expected change in discrimination rates is:

$$E[\Delta \text{Discrimination} | \Delta X = x, Z = z] = \alpha + \beta x + \gamma z.$$

Now assume that instead of changing by an amount equal to x , X changed by $x + 1$ (i.e., $\Delta X = x + 1$). Z does not change. The expected change in discrimination rates becomes:

$$E[\Delta \text{Discrimination} | \Delta X = x + 1, Z = z] = \alpha + \beta(x + 1) + \gamma z.$$

In this case, β measures the change in the expected discrimination rates resulting from a one unit increase in the change in the explanatory variable X :

$$\beta = E[\Delta \text{Discrimination} | \Delta X = x + 1, Z = z] - E[\Delta \text{Discrimination} | \Delta X = x, Z = z].$$

A1.1.2 Monetisation of the effects of age discrimination on unemployment

The monetisation of the effects of age discrimination builds on the approach of van Ballegooij, W. and J. Moxom (2018).²⁴⁷ However, all calculations are done at the country level, which should produce estimates that are more accurate. The exercise consists of several steps, described below.

Step 1 – Identify the population at risk. The population at risk consists of the individuals in the labour force that are potentially exposed to age discrimination. This number is obtained by multiplying the total number of people in the labour force with the prevalence of age discrimination in the labour market. Information on the size of the labour force comes from Eurostat (dataset *lfsa_pganws*), while prevalence rates are based on self-reported data from the 2023 Special Eurobarometer on Discrimination in the EU (dataset *SP535*).

An example. In 2023, there were 1,280.3 thousand people aged 45-54 in the Belgian labour force (according to data published by Eurostat). The prevalence of age discrimination for this age group was 16.2% (according to data from the 2023 Special Eurobarometer on Discrimination in the EU). This implies that the population at risk (i.e., the number of 45-54-year-olds that have potentially experienced age discrimination in the Belgian labour force) was $1,280.3 \times 16.2\% \approx 208$ thousand.

Step 2 – Calculate the number of persons that could be employed if there was no age discrimination. To estimate the number of persons who could be employed if age discrimination was eliminated, the population at risk was multiplied with the unemployment rate due to age discrimination (i.e., the difference between the unemployment probability of a person who experienced age discrimination and the unemployment probability of a person who did not, all other things being equal). Intuitively, this approach is equivalent to assuming that, in the absence of age discrimination, the population at risk would have the same unemployment rate as the population not subject to discrimination.

The unemployment rate due to age discrimination was estimated for different age groups using microdata from the 2023 Special Eurobarometer on Discrimination in the EU (dataset *SP535*). Ideally, one would like these excess unemployment rates to be country specific. However, the small sample size for the discriminated populations renders this approach unfeasible. Consequently, the study team used EU-wide values. Furthermore, the analysis is restricted to the age groups for which the differences between discriminated and non-discriminated people was statistically significant: the 35-44, 45-54, and 55-64 age groups. Older cohorts were not included in the analysis as they had, for the most part, reached the legal retirement age.²⁴⁸

The following values are used in the calculations. For the 35-44 age group, the excess unemployment due to age discrimination is 9%, for the 45-54 age group 12%, and for the 55-64 age group 17%.

⁽²⁴⁷⁾ van Ballegooij, W. and J. Moxom (2018), "Equality and the Fight Against Racism and Xenophobia: Cost of Non-Europe Report," <https://doi.org/10.2861/1791>.

⁽²⁴⁸⁾ According to a 2023 OECD report, the EU27 average retirement age for a man with a full career from age 22 is 64.7 (the minimum is 62 and the maximum 67). For more information, see OECD (2023), *Pensions at a Glance 2023: OECD and G20 Indicators*, OECD Publishing, Paris, <https://doi.org/10.1787/678055dd-en>.

An example. In 2023, the unemployment rate for individuals aged 45-54 who had not experienced age discrimination was 5.9%. In contrast, the unemployment rate for individuals of the same age who had reported personal experiences of age discrimination was 12.5% (according to data from the 2023 Special Eurobarometer on Discrimination in the EU). Eliminating age discrimination from the labour market should bring down the unemployment rate of the discriminated group to the value observed for the non-discriminated group, which is a decrease of 6.6 percentage points.²⁴⁹

Applying these numbers to the Belgian data would produce the following results. In the baseline, the number of persons aged 45-54 who had experienced age discrimination and were unemployed was $208 \times 12.5\% \approx 26$ thousand. Had this group faced the same unemployment rate as those who had not experienced age discrimination, the number of unemployed within this group would have been $208 \times 5.9\% \approx 12.3$ thousand. This implies that eliminating age discrimination in the labour market would have allowed $208 \times (12.5\% - 5.9\%) = 208 \times 6.6\% \approx 13.7$ thousand Belgians aged 45-54 to be employed.

Step 3 – Multiply the number of additional employees with the corresponding average annual earnings. In the final step, the study team multiplied the number of workers that would be employed if discrimination was eliminated with the average annual income they could earn. Summing across age groups provides a measure of the GDP gains at the country level.

When conducting these calculations, several adjustments were made to the data:

- The data on employment and discrimination were collected in 2023, whereas the earnings data come from the 2022 *Structure of earning survey* (dataset *earn_ses22_27*). As a result, wages were adjusted to account for inflation (dataset *estat_prc_hicp_aind_en*).
- The age group classification in the earnings data does not match the classification used in the analysis. The following correspondence was employed. For workers aged 35-44, the earnings of workers aged 30 to 49 were used. For workers aged 45-54, a weighted average of the earnings of workers aged 30 to 49 and 50 and over was used. For workers aged 55-64, the earnings of workers above 50 were used.
- To construct net earnings, official tax rates provided by Eurostat (dataset *estat_earn_nt_taxrate_en*) were applied to the gross figures.

An example. In 2022, the mean annual gross earnings of a 30-49-year-old Belgian were 51,861 euros. The harmonised index of consumer prices increased by 2.3% between 2022 and 2023. The inflation-adjusted gross earnings in 2023 would therefore be $51,861 \times (1 + 2.3\%) \approx 53,043$ euros. By the same token, Belgians over the age of 50 earned, on average, 63,185 euros a year. Adjusting for inflation, this translates into $63,185 \times (1 + 2.3\%) \approx 64,625$ euros.

Among employed Belgians in the 45-54 age group, 49.3% are aged 45-49 and 50.7% are aged 50-54. Their average gross earnings in 2023 are therefore $53,043 \times 49.3\% + 64,625 \times 50.7\% \approx 58,914$ euros.

The lost GDP in Belgium due to the lower employment of discriminated 45-54-year-olds is 13.7 thousand people $\times 58,914$ euros ≈ 807 million euros.

In 2023, the tax rate for a single person without children earning 100% of the average earning was 39.94%. This implies that the net earnings for a 45-54-year-old were $(1 - 39.94\%) \times 58,914 \approx 35,384$ euros. Overall, this would entail an aggregate loss of income equal to 13.7 thousand people $\times 35,384$ euros ≈ 485 million euros for 45-54-year-old Belgians.

In the final report, the impact of age discrimination on public finances will also be analysed. The approach builds on Bon-Maury et al. (2016) and was described in the Inception Report.²⁵⁰ Data on the elasticities of the different components of revenue and expenditure to the output gap will be collected. The European Commission published in 2014 a report

⁽²⁴⁹⁾ This figure is not used in the final computation as it does not account for compositional differences among the discriminated and non-discriminated populations.

⁽²⁵⁰⁾ Bon-Maury, Gilles, Catherine Bruneau, Clément Dherbecourt, Adama Diallo, Jean Flamand, Christel Gilles, and Alain Trannoy. *Le coût économique des discriminations* (France Stratégie), 2016.

that calculates values that are still used in the literature.²⁵¹ The following table provides the EU averages:

Revenue				Expenditure
Personal income tax	Corporate income tax	Social security contributions	Indirect taxes	Unemployment-related expenditure
1.68	2.27	0.74	1.00	-3.91

This information is combined with data on the share of GDP that each component accounts for. The changes in the different components of revenue and expenditure due to higher GDP are then estimated.

The monetisation of the effects of age discrimination in the labour market relies on several assumptions. These (and their implications) are discussed in greater detail below:

Causal relationship. The monetisation exercise builds on the assumption that the estimates from the quantitative section describe a causal relationship. In other words, it is assumed that the difference in unemployment rates between individuals who reported age discrimination and those who did not was the result of discrimination. However, omitted variables, unobserved to the researcher, may bias these estimates. If this were the case, the effect of discrimination on unemployment would be overstated (or understated) as would be the estimated employment / GDP gains.

Prevalence rates are based on self-reported data. The analysis used survey data to estimate the population at risk and the risk of unemployment. While the quantitative analysis highlights the robustness of the relationship between unemployment and discrimination across different time periods, data sources, and definitions of discrimination, there is a concern that aggregate prevalence rates may be measured with error. For self-reported prevalence rates to accurately reflect the true prevalence of age discrimination, individuals must be aware of how discrimination operates, be able to identify it when it occurs, and truthfully report it in surveys. A recent OECD study showed that the willingness to fight discrimination correlates with self-reported discrimination rates.²⁵² This finding has important implications for the monetisation exercise. If age discrimination is under-reported in survey data (for instance, due to social desirability bias), then its monetary effects will also be understated.

Homogeneity assumption. Another assumption is that the individuals who are discriminated because of their age and those who are not are similar in terms of unobserved characteristics. In other words, it is assumed that, were unemployed, discriminated people to be employed, they would be earning the same wage as the employed, non-discriminated population. However, this may not be the case. The two groups could differ in terms of productivity or experience. If discriminated people are less productive and work predominantly in low-skill industries (and would, therefore, earn below-average wages), then the gains from eliminating age discrimination would be overstated.

No general equilibrium effects. Another assumption is the absence of general equilibrium effects. That is, the higher employment of discriminated people would not affect the equilibrium wage. At the member state level, the increase in employment that would result from eliminating age discrimination ranges from 0.1% to 1.4%, with the average being 0.5%. It is plausible to assume that such changes would not have significant effects on the equilibrium wage.

The labour market can absorb the inflow of discriminated people. The analysis assumes that there is sufficient demand for labour. At first blush, this would require that there are sufficient vacancies in the labour market that could be filled. Additionally, one must assume that there is no mismatch between the skills demanded on the market and those that could be supplied, and that workers are sufficiently mobile (across industries and geographically).

The analysis is restricted to the active population. Lastly, the analysis assumes that all adjustments occur within the labour force. It does not take into account the potential effect of age discrimination on labour market exits (discouraged, some workers may stop looking for a job or be forced to retire early).

The monetisation exercise uses the following data Source:

⁽²⁵¹⁾ Mourre, Gilles, Caterina Astarita, and Savina Princen. "Adjusting the budget balance for the business cycle: the EU methodology." No. 536. Directorate General Economic and Financial Affairs (DG ECFIN), European Commission, 2014.

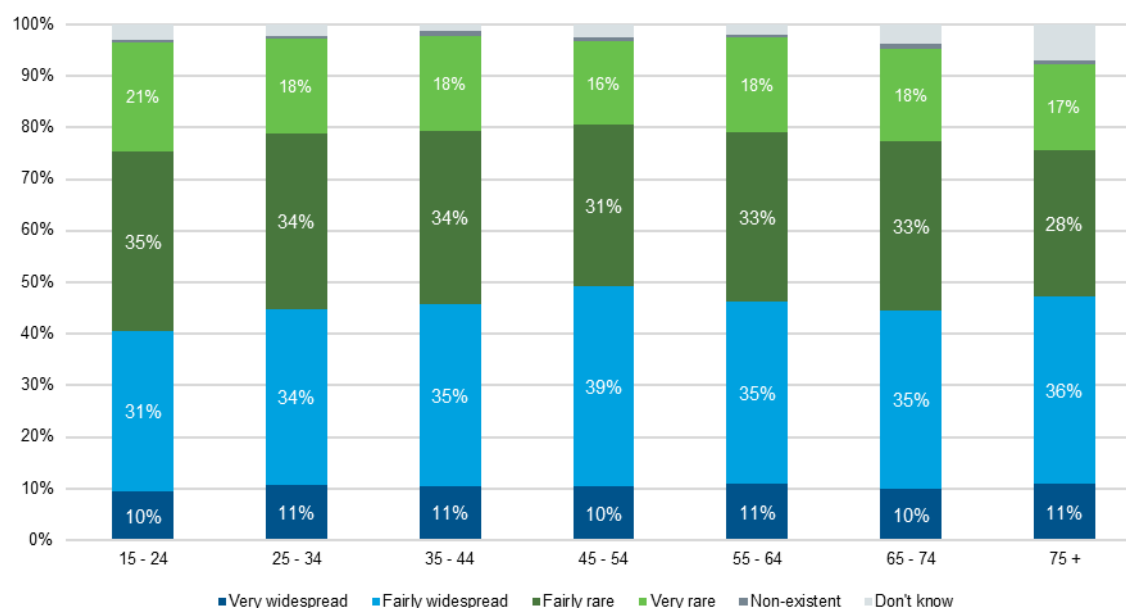
⁽²⁵²⁾ Hardy, S. and T. Schraepen (2024), "The state and effects of discrimination in the European Union", OECD Papers on Well-being and Inequalities, No. 26, OECD Publishing, Paris, <https://doi.org/10.1787/7fd921b9-en>.

- **Labour force and unemployment rate.** Eurostat, *Population by sex, age, citizenship and labour status (1 000)* ([Statistics | Eurostat](#)). Both sexes, all citizens, 15 years and older. The unemployment rate is the share of persons unemployed in the labour force.
- **Prevalence rates.** European Commission. *Discrimination in the European Union, Special Eurobarometer SP535* (2023). Both sexes, three age groups (35-44, 45-54, 55-64), persons in the labour force.
- **Annual gross earnings.** Eurostat, *Mean annual earnings by sex, age and economic activity (2022)* ([Statistics | Eurostat](#)). Both sexes, gross earnings, ten employees or more, Euro, From 30 to 49 years and 50 years and above.
- **Tax rate.** Eurostat, *Tax rate* ([Statistics | Eurostat](#)). Single person without children earning 100% of the average earning.
- **Inflation.** Eurostat, *HICP - annual data (average index and rate of change)* ([Statistics | Eurostat](#)). Annual average index, All-items HICP.

GDP: Eurostat, *GDP and main aggregates – international data cooperation annual data* ([Statistics | Eurostat](#)). Expressed in current prices (million euros). Gross domestic product at market prices.

A1.2 Additional figures

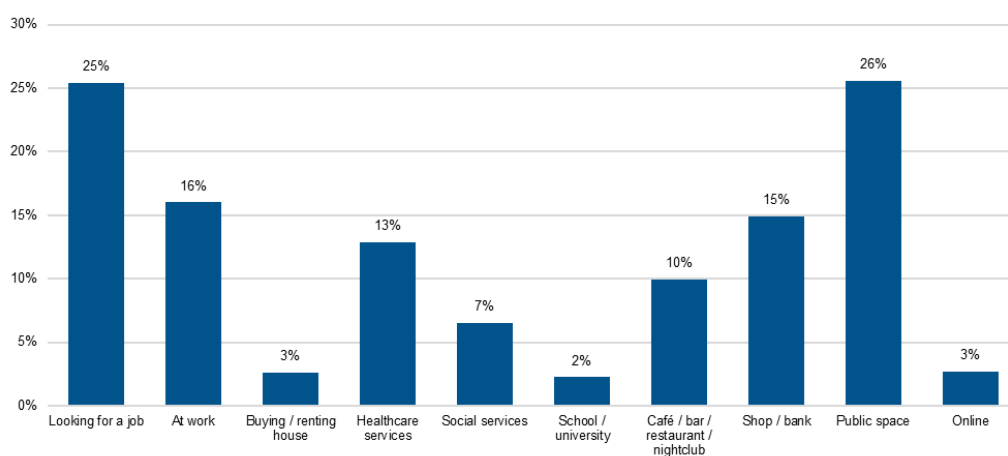
Figure 45. Perceived prevalence of age discrimination, by age groups (% of respondents)



Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: The prevalence of age discrimination was measured using participants' answers to the following question: "For each of the following types of discrimination, could you please tell me whether, in your opinion, it is very widespread, fairly widespread, fairly rare or very rare in (OUR COUNTRY)? By discrimination we mean when somebody is treated unfavourably compared with others based on arbitrary criteria. Discrimination on the basis of age, being perceived as too old or too young."

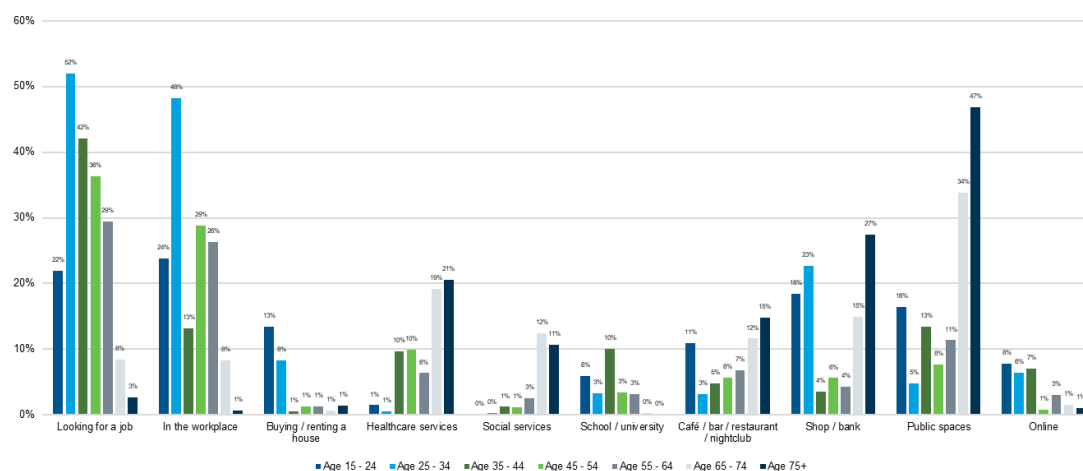
Figure 46. Settings where age discrimination occurs (% of respondents who only experienced age discrimination)



Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This figure shows the fraction of respondents who experienced only age discrimination in the setting indicated below each bar. Respondents had the possibility to indicate more than one setting, meaning that the sum across all settings can exceed 100%

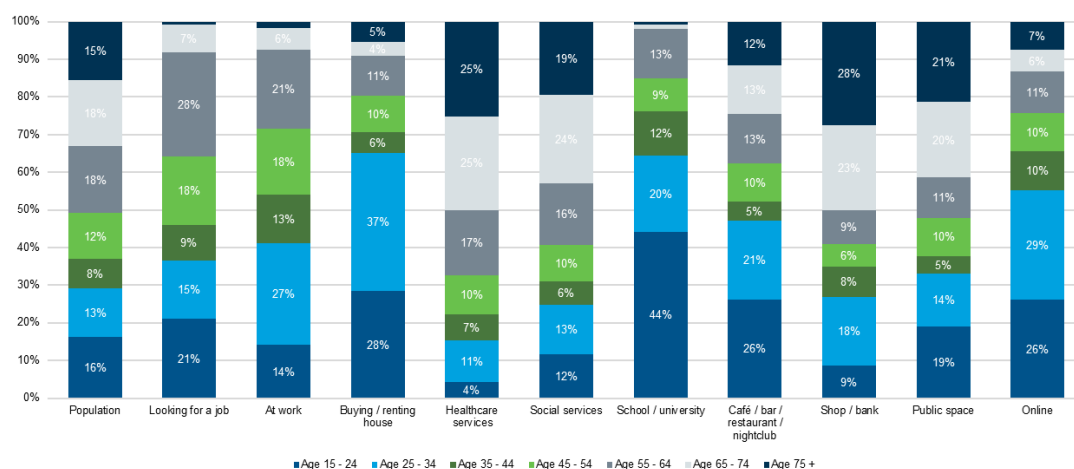
Figure 47. Settings where age discrimination occurs (% of respondents who only experienced age discrimination)



Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This figure shows the fraction of respondents in each age group who experienced only age discrimination in the setting indicated below each bar. Respondents had the possibility to indicate more than one setting, meaning that the sum across settings can exceed 100%.

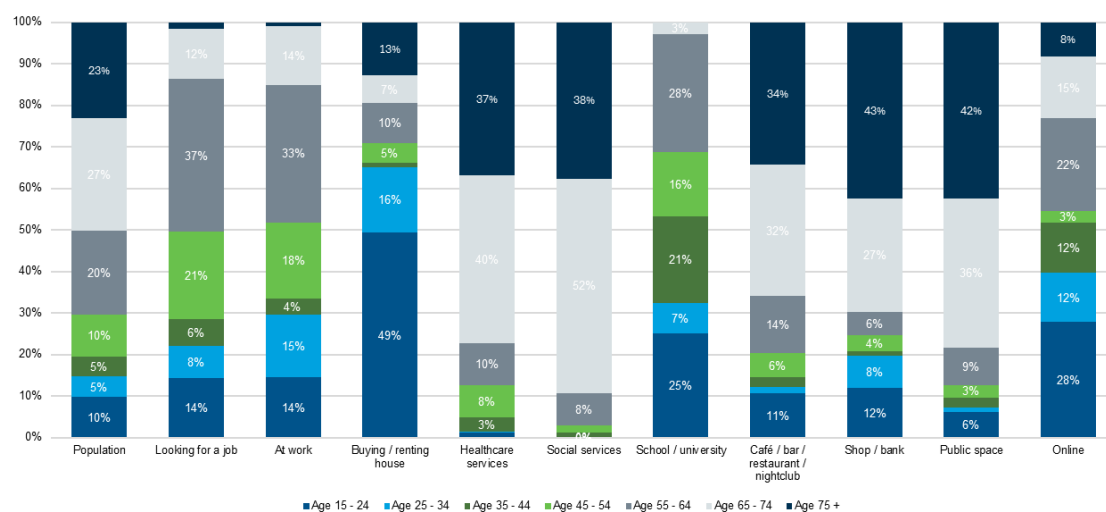
Figure 48. Age profiles of discriminated individuals in different settings (% of respondents who experienced age discrimination in each setting)



Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This figure shows the share of discrimination cases reported by different age groups in the setting indicated at the bottom of each bar.

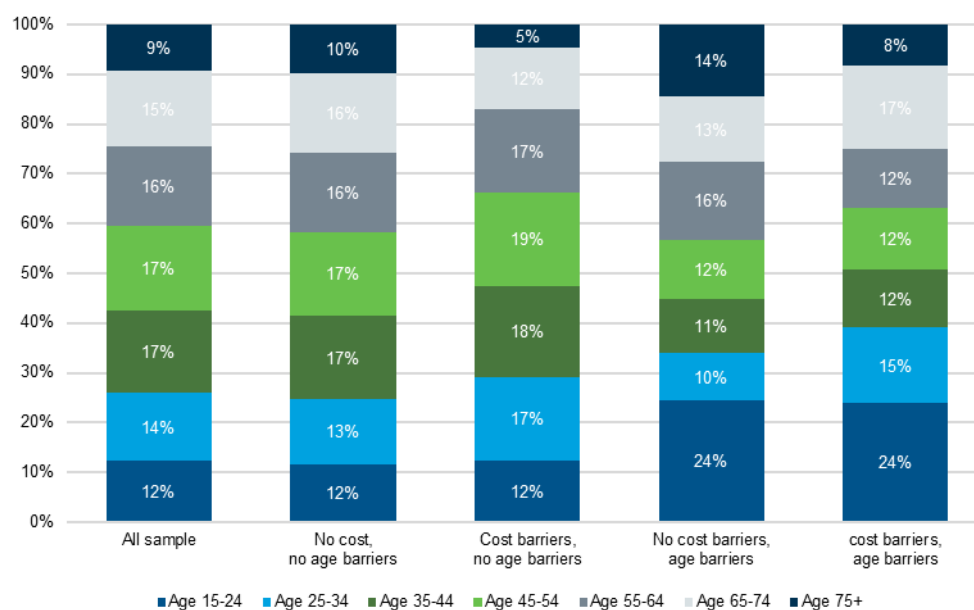
Figure 49. Age profiles of discriminated individuals in different settings (% of respondents who experienced only age discrimination in each setting)



Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This figure shows the share of discrimination cases reported by different age groups in the setting indicated at the bottom of each bar.

Figure 50. Age profiles of individuals experiencing affordability and age-related barriers to accessing cultural goods (% of respondents who experienced a different combination of barriers)



Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This figure shows the age profile of the people experiencing the barriers indicated below when accessing cultural goods or services.

A1.3 Additional tables

Table 6. Perceived prevalence of age discrimination (very widespread) – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	12.50%	9.10%	11.90%	13.20%	10.70%	10.10%	14.80%	21.80%
Bulgaria	8.60%	13.40%	13.30%	8.10%	7.60%	6.70%	6.70%	4.40%
Czechia	9.50%	5.80%	7.70%	8.60%	11.90%	10.90%	9.90%	10.30%
Denmark	10.10%	3.90%	11.00%	10.20%	9.50%	10.60%	14.70%	11.70%
Germany	5.90%	5.30%	7.20%	4.80%	7.40%	7.10%	5.30%	3.30%
Estonia	12.90%	12.50%	12.20%	15.70%	11.30%	14.80%	12.30%	8.30%
Ireland	10.10%	15.80%	6.60%	8.00%	7.70%	12.70%	11.40%	8.50%
Greece	14.00%	16.40%	15.70%	10.30%	13.70%	10.60%	19.80%	12.20%
Spain	12.50%	5.90%	16.90%	11.70%	13.70%	13.20%	13.50%	11.20%
France	15.20%	18.80%	12.60%	17.60%	17.00%	15.10%	12.80%	11.60%
Croatia	7.10%	10.70%	8.30%	4.30%	7.10%	10.70%	4.00%	4.40%
Italy	10.80%	11.60%	9.70%	12.30%	9.20%	10.60%	7.20%	18.80%
Cyprus	22.60%	25.80%	23.90%	28.50%	18.20%	17.40%	21.30%	14.00%
Latvia	11.40%	9.80%	8.90%	10.50%	14.50%	15.00%	10.60%	8.70%
Lithuania	14.30%	15.00%	11.80%	11.80%	14.70%	21.00%	13.50%	9.80%
Luxembourg	5.50%	9.80%	4.10%	6.00%	3.10%	6.50%	5.40%	3.10%
Hungary	14.80%	16.70%	14.70%	17.80%	10.10%	14.90%	15.00%	16.10%
Malta	3.10%	10.70%	0.00%	2.80%	3.50%	1.90%	2.90%	2.00%
The Netherlands	12.30%	3.80%	10.70%	9.50%	11.50%	17.10%	17.00%	0.00%
Austria	7.30%	4.50%	7.70%	9.10%	8.00%	6.60%	5.90%	10.60%
Poland	4.90%	0.00%	7.10%	6.90%	3.40%	6.40%	3.80%	6.70%
Portugal	13.80%	20.50%	17.40%	11.20%	9.60%	10.70%	11.50%	19.90%
Romania	11.20%	8.00%	13.30%	13.20%	11.20%	8.90%	8.10%	24.00%
Slovakia	11.40%	15.50%	7.50%	13.30%	10.10%	8.20%	13.90%	12.50%
Slovenia	10.00%	10.10%	8.50%	7.40%	11.90%	10.80%	10.50%	10.90%
Finland	8.20%	0.00%	9.60%	2.90%	8.60%	14.70%	10.20%	9.50%
Sweden	12.80%	0.00%	10.40%	10.70%	11.10%	18.00%	19.90%	18.70%
European Union	10.4%	9.5%	10.8%	10.6%	10.5%	10.9%	9.9%	10.9%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents who indicated that age discrimination was very widespread in their country.

Table 7. Perceived prevalence of age discrimination (very widespread or widespread) – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	54.20%	42.00%	53.10%	53.10%	53.40%	60.40%	59.80%	57.50%
Bulgaria	35.80%	39.10%	36.60%	36.40%	30.00%	35.80%	39.80%	31.50%
Czechia	40.10%	23.10%	39.20%	40.00%	41.50%	45.40%	44.60%	41.70%
Denmark	46.60%	35.60%	42.50%	47.30%	47.20%	46.60%	56.60%	52.80%
Germany	28.80%	24.80%	29.00%	25.40%	34.80%	28.20%	27.70%	31.30%
Estonia	50.50%	40.90%	46.60%	50.70%	53.40%	56.70%	54.70%	47.00%
Ireland	44.70%	45.20%	40.90%	36.30%	51.50%	54.10%	44.30%	39.00%
Greece	52.30%	55.30%	52.30%	49.30%	47.40%	51.80%	59.10%	52.40%
Spain	50.60%	45.80%	48.50%	51.80%	57.10%	49.70%	46.80%	50.30%
France	60.00%	55.70%	65.50%	66.10%	66.60%	59.10%	47.00%	60.70%
Croatia	33.90%	26.80%	40.20%	30.00%	36.80%	35.90%	31.80%	38.30%
Italy	54.80%	48.40%	47.00%	51.40%	59.30%	58.40%	53.90%	63.60%
Cyprus	56.70%	52.60%	60.40%	59.00%	58.00%	44.80%	63.00%	59.20%
Latvia	44.10%	29.20%	50.90%	46.00%	45.30%	48.70%	46.80%	34.70%
Lithuania	53.50%	44.00%	50.40%	51.30%	58.80%	61.60%	55.20%	46.30%
Luxembourg	36.90%	29.20%	46.70%	36.40%	34.20%	35.90%	41.50%	36.20%
Hungary	49.80%	47.80%	47.70%	51.50%	46.20%	51.50%	53.60%	50.30%
Malta	34.90%	40.90%	34.90%	24.10%	37.40%	38.20%	42.50%	33.20%
The Netherlands	53.90%	39.70%	50.10%	51.10%	53.80%	60.10%	61.60%	43.10%
Austria	42.80%	36.30%	43.00%	43.70%	41.20%	41.70%	49.10%	44.80%
Poland	27.10%	20.60%	28.30%	33.40%	27.90%	28.70%	22.60%	24.20%
Portugal	47.00%	44.20%	43.10%	45.80%	44.60%	49.50%	48.80%	54.20%
Romania	48.80%	53.70%	51.50%	53.10%	47.50%	42.30%	44.50%	50.60%
Slovakia	42.30%	40.80%	35.10%	45.20%	42.90%	40.40%	49.20%	40.20%
Slovenia	40.60%	37.50%	41.60%	41.50%	37.30%	40.10%	44.80%	42.00%
Finland	49.10%	35.10%	43.70%	42.70%	58.50%	61.80%	52.10%	43.80%
Sweden	57.10%	30.10%	56.30%	61.00%	62.30%	61.00%	64.30%	57.80%
European Union	45.6%	40.5%	44.8%	45.7%	49.2%	46.2%	44.6%	47.2%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents who indicated that age discrimination was either very widespread or widespread in their country.

Table 8. Age as a disadvantage during the recruitment process – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	54.80%	51.00%	50.20%	58.40%	53.70%	54.50%	56.90%	61.60%
Bulgaria	43.00%	30.50%	42.30%	42.00%	45.70%	47.90%	48.40%	32.10%
Czechia	49.80%	37.50%	43.90%	58.50%	52.60%	51.00%	47.80%	49.40%
Denmark	62.90%	61.90%	62.40%	62.50%	67.50%	60.60%	66.30%	57.70%
Germany	49.70%	54.10%	45.90%	46.70%	47.20%	53.60%	53.50%	47.60%
Estonia	53.60%	50.70%	55.90%	54.60%	59.50%	63.60%	48.70%	32.00%
Ireland	40.70%	50.10%	36.90%	39.50%	37.40%	43.70%	41.20%	32.80%
Greece	58.20%	56.40%	57.40%	58.00%	58.20%	73.10%	47.80%	55.50%
Spain	61.20%	43.60%	61.80%	64.90%	65.70%	65.30%	62.00%	59.00%
France	62.80%	53.10%	64.90%	67.10%	72.90%	69.00%	56.10%	53.60%
Croatia	34.10%	35.30%	23.20%	33.30%	35.50%	38.00%	31.40%	52.80%
Italy	40.40%	38.40%	29.70%	38.10%	41.30%	44.80%	41.80%	46.90%
Cyprus	64.00%	68.30%	64.80%	66.30%	66.40%	67.50%	52.00%	55.10%
Latvia	51.60%	49.60%	48.20%	51.90%	59.30%	49.70%	52.70%	47.70%
Lithuania	61.30%	66.30%	67.90%	55.70%	63.50%	61.40%	61.00%	49.90%
Luxembourg	51.30%	64.30%	51.60%	46.50%	45.90%	55.90%	60.80%	32.60%
Hungary	51.10%	51.40%	52.60%	45.20%	56.60%	50.50%	51.90%	46.50%
Malta	57.80%	67.90%	62.10%	53.10%	49.40%	57.90%	64.10%	53.00%
The Netherlands	73.00%	75.60%	77.90%	69.70%	71.00%	69.00%	75.60%	62.50%
Austria	54.50%	50.20%	47.20%	56.50%	52.70%	56.00%	60.70%	59.40%
Poland	30.00%	23.40%	28.20%	29.40%	29.10%	38.60%	33.50%	19.40%
Portugal	56.40%	39.60%	62.40%	65.00%	59.20%	59.00%	57.50%	46.30%
Romania	37.80%	31.10%	28.20%	35.00%	42.20%	40.70%	44.90%	43.10%
Slovakia	50.30%	50.10%	46.30%	51.70%	47.00%	55.10%	53.10%	46.20%
Slovenia	48.30%	40.20%	49.90%	53.40%	46.90%	45.00%	58.60%	41.10%
Finland	67.20%	65.20%	71.80%	64.40%	70.40%	69.70%	71.20%	52.30%
Sweden	73.90%	87.40%	77.70%	70.40%	70.40%	71.40%	73.80%	70.10%
European Union	51.7%	47.8%	49.9%	51.2%	53.5%	55.6%	52.2%	49.7%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents who consider that being perceived as too young or too old would put a candidate at a disadvantage during the recruitment process.

Table 9. Age as a disadvantage during the recruitment process – OLS estimates

	(1)	(2)
Age discrimination	0.198 (0.015) [0.014]	
Age 15 – 24	-0.049 (0.015) [0.018]	-0.049 (0.016) [0.018]
Age 15 – 24 x Age discrimination		0.193 (0.042) [0.041]
Age 25 – 34	-0.015 (0.013) [0.015]	-0.013 (0.014) [0.015]
Age 25 – 34 x Age discrimination		0.138 (0.043) [0.044]
Age 35 – 44	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.160 (0.044) [0.044]
Age 45 – 54	0.029 (0.013) [0.016]	0.028 (0.013) [0.016]
Age 45 – 54 x Age discrimination		0.208 (0.036) [0.039]
Age 55 – 64	0.051 (0.013) [0.012]	0.049 (0.013) [0.012]
Age 55 – 64 x Age discrimination		0.225 (0.027) [0.023]
Age 65 – 74	0.027	0.025

	(1)	(2)
	(0.013)	(0.014)
	[0.013]	[0.013]
Age 65 – 74 x Age discrimination		0.218
		(0.031)
		[0.028]
Age 75+	-0.033	-0.034
	(0.016)	(0.016)
	[0.015]	[0.015]
Age 75+ x Age discrimination		0.207
		(0.044)
		[0.039]
R-squared	0.064	0.064
Observations	51,439	51,439

Source: European Commission (2019, 2023). *Discrimination in the European Union, Special Eurobarometer SP493 and SP535*.

Notes: This table shows results from linear probability models in which the dependent variable is an indicator equal to 1 if an individual considers that being perceived as too young or too old would put a candidate at a disadvantage during the recruitment process, and 0 otherwise. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in column 1: The coefficient on the age discrimination variable measures the higher/lower probability that respondents who reported age discrimination indicate that age could be a disadvantage during the recruitment process relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 19.8 percentage points more likely to consider that being perceived as too old or too young could be a disadvantage during the recruitment process compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability that respondents in each age group indicate that age could be a disadvantage during the recruitment process relative to the reference age group. For instance, respondents aged 15-24 are 4.9 percentage points less likely to believe that age is a barrier during the recruitment process compared to respondents aged 35-44.

Interpretation of the coefficients in column 2: The coefficients on the age group variables measure the higher/lower probability that the respondents in each age group who did not report age discrimination indicate that age is a disadvantage during the recruitment process relative to the reference group. For instance, respondents aged 15-24 who did not report age discrimination are 4.9 percentage points less likely to believe that age is a disadvantage during the recruitment process compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability that the respondents in each age group who reported age discrimination consider that age is a disadvantage during the recruitment process relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 19.3 percentage points more likely to consider that age is a disadvantage during the recruitment process compared to respondents aged 15-24 who did not report age discrimination.

Table 10. Age as a disadvantage during the recruitment process – Logit estimates

	(1)	(2)	(3)
Age discrimination	0.202 (0.015) [0.015]		
Age 15 – 24	-0.049 (0.015) [0.018]	-0.211 (0.066) [0.077]	-0.050 - -
Age 15 – 24 x Age discrimination		0.836 (0.195) [0.191]	0.195 - -
Age 25 – 34	-0.015 (0.013) [0.015]	-0.056 (0.058) [0.064]	-0.013 - -
Age 25 – 34 x Age discrimination		0.604 (0.203) [0.207]	0.141 - -
Age 35 – 44	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.705 (0.214) [0.217]	0.163 - -
Age 45 – 54	0.030 (0.013) [0.016]	0.119 (0.056) [0.068]	0.028 - -
Age 45 – 54 x Age discrimination		1.002 (0.208) [0.219]	0.219 - -
Age 55 – 64	0.051 (0.013) [0.012]	0.206 (0.055) [0.051]	0.049 - -
Age 55 – 64 x Age discrimination		1.127 (0.169) [0.153]	0.236 - -
Age 65 – 74	0.026 (0.013) [0.013]	0.104 (0.057) [0.054]	0.025 - -
Age 65 – 74 x Age discrimination		1.003 (0.161) [0.143]	0.220 - -
Age 75+	-0.033 (0.016) -0.033	-0.143 (0.069) -0.143	-0.034 - -
Age 75+ x Age discrimination		0.883 (0.201) [0.181]	0.204 - -

	(1)	(2)	(3)
Pseudo R-squared	0.048	0.048	
Observations	51,439	51,439	

Source: European Commission (2019, 2023). *Discrimination in the European Union, Special Eurobarometer SP493 and SP535*.

Notes: This table shows results from logit models in which the dependent variable is an indicator equal to 1 if an individual considers that being perceived as too young or too old would put a candidate at a disadvantage during the recruitment process, and 0 otherwise. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Columns 1 and 3 report average marginal effects. Column 2 reports point estimates. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in column 1: The coefficient on the age discrimination variable measures the higher/lower probability that respondents who reported age discrimination indicate that age is a disadvantage during the recruitment process relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 20.2 percentage points more likely to believe that age is a disadvantage during the recruitment process compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability that respondents in each age group indicate that age is a disadvantage during the recruitment process relative to the reference age group. For instance, respondents aged 15-24 are 4.9 percentage points less likely to believe that age is a barrier during the recruitment process compared to respondents aged 35-44.

Interpretation of the coefficients in column 3: The coefficients on the age group variables measure the higher/lower probability that the respondents in each age group who did not report age discrimination indicate that age is a disadvantage during the recruitment process relative to the reference group. For instance, respondents aged 15-24 who did not report age discrimination are 5.0 percentage points less likely to consider that age is a disadvantage during the recruitment process compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability that the respondents in each age group who reported age discrimination consider that age is a disadvantage during the recruitment process relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 19.5 percentage points more likely to consider that age is a disadvantage during the recruitment process compared to respondents aged 15-24 who did not report age discrimination.

Table 11. Uncomfortable with a person perceived as young being elected to the highest political office in the country – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	7.20%	3.60%	9.70%	4.50%	5.30%	7.90%	8.10%	14.60%
Bulgaria	9.70%	10.30%	7.20%	9.80%	13.70%	11.50%	7.30%	4.70%
Czechia	5.30%	4.30%	2.50%	5.60%	4.20%	7.60%	5.30%	9.10%
Denmark	7.10%	4.60%	5.20%	4.40%	7.40%	6.70%	7.60%	15.00%
Germany	12.00%	7.10%	7.40%	9.60%	10.10%	13.60%	17.90%	18.30%
Estonia	14.70%	9.30%	13.50%	15.20%	17.10%	18.40%	12.20%	16.80%
Ireland	1.60%	1.30%	2.20%	2.00%	1.00%	1.70%	2.00%	0.00%
Greece	2.70%	3.50%	6.20%	0.70%	1.30%	2.00%	4.30%	1.50%
Spain	5.10%	3.70%	2.40%	3.10%	5.80%	6.10%	7.10%	8.10%
France	5.50%	5.50%	3.70%	5.20%	6.80%	7.00%	4.90%	4.90%
Croatia	9.60%	15.10%	14.90%	13.70%	8.20%	6.40%	4.80%	2.20%
Italy	4.70%	4.30%	9.00%	3.40%	6.50%	1.80%	6.90%	0.80%
Cyprus	6.00%	8.40%	5.10%	7.80%	5.00%	4.50%	1.80%	8.40%
Latvia	8.40%	4.40%	8.80%	10.00%	9.00%	9.30%	8.80%	6.70%
Lithuania	8.30%	6.80%	4.50%	6.30%	11.70%	7.60%	10.80%	10.50%
Luxembourg	4.10%	6.30%	1.80%	7.20%	3.10%	2.60%	3.60%	2.40%
Hungary	7.80%	4.00%	7.30%	9.00%	7.00%	5.30%	10.40%	12.70%
Malta	6.60%	5.30%	7.70%	4.80%	6.30%	10.20%	5.60%	6.00%
The Netherlands	3.70%	4.20%	4.40%	4.10%	3.80%	3.30%	3.20%	0.00%
Austria	11.90%	7.40%	9.20%	12.60%	14.80%	12.70%	15.90%	7.30%
Poland	11.90%	14.10%	15.80%	10.90%	10.20%	11.90%	8.60%	13.80%
Portugal	2.90%	1.20%	2.30%	2.20%	3.00%	3.80%	3.50%	4.30%
Romania	13.90%	26.70%	17.60%	18.90%	13.20%	6.80%	7.10%	0.00%
Slovakia	10.00%	4.10%	4.30%	12.70%	12.40%	12.80%	11.40%	9.40%
Slovenia	9.60%	6.50%	4.90%	8.00%	10.90%	10.40%	12.20%	14.00%
Finland	6.60%	7.90%	5.70%	2.10%	4.80%	7.10%	6.10%	14.10%
Sweden	7.10%	0.00%	8.50%	6.90%	7.90%	10.60%	4.80%	9.40%
European Union	7.7%	6.8%	7.4%	7.0%	7.7%	7.9%	8.4%	9.4%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents who would feel uncomfortable with someone perceived as young being elected to the highest political office in the country.

Table 12. Uncomfortable with a person perceived as old being elected to the highest political office in the country – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	9.90%	7.70%	11.10%	7.40%	6.10%	11.80%	12.70%	14.20%
Bulgaria	18.00%	24.20%	17.30%	26.10%	17.00%	15.90%	15.00%	4.20%
Czechia	10.30%	12.40%	5.70%	10.70%	9.00%	9.20%	14.20%	9.70%
Denmark	8.70%	11.50%	6.10%	4.90%	7.30%	4.80%	9.30%	19.60%
Germany	13.30%	10.20%	10.70%	17.40%	7.90%	13.10%	15.50%	18.60%
Estonia	13.30%	14.10%	14.90%	14.30%	10.90%	16.30%	10.20%	10.50%
Ireland	1.70%	1.60%	2.10%	0.90%	1.30%	3.50%	0.80%	1.90%
Greece	7.80%	9.70%	8.20%	8.60%	10.40%	7.40%	3.80%	5.90%
Spain	3.50%	3.90%	2.50%	2.00%	4.30%	5.40%	3.20%	2.50%
France	6.60%	5.10%	3.40%	6.30%	7.20%	8.30%	7.10%	9.40%
Croatia	12.50%	12.60%	17.30%	14.40%	16.60%	10.90%	8.60%	2.20%
Italy	6.00%	5.70%	11.60%	3.80%	7.60%	5.20%	6.90%	0.80%
Cyprus	16.30%	16.40%	12.70%	12.60%	18.60%	17.60%	23.30%	17.70%
Latvia	16.50%	7.60%	8.80%	15.00%	17.80%	20.00%	23.30%	22.30%
Lithuania	21.70%	17.30%	12.80%	17.80%	30.80%	24.70%	23.60%	20.90%
Luxembourg	8.90%	22.90%	6.20%	7.60%	5.00%	8.80%	6.60%	4.70%
Hungary	9.00%	8.80%	9.30%	8.50%	8.60%	7.60%	10.30%	10.20%
Malta	5.10%	2.60%	6.60%	1.90%	13.50%	1.00%	5.40%	5.70%
The Netherlands	6.20%	10.80%	8.40%	5.50%	5.60%	6.20%	3.70%	0.00%
Austria	9.20%	6.90%	9.00%	11.50%	9.20%	13.20%	6.20%	4.90%
Poland	13.30%	16.60%	16.30%	11.50%	10.70%	15.50%	11.80%	9.50%
Portugal	4.30%	2.30%	2.40%	5.90%	3.70%	3.80%	5.00%	7.10%
Romania	19.60%	35.00%	20.60%	21.60%	22.60%	13.00%	12.40%	3.20%
Slovakia	12.90%	14.50%	8.90%	14.70%	14.20%	12.90%	13.50%	9.20%
Slovenia	14.20%	15.30%	7.40%	8.40%	14.20%	19.00%	18.90%	16.60%
Finland	7.60%	8.70%	5.10%	2.80%	3.60%	8.40%	9.10%	18.30%
Sweden	6.50%	12.80%	8.40%	1.00%	5.20%	6.20%	6.70%	8.60%
European Union	9.3%	9.7%	9.1%	9.5%	8.5%	9.6%	9.3%	9.7%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents who would feel uncomfortable with someone perceived as old being elected to the highest political office in the country.

Table 13. Ability to take an active role in a group involved with political issues – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	64.60%	65.20%	72.90%	71.60%	67.40%	69.20%	51.50%	49.40%
Bulgaria	37.20%	24.40%	41.70%	41.00%	43.10%	42.10%	33.20%	30.30%
Czechia	51.40%	33.30%	48.40%	60.30%	61.10%	51.20%	53.70%	39.80%
Denmark	83.70%	93.60%	90.20%	84.40%	89.10%	83.70%	71.40%	64.80%
Germany	69.80%	79.20%	76.80%	72.10%	71.50%	68.00%	65.10%	52.00%
Estonia	64.00%	74.00%	74.90%	73.50%	66.20%	64.30%	50.80%	35.30%
Ireland	69.90%	66.20%	71.80%	73.60%	75.50%	68.10%	66.20%	53.80%
Greece	67.00%	65.10%	70.50%	70.60%	70.60%	66.30%	71.50%	45.20%
Spain	3.50%	3.90%	2.50%	2.00%	4.30%	5.40%	3.20%	2.50%
France	60.90%	70.00%	68.20%	67.40%	66.60%	62.80%	48.70%	33.20%
Croatia	48.50%	51.30%	67.50%	63.10%	54.10%	45.60%	43.50%	23.70%
Italy	59.30%	57.00%	65.90%	71.50%	68.00%	62.20%	60.60%	35.50%
Cyprus	56.40%	59.80%	64.80%	68.50%	52.60%	62.00%	49.20%	37.90%
Latvia	53.40%	70.70%	67.00%	64.40%	52.00%	44.80%	38.30%	38.40%
Lithuania	60.10%	65.60%	62.10%	67.20%	64.30%	52.80%	57.20%	50.60%
The Netherlands	59.80%	68.00%	70.00%	62.80%	64.10%	59.60%	46.40%	39.90%
Hungary	56.80%	41.50%	64.10%	65.30%	64.80%	57.70%	50.70%	42.60%
Poland	65.40%	72.10%	73.60%	71.90%	67.90%	68.80%	54.60%	49.20%
Portugal	46.10%	57.10%	61.90%	57.70%	53.20%	41.60%	26.50%	21.00%
Austria	81.90%	70.70%	83.20%	85.40%	88.90%	82.40%	83.20%	72.40%
Romania	53.50%	50.30%	59.40%	65.20%	53.80%	56.00%	50.00%	27.40%
Slovakia	56.90%	43.60%	61.10%	60.60%	71.10%	58.30%	46.80%	28.30%
Slovenia	62.70%	78.50%	74.60%	66.20%	64.70%	59.10%	55.80%	36.80%
Spain	53.60%	59.80%	69.50%	56.30%	58.90%	52.90%	40.80%	27.60%
Sweden	85.70%	93.50%	92.60%	84.80%	86.60%	85.20%	83.30%	71.40%
European Union	62.3%	67.0%	70.6%	68.1%	66.4%	62.7%	55.7%	40.9%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who indicated that they are a little, quite, very, or completely able to take an active role in a political group. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 14. Confidence in own ability to participate in politics – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	64.40%	67.10%	74.50%	64.10%	66.40%	64.80%	57.40%	53.50%
Bulgaria	42.70%	35.50%	45.10%	45.90%	46.90%	43.30%	37.40%	43.50%
Czechia	43.60%	26.30%	43.60%	52.90%	50.20%	42.20%	47.00%	34.00%
Denmark	84.10%	90.60%	88.90%	89.50%	86.20%	83.10%	71.20%	74.60%
Germany	86.00%	89.60%	91.20%	85.00%	86.40%	86.20%	86.20%	74.60%
Estonia	60.00%	76.20%	71.00%	70.90%	58.20%	57.70%	45.50%	34.30%
Ireland	68.20%	57.20%	68.20%	72.20%	75.70%	69.20%	66.80%	55.60%
Greece	72.00%	69.30%	74.30%	75.10%	75.70%	73.00%	73.80%	54.40%
Spain	3.50%	3.90%	2.50%	2.00%	4.30%	5.40%	3.20%	2.50%
France	71.50%	78.30%	75.30%	71.40%	77.90%	71.10%	63.10%	58.60%
Croatia	52.70%	51.40%	63.80%	62.30%	63.70%	49.80%	49.60%	33.50%
Italy	69.90%	67.50%	80.50%	76.80%	72.50%	70.00%	73.10%	54.50%
Cyprus	59.40%	59.40%	57.30%	70.20%	63.60%	66.90%	51.10%	47.10%
Latvia	48.00%	60.00%	58.10%	60.80%	51.60%	42.70%	31.40%	29.90%
Lithuania	59.10%	68.30%	65.10%	65.00%	59.90%	49.00%	57.70%	50.20%
The Netherlands	63.60%	77.30%	71.60%	66.70%	66.80%	61.00%	50.80%	42.30%
Hungary	55.60%	41.50%	62.90%	61.60%	61.50%	60.80%	52.70%	36.80%
Poland	61.70%	70.10%	71.80%	66.80%	63.00%	62.30%	51.40%	51.20%
Portugal	47.00%	60.70%	58.30%	54.90%	53.30%	46.10%	31.50%	21.60%
Austria	86.40%	75.10%	90.20%	89.10%	89.60%	88.70%	87.20%	78.30%
Romania	55.10%	53.30%	58.50%	63.10%	58.80%	59.30%	51.70%	26.50%
Slovakia	40.60%	26.10%	42.60%	44.40%	50.30%	44.50%	32.00%	23.20%
Slovenia	61.50%	79.00%	71.50%	65.70%	62.00%	56.20%	56.90%	37.10%
Spain	64.80%	71.80%	80.00%	67.70%	70.30%	61.60%	56.30%	36.90%
Sweden	86.70%	90.60%	93.60%	89.50%	89.70%	86.60%	82.90%	71.40%
European Union	69.4%	73.3%	76.6%	72.5%	72.1%	69.0%	65.1%	54.2%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who indicated that they are a little, quite, very, and completely confident in their ability to participate in politics. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 15. Age discrimination and political engagement – OLS estimates

	Able to take an active role in a group involved with political issues		Confident in own ability to participate in politics	
	(1)	(2)	(3)	(4)
Age discrimination	0.068 (0.019) [0.019]		0.065 (0.017) [0.015]	
Age 15 – 24	0.072 (0.008) [0.011]	0.071 (0.008) [0.011]	0.068 (0.007) [0.009]	0.067 (0.007) [0.009]
Age 15 – 24 x Age discrimination		0.090 (0.057) [0.040]		0.151 (0.037) [0.036]
Age 25 – 34	-0.004 (0.007) [0.007]	-0.005 (0.007) [0.007]	0.005 (0.006) [0.006]	0.004 (0.006) [0.006]
Age 25 – 34 x Age discrimination		0.079 (0.064) [0.058]		0.116 (0.046) [0.047]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.064 (0.070) [0.084]		0.033 (0.066) [0.075]
Age 45 – 54	-0.008 (0.007) [0.007]	-0.008 (0.007) [0.007]	0.002 (0.006) [0.005]	0.002 (0.006) [0.005]
Age 45 – 54 x Age discrimination		0.130 (0.050) [0.045]		0.064 (0.046) [0.042]
Age 55 – 64	-0.020 (0.007) [0.007]	-0.020 (0.007) [0.007]	-0.010 (0.006) [0.006]	-0.010 (0.006) [0.006]
Age 55 – 64 x Age discrimination		0.070 (0.041) [0.047]		0.024 (0.041) [0.045]
Age 65 – 74	-0.068 (0.007) [0.009]	-0.068 (0.007) [0.009]	-0.043 (0.006) [0.007]	-0.043 (0.007) [0.007]
Age 65 – 74 x Age discrimination		0.056 (0.038) [0.034]		0.057 (0.035) [0.034]
Age 75+	-0.189 (0.008) [0.009]	-0.188 (0.008) [0.009]	-0.138 (0.008) [0.010]	-0.138 (0.008) [0.010]
Age 75+ x Age discrimination		0.015 (0.043) [0.045]		0.025 (0.043) [0.040]
R-squared	148,951	148,951	148,502	148,502
Observations	0.124	0.124	0.142	0.142

Source: European Social Survey (2016-2023).

Notes: This table shows results from linear probability models. In columns 1 and 2, the dependent variable is an indicator equal to 1 if the respondent mentions that they are a little, quite, very, or completely able to take an active role in a political group and 0 if they are not at all able. In columns 3 and 4, the dependent variable is an indicator to 1 if the respondent mentions that they are a little, quite, very, and completely confident in their ability to participate in politics and 0 if they are not all confident. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in columns 1 and 3: The coefficient on the age discrimination variable measures the higher/lower probability of the event shown in the top row for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 6.8 percentage points more likely to indicate that they are able to take an active role in a group involved with political issues. The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for respondents

in each age group relative to the reference age group. For instance, respondents aged 15-24 are 7.2 percentage points more likely to indicate that they are able to take an active role in a group involved with political issues.

Interpretation of the coefficients in columns 2 and 4: The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for the respondents in each age group who did not report age discrimination relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 7.1 percentage points more likely to indicate that they are able to take an active role in a group involved with political issues compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of the event shown in the top row for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 9.0 percentage points more likely to indicate that they are able to take an active role in a group involved with political issues compared to respondents aged 15-24 who did not report age discrimination.

Table 16. Age discrimination and political engagement – Logit estimates

	Able to take an active role in a group involved with political issues			Confident in own ability to participate in politics		
	(1)	(2)	(3)	(4)	(5)	(6)
Age discrimination	0.062 (0.018) [0.019]			0.058 (0.016) [0.013]		
Age 15 – 24	0.063 (0.007) [0.010]	0.325 (0.039) [0.054]	0.063 - -	0.060 (0.007) [0.008]	0.364 (0.041) [0.052]	0.059 - -
Age 15 – 24 x Age discrimination		0.447 (0.310) [0.221]	0.074 - -		1.019 (0.328) [0.318]	0.118 - -
Age 25 – 34	-0.004 (0.007) [0.008]	-0.020 (0.036) [0.037]	-0.004 - -	0.007 (0.007) [0.007]	0.036 (0.038) [0.041]	0.006 - -
Age 25 – 34 x Age discrimination		0.415 (0.395) [0.352]	0.079 - -		0.808 (0.425) [0.448]	0.118 - -
Age 35 – 44	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.333 (0.421) [0.510]	0.064 - -		0.194 (0.458) [0.516]	0.033 - -
Age 45 – 54	-0.008 (0.007) [0.007]	-0.039 (0.034) [0.035]	-0.008 - -	0.004 (0.006) [0.006]	0.024 (0.036) [0.033]	0.004 - -
Age 45 – 54 x Age discrimination		0.721 (0.323) [0.286]	0.131 - -		0.378 (0.307) [0.276]	0.061 - -
Age 55 – 64	-0.019 (0.007) [0.007]	-0.092 (0.034) [0.032]	-0.019 - -	-0.007 (0.006) [0.007]	-0.036 (0.036) [0.038]	-0.006 - -
Age 55 – 64 x Age discrimination		0.349 (0.221) [0.254]	0.069 - -		0.131 (0.234) [0.254]	0.023 - -
Age 65 – 74	-0.066 (0.007) [0.009]	-0.315 (0.035) [0.043]	-0.066 - -	-0.038 (0.007) [0.007]	-0.212 (0.037) [0.039]	-0.038 - -
Age 65 – 74 x Age discrimination		0.237 (0.180) [0.159]	0.050 - -		0.286 (0.187) [0.180]	0.051 - -
Age 75+	-0.185 (0.008) [0.009]	-0.853 (0.039) [0.042]	-0.184 - -	-0.129 (0.008) [0.009]	-0.671 (0.041) [0.046]	-0.129 - -
Age 75+ x Age discrimination		0.046 (0.199) [0.209]	0.010 - -		0.107 (0.216) [0.196]	0.022 - -
Observations	148,951	148,951		148,502	148,502	

Source: European Social Survey (2016-2023).

Notes: This table shows results from logit models. In columns 1 and the 2, the dependent variable is an indicator equal to 1 if the respondent indicates that they are very or quite interested in politics. In columns 3 and 4, the dependent variable is an indicator equal to 1 if the respondent mentions that they are a little, quite, very, or completely able to take an active role in a political group and 0 if they are not at all able. In columns 5 and 6, the dependent variable is an indicator to 1 if the respondent mentions that they are a little, quite, very, and completely confident in their ability to participate in politics and 0 if they are not all confident. In columns 7 and 8, the dependent variable is an indicator equal to 1 if the respondent mentions that they voted in the last national election and 0 if they didn't. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Columns 1, 3, 4, and 6 report average marginal effects. Columns 2, 5, 8, and 11 report point estimates. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in columns 1 and 4: The coefficient on the age discrimination variable measures the higher/lower probability of the event shown in the top row for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 6.3 percentage points more likely to indicate that they are able to take an active role in a group involved with political issues. The

coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 6.3 percentage points more likely to indicate that they are able to take an active role in a group involved with political issues compared to respondents aged 35-44.

Interpretation of the coefficients in columns 3 and 6: The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for the respondents in each age group who did not report age discrimination relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 6.3 percentage points more likely to indicate that they are able to take an active role in a group involved with political issues compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of the event shown in the top row for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 7.4 percentage points more likely to indicate that they are able to take an active role in a group involved with political issues compared to respondents aged 15-24 who did not report age discrimination.

Table 17. Comfortable working with someone perceived as young – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	83.40%	94.60%	73.80%	87.70%	79.60%	87.60%	81.60%	76.80%
Bulgaria	82.40%	78.90%	86.90%	81.90%	86.20%	82.30%	78.00%	82.20%
Czechia	89.90%	90.70%	87.70%	91.30%	87.60%	89.00%	90.70%	94.50%
Denmark	93.60%	98.00%	94.10%	94.50%	93.90%	93.10%	90.00%	90.30%
Germany	86.50%	88.40%	85.70%	86.30%	89.30%	87.50%	86.00%	81.40%
Estonia	87.90%	84.30%	87.70%	87.90%	92.60%	87.10%	91.20%	80.70%
Ireland	96.30%	97.90%	93.00%	98.10%	96.60%	96.10%	95.60%	96.30%
Greece	97.50%	98.10%	99.10%	95.10%	97.00%	97.00%	99.40%	97.40%
Spain	95.80%	98.70%	97.00%	98.50%	94.90%	95.80%	95.20%	89.70%
France	95.20%	95.10%	97.50%	96.50%	95.00%	96.50%	91.10%	95.00%
Croatia	84.00%	79.10%	77.60%	82.20%	86.90%	90.10%	86.60%	82.10%
Italy	87.40%	91.00%	84.30%	90.50%	82.60%	88.80%	85.70%	90.90%
Cyprus	94.10%	90.50%	95.20%	97.30%	95.20%	88.80%	94.40%	96.30%
Latvia	90.70%	88.80%	90.40%	91.70%	90.20%	90.40%	93.80%	88.60%
Lithuania	94.90%	99.20%	94.20%	90.70%	98.20%	96.40%	91.90%	92.10%
Luxembourg	93.70%	94.10%	98.20%	94.70%	95.20%	88.40%	91.90%	90.90%
Hungary	87.70%	94.10%	86.30%	89.10%	84.80%	86.70%	88.90%	82.00%
Malta	92.50%	97.40%	98.90%	95.70%	84.30%	89.60%	87.60%	90.30%
The Netherlands	98.20%	93.00%	98.40%	100.00%	99.70%	96.50%	99.50%	100.00%
Austria	80.60%	79.00%	87.00%	74.70%	80.60%	79.70%	83.90%	79.10%
Poland	79.10%	81.40%	76.20%	77.80%	82.50%	74.80%	83.80%	74.30%
Portugal	92.00%	91.20%	94.30%	94.80%	92.20%	96.80%	90.50%	80.90%
Romania	68.60%	46.10%	60.60%	68.30%	74.80%	75.40%	79.30%	69.00%
Slovakia	83.30%	93.60%	93.50%	79.40%	78.70%	75.10%	88.40%	71.70%
Slovenia	85.10%	88.50%	85.10%	90.20%	87.50%	82.40%	78.20%	82.40%
Finland	94.60%	94.00%	96.80%	94.10%	96.30%	95.20%	94.50%	89.80%
Sweden	97.30%	95.60%	98.30%	99.10%	97.50%	97.00%	97.60%	94.50%
European Union	88.8%	89.6%	88.2%	89.3%	88.9%	89.3%	88.6%	86.7%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents who would feel comfortable working with someone perceived as young.

Table 18. Comfortable working with someone perceived as old – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	84.50%	91.50%	73.20%	86.70%	83.50%	90.50%	83.00%	81.80%
Bulgaria	69.40%	58.80%	75.10%	64.00%	69.30%	72.00%	71.80%	74.80%
Czechia	86.90%	83.00%	85.30%	86.50%	86.90%	84.70%	90.00%	93.70%
Denmark	93.00%	93.50%	93.80%	95.30%	92.20%	93.40%	91.00%	91.50%
Germany	83.00%	81.00%	80.00%	82.00%	86.70%	87.50%	81.80%	79.70%
Estonia	82.50%	70.50%	80.40%	81.60%	87.00%	88.10%	88.00%	77.60%
Ireland	96.40%	96.90%	94.90%	97.40%	98.00%	96.10%	94.40%	95.40%
Greece	92.90%	91.50%	93.10%	92.10%	90.40%	92.10%	96.50%	95.30%
Spain	96.10%	98.70%	97.50%	97.60%	95.70%	94.70%	95.30%	92.70%
France	94.60%	95.10%	96.90%	96.10%	94.80%	96.10%	88.10%	95.50%
Croatia	81.70%	78.30%	76.20%	76.80%	89.50%	83.80%	83.20%	84.30%
Italy	87.10%	88.40%	84.00%	90.30%	84.00%	91.10%	83.90%	88.30%
Cyprus	86.20%	76.60%	87.70%	87.40%	88.50%	88.10%	90.20%	84.00%
Latvia	83.50%	83.70%	83.00%	84.30%	79.30%	85.00%	85.50%	84.20%
Lithuania	85.10%	86.70%	86.80%	87.80%	84.70%	83.10%	82.60%	84.60%
Luxembourg	91.60%	94.20%	94.50%	94.90%	92.90%	87.00%	89.60%	81.10%
Hungary	84.90%	91.90%	82.70%	82.50%	80.40%	86.70%	86.80%	87.50%
Malta	93.30%	97.40%	95.50%	97.60%	85.60%	92.50%	89.50%	92.50%
The Netherlands	98.10%	93.00%	98.10%	98.90%	99.70%	98.30%	98.80%	100.00%
Austria	76.50%	66.90%	76.60%	70.70%	76.60%	75.50%	89.60%	81.60%
Poland	78.30%	77.10%	76.60%	78.00%	82.20%	72.20%	83.10%	77.50%
Portugal	89.30%	91.00%	92.50%	93.20%	90.30%	91.30%	85.60%	78.80%
Romania	63.70%	42.70%	57.90%	61.70%	66.80%	71.60%	74.80%	67.10%
Slovakia	78.50%	86.40%	88.00%	71.60%	74.90%	71.00%	84.90%	75.50%
Slovenia	82.30%	85.50%	83.40%	86.90%	83.60%	78.60%	78.40%	79.60%
Finland	94.00%	91.60%	95.80%	95.30%	94.10%	96.50%	94.80%	88.00%
Sweden	97.10%	91.20%	98.20%	99.50%	98.00%	98.30%	97.40%	94.40%
European Union	86.9%	86.0%	86.0%	87.0%	87.5%	88.4%	86.5%	86.4%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents who would feel comfortable working with someone perceived as old.

Table 19. Comfortable with one's child dating someone younger – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	75.60%	76.00%	58.70%	87.50%	69.10%	85.30%	75.30%	78.00%
Bulgaria	78.30%	79.10%	78.90%	76.00%	80.10%	78.50%	76.30%	81.60%
Czechia	79.40%	77.50%	81.60%	83.30%	81.40%	73.00%	78.20%	78.10%
Denmark	79.80%	75.30%	74.20%	81.70%	79.80%	83.60%	82.20%	82.10%
Germany	72.10%	69.80%	70.70%	68.30%	76.30%	74.50%	72.30%	72.10%
Estonia	75.20%	70.30%	75.60%	73.20%	76.10%	78.90%	78.00%	73.20%
Ireland	85.60%	90.90%	88.10%	82.70%	84.50%	86.80%	81.50%	82.60%
Greece	93.30%	93.80%	94.80%	92.40%	94.60%	93.40%	94.30%	88.50%
Spain	87.10%	91.70%	90.80%	87.90%	83.40%	86.50%	86.60%	84.10%
France	81.90%	81.50%	82.10%	79.60%	82.10%	86.90%	82.60%	76.90%
Croatia	75.70%	75.20%	72.30%	71.30%	77.40%	78.50%	76.80%	80.20%
Italy	84.10%	86.90%	82.20%	90.80%	82.70%	81.00%	81.30%	83.80%
Cyprus	74.60%	63.70%	69.50%	80.60%	80.40%	78.40%	71.00%	76.30%
Latvia	77.30%	82.90%	76.40%	82.30%	69.20%	78.60%	79.50%	72.30%
Lithuania	77.40%	77.00%	81.90%	82.20%	70.80%	78.80%	75.30%	76.30%
Luxembourg	78.50%	77.50%	74.30%	81.30%	82.20%	76.70%	71.70%	83.70%
Hungary	78.90%	83.90%	83.70%	76.70%	82.20%	71.20%	78.80%	73.10%
Malta	51.10%	50.60%	52.70%	62.00%	54.70%	44.10%	37.80%	46.70%
The Netherlands	87.80%	66.50%	84.10%	93.80%	87.10%	90.90%	94.60%	100.00%
Austria	69.30%	71.70%	73.60%	60.30%	65.40%	74.40%	74.20%	64.70%
Poland	73.80%	78.10%	70.50%	71.60%	77.70%	67.70%	82.30%	61.70%
Portugal	85.50%	85.40%	90.80%	91.10%	90.90%	86.40%	79.90%	69.10%
Romania	65.10%	48.70%	59.60%	64.80%	64.40%	70.90%	76.90%	65.80%
Slovakia	60.70%	72.10%	74.00%	56.20%	59.90%	52.30%	57.20%	51.20%
Slovenia	71.50%	73.00%	66.70%	71.60%	74.40%	71.00%	71.70%	71.50%
Finland	79.70%	77.80%	78.40%	83.10%	78.50%	77.60%	86.80%	73.90%
Sweden	78.00%	63.20%	80.60%	73.60%	77.40%	80.50%	85.20%	84.90%
European Union	78.9%	78.1%	77.9%	78.9%	79.5%	79.5%	80.6%	76.6%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents who would feel comfortable with their child dating a younger person.

Table 20. Comfortable with one's child dating someone older – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	54.60%	50.70%	41.80%	57.30%	57.70%	63.60%	54.40%	55.70%
Bulgaria	25.00%	27.40%	30.10%	21.20%	24.00%	22.70%	23.20%	34.00%
Czechia	46.20%	41.90%	50.30%	46.50%	42.20%	46.50%	48.40%	50.10%
Denmark	64.10%	59.90%	50.60%	67.40%	58.60%	71.60%	72.90%	69.60%
Germany	49.30%	35.80%	49.60%	49.40%	49.10%	54.20%	52.20%	51.80%
Estonia	32.40%	26.60%	28.90%	25.20%	34.60%	37.20%	34.40%	47.30%
Ireland	69.80%	72.10%	67.30%	67.80%	70.60%	75.10%	66.30%	68.10%
Greece	28.90%	31.90%	34.70%	30.70%	26.70%	27.80%	27.50%	23.20%
Spain	72.70%	74.20%	73.50%	77.50%	68.60%	76.10%	71.20%	67.40%
France	66.40%	55.10%	67.50%	68.70%	64.80%	70.00%	71.20%	67.90%
Croatia	33.20%	32.10%	34.60%	36.00%	29.30%	34.40%	33.80%	30.00%
Italy	56.70%	62.10%	57.70%	52.60%	57.50%	55.70%	54.30%	61.50%
Cyprus	30.30%	31.40%	31.00%	28.90%	36.00%	29.00%	27.80%	28.30%
Latvia	36.70%	39.90%	35.10%	36.00%	29.40%	36.80%	42.10%	40.20%
Lithuania	33.20%	28.00%	41.40%	26.10%	31.90%	36.50%	35.30%	31.10%
Luxembourg	63.10%	58.60%	55.80%	63.00%	65.50%	60.80%	65.50%	80.50%
Hungary	48.90%	48.20%	49.40%	47.50%	49.80%	51.90%	46.90%	48.80%
Malta	38.80%	32.00%	41.30%	56.70%	34.30%	33.30%	27.00%	33.00%
The Netherlands	79.50%	59.60%	70.60%	83.60%	76.90%	85.70%	88.90%	100.00%
Austria	47.60%	39.30%	51.70%	46.10%	48.80%	45.80%	49.40%	53.90%
Poland	59.30%	73.20%	53.00%	58.20%	58.30%	56.80%	62.70%	52.30%
Portugal	73.40%	74.40%	85.00%	80.00%	78.30%	71.40%	63.00%	58.70%
Romania	41.90%	33.30%	42.00%	43.90%	42.00%	48.60%	42.40%	34.20%
Slovakia	40.00%	51.70%	48.90%	39.00%	40.70%	28.20%	35.10%	36.90%
Slovenia	51.00%	46.20%	47.50%	47.30%	54.90%	51.70%	56.20%	51.10%
Finland	61.00%	49.30%	60.50%	59.20%	61.00%	59.60%	77.10%	56.40%
Sweden	57.60%	47.00%	53.80%	54.90%	45.40%	60.20%	71.40%	74.40%
European Union	57.0%	53.2%	56.7%	57.0%	56.1%	59.1%	58.8%	57.4%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents who would feel comfortable with their child dating an older person.

Table 21. Age discrimination rates – Summary statistics (Eurobarometer)

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	13.50%	16.90%	11.50%	6.80%	14.80%	17.10%	14.90%	12.10%
Bulgaria	4.50%	9.00%	2.00%	0.80%	1.10%	6.30%	7.30%	9.30%
Czechia	7.80%	10.70%	9.90%	4.40%	7.10%	10.50%	8.00%	4.50%
Denmark	7.40%	13.00%	8.80%	2.70%	4.70%	9.70%	8.60%	4.70%
Germany	6.70%	10.00%	8.80%	3.20%	2.60%	7.10%	3.50%	13.00%
Estonia	12.20%	17.30%	8.70%	5.20%	13.90%	16.80%	16.00%	10.20%
Ireland	3.90%	5.60%	3.90%	1.10%	3.00%	5.40%	4.70%	4.70%
Greece	3.80%	1.00%	1.70%	1.30%	3.50%	2.70%	8.40%	8.40%
Spain	5.10%	7.50%	6.90%	3.90%	6.70%	4.80%	2.00%	3.20%
France	8.50%	10.20%	7.20%	3.10%	8.20%	11.10%	8.30%	13.20%
Croatia	5.40%	3.70%	4.90%	4.60%	3.30%	5.30%	7.20%	12.00%
Italy	5.70%	5.80%	4.30%	1.70%	1.40%	4.60%	11.30%	14.10%
Cyprus	3.50%	0.00%	3.30%	1.90%	3.70%	5.10%	5.70%	8.80%
Latvia	6.80%	11.70%	7.80%	2.20%	9.20%	8.50%	3.10%	6.40%
Lithuania	9.40%	10.40%	15.40%	1.60%	5.40%	7.60%	13.00%	15.90%
Luxembourg	5.20%	9.00%	4.10%	4.10%	4.80%	7.40%	1.60%	5.70%
Hungary	5.40%	8.40%	1.50%	1.80%	2.80%	4.20%	11.60%	12.00%
Malta	2.50%	2.60%	2.30%	3.00%	0.70%	4.00%	3.40%	1.70%
The Netherlands	8.70%	12.50%	8.10%	3.30%	6.40%	11.40%	10.80%	0.00%
Austria	8.90%	14.30%	5.50%	6.70%	4.30%	8.00%	10.30%	20.90%
Poland	2.40%	2.00%	3.20%	1.20%	0.30%	2.40%	4.10%	6.60%
Portugal	3.20%	6.60%	1.70%	1.50%	2.30%	3.30%	3.50%	4.70%
Romania	5.60%	3.90%	2.10%	3.70%	6.60%	7.80%	6.70%	12.40%
Slovakia	6.50%	12.90%	2.20%	2.20%	6.00%	7.70%	11.50%	5.20%
Slovenia	4.30%	4.80%	8.70%	3.20%	4.80%	2.10%	3.40%	3.60%
Finland	9.40%	14.90%	5.40%	4.40%	9.30%	12.80%	8.10%	11.30%
Sweden	10.20%	12.30%	6.90%	6.40%	9.00%	13.80%	12.70%	12.40%
European Union	6.4%	8.4%	6.2%	3.0%	4.6%	7.2%	7.4%	10.7%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents who indicated that they had personally felt discriminated against or experienced harassment on grounds of their age over the 12 preceding months.

Table 22. Age discrimination rates – Summary statistics (European Social Survey)

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	0.60%	0.00%	0.50%	0.40%	0.60%	0.90%	0.90%	1.40%
Bulgaria	1.70%	0.00%	0.00%	0.10%	0.00%	2.00%	3.60%	7.80%
Czechia	2.20%	1.30%	1.00%	1.00%	1.20%	0.90%	6.20%	8.40%
Denmark	0.60%	0.00%	0.00%	1.00%	0.00%	0.80%	1.70%	0.70%
Germany	0.30%	0.00%	0.10%	0.30%	0.20%	0.40%	0.10%	0.90%
Estonia	0.20%	0.00%	0.00%	0.00%	0.80%	0.00%	0.80%	0.00%
Ireland	0.50%	0.60%	0.80%	0.10%	0.40%	0.70%	0.80%	0.60%
Greece	0.30%	0.40%	0.00%	0.00%	0.00%	0.30%	0.40%	1.50%
Spain	5.10%	7.50%	6.90%	3.90%	6.70%	4.80%	2.00%	3.20%
France	1.50%	3.80%	2.50%	0.80%	0.60%	0.60%	1.40%	0.50%
Croatia	1.90%	1.90%	0.60%	0.00%	0.70%	1.70%	3.90%	3.40%
Italy	0.80%	0.40%	0.00%	0.00%	0.00%	0.40%	1.60%	2.30%
Cyprus	1.60%	0.00%	0.70%	0.00%	0.00%	5.30%	2.30%	1.50%
Latvia	3.50%	3.20%	1.60%	0.00%	1.90%	3.10%	9.00%	6.40%
Lithuania	1.20%	0.70%	0.00%	0.90%	1.00%	1.90%	1.40%	3.40%
The Netherlands	0.90%	0.60%	0.00%	1.00%	0.40%	0.80%	1.80%	2.20%
Hungary	0.80%	0.00%	0.20%	0.40%	0.60%	0.20%	1.40%	4.10%
Poland	0.90%	0.80%	1.50%	0.50%	0.00%	1.60%	0.40%	1.70%
Portugal	0.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.40%
Austria	0.50%	2.40%	0.50%	0.00%	0.00%	0.40%	0.00%	0.80%
Romania	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.20%	0.00%
Slovakia	0.60%	0.00%	0.00%	0.00%	0.20%	1.50%	1.70%	2.50%
Slovenia	0.50%	1.20%	0.00%	0.00%	0.00%	0.40%	0.90%	1.00%
Spain	0.70%	0.50%	1.50%	0.30%	0.90%	0.80%	0.40%	0.00%
Sweden	1.40%	0.00%	0.00%	1.10%	0.50%	2.60%	2.30%	3.80%
European Union	0.8%	1.0%	0.7%	0.4%	0.4%	0.7%	1.1%	1.6%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who indicated that they belonged to a group that is being discriminated against on the grounds of age.

Table 23. Age discrimination rates – Summary statistics (Fundamental Rights Survey)

Country	Overall	16-29	30-44	45-54	55-64	65+
Belgium	11.00%	20.00%	6.00%	12.00%	14.00%	5.00%
Bulgaria	10.00%	19.00%	5.00%	11.00%	12.00%	7.00%
Czechia	15.00%	25.00%	7.00%	11.00%	23.00%	15.00%
Denmark	13.00%	22.00%	6.00%	9.00%	17.00%	11.00%
Germany	18.00%	28.00%	13.00%	12.00%	26.00%	14.00%
Estonia	19.00%	30.00%	9.00%	22.00%	24.00%	17.00%
Ireland	12.00%	30.00%	7.00%	9.00%	11.00%	4.00%
Greece	7.00%	10.00%	6.00%	7.00%	13.00%	1.00%
Spain	13.00%	28.00%	12.00%	15.00%	12.00%	2.00%
France	22.00%	37.00%	14.00%	15.00%	24.00%	17.00%
Croatia	11.00%	21.00%	7.00%	8.00%	10.00%	7.00%
Italy	7.00%	10.00%	3.00%	12.00%	7.00%	4.00%
Cyprus	5.00%	13.00%	2.00%	7.00%	2.00%	0.00%
Latvia	14.00%	25.00%	7.00%	10.00%	18.00%	10.00%
Lithuania	12.00%	15.00%	4.00%	3.00%	14.00%	19.00%
Luxembourg	16.00%	25.00%	14.00%	15.00%	16.00%	9.00%
Hungary	12.00%	24.00%	9.00%	10.00%	11.00%	6.00%
Malta	3.00%	10.00%	0.00%	3.00%	1.00%	1.00%
Netherlands	19.00%	23.00%	14.00%	18.00%	27.00%	12.00%
Austria	12.00%	17.00%	7.00%	13.00%	14.00%	10.00%
Poland	8.00%	15.00%	6.00%	5.00%	9.00%	6.00%
Portugal	5.00%	14.00%	2.00%	6.00%	5.00%	2.00%
Romania	8.00%	13.00%	7.00%	7.00%	10.00%	3.00%
Slovakia	12.00%	20.00%	9.00%	7.00%	18.00%	2.00%
Slovenia	12.00%	25.00%	11.00%	13.00%	11.00%	3.00%
Finland	16.00%	24.00%	12.00%	17.00%	26.00%	5.00%
Sweden	15.00%	23.00%	11.00%	10.00%	23.00%	10.00%
European Union	14%	24%	9%	12%	16%	9%

Source: Fundamental Rights Agency (2019). *Fundamental Rights Survey*.

Notes: This table presents the percentage of respondents who indicated that they had felt discriminated against at work or when looking for work, or in a shop, café, restaurant or when using leisure or sports facilities, or in other similar situations on grounds of their age (i.e., either too young or too old) in the past 5 years.

Table 24. Changes in aggregate discrimination rates and anti-discrimination engagement

	(1)	(2)	(3)	(4)
Initial engagement level	-0.087 (0.040) [0.036]	-0.103 (0.037) [0.035]		
Changes in engagement level			0.090 (0.031) [0.030]	0.093 (0.030) [0.030]
Other covariates	No	Yes	No	Yes
Country fixed effects	Yes	Yes	Yes	Yes
R-squared	0.139	0.199	0.164	0.217
Observations	222	222	222	222

Source: European Commission (2019, 2023). *Discrimination in the European Union, Special Eurobarometer SP493 and SP535*, based on Hardy, S. and T. Schraepen (2024), "The state and effects of discrimination in the European Union", *OECD Papers on Well-being and Inequalities*, No. 26, OECD Publishing, Paris, <https://doi.org/10.1787/7fd921b9-en>.

Notes: This table shows results from regressions of discrimination rates at the regional level (NUTS-3, when available, higher aggregates otherwise) on the share of individuals who are engaged in anti-discrimination activities (i.e., shared content on social networks, publicly defended someone, joined an association / campaign, or raised the issue of discrimination in the workplace). The covariates include the share of female in the regional population, the share of people with medium and high education, the share of people living in urban areas, the share of people who experience difficulties paying their bills, and the share of individuals who identify themselves as belonging to an ethnic minority.

All specifications are estimated in first differences and include country fixed effects. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the country level are reported in square brackets.

Interpretation: Each coefficient measures the effect of a one-unit change in the independent variable indicated in the left column on discrimination rates. For instance, the coefficient -0.087 in the first cell indicates that increasing the initial engagement in anti-discrimination activities by 1 percentage points is associated with a 0.1 percentage point decrease in the change in age discrimination rates, holding everything else constant.

Table 25. Determinants of age discrimination – OLS estimates

	Eurobarometer (2019–23)		ESS (2010–14)	ESS (2016–23)
	(1)	(2)	(3)	(4)
Age 15 – 24	0.057 (0.007) [0.009]	0.051 (0.007) [0.009]	0.005 (0.001) [0.001]	0.007 (0.001) [0.002]
Age 25 – 34	0.022 (0.005) [0.004]	0.019 (0.005) [0.004]	0.001 (0.001) [0.001]	0.002 (0.001) [0.001]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.
Age 45 – 54	0.016 (0.004) [0.005]	0.017 (0.005) [0.005]	0.004 (0.001) [0.001]	0.003 (0.001) [0.001]
Age 55 – 64	0.042 (0.005) [0.006]	0.044 (0.005) [0.006]	0.007 (0.001) [0.001]	0.006 (0.001) [0.001]
Age 65 – 74	0.042 (0.005) [0.005]	0.048 (0.005) [0.005]	0.010 (0.001) [0.002]	0.009 (0.001) [0.001]
Age 75+	0.062 (0.008) [0.009]	0.072 (0.008) [0.009]	0.010 (0.001) [0.002]	0.014 (0.002) [0.002]
Man	Ref.	Ref.	Ref.	Ref.
Woman	0.011 (0.003) [0.004]	0.010 (0.003) [0.004]	0.000 (0.001) [0.001]	0.002 (0.001) [0.001]
Low education	Ref.	Ref.	Ref.	Ref.
Medium education	-0.006 (0.005) [0.008]	-0.008 (0.005) [0.008]	0.001 (0.001) [0.001]	0.002 (0.001) [0.001]
High education	0.012 (0.006) [0.008]	0.006 (0.006) [0.007]	0.002 (0.001) [0.001]	0.005 (0.001) [0.001]
No poverty	Ref.	Ref.	Ref.	Ref.
Poverty	0.026 (0.004) [0.005]	0.024 (0.004) [0.005]	0.009 (0.001) [0.001]	0.007 (0.001) [0.001]
Rural areas	Ref.	Ref.	Ref.	Ref.
Small cities	0.003 (0.004) [0.004]	0.002 (0.004) [0.004]	0.001 (0.001) [0.001]	0.002 (0.001) [0.001]
Large cities	0.009 (0.004) [0.005]	0.008 (0.004) [0.005]	0.002 (0.001) [0.001]	0.003 (0.001) [0.001]
Ethnic majority	Ref.	Ref.	Ref.	Ref.

	Eurobarometer (2019–23)		ESS (2010–14)	ESS (2016–23)
	(1)	(2)	(3)	(4)
Ethnic minority	0.050 (0.016) [0.014]	0.039 (0.016) [0.014]	0.002 (0.002) [0.002]	0.006 (0.002) [0.002]
Did not take action	Ref.	Ref.	Ref.	Ref.
Took action against discrimination		0.057 (0.005) [0.004]		
Constant	0.000 (0.006) [0.009]	-0.009 (0.006) [0.009]	-0.003 (0.001) [0.001]	-0.004 (0.001) [0.001]
R-squared	51,439	51,439	111,769	151,618
Observations	0.023	0.034	0.010	0.006

Source: European Commission (2019, 2023). *Discrimination in the European Union, Special Eurobarometer SP493 and SP535. European Social Survey* (2010-2023).

Notes: This table shows results from linear probability models in which the dependent variable is an indicator equal to 1 if an individual indicated that they had personally experienced age discrimination (column 1) or belonged to a group that was being discriminated on the grounds of age (columns 2 and 3). All models include country and year fixed effects. Low education corresponds to educational attainments below lower secondary education; medium levels include upper secondary, post-secondary, non-tertiary and short-cycle tertiary; high levels correspond to educational attainment above bachelor or equivalent. Poverty is defined as having experienced difficulties paying bills either most of the time, or from time to time over the last year. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation: Each coefficient measures the higher (if positive) or lower (if negative) probability that an individual possessing the characteristic indicated in the leftmost column reported age discrimination relative to the baseline age group. For instance, the coefficient 0.057 in the first cell indicates that respondents aged 15-24 were $0.057 \times 100 = 5.7$ percentage points more likely to report age discrimination than respondents aged 35-44 (i.e., the baseline age group), holding everything else constant.

Table 26. Determinants of age discrimination – Logit estimates

	Eurobarometer (2019–23)		ESS (2010–14)	ESS (2016–23)
	(1)	(2)	(3)	(4)
Age 15 – 24	0.056 (0.007) [0.008]	0.047 (0.007) [0.007]	0.004 (0.001) [0.002]	0.007 (0.001) [0.002]
Age 25 – 34	0.021 (0.005) [0.004]	0.019 (0.004) [0.004]	0.001 (0.001) [0.001]	0.002 (0.001) [0.001]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.
Age 45 – 54	0.016 (0.004) [0.005]	0.016 (0.004) [0.005]	0.004 (0.001) [0.001]	0.002 (0.001) [0.001]
Age 55 – 64	0.042 (0.005) [0.006]	0.044 (0.005) [0.006]	0.007 (0.001) [0.001]	0.005 (0.001) [0.001]
Age 65 – 74	0.042 (0.005) [0.005]	0.051 (0.005) [0.005]	0.009 (0.001) [0.001]	0.008 (0.001) [0.001]
Age 75+	0.064 (0.008) [0.008]	0.080 (0.009) [0.010]	0.010 (0.002) [0.002]	0.015 (0.002) [0.002]
Man	Ref.	Ref.	Ref.	Ref.
Woman	0.011 (0.003) [0.003]	0.010 (0.003) [0.003]	-0.000 (0.001) [0.001]	0.002 (0.001) [0.001]
Low education	Ref.	Ref.	Ref.	Ref.
Medium education	-0.007 (0.005) [0.008]	-0.010 (0.005) [0.008]	0.000 (0.001) [0.001]	0.002 (0.001) [0.001]
High education	0.011 (0.006) [0.007]	0.004 (0.006) [0.007]	0.002 (0.001) [0.001]	0.005 (0.001) [0.001]
No poverty	Ref.	Ref.	Ref.	Ref.
Poverty	0.028 (0.004) [0.005]	0.025 (0.004) [0.005]	0.009 (0.001) [0.002]	0.007 (0.001) [0.001]
Rural areas	Ref.	Ref.	Ref.	Ref.
Small cities	0.003 (0.004) [0.004]	0.002 (0.004) [0.004]	0.002 (0.001) [0.001]	0.002 (0.001) [0.001]
Large cities	0.010 (0.004) [0.005]	0.009 (0.004) [0.005]	0.002 (0.001) [0.001]	0.003 (0.001) [0.001]
Ethnic majority	Ref.	Ref.	Ref.	Ref.

	Eurobarometer (2019–23)		ESS (2010–14)	ESS (2016–23)
	(1)	(2)	(3)	(4)
Ethnic minority	0.050 (0.016) [0.013]	0.036 (0.014) [0.012]	0.002 (0.001) [0.002]	0.006 (0.002) [0.002]
Did not take action	Ref.	Ref.	Ref.	Ref.
Took action against discrimination		0.058 (0.005) [0.005]		
Observations	51,439	51,439	111,769	151,618

Source: European Commission (2019, 2023). *Discrimination in the European Union, Special Eurobarometer SP493 and SP535. European Social Survey* (2010-2023).

Notes: This table shows results from logit models in which the dependent variable is an indicator equal to 1 if an individual indicated that they had personally experienced age discrimination (column 1) or belonged to a group that was being discriminated on the grounds of age (columns 2 and 3). All models include country and year fixed effects. Low education corresponds to educational attainments below lower secondary education; medium levels include upper secondary, post-secondary, non-tertiary and short-cycle tertiary; high levels correspond to educational attainment above bachelor or equivalent. Poverty is defined as having experienced difficulties paying bills either most of the time, or from time to time over the last year. The table reports average marginal effects. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients: Each coefficient measures the higher (if positive) or lower (if negative) probability that an individual possessing the characteristic indicated in the leftmost column reported age discrimination relative to the baseline age group. For instance, the coefficient 0.056 in the first cell indicates that respondents aged 15-24 were $0.056 \times 100 = 5.6$ percentage points more likely to report age discrimination than respondents aged 35-44 (i.e., the baseline age group), holding everything else constant.

Table 27. Settings where age discrimination occurs – Summary statistics, by country

Country	Looking for a job	Workplace	Buy / rent a house / apartment	Healthcare services	Social services	School / university	Cafés / bars / restaurants / nightclubs	Shops / banks	Public spaces	Online
Belgium	33.30%	21.70%	13.30%	9.70%	15.80%	9.40%	17.80%	21.20%	42.80%	17.80%
Bulgaria	27.70%	10.80%	1.90%	18.10%	9.20%	2.80%	16.10%	20.40%	29.00%	13.20%
Czechia	32.30%	31.10%	8.10%	13.60%	8.90%	11.60%	7.70%	3.20%	13.70%	0.00%
Denmark	15.90%	54.20%	7.70%	10.00%	12.70%	10.40%	20.40%	7.50%	26.10%	12.80%
Germany	18.50%	18.40%	17.80%	11.90%	16.60%	7.80%	27.30%	18.20%	16.60%	6.00%
Estonia	37.70%	22.20%	9.20%	28.80%	24.80%	9.00%	22.80%	26.80%	18.80%	15.10%
Ireland	25.50%	23.60%	2.10%	19.30%	8.20%	10.10%	28.30%	19.30%	35.20%	19.50%
Greece	23.60%	19.90%	7.20%	23.60%	21.40%	2.70%	4.70%	20.10%	41.30%	21.70%
Spain	45.90%	31.20%	14.00%	6.40%	6.80%	4.30%	13.20%	12.10%	13.10%	11.40%
France	25.60%	42.30%	10.40%	6.00%	4.90%	6.40%	5.80%	10.30%	31.50%	9.70%
Croatia	19.60%	23.40%	3.00%	20.20%	14.40%	3.80%	14.20%	16.00%	39.10%	13.40%
Italy	13.90%	6.80%	3.70%	20.20%	13.80%	8.60%	24.50%	14.80%	27.80%	0.00%
Cyprus	32.90%	23.20%	14.50%	22.20%	21.00%	0.00%	3.40%	12.00%	22.80%	6.20%
Latvia	40.40%	24.40%	10.80%	18.40%	14.60%	9.10%	7.50%	20.40%	38.70%	17.70%
Lithuania	21.50%	28.00%	1.30%	22.90%	17.70%	1.10%	12.90%	22.60%	34.60%	3.70%
Luxembourg	21.50%	41.30%	10.30%	11.90%	9.30%	6.70%	8.10%	11.80%	26.20%	14.40%
Hungary	18.20%	4.70%	4.60%	31.60%	13.50%	4.30%	11.20%	25.20%	25.80%	6.40%
Malta	39.20%	42.60%	2.80%	2.80%	10.50%	0.00%	14.80%	17.70%	37.70%	13.40%
The Netherlands	37.70%	34.70%	13.30%	5.60%	10.00%	5.10%	30.80%	8.20%	22.20%	0.00%
Austria	16.20%	17.60%	6.40%	25.50%	19.00%	13.70%	35.30%	29.30%	28.30%	7.10%
Poland	2.30%	17.10%	3.50%	29.00%	0.00%	4.40%	7.50%	33.10%	25.00%	6.10%
Portugal	23.90%	13.90%	11.40%	10.10%	10.30%	11.80%	22.40%	28.80%	25.60%	0.00%
Romania	23.00%	7.00%	3.70%	12.70%	4.30%	8.60%	1.60%	19.30%	17.50%	1.30%
Slovakia	25.20%	18.60%	1.80%	13.30%	10.80%	2.70%	13.30%	16.30%	21.10%	9.30%
Slovenia	18.90%	22.30%	8.70%	31.40%	20.40%	2.50%	29.60%	24.70%	18.80%	21.70%
Finland	34.40%	30.80%	6.30%	16.70%	4.80%	7.90%	17.90%	10.10%	29.40%	9.30%
Sweden	20.60%	42.30%	1.40%	11.90%	3.90%	15.00%	19.20%	11.70%	31.00%	20.50%
European Union	24.4%	25.2%	10.0%	12.9%	10.7%	7.5%	17.4%	15.6%	31.1%	10.0%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents reporting personal experiences of age discrimination who experienced discrimination in the setting indicated in the top row.

Table 28. Settings where age discrimination occurs – Summary statistics, by age group

Age group	Looking for a job	Workplace	Buy / rent a house / apartment	Healthcare services	Social services	School / university	Cafés / bars / restaurants / nightclubs	Shops / banks	Public spaces	Online
15-24 years	31.8%	22.0%	17.7%	3.4%	7.8%	20.4%	28.3%	8.3%	36.7%	16.1%
25-34 years	28.8%	52.0%	28.1%	11.0%	10.6%	11.5%	27.8%	21.7%	33.4%	22.2%
35-44 years	30.1%	42.1%	7.2%	11.5%	8.7%	11.5%	11.7%	16.6%	19.0%	13.4%
45-54 years	36.3%	36.4%	7.9%	10.9%	8.6%	5.3%	14.4%	7.5%	26.0%	8.3%
55-64 years	37.8%	29.4%	6.1%	12.5%	9.7%	5.5%	12.8%	8.0%	18.6%	6.1%
65-74 years	10.2%	8.4%	2.0%	18.3%	14.4%	0.5%	12.8%	20.0%	35.5%	3.3%
75+ years	1.2%	2.6%	3.5%	20.9%	13.4%	0.3%	13.2%	27.8%	43.1%	4.8%
All age groups	24.4%	25.2%	10.0%	12.9%	10.7%	7.5%	17.4%	15.6%	31.1%	10.0%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents reporting personal experiences of age discrimination who experienced discrimination in the setting indicated in the top row.

Table 29. Affordability as a barrier to accessing cultural goods and services – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	20.90%	25.10%	21.90%	26.70%	24.00%	20.30%	14.40%	7.90%
Bulgaria	8.00%	10.90%	6.00%	5.50%	5.90%	11.00%	10.40%	5.00%
Czechia	24.00%	25.90%	25.70%	23.90%	25.20%	21.40%	24.30%	19.80%
Denmark	14.70%	26.70%	17.40%	16.70%	13.20%	10.70%	6.90%	9.40%
Germany	17.30%	16.90%	27.40%	15.00%	16.10%	18.70%	15.10%	10.90%
Estonia	32.30%	34.70%	37.10%	32.20%	33.50%	33.00%	30.00%	22.10%
Ireland	8.40%	10.80%	10.90%	8.00%	6.10%	8.60%	8.30%	3.70%
Greece	14.60%	11.60%	17.10%	13.00%	14.60%	18.40%	13.60%	13.60%
Spain	14.30%	17.10%	15.30%	15.10%	19.50%	17.60%	6.30%	3.30%
France	24.60%	25.00%	26.90%	33.90%	30.60%	20.20%	20.40%	10.90%
Croatia	14.20%	8.40%	10.10%	14.30%	13.70%	17.20%	17.20%	18.60%
Italy	8.40%	11.90%	9.20%	6.70%	8.60%	8.40%	9.70%	3.60%
Cyprus	11.70%	11.20%	9.40%	15.80%	9.20%	12.60%	10.00%	10.10%
Latvia	16.30%	14.60%	15.70%	18.70%	16.30%	17.50%	15.10%	14.40%
Lithuania	14.60%	17.10%	16.80%	14.00%	11.60%	11.70%	17.30%	15.90%
Luxembourg	8.50%	12.70%	19.70%	9.70%	2.00%	5.90%	3.20%	3.40%
Hungary	13.30%	10.10%	15.10%	14.70%	16.20%	14.10%	10.40%	8.70%
Malta	8.60%	13.40%	10.30%	12.20%	12.00%	3.40%	3.10%	2.40%
The Netherlands	18.90%	21.80%	27.10%	22.40%	16.50%	16.10%	14.50%	10.60%
Austria	17.40%	29.30%	17.70%	11.20%	17.00%	13.40%	19.20%	17.50%
Poland	7.70%	10.20%	9.40%	7.90%	4.90%	8.90%	7.60%	2.90%
Portugal	6.90%	10.90%	8.20%	3.50%	6.10%	10.10%	2.70%	7.80%
Romania	12.80%	11.50%	10.50%	8.70%	17.20%	10.80%	15.90%	16.90%
Slovakia	8.30%	16.70%	5.70%	10.20%	4.00%	9.20%	8.30%	3.00%
Slovenia	14.30%	15.30%	15.70%	21.60%	12.10%	11.80%	14.50%	8.30%
Finland	22.40%	31.50%	33.30%	24.30%	22.10%	19.30%	14.30%	11.10%
Sweden	20.20%	29.70%	20.70%	23.80%	20.00%	19.10%	14.20%	13.10%
European Union	15.4%	17.7%	19.0%	15.9%	16.3%	15.3%	13.2%	8.8%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents who reported affordability as a barrier to accessing cultural goods or services.

Table 30. Lack of digital skills as a barrier to accessing cultural goods and services – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	6.60%	4.40%	7.00%	4.20%	8.20%	5.80%	8.60%	9.10%
Bulgaria	1.30%	2.80%	1.50%	0.60%	0.60%	0.40%	2.20%	1.70%
Czechia	4.70%	4.50%	3.80%	2.50%	2.90%	7.70%	7.40%	3.70%
Denmark	3.10%	1.90%	0.00%	1.80%	1.60%	4.20%	6.60%	7.20%
Germany	6.10%	2.30%	3.60%	2.80%	8.20%	7.50%	10.00%	7.80%
Estonia	8.50%	2.80%	3.40%	8.60%	6.50%	12.40%	13.30%	12.00%
Ireland	3.20%	0.00%	2.80%	3.00%	6.10%	4.70%	3.10%	2.10%
Greece	3.50%	3.00%	0.00%	5.10%	3.30%	6.80%	4.10%	0.80%
Spain	3.00%	1.00%	3.10%	1.20%	2.20%	5.90%	3.00%	4.60%
France	4.60%	2.50%	4.30%	4.60%	5.90%	3.50%	6.50%	4.80%
Croatia	4.40%	3.00%	4.10%	6.00%	5.60%	4.00%	4.00%	2.20%
Italy	5.20%	0.00%	2.80%	1.50%	3.60%	11.70%	7.70%	8.50%
Cyprus	5.10%	1.90%	1.70%	4.80%	3.60%	9.90%	10.50%	5.10%
Latvia	2.10%	2.20%	0.50%	2.40%	3.10%	2.60%	1.70%	2.00%
Lithuania	2.60%	0.00%	1.10%	1.10%	1.40%	5.10%	5.90%	3.80%
Luxembourg	4.40%	0.00%	0.00%	5.80%	3.80%	8.70%	2.30%	12.60%
Hungary	4.10%	2.30%	1.60%	3.20%	5.90%	0.40%	10.20%	2.80%
Malta	3.20%	0.00%	0.00%	1.00%	4.30%	1.60%	8.10%	11.90%
The Netherlands	1.30%	0.00%	0.40%	1.80%	0.30%	2.50%	2.00%	0.00%
Austria	9.90%	6.80%	7.10%	6.90%	5.30%	10.50%	17.20%	22.00%
Poland	1.50%	0.00%	1.40%	0.50%	0.80%	5.10%	1.10%	1.50%
Portugal	1.20%	0.00%	0.90%	0.00%	2.10%	3.30%	0.50%	1.30%
Romania	6.30%	3.40%	5.30%	5.80%	6.70%	3.10%	9.80%	12.90%
Slovakia	4.10%	1.60%	0.70%	4.30%	3.20%	4.80%	9.20%	7.00%
Slovenia	4.30%	0.90%	1.20%	1.20%	3.80%	3.40%	11.00%	10.10%
Finland	4.10%	0.00%	0.00%	0.80%	2.90%	8.10%	5.70%	12.60%
Sweden	4.00%	0.30%	1.10%	1.90%	0.00%	7.30%	9.20%	9.60%
European Union	4.4%	1.7%	3.0%	2.7%	4.3%	6.3%	6.5%	6.5%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents who reported the lack of digital skills as a barrier to accessing cultural goods or services.

Table 31. Age as a barrier to accessing cultural goods and services – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	11.00%	21.00%	5.20%	7.50%	12.40%	10.20%	7.90%	15.80%
Bulgaria	1.90%	0.00%	1.40%	2.50%	0.50%	0.80%	3.60%	5.20%
Czechia	7.80%	9.70%	8.20%	6.70%	5.10%	7.00%	9.20%	13.10%
Denmark	7.30%	22.70%	8.00%	2.80%	5.10%	6.10%	3.00%	2.50%
Germany	6.10%	12.70%	6.00%	5.60%	4.70%	3.30%	5.50%	6.80%
Estonia	12.80%	28.10%	11.80%	6.40%	6.20%	11.20%	19.10%	11.40%
Ireland	3.50%	5.10%	4.60%	1.30%	1.60%	4.80%	3.70%	5.80%
Greece	4.90%	4.20%	2.70%	1.90%	1.30%	4.00%	6.60%	16.80%
Spain	3.10%	7.00%	2.70%	0.70%	3.70%	3.90%	1.50%	2.40%
France	4.70%	12.70%	5.40%	1.60%	3.70%	1.60%	3.40%	4.70%
Croatia	8.40%	10.90%	10.90%	7.30%	5.80%	8.70%	8.10%	7.50%
Italy	5.00%	6.30%	5.80%	3.10%	2.30%	7.30%	5.50%	6.70%
Cyprus	4.30%	11.40%	1.50%	0.80%	3.70%	3.80%	2.20%	12.20%
Latvia	4.10%	9.00%	3.80%	3.40%	3.70%	2.50%	2.30%	5.80%
Lithuania	5.00%	14.50%	2.10%	0.00%	2.80%	2.00%	5.90%	12.90%
Luxembourg	5.90%	12.70%	11.30%	3.40%	1.80%	4.40%	5.80%	4.20%
Hungary	6.40%	8.10%	6.50%	4.80%	2.50%	3.20%	12.30%	9.90%
Malta	2.80%	8.10%	4.60%	0.00%	3.60%	0.90%	1.40%	2.90%
The Netherlands	6.90%	8.30%	7.40%	9.40%	6.10%	6.20%	5.50%	0.00%
Austria	11.50%	27.60%	10.00%	9.30%	5.70%	9.20%	11.30%	11.70%
Poland	3.00%	7.90%	1.00%	0.90%	1.50%	3.70%	3.30%	6.90%
Portugal	2.90%	9.30%	1.60%	1.50%	1.90%	3.20%	1.40%	2.80%
Romania	5.20%	5.50%	1.80%	3.60%	4.50%	6.50%	7.40%	11.70%
Slovakia	3.40%	7.00%	0.00%	0.60%	3.60%	4.10%	6.10%	5.40%
Slovenia	7.70%	16.50%	10.60%	9.00%	3.40%	6.20%	7.70%	2.50%
Finland	6.30%	11.50%	4.10%	5.20%	5.00%	5.50%	4.40%	10.40%
Sweden	6.10%	8.70%	5.20%	6.50%	4.20%	7.60%	4.20%	6.80%
European Union	5.3%	10.3%	4.7%	3.6%	3.8%	4.6%	5.1%	6.5%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents who reported the lack of digital skills as a barrier to accessing cultural goods or services.

Table 32. Discussed health with general practitioner – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	85.40%	82.00%	81.60%	80.70%	85.60%	88.90%	91.20%	89.90%
Germany	83.60%	82.40%	73.10%	79.00%	82.70%	85.50%	90.70%	93.60%
Ireland	70.20%	45.40%	65.60%	64.20%	75.60%	78.40%	87.10%	89.60%
Greece	50.50%	28.30%	44.10%	44.60%	45.00%	52.70%	65.50%	81.00%
Spain	80.30%	73.40%	73.70%	77.20%	79.40%	83.10%	86.20%	92.30%
France	83.70%	74.20%	79.40%	81.20%	81.60%	86.20%	92.60%	94.70%
Croatia	72.90%	52.60%	55.00%	64.90%	75.40%	75.80%	83.90%	89.20%
Italy	73.00%	41.50%	54.00%	60.20%	69.50%	80.10%	86.90%	95.00%
Cyprus	68.70%	42.90%	46.60%	70.30%	67.80%	75.60%	84.10%	90.10%
Lithuania	78.90%	69.30%	71.90%	76.30%	74.70%	80.90%	93.80%	88.80%
Hungary	60.40%	28.80%	47.50%	56.30%	58.20%	70.90%	81.00%	83.70%
The Netherlands	70.30%	71.80%	69.20%	64.80%	63.90%	70.80%	75.10%	80.00%
Austria	77.90%	57.30%	61.70%	79.60%	81.70%	83.00%	89.20%	93.40%
Poland	72.00%	54.90%	60.20%	66.20%	65.90%	74.90%	86.10%	88.30%
Portugal	73.00%	64.20%	59.30%	64.40%	69.60%	77.60%	86.70%	90.60%
Slovakia	74.40%	59.40%	60.30%	65.00%	80.10%	85.10%	87.00%	94.00%
Slovenia	78.00%	75.10%	72.60%	71.60%	77.10%	79.90%	83.00%	88.30%
Finland	65.80%	66.60%	75.80%	71.60%	66.80%	69.90%	53.70%	58.00%
Sweden	55.00%	46.10%	55.70%	50.10%	50.20%	55.40%	60.30%	70.30%
European Union	76.7%	66.5%	67.6%	72.0%	74.3%	80.3%	86.3%	90.9%

Source: European Social Survey (2023).

Notes: This table presents the percentage of respondents who indicated that they had discussed their health with a general practitioner in the last 12 months.

Table 33. Discussed health with specialist – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	54.10%	44.70%	50.70%	44.70%	52.90%	58.20%	68.50%	63.70%
Germany	62.10%	54.00%	51.90%	59.90%	60.90%	66.60%	69.40%	72.80%
Ireland	22.20%	17.10%	12.40%	18.50%	20.80%	29.90%	36.00%	34.00%
Greece	43.10%	31.80%	28.90%	35.20%	38.40%	48.80%	60.50%	61.10%
Spain	53.60%	40.20%	44.20%	48.40%	53.20%	59.20%	61.90%	71.70%
France	50.30%	40.40%	46.00%	43.70%	48.30%	54.40%	59.40%	65.80%
Croatia	42.10%	18.80%	24.30%	31.10%	39.60%	51.80%	51.90%	60.80%
Italy	31.60%	15.80%	16.20%	22.70%	27.30%	32.00%	41.10%	50.90%
Cyprus	46.80%	26.50%	32.10%	45.60%	45.80%	55.30%	56.00%	62.50%
Lithuania	34.30%	16.80%	29.60%	30.60%	30.60%	40.30%	49.90%	40.50%
Hungary	29.90%	14.70%	19.20%	26.10%	26.70%	30.90%	45.20%	53.40%
The Netherlands	44.10%	36.80%	41.10%	42.80%	37.40%	44.40%	52.40%	59.80%
Austria	61.60%	38.10%	50.60%	67.10%	62.70%	68.10%	71.00%	70.90%
Poland	54.20%	34.80%	43.40%	44.20%	45.90%	59.00%	74.20%	64.60%
Portugal	40.10%	27.90%	31.60%	39.30%	42.60%	47.70%	43.20%	43.80%
Slovakia	39.60%	22.20%	29.80%	24.90%	39.00%	43.80%	66.80%	74.80%
Slovenia	40.40%	30.90%	33.50%	30.00%	33.50%	47.50%	52.60%	59.60%
Finland	46.90%	36.60%	40.30%	45.70%	51.80%	50.60%	53.20%	49.90%
Sweden	40.70%	32.40%	32.30%	41.30%	42.60%	43.80%	46.50%	48.50%
European Union	48.8%	37.9%	39.9%	44.3%	45.9%	52.8%	59.4%	62.0%

Source: European Social Survey (2023).

Notes: This table presents the percentage of respondents who indicated that they had discussed their health with a specialist in the last 12 months.

Table 34. Unable to get medical consultation or treatment – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	16.70%	16.90%	24.10%	21.70%	18.80%	16.50%	7.60%	8.00%
Germany	19.00%	19.00%	33.20%	22.10%	16.00%	17.70%	14.40%	9.30%
Ireland	13.60%	11.20%	16.00%	14.00%	15.40%	12.70%	12.80%	10.10%
Greece	7.60%	1.90%	6.10%	6.00%	6.40%	8.40%	9.80%	17.50%
Spain	22.50%	20.60%	29.00%	27.00%	26.70%	20.80%	13.70%	15.00%
France	19.00%	17.10%	28.50%	21.30%	21.30%	20.40%	10.60%	12.80%
Croatia	13.50%	9.40%	13.30%	9.50%	13.10%	17.40%	14.00%	14.90%
Italy	10.90%	5.20%	4.90%	8.10%	12.60%	12.90%	14.10%	13.00%
Cyprus	10.50%	6.70%	6.20%	18.10%	12.10%	13.30%	9.00%	8.00%
Lithuania	19.40%	8.20%	17.40%	19.80%	25.10%	18.30%	21.00%	24.30%
Hungary	10.30%	6.40%	6.70%	10.00%	10.90%	12.50%	14.40%	10.20%
The Netherlands	7.60%	10.70%	9.00%	10.80%	7.10%	6.70%	4.90%	2.10%
Austria	10.30%	13.40%	12.90%	10.20%	7.90%	9.20%	9.80%	9.90%
Poland	20.70%	15.50%	24.40%	21.50%	20.90%	19.30%	22.90%	18.60%
Portugal	19.00%	15.60%	24.10%	15.00%	25.40%	20.80%	10.20%	16.60%
Slovakia	8.30%	3.10%	5.50%	7.20%	9.10%	10.30%	12.10%	12.60%
Slovenia	13.30%	17.10%	10.80%	12.80%	10.90%	13.50%	15.20%	13.10%
Finland	22.10%	22.80%	22.90%	20.60%	17.50%	23.00%	22.50%	26.10%
Sweden	16.50%	23.00%	21.30%	18.90%	14.70%	15.20%	11.10%	9.50%
European Union	16.8%	15.3%	22.2%	18.6%	17.6%	16.8%	13.9%	12.5%

Source: European Social Survey (2023).

Notes: This table presents the percentage of respondents who indicated that they had been unable to get a medical consultation or the treatment they needed in the last 12 months.

Table 35. Age discrimination and access to healthcare – OLS estimates

	Discussed health with general practitioner	Discussed health with specialist	Unable to get medical consultation or treatment
Age discrimination	0.042 (0.037) [0.034]	0.067 (0.046) [0.052]	0.126 (0.042) [0.038]
Age 15 – 24	-0.058 (0.016) [0.018]	-0.030 (0.019) [0.015]	-0.018 (0.015) [0.014]
Age 25 – 34	-0.044 (0.016) [0.017]	-0.048 (0.018) [0.021]	0.040 (0.016) [0.014]
Age 35 – 44	Ref.	Ref.	Ref.
Age 45 – 54	0.028 (0.014) [0.013]	0.033 (0.016) [0.013]	-0.007 (0.013) [0.014]
Age 55 – 64	0.080 (0.013) [0.013]	0.099 (0.017) [0.015]	-0.014 (0.013) [0.011]
Age 65 – 74	0.144 (0.013) [0.016]	0.176 (0.017) [0.020]	-0.038 (0.013) [0.016]
Age 75+	0.185 (0.013) [0.018]	0.216 (0.018) [0.019]	-0.052 (0.014) [0.017]
R-squared	0.088	0.093	0.031
Observations	32,346	32,346	32,215

Source: European Social Survey (2023).

Notes: This table shows results from linear probability models. In column 1, the dependent variable is an indicator equal to 1 if an individual has discussed their health with a general practitioner during the last 12 months, and 0 otherwise. In column 2, the dependent variable is an indicator equal to 1 if an individual has discussed their health with a specialist during the last 12 months, and 0 otherwise. In column 3, the dependent variable is an indicator equal to 1 if the individual was unable to get a medical consultation or a treatment during the last 12 months. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients: The coefficient on the age discrimination variable measures the higher/lower probability of the event shown in the top row for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 12.6 percentage points more likely to have been unable to get a medical consultation or their treatment compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 5.8 percentage points less likely to have discussed their health with a general practitioner during the last 12 months compared to respondents aged 35-44.

Table 36. Age discrimination and access to healthcare – Logit estimates

	Discussed health with general practitioner	Discussed health with specialist	Unable to get medical consultation or treatment
Age discrimination	0.034 (0.040) [0.037]	0.067 (0.046) [0.051]	0.123 (0.042) [0.041]
Age 15 – 24	-0.060 (0.017) [0.018]	-0.029 (0.019) [0.015]	-0.017 (0.015) [0.014]
Age 25 – 34	-0.043 (0.016) [0.017]	-0.047 (0.018) [0.020]	0.040 (0.015) [0.014]
Age 35 – 44	Ref.	Ref.	Ref.
Age 45 – 54	0.028 (0.014) [0.013]	0.034 (0.016) [0.013]	-0.007 (0.013) [0.014]
Age 55 – 64	0.080 (0.013) [0.013]	0.099 (0.017) [0.015]	-0.014 (0.013) [0.011]
Age 65 – 74	0.144 (0.013) [0.014]	0.177 (0.017) [0.020]	-0.037 (0.013) [0.016]
Age 75+	0.186 (0.013) [0.016]	0.216 (0.018) [0.018]	-0.051 (0.014) [0.016]
Observations	32,346	32,346	32,215

Source: European Social Survey (2023).

Notes: This table shows results from logit models. In column 1, the dependent variable is an indicator equal to 1 if an individual has discussed their health with a general practitioner during the last 12 months, and 0 otherwise. In column 2, the dependent variable is an indicator equal to 1 if an individual has discussed their health with a specialist during the last 12 months, and 0 otherwise. In column 3, the dependent variable is an indicator equal to 1 if the individual was unable to get a medical consultation or a treatment during the last 12 months. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. The table reports average marginal effects. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients: The coefficient on the age discrimination variable measures the higher/lower probability of the event shown in the top row for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 12.3 percentage points more likely to have been unable to get a medical consultation or their treatment compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 6.0 percentage points less likely to have discussed their health with a general practitioner during the last 12 months compared to respondents aged 35-44.

Table 37. Reasons for inability to get medical consultation or treatment – Summary statistics

Country	Could not pay	Could not take time off work	Other commitments	Not available where you live	Waiting list too long	No appointments available	Other
Belgium	18.70%	11.00%	6.30%	7.40%	40.20%	24.90%	5.20%
Germany	6.90%	8.70%	6.60%	13.00%	41.60%	59.00%	4.90%
Ireland	10.20%	5.90%	6.00%	6.40%	47.60%	41.40%	4.60%
Greece	41.00%	8.60%	8.60%	16.90%	26.00%	31.80%	0.40%
Spain	7.60%	11.50%	3.10%	1.60%	58.60%	43.80%	3.10%
France	6.10%	10.60%	3.50%	5.70%	31.30%	55.50%	8.10%
Croatia	4.40%	6.50%	11.50%	9.00%	58.10%	29.10%	7.50%
Italy	10.50%	5.30%	3.80%	12.30%	73.20%	29.80%	0.40%
Cyprus	11.30%	3.50%	4.70%	8.70%	33.00%	31.40%	15.80%
Lithuania	4.90%	5.50%	6.90%	10.90%	52.30%	55.00%	4.60%
Hungary	8.70%	8.00%	6.60%	20.30%	67.10%	47.30%	1.70%
The Netherlands	14.70%	6.30%	8.90%	8.50%	48.00%	17.50%	7.70%
Austria	12.10%	8.60%	8.40%	17.80%	43.10%	46.40%	6.60%
Poland	7.00%	8.40%	7.80%	14.70%	44.50%	51.30%	4.00%
Portugal	9.20%	5.90%	3.30%	6.90%	34.40%	43.80%	11.10%
Slovakia	20.60%	12.20%	12.10%	24.90%	38.60%	32.70%	4.50%
Slovenia	5.60%	6.00%	10.00%	6.50%	62.20%	15.60%	16.30%
Finland	9.60%	8.20%	5.00%	8.30%	36.00%	37.60%	13.40%
Sweden	3.90%	9.40%	7.20%	9.50%	33.40%	30.20%	27.60%
European Union	8.4%	9.0%	5.4%	9.4%	45.9%	47.3%	5.6%

Source: European Social Survey (2023).

Notes: This table shows the percentage of respondents with unmet healthcare needs who identified the reason listed in the top row as the cause of those unmet needs.

Table 38. Reasons for inability to get medical consultation or treatment – Summary statistics

Country	Could not pay	Could not take time off work	Other commitments	Not available where you live	Waiting list too long	No appointments available	Other
15-24 years	4.2%	9.6%	6.6%	8.5%	44.1%	44.5%	8.6%
25-34 years	11.2%	16.8%	6.6%	7.1%	40.3%	49.9%	6.0%
35-44 years	11.7%	11.3%	6.9%	11.2%	40.7%	45.4%	3.7%
45-54 years	9.7%	11.7%	7.1%	6.0%	41.7%	48.8%	6.0%
55-64 years	7.5%	5.4%	3.5%	8.9%	47.1%	47.5%	5.2%
65-74 years	5.8%	1.8%	3.8%	12.4%	56.9%	45.1%	5.2%
75+ years	5.0%	0.8%	0.6%	15.5%	60.0%	49.8%	5.6%
All age groups	8.4%	9.0%	5.4%	9.4%	45.9%	47.3%	5.6%

Source: European Social Survey (2023).

Notes: This table shows the percentage of respondents with unmet healthcare needs who identified the reason listed in the top row as the cause of those unmet needs.

Table 39. Unemployment rates – Summary statistics (Eurobarometer)

Country	Overall	15-24	25-34	35-44	45-54	55-64
Belgium	9.90%	9.90%	11.80%	5.80%	8.70%	15.20%
Bulgaria	10.20%	58.30%	8.00%	7.70%	5.70%	10.60%
Czechia	5.40%	8.10%	11.40%	4.60%	2.40%	6.20%
Denmark	6.20%	0.00%	13.60%	5.50%	4.90%	4.00%
Germany	7.50%	20.70%	4.70%	7.40%	5.00%	8.90%
Estonia	5.60%	25.70%	4.90%	5.50%	4.70%	5.50%
Ireland	4.90%	6.20%	3.90%	5.20%	3.10%	7.50%
Greece	7.40%	34.40%	6.70%	5.70%	4.80%	5.30%
Spain	18.50%	27.00%	15.70%	14.90%	15.50%	29.60%
France	12.50%	21.70%	14.20%	12.90%	9.60%	9.90%
Croatia	5.80%	12.00%	6.80%	5.20%	1.60%	10.50%
Italy	5.20%	31.40%	5.70%	6.30%	3.40%	2.80%
Cyprus	5.80%	0.00%	5.40%	5.00%	4.10%	13.50%
Latvia	9.10%	3.70%	5.80%	8.00%	11.90%	13.60%
Lithuania	12.40%	22.90%	12.70%	10.20%	12.00%	14.20%
Luxembourg	3.50%	0.00%	4.80%	4.50%	2.00%	3.70%
Hungary	2.90%	9.00%	2.60%	2.50%	1.90%	2.50%
Malta	0.50%	0.00%	0.00%	1.20%	0.00%	0.00%
The Netherlands	4.00%	0.00%	2.70%	3.60%	5.00%	6.00%
Austria	5.20%	29.40%	3.50%	3.70%	3.80%	3.10%
Poland	3.50%	22.00%	1.60%	1.30%	3.30%	3.30%
Portugal	8.10%	24.30%	6.50%	7.30%	5.40%	11.40%
Romania	1.10%	1.90%	0.60%	0.90%	0.90%	2.50%
Slovakia	6.80%	24.90%	7.10%	5.60%	5.40%	6.00%
Slovenia	5.50%	14.10%	4.00%	4.30%	2.40%	13.80%
Finland	7.20%	21.90%	5.50%	3.80%	6.50%	7.90%
Sweden	3.40%	0.00%	3.40%	5.10%	3.10%	3.10%
European Union	8.0%	20.2%	7.5%	7.2%	6.2%	9.3%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the unemployment rate defined as the share of people who were unemployed when surveyed out of the active population.

Table 40. Unemployment rates – Summary statistics (European Social Survey)

Country	Overall	15-24	25-34	35-44	45-54	55-64
Belgium	6.00%	16.30%	5.40%	6.60%	4.90%	2.90%
Bulgaria	8.00%	36.60%	8.00%	6.00%	4.20%	6.90%
Czechia	4.00%	13.00%	6.30%	2.50%	4.10%	1.70%
Denmark	4.00%	7.60%	7.90%	1.80%	2.40%	3.60%
Germany	3.70%	5.50%	4.50%	5.10%	3.00%	1.40%
Estonia	4.20%	6.10%	4.00%	3.70%	3.60%	4.90%
Ireland	4.90%	16.40%	4.60%	3.40%	4.00%	3.70%
Greece	5.20%	27.10%	5.00%	2.70%	3.80%	3.50%
Spain	18.50%	27.00%	15.70%	14.90%	15.50%	29.60%
France	5.90%	15.20%	4.50%	4.10%	3.10%	10.00%
Croatia	7.40%	24.50%	8.60%	4.80%	5.90%	5.00%
Italy	9.00%	39.80%	12.10%	7.90%	5.50%	5.40%
Cyprus	5.00%	20.60%	5.10%	2.70%	1.20%	4.60%
Latvia	6.00%	21.00%	9.60%	4.10%	2.00%	6.90%
Lithuania	6.30%	10.30%	5.70%	3.40%	8.10%	7.10%
The Netherlands	1.80%	1.10%	2.90%	1.30%	1.90%	1.40%
Hungary	1.20%	5.00%	0.90%	1.10%	0.60%	1.40%
Poland	2.20%	7.40%	3.30%	0.50%	2.10%	1.70%
Portugal	6.00%	21.10%	5.90%	5.40%	3.90%	4.20%
Austria	3.10%	9.80%	3.80%	2.60%	2.40%	1.50%
Romania	3.80%	11.40%	6.50%	1.90%	2.80%	0.00%
Slovakia	4.60%	0.00%	8.00%	3.80%	3.30%	4.20%
Slovenia	1.70%	10.30%	0.00%	0.70%	1.50%	1.90%
Spain	9.50%	22.60%	11.50%	8.90%	4.90%	11.60%
Sweden	2.10%	13.90%	2.50%	1.30%	0.00%	2.20%
European Union	5.4%	14.5%	6.2%	4.7%	3.5%	4.7%

Source: European Social Survey (2018-2023).

Notes: This table presents the unemployment rate defined as the share of people who were unemployed when surveyed out of the active population. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 41. Age discrimination and unemployment – OLS estimates

	Eurobarometer (2019-23)		ESS (2016-23)	
	(1)	(2)	(3)	(4)
Age discrimination	0.095 (0.019) [0.019]		0.087 (0.025) [0.017]	
Age 15 – 24	0.131 (0.018) [0.024]	0.142 (0.019) [0.026]	0.111 (0.008) [0.019]	0.110 (0.008) [0.019]
Age 15 – 24 x Age discrimination		-0.028 (0.067) [0.077]		0.178 (0.114) [0.106]
Age 25 – 34	0.023 (0.008) [0.011]	0.024 (0.008) [0.011]	0.025 (0.004) [0.006]	0.025 (0.004) [0.006]
Age 25 – 34 x Age discrimination		0.049 (0.039) [0.030]		0.023 (0.052) [0.054]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.088 (0.041) [0.041]		-0.017 (0.038) [0.039]
Age 45 – 54	-0.004 (0.007) [0.007]	-0.005 (0.007) [0.007]	-0.014 (0.004) [0.004]	-0.015 (0.004) [0.004]
Age 45 – 54 x Age discrimination		0.122 (0.037) [0.041]		0.110 (0.046) [0.039]
Age 55 – 64	0.016 (0.008) [0.010]	0.011 (0.007) [0.010]	-0.003 (0.004) [0.005]	-0.004 (0.004) [0.005]
Age 55 – 64 x Age discrimination		0.166 (0.035) [0.037]		0.130 (0.041) [0.037]
R-squared	0.084	0.086	0.107	0.107
Observations	28,259	28,259	80,144	80,144

Source: European Commission (2019, 2023). *Discrimination in the European Union, Special Eurobarometer SP493 and SP535. European Social Survey (2016-2023)*.

Notes: This table shows results from linear probability models in which the dependent variable is an indicator equal to 1 if an individual is unemployed (but actively looking for a job), and 0 if they are employed. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in columns 1 and 3: The coefficient on the age discrimination variable measures the higher/lower probability of unemployment for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 9.5 percentage points more likely to be unemployed compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability of unemployment for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 13.1 percentage points more likely to be unemployed compared to respondents aged 35-44.

Interpretation of the coefficients in column 2 and 4: The coefficients on the age group variables measure the higher/lower probability of unemployment for respondents in each age group who did not report age discrimination relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 14.2 percentage points more likely to be unemployed compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of unemployment for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 35-44 who reported age discrimination are 8.8 percentage points more likely to be unemployed compared to respondents aged 15-24 who did not report age discrimination.

Table 42. Age discrimination and unemployment – Logit estimates

	Eurobarometer (2019-23)			ESS (2016-23)		
	(1)	(2)	(3)	(4)	(5)	(6)
Age discrimination	0.079 (0.017) [0.015]			0.070 (0.021) [0.015]		
Age 15 – 24	0.121 (0.017) [0.023]	1.426 (0.154) [0.188]	0.137 - -	0.113 (0.008) [0.015]	1.375 (0.091) [0.152]	0.112 - -
Age 15 – 24 x Age discrimination		-0.326 (0.424) [0.488]	-0.043 - -		0.878 (0.570) [0.522]	0.127 - -
Age 25 – 34	0.026 (0.009) [0.011]	0.402 (0.130) [0.151]	0.027 - -	0.026 (0.005) [0.005]	0.443 (0.078) [0.093]	0.026 - -
Age 25 – 34 x Age discrimination		0.560 (0.367) [0.288]	0.052 - -		0.415 (0.654) [0.672]	0.033 - -
Age 35 – 44	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		1.053 (0.342) [0.308]	0.089 - -		-0.265 (0.679) [0.707]	-0.012 - -
Age 45 – 54	-0.003 (0.007) [0.008]	-0.069 (0.128) [0.137]	-0.004 - -	-0.013 (0.004) [0.004]	-0.292 (0.080) [0.077]	-0.013 - -
Age 45 – 54 x Age discrimination		1.242 (0.269) [0.284]	0.107 - -		1.223 (0.386) [0.345]	0.079 - -
Age 55 – 64	0.016 (0.008) [0.009]	0.170 (0.123) [0.148]	0.010 - -	-0.004 (0.004) [0.005]	-0.097 (0.082) [0.093]	-0.005 - -
Age 55 – 64 x Age discrimination		1.427 (0.217) [0.223]	0.152 - -		1.467 (0.279) [0.247]	0.117 - -
Observations	28,259	28,259		80,144	80,144	

Source: European Commission (2019, 2023). *Discrimination in the European Union, Special Eurobarometer SP493 and SP535. European Social Survey (2016-2023)*.

Notes: This table shows results from logit models in which the dependent variable is an indicator equal to 1 if an individual is unemployed (but actively looking for a job), and 0 if they are employed. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Columns 1, 3, 4 and 6 report average marginal effects. Columns 2 and 5 report point estimates. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in columns 1 and 4: The coefficient on the age discrimination variable measures the higher/lower probability of unemployment for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 7.9 percentage points more likely to be unemployed compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability of unemployment for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 12.1 percentage points more likely to be unemployed compared to respondents aged 35-44.

Interpretation of the coefficients in column 3 and 6: The coefficients on the age group variables measure the higher/lower probability of unemployment for respondents in each age group who did not report age discrimination relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 13.7 percentage points more likely to be unemployed compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of unemployment for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 35-44 who reported age discrimination are 8.9 percentage points more likely to be unemployed compared to respondents aged 15-24 who did not report age discrimination.

Table 43. Self-employment rates – Summary statistics (Eurobarometer)

Country	Overall	15-24	25-34	35-44	45-54	55-64
Belgium	9.30%	0.00%	6.70%	4.40%	14.10%	13.00%
Bulgaria	15.20%	11.90%	5.70%	16.80%	21.80%	13.80%
Czechia	15.90%	25.20%	12.60%	14.20%	19.60%	15.70%
Denmark	8.80%	0.00%	4.20%	9.80%	8.20%	10.50%
Germany	10.50%	0.00%	3.80%	9.70%	14.30%	11.80%
Estonia	15.50%	8.40%	8.20%	11.70%	23.60%	19.90%
Ireland	7.50%	0.00%	3.90%	8.50%	6.20%	13.00%
Greece	30.10%	0.00%	14.80%	33.30%	34.70%	37.10%
Spain	12.70%	7.70%	9.50%	15.00%	13.70%	11.90%
France	7.40%	3.00%	7.40%	5.60%	10.70%	6.30%
Croatia	11.10%	0.00%	5.00%	9.20%	14.20%	16.20%
Italy	15.80%	6.20%	12.10%	16.20%	14.40%	17.20%
Cyprus	12.10%	0.00%	14.30%	9.20%	8.20%	18.10%
Latvia	13.90%	11.60%	10.40%	11.60%	20.80%	14.50%
Lithuania	12.20%	0.00%	7.80%	19.70%	12.00%	12.50%
Luxembourg	7.80%	0.00%	7.60%	7.40%	6.90%	13.80%
Hungary	8.70%	5.30%	5.10%	9.30%	7.40%	12.00%
Malta	14.40%	0.00%	9.30%	20.60%	14.80%	21.00%
The Netherlands	15.80%	0.00%	14.40%	11.00%	15.60%	21.90%
Austria	11.10%	0.00%	12.20%	5.60%	17.40%	10.20%
Poland	12.60%	0.00%	12.10%	12.80%	11.50%	16.60%
Portugal	16.30%	12.90%	13.90%	15.50%	18.00%	16.80%
Romania	4.20%	2.00%	4.60%	3.00%	4.70%	5.00%
Slovakia	14.50%	21.70%	17.50%	13.90%	12.60%	12.90%
Slovenia	16.20%	0.00%	8.60%	17.20%	20.80%	21.90%
Finland	14.30%	7.80%	11.40%	12.00%	11.20%	21.00%
Sweden	7.10%	0.00%	3.80%	5.20%	10.50%	4.70%
European Union	12.0%	3.4%	8.6%	11.5%	13.6%	13.7%

Source: European Commission (2023). *Discrimination in the European Union, Special Eurobarometer SP535*.

Notes: This table presents the percentage of respondents who are self-employed out of total employment.

Table 44. Self-employment rates – Summary statistics (European Social Survey)

Country	Overall	15-24	25-34	35-44	45-54	55-64
Belgium	15.80%	6.80%	11.10%	16.40%	17.30%	21.70%
Bulgaria	14.40%	7.70%	11.30%	16.60%	14.90%	15.00%
Czechia	19.10%	9.20%	14.70%	21.00%	20.80%	19.40%
Denmark	7.10%	1.20%	5.00%	6.90%	9.20%	8.70%
Germany	5.80%	0.70%	1.70%	6.90%	4.50%	11.20%
Estonia	12.50%	0.00%	7.90%	16.30%	16.10%	13.20%
Ireland	12.90%	7.00%	7.70%	10.40%	17.30%	20.70%
Greece	32.30%	7.10%	22.00%	28.90%	41.00%	38.90%
Spain	17.00%	7.50%	17.40%	16.60%	13.60%	26.10%
France	11.30%	3.90%	10.10%	13.10%	11.20%	13.70%
Croatia	13.50%	4.40%	10.30%	10.60%	14.00%	21.90%
Italy	21.60%	9.10%	16.20%	20.70%	22.60%	26.30%
Cyprus	15.40%	19.40%	12.70%	13.00%	16.40%	18.20%
Latvia	11.20%	6.50%	9.10%	9.60%	13.20%	12.40%
Lithuania	15.20%	8.60%	15.10%	15.80%	17.40%	13.70%
Hungary	6.90%	0.80%	5.30%	6.50%	9.20%	7.30%
The Netherlands	14.60%	7.20%	9.80%	15.50%	17.90%	19.50%
Austria	12.20%	5.40%	9.00%	9.50%	17.10%	14.70%
Poland	19.10%	9.30%	12.50%	17.20%	19.60%	28.70%
Portugal	14.40%	12.40%	9.40%	14.40%	15.20%	19.50%
Romania	13.00%	27.40%	16.50%	11.50%	11.50%	4.50%
Slovakia	15.80%	10.50%	14.00%	17.50%	15.10%	16.80%
Slovenia	16.50%	15.70%	14.90%	14.90%	16.60%	20.70%
Finland	13.70%	4.50%	16.10%	8.80%	14.60%	18.10%
Sweden	11.70%	21.70%	6.90%	9.20%	12.30%	16.40%
European Union	13.9%	6.3%	10.6%	13.8%	14.5%	19.0%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who are self-employed out of total employment. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 45. Age discrimination and self-employment – OLS estimates

	Eurobarometer (2019-23)		ESS (2016-23)	
	(1)	(2)	(3)	(4)
Age discrimination	0.019 (0.016) [0.016]		-0.003 (0.025) [0.023]	
Age 15 – 24	-0.068 (0.009) [0.011]	-0.065 (0.010) [0.011]	-0.068 (0.007) [0.008]	-0.068 (0.007) [0.008]
Age 15 – 24 x Age discrimination		-0.018 (0.013) [0.011]		0.010 (0.065) [0.067]
Age 25 – 34	-0.032 (0.009) [0.009]	-0.034 (0.009) [0.009]	-0.034 (0.005) [0.005]	-0.034 (0.005) [0.005]
Age 25 – 34 x Age discrimination		0.049 (0.035) [0.030]		0.044 (0.062) [0.056]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		-0.002 (0.033) [0.031]		0.056 (0.069) [0.070]
Age 45 – 54	0.031 (0.010) [0.010]	0.029 (0.010) [0.011]	0.018 (0.005) [0.007]	0.019 (0.005) [0.007]
Age 45 – 54 x Age discrimination		0.058 (0.041) [0.045]		-0.067 (0.036) [0.034]
Age 55 – 64	0.048 (0.010) [0.010]	0.049 (0.010) [0.011]	0.042 (0.006) [0.007]	0.042 (0.006) [0.007]
Age 55 – 64 x Age discrimination		-0.011 (0.033) [0.031]		-0.014 (0.051) [0.043]
R-squared	0.045	0.045	0.042	0.042
Observations	26,111	26,111	75,456	75,456

Source: European Commission (2019, 2023). *Discrimination in the European Union, Special Eurobarometer SP493 and SP535. European Social Survey (2016-2023)*.

Notes: This table shows results from linear probability models in which the dependent variable is an indicator equal to 1 if an individual is self-employed, and 0 otherwise. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in columns 1 and 3: The coefficient on the age discrimination variable measures the higher/lower probability of self-employment for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 1.9 percentage points more likely to be self-employed compared to respondents who did not report age discrimination (the point estimate is not, however, statistically significant). The coefficients on the age group variables measure the higher/lower probability of self-employment for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 6.8 percentage points less likely to be self-employed compared to respondents aged 35-44.

Interpretation of the coefficients in column 2 and 4: The coefficients on the age group variables measure the higher/lower probability of self-employment for respondents in each age group who did not report age discrimination relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 6.5 percentage points less likely to be self-employed compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of self-employment for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 1.8 percentage points less likely to be self-employed compared to respondents aged 15-24 who did not report age discrimination (the point estimate is not statistically significant).

Table 46. Age discrimination and self-employment – Logit estimates

	Eurobarometer (2019-23)			ESS (2016-23)		
	(1)	(2)	(3)	(4)	(5)	(6)
Age discrimination	0.023 (0.018) [0.017]			-0.005 (0.027) [0.025]		
Age 15 – 24	-0.078 (0.010) [0.012]	-1.168 (0.227) [0.237]	-0.075 - -	-0.071 (0.007) [0.008]	-0.789 (0.099) [0.118]	-0.071 - -
Age 15 – 24 x Age discrimination		-1.445 (1.044) [0.996]	-0.030 - -		0.200 (0.839) [0.854]	0.014 - -
Age 25 – 34	-0.032 (0.009) [0.009]	-0.390 (0.106) [0.113]	-0.033 - -	-0.034 (0.005) [0.005]	-0.322 (0.052) [0.047]	-0.034 - -
Age 25 – 34 x Age discrimination		0.534 (0.349) [0.293]	0.048 - -		0.385 (0.569) [0.517]	0.042 - -
Age 35 – 44	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		-0.013 (0.377) [0.361]	-0.001 - -		0.470 (0.493) [0.499]	0.065 - -
Age 45 – 54	0.031 (0.009) [0.010]	0.269 (0.088) [0.100]	0.029 - -	0.018 (0.005) [0.006]	0.149 (0.043) [0.052]	0.019 - -
Age 45 – 54 x Age discrimination		0.480 (0.276) [0.299]	0.066 - -		-0.677 (0.470) [0.443]	-0.071 - -
Age 55 – 64	0.049 (0.010) [0.010]	0.441 (0.090) [0.097]	0.050 - -	0.042 (0.006) [0.007]	0.320 (0.047) [0.051]	0.042 - -
Age 55 – 64 x Age discrimination		-0.053 (0.293) [0.265]	-0.007 - -		-0.100 (0.399) [0.331]	-0.014 - -
Observations	26,111	26,111		75,456	75,456	

Source: European Commission (2019, 2023). *Discrimination in the European Union, Special Eurobarometer SP493 and SP535. European Social Survey (2016-2023)*.

Notes: This table shows results from logit models in which the dependent variable is an indicator equal to 1 if an individual is self-employed, and 0 otherwise. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Columns 1, 3, 4 and 6 report average marginal effects. Columns 2 and 5 report point estimates. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in columns 1 and 4: The coefficient on the age discrimination variable measures the higher/lower probability of self-employment for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 2.3 percentage points more likely to be self-employed compared to respondents who did not report age discrimination (the point estimate is not, however, statistically significant). The coefficients on the age group variables measure the higher/lower probability of self-employment for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 7.8 percentage points less likely to be self-employed compared to respondents aged 35-44.

Interpretation of the coefficients in column 3 and 6: The coefficients on the age group variables measure the higher/lower probability of self-employment for respondents in each age group who did not report age discrimination relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 7.5 percentage points less likely to be self-employed compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of self-employment for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 3 percentage points less likely to be self-employed compared to respondents aged 15-24 who did not report age discrimination (the point estimate is not statistically significant).

Table 47. Part-time employment rates – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64
Belgium	23.50%	19.10%	17.80%	29.80%	23.20%	23.50%
Bulgaria	4.40%	15.90%	1.20%	3.70%	4.50%	5.40%
Czechia	4.50%	5.50%	3.70%	4.80%	4.30%	4.70%
Denmark	14.20%	29.00%	11.30%	12.50%	9.20%	18.20%
Germany	25.10%	15.50%	16.20%	28.50%	27.40%	30.00%
Estonia	7.70%	19.90%	4.40%	5.90%	5.80%	11.40%
Ireland	20.30%	33.50%	12.30%	18.60%	21.10%	28.60%
Greece	5.90%	9.00%	5.40%	4.10%	5.80%	7.50%
Spain	15.50%	43.90%	20.00%	14.60%	11.60%	10.70%
France	12.00%	11.20%	11.30%	9.70%	12.00%	16.80%
Croatia	2.50%	1.30%	4.10%	2.80%	1.80%	1.80%
Italy	12.60%	13.80%	11.60%	10.40%	15.60%	11.90%
Cyprus	11.70%	14.20%	14.80%	3.90%	5.20%	21.20%
Latvia	14.10%	22.00%	14.30%	14.90%	7.00%	18.70%
Lithuania	7.30%	11.40%	8.90%	5.40%	7.30%	6.90%
Hungary	1.40%	2.50%	0.60%	2.10%	0.60%	2.50%
The Netherlands	29.00%	49.70%	19.00%	30.10%	22.60%	35.40%
Austria	21.30%	14.50%	19.10%	25.20%	20.10%	23.40%
Poland	7.90%	14.70%	6.10%	8.30%	8.00%	7.00%
Portugal	11.10%	8.90%	10.10%	9.00%	10.10%	16.90%
Romania	10.70%	11.10%	10.40%	14.50%	4.80%	17.20%
Slovakia	2.60%	0.00%	5.20%	0.40%	3.60%	1.80%
Slovenia	4.10%	0.00%	3.10%	4.40%	3.40%	7.00%
Finland	16.70%	30.90%	14.50%	13.80%	12.30%	25.10%
Sweden	6.50%	22.00%	3.80%	8.10%	2.70%	9.00%
European Union	14.8%	19.1%	12.4%	15.0%	13.7%	17.0%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who are part-time workers out of total employment. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 48. Age discrimination and part-time employment – OLS estimates

	(1)	(2)
Age discrimination	-0.010 (0.025) [0.028]	
Age 15 – 24	0.041 (0.011) [0.016]	0.042 (0.011) [0.016]
Age 15 – 24 x Age discrimination		-0.143 (0.037) [0.039]
Age 25 – 34	-0.015 (0.006) [0.007]	-0.015 (0.006) [0.007]
Age 25 – 34 x Age discrimination		-0.099 (0.032) [0.034]
Age 35 – 44	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.016 (0.066) [0.068]
Age 45 – 54	-0.006 (0.006) [0.007]	-0.006 (0.006) [0.007]
Age 45 – 54 x Age discrimination		-0.016 (0.046) [0.045]
Age 55 – 64	0.014 (0.006) [0.007]	0.014 (0.006) [0.007]
Age 55 – 64 x Age discrimination		0.100 (0.057) [0.056]
R-squared	0.106	0.106
Observations	75,651	75,651

Source: European Social Survey (2016-2023).

Notes: This table shows results from linear probability models in which the dependent variable is an indicator equal to 1 if an individual is working on a part-time basis, and 0 if they are employed on a full-time basis. Part-time workers are defined as working less than 30 hours a week. Full-time workers are defined as working more than 30 hours a week. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in column 1: The coefficient on the age discrimination variable measures the higher/lower probability of part-time employment for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 1.0 percentage points less likely to be employed on a part-time basis compared to respondents who did not report age discrimination (the point estimate is not, however, statistically significant). The coefficients on the age group variables measure the higher/lower probability of part-time employment for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 4.1 percentage points more likely to be employed on part-time basis compared to respondents aged 35-44.

Interpretation of the coefficients in column 2: The coefficients on the age group variables measure the higher/lower probability of part-time employment for respondents in each age group who did not report age discrimination relative to the baseline age

group. For instance, respondents aged 15-24 who did not report age discrimination are 4.2 percentage points more likely to be employed on a part-time basis compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of part-time employment for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 14.3 percentage points less likely to be employed on a part-time basis compared to respondents aged 15-24 who did not report age discrimination.

Table 49. Age discrimination and part-time employment – Logit estimates

	(1)	(2)	(3)
Age discrimination	-0.010 (0.022) [0.026]		
Age 15 – 24	0.040 (0.011) [0.017]	0.338 (0.084) [0.128]	0.041 - -
Age 15 – 24 x Age discrimination		-1.629 (0.744) [0.770]	-0.140 - -
Age 25 – 34	-0.017 (0.006) [0.007]	-0.151 (0.056) [0.068]	-0.016 - -
Age 25 – 34 x Age discrimination		-1.220 (0.555) [0.605]	-0.086 - -
Age 35 – 44	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.046 (0.463) [0.462]	0.005 - -
Age 45 – 54	-0.006 (0.006) [0.007]	-0.056 (0.051) [0.065]	-0.006 - -
Age 45 – 54 x Age discrimination		-0.145 (0.433) [0.428]	-0.015 - -
Age 55 – 64	0.013 (0.006) [0.006]	0.108 (0.053) [0.056]	0.012 - -
Age 55 – 64 x Age discrimination		0.705 (0.348) [0.334]	0.099 - -
Observations	75,651	75,651	

Source: European Social Survey (2016-2023).

Notes: This table shows results from logit models in which the dependent variable is an indicator equal to 1 if an individual is working on a part-time basis, and 0 if they are employed on a full-time basis. Part-time workers are defined as working less than 30 hours a week. Full-time workers are defined as working more than 30 hours a week. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Columns 1 and 3 report average marginal effects. Column 2 reports point estimates. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in column 1: The coefficient on the age discrimination variable measures the higher/lower probability of part-time employment for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 1.0 percentage points less likely to

be employed on a part-time basis compared to respondents who did not report age discrimination (the point estimate is not, however, statistically significant). The coefficients on the age group variables measure the higher/lower probability of part-time employment for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 4.0 percentage points more likely to be employed on part-time basis compared to respondents aged 35-44.

Interpretation of the coefficients in column 3: The coefficients on the age group variables measure the higher/lower probability of part-time employment for respondents in each age group who did not report age discrimination relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 4.1 percentage points more likely to be employed on a part-time basis compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of part-time employment for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 14.0 percentage points less likely to be employed on a part-time basis compared to respondents aged 15-24 who did not report age discrimination.

Table 50. Number of hours worked, full-time employees – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64
Belgium	43.4	45.1	41.4	43.1	44	45.2
Bulgaria	46.2	49.2	44.5	46.8	46.4	46
Czechia	49.6	50.6	48.5	49.8	49.5	50.1
Denmark	39.1	39.8	39.2	38.6	38.6	40
Germany	40.8	40.5	39.9	41.1	40.4	41.7
Estonia	42.3	42	42.3	42.4	41.6	43.2
Ireland	41.4	40.6	40.6	40.5	42.3	43.3
Greece	49.5	45.3	47.6	47.8	52.1	50.6
Spain	43.9	47.4	43.7	43.6	42.2	46.9
France	41.1	37.4	40.3	42.1	41.1	42
Croatia	42.3	43.8	42.8	41.2	42.6	42.5
Italy	43.8	44.5	43.1	43.5	44.4	43.9
Cyprus	43.7	51.6	44.7	41.8	42.7	42.9
Latvia	53.4	55.9	55.9	52.3	54.1	51.5
Lithuania	43.3	41.4	44.1	43.5	42.8	43.3
Hungary	43.6	43.7	42.7	43.2	43.8	44.8
The Netherlands	42.2	46	40.9	41.7	41.5	44.1
Austria	42.9	39.9	43.1	41.8	44.2	43
Poland	45.6	45.7	44.7	44.2	45.9	47.5
Portugal	42.7	44.5	41.9	42.9	42.7	42.5
Romania	47.8	51	46.4	47.6	47.7	48.8
Slovakia	46	45.8	43.9	45.4	47.1	47.7
Slovenia	42.4	46.8	41.5	42.3	41.4	43.6
Finland	40	39.6	40	39.4	39.7	41.3
Sweden	41.3	45.7	40.4	40.3	41.4	42.4
European Union	43.3	42.7	42.3	43.2	43.3	44.5

Source: European Social Survey (2018-2023).

Notes: This table presents the average number of contracted hours per week in main job for full-time employees. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 51. Number of hours worked, part-time employees – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64
Belgium	19.5	10.7	18.8	19.6	22.2	18.8
Bulgaria	20	26.3	23.9	12.9	19.9	21.6
Czechia	21.6	25.7	19.7	21.7	21.6	21.3
Denmark	20.4	16.9	19.2	22.8	22.5	20.2
Germany	22	16.8	22.3	23.9	21.5	21.2
Estonia	21.6	21.5	19.5	23.5	23.2	20.4
Ireland	20.9	18.7	22.1	20.2	21.8	21.3
Greece	23.8	29	23.1	20	23.8	25
Spain	21.8	22.2	22.7	20.9	21.2	21.9
France	22.2	21.1	25.4	20.4	21.2	23
Croatia	19.3	27	21.3	18	9.7	26.9
Italy	23.3	23.5	23.1	24.8	21.9	24.3
Cyprus	20.3	17.2	19.8	23.6	20.8	20.7
Latvia	12.1	16.6	11.1	10.5	13.3	12.7
Lithuania	20.8	20	22.5	22.1	17.5	21.7
Hungary	24.6	20	30	20.8	30	26.5
The Netherlands	20.3	13.3	24.4	21.6	23.1	19.9
Austria	21.9	15.2	24.1	23	20.9	20.7
Poland	20.2	19.3	23.9	23.6	18.6	15.4
Portugal	15.1	15.5	16.6	11.7	16.5	14.3
Romania	13.2	16.4	12.8	13.4	11.9	12.5
Slovakia	16.3	NA	16.8	12	15.4	19
Slovenia	23.7	NA	25.6	24.7	22.8	22.8
Finland	16.9	19.1	13.8	18.5	16.4	17.5
Sweden	23.5	19.3	14.7	25.6	23.4	28.1
European Union	21.3	18.4	22.3	21.9	21.2	21.1

Source: *European Social Survey* (2018-2023).

Notes: This table presents the average number of contracted hours per week in main job for part-time employees. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 52. Age discrimination and the number of hours worked

	Full-time employees		Part-time employees	
	(1)	(2)	(3)	(4)
Age discrimination	0.011 (0.009) [0.011]		-0.091 (0.118) [0.117]	
Age 15 – 24	-0.008 (0.003) [0.003]	-0.008 (0.003) [0.003]	-0.175 (0.031) [0.040]	-0.173 (0.031) [0.040]
Age 15 – 24 x Age discrimination		0.009 (0.012) [0.011]		-0.481 (0.218) [0.212]
Age 25 – 34	0.000 (0.002) [0.002]	0.000 (0.002) [0.002]	-0.019 (0.020) [0.021]	-0.018 (0.020) [0.021]
Age 25 – 34 x Age discrimination		0.022 (0.021) [0.021]		0.016 (0.081) [0.082]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.024 (0.025) [0.022]		0.023 (0.096) [0.089]
Age 45 – 54	0.002 (0.002) [0.002]	0.002 (0.002) [0.002]	-0.028 (0.021) [0.019]	-0.026 (0.021) [0.019]
Age 45 – 54 x Age discrimination		-0.013 (0.012) [0.013]		-0.455 (0.439) [0.442]
Age 55 – 64	-0.000 (0.002) [0.002]	-0.000 (0.002) [0.002]	-0.064 (0.023) [0.029]	-0.065 (0.023) [0.029]
Age 55 – 64 x Age discrimination		0.025 (0.018) [0.019]		0.031 (0.106) [0.110]
R-squared	0.121	0.121	0.066	0.067
Observations	57,389	57,389	9,093	9,093

Source: European Social Survey (2016-2023).

Notes: This table shows the results from OLS regression models in which the dependent variable is the log of the total contracted hours per week in the main job, excluding overtime. Values exceeding the 99th percentile are winsorized. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in columns 1 and 3: The coefficient on the age discrimination variable measures the higher/lower percent of hours worked by respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination worked $(e^{0.011} - 1) \times 100 = 1.1\%$ more hours compared to respondents who did not report age discrimination (the difference is not, however, statistically significant). The coefficients on the age group variables measure the higher/lower number of hours worked by respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 worked $(e^{-0.008} - 1) \times 100 = -0.8\%$ fewer hours compared to respondents aged 35-44.

Interpretation of the coefficients in column 2 and 4: The coefficients on the age group variables measure the higher/lower percent of hours worked by respondents in each age group who did not report age discrimination relative to the reference

group. For instance, respondents aged 15-24 who did not report age discrimination worked $(e^{-0.008} - 1) \times 100 = -0.8\%$ less compared to respondents aged 35-44 who did not mention report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower percent of hours worked by the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination worked $(e^{0.009} - 1) \times 100 = 0.9\%$ more hours than respondents aged 15-24 who did not report age discrimination (the point estimate is not statistically significant).

Table 53. Professional training – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64
Belgium	57.80%	60.30%	65.90%	57.90%	53.80%	52.20%
Bulgaria	12.80%	10.60%	17.00%	13.70%	14.30%	6.90%
Czechia	21.80%	21.50%	30.60%	22.70%	22.90%	14.10%
Denmark	66.10%	49.30%	69.70%	72.10%	66.70%	63.10%
Germany	47.00%	35.50%	65.30%	49.10%	44.10%	36.30%
Estonia	52.70%	48.90%	54.70%	61.20%	52.00%	42.80%
Ireland	35.20%	32.90%	36.60%	36.30%	34.20%	34.00%
Greece	14.60%	14.10%	16.70%	14.80%	13.50%	14.10%
Spain	45.70%	45.80%	46.70%	50.80%	48.40%	33.30%
France	42.10%	59.50%	49.30%	39.00%	40.90%	31.60%
Croatia	30.50%	20.90%	34.90%	32.80%	33.40%	23.80%
Italy	16.20%	12.10%	18.60%	17.40%	17.10%	13.50%
Cyprus	39.90%	24.00%	42.50%	45.20%	53.70%	25.60%
Latvia	53.00%	67.50%	71.20%	56.30%	49.70%	39.00%
Lithuania	45.70%	37.00%	61.90%	51.80%	43.50%	28.60%
Hungary	11.70%	9.50%	11.30%	14.60%	13.20%	6.90%
The Netherlands	60.60%	38.70%	68.60%	61.00%	66.50%	55.90%
Austria	46.80%	55.10%	48.70%	45.40%	48.50%	40.00%
Poland	35.40%	41.40%	41.40%	37.20%	34.30%	27.70%
Portugal	33.50%	21.00%	44.60%	33.20%	36.80%	20.20%
Romania	20.60%	18.80%	28.70%	19.40%	19.00%	13.10%
Slovakia	32.20%	6.30%	43.10%	39.80%	24.50%	22.10%
Slovenia	49.10%	45.90%	59.10%	51.50%	50.40%	34.60%
Finland	66.20%	61.40%	63.20%	74.30%	66.50%	60.40%
Sweden	70.40%	55.80%	65.20%	77.90%	75.40%	65.00%
European Union	38.6%	38.4%	46.6%	40.1%	38.1%	30.1%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who indicated that they had taken a course or attended a lecture or conference to improve their knowledge or skills for work during the last twelve months. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 54. Age discrimination and professional training – OLS estimates

	(1)	(2)
Age discrimination	0.016 (0.034) [0.031]	
Age 15 – 24	0.074 (0.013) [0.013]	0.072 (0.013) [0.013]
Age 15 – 24 x Age discrimination		0.261 (0.089) [0.098]
Age 25 – 34	0.026 (0.008) [0.009]	0.026 (0.008) [0.009]
Age 25 – 34 x Age discrimination		0.039 (0.079) [0.077]
Age 35 – 44	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.042 (0.093) [0.129]
Age 45 – 54	-0.004 (0.007) [0.008]	-0.004 (0.007) [0.008]
Age 45 – 54 x Age discrimination		-0.035 (0.065) [0.054]
Age 55 – 64	-0.047 (0.008) [0.010]	-0.046 (0.008) [0.010]
Age 55 – 64 x Age discrimination		-0.044 (0.057) [0.057]
R-squared	0.172	0.172
Observations	75,352	75,352

Source: European Social Survey (2016-2023).

Notes: This table shows results from linear probability models in which the dependent variable is an indicator equal to 1 if an individual has taken a course or attended a lecture or conference to improve their knowledge or skills for work during the last twelve months, and 0 otherwise. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in column 1: The coefficient on the age discrimination variable measures the higher/lower probability of attending a course, lecture, or conference to improve knowledge or skills for work for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 1.6 percentage points more likely to attend a course, lecture, or conference to improve knowledge or skills for work compared to respondents who did not report age discrimination (the point estimate is not, however, statistically significant). The coefficients on the age group variables measure the higher/lower probability of attending a course, lecture, or conference to improve knowledge or skills for work for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 7.4 percentage points more likely to attend a course, lecture, or conference to improve knowledge or skills for work compared to respondents aged 35-44.

Interpretation of the coefficients in column 2: The coefficients on the age group variables measure the higher/lower probability of attending a course, lecture, or conference to improve knowledge or skills for work for respondents in each age group who did not report age discrimination relative to the reference group. For instance, respondents aged 15-24 who did not report age discrimination are 7.2 percentage points more likely to attend a course, lecture, or conference to improve knowledge or skills for work compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of attending a course, lecture, or conference to improve knowledge or skills for work for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 26.1 percentage points more likely to attend a course, lecture, or conference to improve knowledge or skills for work compared to respondents aged 15-24 who did not report age discrimination (the point estimate is not, however, statistically significant).

Table 55. Age discrimination and professional training – Logit estimates

	(1)	(2)	(3)
Age discrimination	0.013 (0.033) [0.030]		
Age 15 – 24	0.074 (0.012) [0.012]	0.355 (0.061) [0.060]	0.072 - -
Age 15 – 24 x Age discrimination		1.352 (0.546) [0.597]	0.257 - -
Age 25 – 34	0.025 (0.008) [0.009]	0.124 (0.039) [0.043]	0.025 - -
Age 25 – 34 x Age discrimination		0.169 (0.352) [0.339]	0.034 - -
Age 35 – 44	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.173 (0.462) [0.642]	0.035 - -
Age 45 – 54	-0.005 (0.007) [0.008]	-0.021 (0.036) [0.040]	-0.004 - -
Age 45 – 54 x Age discrimination		-0.168 (0.320) [0.267]	-0.033 - -
Age 55 – 64	-0.048 (0.008) [0.010]	-0.240 (0.040) [0.048]	-0.047 - -
Age 55 – 64 x Age discrimination		-0.234 (0.285) [0.285]	-0.044 - -
Observations	75,352	75,352	

Source: European Social Survey (2016-2023).

Notes: This table shows results from logit models in which the dependent variable is an indicator equal to 1 if an individual is working on a part-time basis, and 0 if they are employed on a full-time basis. Part-time workers are defined as working less than 30 hours a week. Full-time workers are defined as working more than 30 hours a week. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Columns 1 and 3 report

average marginal effects. Column 2 reports point estimates. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in column 1: The coefficient on the age discrimination variable measures the higher/lower probability of attending a course, lecture, or conference to improve knowledge or skills for work for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 1.3 percentage points more likely to attend a course, lecture, or conference to improve knowledge or skills for work compared to respondents who did not report age discrimination (the point estimate is not, however, statistically significant). The coefficients on the age group variables measure the higher/lower probability of attending a course, lecture, or conference to improve knowledge or skills for work for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 7.4 percentage points more likely to attend a course, lecture, or conference to improve knowledge or skills for work compared to respondents aged 35-44.

Interpretation of the coefficients in column 3: The coefficients on the age group variables measure the higher/lower probability of attending a course, lecture, or conference to improve knowledge or skills for work for respondents in each age group who did not report age discrimination relative to the reference group. For instance, respondents aged 15-24 who did not report age discrimination are 7.2 percentage points more likely to attend a course, lecture, or conference to improve knowledge or skills for work compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of attending a course, lecture, or conference to improve knowledge or skills for work for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 25.7 percentage points more likely to attend a course, lecture, or conference to improve knowledge or skills for work compared to respondents aged 15-24 who did not report age discrimination.

Table 56. Effects of eliminating age discrimination on public finances

Country	Personal income tax (PIT)	Corporate income tax (CIT)	Social security contributions (SSC)	Indirect taxes (IT)	Revenue	Expenditure	Total
Belgium	0.10%	0.06%	0.06%	0.09%	0.31%	-0.02%	0.33%
Bulgaria	0.01%	0.01%	0.01%	0.01%	0.03%	0.00%	0.03%
Czechia	0.01%	0.02%	0.03%	0.03%	0.09%	0.00%	0.09%
Denmark	0.07%	0.03%	0.00%	0.04%	0.14%	-0.01%	0.15%
Germany	0.05%	0.01%	0.02%	0.03%	0.12%	-0.01%	0.13%
Estonia	0.04%	0.01%	0.07%	0.06%	0.18%	-0.01%	0.19%
Ireland	0.01%	0.01%	0.00%	0.01%	0.02%	0.00%	0.03%
Greece	0.02%	0.01%	0.01%	0.03%	0.06%	0.00%	0.07%
Spain	0.05%	0.01%	0.03%	0.04%	0.13%	-0.03%	0.15%
France	0.08%	0.03%	0.04%	0.07%	0.22%	-0.02%	0.24%
Croatia	0.01%	0.01%	0.01%	0.02%	0.05%	0.00%	0.05%
Italy	0.02%	0.01%	0.01%	0.02%	0.05%	0.00%	0.05%
Cyprus	0.03%	0.01%	0.02%	0.02%	0.08%	0.00%	0.09%
Latvia	0.03%	0.01%	0.02%	0.04%	0.10%	-0.01%	0.11%
Lithuania	0.03%	0.01%	0.03%	0.03%	0.10%	-0.01%	0.11%
Luxembourg	0.02%	0.01%	0.01%	0.02%	0.05%	0.00%	0.06%
Hungary	0.01%	0.00%	0.01%	0.02%	0.05%	0.00%	0.05%
Malta	0.02%	0.01%	0.01%	0.02%	0.05%	0.00%	0.05%
Netherlands	0.06%	0.04%	0.02%	0.04%	0.17%	-0.01%	0.18%
Austria	0.05%	0.03%	0.03%	0.04%	0.15%	-0.02%	0.17%
Poland	0.00%	0.00%	0.01%	0.01%	0.02%	0.00%	0.02%
Portugal	0.01%	0.00%	0.01%	0.01%	0.04%	0.00%	0.04%
Romania	0.01%	0.01%	0.02%	0.03%	0.06%	0.00%	0.06%
Slovakia	0.02%	0.01%	0.03%	0.03%	0.08%	0.00%	0.09%
Slovenia	0.01%	0.01%	0.02%	0.02%	0.07%	0.00%	0.07%
Finland	0.08%	0.03%	0.04%	0.07%	0.21%	-0.03%	0.24%
Sweden	0.07%	0.02%	0.03%	0.08%	0.20%	-0.01%	0.22%
European Union	0.037%	0.018%	0.024%	0.038%	0.117%	-0.008%	0.125%

Source: ICF.

Methodology: The methodology is based on Bon-Maury, G., Bruneau, C., Dherbécourt, C., Diallo, A., Flamand, J., Gilles, C., & Trannoy, A. (2016). *Le coût économique des discriminations. Rapport remis à la ministre du Travail, de l'Emploi, de la Formation professionnelle et du Dialogue social, et au ministre de la Ville, de la Jeunesse et des Sports*. France Stratégie. Specifically, the impacts of a change in GDP on revenue and expenses are estimated using the following formulae:

$$\frac{\Delta R}{Y} = \theta_{PIT} \alpha_{PIT} \Delta Y + \theta_{CIT} \alpha_{CIT} \Delta Y + \theta_{SSC} \alpha_{SSC} \Delta Y + \theta_{IT} \alpha_{IT} \Delta Y$$

$$\frac{\Delta G}{Y} = \theta_{Unemp} \alpha_{Unemp} \Delta Y$$

R and G stand for revenues and expenses, respectively. Y is the output. ΔY is the output gap. θ is the elasticity of different components to the output gap and α the shares of components in GDP.

Data Source: The output gap was calculated based on the potential GDP gains that could be realized if labour market discrimination were eliminated, using the estimates provided in Table 4 of the main report. The shares of different taxes in GDP are sourced from the OECD, using data from 2022 (available [here](#)). To address gaps in data availability, the following adjustments were made: for Greece, values from 2021 were used; for Bulgaria, Croatia, Cyprus, Malta, and Romania, regional averages were applied. The share of unemployment benefits in GDP was obtained from Eurostat (online code: **spr_exp_func**, available [here](#)). Estimates are from 2023 – due to data unavailability, the figure from 2022 is used for Greece. The EU value is calculated as the average share. Tax elasticities come from Mourre, G., Astarita, C., & Princen, S. (2014). *Adjusting the budget balance for the business cycle: the EU methodology*. European Economy. Economic Papers 536. Brussels: European Commission, Directorate-General for Economic and Financial Affairs.

Interpretation: Each entry shows the impact of eliminating age discrimination in the labour market on the public finance component indicated in the top row. For example, the 0.4% gain in GDP at the EU-level if age discrimination was eliminated from the labour market would increase revenue by 0.12%, decrease spending by 0.01%, with a net effect on public finances of 0.13%.

Table 57. Subjective assessment of health – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	72.30%	88.20%	81.10%	81.90%	68.30%	66.30%	56.60%	57.70%
Bulgaria	69.80%	96.40%	93.00%	87.80%	80.20%	63.50%	39.80%	20.00%
Czechia	68.80%	94.60%	86.60%	81.00%	73.90%	57.30%	39.10%	29.60%
Denmark	75.00%	89.90%	84.10%	81.30%	70.00%	66.50%	65.80%	62.40%
Germany	60.70%	76.00%	75.30%	66.00%	57.60%	51.90%	55.60%	38.10%
Estonia	56.90%	82.30%	82.10%	75.60%	61.90%	41.50%	28.50%	13.90%
Ireland	83.60%	93.10%	87.50%	90.20%	82.70%	78.90%	73.10%	63.00%
Greece	83.00%	98.00%	97.40%	97.60%	92.90%	84.40%	58.90%	34.70%
Spain	0.05%	0.01%	0.03%	0.04%	0.13%	-0.03%	0.15%	2.40%
France	65.50%	84.10%	75.70%	77.80%	64.60%	57.10%	49.40%	40.80%
Croatia	60.70%	89.70%	88.20%	82.30%	70.80%	56.10%	41.40%	19.60%
Italy	67.20%	94.80%	93.50%	88.70%	85.20%	67.80%	48.00%	20.60%
Cyprus	72.30%	91.00%	74.50%	84.00%	82.30%	71.70%	56.80%	48.60%
Latvia	50.20%	69.00%	74.10%	77.40%	52.90%	37.00%	24.50%	15.20%
Lithuania	55.10%	85.20%	88.80%	80.90%	54.50%	32.00%	20.20%	16.00%
The Netherlands	73.10%	81.50%	88.00%	75.90%	73.30%	68.60%	62.50%	54.90%
Hungary	70.90%	95.80%	91.60%	88.20%	77.80%	66.00%	39.60%	22.00%
Poland	67.30%	84.10%	87.10%	82.30%	77.90%	63.10%	49.90%	29.80%
Portugal	57.50%	89.50%	82.30%	77.70%	66.90%	41.20%	28.70%	18.30%
Austria	78.20%	94.30%	92.20%	86.40%	83.40%	74.60%	61.70%	47.30%
Romania	57.10%	88.70%	71.00%	70.50%	63.00%	38.60%	29.90%	18.80%
Slovakia	62.70%	89.60%	84.80%	81.70%	57.60%	50.40%	31.40%	12.80%
Slovenia	67.10%	89.70%	85.60%	83.10%	70.60%	57.20%	48.30%	31.60%
Spain	63.40%	87.70%	76.20%	71.40%	64.50%	50.60%	46.70%	43.20%
Sweden	74.90%	84.60%	84.30%	78.10%	77.90%	70.90%	77.30%	48.00%
European Union	65.9%	85.7%	81.9%	77.3%	70.1%	58.6%	49.9%	34.2%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who indicated that their health is in general either very good or good. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 58. Age discrimination and subjective assessment of health
– OLS estimates

	(1)	(2)
Age discrimination	-0.149 (0.020) [0.013]	
Age 15 – 24	0.108 (0.007) [0.007]	0.109 (0.007) [0.007]
Age 15 – 24 x Age discrimination		-0.204 (0.063) [0.050]
Age 25 – 34	0.046 (0.006) [0.005]	0.046 (0.006) [0.005]
Age 25 – 34 x Age discrimination		-0.105 (0.067) [0.056]
Age 35 – 44	Ref.	Ref.
Age 35 – 44 x Age discrimination		-0.143 (0.074) [0.081]
Age 45 – 54	-0.083 (0.007) [0.007]	-0.083 (0.007) [0.007]
Age 45 – 54 x Age discrimination		-0.136 (0.057) [0.050]
Age 55 – 64	-0.183 (0.007) [0.009]	-0.183 (0.007) [0.009]
Age 55 – 64 x Age discrimination		-0.121 (0.045) [0.036]
Age 65 – 74	-0.256 (0.007) [0.017]	-0.255 (0.007) [0.017]
Age 65 – 74 x Age discrimination		-0.209 (0.032) [0.031]
Age 75+	-0.385 (0.008) [0.024]	-0.386 (0.008) [0.024]
Age 75+ x Age discrimination		-0.105 (0.048) [0.046]

	(1)	(2)
R-squared	0.167	0.167
Observations	151,506	151,506

Source: European Social Survey (2016-2023).

Notes: This table shows results from linear probability models in which the dependent variable is an indicator equal to 1 if an individual reports that their health is in general either very good or good, and 0 otherwise (fair, bad, very bad). All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in column 1: The coefficient on the age discrimination variable measures the higher/lower probability of being in good health for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 14.9 percentage points less likely to be in good health compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability of being in good health for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 10.8 percentage points more likely to be in good health compared to respondents aged 35-44.

Interpretation of the coefficients in column 2: The coefficients on the age group variables measure the higher/lower probability of being in good health for respondents in each age group who did not report age discrimination relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 10.9 percentage points more likely to be in good health compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of being in good health for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 20.4 percentage points less likely to be in good health compared to respondents aged 15-24 who did not report age discrimination.

Table 59. Age discrimination and subjective assessment health – Logit estimates

	(1)	(2)	(3)
Age discrimination	-0.151 (0.021) [0.014]		
Age 15 – 24	0.099 (0.007) [0.006]	0.671 (0.047) [0.044]	0.100 - -
Age 15 – 24 x Age discrimination		-1.155 (0.284) [0.222]	-0.194 - -
Age 25 – 34	0.051 (0.007) [0.005]	0.307 (0.042) [0.029]	0.050 - -
Age 25 – 34 x Age discrimination		-0.650 (0.347) [0.289]	-0.115 - -
Age 35 – 44	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		-0.713 (0.329) [0.361]	-0.144 - -
Age 45 – 54	-0.085 (0.007) [0.007]	-0.442 (0.035) [0.037]	-0.085 - -
Age 45 – 54 x Age discrimination		-0.599 (0.245) [0.220]	-0.133 - -
Age 55 – 64	-0.184 (0.007) [0.009]	-0.892 (0.035) [0.047]	-0.184 - -
Age 55 – 64 x Age discrimination		-0.519 (0.197) [0.161]	-0.120 - -
Age 65 – 74	-0.255 (0.007) [0.018]	-1.196 (0.036) [0.088]	-0.255 - -
Age 65 – 74 x Age discrimination		-0.988 (0.177) [0.169]	-0.215 - -
Age 75+	-0.384 (0.008) [0.026]	-1.765 (0.041) [0.126]	-0.384 - -
Age 75+ x Age discrimination		-0.599 (0.295) [0.285]	-0.119 - -

	(1)	(2)	(3)
Observations	151,506	151,506	

Source: European Social Survey (2016-2023).

Notes: This table shows results from logit models in which the dependent variable is an indicator equal to 1 if an individual reports that their health is in general either very good or good, and 0 otherwise (fair, bad, very bad). All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Columns 1 and 3 report average marginal effects. Column 2 reports point estimates. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in column 1: The coefficient on the age discrimination variable measures the higher/lower probability of being in good health for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 15.1 percentage points less likely to be in good health compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability of being in good health for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 9.9 percentage points more likely to be in good health compared to respondents aged 35-44.

Interpretation of the coefficients in column 3: The coefficients on the age group variables measure the higher/lower probability of being in good health for respondents in each age group who did not report age discrimination relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 10.0 percentage points more likely to be in good health compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of being in good health for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 19.4 percentage points less likely to be in good health compared to respondents aged 15-24 who did not report age discrimination.

Table 60. Medical conditions – Summary statistics, by country

Country	Heart or circulation problem	High blood pressure	Back or neck pain	Muscular or joint pain in hand or arm	Muscular or joint pain in foot or leg	Stomach or digestion related
Belgium	10.60%	16.40%	50.40%	27.90%	31.30%	23.20%
Germany	14.50%	24.40%	53.50%	26.70%	28.90%	20.40%
Ireland	5.50%	12.40%	18.40%	12.10%	13.70%	9.00%
Greece	6.50%	18.00%	12.20%	9.60%	12.40%	5.20%
Spain	10.20%	17.70%	44.50%	27.20%	27.50%	17.70%
France	10.30%	15.30%	35.30%	27.00%	27.50%	18.40%
Croatia	14.60%	24.20%	27.70%	16.90%	20.10%	9.70%
Italy	9.20%	18.70%	22.10%	12.10%	14.10%	9.30%
Cyprus	7.20%	13.70%	29.30%	21.70%	21.30%	12.20%
Lithuania	16.20%	23.00%	35.10%	15.30%	20.00%	16.50%
Hungary	10.50%	24.00%	13.60%	11.50%	12.50%	4.60%
The Netherlands	9.40%	14.70%	40.00%	21.10%	23.10%	15.60%
Austria	9.70%	17.90%	34.80%	15.70%	21.50%	12.20%
Poland	12.60%	20.50%	32.50%	23.40%	23.20%	12.80%
Portugal	9.10%	19.30%	32.60%	22.50%	24.70%	9.50%
Slovakia	7.20%	18.30%	22.90%	14.30%	13.40%	9.50%
Slovenia	10.50%	19.70%	38.60%	20.60%	23.40%	17.60%
Finland	13.20%	25.00%	50.80%	25.80%	35.70%	24.60%
Sweden	10.00%	20.50%	47.30%	26.60%	30.00%	24.10%
European Union	11.1%	19.4%	37.5%	22.4%	24.0%	15.7%

Source: European Social Survey (2023).

Notes: This table presents the percentage of respondents who reported having the medical problem indicated at the top of each column. The figures are based on the most recent year available from the European Social Survey (ESS).

Table 61. Medical conditions – Summary statistics, by age group

Country	Heart or circulation problem	High blood pressure	Back or neck pain	Muscular or joint pain in hand or arm	Muscular or joint pain in foot or leg	Stomach or digestion related
15-24 years	4.7%	1.7%	29.6%	13.6%	17.7%	16.1%
25-34 years	3.7%	3.3%	37.9%	15.0%	17.2%	19.3%
35-44 years	4.5%	6.9%	41.7%	17.7%	15.9%	14.8%
45-54 years	6.1%	14.1%	37.8%	21.8%	21.8%	15.4%
55-64 years	10.7%	26.2%	42.1%	28.8%	28.3%	15.6%
65-74 years	20.3%	39.1%	35.1%	26.2%	30.0%	14.0%
75+ years	31.0%	45.9%	37.2%	33.3%	38.6%	15.3%
All age groups	11.1%	19.4%	37.5%	22.4%	24.0%	15.7%

Source: European Social Survey (2023).

Notes: This table presents the percentage of respondents who reported having the medical problem indicated at the top of each column. The figures are based on the most recent year available from the European Social Survey (ESS).

Table 62. Age discrimination and different medical conditions – OLS estimates

	Heart or circulation problem	High blood pressure	Back or neck pain	Muscular or joint pain in hand or arm	Muscular or joint pain in foot or leg	Stomach / digestion related
Age discrimination	0.081 (0.033) [0.032]	0.065 (0.033) [0.033]	0.094 (0.044) [0.052]	0.096 (0.043) [0.042]	0.081 (0.044) [0.032]	0.091 (0.041) [0.033]
Age 15 – 24	-0.005 (0.010) [0.011]	-0.057 (0.009) [0.010]	-0.111 (0.018) [0.016]	-0.056 (0.016) [0.015]	0.010 (0.015) [0.018]	0.021 (0.015) [0.016]
Age 25 – 34	-0.004 (0.008) [0.008]	-0.036 (0.008) [0.010]	-0.032 (0.017) [0.019]	-0.021 (0.015) [0.014]	0.019 (0.014) [0.015]	0.048 (0.015) [0.015]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
Age 45 – 54	0.019 (0.008) [0.008]	0.075 (0.011) [0.012]	-0.020 (0.016) [0.025]	0.044 (0.014) [0.016]	0.067 (0.013) [0.012]	0.015 (0.012) [0.015]
Age 55 – 64	0.058 (0.010) [0.010]	0.193 (0.013) [0.012]	0.012 (0.016) [0.020]	0.103 (0.015) [0.016]	0.120 (0.014) [0.013]	0.014 (0.013) [0.011]
Age 65 – 74	0.156 (0.012) [0.014]	0.321 (0.014) [0.016]	-0.053 (0.017) [0.028]	0.078 (0.015) [0.020]	0.142 (0.015) [0.015]	0.002 (0.013) [0.012]
Age 75+	0.263 (0.015) [0.014]	0.388 (0.016) [0.018]	-0.028 (0.019) [0.032]	0.150 (0.018) [0.021]	0.224 (0.017) [0.018]	0.013 (0.014) [0.013]
R-squared	0.094	0.170	0.080	0.061	0.059	0.030
Observations	32,346	32,346	32,346	32,346	32,346	32,346

Source: European Social Survey (2023).

Notes: This table shows results from linear probability models in which the dependent variable is an indicator equal to 1 if an individual reports having the medical problem indicated at the top of each column, and 0 otherwise. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. The table reports average marginal effects. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients: The coefficient on the age discrimination variable measures the higher/lower probability that respondents who reported age discrimination indicate having the condition shown in the top row relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 8.1 percentage points more likely to have heart or circulation problems compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability that respondents in each age group indicate having the condition shown in the top row relative to the reference age group. For instance, respondents aged 15-24 are 5.7 percentage points less likely to have high blood pressure compared to respondents aged 35-44.

Table 63. Age discrimination and different medical conditions – Logit estimates

	Heart or circulation problem	High blood pressure	Back or neck pain	Muscular or joint pain in hand or arm	Muscular or joint pain in foot or leg	Stomach / digestion related
Age discrimination	0.071 (0.028) [0.025]	0.054 (0.030) [0.030]	0.093 (0.044) [0.052]	0.098 (0.041) [0.039]	0.081 (0.042) [0.031]	0.086 (0.040) [0.034]
Age 15 – 24	-0.002 (0.009) [0.010]	-0.054 (0.008) [0.009]	-0.109 (0.018) [0.015]	-0.050 (0.015) [0.014]	0.013 (0.015) [0.017]	0.022 (0.015) [0.016]
Age 25 – 34	-0.006 (0.008) [0.008]	-0.038 (0.008) [0.009]	-0.032 (0.017) [0.019]	-0.023 (0.015) [0.015]	0.018 (0.014) [0.015]	0.048 (0.014) [0.014]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
Age 45 – 54	0.019 (0.009) [0.008]	0.076 (0.011) [0.012]	-0.019 (0.016) [0.025]	0.045 (0.014) [0.015]	0.067 (0.014) [0.013]	0.015 (0.012) [0.015]
Age 55 – 64	0.059 (0.010) [0.009]	0.194 (0.013) [0.012]	0.012 (0.016) [0.020]	0.103 (0.015) [0.015]	0.120 (0.014) [0.013]	0.014 (0.012) [0.011]
Age 65 – 74	0.154 (0.012) [0.013]	0.318 (0.014) [0.016]	-0.053 (0.017) [0.027]	0.078 (0.015) [0.020]	0.142 (0.015) [0.016]	0.002 (0.013) [0.012]
Age 75+	0.259 (0.015) [0.017]	0.384 (0.016) [0.019]	-0.028 (0.019) [0.032]	0.151 (0.018) [0.023]	0.224 (0.017) [0.020]	0.014 (0.014) [0.014]
Observations	32,346	32,346	32,346	32,346	32,346	32,346

Source: European Social Survey (2023).

Notes: This table shows results from logit models in which the dependent variable is an indicator equal to 1 if an individual reports having the medical problem indicated at the top of each column, and 0 otherwise. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. The table reports average marginal effects. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients: The coefficient on the age discrimination variable measures the higher/lower probability that respondents who reported age discrimination indicate having the condition shown in the top row relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 7.1 percentage points more likely to have heart or circulation problems compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability that respondents in each age group indicate having the condition shown in the top row relative to the reference age group. For instance, respondents aged 15-24 are 5.4 percentage points less likely to have high blood pressure compared to respondents aged 35-44.

Table 64. Accommodation problems – Summary statistics, by country

Country	Any problem	Mould or rot in windows, doors and floors	Damp walls or leaking roof	Presence of insects or rodents
Belgium	30.10%	5.90%	12.30%	7.90%
Germany	26.30%	10.00%	4.60%	2.80%
Ireland	17.70%	6.90%	6.30%	3.20%
Greece	7.90%	1.80%	2.10%	0.20%
Spain	29.00%	5.40%	15.30%	6.00%
France	28.40%	6.10%	9.50%	7.20%
Croatia	14.80%	4.20%	5.60%	3.10%
Italy	14.00%	2.80%	5.10%	1.60%
Cyprus	35.20%	10.20%	19.10%	9.70%
Lithuania	15.60%	2.90%	3.40%	4.30%
Hungary	13.70%	2.60%	2.80%	3.80%
The Netherlands	23.20%	8.50%	6.70%	6.40%
Austria	11.50%	3.90%	1.90%	1.10%
Poland	12.70%	2.00%	3.90%	1.80%
Portugal	28.20%	7.20%	12.20%	2.40%
Slovakia	15.90%	3.80%	4.10%	3.80%
Slovenia	15.40%	4.30%	6.20%	3.00%
Finland	17.20%	1.30%	1.40%	5.20%
Sweden	23.00%	3.30%	1.60%	10.70%
European Union	22.1%	5.7%	7.0%	4.1%

Source: European Social Survey (2023).

Notes: This table presents the percentage of respondents who reported experiencing the accommodation problem indicated at the top of each column. The figures are based on the most recent year available from the European Social Survey (ESS).

Table 65. Accommodation problems – Summary statistics, by age group

Country	Any problem	Mould or rot in windows, doors and floors	Damp walls or leaking roof	Presence of insects or rodents
15-24 years	23.7%	6.3%	6.0%	5.0%
25-34 years	33.3%	10.0%	11.6%	4.9%
35-44 years	26.3%	7.6%	9.2%	5.0%
45-54 years	22.8%	5.8%	7.2%	5.1%
55-64 years	19.1%	4.2%	6.4%	3.9%
65-74 years	15.6%	3.3%	4.2%	2.5%
75+ years	14.6%	2.7%	4.5%	2.1%
All age groups	22.1%	5.7%	7.0%	4.1%

Source: European Social Survey (2023).

Notes: This table presents the percentage of respondents who reported experiencing the accommodation problem indicated at the top of each column. The figures are based on the most recent year available from the European Social Survey (ESS).

Table 66. Age discrimination and problems with accommodation – OLS estimates

	Any problem	Mould or rot in windows, doors and floors	Damp walls or leaking roof	Presence of insects or rodents
Age discrimination	0.144 (0.047) [0.035]	0.052 (0.027) [0.020]	0.093 (0.036) [0.021]	0.050 (0.028) [0.026]
Age 15 – 24	-0.038 (0.018) [0.015]	-0.016 (0.012) [0.010]	-0.035 (0.011) [0.011]	-0.001 (0.008) [0.007]
Age 25 – 34	0.078 (0.017) [0.015]	0.029 (0.012) [0.011]	0.026 (0.011) [0.011]	-0.002 (0.007) [0.007]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.
Age 45 – 54	-0.035 (0.015) [0.012]	-0.015 (0.010) [0.009]	-0.026 (0.009) [0.009]	-0.000 (0.008) [0.006]
Age 55 – 64	-0.068 (0.015) [0.015]	-0.033 (0.009) [0.011]	-0.032 (0.009) [0.010]	-0.010 (0.007) [0.008]
Age 65 – 74	-0.107 (0.015) [0.016]	-0.045 (0.010) [0.010]	-0.052 (0.009) [0.010]	-0.023 (0.006) [0.008]
Age 75+	-0.129 (0.016) [0.015]	-0.055 (0.010) [0.011]	-0.056 (0.010) [0.010]	-0.029 (0.007) [0.008]
R-squared	0.078	0.038	0.048	0.021
Observations	32,346	32,346	32,346	32,346

Source: European Social Survey (2023).

Notes: This table shows results from linear probability models in which the dependent variable is an indicator equal to 1 if an individual reported experiencing the problem with accommodation indicated in the top row, and 0 otherwise. In column 1, the following accommodation problems are considered: mould or rot in windows, doors, and floors; damp walls or leaking roof; lack of indoor flushing toilet; neither bath nor shower; overcrowding; extremely hot or extremely cold; noise; presence of insects or rodents. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients: The coefficient on the age discrimination variable measures the higher/lower probability that respondents who reported age discrimination has the problem shown in the top row relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 14.4 percentage points more likely to have problems with their accommodation compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability that respondents in each age group have the problem shown in the top row relative to the reference age group. For instance, respondents aged 15-24 are 3.8 percentage points less likely to have problems with their accommodation compared to respondents aged 35-44.

Table 67. Age discrimination and problems with accommodation – Logit estimates

	Any problem	Mould or rot in windows, doors and floors	Damp walls or leaking roof	Presence of insects or rodents
Age discrimination	0.144 (0.048) [0.039]	0.061 (0.031) [0.025]	0.090 (0.036) [0.027]	0.045 (0.026) [0.025]
Age 15 – 24	-0.039 (0.017) [0.014]	-0.016 (0.011) [0.010]	-0.034 (0.010) [0.011]	-0.001 (0.008) [0.007]
Age 25 – 34	0.080 (0.018) [0.015]	0.033 (0.013) [0.011]	0.029 (0.012) [0.011]	-0.002 (0.007) [0.007]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.
Age 45 – 54	-0.035 (0.015) [0.012]	-0.014 (0.010) [0.009]	-0.026 (0.009) [0.009]	-0.000 (0.007) [0.006]
Age 55 – 64	-0.067 (0.015) [0.015]	-0.032 (0.009) [0.010]	-0.033 (0.009) [0.011]	-0.010 (0.007) [0.008]
Age 65 – 74	-0.106 (0.015) [0.015]	-0.043 (0.009) [0.009]	-0.052 (0.010) [0.011]	-0.023 (0.006) [0.008]
Age 75+	-0.122 (0.016) [0.013]	-0.051 (0.009) [0.010]	-0.054 (0.010) [0.011]	-0.028 (0.007) [0.008]
Observations	32,346	32,346	32,346	32,346

Source: European Social Survey (2023).

Notes: This table shows results from logit models in which the dependent variable is an indicator equal to 1 if an individual reported experiencing the problem with accommodation indicated in the top row, and 0 otherwise. In column 1, the following accommodation problems are considered: mould or rot in windows, doors, and floors; damp walls or leaking roof; lack of indoor flushing toilet; neither bath nor shower; overcrowding; extremely hot or extremely cold; noise; presence of insects or rodents. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. The table reports average marginal effects. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients: The coefficient on the age discrimination variable measures the higher/lower probability that respondents who reported age discrimination has the problem shown in the top row relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 14.4 percentage points more likely to have problems with their accommodation compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability that respondents in each age group have the problem shown in the top row relative to the reference age group. For instance, respondents aged 15-24 are 3.9 percentage points less likely to have problems with their accommodation compared to respondents aged 35-44.

Table 68. Trust in the legal system – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	67.20%	75.10%	68.80%	75.10%	63.00%	61.90%	57.20%	68.30%
Bulgaria	29.00%	42.80%	25.50%	26.00%	31.30%	25.50%	25.80%	28.00%
Czechia	69.50%	78.10%	71.20%	70.00%	69.70%	66.10%	66.70%	61.30%
Denmark	90.80%	93.90%	88.00%	91.90%	89.80%	91.30%	89.10%	91.10%
Germany	75.10%	81.50%	81.80%	80.60%	74.90%	69.50%	69.30%	67.20%
Estonia	80.00%	91.90%	81.70%	85.90%	75.40%	78.50%	72.20%	75.30%
Ireland	75.00%	83.10%	73.50%	73.40%	76.70%	69.00%	75.90%	73.80%
Greece	67.90%	60.50%	69.20%	67.90%	68.10%	68.70%	67.50%	74.80%
Spain	65.00%	72.60%	62.60%	66.20%	65.50%	60.40%	59.60%	69.70%
France	63.10%	63.80%	60.00%	69.60%	62.60%	64.10%	58.30%	61.40%
Croatia	29.70%	35.00%	35.20%	30.30%	25.90%	26.40%	28.40%	30.70%
Italy	70.60%	69.00%	75.30%	71.30%	72.60%	69.80%	70.90%	66.90%
Cyprus	54.70%	66.40%	45.40%	55.30%	60.40%	51.00%	50.30%	56.20%
Latvia	54.90%	64.20%	60.40%	54.50%	57.40%	51.40%	41.40%	58.90%
Lithuania	66.60%	85.50%	72.30%	67.00%	57.40%	61.70%	62.70%	68.00%
Hungary	67.50%	69.50%	61.10%	68.60%	68.60%	67.10%	68.10%	70.90%
The Netherlands	85.60%	90.30%	92.60%	86.90%	83.90%	83.90%	77.40%	83.30%
Austria	83.50%	86.60%	85.00%	87.60%	83.70%	77.40%	80.00%	84.70%
Poland	45.50%	52.10%	48.80%	46.50%	45.90%	38.00%	45.40%	48.00%
Portugal	50.70%	60.50%	56.70%	53.70%	51.40%	45.40%	39.20%	51.40%
Romania	48.50%	44.40%	57.10%	48.90%	57.40%	43.80%	43.40%	34.50%
Slovakia	60.40%	66.40%	64.80%	56.20%	61.50%	56.90%	60.20%	57.20%
Slovenia	58.50%	78.20%	66.80%	61.90%	56.10%	50.10%	47.50%	52.30%
Finland	89.70%	88.40%	90.70%	86.30%	95.40%	88.80%	90.90%	87.20%
Sweden	84.00%	84.10%	82.40%	83.30%	83.50%	90.40%	82.20%	82.70%
European Union	66.6%	70.8%	69.2%	69.3%	66.8%	63.1%	62.3%	65.1%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who indicated that they tended to trust the legal (i.e., they indicate a value of 5 or higher when asked to give a score from 0 to 10, with 0 meaning no trust at all and 10 complete trust). The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 69. Age discrimination and trust in the legal system – OLS system

	(1)	(2)
Age discrimination	-0.136 (0.020) [0.019]	
Age 15 – 24	0.069 (0.007) [0.013]	0.069 (0.008) [0.013]
Age 15 – 24 x Age discrimination		-0.183 (0.062) [0.060]
Age 25 – 34	-0.006 (0.007) [0.007]	-0.006 (0.007) [0.007]
Age 25 – 34 x Age discrimination		-0.123 (0.072) [0.072]
Age 35 – 44	Ref.	Ref.
Age 35 – 44 x Age discrimination		-0.206 (0.080) [0.081]
Age 45 – 54	-0.002 (0.007) [0.007]	-0.002 (0.007) [0.007]
Age 45 – 54 x Age discrimination		-0.142 (0.055) [0.047]
Age 55 – 64	-0.020 (0.007) [0.007]	-0.021 (0.007) [0.007]
Age 55 – 64 x Age discrimination		-0.131 (0.042) [0.041]
Age 65 – 74	-0.037 (0.007) [0.009]	-0.037 (0.007) [0.009]
Age 65 – 74 x Age discrimination		-0.145 (0.037) [0.035]
Age 75+	-0.019 (0.008) [0.010]	-0.020 (0.008) [0.010]
Age 75+ x Age discrimination		-0.071 (0.044) [0.048]

	(1)	(2)
R-squared	0.087	0.087
Observations	149,244	149,244

Source: European Social Survey (2016-2023).

Notes: This table shows results from linear probability models in which the dependent variable is an indicator equal to 1 if an individual reports that they tend to trust the legal (i.e., they indicate a value of 5 or higher when asked to give a score from 0 to 10, with 0 meaning no trust at all and 10 complete trust) and 0 otherwise (i.e., the score is below 5). All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in column 1: The coefficient on the age discrimination variable measures the higher/lower probability that respondents who reported age discrimination trust the legal system relative to respondents who did not report age discrimination. For instance, respondents who mentioned reported age discrimination are 13.6 percentage points less likely to trust the legal system compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability that respondents in each age group trust the legal system relative to the reference age group. For instance, respondents aged 15-24 are 6.9 percentage points more likely to trust the legal system compared to respondents aged 35-44.

Interpretation of the coefficients in column 2: The coefficients on the age group variables measure the higher/lower probability that respondents in each age group who did not report age discrimination trust the legal system relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 6.9 percentage points more likely to trust the legal system compared to respondents aged 35-44 who did not mention report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability that respondents in each age group who reported age discrimination trust the legal system relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 18.3 percentage points less likely to trust the legal system compared to respondents aged 15-24 who did not report age discrimination.

Table 70. Age discrimination and trust in the legal system – Logit estimates

	(1)	(2)	(3)
Age discrimination	-0.138 (0.020) [0.019]		
Age 15 – 24	0.067 (0.007) [0.013]	0.338 (0.038) [0.067]	0.067 - -
Age 15 – 24 x Age discrimination		-0.839 (0.268) [0.258]	-0.176 - -
Age 25 – 34	-0.005 (0.007) [0.007]	-0.027 (0.034) [0.036]	-0.006 - -
Age 25 – 34 x Age discrimination		-0.572 (0.311) [0.309]	-0.126 - -
Age 35 – 44	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		-0.928 (0.355) [0.356]	-0.207 - -
Age 45 – 54	-0.002 (0.007) [0.007]	-0.009 (0.032) [0.033]	-0.002 - -
Age 45 – 54 x Age discrimination		-0.628 (0.242) [0.206]	-0.139 - -
Age 55 – 64	-0.020 (0.007) [0.007]	-0.098 (0.032) [0.033]	-0.021 - -
Age 55 – 64 x Age discrimination		-0.602 (0.190) [0.184]	-0.134 - -
Age 65 – 74	-0.037 (0.007) [0.009]	-0.174 (0.034) [0.044]	-0.037 - -
Age 65 – 74 x Age discrimination		-0.674 (0.170) [0.161]	-0.152 - -
Age 75+	-0.019 (0.008) [0.010]	-0.097 (0.040) [0.049]	-0.020 - -
Age 75+ x Age discrimination		-0.344 (0.200) [0.218]	-0.076 - -

	(1)	(2)	(3)
Observations	149,244	149,244	

Source: European Social Survey (2016-2023).

Notes: This table shows results from logit models in which the dependent variable is an indicator equal to 1 if an individual reports that they tend to trust the legal (i.e., they indicate a value of 5 or higher when asked to give a score from 0 to 10, with 0 meaning no trust at all and 10 complete trust) and 0 otherwise (i.e., the score is below 5). All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Columns 1 and 3 report average marginal effects. Column 2 reports point estimates. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in column 1: The coefficient on the age discrimination variable measures the higher/lower probability that respondents who reported age discrimination trust the legal system relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 13.8 percentage points less likely to trust the legal system compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability that respondents in each age group trust the legal system relative to the reference age group. For instance, respondents aged 15-24 are 6.7 percentage points more likely to trust the legal system compared to respondents aged 35-44.

Interpretation of the coefficients in column 3: The coefficients on the age group variables measure the higher/lower probability that respondents in each age group who did not report age discrimination trust the legal system relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 6.7 percentage points more likely to trust the legal system compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability that respondents in each age group who reported age discrimination trust the legal system relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 17.6 percentage points less likely to trust the legal system compared to respondents aged 15-24 who did not report age discrimination.

Table 71. Daily time spent watching, reading, listening about politics and current affairs – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	81.1	58	68.3	67.4	77.1	87.8	110.8	110.7
Bulgaria	84.8	39.1	56	68.7	79	93	120.4	145.1
Czechia	66.2	36.9	53.2	74.5	62.4	69.6	93.9	73.4
Denmark	70.4	42.4	63.3	57.7	62	78.6	100.4	107.8
Germany	270.9	259.7	307.6	294.9	224.1	259.6	249.8	315.6
Estonia	69.1	35.2	42.2	54.6	64.8	71	108.3	122.5
Ireland	77	46.2	83.7	73.4	75	79.7	96.9	102.4
Greece	77.6	62.3	54.3	64.7	67.3	82.3	108.2	115.5
Spain	87.7	60.4	64.9	81.4	74	88.6	114.3	152.7
France	106.2	100.7	103.4	104.9	86.4	100.2	135.7	122.2
Croatia	64	34.7	35.5	41.2	59.6	64.6	84.3	106.2
Italy	144.1	112.6	104.1	149.6	136.9	138.9	174.2	166
Cyprus	71.7	34.9	51.7	48.2	57.7	86.5	104.1	107.9
Latvia	88.9	46.7	64.2	83.9	79.5	86.8	116.6	155.3
Lithuania	120.2	60.3	101	91.6	108.9	127.4	199.9	160.3
Hungary	140.6	110.5	166	120.2	134.3	150.4	159.9	136.2
The Netherlands	67.6	34.3	53.7	55	77.4	77.5	90.6	96.1
Austria	48.1	22.1	37.4	36.7	52.8	58	64.2	63.7
Poland	88.3	50	74.5	62.7	76.4	94.3	116.2	141.2
Portugal	125.5	86.1	87.5	118.6	144.6	131.8	146.7	146.1
Romania	103.9	55.5	69.9	80.9	99.5	145.3	143.9	158.6
Slovakia	101	39	118.6	94.2	95.1	105	118.2	141.9
Slovenia	47.6	32.1	37.8	35.2	36.6	49	72.8	78.1
Finland	66.3	41	49.6	53.5	57.5	73	93.6	95
Sweden	73.1	52.5	57.7	49.9	61.4	75.9	93.3	131.1
European Union	132.6	110.5	125.2	132.9	112.0	133.8	153.2	168.8

Source: European Social Survey (2018-2023).

Notes: This table presents the average time (expressed in minutes) spent on a typical day watching, reading, or listening to news about politics and current affairs. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 72. Regular use of the internet – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	90.40%	99.40%	98.40%	97.80%	96.50%	92.10%	81.50%	54.30%
Bulgaria	71.80%	96.10%	97.40%	93.30%	86.70%	68.90%	37.60%	10.60%
Czechia	87.30%	97.00%	97.20%	94.90%	92.90%	86.10%	71.10%	48.70%
Denmark	90.40%	96.60%	98.70%	97.40%	97.80%	93.30%	77.40%	58.70%
Germany	86.70%	98.10%	99.80%	96.50%	97.00%	88.20%	73.80%	41.20%
Estonia	83.70%	100.00%	99.50%	98.50%	94.60%	87.10%	60.30%	26.40%
Ireland	89.80%	98.30%	98.10%	96.70%	94.30%	87.40%	75.20%	46.40%
Greece	82.00%	99.90%	97.50%	98.80%	95.30%	86.60%	52.90%	18.60%
Spain	86.00%	99.00%	99.50%	99.30%	96.90%	89.30%	65.80%	30.70%
France	85.50%	99.60%	97.30%	98.40%	92.90%	81.20%	74.60%	40.50%
Croatia	70.80%	100.00%	98.10%	96.70%	90.30%	75.20%	44.00%	15.20%
Italy	76.70%	98.40%	96.00%	96.30%	93.90%	88.90%	65.10%	20.10%
Cyprus	78.00%	100.00%	97.50%	98.40%	89.60%	73.40%	55.30%	36.10%
Latvia	89.40%	99.40%	98.10%	97.70%	97.40%	90.40%	77.90%	57.30%
Lithuania	81.00%	99.70%	98.10%	97.90%	84.20%	78.40%	57.80%	30.10%
Hungary	82.00%	98.20%	97.00%	96.70%	91.00%	82.80%	59.40%	31.30%
The Netherlands	96.10%	100.00%	99.50%	99.50%	98.80%	98.80%	95.90%	72.30%
Austria	88.50%	98.30%	99.00%	98.60%	99.10%	91.20%	78.70%	40.80%
Poland	76.00%	99.20%	98.20%	97.10%	91.60%	69.20%	53.80%	26.60%
Portugal	78.50%	100.00%	97.70%	97.10%	97.20%	76.20%	47.20%	24.00%
Romania	63.10%	97.90%	95.30%	86.70%	66.80%	41.50%	21.20%	3.00%
Slovakia	78.60%	97.90%	93.60%	92.60%	87.10%	76.70%	44.90%	14.00%
Slovenia	80.00%	100.00%	99.20%	96.20%	90.40%	75.50%	61.20%	24.40%
Finland	91.60%	100.00%	99.70%	100.00%	98.90%	96.50%	85.00%	60.60%
Sweden	95.30%	97.60%	100.00%	100.00%	99.50%	98.10%	95.50%	74.80%
European Union	83.1%	98.7%	98.2%	96.9%	93.5%	83.5%	66.4%	34.3%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who indicated that they used the internet (for work or personal use) a few times a week, most days, or every day. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 73. Daily time spent using the internet – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	256.6	308.8	363.5	298.9	249.7	201.6	130.2	97.1
Bulgaria	197.9	259.8	246.1	185.4	167.7	147.1	150.2	180.8
Czechia	211.7	247	261.5	236.7	196.5	169.9	157.4	134.7
Denmark	234	349.3	310.3	253.7	218.7	174	109.8	77.5
Germany	235.8	343.4	315.2	275.8	216.3	157.8	111.7	104.2
Estonia	270.4	335.3	324.6	301.3	239.6	230.2	170.8	116.9
Ireland	258.9	315.3	345.3	272.6	230.2	195.7	148.7	133.8
Greece	221.3	283.1	258.7	243.2	193.7	185	170.1	117.3
Spain	281.9	364.8	403.9	312	248.9	193.8	159.6	117.7
France	222	297.1	322.2	222.2	203.7	154.8	120.8	95.9
Croatia	208.8	280.6	287.9	217.7	172.2	153.1	140.7	181.4
Italy	186	244.1	231.8	204.6	177.4	155.2	127.9	118.6
Cyprus	268.2	330.9	427.9	266.8	217.6	213	130.7	113
Latvia	343.3	493.4	423	379.3	334.2	259.8	204.4	203.9
Lithuania	264.8	291.5	351.8	276	258	216.3	149.1	142.2
Hungary	198.5	250.3	219.9	214	191.3	168.8	137	100.4
The Netherlands	280.1	340.5	377.2	333	297	238.3	153.2	103.7
Austria	193.2	269.5	247.4	207.1	176.6	148.4	119	90
Poland	223.3	324.3	282.8	230.8	211.1	170.7	130	139.2
Portugal	251.2	327.8	336.5	291.7	210.7	191.2	138.6	104.1
Romania	242	314.9	297.6	205.2	194.4	165.1	143.2	74.7
Slovakia	219	250.5	220.1	238.8	211.5	184.2	177	146.2
Slovenia	204.9	256.3	281.4	240.6	185.1	156.2	100.1	75.9
Finland	251.2	350.5	307.2	294.3	258.4	204.4	134.3	115.5
Sweden	306.6	376.6	411.8	388.1	309.2	254.5	157.3	150.4
European Union	235.2	314.7	314.6	257.8	217.0	173.7	131.0	111.7

Source: European Social Survey (2018-2023).

Notes: This table presents the average time (expressed in minutes) spent on a typical day using the internet (for work or personal use). The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 74. Age discrimination, media consumption and internet use

	Daily time spent watching, reading, listening about politics and current affairs	Regular use of the internet		Daily time spent using the internet
	(1)	(2)	(3)	(4)
Age discrimination	0.106 (0.050) [0.053]	0.025 (0.012) [0.015]	0.019 (0.010) [0.010]	0.190 (0.040) [0.041]
Age 15 – 24	-0.318 (0.026) [0.032]	0.082 (0.004) [0.005]	0.046 (0.003) [0.003]	0.481 (0.013) [0.017]
Age 25 – 34	-0.121 (0.023) [0.029]	0.008 (0.003) [0.004]	0.025 (0.004) [0.004]	0.203 (0.013) [0.016]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.
Age 45 – 54	0.165 (0.021) [0.025]	-0.050 (0.004) [0.005]	-0.061 (0.004) [0.004]	-0.159 (0.013) [0.014]
Age 55 – 64	0.368 (0.021) [0.027]	-0.152 (0.005) [0.009]	-0.163 (0.005) [0.005]	-0.332 (0.014) [0.017]
Age 65 – 74	0.644 (0.021) [0.032]	-0.322 (0.006) [0.014]	-0.319 (0.006) [0.006]	-0.600 (0.016) [0.028]
Age 75+	0.676 (0.025) [0.037]	-0.586 (0.006) [0.013]	-0.569 (0.007) [0.007]	-0.815 (0.026) [0.039]
R-squared	0.086	0.378	-	0.201
Observations	149,462	151,424	151,424	109,820

Source: European Social Survey (2016-2023).

Notes: This table shows results from regressions of the variables indicated in the top row. In the first column, the dependent variable is the time spent on a typical day watching, reading, or listening to news about politics and current affairs. In the second column, the dependent variable is an indicator equal to 1 if the respondent indicates that they use the internet (for work or personal use) a few times a week, most days, or every day, and 0 otherwise (i.e., never or only occasionally). In the third column, the dependent variable is the time spent on a typical day using the internet (for work or personal use). All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. The models in columns 1 and 4 are estimated by log-OLS. The model in columns 2 and 3 are estimated by OLS and Logit, respectively. The table reports average marginal effects. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients: The coefficient on the age discrimination variable measures the higher/lower value/probability of the event shown in the top row for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination spend $(e^{-0.106} - 1) \times 100 = -10\%$ less time watching, reading or listening about politics and current affairs compared to respondents who did not report age discrimination. Similarly, respondents who reported age discrimination are 2.5 percentage points more likely to regularly use the internet compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower value/probability of the event shown in the top row for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 spend $(e^{-0.318} - 1) \times 100 = -27\%$ less time watching, reading or listening about politics and current affairs compared to respondents aged 35-44. Similarly, respondents aged 15-24 are 8.2 percentage points more likely to regularly use the internet compared to respondents aged 35-44.

Table 75. Recurrent feelings of loneliness – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	30.00%	40.30%	32.20%	26.60%	28.70%	26.20%	25.10%	30.70%
Germany	22.50%	35.40%	29.10%	23.60%	20.00%	14.50%	14.20%	23.50%
Ireland	27.60%	23.30%	39.30%	26.20%	21.90%	25.70%	26.90%	34.90%
Greece	44.80%	31.80%	36.00%	34.70%	41.70%	49.80%	52.80%	73.60%
Spain	29.50%	30.40%	40.20%	25.60%	25.50%	28.90%	23.90%	35.90%
France	34.50%	40.70%	36.00%	32.80%	31.30%	34.50%	32.60%	33.20%
Croatia	33.50%	31.30%	19.40%	32.40%	23.50%	28.10%	43.40%	49.90%
Italy	38.80%	28.40%	31.00%	31.30%	33.00%	38.60%	41.50%	58.50%
Cyprus	26.10%	21.30%	24.10%	19.30%	16.70%	34.50%	27.00%	37.90%
Lithuania	42.60%	41.80%	41.40%	32.40%	44.00%	45.00%	46.60%	50.70%
Hungary	35.90%	31.70%	29.90%	27.70%	32.00%	39.50%	40.80%	58.70%
The Netherlands	22.40%	25.60%	28.10%	20.30%	22.60%	18.60%	19.70%	21.10%
Austria	20.20%	24.30%	15.60%	20.20%	14.30%	20.50%	20.30%	32.60%
Poland	24.10%	27.60%	21.80%	19.50%	22.90%	18.70%	27.50%	35.80%
Portugal	37.20%	31.00%	35.60%	35.10%	28.60%	44.30%	36.80%	51.80%
Slovakia	39.40%	36.90%	28.40%	32.70%	39.40%	45.70%	44.30%	68.20%
Slovenia	23.50%	34.10%	24.10%	20.20%	19.70%	17.50%	20.70%	34.10%
Finland	22.70%	32.50%	25.70%	23.00%	14.90%	19.80%	19.50%	24.20%
Sweden	28.50%	41.70%	31.00%	34.10%	19.70%	26.10%	17.70%	26.90%
European Union	30.1%	33.6%	31.4%	27.1%	26.8%	27.9%	28.0%	39.1%

Source: European Social Survey (2023).

Notes: This table presents the percentage of respondents who indicated that they had felt lonely some, most, almost all or all of the time during the last week. The figures are based on the most recent year available from the European Social Survey (ESS).

Table 76. Lack of social meetings – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	5.40%	3.10%	3.00%	4.50%	7.60%	7.70%	6.40%	5.90%
Bulgaria	10.30%	2.40%	2.70%	5.80%	8.10%	13.90%	18.90%	21.30%
Czechia	10.20%	4.10%	5.50%	7.50%	7.70%	15.80%	15.40%	19.80%
Denmark	2.60%	0.30%	1.40%	2.40%	2.20%	3.60%	4.00%	5.30%
Germany	9.20%	3.60%	3.40%	11.90%	14.50%	9.10%	7.20%	16.80%
Estonia	16.40%	2.70%	7.40%	12.00%	14.10%	26.20%	27.20%	26.80%
Ireland	18.10%	2.70%	18.70%	18.30%	22.00%	22.80%	18.70%	25.20%
Greece	20.00%	8.00%	5.50%	11.40%	16.20%	22.30%	31.30%	54.90%
Spain	5.90%	1.20%	4.50%	4.30%	8.40%	4.20%	8.30%	10.90%
France	4.90%	3.30%	1.70%	8.40%	4.50%	4.80%	4.60%	6.90%
Croatia	7.50%	0.00%	2.50%	1.40%	5.30%	9.70%	9.30%	19.80%
Italy	11.80%	0.40%	2.60%	6.30%	7.60%	12.50%	14.70%	29.00%
Cyprus	21.50%	19.50%	17.60%	16.30%	14.60%	18.80%	25.80%	38.50%
Latvia	18.80%	11.20%	19.60%	19.80%	18.10%	16.90%	24.00%	22.60%
Lithuania	17.30%	1.40%	5.00%	5.40%	16.10%	26.30%	34.30%	35.90%
Hungary	32.60%	12.50%	20.20%	22.50%	30.60%	37.00%	48.80%	65.10%
Netherlands	3.20%	0.90%	1.40%	1.80%	4.00%	5.20%	5.70%	3.60%
Austria	3.90%	2.90%	1.50%	1.90%	3.50%	4.90%	6.60%	6.90%
Poland	17.90%	2.60%	10.50%	18.30%	21.70%	23.80%	20.20%	22.10%
Portugal	6.80%	1.40%	6.80%	3.50%	5.20%	6.30%	7.70%	17.50%
Romania	23.30%	8.40%	15.00%	17.30%	24.40%	29.70%	29.00%	52.30%
Slovakia	10.30%	1.60%	7.30%	8.30%	11.40%	11.70%	14.00%	23.40%
Slovenia	9.90%	2.20%	2.40%	4.90%	7.90%	14.90%	18.90%	18.00%
Finland	6.80%	5.00%	3.80%	5.40%	6.20%	9.00%	7.20%	11.60%
Sweden	2.90%	2.10%	3.10%	3.50%	1.30%	2.60%	3.70%	4.50%
European Union	10.1%	3.1%	5.1%	9.2%	10.9%	11.6%	12.6%	19.4%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who indicated that they socially met their friends never or less than once a month. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 77. Self-assessment of relative isolation – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	43.00%	35.90%	39.80%	42.10%	42.40%	45.30%	48.40%	50.20%
Bulgaria	27.80%	13.20%	20.20%	23.90%	26.00%	34.90%	37.70%	37.30%
Czechia	31.10%	23.60%	29.80%	26.30%	29.20%	35.00%	40.00%	39.20%
Denmark	33.70%	23.70%	34.40%	35.90%	34.20%	35.50%	36.90%	39.20%
Germany	44.70%	40.20%	46.80%	48.30%	43.10%	44.30%	42.50%	48.50%
Estonia	49.30%	46.60%	50.60%	50.80%	42.30%	54.50%	50.10%	49.70%
Ireland	41.10%	20.00%	43.70%	39.70%	51.50%	43.40%	42.30%	44.60%
Greece	33.10%	13.20%	19.40%	24.70%	36.40%	41.50%	44.50%	50.40%
Spain	35.80%	26.70%	28.50%	31.30%	39.80%	38.10%	38.30%	48.90%
France	26.10%	29.80%	30.70%	28.10%	19.10%	22.90%	22.80%	31.90%
Croatia	45.60%	23.50%	35.40%	31.10%	35.90%	49.20%	58.00%	72.10%
Italy	27.60%	11.40%	12.60%	22.30%	25.00%	31.50%	28.80%	47.80%
Cyprus	48.60%	51.50%	50.50%	43.40%	46.00%	44.90%	51.80%	52.70%
Latvia	65.90%	56.20%	61.90%	67.20%	65.10%	61.90%	75.50%	76.10%
Lithuania	32.60%	24.30%	27.70%	21.70%	29.60%	41.90%	39.50%	45.70%
Hungary	39.30%	27.80%	30.20%	31.60%	37.40%	41.30%	52.70%	62.40%
The Netherlands	35.20%	29.00%	30.60%	38.40%	38.80%	39.70%	37.20%	32.10%
Austria	32.00%	13.50%	25.80%	31.50%	33.10%	35.60%	37.80%	45.80%
Poland	44.20%	40.00%	42.30%	38.50%	41.60%	44.70%	47.80%	56.40%
Portugal	49.90%	33.20%	52.40%	48.00%	47.70%	54.10%	54.10%	55.70%
Romania	33.10%	24.00%	26.40%	31.60%	31.70%	38.80%	34.70%	55.30%
Slovakia	39.20%	23.20%	28.50%	41.60%	37.50%	42.10%	48.60%	64.80%
Slovenia	44.20%	40.90%	40.90%	47.40%	39.50%	42.00%	46.20%	56.50%
Finland	44.20%	42.10%	49.70%	40.10%	49.30%	42.70%	41.10%	45.40%
Sweden	33.70%	25.30%	34.00%	39.60%	32.30%	37.70%	31.40%	36.90%
European Union	36.1%	29.2%	33.4%	35.4%	34.6%	37.8%	38.1%	46.3%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who indicated that that, compared to other people their age, they took part in social activities much less and less than most. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 78. Age discrimination, loneliness, and social isolation – OLS estimates

	Recurrent feelings of loneliness		Lack of social meetings		Self-assessment of relative isolation	
	(1)	(2)	(3)	(4)	(5)	(6)
Age discrimination	0.268 (0.048) [0.038]		0.044 (0.012) [0.014]		0.137 (0.020) [0.025]	
Age 15 – 24	0.063 (0.018) [0.020]	0.063 (0.018) [0.020]	-0.063 (0.004) [0.006]	-0.063 (0.004) [0.007]	-0.087 (0.008) [0.011]	-0.087 (0.008) [0.012]
Age 15 – 24 x Age discrimination		0.218 (0.180) [0.171]		0.060 (0.025) [0.032]		0.145 (0.062) [0.070]
Age 25 – 34	0.049 (0.016) [0.014]	0.049 (0.016) [0.014]	-0.031 (0.004) [0.004]	-0.031 (0.004) [0.004]	-0.016 (0.007) [0.009]	-0.015 (0.007) [0.009]
Age 25 – 34 x Age discrimination		0.259 (0.138) [0.086]		0.001 (0.018) [0.016]		0.135 (0.069) [0.059]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.167 (0.144) [0.151]		0.089 (0.062) [0.063]		0.193 (0.076) [0.084]
Age 45 – 54	-0.008 (0.015) [0.013]	-0.008 (0.015) [0.013]	0.014 (0.004) [0.005]	0.015 (0.004) [0.005]	-0.006 (0.007) [0.010]	-0.006 (0.007) [0.010]
Age 45 – 54 x Age discrimination		0.216 (0.163) [0.184]		0.013 (0.027) [0.030]		0.097 (0.059) [0.055]
Age 55 – 64	0.000 (0.015) [0.014]	-0.000 (0.015) [0.014]	0.026 (0.004) [0.005]	0.026 (0.004) [0.005]	-0.000 (0.007) [0.009]	-0.000 (0.007) [0.009]
Age 55 – 64 x Age discrimination		0.289 (0.116) [0.126]		0.086 (0.039) [0.038]		0.171 (0.040) [0.038]
Age 65 – 74	0.000 (0.015) [0.017]	-0.001 (0.015) [0.017]	0.031 (0.005) [0.007]	0.032 (0.005) [0.007]	-0.010 (0.007) [0.012]	-0.010 (0.007) [0.011]
Age 65 – 74 x Age discrimination		0.300 (0.092) [0.095]		0.019 (0.025) [0.021]		0.139 (0.040) [0.038]
Age 75+	0.085 (0.018) [0.024]	0.084 (0.018) [0.024]	0.084 (0.006) [0.011]	0.085 (0.006) [0.011]	0.056 (0.008) [0.020]	0.056 (0.008) [0.019]
Age 75+ x Age discrimination		0.319		0.041		0.108

	Recurrent feelings of loneliness		Lack of social meetings		Self-assessment of relative isolation	
	(1)	(2)	(3)	(4)	(5)	(6)
		(0.072) [0.072]		(0.032) [0.034]		(0.042) [0.041]
R-squared	0.071	0.071	0.080	0.080	0.062	0.062
Observations	32,245	32,245	151,179	151,179	149,639	149,639

Source: European Social Survey (2016-2023).

Notes: This table shows results from linear probability models. In columns 1 and 2, the dependent variable is an indicator equal to 1 if an individual indicates that they have felt lonely some, most, almost all or all of the time during the last week, and 0 otherwise (i.e., none or almost none of the time). In columns 3 and 4, the dependent variable is an indicator equal to 1 if an individual indicates that they socially meet their friends never or less than once a month, and 0 otherwise (i.e., once a month, several times a month, once a week, several times a week, every day). In columns 5 and 6, the dependent variable is an indicator equal to 1 if an individual indicates that, compared to other people their age, they will say that they take part in social activities much less and less than most, and 0 otherwise (i.e., about the same time, more than most, much more than most). All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in columns 1, 3 and 5: The coefficient on the age discrimination variable measures the higher/lower probability of the event shown in the top row for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 26.8 percentage points more likely to feel lonely compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 6.3 percentage points more likely to feel lonely compared to respondents aged 35-44.

Interpretation of the coefficients in columns 2, 4 and 6: The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for the respondents in each age group who did not report age discrimination relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 6.3 percentage points more likely to feel lonely compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of the event shown in the top row for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 21.8 percentage points more likely to feel lonely compared to respondents aged 15-24 who did not report age discrimination (the point estimate is not, however, statistically significant).

Table 79. Age discrimination, loneliness, and social isolation – Logit estimates

	Recurrent feelings of loneliness			Lack of social meetings			Self-assessment of relative isolation		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Age discrimination	0.266 (0.051) [0.042]			0.033 (0.011) [0.011]			0.136 (0.020) [0.025]		
Age 15 – 24	0.063 (0.018) [0.020]	0.319 (0.093) [0.102]	0.063 - [0.004]	-0.063 (0.004) [0.004]	-1.290 (0.081) [0.089]	-0.063 - [0.011]	-0.086 (0.008) [0.011]	-0.416 (0.037) [0.054]	-0.086 - [0.054]
Age 15 – 24 x Age discrimination		0.899 (0.786) [0.755]	0.204 - [0.755]		1.230 (0.334) [0.416]	0.058 - [0.416]		0.664 (0.270) [0.303]	0.142 - [0.303]
Age 25 – 34	0.050 (0.017) [0.015]	0.252 (0.085) [0.074]	0.049 - [0.004]	-0.034 (0.004) [0.004]	-0.527 (0.063) [0.054]	-0.034 - [0.009]	-0.016 (0.007) [0.009]	-0.071 (0.034) [0.042]	-0.016 - [0.042]
Age 25 – 34 x Age discrimination		1.092 (0.616) [0.392]	0.247 - [0.392]		-0.169 (0.482) [0.458]	-0.008 - [0.458]		0.615 (0.294) [0.254]	0.140 - [0.254]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.806 (0.622) [0.653]	0.171 - [0.653]		0.952 (0.490) [0.497]	0.103 - [0.497]		0.840 (0.333) [0.366]	0.194 - [0.366]
Age 45 – 54	-0.008 (0.015) [0.013]	-0.046 (0.081) [0.070]	-0.009 - [0.005]	0.015 (0.004) [0.005]	0.179 (0.054) [0.056]	0.015 - [0.010]	-0.006 (0.007) [0.010]	-0.026 (0.031) [0.044]	-0.006 - [0.044]
Age 45 – 54 x Age discrimination		1.016 (0.681) [0.765]	0.218 - [0.765]		0.134 (0.288) [0.322]	0.012 - [0.322]		0.420 (0.253) [0.237]	0.095 - [0.237]
Age 55 – 64	0.000 (0.015) [0.015]	-0.001 (0.079) [0.078]	0.000 - [0.004]	0.025 (0.004) [0.004]	0.292 (0.053) [0.053]	0.025 - [0.009]	-0.001 (0.007) [0.009]	-0.003 (0.032) [0.040]	-0.001 - [0.040]
Age 55 – 64 x Age discrimination		1.314 (0.524) [0.568]	0.290 - [0.568]		0.624 (0.278) [0.273]	0.073 - [0.273]		0.741 (0.177) [0.168]	0.171 - [0.168]
Age 65 – 74	-0.001 (0.015) [0.017]	-0.007 (0.083) [0.091]	-0.001 - [0.006]	0.028 (0.005) [0.006]	0.330 (0.054) [0.070]	0.029 - [0.011]	-0.010 (0.007) [0.011]	-0.046 (0.033) [0.052]	-0.010 - [0.052]
Age 65 – 74 x Age discrimination		1.374 (0.430) [0.443]	0.303 - [0.443]		0.119 (0.201) [0.168]	0.012 - [0.168]		0.594 (0.173) [0.164]	0.136 - [0.164]
Age 75+	0.082 (0.018) [0.023]	0.402 (0.088) [0.114]	0.081 - [0.008]	0.078 (0.006) [0.008]	0.767 (0.057) [0.079]	0.078 - [0.020]	0.055 (0.008) [0.020]	0.247 (0.037) [0.087]	0.056 - [0.087]
Age 75+ x Age discrimination		1.489	0.335		0.143	0.019		0.448	0.105

	Recurrent feelings of loneliness			Lack of social meetings			Self-assessment of relative isolation		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		(0.413)	-		(0.191)	-		(0.186)	-
		[0.406]	-		[0.188]	-		[0.182]	-
Observations	32,245	32,245		151,179	151,179		149,639	149,639	

Source: European Social Survey (2016-2023).

Notes: This table shows results from logit models. In columns 1 and 2, the dependent variable is an indicator equal to 1 if an individual indicates that they have felt lonely some, most, almost all or all of the time during the last week, and 0 otherwise (i.e., none or almost none of the time). In columns 3 and 4, the dependent variable is an indicator equal to 1 if an individual indicates that they socially meet their friends never or less than once a month, and 0 otherwise (i.e., once a month, several times a month, once a week, several times a week, every day). In columns 5 and 6, the dependent variable is an indicator equal to 1 if an individual indicates that, compared to other people their age, they will say that they take part in social activities much less and less than most, and 0 otherwise (i.e., about the same time, more than most, much more than most). All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Columns 1, 3, 4, 6, 7 and 9 report average marginal effects. Columns 2, 5 and 8 report point estimates. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in columns 1, 4 and 7: The coefficient on the age discrimination variable measures the higher/lower probability of the event shown in the top row for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 26.6 percentage points more likely to feel lonely compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 6.3 percentage points more likely to feel lonely compared to respondents aged 35-44.

Interpretation of the coefficients in columns 3, 6 and 9: The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for the respondents in each age group who did not report age discrimination relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 6.3 percentage points more likely to feel lonely compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of the event shown in the top row for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 20.4 percentage points more likely to feel lonely compared to respondents aged 15-24 who did not report age discrimination (the point estimate is not, however, statistically significant).

Table 80. Political system doesn't allow people to have a say in what the government does – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	64.60%	44.70%	62.40%	69.80%	65.30%	71.70%	70.80%	70.30%
Bulgaria	74.00%	80.10%	74.20%	73.90%	67.70%	73.40%	74.90%	76.70%
Czechia	57.40%	58.90%	55.10%	48.50%	55.90%	58.20%	64.60%	68.20%
Denmark	41.80%	20.70%	43.20%	42.30%	42.00%	44.80%	55.00%	51.90%
Germany	52.40%	35.00%	44.40%	50.30%	54.70%	60.20%	62.60%	59.00%
Estonia	58.90%	30.30%	54.10%	46.60%	61.90%	69.50%	69.30%	79.90%
Ireland	60.10%	60.60%	59.40%	59.10%	55.70%	63.70%	62.60%	65.20%
Greece	67.80%	65.50%	66.30%	68.80%	67.60%	69.60%	64.40%	73.00%
Spain	67.90%	56.70%	62.70%	72.20%	71.30%	65.30%	75.00%	71.10%
France	64.30%	49.60%	58.30%	66.90%	67.70%	71.00%	67.40%	70.40%
Croatia	86.40%	81.20%	86.00%	82.80%	87.40%	90.00%	84.80%	90.30%
Italy	84.60%	85.50%	84.30%	81.60%	80.60%	82.70%	84.90%	92.00%
Cyprus	70.70%	70.00%	69.50%	77.70%	77.70%	65.70%	68.50%	67.20%
Latvia	72.40%	59.30%	70.00%	68.90%	70.10%	81.00%	81.00%	71.60%
Lithuania	61.80%	45.20%	65.80%	62.20%	62.90%	67.10%	61.50%	59.40%
Hungary	69.00%	80.50%	62.70%	69.60%	67.60%	71.30%	65.80%	69.90%
The Netherlands	45.60%	37.10%	36.50%	41.20%	45.60%	51.70%	53.30%	58.90%
Austria	55.10%	54.40%	51.70%	53.00%	50.20%	57.30%	63.40%	58.70%
Poland	61.80%	54.30%	62.40%	58.80%	62.50%	65.80%	63.40%	61.20%
Portugal	67.50%	57.20%	71.60%	64.00%	61.30%	70.90%	70.30%	77.60%
Romania	79.90%	78.20%	80.40%	78.30%	76.20%	81.50%	82.10%	86.40%
Slovakia	68.30%	62.20%	68.50%	65.10%	66.30%	69.80%	73.20%	79.00%
Slovenia	66.30%	44.70%	55.40%	67.30%	68.40%	75.60%	75.50%	72.20%
Finland	52.50%	31.60%	44.30%	48.60%	56.10%	54.00%	67.50%	63.70%
Sweden	44.90%	32.30%	34.20%	39.50%	47.60%	45.60%	55.40%	63.00%
European Union	64.3%	52.9%	59.4%	62.8%	65.1%	67.8%	69.3%	72.2%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who indicated that the political system allows people like them to have a say in what the government does very little or not all. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 81. Political system doesn't allow people to have an influence on politics – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	65.90%	47.00%	63.60%	69.70%	67.10%	76.00%	71.10%	68.70%
Bulgaria	84.50%	87.00%	87.00%	85.10%	78.80%	83.20%	85.90%	86.80%
Czechia	68.70%	69.10%	66.20%	58.00%	69.90%	71.00%	73.50%	78.90%
Denmark	34.20%	21.00%	32.70%	32.10%	28.10%	32.80%	56.10%	44.40%
Germany	52.70%	37.20%	45.60%	48.40%	53.50%	56.10%	63.50%	67.00%
Estonia	65.10%	40.20%	55.30%	57.60%	64.00%	78.10%	77.00%	85.00%
Ireland	64.60%	71.30%	59.80%	62.80%	61.20%	66.80%	65.70%	72.30%
Greece	70.80%	65.90%	72.20%	68.70%	70.70%	70.90%	71.30%	78.30%
Spain	77.10%	63.00%	69.70%	76.30%	80.70%	78.30%	85.60%	85.90%
France	69.70%	51.10%	67.20%	78.20%	72.80%	70.80%	77.30%	72.40%
Croatia	87.10%	85.50%	81.40%	83.50%	87.50%	89.30%	89.00%	90.30%
Italy	85.70%	87.10%	84.70%	84.30%	81.10%	83.80%	83.70%	94.90%
Cyprus	73.30%	66.70%	70.90%	77.40%	77.60%	68.70%	77.40%	75.10%
Latvia	82.20%	73.40%	77.80%	81.20%	75.80%	89.50%	92.10%	82.00%
Lithuania	69.80%	59.00%	66.90%	70.30%	72.60%	73.10%	75.00%	65.70%
Hungary	72.80%	84.80%	65.60%	72.10%	71.00%	71.00%	72.70%	77.30%
The Netherlands	49.20%	38.50%	40.20%	41.30%	48.60%	55.70%	59.50%	67.30%
Austria	53.00%	63.50%	51.00%	47.80%	43.40%	56.30%	56.90%	60.50%
Poland	66.50%	62.80%	68.10%	63.40%	67.10%	70.50%	65.00%	67.40%
Portugal	75.60%	64.20%	71.00%	69.20%	75.50%	79.30%	82.50%	85.10%
Romania	80.80%	80.80%	80.20%	77.30%	74.70%	84.10%	85.50%	88.50%
Slovakia	74.10%	74.10%	70.20%	76.50%	68.70%	73.00%	77.90%	89.40%
Slovenia	67.00%	55.90%	50.70%	69.60%	65.20%	72.80%	70.50%	83.40%
Finland	38.10%	17.50%	27.80%	32.40%	40.00%	43.20%	49.40%	56.50%
Sweden	36.10%	24.40%	27.40%	29.60%	34.20%	39.10%	45.80%	55.90%
European Union	67.4%	56.0%	62.4%	65.5%	67.9%	69.8%	72.8%	77.4%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who indicated that the political system allows people like them to have a say on politics very little or not at all. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 82. Trust in politicians – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	49.30%	57.30%	42.40%	50.60%	46.50%	42.50%	48.40%	60.00%
Bulgaria	16.00%	15.40%	13.10%	17.80%	14.30%	15.20%	18.90%	16.50%
Czechia	44.40%	43.00%	44.30%	46.90%	44.20%	44.50%	43.40%	43.80%
Denmark	66.20%	70.80%	60.50%	61.30%	70.90%	60.80%	65.30%	74.70%
Germany	41.80%	50.20%	42.80%	44.20%	42.50%	32.60%	38.10%	45.30%
Estonia	46.70%	54.90%	43.30%	48.90%	48.20%	40.90%	45.00%	48.70%
Ireland	52.00%	57.30%	45.70%	53.70%	48.80%	49.50%	56.00%	59.20%
Greece	20.70%	21.00%	21.90%	20.00%	15.20%	18.20%	26.20%	27.30%
Spain	29.00%	38.50%	31.80%	28.00%	27.40%	22.80%	28.50%	29.00%
France	42.00%	50.30%	37.00%	35.20%	37.70%	42.50%	45.60%	46.10%
Croatia	15.80%	15.00%	16.10%	11.90%	14.90%	17.60%	14.50%	20.60%
Italy	34.00%	34.10%	40.70%	33.50%	34.50%	30.80%	31.30%	36.00%
Cyprus	24.20%	27.80%	13.60%	22.60%	26.60%	19.00%	30.10%	30.90%
Latvia	18.60%	23.40%	17.70%	9.50%	23.90%	14.60%	19.50%	25.60%
Lithuania	35.20%	51.70%	32.20%	36.10%	26.50%	31.90%	39.10%	39.60%
Hungary	47.60%	42.50%	45.70%	44.70%	48.00%	49.50%	48.50%	56.10%
The Netherlands	65.30%	70.70%	70.20%	67.40%	64.60%	58.10%	59.00%	67.80%
Austria	43.10%	65.00%	36.20%	46.00%	36.10%	37.20%	40.80%	52.10%
Poland	28.20%	21.90%	15.70%	25.40%	27.20%	28.00%	33.50%	47.40%
Portugal	28.70%	38.00%	27.20%	34.80%	29.40%	20.90%	24.00%	31.30%
Romania	23.00%	12.10%	20.50%	21.30%	32.60%	18.70%	29.90%	22.60%
Slovakia	42.60%	49.30%	42.90%	38.80%	38.00%	45.20%	45.10%	47.30%
Slovenia	31.50%	42.20%	26.10%	27.20%	27.80%	27.90%	35.00%	38.00%
Finland	69.00%	75.00%	65.00%	69.90%	72.30%	62.80%	67.60%	69.50%
Sweden	59.40%	60.70%	57.90%	60.90%	59.50%	64.00%	58.40%	54.60%
European Union	38.3%	44.0%	37.8%	37.7%	37.2%	33.9%	37.9%	42.2%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who indicated that they tend to trust politicians (i.e., they indicated a value of 5 or higher when asked to give a score from 0 to 10, with 0 meaning no trust at all and 10 complete trust). The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 83. Trust in political parties – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	44.10%	56.90%	39.60%	46.50%	39.90%	37.70%	40.30%	47.30%
Bulgaria	15.70%	17.30%	10.90%	15.30%	13.20%	17.50%	18.40%	17.40%
Czechia	44.00%	46.00%	45.20%	44.70%	43.80%	44.10%	40.00%	43.50%
Denmark	67.80%	74.00%	62.60%	65.40%	72.30%	65.10%	63.30%	70.10%
Germany	42.60%	58.50%	50.40%	44.60%	44.40%	33.70%	28.00%	42.30%
Estonia	41.60%	49.70%	38.10%	44.10%	40.40%	36.90%	39.10%	47.40%
Ireland	51.10%	60.10%	45.50%	49.80%	47.50%	50.10%	54.50%	58.70%
Greece	21.20%	20.80%	22.40%	21.20%	17.70%	20.50%	23.60%	25.30%
Spain	28.70%	40.00%	29.00%	24.10%	28.10%	22.80%	29.40%	31.40%
France	35.00%	49.20%	34.50%	29.90%	26.60%	37.00%	32.10%	34.60%
Croatia	16.90%	16.50%	18.00%	12.60%	14.30%	18.50%	17.50%	20.20%
Italy	33.80%	36.00%	38.70%	31.40%	33.70%	32.90%	32.70%	33.40%
Cyprus	23.10%	29.20%	15.40%	18.70%	24.10%	14.40%	30.20%	31.60%
Latvia	17.10%	27.40%	14.30%	11.20%	18.50%	12.10%	18.60%	21.40%
Lithuania	33.70%	55.30%	33.50%	29.20%	24.80%	31.20%	37.10%	33.60%
Hungary	45.30%	39.40%	41.90%	46.00%	44.70%	45.60%	47.80%	53.90%
The Netherlands	68.10%	71.50%	76.40%	68.00%	64.40%	62.50%	64.10%	70.30%
Austria	42.40%	63.30%	38.40%	42.90%	34.40%	39.00%	39.70%	49.70%
Poland	29.60%	30.00%	15.70%	24.10%	27.80%	32.00%	30.20%	52.40%
Portugal	28.10%	38.50%	30.80%	32.00%	27.50%	21.00%	21.30%	31.00%
Romania	25.40%	16.40%	25.40%	22.30%	31.50%	25.50%	30.20%	24.70%
Slovakia	40.80%	48.90%	37.90%	37.30%	39.60%	40.70%	41.70%	50.10%
Slovenia	30.60%	44.70%	26.90%	21.90%	26.70%	27.10%	33.50%	38.90%
Finland	70.50%	77.70%	63.80%	71.50%	72.40%	67.00%	68.90%	72.50%
Sweden	64.60%	74.20%	63.90%	62.20%	64.30%	68.10%	62.20%	55.80%
European Union	37.6%	47.2%	39.0%	36.0%	35.6%	34.5%	33.8%	39.7%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who indicated that they tend to trust political parties (i.e., they indicated a value of 5 or higher when asked to give a score from 0 to 10, with 0 meaning no trust at all and 10 complete trust). The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 84. Age discrimination and political attitudes – OLS estimates

	Political system doesn't allow people to have a say in what the government does		Political system doesn't allow people to have an influence on politics		Trust in politicians		Trust in political parties	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Age discrimination	0.097 (0.019) [0.021]		0.102 (0.016) [0.017]		-0.148 (0.016) [0.017]		-0.114 (0.017) [0.017]	
Age 15 – 24	-0.130 (0.008) [0.011]	-0.130 (0.008) [0.011]	-0.124 (0.008) [0.010]	-0.124 (0.008) [0.010]	0.080 (0.008) [0.011]	0.081 (0.008) [0.011]	0.119 (0.008) [0.010]	0.119 (0.008) [0.010]
Age 15 – 24 x Age discrimination		0.066 (0.066) [0.075]		0.091 (0.055) [0.049]		-0.197 (0.048) [0.042]		-0.064 (0.061) [0.041]
Age 25 – 34	-0.014 (0.007) [0.007]	-0.013 (0.007) [0.007]	-0.012 (0.007) [0.007]	-0.012 (0.007) [0.007]	-0.008 (0.007) [0.007]	-0.009 (0.007) [0.007]	0.007 (0.007) [0.007]	0.007 (0.007) [0.007]
Age 25 – 34 x Age discrimination		0.032 (0.071) [0.062]		0.028 (0.065) [0.077]		-0.106 (0.061) [0.063]		-0.121 (0.059) [0.051]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.011 (0.073) [0.089]		0.064 (0.070) [0.102]		-0.203 (0.046) [0.036]		-0.134 (0.052) [0.042]
Age 45 – 54	-0.005 (0.007) [0.006]	-0.005 (0.007) [0.006]	-0.001 (0.006) [0.006]	-0.001 (0.006) [0.006]	0.011 (0.007) [0.008]	0.010 (0.007) [0.008]	0.003 (0.007) [0.008]	0.003 (0.007) [0.008]
Age 45 – 54 x Age discrimination		0.133 (0.047) [0.039]		0.059 (0.047) [0.045]		-0.093 (0.048) [0.050]		-0.094 (0.044) [0.044]
Age 55 – 64	-0.000 (0.007) [0.008]	-0.000 (0.007) [0.008]	0.001 (0.006) [0.007]	0.001 (0.006) [0.007]	0.007 (0.007) [0.008]	0.007 (0.007) [0.008]	0.004 (0.007) [0.008]	0.004 (0.007) [0.008]
Age 55 – 64 x Age discrimination		0.059 (0.039) [0.039]		0.093 (0.035) [0.043]		-0.110 (0.037) [0.037]		-0.129 (0.032) [0.034]
Age 65 – 74	0.013 (0.007) [0.010]	0.012 (0.007) [0.010]	0.024 (0.007) [0.010]	0.023 (0.007) [0.010]	0.042 (0.007) [0.009]	0.042 (0.007) [0.009]	0.022 (0.007) [0.009]	0.022 (0.007) [0.009]
Age 65 – 74 x Age discrimination		0.150 (0.031) [0.034]		0.156 (0.022) [0.022]		-0.186 (0.029) [0.028]		-0.127 (0.031) [0.031]
Age 75+	0.010 (0.008) [0.011]	0.009 (0.008) [0.011]	0.054 (0.008) [0.011]	0.053 (0.008) [0.011]	0.090 (0.008) [0.011]	0.089 (0.008) [0.011]	0.060 (0.008) [0.010]	0.060 (0.008) [0.010]
Age 75+ x Age discrimination		0.147 (0.039) [0.038]		0.150 (0.025) [0.027]		-0.147 (0.038) [0.043]		-0.129 (0.037) [0.043]
R-squared	0.096	0.096	0.125	0.125	0.080	0.081	0.088	0.088
Observations	148,669	148,669	149,058	149,058	149,772	149,772	149,361	149,361

Source: European Social Survey (2016-2023).

Notes: This table shows results from linear probability models. In columns 1 and 2, the dependent variable is an indicator equal to 1 if the respondent indicates that the political system allows people like them to have a say in what the government does very little or not at all, and 0 otherwise (i.e., some, a lot, a great deal). In columns 3 and 4, the dependent variable is an indicator equal to 1 if the respondent indicates that the political system allows people like them to have a say on politics very little or not at all, and 0 otherwise (i.e., some, a lot, a great deal). In columns 5 and 6, the dependent variable is an indicator equal to 1 if an individual reports that they tend to trust politicians (i.e., they indicate a value of 5 or higher when asked to give a score from 0 to 10, with 0 meaning no trust at all and 10 complete trust) and 0 otherwise (i.e., the score is below 5). In columns 7 and 8, the dependent variable is an indicator equal to 1 if an individual reports that they tend to trust political parties (i.e., they indicate a value of 5 or higher when asked to give a score from 0 to 10, with 0 meaning no trust at all and 10 complete trust) and 0 otherwise (i.e., the score is below 5). All models include country and year fixed effects, as well as

controls for gender, education, urban status, poverty, and ethnic origins. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in columns 1, 3 and 5: The coefficient on the age discrimination variable measures the higher/lower probability of the event shown in the top row for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 9.7 percentage points more likely to believe that the political system does not allow people to have a say in what the government does compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 13 percentage points less likely to believe that the political system does not allow people to have a say in what the government does compared to respondents aged 35-44.

Interpretation of the coefficients in columns 2, 4 and 6: The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for the respondents in each age group who did not report age discrimination relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 13.0 percentage points less likely to believe that the political system does not allow people to have a say in what the government does compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of the event shown in the top row for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported experiences of age discrimination are 6.6 percentage points more likely to believe that the political system does not allow people to have a say in what the government does compared to respondents aged 15-24 who did not report of age discrimination (the point estimate is not, however, statistically significant).

Table 85. Age discrimination and political attitudes – Logit estimates

	Political system doesn't allow people to have a say in what the government does			Political system doesn't allow people to have an influence on politics			Trust in politicians			Trust in political parties		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Age discrimination	0.094 (0.018) [0.021]			0.100 (0.016) [0.017]			-0.148 (0.016) [0.016]			-0.115 (0.017) [0.016]		
Age 15 – 24	-0.130 (0.008) [0.009]	-0.603 (0.036) [0.044]	-0.130 - [0.009]	-0.125 (0.008) [0.008]	-0.619 (0.038) [0.042]	-0.126 - [0.011]	0.080 (0.008) [0.011]	0.372 (0.036) [0.049]	0.080 - [0.009]	0.119 (0.008) [0.009]	0.547 (0.037) [0.043]	0.118 - [0.009]
Age 15 – 24 x Age discrimination		0.286 (0.299) [0.337]	0.063 - [0.009]		0.413 (0.283) [0.256]	0.085 - [0.011]		-1.055 (0.331) [0.284]	-0.206 - [0.009]		-0.278 (0.290) [0.197]	-0.062 - [0.009]
Age 25 – 34	-0.013 (0.007) [0.007]	-0.061 (0.034) [0.032]	-0.013 - [0.007]	-0.010 (0.007) [0.006]	-0.053 (0.035) [0.033]	-0.010 - [0.006]	-0.008 (0.007) [0.006]	-0.043 (0.034) [0.032]	-0.009 - [0.007]	0.007 (0.007) [0.007]	0.033 (0.034) [0.032]	0.007 - [0.007]
Age 25 – 34 x Age discrimination		0.143 (0.323) [0.281]	0.029 - [0.009]		0.122 (0.314) [0.370]	0.023 - [0.009]		-0.545 (0.358) [0.376]	-0.101 - [0.009]		-0.657 (0.376) [0.329]	-0.119 - [0.009]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.047 (0.338) [0.413]	0.009 - [0.009]		0.311 (0.368) [0.546]	0.056 - [0.011]		-1.208 (0.379) [0.299]	-0.196 - [0.009]		-0.747 (0.351) [0.284]	-0.131 - [0.009]
Age 45 – 54	-0.004 (0.007) [0.006]	-0.024 (0.032) [0.028]	-0.005 - [0.006]	-0.000 (0.006) [0.006]	-0.002 (0.033) [0.032]	0.000 - [0.006]	0.011 (0.007) [0.008]	0.049 (0.032) [0.037]	0.010 - [0.007]	0.003 (0.007) [0.008]	0.013 (0.032) [0.041]	0.003 - [0.007]
Age 45 – 54 x Age discrimination		0.728 (0.295) [0.248]	0.131 - [0.009]		0.341 (0.284) [0.272]	0.061 - [0.011]		-0.523 (0.296) [0.294]	-0.101 - [0.009]		-0.568 (0.295) [0.284]	-0.104 - [0.009]
Age 55 – 64	0.000 (0.007) [0.008]	0.000 (0.033) [0.040]	0.000 - [0.007]	0.002 (0.006) [0.007]	0.008 (0.034) [0.037]	0.002 - [0.006]	0.007 (0.007) [0.008]	0.031 (0.032) [0.037]	0.006 - [0.007]	0.004 (0.007) [0.008]	0.019 (0.033) [0.037]	0.004 - [0.007]
Age 55 – 64 x Age discrimination		0.288 (0.208) [0.205]	0.056 - [0.009]		0.527 (0.227) [0.273]	0.090 - [0.011]		-0.610 (0.228) [0.232]	-0.115 - [0.009]		-0.772 (0.224) [0.238]	-0.136 - [0.009]
Age 65 – 74	0.014 (0.007) [0.010]	0.063 (0.035) [0.049]	0.013 - [0.007]	0.025 (0.007) [0.010]	0.133 (0.037) [0.054]	0.024 - [0.009]	0.042 (0.007) [0.009]	0.200 (0.034) [0.041]	0.042 - [0.007]	0.022 (0.007) [0.009]	0.109 (0.035) [0.043]	0.022 - [0.007]
Age 65 – 74 x Age discrimination		0.853 (0.219) [0.242]	0.144 - [0.009]		1.056 (0.192) [0.199]	0.152 - [0.011]		-1.019 (0.192) [0.185]	-0.188 - [0.009]		-0.686 (0.189) [0.186]	-0.128 - [0.009]
Age 75+	0.012 (0.008) [0.011]	0.054 (0.041) [0.056]	0.011 - [0.007]	0.060 (0.008) [0.009]	0.329 (0.044) [0.055]	0.059 - [0.011]	0.090 (0.008) [0.011]	0.413 (0.039) [0.049]	0.090 - [0.007]	0.061 (0.008) [0.010]	0.289 (0.039) [0.047]	0.061 - [0.007]
Age 75+ x Age discrimination		0.903 (0.311) [0.301]	0.152 - [0.009]		1.249 (0.276) [0.296]	0.154 - [0.011]		-0.715 (0.205) [0.225]	-0.149 - [0.009]		-0.661 (0.204) [0.233]	-0.131 - [0.009]
Observations	148,669	148,669	149,058	149,058	149,058	149,772	149,772	149,772	149,772	149,361	149,361	149,361

Source: European Social Survey (2016-2023).

Notes: This table shows results from logit models. In columns 1 and 2, the dependent variable is an indicator equal to 1 if the respondent indicates that the political system allows people like them to have a say in what the government does very little or not at all, and 0 otherwise (i.e., some, a lot, a great deal). In columns 3 and 4, the dependent variable is an indicator equal to 1 if the respondent indicates that the political system allows people like them to have a say on politics very little or not at all, and 0 otherwise (i.e., some, a lot, a great deal). In columns 5 and 6, the dependent variable is an indicator equal to 1 if an individual reports that they tend to trust politicians (i.e., they indicate a value of 5 or higher when asked to give a score from 0 to 10, with 0 meaning no trust at all and 10 complete trust) and 0 otherwise (i.e., the score is below 5). In columns 7 and 8, the dependent variable is an indicator equal to 1 if an individual reports that they tend to trust political parties (i.e., they indicate a value of 5 or higher when asked to give a score from 0 to 10, with 0 meaning no trust at all and 10 complete trust) and 0 otherwise (i.e., the score is below 5). All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Columns 1, 3, 4, 6, 7, 9, 10 and 12 report average marginal effects. Columns 2, 5, 8 and 11 report

point estimates. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in columns 1, 4, 7 and 10: The coefficient on the age discrimination variable measures the higher/lower probability of the event shown in the top row for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 9.4 percentage points more likely to believe that the political system does not allow people to have a say in what the government does compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 13.0 percentage points less likely to believe that the political system does not allow people to have a say in what the government does compared to respondents aged 35-44.

Interpretation of the coefficients in columns 3, 6, 9 and 12: The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for the respondents in each age group who did not report age discrimination relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 13.0 percentage points less likely to believe that the political system does not allow people to have a say in what the government does compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of the event shown in the top row for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 6.3 percentage points more likely to believe that the political system does not allow people to have a say in what the government does compared to respondents aged 15-24 who did not report age discrimination (the point estimate is not, however, statistically significant).

Table 86. Interest in politics – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	43.20%	29.80%	33.40%	43.10%	46.50%	49.20%	50.20%	53.40%
Bulgaria	41.80%	15.20%	24.80%	40.10%	44.80%	48.70%	55.30%	60.60%
Czechia	19.20%	11.40%	10.90%	18.70%	17.60%	18.10%	30.90%	35.40%
Denmark	66.10%	55.90%	58.50%	56.60%	67.70%	74.10%	76.50%	79.00%
Germany	59.20%	46.20%	54.00%	51.60%	59.40%	65.50%	69.00%	70.50%
Estonia	43.60%	29.90%	39.10%	44.20%	41.30%	41.60%	54.60%	56.50%
Ireland	46.90%	24.20%	41.10%	44.10%	52.10%	54.50%	63.90%	55.80%
Greece	32.40%	18.10%	29.60%	30.50%	30.60%	39.50%	42.80%	31.00%
Spain	36.30%	31.60%	43.60%	32.70%	37.10%	38.70%	37.30%	31.90%
France	37.90%	28.50%	30.60%	31.10%	43.40%	43.00%	46.10%	44.30%
Croatia	26.10%	12.80%	20.10%	25.00%	21.70%	31.00%	36.80%	24.80%
Italy	29.20%	18.30%	23.50%	31.00%	34.20%	35.90%	32.30%	23.00%
Cyprus	28.90%	16.60%	21.90%	25.70%	22.70%	37.50%	37.10%	36.90%
Latvia	40.40%	22.50%	34.90%	30.60%	38.70%	43.90%	46.70%	70.00%
Lithuania	37.00%	18.70%	21.70%	32.20%	37.50%	40.60%	54.50%	61.00%
Hungary	36.70%	16.50%	29.90%	35.80%	40.10%	42.30%	46.10%	44.00%
The Netherlands	63.10%	43.00%	57.90%	67.20%	65.90%	67.00%	73.10%	71.80%
Austria	54.40%	34.90%	41.60%	50.50%	56.00%	62.60%	70.00%	64.80%
Poland	48.40%	29.60%	41.70%	43.90%	43.80%	53.00%	58.60%	61.90%
Portugal	37.90%	35.30%	47.70%	42.80%	43.20%	37.50%	27.90%	26.10%
Romania	27.60%	13.00%	20.90%	21.70%	29.40%	41.70%	39.10%	26.60%
Slovakia	38.70%	17.20%	26.70%	38.20%	48.60%	47.50%	43.90%	43.30%
Slovenia	39.80%	27.40%	34.80%	28.10%	38.60%	44.80%	51.90%	55.90%
Finland	65.70%	56.50%	68.70%	66.30%	62.40%	65.40%	74.60%	64.00%
Sweden	69.10%	50.20%	59.60%	70.80%	75.60%	74.50%	81.40%	76.30%
European Union	43.4%	31.6%	39.4%	40.2%	44.5%	48.4%	51.3%	46.5%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who indicated that they were very or quite interested in politics. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 87. Voted in last election – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	83.70%	36.30%	82.30%	82.30%	91.50%	88.90%	90.40%	95.50%
Bulgaria	70.80%	55.50%	60.50%	68.30%	79.10%	74.20%	78.40%	69.50%
Czechia	66.50%	32.80%	55.10%	66.50%	68.90%	67.90%	77.50%	77.80%
Denmark	92.30%	77.10%	89.70%	97.90%	94.60%	92.80%	95.60%	89.20%
Germany	86.20%	68.20%	86.30%	83.60%	83.50%	91.40%	88.80%	91.10%
Estonia	75.70%	54.80%	63.60%	78.50%	80.70%	79.60%	78.60%	85.60%
Ireland	76.20%	34.00%	55.50%	76.60%	82.60%	90.10%	93.90%	93.00%
Greece	83.50%	58.20%	83.40%	85.20%	86.20%	89.10%	91.00%	77.40%
Spain	78.90%	59.70%	67.60%	77.80%	83.40%	83.10%	88.80%	81.00%
France	59.20%	32.70%	43.60%	49.20%	63.10%	68.00%	75.00%	75.10%
Croatia	74.60%	41.60%	63.00%	73.30%	80.10%	81.50%	82.00%	73.20%
Italy	68.50%	58.60%	72.40%	65.00%	70.50%	77.50%	73.60%	55.80%
Cyprus	74.00%	31.00%	68.40%	74.80%	80.00%	78.20%	84.30%	82.60%
Latvia	77.20%	46.60%	68.40%	77.30%	81.70%	76.50%	87.20%	85.10%
Lithuania	64.80%	24.60%	57.30%	61.10%	68.30%	66.50%	75.90%	83.90%
Hungary	78.50%	48.60%	73.80%	80.90%	81.90%	83.70%	88.30%	75.60%
The Netherlands	84.80%	72.90%	83.20%	81.50%	88.10%	87.90%	88.00%	86.60%
Austria	81.10%	55.70%	69.10%	82.10%	82.60%	87.00%	91.20%	86.00%
Poland	87.10%	78.80%	79.80%	86.10%	88.20%	88.90%	91.20%	89.60%
Portugal	73.30%	51.80%	70.40%	71.00%	75.10%	78.90%	79.10%	74.30%
Romania	72.80%	44.90%	63.10%	71.80%	75.30%	85.70%	84.30%	71.20%
Slovakia	78.60%	46.50%	72.40%	80.60%	82.70%	82.70%	80.90%	81.60%
Slovenia	82.40%	67.70%	78.60%	81.20%	83.30%	86.00%	88.20%	85.10%
Finland	83.60%	70.40%	81.60%	83.30%	83.80%	86.50%	87.70%	86.10%
Sweden	94.80%	84.10%	94.90%	94.30%	97.60%	96.30%	97.20%	95.30%
European Union	76.8%	56.2%	71.2%	74.2%	78.7%	82.6%	84.4%	77.8%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who indicated that they had voted in the last national election. The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 88. Age discrimination and political participation – OLS estimates

	Interest in politics		Voted in last national election	
	(1)	(2)	(3)	(4)
Age discrimination	0.106 (0.021) [0.022]		0.021 (0.016) [0.018]	
Age 15 – 24	-0.023 (0.008) [0.009]	-0.024 (0.008) [0.008]	-0.124 (0.009) [0.015]	-0.125 (0.009) [0.015]
Age 15 – 24 x Age discrimination		0.190 (0.062) [0.073]		0.064 (0.065) [0.071]
Age 25 – 34	-0.047 (0.007) [0.007]	-0.048 (0.007) [0.007]	-0.055 (0.007) [0.010]	-0.055 (0.007) [0.010]
Age 25 – 34 x Age discrimination		0.212 (0.080) [0.065]		0.107 (0.064) [0.057]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.133 (0.070) [0.083]		0.010 (0.067) [0.069]
Age 45 – 54	0.058 (0.007) [0.007]	0.059 (0.007) [0.007]	0.065 (0.006) [0.006]	0.065 (0.006) [0.006]
Age 45 – 54 x Age discrimination		0.064 (0.063) [0.071]		0.062 (0.048) [0.043]
Age 55 – 64	0.119 (0.007) [0.008]	0.120 (0.007) [0.008]	0.105 (0.006) [0.008]	0.105 (0.006) [0.008]
Age 55 – 64 x Age discrimination		0.104 (0.039) [0.041]		0.033 (0.029) [0.028]
Age 65 – 74	0.176 (0.007) [0.012]	0.176 (0.007) [0.012]	0.139 (0.006) [0.012]	0.139 (0.006) [0.012]
Age 65 – 74 x Age discrimination		0.048 (0.040) [0.043]		-0.005 (0.029) [0.032]
Age 75+	0.152 (0.008) [0.014]	0.153 (0.008) [0.014]	0.101 (0.007) [0.019]	0.102 (0.007) [0.019]
Age 75+ x Age discrimination		0.058 (0.043) [0.045]		-0.044 (0.036) [0.043]
R-squared	0.162	0.162	0.113	0.113
Observations	151,344	151,344	139,732	139,732

Source: European Social Survey (2016-2023).

Notes: This table shows results from linear probability models. In columns 1 and the 2, the dependent variable is an indicator equal to 1 if the respondent indicates that they are very or quite interested in politics. In columns 3 and 4, the dependent variable is an indicator equal to 1 if the respondent mentions that they voted in the last national election and 0 if they didn't. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in columns 1 and 3: The coefficient on the age discrimination variable measures the higher/lower probability of the event shown in the top row for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 10.6 percentage points more likely to express an interest in politics compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 2.3 percentage points less likely to express an interest in politics compared to respondents aged 35-44.

Interpretation of the coefficients in columns 2 and 4: The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for the respondents in each age group who did not report age discrimination relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 2.4 percentage points less likely to express an interest in politics compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of the event shown in the top row for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 19.0 percentage points more likely to express an interest in politics compared to respondents aged 15-24 who did not report age discrimination.

Table 89. Age discrimination and political participation – Logit estimates

	Interest in politics			Voted in last national election		
	(1)	(2)	(3)	(4)	(5)	(6)
Age discrimination	0.106 (0.021) [0.022]			0.021 (0.016) [0.018]		
Age 15 – 24	-0.021 (0.008) [0.008]	-0.111 (0.038) [0.042]	-0.022 - [0.014]	-0.123 (0.009) [0.014]	-0.641 (0.044) [0.068]	-0.123 - [0.068]
Age 15 – 24 x Age discrimination		0.903 (0.274) [0.324]	0.187 - [0.324]		0.370 (0.347) [0.359]	0.074 - [0.359]
Age 25 – 34	-0.045 (0.007) [0.007]	-0.233 (0.035) [0.036]	-0.046 - [0.036]	-0.062 (0.007) [0.010]	-0.338 (0.038) [0.052]	-0.062 - [0.052]
Age 25 – 34 x Age discrimination		0.983 (0.379) [0.314]	0.202 - [0.314]		0.660 (0.401) [0.337]	0.115 - [0.337]
Age 35 – 44	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		0.600 (0.341) [0.403]	0.124 - [0.403]		0.020 (0.410) [0.429]	0.003 - [0.429]
Age 45 – 54	0.057 (0.006) [0.007]	0.278 (0.032) [0.032]	0.057 - [0.032]	0.071 (0.006) [0.006]	0.445 (0.039) [0.037]	0.071 - [0.037]
Age 45 – 54 x Age discrimination		0.281 (0.300) [0.338]	0.059 - [0.338]		0.500 (0.447) [0.397]	0.063 - [0.397]
Age 55 – 64	0.118 (0.007) [0.008]	0.570 (0.032) [0.037]	0.118 - [0.037]	0.109 (0.006) [0.008]	0.734 (0.040) [0.054]	0.109 - [0.054]
Age 55 – 64 x Age discrimination		0.494 (0.193) [0.199]	0.103 - [0.199]		0.279 (0.275) [0.275]	0.031 - [0.275]
Age 65 – 74	0.175 (0.007) [0.011]	0.847 (0.035) [0.055]	0.176 - [0.055]	0.139 (0.006) [0.011]	0.999 (0.046) [0.079]	0.139 - [0.079]
Age 65 – 74 x Age discrimination		0.235 (0.196) [0.212]	0.048 - [0.212]		-0.080 (0.230) [0.260]	-0.009 - [0.260]
Age 75+	0.153 (0.008) [0.014]	0.740 (0.039) [0.067]	0.154 - [0.067]	0.103 (0.007) [0.018]	0.689 (0.047) [0.131]	0.103 - [0.131]
Age 75+ x Age discrimination		0.279 (0.214) [0.223]	0.058 - [0.223]		-0.289 (0.218) [0.268]	-0.039 - [0.268]
Observations	151,344	151,344	139,732	139,732	139,732	139,732

Source: European Social Survey (2016-2023).

Notes: This table shows results from logit models. In columns 1 through 3, the dependent variable is an indicator equal to 1 if the respondent indicates that they are very or quite interested in politics. In columns 4 through 6, the dependent variable is an indicator equal to 1 if the respondent mentions that they voted in the last national election and 0 if they didn't. All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Columns 1, 3, 4, and 6 report average marginal effects. Columns 2 and 5 report point estimates. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in columns 1 and 4: The coefficient on the age discrimination variable measures the higher/lower probability of the event shown in the top row for respondents who reported age discrimination relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 10.6 percentage points more likely to express an interest in politics compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for respondents in each age group relative to the reference age group. For instance, respondents aged 15-24 are 2.1 percentage points less likely to express an interest in politics compared to respondents aged 35-44.

Interpretation of the coefficients in columns 3 and 6: The coefficients on the age group variables measure the higher/lower probability of the event shown in the top row for the respondents in each age group who did not report age discrimination relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 2.2 percentage points less likely to express an interest in politics compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability of the event shown in the top row for the respondents in each age group who reported age discrimination relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 18.7 percentage points more likely to express an interest in politics compared to respondents aged 15-24 who did not report age discrimination.

Table 90. Trust in other people – Summary statistics

Country	Overall	15-24	25-34	35-44	45-54	55-64	65-74	75+
Belgium	70.10%	61.20%	70.90%	76.30%	69.50%	70.10%	70.90%	73.80%
Bulgaria	37.20%	37.30%	34.50%	39.30%	35.70%	37.10%	39.50%	36.00%
Czechia	65.70%	70.90%	72.60%	66.80%	63.60%	63.80%	58.00%	67.10%
Denmark	89.50%	85.10%	88.60%	89.80%	89.60%	92.10%	92.60%	89.10%
Germany	62.80%	53.30%	71.60%	66.50%	67.70%	62.70%	57.60%	60.20%
Estonia	77.40%	66.10%	77.00%	82.60%	79.10%	80.30%	79.30%	72.40%
Ireland	70.70%	70.60%	65.70%	74.50%	70.40%	69.30%	72.00%	71.10%
Greece	48.40%	64.60%	55.80%	50.80%	40.50%	45.90%	41.30%	45.00%
Spain	70.30%	66.00%	70.00%	78.40%	68.30%	71.80%	71.70%	63.40%
France	56.80%	51.10%	56.10%	58.70%	58.10%	57.90%	62.60%	52.50%
Croatia	57.80%	67.80%	59.80%	57.30%	57.50%	55.10%	56.70%	54.20%
Italy	52.60%	61.30%	60.60%	52.00%	55.70%	49.80%	48.80%	46.90%
Cyprus	50.40%	46.50%	55.00%	52.30%	53.80%	52.10%	44.10%	48.90%
Latvia	39.50%	30.90%	34.40%	39.70%	41.20%	44.50%	41.30%	42.00%
Lithuania	66.60%	66.80%	74.20%	66.80%	70.00%	59.30%	61.10%	70.10%
Hungary	51.00%	60.80%	52.20%	57.30%	58.10%	42.70%	43.30%	36.20%
The Netherlands	82.60%	80.90%	86.10%	81.20%	81.10%	80.10%	82.20%	88.60%
Austria	78.10%	82.70%	79.80%	82.50%	81.60%	75.70%	72.20%	70.20%
Poland	58.10%	57.10%	59.30%	59.90%	59.30%	57.20%	53.90%	65.50%
Portugal	53.40%	59.80%	54.70%	61.50%	56.80%	54.40%	42.80%	43.10%
Romania	46.30%	43.00%	46.00%	53.30%	46.20%	45.30%	47.20%	38.10%
Slovakia	41.70%	54.70%	58.40%	43.30%	35.20%	35.80%	32.50%	27.00%
Slovenia	59.30%	57.90%	66.20%	56.50%	61.00%	56.30%	56.70%	63.50%
Finland	88.90%	89.00%	86.30%	89.40%	85.20%	92.30%	90.80%	89.60%
Sweden	81.40%	79.80%	83.70%	87.50%	80.90%	83.80%	79.80%	74.20%
European Union	61.2%	59.6%	65.2%	64.6%	62.2%	60.2%	58.7%	57.3%

Source: European Social Survey (2018-2023).

Notes: This table presents the percentage of respondents who express trust in others—defined as those who rate their trust level at 5 or higher on a scale from 0 to 10, where 0 means "you can't be too careful" and 10 means "most people can be trusted." The figures are based on the most recent year available from the European Social Survey (ESS): 2018 for Denmark and Romania; 2020 for Bulgaria, Czechia, Estonia, and Latvia; and 2023 for all other countries. The EU average is calculated using the most recent data available for each country. Malta and Luxembourg did not participate in these ESS rounds.

Table 91. Age discrimination and trust in other people – OLS estimates

	(1)	(2)
Age discrimination	-0.136 (0.020) [0.021]	
Age 15 – 24	0.020 (0.008) [0.010]	0.021 (0.008) [0.010]
Age 15 – 24 x Age discrimination		-0.190 (0.063) [0.042]
Age 25 – 34	-0.010 (0.007) [0.008]	-0.010 (0.007) [0.008]
Age 25 – 34 x Age discrimination		-0.118 (0.068) [0.061]
Age 35 – 44	Ref.	Ref.
Age 35 – 44 x Age discrimination		-0.119 (0.077) [0.068]
Age 45 – 54	0.006 (0.007) [0.006]	0.007 (0.007) [0.006]
Age 45 – 54 x Age discrimination		-0.160 (0.055) [0.041]
Age 55 – 64	0.013 (0.007) [0.007]	0.012 (0.007) [0.007]
Age 55 – 64 x Age discrimination		-0.107 (0.045) [0.047]
Age 65 – 74	0.015 (0.007) [0.008]	0.014 (0.007) [0.008]
Age 65 – 74 x Age discrimination		-0.068 (0.039) [0.045]
Age 75+	0.010 (0.008) [0.011]	0.011 (0.008) [0.011]
Age 75+ x Age discrimination		-0.186 (0.041) [0.054]
R-squared	0.067	0.067
Observations	151,231	151,231

Source: European Social Survey (2016-2023).

Notes: This table shows results from linear probability models in which the dependent variable is an indicator equal to 1 if an individual reports that they tend to trust other people (i.e., they indicate a value of 5 or higher when asked to give a score from 0 to 10, with 0 meaning that one can't be too careful and 10 that most people can be trusted) and 0 otherwise (i.e., the score is below 5). All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in column 1: The coefficient on the age discrimination variable measures the higher/lower probability that respondents who reported age discrimination trust other people relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 13.6 percentage points less likely to trust other people compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability that respondents in each age group trust other people relative to the reference age group. For instance, respondents aged 15-24 are 2 percentage points more likely to trust other people compared to respondents aged 35-44.

Interpretation of the coefficients in column 2: The coefficients on the age group variables measure the higher/lower probability that respondents in an age group who did not report age discrimination trust other people relative to the baseline age group. For instance, respondents aged 15-24 who did not report age discrimination are 2.1 percentage points more likely to trust

other people compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability that respondents in each age group who reported age discrimination trust other people relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 19 percentage points less likely to trust other people compared to respondents aged 15-24 who did not report age discrimination.

Table 92. Age discrimination and trust in other people – Logit estimates

	(1)	(2)	(3)
Age discrimination	-0.139 (0.020) [0.021]		
Age 15 – 24	0.019 (0.008) [0.010]	0.090 (0.036) [0.044]	0.020 - -
Age 15 – 24 x Age discrimination		-0.815 (0.283) [0.191]	-0.186 - -
Age 25 – 34	-0.011 (0.007) [0.008]	-0.049 (0.033) [0.036]	-0.011 - -
Age 25 – 34 x Age discrimination		-0.533 (0.287) [0.257]	-0.123 - -
Age 35 – 44	Ref.	Ref.	Ref.
Age 35 – 44 x Age discrimination		-0.540 (0.337) [0.298]	-0.124 - -
Age 45 – 54	0.007 (0.007) [0.006]	0.032 (0.032) [0.029]	0.007 - -
Age 45 – 54 x Age discrimination		-0.707 (0.244) [0.181]	-0.162 - -
Age 55 – 64	0.013 (0.007) [0.007]	0.059 (0.032) [0.033]	0.013 - -
Age 55 – 64 x Age discrimination		-0.484 (0.200) [0.214]	-0.110 - -
Age 65 – 74	0.015 (0.007) [0.008]	0.065 (0.034) [0.037]	0.014 - -
Age 65 – 74 x Age discrimination		-0.316 (0.175) [0.199]	-0.071 - -
Age 75+	0.010 (0.008) [0.011]	0.050 (0.038) [0.049]	0.011 - -
Age 75+ x Age discrimination		-0.850 (0.191) [0.254]	-0.194 - -
Observations	151,231	151,231	

Source: European Social Survey (2016-2023).

Notes: This table shows results from logit models in which the dependent variable is an indicator equal to 1 if an individual reports that they tend to trust other people (i.e., they indicate a value of 5 or higher when asked to give a score from 0 to 10, with 0 meaning that one can't be too careful and 10 that most people can be trusted) and 0 otherwise (i.e., the score is below 5). All models include country and year fixed effects, as well as controls for gender, education, urban status, poverty, and ethnic origins. Columns 1 and 3 report average marginal effects. Column 2 reports point estimates. Heteroskedasticity-robust standard errors are reported in parentheses. Robust standard errors clustered at the regional level are reported in square brackets.

Interpretation of the coefficients in column 1: The coefficient on the age discrimination variable measures the higher/lower probability that respondents who reported age discrimination trust other people relative to respondents who did not report age discrimination. For instance, respondents who reported age discrimination are 13.9 percentage points less likely to trust other people compared to respondents who did not report age discrimination. The coefficients on the age group variables measure the higher/lower probability that respondents in each age group trust other people relative to the reference age group. For instance, respondents aged 15-24 are 1.9 percentage points more likely to trust other people compared to respondents aged 35-44.

Interpretation of the coefficients in column 3: The coefficients on the age group variables measure the higher/lower probability that respondents in an age group who did not report age discrimination trust other people relative to the reference group. For instance, respondents aged 15-24 who did not report age discrimination are 2 percentage points more likely to trust other

people compared to respondents aged 35-44 who did not report age discrimination. The coefficients on the interactions between the age group variables and the age discrimination variable measure the higher/lower probability that respondents in an age group who reported age discrimination trust other people relative to respondents in the same age group who did not report age discrimination. For instance, respondents aged 15-24 who reported age discrimination are 18.6 percentage points less likely to trust other people compared to respondents aged 15-24 who did not report age discrimination.

Table 93. Age discrimination and trust in other people – Logit estimates

Area	Counterfactual effects
Unemployment	1,021,661
Health	3,232,881
Housing	3,539,628 (minimum 1,052,427)
Trust in the legal system	3,020,937
Loneliness	4,660,578
Regular social meetings	622,543
Perceived social isolation	3,117,832
Political system allows people to have a say in what government does	1,594,456
Political system allows people to have influence on politics	2,018,454
Trust politicians	3,595,679
Trust parties	2,526,116
Trust others	3,185,047

Source: ICF.

Notes: This table presents the counterfactual effects associated with a hypothetical scenario in which age discrimination is eliminated. Each entry reflects the number of individuals whose lives could be positively impacted if age discrimination were removed in the corresponding domain. For example, eliminating age discrimination in the area of unemployment could enable 1,021,661 individuals to gain employment.

Annex 2 Summary of stakeholder consultation

A2.1 Stakeholder consultation strategy

A2.1.1 Introduction

Annex 2 presents an overview of the results of the stakeholder consultation carried out as part of this study. It accompanies the final report, which also contains a summary of the methodology and content in its own right. This section presents the methodological approach to the consultations during the study (stakeholders targeted; mode of consultation), while subsequent summarises the responses and findings for each mode of consultation and stakeholder group.

Table 94. Consultation strategy activities and tools, by stakeholder group

Stakeholder group	Consultation activities	Number of responses
Individuals	Survey	323
Individuals	Interviews	146
CSOs	Interviews	31
National authorities	Survey	42
CSOs	Survey	67

A2.1.2 Semi-structured interviews with individuals

In the end, the study team collected 235 contacts from individuals expressing interest in participating in the study. A total of 146 interviews with a diverse sample of individuals from ten Member States (CZ, DK, DE, EE, ES, FR, IT, NL, PL, RO) were eventually conducted.

The study team developed questionnaires to ensure the comparability of the answers across Member States and demographics. Most of the interviews were conducted by videocall or phone call, with some stakeholders providing written answers. The study team prepared write-ups of each interview, which were then collated and structured in matrices by Member State and question for easy comparison.

Table 95. Breakdown of interviews by Member State

Age Band	Count	%
Under 18	2	1%
18-24	20	14%
25-34	26	18%
35-44	7	5%
45-54	4	3%
55-64	13	9%
65-74	51	35%

75+	23	16%

A2.1.3 Semi-structured interviews with CSOs

Semi-structured interviews with CSOs were conducted in ten Member States (CZ, DK, DE, EE, ES, FR, IT, NL, PL, RO). A similar methodology to the individual interviews was followed: the study team developed questionnaires to ensure the comparability of the answers across Member States and CSOs serving older and younger individuals. The study team prepared write-ups of the interviews, which were then collated and structured in matrices by Member State. In the end, 31 interviews were conducted, a breakdown of which by Member State can be found in the table below.

Table 96. Breakdown of interviews by Member State

Member State	Count
Czech Republic	3
Denmark	3
Germany	3
Estonia	4
Spain	3
France	3
Italy	3
Netherlands	3
Poland	3
Romania	3

A2.1.4 Surveys of national authorities, individuals, and CSOs

Three qualitative online surveys was developed and implemented. The first targeted national authorities such as ministries, statistical authorities, equality bodies, and national human rights institutions. This survey aimed to gather insights into various forms and levels of age discrimination, institutional responses, statistical data collection, existing gaps and challenges, and effective practices for combating age-based discrimination and ageism at the national level.

This survey was launched on 11 December 2024, and disseminated through emails to ministries of health, social affairs and justice and national statistical authorities, as well as emails to members of the high-level group on non-discrimination. Weekly and targeted reminders were employed as necessary, including phone calls to national ministries, and national experts and European Youth Forum / AGE Platform Europe were all encouraged to share the survey with their contacts.

42 authorities from 20 Member States responded to the survey, including 14 ministries, 19 EBs/NHRIs, and nine statistical authorities. The distribution of the responses based on the type of institution per Member State is presented in the table below.

Figure 51. Distribution of responses to the (qualitative) online survey of national authorities

Member State	Ministry	Equality Body/Human Rights Institution	Statistical Authority

Belgium	2	2	1
Bulgaria			1
Czechia			
Denmark			
Germany	1	1	1
Estonia		2	
Ireland	1		
Greece	2	2	
Spain			
France	1	1	
Croatia		2	
Italy			
Republic of Cyprus	1		
Latvia			1
Lithuania	1	1	
Luxembourg			
Hungary	1		
Malta			
Netherlands	1	1	
Austria		1	1
Poland		1	1
Portugal			1
Romania			
Slovakia	1	1	1
Slovenia			1
Finland	2	2	
Sweden		1	

The second qualitative online survey targeted individuals and was launched on 19 December 2024. Its dissemination was primarily carried out through the AGE Platform Europe and Youth Forum networks, with support from ICF and Spark.

323 responses were eventually received. The distribution of respondents across different age groups is as follows: Ten respondents were aged 18-24, 38 respondents were aged 25-34, 16 respondents were aged 35-44, 31 respondents were aged 45-54, 72 respondents were aged 55-64, 107 respondents were aged 65-74, and 49 respondents were aged 75 and over.

The distribution of respondents across different EU Member States is as follows: BE: 19, BG: 0, CZ: 8, DK: 5, DE: 39, EE: 0, IE: 6, EL: 9, ES: 39, FR: 17, HR: 0, IT: 80, CY: 1, LV: 3, LT: 7, LU: 0, HU: 1, MT: 0, NL: 4, AT: 2, PL: 37, PT: 9, RO: 17, SI: 14, SK: 0, FI: 2, SE: 4. Regarding the respondents' place of residence, 40 individuals live in rural areas or villages, 87 in small or medium-sized towns (population less than 100,000), and 195 in large cities (population more than 100,000). In terms of education, four respondents have a primary

school education or below, 67 have a secondary school or high school education, 241 have a university degree, and nine preferred not to disclose their education level.

The employment status of respondents is as follows: 12 are students, 92 are employed full-time, 26 are employed part-time, 31 are self-employed, 30 are unemployed, 139 are retired, 26 specified other forms of employment, and three preferred not to disclose their employment status.

In terms of gender, the survey included 122 men, 194 women, two respondents who identified as other, and four respondents who preferred not to disclose their gender. Regarding ethnicity, 311 respondents identified as White, seven as Mixed or multiple ethnic groups, one as Black, African, or Caribbean, and three preferred not to disclose their ethnicity. In terms of sexual orientation, 280 respondents identified as heterosexual, 12 as bisexual, 20 as gay or lesbian, and ten as other. Finally, regarding disability status, 87 respondents reported having a disability, 224 reported not having a disability, and 12 preferred not to disclose their disability status.

The third qualitative survey targeted civil society organisations (CSOs) working to promote age equality and those addressing experiences of ageism. It explored their characteristics, areas of activity, and approaches to intersectionality and intergenerational fairness. Representatives shared their views on ageism, relevant legal and policy frameworks, existing gaps and barriers, as well as their recommendations for advancing age equality. The survey was launched on 11 December 2024 and was primarily disseminated through the networks of AGE Platform Europe and the Youth Forum, with support from ICF and Spark.

The survey received 67 responses from civil society organisations (CSOs). The majority—37 respondents—identified as non-profit organisations. Eleven responses came from umbrella organisations, which represent multiple entities. Grassroots or community organisations, social partners (including trade unions and employers' organisations), and other types of CSOs each accounted for four responses. Research organisations contributed six responses, while one respondent was unsure of their classification.

In terms of geographical distribution across EU Member States, Poland (PL) had the highest number of responses, with 14. Slovenia followed with eight responses, and Germany with six. Belgium and the Netherlands each submitted five responses, while France contributed four. Romania provided three responses. Cyprus and Greece each had two. Denmark, Estonia, Finland, Hungary, Italy, Lithuania, Portugal, Spain, and Sweden each submitted one response. Notably, Austria, Bulgaria, Croatia, Ireland, Latvia, Luxembourg, and Malta did not submit any responses.

A2.2 Interviews with individuals

Q2. In what areas of life have you experienced ageism and/or age discrimination?

Overall analysis

Age discrimination is a pervasive issue affecting people across the lifespan, manifesting differently for younger and older individuals. Common manifestations include disrespect, condescension, exclusion, assumptions based solely on age rather than individual merit or experience, and barriers to opportunities (employment, housing, participation). Tokenism is a recurring pattern, particularly concerning the inclusion of young people, where their presence is acknowledged but their voices are not given equal weight or genuinely

integrated into decision-making. Societal biases and expectations related to age influence interactions in both public and private spheres, including family dynamics and personal networks.

Table 97. Breakdown of responses to Q2 by area of life mentioned

Category	Count	%
Employment	100	69%
Health care	40	28%
Access to services	38	26%
Mobility and transport	22	15%
Political and civic participation	22	15%
Housing	17	12%
Education and training	15	10%
Digital technology	11	8%
Social protection	11	8%
Access to justice	7	5%
Media and advertising	23	16%

Employment

This is the most frequently mentioned area where age-related issues arise. Interviewees report difficulty finding entry-level jobs due to a perceived lack of "experience," creating a circular problem. These issues manifest as lower pay for the same work compared to colleagues, sometimes linked to factors like the youth minimum wage, or through assignment to fewer desirable tasks. Concerns include being perceived as lacking competence or seriousness, and unpaid internships are sometimes viewed as exploitation.

"Most of my experience of age discrimination came in the professional sphere. As a young person, during and fresh out of university, there were times when my competence and experience was questioned not only by employers, but also by people attending workshops led by me."

-Male, Poland, age 26

Conversely, others face difficulty finding jobs, particularly after reaching a certain age, such as over 45, 50, or 70, and there are instances of individuals being pushed into early retirement. Assumptions are sometimes made about low skills or an inability to adapt, for example, to new technology, leading to people being overlooked for training or promotion opportunities. Additionally, highly experienced individuals face rejection based on assumptions that they 'won't fit into a young dynamic team',

People write to me that they can't find a job - experienced people. One wrote that if I don't help to get a job, she will commit suicide. They didn't take her husband to work because he wouldn't fit into their young dynamic team – he, as a white, middle-class man, has bad luck at this age.

-Female, Czechia, age 47

'The labour market; when I turned 35, I felt a clear deterioration in my situation as a person looking for a job or wanting to change employers - younger people had more opportunities. Today, people aged 50+ have great difficulty finding employment - they are hardly invited to interview.'

-Male, Poland, age 59

Healthcare

In healthcare settings, patients report experiencing dismissive attitudes from doctors, with health issues attributed simply to 'old age' rather than being properly diagnosed. Others encounter a tendency for their concerns to be infantilized or disregarded by medical professionals. Access to specific procedures can be difficult, exemplified by long waits for operations. General concerns also exist about a lack of respect and the use of condescending language towards patients.

Because of my mother's illness, I often feel healthcare professionals suggest to me that she shouldn't be alive anymore, that we spend too much time taking care of her.

-Female, Poland, age 67

Social Interaction & Representation

Regarding social interaction and representation, individuals report not being taken seriously or being treated condescendingly based on their age. They may be viewed as immature or less capable, leading to perceptions of being treated as a separate group. Inclusion in decision-making processes can be tokenistic, such as attending meetings for show rather than providing genuine input. This treatment also included experiences such as exclusion from discussions that directly affect them, like those concerning school policies, and there can be an expectation to gain experience while simultaneously not being provided the opportunities to do so. Disrespectful treatment also occurs in daily interactions and services, for instance, when strangers use first names inappropriately in formal contexts. Furthermore, individuals may be seen as contributing less to society, a view sometimes influenced by media portrayal.

I remember when I was around 30 years old, I was passing by a school at EUR (an area of Rome), and I remember that the young students were addressing me as an old woman ('questa vecchia che vuole?'). This is telling of the culture of ageism that impregnates our culture since the beginning of our age. I think this is a cultural fact on how the age is considered. I also think that, especially for women, this is something particularly problematic, because women, since a young age, become objectified but then when they get old then they have to be discarded. This is something that is part of our culture.

-Female, Italy, older

I look younger than I am and am not seriously taken sometimes, for instance - for more serious work tasks, colleagues are reluctant to assign them to me.

-Female, Netherlands, younger

Access to Services & Infrastructure

Difficulties are encountered when accessing services and navigating infrastructure. People report being taken less seriously in shops or when accessing services. Interviewees noted a requirement to show ID even for non-age-restricted items, stemming from a perception of immaturity, while difficulty renting housing can arise due to lower income or perceived instability.

Individuals might be placed last in line or experience a lack of consideration for their specific needs. There is often a lack of consideration for diverse needs within public transport and the urban environment, evidenced by obstacles like high-floor trams, kerbstones, and the increasing reliance on digital access. Accessing certain private services, such as insurance or leasing agreements that might require a spouse's signature, can also present difficulties.

Political/Civic Life

In political and civic life, age limitations can restrict participation. Assumptions are sometimes made about a lack of relevant experience in politics based on age, and the appropriate voting age remains a topic of debate. Authorities may engage in tokenistic involvement of certain groups, like youth councils, aiming to 'get a little youth input' without giving it meaningful consideration.

'Many leaders seem to claim what all young people want based on a single young person.'

-Female, Estonia, age 23

As soon as they see how old you are, they don't let you in on what's going on – for example, in politics, assuming I don't have experience.

-Male, Czechia, age 21

A2.2.1 Analysis based on age groups

The responses provide insights into age-based differences in perceived discrimination and challenges across various life domains, as reported by individuals from different age groups. Several labels emerged as particularly prominent areas where age significantly influences experiences: Employment, Health Care, Political and Civic Participation, Access to Services, Mobility and Transport, and Housing. The nature and impact of these issues vary markedly between younger and older age cohorts.

Table 98. Breakdown of responses by age band and area of life mentioned

	Employment	Health care	Access to services	Mobility and transport	Political and civic participation	Housing	Education and training	Digital technology	Social protection	Access to justice	Media and advertising	Total n=
Under 18	50%	0%	0%	0%	100%	0%	50%	0%	0%	0%	0%	2
18-24	75%	10%	10%	0%	35%	15%	25%	5%	5%	0%	5%	20
25-34	88%	19%	15%	0%	12%	27%	15%	0%	4%	0%	0%	26

	Employment	Health care	Access to services	Mobility and transport	Political and civic participation	Housing	Education and training	Digital technology	Social protection	Access to justice	Media and advertising	Total n=
35-44	100%	14%	0%	0%	0%	14%	14%	0%	0%	0%	0%	7
45-54	75%	50%	25%	0%	0%	0%	0%	0%	0%	0%	0%	4
55-64	92%	15%	23%	0%	8%	8%	15%	8%	0%	0%	0%	13
65-74	61%	41%	33%	25%	16%	8%	4%	16%	10%	8%	8%	51
75+	35%	30%	48%	39%	4%	4%	0%	4%	17%	13%	0%	23

Employment is a major area of concern for almost all age groups, though the specific challenges differ. Younger individuals (Under 18, 18-24, 25-34, 35-44) frequently report difficulties accessing initial jobs due to lack of experience requirements, facing lower salaries or unpaid internships, and encountering limited opportunities for advancement despite qualifications or responsibilities.

Young people just get exploited for money, who may not be in a great financial situation, but you have to do it to get closer to a job. If you don't have any family money, you are not getting paid. This is truly unfair to many people because it is basically exploitation. The issue is that even paid internships are way below minimum wage.

-male, Estonia, age 22

Older adults (45-54, 55-64, 65-74, 75+), conversely, describe challenges finding employment later in their careers, experiencing rejection based on age, pressure towards early retirement, and being perceived as having low skills or being less useful (e.g., rejected for IT jobs if over 45, glass ceiling at 70, targeted for layoffs). This impacts social protection, as younger people struggle with adequate income affecting housing access, while older adults face pension access issues and feelings of being left behind post-retirement.

Polish society is not ready for older people to work.

-female, Poland, age 67

When I turned 35, I felt a clear deterioration in my situation as a person looking for a job or wanting to change employers - younger people had more opportunities.

Today, people aged 50+ have great difficulty finding employment - they are hardly invited to interview.

-male, Poland, age 59

Healthcare is another critical domain, particularly for older adults (65+, 75+), who report issues like doctors dismissing symptoms as solely due to "old age," recommending less frequent checkups, using infantilizing language, being ignored in consultations, and experiencing longer waiting times or being placed last in queues, even in severe cases.

Doctors assume that old age is a disease, they neglect real health problems.

-male, Czechia, age 18

Younger adults (18-24, 25-34) also mention experiencing infantilization by medical professionals and not being taken seriously in general service interactions (e.g., dental care, banks). Access to services more broadly encompasses financial services (leasing, credit, banking, insurance), public institutions, and retail, where both younger and older adults report disrespectful treatment, scepticism (e.g., younger adults in real estate notarization), or difficulty accessing services due to factors like digitalization (affecting older adults). Access to digital technology itself is a significant challenge for older individuals navigating online requirements for services and infrastructure.

Political and civic participation is a prominent concern for younger age groups (Under 18, 18-24, 25-34), who describe age limits, debates around voting age, being treated as children, experiencing tokenistic involvement in decision-making processes (e.g., in politics, education), and feeling their opinions are dismissed or not given equal weight compared to older individuals. Mobility and transport issues, such as inadequate infrastructure (public transport limitations preventing access to activities, difficulty with high-floor trams) and harassment, are particularly highlighted by older adults (65+, 75+), though harassment is also reported by younger groups.

When coming up with an offer for seniors, we always face the basic problem that, even if this offer is free and doesn't cost seniors money, and has no age criteria, older people from nearby villages aren't able to join our meetings anyway, because they're excluded by the state of public transport. Their homes are 1.5/3 km away and they're over 60, they often tell me they have no way of making it to the meetings, with public transport or otherwise. It doesn't matter that we organise these meetings if people can't get to them.

-Female, Poland, older

Housing access is a challenge for both young (difficulty renting due to low income/job security, needing parental guarantees) and older adults (priority schemes favouring younger individuals). Education is noted by both younger groups (dismissive teachers/professors, lack of inclusion in school decisions) and older adults (limited access/enrolment in courses). Media and advertising are mentioned by older adults regarding negative or inaccurate portrayals. Harassment in public spaces is reported by both younger and older individuals.

A2.2.2 Analysis based on gender

The responses provide accounts of age-related biases and discrimination experienced by individuals across various life domains, highlighting differences and commonalities between male and female perspectives. Employment emerges as particularly prominent areas of concern, although issues are reported across nearly all provided labels.

Table 99. Breakdown of responses by gender and area of life mentioned

	Employment	Health care	Access to services	Mobility and transport	Political and civic participation	Housing	Education and training	Digital technology	Social protection	Access to justice	Media and advertising	Total n=
Female	71%	30%	32%	17%	11%	13%	9%	5%	6%	4%	5%	94
Male	63%	23%	15%	12%	23%	10%	13%	12%	10%	6%	0%	52

In the realms of employment and housing, both male and female respondents recount significant challenges. Younger individuals report difficulties securing initial jobs due to a

perceived "lack of experience," lower wages (including youth minimum wages), unpaid internships often seen as exploitation, and having their competence questioned. Older individuals, conversely, face explicit or implicit age limits in hiring (e.g., preference for under 45, difficulty finding work after 50 or 70), forced or early retirement, being excluded from training, and being targeted for layoffs. This employment precarity impacts Housing access, as young people struggle with income requirements for rentals, while older people may face similar issues post-retirement or encounter age-specific biases in social housing programs. Female respondents specifically link employment issues for young people to difficulty living independently and mention age/gender bias combinations in professional settings.

Political and civic participation is another area with detailed accounts, especially from male respondents. While interviewees report positive experiences of inclusion in youth councils and national delegations, there is a pervasive sense of tokenism, where young people's input is sought superficially ("get a little youth input") but not genuinely integrated into decision-making. Young people feel their perspectives are minimized, treated as transient, or viewed as those of a separate, less knowledgeable group ("you're the young ones" attitude). Examples include exclusion from school policy discussions or age limitations at conferences. Women also note this tokenism and a tendency for older decision-makers to generalize about "what young people want" based on limited examples, but the extensive detailing of systemic and interpersonal exclusion is more prominent in the male accounts. Both mention volunteering as a related area.

Across health care and access to services, older individuals frequently describe doctors attributing health issues solely to age, receiving less attentive or respectful treatment, experiencing infantilizing language, and sometimes feeling ignored or lower priority. Women specifically mention this infantilization occurring even as young adults and highlight healthcare professionals suggesting reduced checkup frequency based on age. Digital barriers pose significant challenges for older people accessing various services, including banking and public applications, as highlighted by both groups. Mobility and transport issues disproportionately affect older people, with examples including difficulty with high-floor trams and lack of adequate infrastructure like public toilets or accessible kerbstones, impacting their ability to participate in community activities. Accounts centring education and training feature negative interactions between educators and students (treating students as children, disrespect), and men specifically note limited educational access for older populations. Issues with social woman, such as navigating pension rights, are mentioned by both groups, with one female providing a detailed account of successfully challenging a pension calculation in court. Finally, negative portrayals of older adults in media and advertising as inactive or irrelevant are noted by women, contributing to societal biases.

Q3/Q4. Can you describe a specific incident or situation where you felt you were treated unfairly because of your age?/Have you experienced different forms of age discrimination from different sources?

A2.2.3 Overview of the barriers

Interpersonal barriers emerged as the most frequently cited type of discrimination, appearing in 106 instances and accounting for 73% of all responses. Institutional barriers were identified in 49 cases, representing 34% of the total. Self-directed barriers were the least frequently mentioned, with 12 instances, constituting 8% of all recorded responses. These figures reflect the different sources from which individuals reported experiencing age-based discrimination.

Table 100. Breakdown of responses by type of barrier mentioned

Type of barrier	Count	%
Interpersonal	106	73%
Institutional	49	34%
Self-directed	12	8%

Age discrimination manifests through a complex interplay of institutional, interpersonal, and self-directed barriers, each creating distinct challenges for individuals.

Institutional barriers often arise from systemic practices and policies. Examples include the abrupt withdrawal of funding for older people's clubs, leaving members without social outlets and a sense of purpose, prompting feelings of despair and questioning of their remaining life's purpose.

What else is left there to do then? Wait for death? (regarding the funding cuts to the popular older people's club)

-Female, Estonia, age 80

Mandatory retirement ages and restrictions on activities for pensioners, like being a sworn translator, exemplify explicit age-based limitations. Digitalisation, while offering potential benefits, inadvertently creates barriers due to the assumption that everyone, including older individuals, possesses the necessary technological skills and resources. Processes such as accessing bonus programmes at food retailers or applying for identification cards become difficult, highlighting a lack of consideration for those less digitally literate. The design of public spaces, such as poorly placed zebra crossings, further compounds mobility challenges for older people. Finally, there is the fact that screening for diseases such as bowel or breast cancer ends at age 70. This creates the sense that people are being put in a drawer and that it's 'over'.

Interpersonal discrimination is characterised by prejudiced attitudes and discriminatory behaviours in everyday interactions. This includes devaluing the opinions and contributions of young people in politics and professional settings. Examples include older colleagues dismissing younger colleagues' ideas, or instances where youth council representatives are given overly complex documents without adequate support, subsequently being blamed for a lack of input. The job application process is marked by subtle yet pervasive bias, with employers displaying tokenistic behaviour towards youth organisations and downplaying the abilities of young people to contribute meaningfully to discussions.

By not including them in a meaningful way, young people are excluded before they even have chance to offer meaningful input into society. It seems that because youth organizations are structurally easier to ignore, it is simply done out of convenience.

-Male, Estonia, age 28

Older individuals also face disrespectful behaviour, such as healthcare providers speaking condescendingly or ignoring their expertise, or instances where salespeople make assumptions about their capabilities based on age. Such behaviour reinforces stereotypes and undermines their autonomy. One revealing experience comes from an older person who was riding a bike. She was verbally abused by a young man riding an e-scooter and called an 'old woman'.

Self-directed barriers stem from internalised ageist beliefs and behaviours. Individuals may pre-emptively withdraw from opportunities, driven by self-limiting beliefs about their capabilities. An individual may choose not to apply for certain positions after seeing the team is all below 30 years of age. This is partly driven by societal messaging, such as negative portrayals of older people in advertising, which reinforce the notion of decline and dependence. The complexity of navigating digital interfaces, coupled with the perceived superiority of younger, digitally native individuals, can lead to a sense of inadequacy and reluctance to engage. This can result in a withdrawal from social and professional spheres, exacerbating feelings of isolation and irrelevance.

Overlaps exist between these barriers. For example, institutional barriers in employment can trigger self-doubt and avoidance behaviours, while interpersonal microaggressions can reinforce negative self-perceptions. Digital exclusion, an institutional problem, can lead to both interpersonal disrespect and self-directed avoidance. The impact of COVID, while an institutional event, also led to interpersonal disrespect and neglect towards younger people, as well as mental health problems for those affected.

In essence, age discrimination is not simply a collection of isolated incidents but a systemic issue permeating various aspects of life, creating a cycle of disadvantage and reinforcing negative stereotypes.

A2.2.4 Analysis of barriers for each area covered by the study

Employment was the most frequently referenced area of life in relation to experiences of age discrimination, cited in 76 instances and representing 52.1% of all responses. Access to services (e.g., public, financial, etc.) was also commonly mentioned, accounting for 28.8% (n=42) of responses, followed by health care (including long-term care, mental health, and wellbeing), which appeared in 33 instances (22.6%). Education and training (n=21, 14.4%) and mobility and transport (n=19, 13.0%) were also notable. Housing and social protection (including adequate income) were each cited 17 times, making up 11.6% of the total. Political and civic participation was referenced in 16 cases (11.0%), while access to justice appeared in 15 instances (10.3%). Digital technology and media and advertising were the least frequently mentioned, with ten (6.8%) and five (3.4%) responses, respectively.

Table 101. Breakdown of responses by area of life mentioned

Category	Count	%
Employment	76	52.1%
Access to services (e.g., public, financial, etc.)	42	28.8%
Health care (including long-term care, mental health, and wellbeing)	33	22.6%
Education and Training	21	14.4%
Mobility and Transport	19	13.0%
Housing	17	11.6%
Social protection (including adequate income)	17	11.6%
Political and civic participation	16	11.0%

Access to justice	15	10.3%
Digital technology	10	6.8%
Media and advertising	5	3.4%

Employment was the most frequently cited area of life across all three types of barriers, with 65 interpersonal responses, 29 institutional, and ten self-directed. Access to services (e.g., public, financial, etc.) was also notable, appearing 28 times under both interpersonal and institutional categories, and six times as self-directed. Health care (including long-term care, mental health, and wellbeing) followed closely, with 28 interpersonal, 20 institutional, and four self-directed responses. Mobility and transport (15 interpersonal, 15 institutional, four self-directed) and political and civic participation (14 interpersonal, 8 institutional, 2 self-directed) also featured prominently. Education and training was associated with 15 interpersonal, 11 institutional, and two self-directed responses. Social protection (including adequate income) showed 14 institutional and nine interpersonal responses, but no self-directed responses. The remaining areas (housing, access to justice, digital technology, and media and advertising) were less frequently associated with discrimination, though all were referenced across multiple barrier types.

Table 102. Breakdown of responses by area of life and type of barrier mentioned

Area of life	Institutional	Interpersonal	Self-directed
Access to justice	11	11	2
Access to services (e.g., public, financial, etc.)	28	28	6
Social protection (including adequate income)	14	9	0
Digital technology	8	7	4
Education and Training	11	15	2
Employment	29	65	10
Health care (including long-term care, mental health, and wellbeing)	20	28	4
Housing	9	13	2
Media and Advertising	4	5	1
Mobility and Transport	15	15	4
Political and Civic Participation	8	14	2

A2.2.4.1 Interpersonal barriers

Interpersonal barriers manifest in various ways, ranging from subtle condescension to overt discrimination, affecting individuals of all ages across numerous domains. In employment, older adults report facing pressure to retire early, being passed over for promotions in favour of younger colleagues and encountering ageist remarks. One individual recounted being told they were "too old and too expensive" after losing their casino management job. Others described subtle forms of exclusion, such as being asked about retirement plans in a way that felt like an underhanded attempt to push them out. Conversely, younger individuals in

employment often experience being undervalued and patronised. Their opinions may be dismissed in meetings, and they may face questions about their qualifications or experience designed to undermine their confidence. One interviewee noted the irony of long-term employment, typically a positive attribute, being viewed as a disadvantage due to assumptions about age. This highlights how deeply ingrained stereotypes can negatively impact opportunities, reinforcing pressure to conform to age-related expectations within the workplace.

It's ironic, since long employment at one place should look good on one's CV, but instead, it can feel like a detriment. An employer once flatly told me that I have been so loyal to my previous employer that made me feel almost like it was a bad thing. Why shouldn't I have been loyal? Everything suited me there.

-male, Estonia, aged 63

Interpersonal barriers are also prominent in access to services. Older adults report being treated with less respect or having their concerns dismissed by service providers. In one instance, an older person calling a support department noticed a change in demeanour when the staff member heard their voice. On the other hand, young people are sometimes patronised or not taken seriously when seeking information or assistance, such as a property agent directing clients to a more senior colleague. Youth representatives reported that older decision-makers doubted their capacity to meaningfully participate in politics, which sometimes went as far as "playing young people for fools", asking feedback on topics without the tools to do so.

"Even the politicians, who support youth involvement, can be negative towards a young person, when they dare to disagree with them."

-male, Estonia, aged 21

In healthcare, age-based stereotypes lead to both younger and older people being mistreated, with consequences for their wellbeing. Older patients report being dismissed or having their concerns minimised by healthcare professionals. This dismissive attitude can prevent older adults from receiving appropriate medical care and attention.

"I went to a doctor to get help with my heart problems and was simply told to look at my passport."

-female, Estonia, aged 71

Conversely, younger patients find their concerns are minimised or trivialised due to presumptions about their age and health. A 29-year-old with a disc prolapse was repeatedly told it was "just an infection" and that she was "too young" for it to be a serious problem. Furthermore, ageist attitudes extend to long-term care, with accounts of ill-treatment and a lack of respect for older people in residential facilities. Staff are reported as not taking into consideration pre-existing medical knowledge of a patient simply because of their advanced age. The language in these accounts underscores the power dynamics at play, with younger individuals' voices marginalised and older people's experiences delegitimised.

The need for care is a phenomenon of old age. You become dependent on other people's help. But just because you are in need of care, you can still decide freely, for example how

often and how thoroughly to wash yourself. When you are admitted to a nursing home, you hand over your authority at the door. You are exposed to an institution that acts over your head. You are no longer able to decide freely about your life because the nursing home is governed by the medical service and the medical service clearly decides what is to be done. Physical integrity is paramount because there is a possibility of controlling it. Mental health is very difficult to understand, and nobody makes the effort to control that. It is not really controlled and is not really a top principle in the care of the elderly, and that's why there is a problem of age discrimination.

-male, Germany, aged 66

The impact of interpersonal barriers also extends to education and training. Students have reported being dismissed or patronised by school officials or instructors. One individual reported being told to "concentrate on your studies instead" when trying to garner support for a refugee assistance programme. Older individuals returning to education also report feeling sidelined, with services not being geared toward their particular needs. These attitudes can create barriers to learning and personal growth, reinforcing the perception that education is primarily for younger people.

Social protection is another area where interpersonal barriers is apparent. Young people report being excluded from meaningful participation in decision-making processes, with older individuals dismissing their opinions or failing to provide constructive feedback. This can lead to a sense of disempowerment and a belief that their voices are not valued, fostering social isolation.

Mobility and transport are also impacted. One older cyclist reported being told to "get out of the way" by a younger scooter rider, highlighting the disrespectful attitudes younger individuals have towards older people. More broadly, it is reported that there is a lack of consideration for age in the public sphere.

In housing, young people have been refused housing due to landlords presuming they are less reliable or responsible tenants. Negative assumptions can lead to housing insecurity and discrimination. One older woman noted that she felt the need to look as though she was ready to "fight" to gain a place to live, suggesting a need to prove she was capable despite her age.

Political and civic participation are not immune. Instances of older people patronising younger individuals and dismissing their contributions were evident. The dismissive language used in these interactions highlights the power imbalances between generations and the tendency to devalue younger voices in politics.

I was member of the Consulta Giovanile (Province of Messina), which is the organ that represents young people (less than 18 years old) at local level, and I noticed that there is a general lack of interest from the political class for what the young people think. Young generations leave certain parts of Europe and this goes largely unnoticed.

-male, Italy, 30 years old

Finally, digital technology is also a site for interpersonal barriers. For example, one salesman recommended a shopper "ask your housekeeper to help with the installation",

with the presumption that all older people would be unable to handle it themselves. App-based systems were also reported to be not inclusive or accessible to older people.

A2.2.4.2 Institutional barriers

Institutional barriers manifests across various areas of life, often stemming from inadequate policies, enforcement, and access to resources. In access to services, one interviewee's experience highlights the inadequacy of legal protections. Despite believing herself the best candidate for a position, she was rejected in favour of a younger applicant. The employer openly admitted that considering extensive experience would discriminate against younger people, revealing a bias against older applicants even when experience was a key qualification. Despite legal provisions requiring the selection of the "better" candidate, often defined by experience, the job posting was altered to remove this requirement. This suggests inadequate enforcement of anti-discrimination laws and a willingness to circumvent them. Although the interviewee lost her subsequent court case, the judge issued a reprimand, prompting an overhaul of the employer's recruitment process, demonstrating the power of legal challenges in prompting institutional change.

The lack of meaningful youth participation in political processes is another area of concern. Young people's input, though valued, is frequently disregarded or rendered ineffective by providing overwhelming formal documents or expecting them to possess the expertise of experienced adults, resulting in a system that excludes them before they have a chance to offer meaningful input. The experiences of older adults also reflect systematic inadequacies. The abrupt withdrawal of funding from a seniors' club, for instance, jeopardises the social engagement and well-being of its members, underscoring insufficient funding for age-inclusive programmes.

In the realm of employment, individuals encounter institutional barriers through retirement policies and recruitment practices. There appear to be systemic efforts to replace older workers with younger ones, with companies actively pursuing redundancies targeting those over a certain age. This practice sometimes involves direct pressure and harassment to accept early retirement, with age factors influencing compensation packages and disadvantaging younger employees in downsizing scenarios. The pursuit of cheaper, more easily managed labour is perhaps one motivator in such cases. Job applicants, even those with extensive experience, are explicitly told they are "too young" or "too old" for positions, demonstrating a failure to value experience or to recognise potential based on ability rather than age. These experiences are compounded by a lack of public-sector experience being equated with inexperience, resulting in lower pay despite equivalent work.

The problem is that, with age, my salary decreased and also my job stability. Also, in my current job, where my company has been acquired by an international fund since 2023, since June and July 2024 I started receiving pressures to leave the company where I work. The need to "reduce the average age" of the workforce is a recurring message I receive.

-male, Italy, age 63

The implications of inadequate social protection extend beyond the workplace. A French system of personal training accounts, intended to support ongoing professional development, excludes retirees from accessing accumulated credits, limiting their opportunities for continued learning and skills development. In healthcare, instances of inadequate legal protections can be observed in the way that hearing aids were reimbursed to retirees at a lower rate than for those still working, despite similar need.

Within health care, institutional barriers are expressed through biased treatment and age-based restrictions. One interviewee reported being treated as "slower" and having her competencies denied by nursing staff after hip surgery, revealing a lack of age-appropriate care and awareness among healthcare professionals. Restricting medical screenings based on age, such as ending bowel and breast cancer screening at 70, ignores individual medical histories and predispositions, exemplifying inadequate legal protections and policy frameworks. During the COVID-19 pandemic, the implementation of measures was perceived to disproportionately affect youth, with limited psychological help available and a disproportionate focus on the mental health of older individuals.

I was pregnant with my 3rd child, I was 37, I went for an ultrasound scan. I travelled somewhere; I had suitcases with me. They told me the price for the examination and a CD – it was actually a blood test – a test – because of the age of the pregnant woman, supposedly because of your "wrong age". These pressures can lead to trauma or unwanted miscarriages.

-Female, Czechia, age 48

Mobility and transport systems often fail to accommodate older adults, reflecting inadequate planning and infrastructure. The lack of consistent public transport and infrastructure that considers the needs of older individuals with mobility issues limits their ability to participate fully in community life. The removal of paper tickets and printed coach sequence displays from German Railways, in favour of smartphone-based systems, disadvantages older individuals who lack access to or familiarity with digital technology. Similarly, app-based points systems in supermarkets exclude older individuals who cannot easily use these technologies. Legal age limits on car rentals, as experienced by one 71-year-old, also restricts older adults' mobility.

"Physical limitations increase with age. As an older person, I have bigger problems using public transport, just because of the distances I have to cover to get to the stops. Plus, it's luck or bad luck depending on where I live. In rural areas, public transport is much worse organised. Mobility is certainly also a problem in terms of income. Less income means lower ability to afford journeys and participate in social life."

-Male, Germany, age 66

The experiences in access to justice highlight the challenges individuals face when seeking legal recourse for age-related discrimination. The initial dismissal of an age discrimination case, despite the employer's admission of bias, points to potential inadequacies in the legal system's ability to effectively address such issues. Age limits for certain legal roles, such as the restriction on becoming a lay judge after age 70, also limits older adults' ability to participate in civic duties.

Within education and training, individuals encounter limitations on lifelong learning opportunities. The French system of personal training accounts, intended to support ongoing professional development, excludes retirees from accessing accumulated credits, limiting their opportunities for continued learning and skills development.

Housing options for older adults are frequently limited and unaffordable. The scarcity of affordable senior housing with essential amenities, like lifts or spare rooms for carers, reflects insufficient funding and support for age-inclusive programmes. The lack of personalised advice and the shift to digital-only services in areas like banking and insurance particularly disadvantage older individuals who may not be digitally literate.

In political and civic participation, the meaningful engagement of young people is often undermined by structural barriers. The practice of presenting youth council representatives with overly complex documents and blaming them for failing to provide feedback, reveals a failure to provide age-appropriate support and resources. Similarly, older adults may experience a loss of influence and respect within organisations, as one interviewee noted, where the voices of older men were prioritised over those of younger women. The abolition of voting rights in labour unions based on age, as experienced by another interviewee, further marginalises older adults' participation in civic affairs.

Finally, the increasing reliance on digital technology across various aspects of life creates additional barriers for older adults. The shift to app-based systems for supermarket points programmes, train ticketing, and public administration services excludes those who lack access to or familiarity with these technologies. This exemplifies a failure to provide age-appropriate accommodations and support, further marginalising older adults' access to essential services. The perception that such problems are well-known yet unaddressed highlights the extent of the institutional neglect faced by older adults in the digital age.

These experiences collectively demonstrate that institutional barriers are a pervasive issue, rooted in inadequate laws, policies, and enforcement mechanisms. The lack of age-appropriate accommodations, insufficient funding for age-inclusive programmes, and the prioritisation of digital solutions over accessible alternatives, all contribute to the marginalisation and exclusion of both younger and older individuals across a range of areas of life.

A2.2.4.3 Self-directed barriers

Self-directed barriers manifests in varied and subtle ways across multiple areas of life, often stemming from internalised societal biases or anxieties about conforming to age-related expectations.

In employment, both younger and older individuals express feelings of being undervalued, which lead to self-limiting behaviour. Older workers may feel discouraged from applying for jobs if they perceive the team to be significantly younger, implicitly accepting that they are not a suitable "fit".

"When I was 50 I tried to get a job, but I saw that the team members were below 30 and this disincentivized me from applying for the position."

-female, Netherlands, aged 70

Conversely, young professionals report removing their age from CVs, pre-emptively attempting to combat potential bias and increase their chances of success, reflecting a feeling of self-doubt about how they might be perceived. These self-directed actions highlight the pervasive fear of being negatively judged based on age, influencing behaviour before any external discrimination occurs.

"During a meeting I was once told that you weren't even born, when I was working at this field."

-female, Estonia, aged 23

The impact of age is also felt in accessing services, particularly financial ones. For instance, one individual recounted how a bank employee dismissed their mortgage inquiry with a shake of the head, creating a sense of exclusion and worthlessness. This feeling is

compounded by the increasing digitisation of services, creating a divide between generations. This generational divide is characterised by an embrace of digital advancements running parallel to a struggle, particularly among older adults, to adapt, which can lead to feelings of frustration and powerlessness. The sentiment that existing regulations requiring assistance are not effectively enforced contributes to a feeling of being left behind.

When I asked the bank about the possibility of a mortgage, the employee looked at me meaningfully and shook his head... I felt like a second-class person for whom no offer was made. I felt excluded.

-male, Poland, aged 59

In political and civic participation, younger individuals particularly find their contributions undervalued. They describe situations where their opinions are not taken seriously, and their capabilities are questioned by older colleagues. The expectation that leadership roles should be filled by older individuals reinforces feelings of self-doubt and inadequacy. This can lead to reluctance to fully engage, internalising the perception that their voices are less significant.

In one of my jobs, it was considered that since I was young I was certainly not familiar with the political situation. I felt slightly embarrassed due to the fact that I knew a lot more than my older colleagues.

-male, Poland, aged 23

With digital technology, older individuals report a sense of being overwhelmed and inadequate, which can affect their self-esteem and willingness to engage. The speed of technological advancement and the perceived ease with which younger people adapt can create a feeling of being left behind. Furthermore, negative portrayals in media and advertising reinforce this feeling, with older individuals depicted as frail or technologically inept, internalising negative stereotypes.

The search for housing can be particularly difficult, with affordability and accessibility being major concerns for both younger and older people. For older individuals, the limited availability of affordable senior citizen housing and the high cost of assisted living options create a sense of hopelessness and a lack of control over their future. One person expressed that "You can't really choose how you want to grow older," reflecting a feeling of resignation and loss of autonomy, compounded by the perception that independent living is not socially valued.

In education and training, younger people describe feeling less valued and taken seriously by superiors, echoing the experiences in political participation. The feeling of not being able to defend themselves when their opinions are dismissed contributes to feelings of self-doubt and a reluctance to challenge established hierarchies.

The experience of navigating the access to justice system also highlights the subtle but pervasive nature of self-directed barriers. One individual, having lost an age discrimination case, still felt a sense of validation from the judge's reprimand to the employer, suggesting that the act of challenging the discrimination, even unsuccessfully, provided a form of empowerment and validation that countered the initial feelings of helplessness.

Even in health care, older individuals report feeling that their competence is undermined and that their experiences are disregarded. This can lead to feeling patronised. The language used by health care professionals can reinforce these feelings, with patients noting the feeling of being spoken about in the third person. This can contribute to a loss of self-efficacy and a reluctance to advocate for their own needs.

"It's funny because I feel I could have outrun that doctor, who told me to look at my age, when expressing my health concerns."

-female, Estonia, aged 80

Experiences with mobility and transport also highlight feelings of self-consciousness and inadequacy. Even interactions with strangers, such as being shouted at by a younger e-scooter rider, can reinforce negative stereotypes and contribute to a sense of isolation and vulnerability.

The pervasive nature of age discrimination in media and advertising, where older people are portrayed as frail or needing medical intervention, contributes to the internalisation of these stereotypes and feelings of inadequacy.

Overall, self-directed barriers is a complex phenomenon that is influenced by societal biases, negative stereotypes, and personal experiences. It can manifest as self-limiting behaviour, feelings of inadequacy, and a reluctance to engage fully in various aspects of life. By understanding the subtle ways in which age discrimination affects self-perception, we can begin to challenge these internalised biases and promote a more age-inclusive society.

A2.2.5 Analysis based on age groups

The age group 65–74 recorded the highest number of responses referencing barriers, with 32 interpersonal, 26 institutional, and seven self-directed instances. The 25–34 age group followed, particularly in relation to interpersonal barriers, which were mentioned in 25 responses. Among respondents aged 18–24, there were 16 interpersonal, four institutional, and two self-directed responses. The 75+ group reported 12 interpersonal and seven institutional responses, but no self-directed ones. The 55–64 group showed a moderate distribution, with ten interpersonal, five institutional, and one self-directed response. The remaining age groups—35–44 and 45–54—reported fewer responses across all barrier types. No responses were recorded for individuals under 18.

Table 103. Breakdown of responses by age band and type of barrier mentioned

Age Band	Institutional	Interpersonal	Self-directed
18-24	4	16	2
25-34	4	25	0
35-44	2	7	2
45-54	1	4	0
55-64	5	10	1
65-74	26	32	7
75+	7	12	0
Under 18	0	0	0

A2.2.5.1 Interpersonal barriers

Age-related discrimination operating at an interpersonal level manifests in distinct ways across different stages of life, revealing varied forms of exclusion, prejudice, and perceived limitations.

For younger people (18-34), the overarching experience is one of being dismissed or underestimated. Those in the 18-24 age bracket encounter patronising attitudes in professional and civic settings, where their opinions are treated as less valuable or simply ignored. Their abilities to contribute meaningfully are questioned, and they may face a 'tokenistic' inclusion in discussions, offered the floor as an afterthought. For instance, removing their age from CVs to mitigate this bias. This pattern extends to political engagement, where young people find themselves lectured or their concerns trivialised, even by politicians claiming to support youth involvement. A common sentiment is that they are not listened to, or that older individuals only listen "for the sake of appearances".

Despite the fact that we came from a structure that was connected at the local level, which understood exactly what the representatives wanted, who were the beneficiaries of the education, the constant attitude was one that was slightly paternalistic. I led the largest student representation structure in Romania, I had a good few million students behind me; and despite this, it was still hard to be taken seriously. I've become much more sensitive now to any kind of real or perceived aged discrimination -- and being perceived doesn't make it any less real, of course.

-male, Romania, age 22

The 25-34 age group echoes this, describing how older colleagues dismiss their proposals or fail to take their input seriously, even after demonstrating competence. This can be intensified when younger people occupy positions of authority, leading to challenges in asserting their expertise.

I experienced this discrimination when I started working as project manager on EU funded projects in Italy. This, in particular, in cooperation with local institutions as schools, municipalities, etc. it happened to me not to be taken seriously. I have been often excluded from a conversation. Often, I have also been excluded from information sharing as well as not being made part of the important conversations about things. I have the impression that being a woman is a question, but also the fact that often I seems younger than my age. The risk is that in a certain context you will not be taken seriously.

-female, Italy, aged 32

Moreover, younger adults experience blatant age discrimination in everyday interactions. They are denied housing based on stereotypes of being irresponsible, are dismissed by medical professionals ("you're still very young, there won't be any problems with you anyway"), and face difficulty accessing services like mortgages. The financial repercussions of age-related bias are evident in low starting wages and unpaid internships, creating barriers to entry in competitive fields. During the COVID-19 pandemic, younger adults felt their well-being was de-prioritised and ignored when compared to older people. These experiences fuel a sense of exclusion and marginalisation, impacting their personal and professional growth.

Middle-aged adults (35-54) face a different form of interpersonal barriers, one intertwined with societal expectations related to family and career. Women in their 30s and 40s,

particularly those without children, encounter pressure to conform to traditional family roles, and their decisions about motherhood are scrutinised. In the workplace, they may be passed over for opportunities due to assumptions about their dedication or family responsibilities. An interviewee in their 40s was dismissed for a managerial position because her "daily life of [a] mother with a child was not competitive for this position." This illustrates the intersection of age and gender bias. Middle-aged individuals are also likely to encounter microaggressions, such as seemingly innocuous comments about their physical appearance, which contribute to feelings of insecurity and self-doubt. In the medical field, it was reported that complaints of leg pain were dismissed as just "due to my age".

For older adults (55+), interpersonal barriers frequently manifest as a loss of autonomy and respect, compounded by assumptions about their capabilities and worth. Those in the 55-64 age band report being pushed towards early retirement or redundancy, with younger employees often preferred due to lower cost or perceived adaptability. They are subjected to subtle yet undermining questions and comments that challenge their relevance. People in this band perceive difficulty in securing new employment after redundancy, because potential employers acknowledge their extensive experience, but state that they are not a suitable fit, leaving them with lingering doubts about age being a factor. This is further compounded by the impact of digitalisation, where the demands of modern technology exacerbate the perception of older adults as less competent or adaptable.

Older adults frequently face condescending or dismissive behaviour in healthcare settings, with their concerns downplayed or attributed solely to age ("Oh, you know, it's all age-related."). In retail settings, they might be patronised or treated as incapable of managing simple tasks. Those aged 75+ report instances of age-based hostility, such as being spoken to in a demeaning manner or experiencing rudeness from service providers. Age-related generalisations also affect this group. One interviewee felt that treating older people as individuals is essential. Accessing public spaces also presents challenges, with limited accessibility and a lack of consideration for their physical limitations, which one interviewee notes, causes public toilet usage to become an "insane problem". One individual over 75 recounts a doctor telling them that he could no longer be hospitalised after every fall.

Across all age groups, a common thread is the feeling of being defined and limited by age-based stereotypes. Younger individuals struggle to gain credibility and influence, while older adults confront diminishing expectations and societal marginalisation. These interpersonal experiences of age discrimination reinforce negative self-perceptions and contribute to a broader culture of age discrimination that perpetuates inequality and undermines individual potential.

A2.2.5.2 Institutional barriers

Institutional barriers manifests in various forms across the age spectrum, from barriers to meaningful participation for young people to systemic disadvantages faced by older adults in employment, healthcare, and access to services, among others.

For younger people (broadly encompassing the 18-34 age range), institutional barriers often relate to a lack of agency and voice. One interviewee aged 25-34 described how youth council representatives are given complex documents with the expectation they should provide feedback like seasoned adults and then are blamed for failing to do so. This highlights a superficial engagement with youth perspectives, rather than genuine inclusion and support. Furthermore, young people encounter a prevailing attitude that dismisses their contributions ("We've never done it this way before"), limiting their opportunities to shape decisions and policies. The experience of another participant (also 25-34), who was informed that 'with such demands, she was undermining the commitment of older men' in a sporting organisation, demonstrates a resistance to younger voices challenging

established power structures. This can also translate into professional settings, where younger employees find their ideas dismissed or undervalued compared to their older colleagues, even after having acquired the requisite knowledge and experience. In addition, the measures implemented during COVID-19 were seen to disproportionately impact young people, with one 18–24-year-old describing that “young people were completely neglected, ignored, put on the back burner” with the government initiatives to compensate this being “disillusioning”.

Some workers also described how contracts like the apprenticeship ones (for workers between 18 and 29) in Italy are designed in such a way as to provide favourable conditions for employers in the short term, but do not allow workers to progress to indefinite contracts when they are too old for this contract to be renewed (coined the “young washing” effect).

I also notice, both in my human resources expert capacity as well as a delegate of a large trade union, that there is the widespread practice (although not in my company) to recruit young employees with an apprenticeship contract (for workers between 18 and 29) that gives very favourable conditions to employers, but which usually does not allow employees to progress to indefinite contracts when they are too old for this contract to be renewed. I would like to call this phenomenon “young washing”, because companies refuse to stabilise workers when they are too old to profit of this contract and they in parallel declare that they would like to hire “the next generation”, but they disguise an economic interest.

-female, Italy, age 43

For those in mid-career (35-54 age range), Institutional barriers can hinder career advancement. One interviewee aged 35-44 described being told that “the proposed project coordinator is young”, with this remark alone impacting the points allocated to their project proposal, despite their experience. Another interviewee in the same age bracket explained that they had been refused for the position of direct supervisor, and their position was instead deleted, and internal structure of the organisation was reshaped so that the responsibilities allocated to that position were redistributed. The interviewee saw the cause of the unfair treatment as the fact that she is still young in an organisation where most of the leading positions are held by men at a retiring age (over 65).

Discrimination in employment becomes increasingly apparent for older adults (generally, those 55 and older). Individuals in the 55-64 age range described experiencing pressure to retire early, being told they should “leave space for younger people”. One interviewee was told that they have to retire as these were the exact words of her manager, adding that “she should relax and wait for retirement age”. Even when willing and able to continue working, older individuals face barriers to re-employment. One interviewee, in the 65-74 age group, detailed a lengthy court case after being denied a job for which she felt exceptionally well-qualified, only to be told that considering her experience would be discriminatory against younger candidates. This highlights how age can be used as a pretext to circumvent merit-based hiring, devaluing experience in favour of perceived “fit” with a younger team. Even the possibility of continued work is outright denied. One 65–74-year-old was explicitly told that the employer doesn't hire pensioners, and that the city of Karlsruhe doesn't do that. Even in roles where they are already established, those aged 55-64 described suffering through continuous pressure and harassment from their boss and younger colleagues urging them to sign up for the redundancy plan.

Beyond employment, older adults encounter institutional barriers in other aspects of life. Several interviewees aged 65-74 and 75+ described issues related to digitalisation, where services and information are increasingly inaccessible to those who are not digitally literate.

From supermarket loyalty schemes to public transport information, the shift towards digital platforms can exclude older adults who did not grow up with these technologies and may struggle to adapt. Healthcare services also present challenges. One 65–74-year-old noted that medical professionals often dismiss health concerns as “age-related,” effectively shutting down meaningful investigation or treatment. Another in the same age band was infantilised by hospital staff, whose competencies were denied despite her saying that she could do it herself, and was treated as though she were “slower, hard of hearing, a bit feeble-minded”. Moreover, one 65–74-year-old, described that constantly women are underestimated, such as in their professional life or voluntary work. In contrast, men of the same age are considered “silver locks” and trusted more because of their status, so women have to work harder to be acknowledged. In addition, older people can face restrictions when trying to access loans from the bank. Infrastructural deficits disproportionately affect older adults as well. One 75+ interviewee described the lack of consistent public transport and infrastructure that does not take into account older people who might have trouble walking.

Finally, the oldest age group (75+) described funding cuts to the older people's club they manage, jeopardizing the club's very existence. This decision threatens to leave entire collectives of older people, including over 90 individuals, without a place to gather. One interviewee stated: “What else is left there to do then? Wait for death?”. This exposes an institutional disregard for the value of social engagement and community support for older adults.

A2.2.5.3 Self-directed barriers

Self-directed barriers manifests differently across age groups, often intertwining with external societal perceptions and individual experiences. Older adults frequently grapple with internalised limitations stemming from perceived societal expectations, whilst younger adults negotiate a landscape where their capabilities are questioned due to their perceived inexperience.

For older adults, particularly those aged 65-74, self-doubt can be intertwined with experiences of Institutional barriers. One respondent recounted a protracted legal battle following a denied job application, highlighting a belief in her own suitability undermined by an employer's apparent preference for a younger candidate. This experience speaks to a broader struggle against self-limiting beliefs – the respondent felt that her extensive experience, typically an asset, was perceived as a liability. This perception was worsened by the employer's rationalisation, which prioritised youth, and the legal system, which did not consider her more suitable. Such experiences can lead to feelings of powerlessness and a sense that the rules are stacked against them. The same respondent's narrative also touched on the pervasive nature of stereotypes, recounting dismissive treatment following hip surgery, attributed to assumptions of being “slower” or “feeble-minded”, demonstrating how personal capabilities may be disregarded. Another respondent highlights the feeling of being overlooked in shops frequented by younger individuals, indicating a perceived exclusion from spaces and experiences associated with youth. A similar sentiment arises in narratives concerning healthcare, where medical professionals dismiss concerns as “age-related,” fostering a sense of being disregarded or devalued. The increasing reliance on digital technology presents further challenges. Learning new digital skills at an older age is seen as difficult, leading to avoidance of certain services, contributing to feelings of isolation.

I could not have digital identity for my mother and then now I am excluded from the knowledge of my data.

-female, Italy, in her early 60s

In contrast, younger adults (18-24) encounter self-directed barriers rooted in the underestimation of their capabilities. The need to remove age from CVs in order to avoid automatic disqualification for a role indicates the internalisation of societal biases against youth. Experiences in roundtable discussions, where young voices are relegated to afterthoughts, demonstrate the effect of perceived inexperience. One respondent described being told in a meeting that she “wasn’t even born” when someone else started working in the field, highlighting a dismissive attitude towards younger people and their perspectives. This can lead to self-doubt, as evidenced by one young woman describing the constant questioning of her knowledge and abilities to conduct research. This lack of confidence can hinder professional development and prevent younger individuals from fully participating in decision-making processes. Moreover, these younger respondents note societal expectations around who should be a leader (i.e. older).

It was in a group of civil protection volunteers, where I was accused by older persons to have taken over more responsibility, including persons to coordinate, and where these persons refused to be under my coordination. Old people that did not want to receive any sort of lecture from young people. It is, in general, a cultural question.

-male, Italy, age 30

Middle-aged adults (55-64) face a different set of internal struggles. Having been dismissed from a long-term job, one respondent highlights the difficulty in pinpointing age discrimination in the job search, as subtle indications can sow seeds of doubt. The respondent’s extensive experience became a perceived disadvantage. Such experiences contribute to the internalisation of self-limiting beliefs, leading to a feeling of being less valuable in the job market. Similarly, another respondent’s experience highlights the subtle but powerful impact of ageist assumptions when applying for a mortgage; feeling like a “second-class person,” contributing to a sense of exclusion from essential financial services.

In the case of the 25-34 age group, data reflect a pattern of discrimination where authority and credibility are questioned based on their perceived youthfulness. This questioning can undermine their confidence and impact their ability to lead effectively.

Overall, self-directed barriers reflect a cycle of internalised biases and external experiences. Older adults often grapple with the perception that their abilities are diminishing, and they are less relevant in a youth-obsessed society. Younger adults internalise the notion that their opinions are less valuable due to their perceived lack of experience. These self-perceptions are reinforced by societal attitudes and practices, perpetuating a cycle of age discrimination that affects individuals across the lifespan.

A2.2.6 Analysis based on gender

Female respondents reported a higher number of responses across all three types of barriers, with 69 interpersonal, 38 institutional, and ten self-directed instances. Male respondents reported 37 interpersonal, 11 institutional, and two self-directed responses. These figures reflect the distribution of reported experiences of age-based discrimination by gender.

A2.2.6.1 Interpersonal barriers

Within the realm of interpersonal barriers, interviews reveal distinct yet occasionally overlapping experiences for women and men. Women’s accounts frequently highlight

instances where age intersects with gender, shaping perceptions of competence, attractiveness, and professional viability. Men's experiences are more often connected to perceived value within professional environments and changing societal roles.

For women, interpersonal barriers manifests in multifaceted ways. Older women report being dismissed by younger doctors who seem unwilling to consider their extensive experience, while younger women encounter situations where medical professionals disregard their concerns or trivialise their health issues, often with patronising or dismissive comments linked to their age. The presumption of incompetence extends beyond healthcare; several women describe encountering difficulties in professional settings, facing condescending attitudes from colleagues and superiors or being passed over for opportunities in favour of younger, sometimes less qualified, candidates. Older women especially noted feeling forced out of their positions by subtle or explicit pressure from employers eager to replace them with younger staff.

For employers, women over 50 are in the same category as those who don't yet have children, but who may: they see us as a potential source of difficulties. Productivity is not a question of sex or age; it's a question of desire.

-female, France, age 67

This also extends to the perception of women's value. The data shows how older women feel undervalued both professionally and socially as they are frequently underestimated and have to work harder to be acknowledged. The pressure to conform to age-related norms is also evident, with comments about appearance serving as reminders of societal expectations. Both younger and older women also report instances of feeling ignored, overlooked, or simply not taken seriously, their opinions dismissed, or their contributions devalued.

Helmut Schmidt worked in his Hamburg office until he died, why can't I do that? Old women are valued differently than old men.

-female, Germany, age 68

Notwithstanding my age and professional background (lawyer with Ph.D. and more than 5 years of legal education) it happened to me many times to be treated unfairly on the grounds of age. In particular, I remember one occasion a few years ago in which a client of the law firm where I was working as a fully qualified lawyer (a man in his mid-40s) asked me to go and prepare coffee for him while I was already sitting at the table. At this age, I already had a Ph.D. and professional experience in the legal sector. I think this would have not happened if I was older and in particular if I was a man.

-female, Italy, aged 30-35

Men, too, encounter age-related bias, particularly within the workplace. Older men express frustration at being overlooked in favour of younger, "favoured" consultants or experiencing difficulty securing new positions after losing their jobs. The data indicates that this can be exacerbated when they don't have specialist knowledge of outdated technology. This is illustrated through instances of individuals being told they were too old and too expensive and encountering prejudice from potential employers reluctant to invest in someone nearing retirement. The fear of being perceived as technologically inept or out-of-touch appears as a recurring theme. There are also reports of older men being treated with

less respect in service roles, such as in theatre guard robes, where they perceive a lack of basic politeness from younger individuals.

Younger men face challenges in having their opinions and experiences taken seriously, particularly in political and professional contexts. They describe instances where their contributions are dismissed due to their perceived lack of experience or when they are tokenistically included without their input actually valued. As with younger women, they can be overlooked, as the opinion of older-looking colleagues are taken more seriously. This speaks to a dynamic where youthful perspectives are seen as less valid or less informed compared to those of their older counterparts. In general, several men describe situations in which they were rejected due to their age, such as not being offered jobs or not being taken seriously.

Across both genders, digitalisation emerges as a source of interpersonal tension. Older women recount struggles with digital tools and services, leading to feelings of exclusion and dependence on younger individuals. Similarly, older men express frustration with app-based systems that present barriers to accessing services or benefits. This highlights the potential for digital literacy to exacerbate age-related inequalities, creating new divides between those who are comfortable with technology and those who are not.

Individuals find that they are unfairly treated as a result of their age when interacting with others. For instance, one woman describes being treated in a condescending way by staff at the hospital and the nursing staff not respecting her experience of post-op aftercare. Another woman describes how she was refused a car rental in Greece due to her age. Similarly, one man describes being asked to pay for additional car insurance due to his age, while another describes being looked at "disparagingly" for entering shops aimed at young people.

Ultimately, while the specific manifestations of interpersonal barriers may vary between genders, the underlying theme remains consistent: age-based stereotypes and prejudices continue to influence how individuals are perceived and treated in various spheres of life. These range from subtle acts of condescension to outright discrimination, highlighting the need for increased awareness and proactive measures to combat age discrimination in all its forms.

A2.2.6.2 Institutional barriers

Institutional barriers manifests in distinct ways for women and men, highlighting systemic biases within legal frameworks, organisational structures, and societal attitudes. For both genders, inadequate enforcement of existing laws and policies, coupled with a lack of age-appropriate accommodations, contributes to experiences of marginalisation. However, the specific avenues and impacts often differ, reflecting societal expectations and biases linked to gender and age.

For women, the impact of inadequate legal protections and policy frameworks can be seen in several ways. One woman recounts the experience of being denied a job due to perceived age, with the employer explicitly stating that considering experience would discriminate against younger candidates. The subsequent court case highlights how age-based legal restrictions and eligibility criteria, or indeed the removal of experience requirements in the face of candidate experience, can be manipulated to disadvantage older workers, effectively circumventing the intention of anti-discrimination laws. Furthermore, several older women spoke of age limits within specific industries, such as being a sworn translator, which are enforced regardless of individual competence or desire to continue working. The impact of funding cuts is similarly gendered, as women

who were actively engaged within their community through older people's clubs faced the loss of this vital support network.

The European Commission is commissioning a study on age discrimination, while, unlike the Parliament and the CJEU, it prohibits interpreters from working after the age of 67.

-female, France, aged 77

Age-based eligibility criteria and mandatory requirements are also prevalent in the reflections of older women. A feeling that the inflexibility of retirement systems, which lack a gradual transition and preclude the use of personal training accounts upon retirement, contribute to feelings of abrupt displacement and lost potential was identified. Others mention being denied loans or mortgages based on their age, even with sufficient assets, and the perception that if they change private health insurance providers they would be hit with higher premiums due to their age. This points to an intersection between institutional and financial barriers, limiting autonomy and choice in later life. Experiences with healthcare revealed that older women feel that doctors may attribute symptoms dismissively to age, neglecting thorough diagnosis and treatment. The underestimation of older women is further amplified in professional and volunteer settings where they face challenges in having their expertise acknowledged, particularly in male-dominated environments.

Younger women highlight a different dimension of institutional discrimination. One woman in her 20s describes how she was discouraged from expressing her opinions within a sports club and overlooked in online representation. Another highlights that during COVID young people were neglected. A 24-year-old highlights that often people think that she is 16 years old which means that she regularly has to show her ID, but then when she goes to the doctors the nurses do not treat her properly, it is only when her parents are with her that she is examined by the doctor. The stories illuminate how institutional structures can perpetuate a cycle of disempowerment, where younger women's contributions are dismissed or trivialised due to their age and gender. The impact of low-wage internships is highlighted, which perpetuates inequalities as they are only accessible to young people with financial support.

I recently experienced this discrimination in a health facility while I was in a hospital ward. I was the only person of such a young age, because most people were over 50, over 60. And I was in a situation where I had already been diagnosed, and they started giving me medication. They were bringing me medication in these little cups of theirs and I was just asking questions about what it was, because I want to know what I'm taking, what medication I'm taking, what's being prescribed to me here in general.

And I felt that I wasn't quite being taken seriously. I just asked the nurse, what is it? Bowel medicine. Okay, but what does it do? What are the side effects? What is this treatment is going to be like? And she wasn't able to answer any of those questions. She said it's just doctor's orders and that's it, I'm not supposed to talk back. So it was a very uncomfortable situation that I was in, and generally throughout my stay in hospital I felt that way. For example, I was asking for anaesthesia during the procedure, a double dose of anaesthesia. I was ignored. I only received the second dose when I was feeling incredibly bad.

And I think it was because of the fact that they were dealing with a young person, as usually there were only older people on the ward that I was on.

-female, Poland, aged 25

For men, institutional barriers often revolve around enforced retirement and digital exclusion. One man describes being included in a collective retirement scheme at 57, indicating pressure to leave due to his age. Another reflects that a social security scheme reimbursed him half as much as if he had been working when he needed a hearing aid. Although he acknowledges that this is only discrimination in reimbursement, not access, it still leaves him feeling less valued by society. Several men highlighted the barriers created by increasing digitalisation, particularly in public services and retail. The shift towards app-based systems and online platforms disadvantages older men who may lack the skills, resources, or confidence to navigate these technologies. This creates a digital divide, limiting access to essential services and information. The inability to access bonus programs at his local supermarket due to the app-based points system shows that older people are missing out.

Younger men also describe facing institutional discrimination in the workplace, where their input is often dismissed or disregarded due to their age. These instances highlight how institutional structures can inadvertently perpetuate a culture where experience and seniority are prioritised over fresh perspectives and innovative ideas.

Therefore, for both women and men, the consequences of institutional barriers are profound. They impact access to employment, healthcare, financial services, and social participation, ultimately undermining autonomy and well-being. Addressing these systemic biases requires a multi-faceted approach, including strengthening legal protections, promoting age-inclusive policies, ensuring adequate enforcement, and fostering a culture that values the contributions of individuals of all ages.

A2.2.6.3 Self-directed barriers

Self-directed barriers manifest distinctly in women, often intertwined with societal expectations around competence and relevance, while men experience it through a lens of diminishing value and a sense of being disregarded by a youth-oriented society.

Women's experiences reveal a strong element of internalised doubt, particularly when re-entering the workforce or facing career transitions. One woman described removing her age from her CV, acknowledging that longevity at a single company, usually seen as an asset, now feels detrimental. This illustrates a self-imposed adaptation to perceived bias, hinting at a deeper fear of being deemed obsolete. Another woman, recounting her unsuccessful job application and subsequent court case, highlights the perceived absurdity of devaluing experience in favour of youth, thereby rendering competition meaningless. Though unsuccessful in her legal challenge, the extensive media coverage and subsequent overhaul of the employer's recruitment process suggests an unconscious acknowledgement of the validity of her concerns and potential for age-related bias in recruitment.

Older women find their competence challenged in both professional and healthcare settings. One woman recounted being patronised by hospital staff who dismissed her extensive experience with post-operative care, denying her the autonomy to manage her own recovery. Another described being underestimated as a "woman of advanced age," requiring more effort to be acknowledged in both professional and volunteer contexts, where male counterparts are afforded greater trust and respect based on perceived status alone. These experiences demonstrate how stereotypes subtly undermine women's self-assurance and perceived capabilities. Digitalisation presents a unique challenge, with one woman describing the feeling of being "left behind" and how younger colleagues exploited her difficulties, leading to professional withdrawal. This suggests a self-directed pressure to

conceal vulnerabilities, rather than seek support, potentially stemming from a fear of further marginalisation. These experiences are echoed by a younger woman who felt her opinions were disregarded due to her age, and who was subjected to inappropriate questioning about her family plans during a job interview.

In contrast, men's experiences of self-directed barriers seem linked to a sense of societal disconnection and diminished agency. One man, recounting his unsuccessful job search after redundancy, internalised the message that he was too close to retirement to be worth investing in, reflecting a lack of perceived future value. Another described feeling disparaged and treated with suspicion when shopping, suggesting a self-awareness of not fitting into a youth-oriented consumer culture. This is further compounded by dismissive interactions with healthcare professionals, who attribute ailments to "old age," leaving him feeling his concerns are not being adequately addressed. These examples illustrate a subtle but pervasive erosion of self-worth, stemming from perceived societal disregard.

Older men also highlighted challenges relating to mobility and accessibility, from dangerous zebra crossings to a lack of public toilets, reflecting a feeling of being overlooked in urban planning. One man observed his neighbours finding it hard to navigate the digital demands of bureaucratic processes, leading to feelings of shame and isolation. These experiences speak to a sense of powerlessness in the face of societal changes that disproportionately affect older individuals, possibly fostering a sense of self-imposed limitation.

"Toilet use is an insane problem for some people because there are no public toilets far and wide. They have to arrange their day so that there is always a toilet within 50 metres of reach."

-male, Germany, aged 72

In essence, the impact of self-directed barriers differs across genders. Women internalise doubts about their competence and relevance, adapting their behaviour to combat perceived biases. Men, on the other hand, experience a sense of disconnect and diminished value, leading to feelings of isolation and powerlessness in a society that prioritises youth.

Q5/Q8. Do you feel that your age intersects with other aspects of your identity in shaping your experiences of discrimination?/Do you feel the impacts of age discrimination have been compounded by other forms of discrimination you face? In what ways?

Table 104. Breakdown of responses to Q5 by intersectional characteristic mentioned

Category	Count	%
Gender	79	72%
Other (e.g., physical appearance, parental status, mental health condition, etc)	60	55%
Race/Ethnicity	35	32%
Disability status	25	23%

Sexual Orientation	17	15%
Religion	12	11%

Table 105. Breakdown of responses to Q8 by intersectional characteristic mentioned

Category	Count	%
Gender	49	57.0%
Migrant/National Origin	9	10.5%
Parental or Family Status	9	10.5%
Disability Status	8	9.3%
LGBTQ+ Identity	6	7.0%
Socio-economic Status	5	5.8%
Mental Health Condition	2	2.3%
Ideology	1	1.2%

Age discrimination is frequently compounded by other forms of bias, particularly for women. Younger women find their age and gender intersect to create unique challenges in professional settings. They feel they must constantly justify their presence/achievements compared to men, their competence is questioned, their long-term commitment doubted, and their opinions undervalued, sometimes perceived as "naive". This can manifest in career-oriented discussions, with younger women often facing questions about family plans rather than professional aspirations. The expectation of trustworthiness is diminished, causing insecurity and patronising behaviour, even from marginally older men.

I have observed it in schools and other institutions or discussions - When young men are asked about their future, it is done in a very career-oriented way. When young women are asked about their future, the focus is more on where you want to live in the future and where to you want to start your family?

-female, Estonia, aged 23

Conversely, older women may be perceived as lacking energy or initiative. They are often underestimated, seen as less credible, and face challenges in employment (e.g., not profitable, lower salary/pension gap). Gender discrimination intersects strongly with age in professional, political, social, and financial contexts, and it affects women differently depending on their age.

I had to work during maternity, and I also had external pressure to leave my managerial position that I gained throughout the years immediately after having a child.

-female, Italy, older

Women also report difficulty accessing healthcare/contraception, and societal pressure regarding parental status. Parental and care obligations particularly fall on women, leading to career breaks, lower pensions, and difficulty re-entering the workforce, which intersects strongly with age.

Many older people also don't have a driving license. In the past car ownership was more of a luxury, and women in particular had to rely on their husbands' help. Many of them are now widows, they have no way of leaving their homes and being active.

-female, Poland, runs educational activities for older people

Individuals with different skin colour, migrant backgrounds, or certain nationalities frequently face discrimination, and this intersects with gender, socioeconomic status, and of course age. Individuals from Ukraine and Romania, for instance, expressed feeling disadvantaged in the Dutch work environment. Roma background or a non-native name, for example a Russian one in Estonia, could lead to less favourable treatment for younger people. Limited language skills can compound feelings of inadequacy, particularly when combined with age-related doubts. Younger people in particular reported being treated differently, facing difficulty finding jobs, being targeted for scams, or customers in service settings experiencing preference for majority nationality.

Age discrimination interacts with class - students from privileged backgrounds can afford taking low paid internships. I am Romanian so I think it's even harder for me. I can't do many jobs that my Dutch friends can do.

-female, Netherlands, aged 25

Younger people with health conditions reported experiencing dismissive attitudes from healthcare professionals (especially towards younger individuals), being prescribed sedatives without being properly heard, and social withdrawal due to societal lack of awareness or understanding. People with disabilities, particularly older adults, face challenges in accessing appropriate care (e.g., being sent to retirement homes instead of rehabilitation), finding suitable housing, and navigating inaccessible public spaces/venues. Disability intersects with age and socioeconomic status, impacting quality of life and access to adequate support. Mental health conditions, while not extensively discussed, are also noted as potentially interacting with age, leading to symptoms being dismissed in younger people (18-24) or contributing to social withdrawal and lack of societal understanding in older individuals (65-74).

The practical, material question immediately arises: where am I going to live, how can my home be adapted? If you can't afford it, you can't stay at home. What's more, once you reach a certain age, you're no longer sent to a physical rehabilitation centre, but straight to a retirement home. You systematically come second to younger people in terms of access to follow-up care and comfort.

-female, France, aged 70

Young people with mental health issues are in a particularly tough spot in regards to age discrimination.

-male, Estonia, aged 22

Homophobia intersects with age, potentially leading to social isolation and financial vulnerability (e.g., poverty among older lesbian women). Lesbian couples may face housing discrimination and loss of professional position after coming out. For older LGBTQ+ individuals in care settings, there is a fear of needing to hide their identity.

Two women living together — Poverty is female, so they are double poor.

-female, Germany, aged 68

Socioeconomic status is also a significant intersecting factor impacting access to housing, technology, healthcare, jobs, and financial security (e.g., poverty for single mothers, low pensions, dependence on social benefits, inability to afford adaptations).

A2.2.7 Analysis based on age groups

The interview responses highlight how age discrimination intersects with various other aspects of identity, with significant differences observed across age groups. Gender is consistently reported as a highly prominent factor across all age categories, frequently combining with age to create compounded disadvantages. Experiences vary, with younger women (18-24, 25-34, 35-44) often feeling they are not taken seriously, facing patronizing behaviour, being judged on appearance, or needing to justify their position more than male peers.

"On organisational level, it feels that, as a young woman, you have to justify yourself more compared to a man, who is the same age or even younger. For a man it is enough to show up. For young women, it feels like it comes with the asterisk of explaining why they deserve to be, where they are."

-female, Estonia, aged 25

Older women (55-64, 65-74, 75+) frequently discuss the cumulative impact of gender discrimination on employment opportunities, career progression, financial security (particularly pensions and care work), and facing stereotypes like being viewed negatively if they don't conform to certain appearances or being underestimated in professional or volunteer settings. Some women mentioned the "beauty obligation" and pressure to remain fit, particularly after the age of 40, which can compound age-based discrimination in employment.

Care obligations are noted as a key intersecting factor for women across age groups, negatively impacting career and financial outcomes.

Not in my case, but I am aware that in the case of women the situation can be different. I remember a woman, also a manager, a highly qualified worker, of 60 years old who lost her job while having a mother with Alzheimer and a sister with health issues. This person had care obligations against two relatives but, because of her age, was unable to find a new job. The more the professional qualification are low the more is difficult. The more is difficult to replace a person the more is easy for the employed person. This problem of old-age workers seemed to be only present in Italy and not in other countries.

-male, Italy, aged 76-77

Being 50 when you're looking for a job is not easy, but when you're a woman it's even worse. And what's more, I'm American, which is a double-edged sword, it can help as well as hinder.

-female, France, aged 62

Other intersecting factors include race/ethnicity and disability status, though less frequently mentioned than gender. Individuals from various age groups can be affected issues like nationality-based barriers to professional exams (75+), observed difficulties for young job seekers with migrant backgrounds (18-24, 25-34), potential discrimination in housing (18-24), or structural age discrimination affecting older migrants (65-74).

A woman, a student, a girl, the regional student parliament – prejudices and stereotypes associated with all aspects of my identity. In the neighbourhood in the student parliament – young people with a different skin colour, they treat them differently.

-female, Czechia, aged 17

Generally, for example, an older black woman would experience more challenges than an older white woman.

-female, Netherlands, aged over 80

Disability status is particularly highlighted by older groups (65-74, 75+), concerning lack of suitable care facilities, difficulties accessing rehabilitation, mobility challenges, and the vulnerability of carers (spouse ignored in healthcare).

When an elderly person is disabled, he or she is put in an EPAD (accommodation and care facility for older people), even though it is often not a structure that is suitable for managing disability.

-female, France, aged 78

The interviews also mention sexual orientation, primarily through older individuals discussing historical and ongoing discrimination in housing and employment, its negative impact on financial security (pensions), and the lack of safe spaces for LGBTQ+ individuals in older people care settings (65-74). LGBTQ+ individuals, particularly gay men, face the added burden of potential isolation in older age, potentially needing to conceal their identity in care facilities to avoid further discrimination. Older lesbians can sometimes navigate social connections more effectively than older gay men but are very likely to face poverty.

Beyond these specific labels, the interviews reveal other significant intersecting dynamics. Socioeconomic status and geographic location also play a role, affecting housing options, access to jobs and services (digital, healthcare), and overall vulnerability across age groups, with older women identified as being particularly susceptible to poverty (65-74). Those living in rural areas with limited job opportunities face particular difficulties, with feelings of being held back by lack of access to opportunities and support.

I don't even want to imagine how much pension I would have now if I had worked full-time!

-female, Germany, aged 67

We also don't have the expertise to make use of Erasmus+, when we would like to use it to encourage learning foreign languages or sharing experiences with people from other countries. Living in small towns holds us back in this area, and we're jealous of bigger cities that have more resources and higher education institutions and are able to make use of this EU support.

-female, Poland, runs educational activities for older people

Digital literacy is a major challenge for the oldest group (65-74), impacting their ability to access essential services and participate fully in daily life and work interactions where younger generations have an advantage. Mental health conditions, while not extensively discussed, are noted as potentially interacting with age, leading to symptoms being dismissed in younger people (18-24) or contributing to social withdrawal and lack of societal understanding in older individuals (65-74). Physical appearance can also play a role, particularly for younger women being judged or not taken seriously. The interviews underscore that these factors often do not merely add up but can multiply the forms and intensity of discrimination experienced, creating unique challenges for different groups and ages.

Q6/Q7. What have been some of the most significant impacts for you personally?

Table 106. Breakdown of responses by type of impact described

Category	Count	%
Mental health	94	81%
Relationships	55	47%
Financial	38	33%
Physical health	13	11%
Behavioural	3	3%

Mental health is significantly impacted, with common experiences including a profound loss of self-esteem and self-confidence, feelings of worthlessness, inferiority, insignificance, despair, and hopelessness. Discrimination and feeling unheard or undervalued frequently lead to frustration, bitterness, anger, anxiety, stress, emotional exhaustion, and even burnout or depression. Individuals may doubt their skills and past achievements, struggle with concentration, and experience a loss of purpose. While negative psychological effects are reported, the interviews also highlight resilience, with individuals finding strength in challenging discrimination, maintaining a positive outlook, or developing coping mechanisms.

One feels inferior, undervalued. I would like to pass on my experience, but there is no interest. It lowers your self-esteem.

-female, Czechia, aged 56

I never let it derail me; I rather counted on it and expected it, I always tried to take it as it was and prove my worth, it never affected me negatively, I rather took it as a natural part of life.

-male, Czechia, aged 85

Financially, the consequences are severe and widespread. Difficulty finding and retaining employment due to age leads to job loss, unemployment, precarious or low-paying jobs that are often below one's skill level, and significant financial insecurity. This results in reduced income, difficulty affording necessities like housing, depletion of savings or inability to save, increased costs (e.g., for healthcare, travel, insurance), and diminished retirement

pensions. The interviews underscore a tangible fear of poverty in old age and the economic exploitation experienced by those forced into undesirable work situations.

I eventually got a job that was not my specialty and very physically demanding just to pay the bills. I was the sole breadwinner in the house; I had no choice. However, if I didn't have a contact there, I probably would not have been hired even there. This goes to show just how dire the situation can be for an older person looking for work.

-female, Estonia, aged 63

In some cases, it was painful - especially when I was without a job for 5 years. I had to work for less money and accept a job below my level. It is an exploitation. I was very angry.

-female, Netherlands, aged 65

Relational impacts are also prominent, encompassing social isolation and loneliness, particularly in old age or following job loss. Individuals report feeling disregarded, not taken seriously, undervalued, or excluded from social interactions and professional circles. Intergenerational tensions, lack of recognition for experience, and feeling burdened by stereotypes or the need to constantly prove oneself are common. Discrimination can strain family relationships or highlight a lack of adequate social support networks.

The fact of not being taken seriously puts a lot of pressure on you, and also makes you feel less important. If I say something, it has always to be on point and correct, so it puts much more pressure on you.

I have been prevented from expressing my ideas and speaking up because I have the impression that what I say is "stupid" and that other people will perhaps express the same point in a more adequate way. It somehow prevents you from seriously taking part in the conversation.

-female, Italy, aged 26

It gets to me, it makes me angry, I'm annoyed. The anger leads to stress and sometimes sleepless nights. You become sceptical in general. There is a great danger of personal withdrawal, but you have to be aware that withdrawal means that you isolate yourself and nobody comes to get you back. That's very important to be aware of in old age: Whoever withdraws stays there. Nobody is going to come to you and ask: 'Where have you been for so long?'" You may have to actively look for social contacts and there are also people who can no longer manage this, slip through the cracks and find themselves in a dark whole where everything around them is grey.

-female, Germany, aged 66

Physical health is mentioned, though less frequently than mental or financial impacts. Reported effects include stress-related symptoms, physical constraints resulting from inadequate or discriminatory healthcare, mobility limitations (actual or perceived), and concerns about declining health being met with poor treatment or loss of autonomy. The interviews also note the potential link between isolation, inactivity, and physical decline, with physical activity or necessary lifestyle changes also noted as beneficial for well-being.

Behavioural responses to these challenges vary, ranging from negative reactions like withdrawal, self-limitation, avoidance, and reduced motivation to positive and active stances such as advocating for oneself and others, challenging discrimination, seeking new opportunities or solutions, joining relevant associations, or focusing on personal interests and enjoyment.

We've been conducting this analysis since 2019, and we've found that for people over 75, over 80, this sort of isolation degrades their health, causes profound feelings of abandonment and contributes to health conditions, including dementia. We hear that many people end up hospitalised as a result and withdraw completely. At the same time, we lead groups over the internet, but the fact that they haven't mastered new technologies means we can only reach them by phone or meet them directly if anyone from our organisation is able to come over. We try to maintain contact with small gifts for their birthday or for Christmas, but they're missing daily contact.

-female, Poland, runs educational activities for older people

Overall, the accounts reveal a complex interplay between these impacts. Financial insecurity directly fuels mental health issues like anxiety and depression. Social isolation exacerbates loneliness and worthlessness. Mental health struggles can lead to behavioural changes like withdrawal. Conversely, active behavioural responses like advocacy or seeking new connections can positively influence mental well-being and potentially mitigate financial or relational harms, although overcoming systemic barriers remains a significant challenge.

A2.2.8 Analysis based on age groups

The interviews highlighted that age discrimination inflicts a heavy toll across mental health, finances (especially for older groups), and relationships, impacting individuals' self-worth, opportunities, and social connection. While responses vary from withdrawal to determined advocacy, the overarching theme is the pervasive challenge of being denied value or equal treatment based on age, leading to significant psychological, financial, and social consequences.

Across all age groups, mental health is significantly affected by age discrimination. Common impacts include stress, anxiety, depression, decreased self-esteem, feelings of worthlessness, and a loss of trust. Older age groups (55-74+) frequently link these feelings to job loss, perceived uselessness, social isolation, and a lack of recognition, sometimes resulting in despair, a loss of purpose, or even thoughts of worthlessness. Younger groups (18-34) experience similar mental health impacts, often stemming from not being taken seriously, being ignored or dismissed in educational, professional, or public settings, and facing tokenism or lack of opportunities. This can lead to frustration, anger, disillusionment, feelings of futility, and even burnout. Middle-aged groups (35-54) also report hits to self-confidence and feelings of being overlooked or plateaued in their careers, which can contribute to anxiety and burnout.

I was desperate to find a job. I had a burnout as a result of my difficulties finding a job. I suffered a burnout in my three years of university, as a result of, among other things, age discrimination.

-female, Netherlands, aged 25

This had made worse my work experience, especially in a context, like Italy, where is very difficult to develop a professional career. Also, in many cases, it is difficult to recognise the episode of discrimination, because it is more a feeling of inadequacy.

In my case, they have brought me to a situation of complete burnout. The sense of diminishing you on the basis of your age as well as of other experiences that the person with whom you work changes your approach. The frustration of not knowing how to react. Being an employment relationship, there is also a power relationship.

-female, Italy, aged 32

Financial impacts are particularly pronounced in older age groups (55-74+). Job loss, difficulty finding new employment, and being forced into precarious or lower-paying roles lead to reduced income, impacted pensions, significant financial losses, and fear of poverty. Older individuals also face increased costs for services (like car rentals or private healthcare) or miss out on financial benefits (like supermarket discounts) due to age restrictions or lack of digital access. Younger groups (18-34) experience financial insecurity primarily through difficulties accessing stable, well-compensated employment, leading to reliance on precarious contracts or underemployment, which in turn creates anxiety about their present and future financial stability and hinders things like finding housing.

"I find it tragic, you see, I did an MBA, I have a university degree, I have several additional qualifications, it wasn't in my plan to go cleaning."

-female, Germany, older

Relationally, age discrimination fosters feelings of isolation, loneliness, and a lack of recognition or being needed. Older individuals lament the loss of social interaction from work or community clubs and often feel disregarded by younger generations or society at large, sometimes perceiving a lack of mutual empathy. Isolation is highlighted as potentially accelerating loss of autonomy.

The fact that many of these older people visit the club despite being in a wheelchair or simply being in poor health shows that the opportunity to socialize and stay active is essential for them.

-female, Estonia, aged 80

Younger individuals, conversely, often feel ignored, belittled, or not taken seriously by older generations or those in positions of authority, leading to feelings of being sidelined or facing intergenerational conflict. Individuals across groups note having to constantly prove their competence or defend their age group against stereotypes.

Realising I'm not being taken seriously makes me frustrated and angry. Why make an effort if I'm not being listened to anyway? Tokenism, standing there for the photo but not being listened to, makes you frustrated and wonder why you should invest your time.

-female, Germany, aged 24

One of the most common causes, why people leave youth organisations shortly after joining them, is experiencing disregard towards them in important meetings purely because of their age. It can, in a sense, be traumatic to many. After experiencing

something like that, many young people simply ask themselves why they even try to make a difference. They then often move away from active participation in society to simply focus on studies.

-female, Estonia, aged 23

Physical health is less consistently reported as directly impacted, but significant effects are mentioned. Stress and anxiety resulting from discrimination, particularly job-related or healthcare-related experiences, can manifest as physical health issues like palpitations or lead to burnout. Inadequate or discriminatory healthcare treatment, where concerns are dismissed based on age or perceived immaturity, can have severe and lasting physical consequences. Loneliness and isolation, which are relational impacts, are also linked to accelerated loss of autonomy in old age.

After many years working in a company, this place becomes a second house. Once this company or this workplace becomes against you, the consequences are very deep. Although I managed to exit the first experience I had many impacts.

I experienced physical consequences and psychological ones. From a physical standpoint, I had problems with my health. I was mobbed by the company for a year and a half, they demeaned me in many ways. It looked like age was the only reason to marginalise me. However, eventually I managed to exit the company with another job and with a good economic agreement. This, however, was only thanks to my economic resources, my background (I am a manager) and my family. If it was not for my family and my wife, I think it would have been much worse.

-male, Italy, aged 65

Behavioural responses to age discrimination vary widely. Interviewees describe withdrawing or becoming resigned, limiting social contact or avoiding certain situations. Others are motivated to actively fight discrimination, joining advocacy groups, taking legal action, speaking up, or pursuing education or new opportunities despite setbacks. Younger individuals might try to outwardly appear older or, conversely, lean into activism and efforts to empower their peers. Older individuals might focus on adapting, seeking support, or pursuing activities solely for enjoyment rather than external validation. However, the mental and emotional toll can also lead to a lack of drive or difficulty undertaking necessary tasks.

Now I'm at an age where it doesn't happen to me much, but the effects are when I learn about discrimination against others, it strengthens me to go on and on fighting, to have a feeling for a lot of victims.

-female, Czechia, aged 48

These [dressing properly and taking care of herself] are things you need a lot of discipline for. I would not have thought that something like this would happen to me when I was preparing for retirement.

-female, Germany, aged 67

A2.2.9 Analysis based on gender

This summary outlines the group-specific responses regarding the impact of age discrimination, focusing on the provided labels. The experiences described highlight significant negative effects on mental health, financial security, and social/relational well-being, with nuances between male and female perspectives. Physical health impacts are less frequently reported directly but sometimes linked to stress or inadequate care. Behavioural responses range from defiance and activism to withdrawal and isolation.

For men, the impacts frequently involve a hit to mental health, manifesting as decreased self-confidence, feelings of rejection, frustration, anxiety, and at times, depression or a sense of futility and helplessness. While individuals react with determination and a desire to prove their worth or fight back, there are also described experiences of feeling small, insignificant, or experiencing a profound loss of self-esteem due to being dismissed or perceived as incompetent based on age (either too young or too old).

I questioned myself a lot and wondered if the problem was simply my age.

-male, France, aged 68

Financially, men report significant losses due to job redundancy or difficulty finding stable employment, leading to reliance on spouses or facing higher costs for services (like car rental insurance or housing). They also express concern about future financial insecurity and potential discrimination in areas like healthcare reimbursement (e.g., hearing aids). Relationally, men note a lack of work community, feeling redundant or that their skills are unused, experiencing intergenerational clashes, and feeling ignored or not taken seriously. Older men express fear of future isolation and vulnerability, particularly regarding care settings, highlighting a loss of autonomy and fear of decisions being made without their input. Younger men also feel disregarded in professional and youth engagement settings, sometimes leading to disappointment or withdrawal.

I am worried that everything will be decided over my head and I will have to accept these decisions, that because of my age I will no longer be able to defend myself.

-male, Germany, aged 66

I lost my job, and I missed out on opportunities. In particular, the one in the Registrar Office of the local tribunal was important. Also, this cannot be justified in light of the specific condition of the job, as being an office job does not require any specific skills. Also, being 48 years old I was not 50 years old, which is the minimum requirement to be entitled to economic support by the state to go into retirement. I have statistics and I think that only 25% of my colleagues who lost their job found a new employment.

-male, Italy, aged 58

Women report similar but often more intensely described impacts. On mental health, experiences range from feelings of inferiority, being undervalued, sadness, and frustration to more severe outcomes like burnout, mental terror, and prolonged periods of depression or hopelessness, sometimes triggered by specific traumatic events like forced resignation or prolonged unemployment. Self-confidence and trust in one's abilities are significantly affected, alongside a deep sense of worthlessness or feeling "unfit" for society. Financially, women detail severe precarity, including losing careers, being forced into temporary or lower-level jobs (often physically demanding) to cover basic costs, facing significant financial losses over years of unstable employment, and receiving low pensions that barely cover living expenses. They describe needing family support and fearing poverty in old age.

I had to reinvent myself and accept a position different from my profile, my expectations and my training. Since I turned 35 years old, I live in an employment condition that is totally precarious, especially for a person with two degrees and international experience.

-female, Italy, aged 45

Accessing essential services like healthcare can also incur significant financial costs if standard options fail. Relationally, women experience being ignored, dismissed, and not taken seriously, particularly in professional settings and public interactions. Younger women face stereotypes about their competence and authority, often feeling the need to prove themselves excessively, while older women report feeling less appreciated, isolated, and losing social contacts, sometimes leading to social withdrawal. Concerns about age and gender stereotypes impacting how they are perceived and treated are prominent for women across age groups.

The medical care I'm receiving would definitely be better if I wasn't a woman and older. It cost me a lot of time, many changes of doctors, and a lot of money because I was left with no option but pay the private tariff.

-female, Germany, aged 24

In terms of other labels, physical health impacts are less central in both groups, though women link stress from discrimination to physical symptoms or report health consequences stemming from inadequate healthcare due to age bias. Behaviourally, both groups show instances of fighting back and activism (joining associations, speaking up), but also withdrawal, resignation, and a sense of powerlessness or demotivation. Women particularly mention having to accept discriminatory situations or adapting to instability, while males describe pragmatic reactions like trying to appear older.

In the case of the lack of information about my retirement, I remember that this forced me to process the idea of retiring in a very short time. I think there should be ways to allow the worker who has to retire and who want to continue to work to have a softer retirement.

This had a strong impact on my psychological and mental health, and I also experienced episodes of depression (linked also to other factors) worsening because of that. When you stop working, you feel useless, and this is a very difficult moment to process.

-female, Italy, aged 66

A2.3 Interviews with CSOs

Q3. Which intersecting characteristics are you considering when working on equality and non-discrimination?

A2.3.1 Older people organisations

In response to the question on which intersecting characteristics are considered when working on equality and non-discrimination, 30.8% of responses (n=8) referred to disability status. Gender and the general category “other” were each mentioned in 23.1% of responses (n=6). Race and ethnicity appeared in 11.5% of responses (n=3), as did a

separate “other” category including characteristics such as physical appearance, parental status, and mental health condition.

Figure 52. Breakdown of interviews by intersecting characteristics mentioned

Area	Count	%
Disability status	8	30.8%
Other	6	23.1%
Gender	6	23.1%
Race/Ethnicity	3	11.5%
Other (e.g., physical appearance, parental status, mental health condition, etc)	3	11.5%

The responses address various approaches to addressing discrimination and exclusion faced by older people, with a significant focus on how vulnerability is exacerbated by the intersection of age with other factors. The concept of intersectionality is illustrated using a centrifuge analogy, where individuals are pushed towards the periphery of society when multiple vulnerabilities, such as being older, a woman, having limited resources, or being unemployed, accumulate. While some organizations recognize different forms of discrimination, the systematic exploration of intersectionality is not consistently present across all initiatives mentioned.

Disability status is frequently highlighted, particularly concerning physical barriers in the built environment and inadequate accessibility in social services and housing, which disproportionately affect older people with mobility issues. Some organizations, like Letokruh and Federația Națională Omenia, include or prioritize older people with disabilities in their programs, and others like DaneAge consider disability in their analyses. AGE France also notes examples of work with people with disabilities. Efforts are noted to improve the accessibility of the built environment, although challenges remain.

Race/Ethnicity and Gender are also discussed. Initiatives against racial discrimination have been undertaken, including a project using film culture to address racism (ATDAL). Some organizations are developing new projects specifically focused on older migrants and their needs (DaneAge), while another notes this is not yet a focus (Federația Națională Omenia). Gender is mentioned in relation to volunteering (more women often volunteer) and is considered in some organizations' analyses alongside other factors (DaneAge, HelpAge). The responses note that gender is typically less of an issue in Denmark but can intersect with poverty. A suggestion is made to consider age, similar to gender quotas, in board composition for diversity.

Other factors that significantly contribute to the vulnerability and exclusion of older people, particularly through intersectionality. These include poverty, employment status, lack of social support, chronic diseases, and geographic location, especially in rural or depopulated areas where essential services are scarce. Organizations like Federația Națională Omenia explicitly recognize how these factors, such as low pensions or living alone, compound age discrimination, particularly for those in rural areas or managing chronic conditions. Addressing these multiple disadvantages through both financial and social support is seen as crucial to prevent exclusion and “bring back to the centre” those who have been displaced. Sexual Orientation and Religion are not mentioned by the responses.

A2.3.2 Younger people organisations

When addressing equality and non-discrimination, respondents most frequently cited gender as a key intersecting characteristic, with 37% indicating its relevance. This was followed by a broad ‘other’ category (26%) encompassing factors such as physical appearance, parental status, and mental health conditions, highlighting the diverse range of identities and experiences considered in this work.

Race and ethnicity (19%) and disability status (11%) were also commonly mentioned, pointing to a continued emphasis on structural inequalities tied to these characteristics. Religion and sexual orientation were each referenced by a smaller share of respondents (4%), suggesting that while these factors are acknowledged, they may currently receive less attention in practice.

Table 107. Breakdown of interviews by intersecting characteristics mentioned

Area	Count	%
Gender	10	37%
Other (e.g., physical appearance, parental status, mental health condition, etc)	7	26%
Race/Ethnicity	5	19%
Disability status	3	11%
Religion	1	4%
Sexual Orientation	1	4%

The responses explore various factors contributing to barriers and discrimination, highlighting the importance of intersectionality—how multiple aspects of identity and background overlap to create unique challenges. Key factors identified include Gender, Age, Socio-economic status, Race/Ethnicity/Migration background, Disability status, Sexual Orientation, and Religion, along with others like mental health, education level, and geographic location. The responses emphasize that these factors often do not act in isolation but intersect, exacerbating disadvantages.

Gender and Age are presented as particularly significant. Younger workers, especially women, face discrimination, exemplified by difficulties in academia where maternity can negatively impact publication output within a ‘publish or perish’ culture. This contrasts with older, tenured university employees who face fewer barriers. Young people, in general, encounter obstacles that are compounded by other factors.

Socio-economic background is also a prominent theme, intersecting with Age and potentially Gender or Race/Ethnicity. Examples include the housing crisis disproportionately affecting poorer youth and young people from economically disadvantaged backgrounds having reduced access to education and job opportunities. The responses note the interconnectivity of inequality, where disadvantages in employment can lead to further inequalities in housing, mental health, and education, indicating a systemic issue.

Other important factors discussed include Race/Ethnicity/Migration background, which intersects with Age (e.g., integration challenges for young Ukrainian refugees) and is acknowledged alongside ‘race’ and ‘racism’ in considering discrimination. Disability status, encompassing physical health, chronic illness, and ableism, is listed as a factor often intersecting with gender and race. Sexual Orientation is mentioned as a focus area through LGBTIQ community rights, and Religion is listed as another potential factor. The responses also point to indirect discrimination based on geographic location, such as for young people

from rural areas, and notes the impact of mental health issues. The acknowledgment of these intersecting characteristics is central to addressing equality and non-discrimination.

Q4. Which of the following activities does your organisation undertake?

A2.3.3 Older people organisations

In response to the question about the activities undertaken by their organisations, 20% of responses (n=12) indicated involvement in advocacy. Providing services to the primary target group was mentioned in 15% of responses (n=9). Both community engagement and providing education or training (including the facilitation of events) were cited in 12% of responses (n=7 each). Campaigning was reported in 10% of responses (n=6). Intergenerational fairness, offering activities in community centres or clubs, and funding or undertaking research each accounted for 7% of responses (n=4 each). A smaller share of responses mentioned providing advice or counselling, providing grants or funding, and capacity-building of members, each cited in 3% of responses (n=2). Monitoring or evaluating the implementation of policy or legislation was the least frequently reported activity, appearing in 2% of responses (n=1).

Table 108. Breakdown of organisations by activities undertaken

Area	Count	%
Advocacy	12	20%
Providing services to the primary target group	9	15%
Community engagement (improve the quality of life in a community through different means)	7	12%
Providing education or training (including facilitation of events)	7	12%
Campaigning	6	10%
Intergenerational fairness	4	7%
Offering activities in community centres or clubs	4	7%
Funding or undertaking research	4	7%
Providing advice or counselling	2	3%
Providing grants/funding	2	3%
Capacity-building of members	2	3%
Monitoring or evaluating the implementation of policy/legislation	1	2%

The responses outline various strategies and activities employed by different organizations across several countries to address ageism and support older people. Key areas of focus identified through the provided labels include extensive Advocacy efforts, often directed at national or local governments and policymakers, covering diverse issues such as discriminatory job advertisements (ATDAL), improving employment conditions and challenging unemployment (UFR, SMGS, Golden League, Senior Erhverv Danmark), changing public policies related to ageism and loneliness (ONCE/PMP), improving access to public services like toilets, lifts, transport, and healthcare (SMGS), and promoting an age-

friendly society (Golden League, SMGS). These advocacy activities are frequently informed by data from surveys or direct reports and sometimes involve collaboration with European-level platforms like AGE Platform Europe.

Campaigning is another central activity used to raise awareness and challenge ageist stereotypes. Examples include public campaigns against ageism (DaneAge, ONCE/PMP), initiatives promoting older people's choices and independence (Czech org), campaigns highlighting specific issues like mental health myths or loneliness (Elpida) and using creative approaches like fashion shows or videos to change public perception (Czech org, Elpida). Complementary to this, there is a strong emphasis on Changing the Narrative, portraying older people as active contributors and valuable human resources rather than passive recipients of care or services (FRMR, ONCE/PMP, Letokruh, Elpida). This is often linked to promoting Intergenerational Fairness, encouraging dialogue, solidarity, and engagement between different age groups through specific projects and activities (FRMR, ONCE/PMP, HelpAge, Elpida).

Community Engagement and Providing Services are fundamental to many organizations' work. This involves offering direct support such as advisory centres, fieldwork, respite care (Czech org), senior hotlines (FRMR), direct job/education support (Senior Erhverv Denmark), and essential aid like meals or home adaptation (Omenia). Organizations also Offer Activities in Community Centres or Clubs, creating spaces for socialisation, learning, and participation, ranging from courses and workshops (Czech org, Letokruh, FRMR - digitalization) to creative groups like choirs or knitting circles (Elpida). These activities combat social isolation and contribute to active ageing. Providing Education or Training is integral, covering diverse topics like digitalization for accessing online services (FRMR), vocational training proposals (UFR), and general knowledge about rights and healthy ageing (SMGS, Elpida). Many groups also undertake or fund Research to better understand ageism and the needs of older people, which then informs their other activities. Specific challenges noted include difficulties in getting state institutions like anti-discrimination offices to effectively address reports (ATDAL) and systemic issues like lack of infrastructure or staffing impacting service delivery (Czech org - housing/care, SMGS - transport/health, Omenia - harsh economic conditions). Some organizations also focus on Capacity-Building of members or partner organizations to strengthen the sector overall.

A2.3.4 Younger people organisations

The most commonly reported activities undertaken by organisations working on age equality and age discrimination are advocacy (18%) and campaigning (15%), indicating a strong emphasis on influencing policy and raising public awareness. Providing education or training, including event facilitation, was also frequently mentioned (13%), along with community engagement (10%), suggesting a focus on both capacity-building and grassroots involvement.

Other activities mentioned by smaller proportions of respondents include policy monitoring and evaluation (8%), counselling, intergenerational initiatives, and local community programmes (each 6%). Less frequently cited were research, service provision, and funding (each under 5%), while strategic litigation was mentioned only once (1%), indicating it is a relatively uncommon area of work.

Table 109. Breakdown of organisations by activities undertaken

Area	Count	%
Advocacy	13	18%
Campaigning	11	15%

Providing education or training (including facilitation of events)	9	13%
Community engagement (improve the quality of life in a community through different means)	7	10%
Monitoring or evaluating the implementation of policy/legislation	6	8%
Providing advice or counselling	4	6%
Offering activities in community centres or clubs	4	6%
Intergenerational fairness (including communication and dialogue between generations; solidarity and engagement between people of different ages; promoting an equitable and just distribution of benefits, risks and costs in all sectors, including socioeconomic sectors, between present and future generation)	4	6%
Capacity-building of members	4	6%
Funding or undertaking research	3	4%
Providing services to the primary target group	3	4%
Providing grants/funding	2	3%
Strategic litigation	1	1%

Based on the responses, the key activities and themes described are centered around a core set of interrelated actions, supplemented by more specific initiatives.

The most frequently mentioned and thus seemingly central activities are Advocacy, Campaigning, Community engagement, Providing education or training, and Capacity-building of members. These often appear grouped together, suggesting they represent the primary modes of operation. Examples provided include campaigns related to 'financial worries' and education via initiatives like a 'Change Makers Academy.' Community engagement extends to activities like 'youth consultations,' sometimes linked to broader strategies such as a 'National Youth Strategy.'

Beyond these core areas, the responses also highlight Monitoring or evaluating the implementation of policy/legislation and Funding or undertaking research, activities that likely inform or complement the advocacy and campaigning efforts. Providing services to the primary target group (identified implicitly as youth through mentions of 'youth projects' and 'providing services to young people') and Offering activities in community centres or clubs are also listed, indicating direct engagement and support at the local level. The concept of Intergenerational fairness is mentioned as a specific focus or outcome.

Further activities mentioned include Providing advice or counselling (noted as occurring 'sometimes') and Strategic litigation. The responses also touch upon Providing grants/funding, specifically noting it is 'limited project-based funding' where the entity is 'not a direct funder,' adding nuance to this label. Broader concepts identified appear to be overarching goals achieved through these activities, such as Political Participation, Inclusiveness, and advocating for 'more youth voice in society. Although Providing long-

term care services are referenced, they are not explicitly detailed. Overall, the responses portray a multi-faceted approach primarily driven by advocacy, campaigning, and engagement, supported by educational, research, policy monitoring, and direct service activities, aimed at achieving broader societal and political impact, particularly for youth and intergenerational equity.

Q8. What consequences of ageism and age discrimination do you see in your work?

A2.3.5 Older people organisations

In response to the question on the consequences of ageism and age discrimination observed in their work, 31.3% of responses (n=5) referred to relational impacts, such as social isolation, loneliness, and lack of recognition. Financial consequences—including reduced income, savings, and increased costs—were mentioned in 25.0% of responses (n=4), as were effects on mental health, including stress, anxiety, and reduced life satisfaction. Physical health consequences, such as chronic illness and sleep disorders, were identified in 12.5% of responses (n=2). Behavioural impacts were the least frequently reported, appearing in 6.3% of responses (n=1).

Table 110. Breakdown of responses by types of impact observed

Area	Count	%
It has impacted me relationally (e.g., social isolation and loneliness; lack of recognition)	5	31.3%
It has impacted me financially (e.g., reduced income, savings, and wealth; increased costs)	4	25.0%
It has impacted my mental health (e.g., stress, anxiety, depression; decreased life satisfaction, sense of purpose, and quality of life)	4	25.0%
It has impacted my physical health (e.g., chronic diseases, weakened immune system, sleep disorders, etc.)	2	12.5%
It has impacted my behaviours	1	6.3%

Ageism manifests significantly in the financial sphere for older individuals. It results in reduced income and heightened financial insecurity due to discriminatory practices in the labor market, including mass layoffs starting at age 50, difficulty securing new employment after 55, and limitations on career advancement. This leads to increased dependence on smaller pensions and a higher risk of poverty. Older people may also face difficulties accessing financial services like credit, pay higher fees for insurance and pensions despite comparable risk profiles, and even incur higher medical costs when unable to navigate digital systems to find cheaper medication alternatives. Societally, this exclusion results in wasted economic potential and increased public spending on healthcare and social services for individuals forced into inactivity or dependency.

Relational and mental health impacts are also highly prevalent consequences of ageism. Individuals experience a profound sense of exclusion, marginalization, and loneliness,

leading to social isolation. They often face a lack of recognition, being perceived as a burden or "no longer useful" rather than valuable contributors, which is reinforced by paternalistic societal views and political messaging. This constant exposure to negative stereotypes erodes self-esteem, increases stress and anxiety, and can lead to broader mental health issues, diminished life satisfaction, and a reduced sense of purpose. Internalized ageism is a significant factor, causing older individuals to believe they have little left to contribute, leading to discouragement, pessimism, a reluctance to seek help or participate in community life, and even the dangerous notion that their lives are less worth living.

Ageism critically impacts physical health, both directly and indirectly. Barriers to accessing services, such as inadequate information about entitlements, lack of accessible transport, and the digitalization of public services, can hinder access to necessary healthcare and support. Discrimination within the healthcare system can lead to older people being denied or facing significant delays for treatments and surgeries based on their age, sometimes being explicitly told they must wait while younger patients are prioritized or feeling that seeking treatment is not worthwhile because of their age. Furthermore, ageism can accelerate physical decline as internalised stereotypes and social isolation lead to reduced activity levels and less engagement with preventive care or health information.

While less explicitly detailed than other categories, ageism also influences individual behaviours. It contributes to abstention from civic life, volunteering, and active participation in society. Internalised ageism results in self-limiting behaviours, where individuals refrain from pursuing opportunities or activities they believe they are "too old" for, often fearing societal judgment. The cumulative effects of financial hardship, social exclusion, and mental health challenges can further limit engagement and lead to increased dependency or withdrawal, although the responses do not explicitly detail harmful behaviours like substance abuse or violence linked to ageism.

A2.3.6 Younger people organisations

The most commonly reported consequence of ageism and age discrimination in respondents' work is its impact on mental health, with 44% citing effects such as stress, anxiety, depression, and diminished life satisfaction. Financial impacts—including reduced income, savings, and increased costs—were also frequently mentioned, accounting for 13% of responses.

Other reported consequences include negative effects on behaviour (e.g., substance abuse or violence), physical health (e.g., chronic illness or sleep disorders), and social relationships, such as increased isolation or lack of recognition. While mental health consequences dominate the responses, the range of impacts underscores the broad and multifaceted harm caused by age-based discrimination.

Table 111. Breakdown of responses by types of impact observed

Area	Count	%
It has impacted my mental health (e.g., stress, anxiety, depression, decreased life satisfaction, sense of purpose, and quality of life)	7	44%
It has impacted me financially (e.g., reduced income, savings, and wealth, increased costs)	2	13%
It has impacted my mental health (e.g., stress, anxiety, depression,	2	13%

decreased life satisfaction, sense of purpose, and quality of life)		
It has impacted me financially (e.g., reduced income, savings, and wealth, increased costs)	2	13%
It has impacted my behaviours (e.g., substance abuse, violence, etc.)	1	6%
It has impacted my physical health (e.g., chronic diseases, weakened immune system, sleep disorders, etc.)	1	6%
It has impacted me relationally (e.g., social isolation and loneliness, lack of recognition)	1	6%

Based on the responses, the most prominent impacts described relate to young people's financial situation and mental health, with notable relational aspects and limited mention of physical health or specific negative behaviours.

Financially, the responses highlight significant challenges. While employment rates may be high in some areas, issues such as salary discrimination mean young people earn significantly less than their experience warrants, particularly concerning the lack of formal recognition for non-formal education. Combined with rising living costs, including high transport and an inability to find affordable housing, this creates significant financial strain. This financial precarity and lack of economic reward impede major life projects such as securing housing and starting families, deepening socio-economic inequalities.

These financial pressures and employment instability directly contribute to substantial negative impacts on mental health. The responses repeatedly link precarity and insecurity to increased anxiety, depression, and stress. Feelings of failure, inadequacy, and demoralization are common consequences. This mental strain is exacerbated by the frustration arising from financial difficulties and perceived lack of professional progress or recognition.

Furthermore, the responses note relational impacts, particularly concerning a lack of recognition and trust from older generations and employers. This can manifest as being assigned menial tasks despite qualifications or not being given sufficient responsibilities to grow professionally. This contributes to frustration and, in turn, impacts mental wellbeing and reinforces feelings of being held back. While emigration is mentioned as a consequence ('brain drain'), and societal frustration and division are noted, the responses primarily focus on the individual-level financial, mental, and relational effects of these systemic and interpersonal challenges. Physical health and specific behaviours like substance abuse are mentioned minimally or not at all in relation to the core issues discussed.

Q15. Are you working on intergenerational dialogue and solidarity to counter ageism and age discrimination? How? Do you collaborate with organisations representing different age groups?

A2.3.7 Older people organisations

In response to the question on whether respondents are working on intergenerational dialogue and solidarity to counter ageism and age discrimination, 93.8% of responses

(n=15) indicated that they are engaged in such efforts. Only one response (6.3%) reported not being involved in this type of work or collaboration with organisations representing different age groups.

The responses present a strong and consistent theme of active engagement in intergenerational activities and collaboration, overwhelmingly affirming the 'Yes' label through numerous examples and explicit statements. Organizations and projects widely believe that intergenerational communication and collaboration are crucial for combating ageism and fostering solidarity. This engagement manifests in various forms, including structured programs like "Grandma company" for culinary traditions, intergenerational centres bringing youth and seniors together for shared activities like homework help or arts, and initiatives promoting mutual teaching of skills, such as young people teaching digital literacy or older adults sharing local history. Volunteering is a significant area, with younger people visiting seniors, older people assisting in schools, and all generations participating in community support initiatives like food distribution.

While the commitment to intergenerational work is evident in diverse settings, including schools, community centres, residential homes, and even workplaces (conceptually), the responses also reveal some areas associated with the 'No' label, albeit less prominently. These often highlight limitations or areas needing further development rather than a complete lack of activity. Examples include instances where organizations are in contact but not formally cooperating with groups of other age ranges, a perceived lack of widespread or great campaigns mobilizing young and old generations, and a specific note about the lack of concrete examples provided by companies on improving inter-generational links despite acknowledging the concept. Challenges identified include the infrequent discussion of ageism in schools and the need for universities and societal structures to better adapt to rapid changes and support concepts like lifelong learning and flexible work models necessary for longer working lives.

Despite these challenges and limitations, it is emphasized a shared vision for a more inclusive and adaptive society where all generations actively participate and contribute. Projects often have explicit goals of achieving mutual benefit, preventing school leaving, combating loneliness, transferring skills, preserving cultural heritage, and addressing pressing social issues like poverty or the impact of conflict across generations. The approach frequently involves creating shared spaces, collaborative projects (like photo exhibitions or film making), and educational initiatives targeting both younger generations (on understanding older adults) and older generations (on engaging in education or protecting against fraud). The strong focus on intergenerational activities, supported by concrete examples and a clear belief in their positive impact, dominates the narrative, while the 'No' aspects point towards specific hurdles in formal structures, universal education, and wider societal adaptation that need to be addressed to fully realize the potential of intergenerational solidarity.

A2.3.8 Younger people organisations

The majority of respondents (64%) reported that they are actively engaged in intergenerational dialogue and solidarity initiatives aimed at countering ageism and age discrimination. This indicates a broad commitment to fostering collaboration across age groups and promoting inclusive practices.

However, 29% of respondents stated they are not involved in such work, and 7% were uncertain. These findings suggest that while intergenerational approaches are relatively common, there remains scope to expand collaborative efforts and strengthen engagement across all age demographics.

Based on the responses, several perspectives emerge regarding intergenerational collaboration and dialogue, particularly concerning engagement with organizations specifically representing older people.

A significant theme is the reported lack of formal, structured, or active collaboration with elder-specific organizations. Multiple contributors state, 'No formal collaboration,' 'No active collaboration,' or 'Do not work with organisations representing older people.' Reasons cited include existing generational divisions, a focus primarily on youth representation, and, in some contexts like the Czechia, the perception that older people's organizations are not large or deeply rooted in civic engagement, making extensive collaboration difficult. Some interaction may occur incidentally within broader party structures or through occasional, unstructured projects, but dedicated partnerships with elder organizations are limited.

Conversely, the responses also report various instances of 'yes' to intergenerational engagement, even in the absence of formal ties to elder organizations. This engagement takes multiple forms, including organizing specific dialogue events between generations (like those by NJR or in safe spaces), working with older individuals on advisory boards (e.g., for youth strategy), incorporating older people into specific project work (e.g., Ældre Sagen on digital democracy, 'Future Building Places' using LEGO), facilitating democratic conversations across age groups online, or simply welcoming different generations into their general work. Some entities focus on combating ageism or ensuring older people are included in thematic discussions, such as sustainability, alongside youth. Dialogue with ministers has also been framed as intergenerational.

Finally, there are instances reflecting uncertainty or a limited scope of engagement, aligning with 'I don't know' or 'some' but not extensive collaboration. Some respondents are 'Not sure' about the extent of dialogue initiatives. Others describe collaboration as 'Some, but not structured,' limited to occasional projects, or involving only 'slight interaction.' In some regions, there is a lack of awareness of specific organizations representing older people, which hinders potential partnerships, although small-scale intergenerational dialogues may still be organized. This indicates that while intent or sporadic efforts exist, formalized and widespread collaboration with specific elder organizations is often not the norm.

Q16. What successes have you achieved or contributed towards age equality? Success can be on the policy level but also judicial, change in attitudes, or others. 17) Are you aware of any successful initiatives implemented by other CSOs, governments, local authorities or other stakeholders to address ageism and age discrimination?

A2.3.9 Older people organisations

In response to the question about successes achieved or observed in advancing age equality, 11.5% of responses (n=9) linked these achievements to access to services (e.g., public, financial, etc.). Employment and social isolation and loneliness were each associated with 10.3% of responses (n=8). Civic participation was referenced in 9.0% of responses (n=7), while adequate income, mental health and wellbeing, media and advertising, and political participation each appeared in 7.7% of responses (n=6). Health care and education and training were mentioned in 6.4% of responses (n=5 each). Access to justice and long-term care were cited in 3.8% of responses (n=3 each), and mobility and transport as well as housing were each referenced in 2.6% of responses (n=2). Finally,

access to services (duplicated entry) and digital technology were the least frequently mentioned, each appearing in 1.3% of responses (n=1).

The responses offer various perspectives on successes and challenges in advancing age equality, highlighting efforts across policy, judicial, and attitudinal domains, often undertaken by civil society organizations. Employment is a significant focus area, with successes noted in tackling discriminatory job advertisements (ATDAL) and establishing national initiatives to address ageism in the labor market (Denmark), including legislation prohibiting age inquiries in job applications. However, deep-seated cultural biases against older workers (France, Denmark), difficulty in proving age discrimination during selection, and a lack of awareness among companies pose substantial ongoing challenges.

Political participation and advocacy play a crucial role in driving change. Organizations report success in influencing policymakers, gaining support from political representatives (Zivot90), advising governmental bodies (SMGS, Estonia's councils of older people), and introducing older voices into legislative processes (HelpAge Germany, Finland's Future Council). Despite these efforts, securing political priority for age equality and garnering government support for initiatives like a UN Convention on the rights of older persons (HelpAge Germany) remains difficult, often competing with other policy areas.

Access to services, encompassing physical, digital, and economic accessibility, presents a mixed picture. While some initiatives aim to improve inclusivity and provide services, particularly in underserved areas (Omenia), the responses frequently point to a lack of adequate services, digital exclusion due to the shift to online platforms without offline alternatives (FRMR), and a disconnect between policy aspirations and the reality of service affordability and availability (Spain). Efforts to improve the accessibility of public and health services are noted (DaneAge). Addressing negative attitudes and stereotypes towards aging is identified as a pervasive challenge impacting many areas. Successes in combating ageism include cultural projects, media campaigns (Spain, Poland), and intergenerational programs (FRMR, Elpida) that challenge narratives and normalize aging. However, internalized ageism and the public perception of age discrimination as a "non-theme" (Omenia) hinder progress.

A critical, cross-cutting challenge universally reported by organizations is the severe lack of adequate and sustainable funding and resources. This financial instability significantly limits their capacity for advocacy, awareness-raising, scaling successful programs, and providing essential services. The responses underscore the interconnectedness of these issues, where progress in changing attitudes and strengthening advocacy is vital to address barriers in employment, access to services, and secure the necessary resources for achieving broader age equality.

A2.3.10 Younger people organisations

Respondents most frequently cited achievements in the area of political participation (38%) as key successes in advancing age equality, suggesting a strong focus on influencing decision-making processes and increasing representation. Civic participation followed at 23%, indicating efforts to engage individuals of all ages in community life and public discourse.

Other areas where successes were reported include housing, mental health and wellbeing, and various unspecified initiatives (each at 8%). Employment, social isolation, education and training, and adequate income were mentioned less frequently (each 4%), highlighting a broader, albeit less concentrated, range of progress across different dimensions of age equality.

Table 112. Breakdown of responses by themes of achievement cited

Area	Count	%
Political participation	10	38%
Civic participation	6	23%
Housing	2	8%
Other	2	8%
Mental health and wellbeing	2	8%
Employment	1	4%
Social isolation and loneliness	1	4%
Education and training	1	4%
Adequate income	1	4%

Based on the responses, the key insights revolve primarily around youth engagement and advocacy across several domains, particularly in policy-making and addressing social connection. While some reform efforts face challenges (like union concerns delaying RRP-related reforms), the focus of the provided anecdotes is on specific successes or contributions related to age equality, largely from a youth perspective.

The most prominent themes relate to political participation and civic participation. Significant efforts and successes are reported regarding lowering the voting age to 16 for local and sometimes national elections, with discussions ongoing for EU-level elections. Initiatives are actively working to increase the number of young people running for and being elected to office, including specific campaigns ('Vote Young') and advocating for youth quotas in political decision-making and electoral lists. Recognition of youth organizations and their role as pathways into politics is noted as a success in some contexts. Youth advocacy has also contributed to broader policy outcomes such as the adoption of national youth strategies (e.g., Dutch Youth Strategy), input into international processes (UN Summit of the Future), and the development or use of 'Youth Tests' to assess the impact of legislation on young people (EU, Spain). Local initiatives like creating youth councils and interactive candidate engagement events are highlighted as successful forms of civic and political participation.

Social isolation and loneliness is identified as a significant issue affecting both young and older generations. Successes in this area focus on bridging generational divides through increased intergenerational dialogues and specific initiatives like students visiting retirement homes. These interactions are seen not just as a way to combat loneliness but also to challenge negative stereotypes and enhance mutual understanding between age groups.

Other areas of contribution include employment, where a law preventing age requests in job applications has been adopted, and advocacy is underway to ban unpaid internships within the framework of the EU's Traineeship Directive. On housing, visibility has been raised regarding the youth housing crisis, which is also a topic for youth advocacy platforms. In education and training, youth organizations have contributed to policy discussions on student rights, the social dimension of the Bologna process, and skills initiatives. Mental health and wellbeing is mentioned once as a topic addressed by youth advocacy platforms. Several areas, including access to justice, access to services, adequate income, digital technology, health care, long-term care, media and advertising, and mobility and transport, are not explicitly addressed.

A2.4 Surveys of national authorities and individuals

This section is presented in the main report in a shorter version. The full processed results are presented below. The remaining results of the three surveys have been processed and incorporated into the main report.

A2.4.1 Institutional, interpersonal, and self-directed barriers to equality across and by policy area

A2.4.1.1 Access to justice

Based on the NA survey (Q10²⁵³, n=9), within the judicial sphere, several structural impediments disproportionately affect specific age groupings. Legal representation requirements present significant obstacles for minors in multiple jurisdictions (BE, BG, IE), while bureaucratic complexities in legal aid systems create accessibility challenges for older citizens (LT). The NA of Belgium stated that older individuals may face barriers to justice due to inadequate legal assistance and a lack of seriousness afforded to their cases in legal proceedings. The NA of Slovakia highlighted financial constraints, noting that seniors often cannot afford expensive legal services. Similarly, Sweden highlighted the high-cost risk associated with legal representation, potentially deterring individuals and organisations from pursuing discrimination disputes. The NA of Sweden emphasised the need for more actors involved in litigating cases to ensure effective anti-discrimination work, pointing out that the current rules on legal costs in discrimination disputes pose too high a cost risk for individuals and nonprofit organisations.

Cypriot anti-discrimination mechanisms demonstrate procedural inadequacies through the absence of punitive damages provisions for age discrimination victims. Digital barriers are also significant. In the Italian context, digital identity prerequisites for judicial and enforcement authority engagement create participation barriers for both youth and older populations. The NA of Finland identified challenges with complex and often digitalised systems hindering access to justice for many older persons. The NA of Poland mentioned the digitalisation of legal proceedings and a lack of ex officio representation for older persons.

The NA of Belgium suggested that older individuals might not receive adequate legal assistance or be taken seriously in legal proceedings, indicating a potential bias within the justice system. The NA of Sweden emphasised that the involvement of more actors beyond the equality ombudsman is crucial for effective anti-discrimination efforts. This would provide more opportunities to take action and increase the likelihood of victims obtaining redress. In Poland there is a lack of plenipotentiary representing older persons in legal proceedings.

Based on the survey of individuals, in the context of access to justice, the most significant macro barrier is Interpersonal, with an overall frequency of 64%. Pressure from others to conform to age-related expectations, norms, or stereotypes is the most frequent sub-barrier (70%), followed by Discriminatory, exclusionary, or hostile behaviours based on age (64%) and Stereotypes, prejudices, or biases based on age (57%). The open-ended responses support these findings, with 43% of respondents reporting specific discrimination, including older people's complaints being dismissed or undervalued by lawyers and courts due to assumptions that age distorted their perceptions, while some younger respondents were considered unreliable due to pervasive age-based bias.

The second most common macro barrier is Institutional - accommodations, funding, and training, with an overall frequency of 61%. Inadequate staff training and awareness of age-

²⁵³ NA - Q10. What are the main barriers to equality caused by ageism and age discrimination at a national level in the below areas? (Please provide as brief of an answer as you like. You do not have to complete every box to proceed).

related needs, issues, and competences (66%) is the most common sub-barrier, followed by Insufficient funding or support for age-inclusive policies, programmes, and practices (61%) and Lack of age-appropriate accommodations, adaptations, or specialised services (57%). Access issues were highlighted by 38% of participants in the open-ended responses, describing difficulties in accessing legal services, with one respondent mentioning the "length and burdensomeness of court sessions" as compounding these challenges, underscoring physical and procedural hurdles in navigating the justice system.

Institutional - Legal and Policy Frameworks ranks third, with an overall frequency of 55%. Inadequate legal protections and policy frameworks against age discrimination is the most prevalent sub-barrier (61%), followed by Inadequate enforcement of existing age discrimination laws and policies (55%) and Age-based legal restrictions, eligibility criteria, or mandatory requirements (48%). These institutional barriers are reflected in the open-ended responses, where 24% of respondents expressed legal concerns regarding insufficient protection and unfair practices, such as the lack of policies ensuring equitable division of retirement benefits in divorce proceedings and discrimination under the Pension Act disadvantaging those born before specific dates.

Self-directed barriers are the least common, with an overall frequency of 48%. Sub-barriers range from Self-limiting beliefs about own capabilities, opportunities, or worth (50%), to Feelings of self-doubt or imposter syndrome (48%), and Self-imposed avoidance, withdrawal, or disengagement behaviours (45%).

A2.4.1.2 Access to services

Based on the NA survey(Q10, n=18), ageism and age discrimination present barriers to equality in accessing services across several European countries.

There are pronounced age-related disparities in access to services, particularly in the digital domain. Electronic public service utilization is hampered by digital literacy deficits and infrastructure inadequacies, disproportionately affecting older citizens across multiple member states (BG, DE, FR, CY, MT). Czechia's transition away from cash payment options creates functional barriers for older people.

The financial services sector exhibits systematic age-based discrimination through risk assessment methodologies that result in premium escalation or coverage exclusion for older citizens (IE, ES, HR). Banking institutions have implemented explicitly discriminatory practices, including categorical loan application rejections based solely on advanced age and algorithmic decision-making processes that disadvantage older applicants (DK, DE). Denmark's mandatory digital communication requirements for public authority engagement presents significant accessibility challenges. NAs from six Member States (DE, LT, NL, PL, SK, SE) also highlighted issues within financial services. A key theme identified by NAs from six Member States (DE, LT, NL, PL, SK, SE) relates to difficulties in accessing financial services. The Dutch NA reported complaints regarding mortgage denials and credit card blockages due to age. Similarly, the NA of Sweden stated that the Equality Ombudsman has received complaints about age-based loan conditions that negatively affect older individuals, with banks prioritising monthly income over other income forms. The NA of Lithuania noted instances of private insurance companies refusing travel insurance to older individuals, and banks offering less favourable conditions for bank cards to older clients. The NA of Germany acknowledged that age-based discrimination in financial services impacts both older and younger people. The NA of Slovakia reported that financial loans are usually not granted to seniors due to age. The NA of Poland noted access issues due to upper age limits for bank card users.

The NA of Estonia described legal limitations, stating that the competence of the Gender Equality and Equal Treatment Commissioner regarding age is limited by the Equal Treatment Act, offering narrower protection compared to other characteristics. As a result, they cannot process certain discrimination complaints related to publicly offered services based on age. The NA of Belgium also cited limited access to some services, noting increased digitalisation without ensuring non-digital alternatives. The NA of France highlighted risks from the dematerialisation and automatisisation of public services due to the complexity of using digital tools. The NA of Finland cited digitalisation, the costs of services, austerity measures and the perception of older people as economic burdens as barriers to access to services. In addition to financial services, the NA of Poland noted the increasing digitalisation of bank services and the closure of bank units as barriers to access.

The NA of Sweden also noted the issue of shops limiting the possibility for children under a certain age to shop without a guardian.

Based on the survey of individuals, the most significant macro barrier in accessing services is Institutional - accommodations, funding, and training, with an overall frequency of 68%. Inadequate staff training and awareness of age-related needs, issues, and competences is the most common sub-barrier (69%), followed by Lack of age-appropriate accommodations, adaptations, or specialised services (68%) and Insufficient funding or support for age-inclusive policies, programmes, and practices (67%). These barriers are reflected in the open-ended responses, where 32% of respondents reported accessibility issues, describing physical and systemic barriers hindering service access, including "unsuitable counters for people in wheelchairs" and lack of home services for those unable to leave their homes. Additionally, 45% of respondents experienced financial barriers in obtaining loans, mortgages, or other financial services due to age.

The second most common macro barrier is Interpersonal, with an overall frequency of 63%. Stereotypes, prejudices, or biases based on age is the most frequent sub-barrier (66%), followed by Pressure from others to conform to age-related expectations, norms, or stereotypes (64%) and Discriminatory, exclusionary, or hostile behaviours based on age (59%). In the open-ended responses, 40% of respondents highlighted experiences of unfair treatment due to age, often intersecting with other factors like gender.

Institutional - Legal and Policy Frameworks rank third, with an overall frequency of 60%. Inadequate enforcement of existing age discrimination laws and policies is the most prevalent sub-barrier (62%), followed by Inadequate legal protections and policy frameworks against age discrimination (60%) and Age-based legal restrictions, eligibility criteria, or mandatory requirements (59%). The open-ended responses support these findings, with 50% of respondents citing instances where age alone was a barrier when accessing services, expressing frustration with societal expectations that older individuals should focus only on health concerns.

Self-directed barriers are the least common, with an overall frequency of 47%. Self-limiting beliefs about own capabilities, opportunities, or worth is the most prevalent sub-barrier (51%), followed by Self-imposed avoidance, withdrawal, or disengagement behaviours (46%) and Feelings of self-doubt or imposter syndrome (43%).

An additional insight from the open-ended responses includes concerns about the digital divide (13% of respondents) where older adults felt pressured to adapt to digital systems that weren't user-friendly.

A2.4.1.3 Digital technology

Based on the NA survey(Q10, n=20), ageism and age discrimination in digital technology present various barriers across Europe. The NAs from three Member States (BE, DE, EE) cited stereotypical attitudes as a contributing factor. A NA of Belgium elaborated that this manifests both as a perceived lack of digital skills among older adults and the unfair perception of younger individuals as too inexperienced for technology-related roles.

Several NAs highlighted accessibility and digital literacy as key challenges. Digital skill deficiencies among older demographics impede access to online services and information according to NAs from six Member States (BG, DE, ES, FR, CY, MT). NAs from Finland and Greece specified a lack of knowledge and training in new technologies. The NA of Finland further pointed to accessibility issues, affordability, insufficient support for using digital technology, and a lack of alternative service channels. In addition, the NA of Finland said there was not enough training and support for older adults in basic digital skills and in the use of digital services. Also, that the digitisation of public services is based on the average person, which does not fully take into account the needs of those people who are less digitally literate, and that the exclusion of older people may be caused by the competence in using the tools and the fact that digital tools are not available. The NA of Cyprus has also documented differential treatment regarding advanced technology training in workplace environments, affecting both older and younger employees. A related point was made by the NA of Slovakia, which stated there was generally low digital literacy for older persons. The NA of Germany also mentioned older adults face difficulties accessing digital services, and non-barrier-free devices.

Digitalisation practices, in general, were criticised by NAs from four Member States (BE, LT, PL, SE). The NA of Belgium noted the increased digitalisation of services without assuring non-digital alternatives. The NA of Lithuania provided a concrete example involving a retail chain that only offered discounts through a mobile app, and the elimination of cash payments for public transport, disproportionately affecting older pensioners who receive their pensions in cash and have limited digital skills. The NA of Poland echoed this concern, noting that some online services are accessible only via mobile apps, which older persons use less frequently, also stating there was a lack of systemic approach to digital lifelong learning. Similarly, the NA of Sweden indicated that the Equality Ombudsman had received numerous complaints regarding requirements for users to have access to digital tools for goods, services, and healthcare, such as booking vaccinations or bus tickets, which disproportionately affects older individuals with lower digital competence and limited access to these tools.

The NA of Greece stated that barriers in digital technology often exclude older adults due to ageist design and lack of accessibility. The NA of France mentioned the amplification of age discrimination due to artificial intelligence. Italy's digital identity requirements for political participation create engagement barriers.

Conversely, the NA of Slovakia mentioned that it provides seniors with various free courses within digital technologies. The NA of Portugal stated that it had no data to answer the question.

Based on the survey of individuals (n=145), the most significant macro barrier in digital technology is Institutional - accommodations, funding, and training, with an overall frequency of 66%. Insufficient funding or support for age-inclusive policies, programmes, and practices is the most common sub-barrier (68%), followed by Lack of age-appropriate accommodations, adaptations, or specialised services (66%) and Inadequate staff training and awareness of age-related needs, issues, and competences (64%).

These barriers are reflected in the open-ended responses, where 49% of respondents highlighted difficulties accessing digital services like banking, healthcare, and public

administration; 31% of respondents expressed frustration about rapid technological change, expectations to quickly adapt, and the lack of training opportunities, indicating technology adaptation and digital literacy challenges; 22% of respondents identified specific age-related challenges, such as physical and cognitive difficulties affecting their technology use; and 13% of respondents mentioned communication barriers, with struggles related to technical language and complex interfaces.

The second most common macro barrier is Interpersonal, with an overall frequency of 58%. Stereotypes, prejudices, or biases based on age is the most frequent sub-barrier (61%), followed by Pressure from others to conform to age-related expectations, norms, or stereotypes (58%) and Discriminatory, exclusionary, or hostile behaviours based on age (56%). In the open-ended responses, 44% of respondents reported discrimination and stereotypes, experiencing assumptions about their digital incompetence and facing patronizing attitudes from younger people.

Institutional - Legal and Policy Frameworks rank third, with an overall frequency of 52%. Inadequate legal protections and policy frameworks against age discrimination is the most prevalent sub-barrier (55%), followed by Inadequate enforcement of existing age discrimination laws and policies (54%) and Age-based legal restrictions, eligibility criteria, or mandatory requirements (47%).

Self-directed barriers are the least common, with an overall frequency of 49%. Self-limiting beliefs about own capabilities, opportunities, or worth is the most prevalent sub-barrier (52%), followed by Self-imposed avoidance, withdrawal, or disengagement behaviours (50%) and Feelings of self-doubt or imposter syndrome (45%).

A2.4.1.4 Education and training

Based on the NA survey (n=13), there are multiple age-related impediments to accessing education.

The NA of Estonia highlighted that the Equal Treatment Act provides age protection only for specific vocational training access, not for general education, and added that stereotypical attitudes and lack of accommodations are barriers. Conversely, the NA of Finland stated that no policies or programmes exist to enhance lifelong learning.

NAs from Germany and Croatia indicated that older individuals are excluded from educational programmes. Specifically, the NA of Croatia mentioned that older people past a certain age are prevented from attending certain educational programmes, and the NA of Germany added that older adults face barriers in accessing training programs or educational opportunities due to biased views on their adaptability, with limited offers targeting people after their active working life. The latter also noted that younger people are often excluded from advanced programmes due to assumptions unfairly based on age rather than skills.

Similarly, the NA of Greece identified limited educational and training opportunities for people over 40. The Bulgarian NA reported that digital infrastructure inadequacies and insufficient skills development programs limit educational opportunities for primary and secondary students. The NA of Cyprus also noted the absence of statutory provisions promoting vocational integration for workers at either end of the age spectrum.

The NA of Slovakia noted that retraining courses are available, often with reduced or no fees, but their availability is limited. The NA of Poland observed low education participation among older persons, potentially due to a lack of systemic governmental support for educational opportunities, adding that mandatory community interviews, often perceived as

stigmatising, deter older persons from participating in activities within the social care system. Slovakia enforces age-based financial barriers through university tuition requirements for students above age 26. The Swedish NA also identified financial constraints as significant educational barriers for older citizens, while the Netherlands excludes specific demographics from vocational education and training benefits.

Based on the survey of individuals (n=145), the most significant macro barrier in education and training is Interpersonal, with an overall frequency of 62%. Stereotypes, prejudices, or biases based on age is the most frequent sub-barrier (67%), followed by Discriminatory, exclusionary, or hostile behaviours based on age (60%) and Pressure from others to conform to age-related expectations, norms, or stereotypes (58%). In the open-ended responses, 17% of respondents mentioned how stereotypes about age can influence interactions in educational settings, with one respondent noting, "Younger colleagues in my continuing education study... are looking down on me and being dismissive instead of respectful."

The second most common macro barrier is Institutional - accommodations, funding, and training, with an overall frequency of 56%. Inadequate staff training and awareness of age-related needs, issues, and competences is the most common sub-barrier (58%), followed by Lack of age-appropriate accommodations, adaptations, or specialised services (56%) and Insufficient funding or support for age-inclusive policies, programmes, and practices (55%). These barriers are reflected in the open-ended responses, where 36% of respondents noted a lack of courses tailored to older adults, with one stating, "There are too few training and educational programs for older people." This lack of access was compounded by the perception that older adults do not require further education, as one respondent described, "Basic courses are proposed as if older people had no valid studies or experiences beyond university degrees."

Institutional, legal and policy frameworks rank third, with an overall frequency of 55%. Age-based legal restrictions, eligibility criteria, or mandatory requirements are the most prevalent sub-barrier (60%), followed by Inadequate enforcement of existing age discrimination laws and policies (55%) and Inadequate legal protections and policy frameworks against age discrimination (51%). In the open-ended responses, 72% of respondents noted specific examples of age-based restrictions and discrimination in educational and training opportunities, such as age limits for PhD funding and training opportunities.

Self-directed barriers are the least common, with an overall frequency of 48%. Self-limiting beliefs about own capabilities, opportunities, or worth is the most prevalent sub-barrier (52%), followed by feelings of self-doubt or imposter syndrome (47%) and self-imposed avoidance, withdrawal, or disengagement behaviours (45%).

A2.4.1.5 Employment

Based on the survey of NAs (n=24), ageism and age discrimination in employment present significant barriers to equality across several countries. NAs from four Member States (BE, DE, FI, and SE) highlighted that both older and younger individuals experience discrimination, albeit in different forms.

The NA of Ireland, drawing on an Age Actions paper, pointed specifically to ageism and age discrimination inherent in the mandatory retirement age of 70 for public sector workers. Automatic and compulsory retirement policies for civil servants at predetermined ages are implemented across multiple jurisdictions according to NAs from ten Member States (BE, BG, DE, HR, CY, HU, AT, PT, SI, SK). Hungary, for example, mandates employment termination at age 65 for individuals with 15 years of pension insurance, while in Bulgaria employers may terminate employment upon old-age pension eligibility. Portugal establishes

mandatory retirement age requirements for public employees and converts permanent contracts to fixed-term arrangements at age 70.

Several NAs focused on the difficulties faced by older workers. A common trend among NAs from six Member States (DE, EL, FR, LT, SK, SE) is the prevalence of age-related stereotypes. These stereotypes, as noted by the NA of Germany, often lead to discriminatory practices in recruitment, promotion, and professional development, with assumptions about older employees being less flexible, less willing to learn, or less productive. The NA of Lithuania corroborated this, reporting instances of employers making inappropriate comments about older age during hiring and attributing negative traits to ageing individuals. The NA of Slovakia also stated age discrimination for older persons, especially women, in access to employment.

Difficulties in finding or maintaining employment for older workers were specifically mentioned by NAs from three Member States (BE, EL, FR, FI). The NA of Finland also emphasised that it is particularly difficult for unemployed individuals aged 55 and over to find new positions, regardless of their experience. The NA of France referenced employability of older workers, and that ageing and arduous working conditions are interrelated issues. The NA referenced employment rates for 55–64-year-olds compared to 25–49-year-olds, highlighting an employment gap. The NA of Greece referenced age limits in recruitments without justification, along with limited opportunities for older workers due to stereotypes. The NA also reported that age discrimination in employment is an obstacle to access to work, career development and vocational training. Lastly, the NA of Belgium listed several factors for the challenges, in that regard, including, stereotypes about older employees, salaries based on seniority, collective employment bargaining, age limits for applying to certain jobs, mandatory retirement ages and experience requirements.

Conversely, the NA of Belgium also noted that younger people face discrimination due to a perceived lack of experience. The NA of Germany similarly stated that assumptions about younger people's lack of experience, overconfidence, or immaturity can limit their access to senior or leadership roles.

NAs from three Member States (EL, LV, LT), highlighted that age-based discrimination in employment is widespread, with job advertisements specifying age ranges. Numerous professions maintain explicit minimum or maximum age restrictions.

Lastly, the Dutch NA reported very few verdicts given by the Institute for Human Rights about age discrimination.

Based on the survey of individuals (n=175), the most significant macro barriers are institutional and interpersonal barriers, both with an overall frequency of approximately 71%. Within this macro barrier, Age-based legal restrictions, eligibility criteria, or mandatory requirements is the most prevalent sub-barrier (72%), followed by Inadequate enforcement of existing age discrimination laws and policies (71%) and Inadequate legal protections and policy frameworks against age discrimination (69%). In the open-ended responses, 65% of respondents recounted being denied employment opportunities due to their age, with both younger and older individuals facing obstacles. A younger respondent expressed frustration at being told they were "too young for a job even though I met all the specific requirements," while older respondents frequently encountered job advertisements with age restrictions or were explicitly told they were too old to be considered.

Within the Interpersonal macro barrier (70%), Stereotypes, prejudices, or biases based on age is the most frequent sub-barrier (75%), followed by Pressure from others to conform to age-related expectations, norms, or stereotypes (69%) and Discriminatory, exclusionary, or

hostile behaviours based on age (67%). In the open-ended responses, 14% of respondents highlighted how age discrimination intersected with other biases, such as nationality and gender. One respondent noted, "I am Romanian, so I have experienced this type of discrimination in Italy in addition to age and sex in general." Another 11% mentioned workplace environment issues, feeling marginalised or overlooked, with one stating, "I don't look like a tough young woman, and I tend to be overlooked when it comes to development." Further 14% of respondents described career advancement challenges, with age hindering professional growth. One respondent shared, "When asked to be considered for possible promotion, the response was: 'It's too late for you now because you're no longer young.'"

Institutional - accommodations, funding, and training rank third, with an overall frequency of 69%. Inadequate staff training and awareness of age-related needs, issues, and competences is the most common sub-barrier (73%), followed by Insufficient funding or support for age-inclusive policies, programmes, and practices (68%) and Lack of age-appropriate accommodations, adaptations, or specialised services (66%).

Self-directed barriers are the least common, with an overall frequency of 61%. Self-limiting beliefs about own capabilities, opportunities, or worth is the most prevalent sub-barrier (65%), followed by Feelings of self-doubt or imposter syndrome (60%) and Self-imposed avoidance, withdrawal, or disengagement behaviours (58%).

A2.4.1.6 Health (includes health care, long term care and wellbeing)

Based on the NA survey (n=16), several barriers to healthcare equality for older adults were identified, including stereotypical attitudes, difficulties accessing services, and disparities in care provision compared to younger populations. The survey also highlighted issues related to affordability, social support, and long-term care.

The NAs from Estonia and Greece identified stereotypical attitudes as a barrier to equality in health. The NA of Estonia specifically cited a lack of accommodations, while the NA of Greece noted that stereotypes can result in inadequate treatment, misdiagnoses, or dismissal of symptoms as simply due to old age. Estonia acknowledges the influence of stereotypes and implicit biases on healthcare provider decision-making processes.

Difficulties accessing healthcare services were identified as a barrier by four NAs (EL, FI, SE, SK). The NA of Finland highlighted increasing difficulties in access to services for older adults, as well as weakened availability and increased costs. The NA of Slovakia added digitalisation barriers in healthcare to these access issues. The NA of Greece cited mobility limitations and a lack of accessible public transport as challenges in attending medical appointments, and the NA of Sweden noted complaints to the Equality Ombudsman about requirements to use digital tools for healthcare access, such as booking vaccinations.

The NAs of four Member States (BE, LT, SE, SK) explained that older people are often rejected or receive limited care. The NA of Belgium stated that older adults receive less care or treatment, while younger people are not always encouraged to take their health seriously. Similarly, the NA of Slovakia reported a lower level of healthcare provision for older compared to younger people. The NA of Sweden reported receiving complaints regarding denial of medical examination due to age, citing the example of not screening women aged 74 and older for breast cancer, and instances of older people suffering from acute illnesses receiving palliative care rather than life-saving treatment. The NA of Lithuania detailed experiences of disrespectful treatment of aging individuals by medical professionals, reporting instances of doctors being reluctant to conduct examinations, with aging being cited as the primary cause of health deterioration.

The NA of Germany noted the difficulty for those affected to determine if poor treatment is related to discrimination, as assessment requires extensive medical expertise. They also stated that older patients are sometimes told that a particular therapy is not an option, which can sometimes be medically justified, but with age used as an indicator.

The NA of Greece noted that high medical costs, lack of adequate insurance, and out-of-pocket expenses can make healthcare unaffordable for many seniors. They also highlighted that the lack of caregiver support can result in missed medical attention or poor adherence to treatment plans. They also cited loneliness and lack of social support were cited as contributing to neglected medical care or worsening mental health conditions. Insufficient home-based support services and continuous care provision has resulted in institutional care overutilization in multiple jurisdictions, significantly impacting care facility residents (PT, SK).

The NA of Finland drew attention to the reduction in long-term 24-hour care for older people, with an expectation for people to manage at home even when their health has deteriorated from age-related illnesses. The NA of France reported ill-treatment in care homes. The NA of Ireland referenced a paper arguing that long-term care can contribute to older persons' segregation from society, framing their presence as burdensome and failing to recognise their rights.

Based on the survey of individuals (n=138), the most significant macro barrier in healthcare is Institutional - accommodations, funding, and training, with an overall frequency of 71%. Lack of age-appropriate accommodations, adaptations, or specialised services is the most common sub-barrier (72%), followed by Inadequate staff training and awareness of age-related needs, issues, and competences (71%) and Insufficient funding or support for age-inclusive policies, programmes, and practices (70%). These barriers are reflected in the open-ended responses, where 40% of respondents expressed concerns about healthcare providers' sensitivity and understanding of age-related issues, with one respondent sharing, "Medical staff call you by name or call you grandma in the third person, even though it's not family." Additionally, 19% of respondents highlighted financial and resource limitations, facing barriers such as high costs and inadequate insurance coverage. Furthermore, 12% of respondents felt care quality was compromised due to age, with some reporting being denied treatments, which also falls under this macro barrier.

The second most common macro barrier is Interpersonal, with an overall frequency of 67%. Stereotypes, prejudices, or biases based on age is the most frequent sub-barrier (69%), followed by Pressure from others to conform to age-related expectations, norms, or stereotypes (68%) and Discriminatory, exclusionary, or hostile behaviours based on age (63%). In the open-ended responses, 40% of respondents described having health concerns dismissed as mere consequences of aging, with one respondent sharing, "A common example of ageism in healthcare can occur when an older patient seeks care for a health problem but is patronized or has his or her concerns dismissed as simply a normal effect of aging." The issue of care quality being compromised due to age and reports of being denied treatments, as mentioned by 12% of respondents, could also be attributed to interpersonal barriers.

Institutional - Legal and Policy Frameworks rank third, with an overall frequency of 56%. Age-based legal restrictions, eligibility criteria, or mandatory requirements is the most prevalent sub-barrier (59%), followed by Inadequate legal protections and policy frameworks against age discrimination (55%) and Inadequate enforcement of existing age discrimination laws and policies (54%). In the open-ended responses, 16% of respondents encountered systemic issues like bureaucratic hurdles and poor coordination within the healthcare system.

Self-directed barriers are the least common, with an overall frequency of 50%. Self-limiting beliefs about own capabilities, opportunities, or worth and Self-imposed avoidance, withdrawal, or disengagement behaviours are the most prevalent sub-barriers (both at 52%), followed by Feelings of self-doubt or imposter syndrome (47%)

A2.4.1.7 Housing

Ageism and age discrimination in housing present several barriers across European nations, as highlighted by responses from various National Authorities (n=9).

A common trend among NAs from four Member States (BE, EE, SK, SE) is the theme of availability and accessibility of suitable accommodations. The NA of Estonia cited "availability, accessibility, not enough accommodations" as key barriers. They reported insufficient purpose-designed housing options for older adult populations. The NA of Belgium expanded on this, noting refusals by some owners to rent to younger people and difficulties related to accessible housing, particularly in relation to disability. The NA of Sweden noted that age-specific housing designations create exclusionary effects for non-targeted age groups. The NA of Slovakia indicated that while older people in Slovakia currently have reasonable housing options compared to the past, securing new housing presents a challenge.

Regarding rental policy, the NA of Sweden further reported receiving complaints and publishing a report in 2021. It found that rental policies and criteria, such as high-income requirements relative to rent and limitations on accepted income types, could disproportionately affect younger and older persons. They explained that a discrimination case investigated in 2021 involved a housing company that only accepted monthly income from salary, grants, or study loans, thereby excluding older individuals with pension income.

The NA of France identified barriers related to access to rental properties, refusal of access to credit insurance, and accessibility for persons with disabilities. They further explained ongoing efforts in France to address these issues through initiatives like "ma primadapt," improvements to social housing access, and promotion of housing diversity such as independent living, noting that supply must be programmed according to population needs and ageing.

Lastly, the NA of Spain has documented an elevated eviction risk among older tenants with limited pension income facing rental cost escalations.

Based on the survey of individuals (n=62), the most significant macro barrier is Institutional - accommodations, funding, and training, with an overall frequency of 69%. Insufficient funding or support for age-inclusive policies, programmes, and practices is the most prevalent sub-barrier (76%), followed by lack of age-appropriate accommodations, adaptations, or specialised services (73%) and inadequate staff training and awareness of age-related needs, issues, and competences (60%). In the open-ended responses, 47% of respondents described difficulties finding suitable housing due to age-related restrictions. One respondent mentioned most housing options were available only to those over a certain age, leaving younger individuals with limited choices. Another highlighted the lack of accessible facilities for people with musculoskeletal disorders, emphasizing the need for more inclusive housing solutions.

The second most significant macro barriers are interpersonal ones, with an overall frequency of 63%. Stereotypes, prejudices, or biases based on age is the most frequent sub-barrier (66%), followed by pressure from others to conform to age-related expectations, norms, or stereotypes (63%) and discriminatory, exclusionary, or hostile behaviours based on age (60%). In the open-ended responses, 21% of respondents were judged based on

age-related stereotypes. One shared that landlords questioned their ability to afford rent because they appeared young, despite being financially independent. Another noted older women struggled to find housing as landlords preferred renting to young families.

Institutional policy barriers rank third, with an overall frequency of 60%. Inadequate legal protections and policy frameworks against age discrimination is the most prevalent sub-barrier (63%), followed by Age-based legal restrictions, eligibility criteria, or mandatory requirements (61%) and Inadequate enforcement of existing age discrimination laws and policies (55%). In the open-ended responses, 62% of respondents reported being denied housing or financial services based on age. One respondent noted banks in Cyprus refused loan applications from pensioners, citing age as the sole reason. Another shared that landlords often preferred renting to younger tenants, believing they would take better care of property. These experiences highlight systemic biases older individuals face in the housing market.

Self-directed barriers are the least common, with an overall frequency of 51%. Self-limiting beliefs about own capabilities, opportunities, or worth are the most prevalent sub-barrier (56%), followed by feelings of self-doubt or imposter syndrome (48%) and self-imposed avoidance, withdrawal, or disengagement behaviours (48%). In the open-ended responses, 24% of respondents discussed financial barriers, pointing out challenges securing loans and mortgages due to age. A respondent from Italy lamented banks were unwilling to provide mortgages to young workers unless their parents could guarantee the loan with their pensions. This financial exclusion often left young people unable to start families or purchase homes.

A2.4.1.8 Media and advertising

Based on a NA survey (n=6), several barriers to equality in media and advertising were identified, including stereotyping, underrepresentation of older individuals, and the reinforcement of unrealistic expectations about ageing.

Media portrayals and advertising practices reveal age-related representational issues. In four Member States (BE, CZ, ES, FR) there are concerns about stereotypes in advertising content. The NA of Belgium identified stereotypes and the underrepresentation of some older age groups as key barriers. A similar concern regarding underrepresentation was highlighted by the NA of France noting that older individuals comprise only 6% of those appearing on screen, despite representing a significant portion of the French population. They further elaborated that this underrepresentation is evident across various programme categories, with women over 65 being particularly less represented than men of the same age and younger women.

The NA of Lithuania identified the reinforcement of stereotypes about older individuals in the media as a significant barrier. They added that ageing is often depicted as undesirable and avoidable. They also reported on a tendency to conceal or glamorise ageing, presenting unrealistic expectations and limiting identification opportunities for older people.

The NAs from Austria and Portugal indicated a lack of data to answer the question.

Based on the survey of individuals (n=53) about their experiences of ageism and age discrimination in media and advertising, the most significant macro barrier is Interpersonal, with an overall frequency of 65%. Stereotypes, prejudices, or biases based on age is the most frequent sub-barrier (79%), followed by Pressure from others to conform to age-related expectations, norms, or stereotypes (62%) and Discriminatory, exclusionary, or hostile behaviours based on age (53%).

The open-ended responses also primarily focused on interpersonal barriers, specifically the stereotypes, prejudices, and biases based on age prevalent in media and advertising. The lack of diverse and accurate representation of older individuals, particularly older women, was a recurring theme in the responses, highlighting the need for more inclusive and realistic portrayals of people across all age groups in media and advertising. As many as 75% of respondents discussed how stereotypes about age were perpetuated, with some expressing frustration with the portrayal of older adults as frail, dependent, or passive. One respondent stated, "Older people are often portrayed not very seriously, as if they were children requiring care." The responses highlighted how older individuals were either absent from media or depicted in ways that reinforced negative stereotypes. Many noted the lack of visibility for older women in advertisements and films, where they were often depicted as mentally stressed or sick rather than competent. One respondent mentioned, "Older women rarely appear in films and series and are hardly portrayed as competent personalities."

The second most significant macro barrier is Institutional - accommodations, funding, and training, with an overall frequency of 59%. Inadequate staff training and awareness of age-related needs, issues, and competences is the most prevalent sub-barrier (62%), followed by Insufficient funding or support for age-inclusive policies, programmes, and practices (60%) and Lack of age-appropriate accommodations, adaptations, or specialised services (55%).

Self-directed barriers rank third, with an overall frequency of 44%. Self-limiting beliefs about own capabilities, opportunities, or worth is the most prevalent sub-barrier (47%), followed by Feelings of self-doubt or imposter syndrome (43%) and Self-imposed avoidance, withdrawal, or disengagement behaviours (42%).

Institutional - Legal and Policy Frameworks is the least significant macro barrier, with an overall frequency of 43%. Age-based legal restrictions, eligibility criteria, or mandatory requirements is the most prevalent sub-barrier (49%), followed by Inadequate legal protections and policy frameworks against age discrimination (42%) and Inadequate enforcement of existing age discrimination laws and policies (40%).

A2.4.1.9 Political and civic participation

Based on the survey of NAs (n=10), ageism and age discrimination's impact on political participation reveals varying perspectives and experiences across countries.

Political participation frameworks contain numerous age-based structural barriers. The NA of Belgium identified marginalisation of older adults in political processes, alongside perceptions of younger individuals as inexperienced for political roles, and an age limit to certain activities such as volunteer work. Additionally, the NA of Germany cited age limits for voluntary work or membership of juries as a barrier.

On the contrary, the NA of Finland indicated a high value placed on political participation across all age groups, highlighting initiatives such as youth councils and accessible voting measures for older people. Similarly, the NA of France observed active participation of older individuals in society, noting their significant presence in local elective offices and volunteering. They also pointed out that associations of local elected representatives often mention the overrepresentation of retired people in local democratic bodies. The NA of Slovakia mentioned the existence of several dozen senior organisations covered by the Government of the Slovak Republic.

Based on the survey of individuals (n=52), the most significant macro barrier is Interpersonal, with an overall frequency of 64%. Stereotypes, prejudices, or biases

based on age is the most frequent sub-barrier (67%), followed by Pressure from others to conform to age-related expectations, norms, or stereotypes (65%) and Discriminatory, exclusionary, or hostile behaviours based on age (54%).

The open-ended responses primarily focused on the interpersonal barriers, specifically the stereotypes, prejudices, and biases based on age prevalent in political and civic participation. The exclusion and belittling of individuals based on age, as well as the gendered and ageist perceptions in political spaces, were recurring themes in the responses, highlighting the need for more inclusive and equitable political and civic participation across all age groups. As many as 74% of respondents noted instances where age was used to exclude or belittle individuals in political contexts. One respondent mentioned, "Age becomes a discriminating element even in situations in which you would like to propose yourself to contribute to political activities with social content." Another 30% described pervasive stereotypes and biases, with one observing, "Political participation is very much still viewed as old men's business," highlighting gendered and ageist perceptions in political spaces.

The second most significant macro barrier is Institutional - accommodations, funding, and training, with an overall frequency of 61%. Lack of age-appropriate accommodations, adaptations, or specialised services is the most prevalent sub-barrier (65%), followed by Insufficient funding or support for age-inclusive policies, programmes, and practices (58%) and Inadequate staff training and awareness of age-related needs, issues, and competences (58%). In the open-ended responses, 48% of respondents expressed frustration over age-based exclusion from political processes. One shared, "My participation in political discussions is always mocked when elders are present because of my young age." Another highlighted challenges faced by high school representatives who were dismissed during major political events because they were under 18 and couldn't vote.

Institutional - Legal and Policy Frameworks rank third, with an overall frequency of 52%. Inadequate legal protections and policy frameworks against age discrimination is the most prevalent sub-barrier (58%), followed by Age-based legal restrictions, eligibility criteria, or mandatory requirements (54%) and Inadequate enforcement of existing age discrimination laws and policies (45%). In the open-ended responses, one respondent noted the arbitrary age limits for political candidacy in Italy, describing them as "direct age discrimination instead of basing the candidacies on actual experience."

Self-directed barriers are the least common, with an overall frequency of 49%. Self-limiting beliefs about own capabilities, opportunities, or worth is the most prevalent sub-barrier (50%), followed by Feelings of self-doubt or imposter syndrome (45%) and Self-imposed avoidance, withdrawal, or disengagement behaviours (44%).

Additionally, in the open-ended responses, 19% of respondents felt their views were not adequately represented. A respondent lamented difficulty finding political representation, while another noted the exclusion of young people from electoral commissions.

A2.4.1.10 Social protection

Based on the NA survey (n=12), social protection and adequate income present barriers to equality across several countries due to ageism and age discrimination.

Social security frameworks exhibit extensive age-based eligibility criteria and differential treatment. The NA of Estonia stated that low pensions significantly affect the wellbeing and quality of life of older people, impacting their ability to stay active. Similarly, the NA of Slovakia indicated that social protection for seniors is not at a good level. The NA of Sweden highlighted the gender disparity in pensions, noting that women often receive lower

pensions due to part-time work and lower salaries related to childcare responsibilities, with the pension system not adequately addressing these differences.

The NA of Germany identified the pressure an aging population places on pension systems and noted that older individuals may experience policies that fail to consider their ability to work longer or maintain a secure income. They suggested potential discrimination against older workers seeking to remain in the workforce past traditional retirement ages, due to employer assumptions or unwillingness to invest in training. In contrast, the German NA provided that younger workers often face insecure employment contracts, limiting their access to benefits and hindering long-term financial stability. The Belgian NA similarly mentioned that young people struggle with temporary contracts and limited social benefits, while older people face inadequate pensions and age-based social benefits as well as disability benefits limited to persons under 65.

The NA of Greece reported that a limited understanding of pension plans and investment options can lead to financial insecurity in old age. They stated that chronic illnesses and disabilities can prevent older adults from working longer, reducing their income, whilst inflation, healthcare expenses, and housing costs can outpace pension growth. The Slovenia NA alleges that there may be discriminatory arrangements in retirement provisions for citizens with completed vocational education.

Lastly, the French NA identified difficulties in receiving benefits and determining the need for home help as potential barriers, and the Estonian one cited stereotypical attitudes and a lack of motivation to implement positive measures as additional barriers to equality.

Based on the survey of individuals (n=161), the most significant macro barrier is Institutional - accommodations, funding, and training, with an overall frequency of 74%. Lack of age-appropriate accommodations, adaptations, or specialised services is the most prevalent sub-barrier (73%), followed by Insufficient funding or support for age-inclusive policies, programmes, and practices (78%) and Inadequate staff training and awareness of age-related needs, issues, and competences (70%). This is reflected in the open-ended responses, where 21% of respondents highlighted social welfare and support issues, describing difficulties accessing social support systems, often exacerbated by bureaucratic hurdles. One respondent noted, "Access to very complex and inaccessible social support," while another mentioned, "Too low a pension and the humiliating need to use social welfare after so many years of hard work."

The second most significant macro barrier is Interpersonal, with an overall frequency of 69%. Pressure from others to conform to age-related expectations, norms, or stereotypes is the most frequent sub-barrier (71%), followed by Stereotypes, prejudices, or biases based on age (68%) and Discriminatory, exclusionary, or hostile behaviours based on age (63%). In the open-ended responses, 41% of respondents recounted experiences where age was a barrier to fair treatment, describing being deemed too old for job opportunities or pressured to retire. One noted, "At 50 you can no longer find a decent job with an adequate income to live on... because you are considered obsolete." Furthermore, 32% of respondents cited employment barriers, describing challenges securing employment due to age-related biases. Several respondents were overlooked for promotions or job opportunities because of their age, with one sharing, "This has happened in several job opportunities that have followed one another. For a few months, I purposely did not mention my date of birth in my CV."

Institutional - Legal and Policy Frameworks rank third, with an overall frequency of 69%. Age-based legal restrictions, eligibility criteria, or mandatory requirements is the most prevalent sub-barrier (69%), followed by Inadequate enforcement of existing age discrimination laws and policies (70%) and Inadequate legal protections and policy

frameworks against age discrimination (68%). This is echoed in the open-ended responses, where 51% of respondents mentioned economic inequality, highlighting inadequate pensions and struggles to maintain decent living standards. A Polish respondent stated, "In Poland, you cannot survive to buy medicine for a pension of PLN 1,780 when medicines cost PLN 400 a month." Many expressed frustration with high taxation rates and low salaries exacerbating economic disparities.

Self-directed barriers are the least common, with an overall frequency of 54%. Self-limiting beliefs about own capabilities, opportunities, or worth is the most prevalent sub-barrier (56%), followed by Self-imposed avoidance, withdrawal, or disengagement behaviours (55%) and Feelings of self-doubt or imposter syndrome (52%).

Additionally, 16% of respondents in the open-ended responses noted the intersection of ageism and sexism, with women reporting lower pay than male counterparts and facing additional barriers. One stated, "I am not paid as much as my male colleagues despite doing the same job and working harder than them."

A2.4.1.11 Transport

Based on a NA survey (n=10), several barriers to equality in transport caused by ageism and age discrimination were identified, including stereotypical attitudes, organisational barriers, lack of understanding of people's needs, increasing digitisation, and inadequate infrastructure and accessibility, particularly in rural areas.

The NA of Estonia cited stereotypical attitudes, organisational barriers, and a lack of understanding of people's real needs as main barriers.

Digitalisation of transport services is an identified challenge NAs of two Member States (BE, FI). The NA of Finland pointed to increasing difficulties in using public transport for individuals lacking digital skills for tasks such as buying tickets and accessing timetables. In that regard, the NA of Belgium identified increased digitisation as a challenge, where some tickets are exclusively or more cheaply available online, and a lack of infrastructural accessibility alongside intersection with disability.

Another identified challenge by NAs of four Member States (BE, BG, FR, SK) is the accessibility and availability of infrastructure. The NA of Belgium noted that older adults experience limited mobility or inadequate transport options, whilst younger individuals encounter affordability issues. On the contrary in three Member States (HR, AT, SK) affordability policies for public transport were identified. The NA of Slovakia highlighted that seniors in SK can use transport for free or at a reduced cost.

The NAs from Austria and Portugal indicated a lack of data to answer the question.

Based on the survey of individuals (n=63), the most significant macro barrier is Institutional - accommodations, funding, and training, with an overall frequency of 70%. Inadequate staff training and awareness of age-related needs, issues, and competences is the most prevalent sub-barrier (75%), followed by Lack of age-appropriate accommodations, adaptations, or specialised services (67%) and Insufficient funding or support for age-inclusive policies, programmes, and practices (70%). This is reflected in the open-ended responses, where 71% of respondents described inadequate public transport services for older passengers. Intercity buses were often not adapted for easy access, and city buses were crowded, with younger passengers occupying seats reserved for those with reduced mobility. One respondent lamented that public transport plans were developed with younger people's needs in mind, neglecting retirees who require transportation for social

activities. The lack of suitable options often led to social isolation and limited access to essential services.

Institutional - Legal and Policy Frameworks and Interpersonal barriers both rank second, with an overall frequency of 54% each. Under Institutional - Legal and Policy Frameworks, Inadequate legal protections and policy frameworks against age discrimination is the most prevalent sub-barrier (57%), followed by Inadequate enforcement of existing age discrimination laws and policies (54%) and Age-based legal restrictions, eligibility criteria, or mandatory requirements (49%). Accessibility emerged as a significant issue in the open-ended responses, mentioned by 55% of respondents. Some highlighted physical barriers such as high steps on buses and trains, and lack of ramps or elevators at stations. One respondent recounted standing at a bus stop with a walker, only to have the driver refuse to lower the ramp, citing the stop as not barrier-free. Another noted difficulty transitioning between platforms due to differing heights and broken escalators or elevators.

Under Interpersonal barriers (53%), Stereotypes, prejudices, or biases based on age is the most frequent sub-barrier (56%), followed by Pressure from others to conform to age-related expectations, norms, or stereotypes (52%) and Discriminatory, exclusionary, or hostile behaviours based on age (51%). In the open-ended responses, 34% of respondents noted discrimination as prevalent. They shared experiences of disrespectful treatment by public transport drivers or being refused seats. One described how younger passengers ignored older individuals standing next to them, absorbed in their mobile phones. Another recounted being shouted at to move aside on the road, highlighting the lack of respect for older individuals in public spaces.

Self-directed barriers are the least common, with an overall frequency of 44%. Self-imposed avoidance, withdrawal, or disengagement behaviours is the most prevalent sub-barrier (44%), followed by self-limiting beliefs about own capabilities, opportunities, or worth (44%) and feelings of self-doubt or imposter syndrome (33%).

Annex 3 Mapping of quantitative data in EU and national databases

This table shows the references to quantitative data relating to age discrimination in EU and national databases. These sources will be further reviewed and processed for inclusion in the analysis where relevant.

Table 113. Mapping of Eurostat data

Sector	Pathway	Outcome(s)	Eurostat	Source
Employment	Barriers to recruitment	% unemployed		Click here
		% self-employed		Click here
	Under-utilization	% of part-time		Click here
		Number of hours worked		Click here
	Forced early retirement	Age of retirement		Click here
	Denied promotions	Job tenure in current position		Click here (data only available for tenure with employer)
	Unemployed due to age-discrimination	Percentage of unemployed for age-based discrimination		Click here
Access to services	Age limits on services	Number of legal constraints		
	Lack of age-inclusive healthcare policies	Different utilisation rates		See below
Healthcare	Under(over)-treatment and prioritization of treatment	Needs for medical examination		Click here
		Persons visiting a doctor in the last 12 months		Click here
	Dismissal of concerns	Self-reported unmet needs		Click here
	Lack of access to digital healthcare services	e-health indicators based on 4 thematic layers		Click here
	Likelihood of living in areas without developed healthcare facilities	% of population living in underserved areas		Click here
	Higher likelihood to be classified as DNR (do not resuscitate)	Data on DNR rates		

Sector	Pathway	Outcome(s)	Eurostat	Source
	Fewer prevention campaigns targeting old age pathologies	Percentage of healthcare budget allocated to prevention		
	Age restrictions on the free availability of certain treatments	Availability of treatments by age		
	Lack of specialized services in hospitals (i.e., assisted eating)	% of hospitals with geriatric services		Click here
Social protection	Harsher conditions on young unemployed workers	Unemployment benefits eligibility conditions		Click here
	Expenditure on pensions	% of GDP		Click here
Education and training	Limited training opportunities	Number of job-related trainings		
	Age-biased curriculum	Proportion of courses targeting different age groups		Click here
	Schedules are not adapted to older adults	Percentage of training sessions available outside working hours		
Housing	Barriers to long-term rents	Percentage of long-term renting contracts by age		Click here
	Unsuitable accommodation	Percentage of adults living in inadequate housing		Click here
	Stronger requirements on young renters	Average age of first-time renters		Click here
Transport	Transport means are not age-inclusive	Public transport units with age-adapted facilities/infrastructure		
	Age-biased schedules			
Access to justice	Insufficient knowledge of rights	Percentage of people aware/unaware of their legal rights		Click here
	Cost of judicial procedures	Average expenditure on legal services by age groups		
Digital technology	Unequal access to digital services	Percentage of people with access to digital services		Click here
	Devices are not designed for older individuals	Usage of digital devices by age group		Click here

Sector	Pathway	Outcome(s)	Eurostat	Source
Media and advertising	Stereotypical representations	Prevalence of media campaigns featuring older individuals		
	Invisibility	Prevalence of media campaigns featuring older individuals		
Political participation	Limited possibilities to engage in political activities	Voter turnout by age group		Click here
		Share of affiliation to political parties by age group		
	Disproportionate weighting in society	Representation in political bodies by age group		Click here
Financial services	Age-biased eligibility criteria for loans	Approval rates for loans		
	Digital-biased services	Access to services offline		
	Complexity of financial products	Financial literacy		Click here and here
Social interactions	Patronising behaviour	% of people reporting experiences of patronisation		
	Ageist jokes and comments	Percentage of people experiencing verbal abuse		Click here
	Social segregation	Frequency of intergenerational interactions		
	Loneliness and isolation	Percentage of population experiencing loneliness		Click here

Table 114. Mapping of member-state level data

Pathway	Outcome	Spain	Portugal	Italy	Germany
Discrimination during the hiring process	Unemployment rate	Click here	Click here	Click here	Click here
	% self-employment	Click here	Data not disaggregated by age group: click here	Click here	Click here
Under-utilization	% of part-time workers	Click here	n/a	Click here	Click here

Pathway	Outcome	Spain	Portugal	Italy	Germany
Forced early retirement	Prevalence of forced retirement	Click here	Reason for retirement: here	Presence of employed, retired and unemployed persons: here	n/a
Denied promotions	Tenure in current position	n/a	n/a	Data not disaggregated by age group: here	Data not disaggregated by age: here
Unemployed due to age-discrimination	Percentage of unemployed for age-based discrimination	see row 2	n/a	most similar: duration of unemployment: here	Discrimination at work: here
Age limits on services	Number of such	n/a	n/a	n/a	n/a
Lack of age-inclusive healthcare policies	Different utilisation rates	Click here	Data not disaggregated by age group: here	Click here	Click here
Under(over)-treatment and prioritization of treatment	Different treatment rates after conditioning on disease	see above	see above	see above	Click here
Dismissal of concerns	Unmet needs for medical examination	Click here	see above	n/a	Data not disaggregated by age: here
Lack of access to digital healthcare services	e-health indicators	n/a	n/a	n/a	Click here
Likelihood of living in areas without developed healthcare facilities	Percentage of population living in underserved areas	n/a	Proxy: Proportion of population aged 18 to 74 who have experienced discrimination (%) by Urban areas typology and Discrimination factor (age) : here	n/a	Proxy: material deprivation: here
Higher likelihood to be classified as DNR (do not resuscitate)	Data on DNR rates	n/a	n/a	n/a	n/a

Pathway	Outcome	Spain	Portugal	Italy	Germany
Fewer prevention campaigns targeting old age pathologies	Percentage of healthcare budget allocated to prevention	Info on national healthcare budget but not specifically for prevention: click here	Click here	Click here	Data disaggregated by service, but prevention is not one of them: here Data on prevention: here
Age restrictions on the free availability of certain treatments	Availability of treatments by age	Additional data: here	n/a	Proxy: report on medicine use: here	n/a
Lack of specialized services in hospitals (i.e., assisted eating)	Percentage of hospitals with geriatric services	Data on types and numbers of hospitals but not on specific services provided	n/a	Types of hospitals but not type of services: here	Information on hospital data but not types of services: here
Harsher conditions on young unemployed workers	Unemployment benefits eligibility conditions	Click here	Click here	Click here	Click here
Limited public housing for older individuals	Percentage of public funds allocated to older people	Budget allocated to pensions: here	Division of budget but no info on older population: here	n/a	Expenditure in pensions and social security: here
Limited training opportunities	Number of hours worked	Click here	Average of hours worked by industry (not possible to disaggregate by age): here	Data not disaggregated by age: here	Overall weekly worked hours (data not disaggregated): here
Age-biased curriculum	Proportion of courses targeting different age groups	Educational level of the population by age group: here	Not possible to disaggregate by age groups: here	Proxy: participation in life-long learning and Participation in life-long learning (a) by age class and gender (figure 6): here	Proxy: educational level and trainings: here Life-long learning data: here
Schedules are not adapted to older adults	Percentage of training sessions available outside working hours	Formation activities: here	n/a	n/a	n/a

Pathway	Outcome	Spain	Portugal	Italy	Germany
Barriers to long-term rents	Percentage of long-term renting contracts by age	New index on renting contracts but not possible to disaggregate by age: here	n/a	n/a	n/a
Unsuitable accommodation	Percentage of adults living in inadequate housing	Click here	Housing problems by age group: here	Click here	Click here
Stronger requirements on young renters	Average age of first-time renters	Emancipation rates by age groups: here	n/a	n/a	n/a
Transport means are not age-inclusive	Public transport units with age-adapted facilities/infrastructure	n/a	n/a	n/a	n/a
Age-biased schedules	n/a	n/a	n/a	n/a	n/a
Insufficient knowledge of rights	Percentage of people aware/unaware of their legal rights	Private study on rights awareness (not disaggregated by age group): here	n/a	n/a	n/a
Cost of judicial procedures	Average expenditure on legal costs by age group	Average cost per person on 'other goods and services' (not possible to disaggregate by age groups): here	Household expenditure (insurance and financial services, or other miscellaneous services): here	n/a	Expenditure in miscellaneous goods and services: here
Unequal access to digital services	Percentage of people with access to digital services	Type of households with access to Internet: here	Click here	Data for Italy in comparison to other countries: here	Study of the German Economic Institute: here
Devices are not designed for older individuals	Usage of digital devices by age group	There's data on the non-use of devices but only for Internet users and not possible to disaggregate by age groups	see above although not exactly data on use of devices	n/a	see above

Pathway	Outcome	Spain	Portugal	Italy	Germany
Stereotypical representations	Prevalence of media campaigns featuring older individuals	n/a	n/a	n/a	n/a
Invisibility	Prevalence of media campaigns featuring older individuals	n/a	n/a	n/a	n/a
Limited possibilities to engage in political activities	Voter turnout by age group	Not possible to disaggregate by age group: here	Data not disaggregated by age group: here	Click here	Voter turnout available but not disaggregated by age: here
	Share of affiliation to political parties by age group	Participation in political activities: here	n/a	Click here	Proxy: ability to influence politics (2016): here
Older/younger people may be given disproportionate weight	Representation in political bodies by age group	n/a	n/a	Figure 1: here	n/a
Age-biased eligibility criteria for loans	Approval rates for loans by age groups	n/a	n/a	n/a	Data on loan rates but not disaggregated by age: here
Digital-biased services	Access to services available offline	n/a	n/a	n/a	n/a
Complexity of financial products	Financial literacy level	Click here	PISA results (only for 15yo students): click here	PISA results (only 15yo students): here	Figure 3.1: here
Patronising behaviour	% of people reporting experiences of patronisation	n/a	n/a	n/a	n/a
Ageist jokes and comments	Percentage of people experiencing verbal abuse	n/a	n/a	Data on type of violence but not by age group: here	Some data on harassment at work: here
Social segregation	Frequency of intergenerational interactions	n/a	n/a	n/a	n/a
Loneliness and isolation	Percentage of population experiencing loneliness	NGO study: here	n/a	Click here	Click here

Table 115. Mapping of discrimination studies at the member-state level

Country	Survey	Year	Author	Source
Belgium	Rapport régional 2022 bruxellois	2023	UNIA	https://www.unia.be/files/Rapport_annuel_r%C3%A9gional_2022_Bruxelles.pdf
	Rapport annuel - La lutte contre les discriminations en Wallonie 2022	2023	UNIA	https://www.unia.be/files/rapport_annuel_RW_2022.pdf
	Regionaal jaarverslag 2022 Vlaanderen	2023	UNIA	https://www.unia.be/files/Regionaal_jaarverslag_VL_2022.pdf
	Sondage sur l'âgisme envers les aînés : les chiffres de 2021	2021	IPSOS for Amnesty International	https://www.amnesty.be/campagne/droits-aines/article/sondage-agisme-aines-chiffres-2021
Bulgaria	По-младите поколения са по-склонни към мислене и нагласи, повлияни от ейджизъм	2024	BIA (Bulgarian Industrial Organisation)	https://www.bia-bg.com/uploads/files/Projects/2024-zaedno/2024-08-20-zaedno.pdf
Czechia	Výsledky výběrového šetření RESTABUS - Inovativní cesty definice, měření prevalence a řešení seniorského abusu v ČR	2023	Vidovičová et al.	https://munispace.muni.cz/library/catalog/book/2264
Denmark	Motiver, muligheder og barrierer for et længere arbejdsliv i Danmark	2023	Andersen et al. (2023)	https://www.seniorarbejdsliv.dk/wp-content/uploads/Lars-L-Andersen_2023_SAL-rapport_Tidsudvikling-2018-2022.pdf
	Labour market discrimination: Relative, additive, and multiplicative effects	2022	Jeevitha Yogachandiran Qvist, Christian Albrekt Larsen	https://vbn.aau.dk/ws/portalfiles/portal/527295724/Qvist_and_Larsen_Labour_market_discrimination_preprint.pdf
Germany	Altersdiskriminierung in der Pandemie ist nicht die Regel – Jede zwanzigste Person in der zweiten Lebenshälfte berichtet erfahrene Benachteiligung wegen ihres Alters	2021	Deutsches Zentrum für Altersfragen	https://www.dza.de/fileadmin/dza/Dokumente/DZA_Aktuell/DZA-Aktuell_06_2021_Altersdiskriminierung.pdf
	Leben ohne Internet – geht's noch?	2022	BAGSO – Bundesarbeitsgemeinschaft der Seniorenorganisationen e.V.	https://www.bagso.de/fileadmin/user_upload/bagso/06_Veroeffentlichungen/2022/Ergebnisbericht_Leben_ohne_Internet_gehts_noch.pdf

Country	Survey	Year	Author	Source
	Age ismus - Altersbilder und Altersdiskriminierung in Deutschland	2022	Kessler & Warner (Federal Anti-Discrimination Agency)	https://www.antidiskriminierungsstelle.de/SharedDocs/downloads/DE/publikationen/Expertisen/altersbilder_lang.pdf?__blob=publicationFile&v=8
	Altersdiskriminierung Erkennen, Verstehen, Begegnen	2025	Federal Anti-Discrimination Agency	https://www.antidiskriminierungsstelle.de/SharedDocs/downloads/DE/publikationen/Umfrage_n/20250324-Altersdiskriminierung-Kurzstudie.pdf?__blob=publicationFile&v=3
Estonia	Ealine diskrimineerimine tööturul	2018	Iris Pettai (Eesti Avatud Ühiskonna Instituut)	https://humanrights.ee/app/uploads/2019/03/Ealine-diskrimineerimine-uuringu-tulemused.pdf
Ireland	Equality and Discrimination Survey (EDS)	2019	Central Statistics Office (CSO)	https://www.cso.ie/en/releasesandpublications/er/ed/equalityanddiscrimination2019/
Greece	Η καταπολεμηση των πολλαπλων διακρισεων στην ελλαδα: αξιολογηση του θεσμικου πλαισιου μεσω των ερευνητικων αποτελεσματος	2021	Sarris	https://www.ekke.gr/publication_files/i-katapolemisi-ton-pollaplon-diakriseon-stin-ellada-axiologisi-tou-thesmiku-plaisiou-meso-ton-ereunitikon-apotelesmaton-1
Spain	Avance de resultados del estudio 3493 'Edadismo'	2025	Centre for Sociological Studies (CIS)	https://www.cis.es/-/avance-de-resultados-del-estudio-3493-edadismo-?p_l_back_url=%2Fcatalogo-estudios%2Favance-resultados%3Fn%3Dedadismo
France	Enquête – Les discriminations des seniors dans l'emploi	2024	Défenseur des droits	https://www.defenseurdesdroits.fr/sites/default/files/2024-12/ddd-OIT_enquete_17e-barometre-discriminations-emploi_20241209.pdf
	Difficultés d'accès aux droits et discriminations liées à l'âge avancé	2021	Défenseur des droits	Difficultés d'accès aux droits et discriminations liées à l'âge avancé, Octobre 2021 - Défenseur des droits
Croatia	Percepcija Diskriminacije MeđU Punoljetnim Građanima/-Kama Republike Hrvatske	2023	Office for Human Rights and Rights of National Minorities of the Government of the Republic of Croatia	https://ljudskaprava.gov.hr/UserDocsImages/dokumenti/Izvie%20C5%A1taj%20o%20provedbi%20istra%20C5%BEivanja-diskriminacija.pdf
	Attitudes towards the existence of age discrimination in employment relations in the system of sciences and higher education of Croatia	2022	Gaćeša & Vinković (research paper)	https://hrcak.srce.hr/file/444509

Country	Survey	Year	Author	Source
	Istraživanje O Stavovima I Razini Svijesti O Diskriminaciji I Pojavnim Oblicima Diskriminacije 2022	2023	Ombudswoman	https://www.ombudsman.hr/hr/download/istrazivanje-o-stavovima-i-razini-svijesti-o-diskriminaciji-i-pojavnim-oblicima-diskriminacije-2022/?wpdmdl=15351&refresh=67e5985dd67b71743099997
	Izvešća pučke pravobraniteljice za 2022	2022	Ombudswoman	https://www.ombudsman.hr/hr/download/izvjesce-pucke-pravobraniteljice-za-2022-godinu/?wpdmdl=15489&refresh=6448ca168c4ad1682491926
Italy	Oltre le generazioni: esperienze, relazioni, lavoro	2024	Valore D	https://www.valored.it/ricerche/oltre-le-generazioni-esperienze-relazioni-lavoro/
Cyprus	Statistical data on abuse, neglect, economic exploitation and ageism in Cyprus	2023	Cyprus Third Age Observatory (CTAO)	https://www.ctaobservatory.org/en/files/ugd/964008_93d1d582db7a4d50bcb0d3b86a9e2857.pdf
Latvia	Sabiedriskās domas aptauja par sabiedrības izpratni par diskriminācijas aspektiem	2022	Labklājības ministrija	https://www.lm.gov.lv/lv/media/22110/download?attachment
Lithuania	Vyresnio amžiaus asmenų diskriminacija darbe	2023	Office of the Equal Opportunities Ombudsperson	https://lygybe.lt/wp-content/uploads/2023/12/Vyresnio-amziaus-asmenu-diskriminacija-darbe.pdf
Luxembourg	Observatoire des discriminations 2024	2024	ILRES, CET	https://cet.lu/wp-content/uploads/2024/12/ILRES_CET_Rapport_2024_PK.pdf
Hungary	Életkori diszkrimináció a magyar munkaerőpiacon	2021	Berde & Bago	https://unipub.lib.uni-corvinus.hu/6421/1/Kszemle_CIKK_1965.pdf
Malta	Underreporting of discriminatory incidents in Malta - a research study	2010	NCPE	https://www.um.edu.mt/library/oar/bitstream/123456789/10790/1/Underreporting%20of%20Discriminatory%20Incidents%20in%20Malta%20-%20a%20research%20study.pdf
	Measurement of Discrimination among Youths - Quantitative study	2011	NCPE	https://ncpe.gov.mt/wp-content/uploads/2023/06/youth_research.pdf
Netherlands	Leeftijdsdiscriminatie - november 2024	2024	ANBO-PCOB	https://anbo-pcob.nl/media/documents/onderzoek-leeftijdsdiscriminatie-nationaal-seniorenpanel-anbo-pcob-jan2025.pdf
	Leeftijdsdiscriminatie ervaren door oudere werknemers	2020	NIDI	https://publ.nidi.nl/demos/2020/demos-36-08-oudemulders.pdf

Country	Survey	Year	Author	Source
Austria	Diskriminierungserfahrungen in Österreich	2019	Chamber of Workers and Employees for Vienna	https://www.arbeiterkammer.at/interessenvertretung/arbeitsdsoziales/gleichbehandlung/Diskriminierungsstudie_2019.pdf
	Ungleichbehandlung von Älteren und Langzeitarbeitslosen bei Bewerbungen auf offene Stellen	2023	SORA – Institute for Social Research and Consulting	https://forschungsnetzwerk.ams.at/dam/jcr:6ed43960-8e47-4981-a562-a2e4ef1b9220/2023_SORA_Bericht_AMS_Ungleichbehandlung_Aeltere_Bewerbungsprozesse.pdf
Poland	Dyskryminacja ze względu na wiek na polskim rynku pracy – diagnoza	2021	Polski Instytut Ekonomiczny (PIE)	https://odpowiedzialnybiznes.pl/wp-content/uploads/2022/02/PIE-Raport_Ageizm.pdf
Portugal	Inquérito às Condições de Vida, Origens e Trajetórias da População Residente	2023	Instituto Nacional de Estatística (INE)	https://cidadania.dge.mec.pt/sites/default/files/pdfs/inquerito-ine-2023.pdf
Romania	Percepții și atitudini ale populației României față de Strategia națională de prevenire și combatere a discriminării	2015	Consiliul Național pentru Combaterea Discriminării (CNCD)	https://www.cncd.ro/wp-content/uploads/2021/01/Sondaj_TNS_CNCD_2015.pdf
	Sondaj de opinie la nivel național privind nivelul discriminării în România și percepțiile actuale asupra infracțiunilor motivate de ură	2018	Institutul Român pentru Evaluare și Strategie (IRES), Consiliul Național pentru Combaterea Discriminării (CNCD)	https://ires.ro/uploads/articole/ires_cncd_discriminarea-in-romania_2018.pdf
Slovakia	Starší ľudia medzi nami. Kde sme, kam smerujeme	2022	The Institute for Public Affairs	https://www.ivo.sk/buxus/docs/publikacie/subory/Starsi_ludia_medzi_nami_2022.pdf
Slovenia	Javnomnenjska Raziskava O Percepciji Diskriminacije V Sloveniji, 2017	2017	Advocate of the principle of equality	https://zagovornik.si/wp-content/uploads/2022/08/Raziskovalno-porocilo--Javnomnenjska-raziskava-Percepcija-diskriminacije-v-RS-2017.pdf
Finland	>60-Barometri Yli 60-Vuotiaiden Hyvinvointi Ja Arki 2021	2021	The Finnish Pensioners' Federation	https://elakeliitto.fi/sites/default/files/2021-09/EI%C3%A4keliitto_%2B60-barometri_2021.pdf
	Osaavinta työvoimaa vai ongelmajätettä?	2024	Finnish Business School (TEK)	https://www.tek.fi/sites/default/files/attachments/tek_ikasyrjintatutkimus.pdf
	Työnantajien mielikuvat yli 55-vuotiaista työntekijöistä, tuki työurien jatkumiselle ja esteet palkkaamiselle	2024	Finnish Centre for Pensions Studies	https://www.julkari.fi/bitstream/handle/10024/145309/Tyonantajien-mielikuvat-yli-55-vuotiaista-tyontekijoista-tuki-tyourien-jatkumiselle-ja-esteet-palkkaamiselle.pdf?sequence=1

Country	Survey	Year	Author	Source
	Suomalaisten suhtautuminen ja asenteet vanhuutta, vanhustyötä ja ikääntymistä kohtaan- kansalaiskyselyn yhteenvetoraportti	2024		https://www.vanheneminen.fi/wp-content/uploads/sites/3/2024/10/VTKL_kansalaiskysely_Suomen_Kyselytutkimus_2024.pdf
Sweden	Förekomst av diskriminering 2024 - Årlig rapport från Diskrimineringsombudsmannen	2024	The Non-Discrimination Ombudsman	https://www.do.se/download/18.41f45cb619387118a1815b/1734357601335/rapport-forekomst-av-diskriminering-2024.pdf
	Bortvald på grund av ålder – åldersdiskriminering vid rekryteringar	2019	Carlsson & Eriksson	https://seniorarbetskraft.se/wp-content/uploads/2019/12/Rapport-11_Bortvald-p%C3%A5-grund-av-%C3%A5lder_webb.pdf
	Upplevelser av diskriminering – en sammanfattande rapport samt analys baserat på en kvalitativ undersökning om upplevd diskriminering	2010	The Non-Discrimination Ombudsman	https://www.do.se/download/18.277ff225178022473141e1f/1618941269673/rapport-upplevelser-diskriminering.pdf
	Delar av mönster - en analys av upplevelser av diskriminering och diskriminerande processer	2014	The Non-Discrimination Ombudsman	https://www.do.se/download/18.277ff225178022473141e26/1661847879492/rapport-delar-monster.pdf

Annex 4 Sources from literature

The table below presents literature review sources that entail quantitative evidence. These sources will be further reviewed and processed to be added in the analysis where relevant.

Table 116. Sources from literature

Reference
AGE Platform Europe, 2016. AGE Platform Europe Position on Structural Ageism. Brussels, 26 April.
AGE Platform Europe, 2021. The right to work in old age: How the EU Employment Framework directive still leaves older workers behind. Brussels: AGE Platform Europe, March.
Ahmed, A.M., Andersson, L. and Hammarstedt, M., 2012. Does age matter for employability? A field experiment on ageism in the Swedish labour market. <i>Applied Economics Letters</i> , 19(4), pp.403-406
Albert, R., Escot, L. and Fernández-Cornejo, J.A., 2011. A field experiment to study sex and age discrimination in the Madrid labour market. <i>The International Journal of Human Resource Management</i> , 22(02), pp.351-375.
Amaral, I., Daniel, F., & Abreu, S. G. (2018). Policies for gender equality in Portugal: Contributions to a framework for older women. <i>Social Prism Journal of Social Sciences</i> , 22, 346-363.
Ayalon, L., & Tesch-Römer, C. (Eds.). (2018). <i>Contemporary perspectives on ageism</i> . Springer. https://doi.org/10.1007/978-3-319-73820-8
Barnes, S. (n.d.). <i>Advancing equality for older people</i> . Equal Rights Trust; HelpAge International.
Baszczak, Ł., Trojanowska, M., Wincewicz-Price, A., & Zyzik, R. (2021). Discrimination due to age on the Polish labor market - diagnosis. Polish Economic Institute.
Batinovic, L., Howe, M., Sinclair, S., & Carlsson, R. (2023). Ageism in Hiring: A Systematic Review and Meta-analysis of Age Discrimination. <i>Collabra: Psychology</i> , 9(1). https://doi.org/10.1525/collabra.82194
Bello, B. G., & Potocnik, D. (2014). Multiple discrimination and young people in Europe: Crime beyond 'age-only' based discrimination. European Youth Forum.
Bengtsson, L. (2020). Addressing age stereotyping against older workers in employment: The CJEU and UK approach. <i>International Journal of Law and Management</i> , 62(1), 67-92. https://doi.org/10.1108/ijlma-01-2019-0019
Berde, É. and Mágó, M.L., 2021. Életkori diszkrimináció a magyar munkaerőpiacon: Visszajelzések a fiatalabb, illetve az idősebb nők állásjelentkezéseire. <i>Közgazdasági Szemle</i> , 68(4), pp.399-420.
Börsch-Supan, A., M. Brandt, C. Hunkler, T. Kneip, J. Korbmacher, F. Malter, B. Schaan, S. Stuck and S. Zuber (2013). Data Resource Profile: The Survey of Health, Ageing and Retirement in Europe (SHARE). <i>International Journal of Epidemiology</i> . DOI: 10.1093/ije/dyt088.
Bon-Maury, G., Bruneau, C., Dherbécourt, C., Diallo, A., Flamand, J., Gilles, C., & Trannoy, A. (2016). <i>The economic cost Discrimination</i> .
Capéau, B., Eeman, L., Groenez, S. and Lamberts, M., 2012. Two concepts of discrimination: Inequality of opportunity versus unequal treatment of equals. <i>Ecore Discussion Papers</i> , 58, p.127.
Carlsson, M. and Eriksson, S., 2019. Age discrimination in hiring decisions: Evidence from a field experiment in the labor market. <i>Labour Economics</i> , 59, pp.173-183.

- Carral, P., & Alcover, C.-M. (2019). Measuring age discrimination at work: Spanish adaptation and preliminary validation of the Nordic Age Discrimination Scale (NADS). *International Journal of Environmental Research and Public Health*, 16(8), 1431. <https://doi.org/10.3390/ijerph16081431>
- Chang ES, Kanno S, Levy S, Wang SY, Lee JE, Levy BR. Global reach of ageism on older persons' health: A systematic review. *PLoS One*. 2020 Jan 15;15(1):e0220857. doi: 10.1371/journal.pone.0220857.
- Challe, L., Duguet, E., Langot, F., L'Horty, Y., Du Parquet, L., & Petit, P. (2023). Why are the older workers discriminated in hirings? Available via HAL open archive
- Dalle, A., Lippens, L., & Baert, S. (2023). Nothing really matters: Evaluating demand-side moderators of age discrimination in hiring (IZA DP No. 16672). IZA – Institute of Labor Economics.
- de Paula Couto, M. C., & Rothermund, K. (2019). Ageism and age discrimination at the workplace—a psychological perspective. In M. E. Domsch et al. (Hrsg.), *Vorurteile im Arbeitsleben*. Springer. https://doi.org/10.1007/978-3-662-59232-8_4
- Defender of Rights. (2021). Difficulties in accessing rights and discrimination related to advanced age: a study with people aged 65 or more alive at home.
- Dewhurst, E (2020), Age Discrimination law outside the employment field. European Commission, Brussels . <https://doi.org/10.2838/214317>.
- Discrimination Ombudsman (DO). (2024). Occurrence of discrimination in 2024: Annual report from the Discrimination Ombudsman.
- Donizzetti, A. R., & Capone, V. (2023). Ageism and the pandemic: Risk and protective factors of well-being in older people. *Geriatrics*, 8(1), 14. <https://doi.org/10.3390/geriatrics8010014>
- Drydakis, N., MacDonald, P., Bozani, V., & Chiotis, V. (2017). Inclusive recruitment? Hiring discrimination against older workers. IZA - Institute of Labor Economics.
- Estes, C. L., & DiCarlo, N. B. (2019). *Aging A-Z: Concepts Toward Emancipatory Gerontology*. London: Routledge.
- European Economic and Social Committee. (2023). European Strategy for Older Persons.
- European Union Agency for Fundamental Rights. (2018). Shifting perceptions: towards a rights-based approach to ageing. Publications Office of the European Union. <https://doi.org/10.2811/738467>
- Fasbender, U., & Gerpott, F. H. (2021). To share or not to share: A social-cognitive internalization model to explain how age discrimination impairs older employees' knowledge sharing with younger colleagues. *European Journal of Work and Organizational Psychology*, 30(1), 125-142. <https://doi.org/10.1080/1359432X.2020.1839421>
- Flamion A, Missotten P, Jennotte L, Hody N and Adam S (2020) Old Age-Related Stereotypes of Preschool Children. *Front. Psychol.* 11:807. doi: 10.3389/fpsyg.2020.00807.
- Funk, M., & Lorenz, T. (2024). Assessing age discrimination in workplaces: psychometric exploration of the Workplace Age Discrimination Scale (WADS-G). *Frontiers in Psychology*, 15, 1345923. <https://doi.org/10.3389/fpsyg.2024.1345923>
- Glantz, E., & Fox, P. (2021). A wrinkle in the process: Financial inclusion barriers in an ageing Europe. Finance Watch.
- Gordon, S. (2020). Ageism and age discrimination in the family: Applying an intergenerational critical consciousness approach. *Clinical Social Work Journal*, 49(2), 271-285. <https://doi.org/10.1007/s10615-020-00753-0>
- Hardy, S. and T. Schraepen (2024), "The state and effects of discrimination in the European Union", OECD Papers on Well-being and Inequalities, No. 26, OECD Publishing, Paris, <https://doi.org/10.1787/7fd921b9-en>.

- Hopf, S., Walsh, K., & Georgantzi, N. (2024). Social patterns of ageism: expert perspectives from Austria and Ireland. *Ageing & Society*, 44, 79-103. <https://doi.org/10.1017/S0144686X22000186>
- Hudáková, A., Majerníková, L., & Obročníková, A. (2024). The perception of ageism from the perspective of different professions. DOI: 10.2478/PIELXXIW-2024-0013
- Institute of Criminological and Sociological Research, & Vojvodina Bar Association. (2023). Elderly people and discrimination: Prevention and reaction. DOI: 10.47152/HRPR2023
- Järnefelt, N., Riekhoff, A.-J., Laaksonen, M., & Liukko, J. (2022). Employers' images over about 55-year-old workers, support for continuing working careers and obstacles to hiring. Finnish Center for Pensions.
- Kessler, E.-M., & Warner, L. M. Age pictures and age discrimination in Germany. Study on behalf of the federal anti -discrimination agency.
- Klimczuk, A. (Ed.). (2024). Intergenerational relations: Contemporary theories, studies, and policies. IntechOpen. <https://doi.org/10.5772/intechopen.11170>
- Lagace, M., Van De Beeck, L., Bergeron, C. D., & Rodrigues-Rouleau, P. (2023). Fostering positive views about older workers and reducing age discrimination: A retest of the workplace intergenerational contact and knowledge sharing model. *Journal of Applied Gerontology*, 0(0), 1–11. <https://doi.org/10.1177/07334648231163840>
- Lippens, Louis, Siel Vermeiren, and Stijn Baert. "The state of hiring discrimination: A meta-analysis of (almost) all recent correspondence experiments." *European Economic Review* 151 (2023): 104315.
- Lossbroek, J., Lancee, B., van der Lippe, T., & Schippers, J. (2021). Age discrimination in hiring decisions: A factorial survey among managers in nine European countries. *European Sociological Review*, 37(1), 49–66. <https://doi.org/10.1093/esr/jcaa030>
- Marques, S., Mariano, J., Mendonça, J., De Tavernier, W., Hess, M., Naegele, L., Peixeiro, F., & Martins, D. (2020). Determinants of ageism against older adults: A systematic review. *International Journal of Environmental Research and Public Health*, 17(7), 2560. <https://doi.org/10.3390/ijerph17072560>
- Mayer, K. U. (2009). New directions in life course research. *Annual Review of Sociology*, 35(1), 413-433. <https://doi.org/10.1146/annurev.soc.34.040507.134619>
- Montizaan, R. & Fouarge, D. (2018). The impact of employer's characteristics and beliefs on the propensity to hire older job applicants: Evidence from a stated preferences experiment. Maastricht University, Netspar, and IZA.
- Numhauser-Henning, A. (2021). Elder law and its subject: The contextualised ageing individual. *Ageing & Society*, 41, 516–535. <https://doi.org/10.1017/S0144686X19001284>
- Ombudsman of Discrimination. (2022). Studies on attitudes and level of awareness of discrimination.
- Panagopoulou, M., Panaretos, D., & Sahinidis, A. G. (2024). Self-ageism among women in Greece: The role of burnout in career decision-making self-efficacy. *Corporate Governance and Organizational Behavior Review*, 8(2), 8–18. <https://doi.org/10.22495/cgobrv8i2p1>
- Patient, D. (Coordinator), Esteves, C. S., Vauclair, C.-M., Schmitz, S., & Rosa, M. (2024). Understanding ageism in the workplace. Francisco Manuel dos Santos Foundation.
- Patient, D. (Coordinator). (2024). Understanding ageism in the workplace. Francisco Manuel dos Santos Foundation.
- Petit, P., 2007. The effects of age and family constraints on gender hiring discrimination: A field experiment in the French financial sector. *Labour Economics*, 14(3), pp.371-391.
- Petrescu, C., & Ignățiu-Sora, E. (2024). Intersectionality Between concept and practice. Foundation for the Development of Society Civil (FDSC).

- POLICY BRIEF BALTIC SEA LABOUR FORUM. (2021). Age discrimination at work: measures at the organisational level to address prejudice and negative stereotypes related to older age.
- Qvist, J. Y., & Larsen, C. A. (2023). Labour market discrimination: Relative, additive, and multiplicative effects.
- Riach, P. A., & Rich, J. (2007). An Experimental Investigation of Age Discrimination in the English Labor Market. IZA Discussion Paper No. 3029. Available on SSRN
- Rich, J. (2014). What do field experiments of discrimination in markets tell us? A meta-analysis of studies conducted since 2000 (IZA Discussion Papers No. 8584). IZA – Institute of Labor Economics.
- Rosales, A., Fernández-Ardèvol, M., & Svensson, J. (Eds.). (n.d.). Digital ageism: How it operates and approaches to tackling it. Routledge.
- Rychtaříková, J. (2019). Perception of population ageing and age discrimination across EU countries. *Population and Economics*, 3(4), 1–29. <https://doi.org/10.3897/popecon.3.e49760>
- Salomão Filho, A., Tillmanns, T., & Corrigan, T. (2023). Ageing organizations: Reviewing the literature and making a few recommendations for human resource management. *Merits*, 3, 640–653. <https://doi.org/10.3390/merits3040038>
- Santha, A., & Tóth-Batizán, E. E. (2024). Age discrimination of senior citizens in European countries. *Societies*, 14, 198. <https://doi.org/10.3390/soc14100198>
- School of International Futures. (2021). Framework for intergenerational fairness policy assessment tool: How-to guide (2nd ed.). SOIF Ltd. <https://www.soif.org.uk/igf>
- Simonson, J., Wünsche, J., & Tesch-Römer, C. (Eds.). (2023). Ageing in times of the COVID-19 pandemic. Springer VS. <https://doi.org/10.1007/978-3-658-40487-1>
- Schönherr, D., Leibetseder, B., Moser, W. & Hofinger, C., 2019. Diskriminierungserfahrungen in Österreich: Erleben von Ungleichbehandlung, Benachteiligung und Herabwürdigung in den Bereichen Arbeit, Wohnen, medizinische Dienstleistungen und Ausbildung. Wien: Kammer für Arbeiter und Angestellte für Wien.
- Solem, P. E. (2024). Ageism and youngism trigger different kinds of age discrimination. Center for Senior Policy, and NOVA, Oslo Metropolitan University.
- Sowa-Kofta, A., Marcinkowska, I., Ruzik-Sierdzińska, A., & Mackevičiūtė, R. (2021). Ageing policies – access to services in different Member States. Policy Department for Economic, Scientific and Quality of Life Policies, European Parliament.
- Steptoe A, Deaton A, Stone AA. Subjective wellbeing, health, and ageing. *Lancet*. 2015 Feb 14;385(9968):640-648. doi: 10.1016/S0140-6736(13)61489-0.
- Vickerstaff, S., & VanderHorst, M. (2021). The impact of age stereotypes and age norms on employees' retirement choices: A neglected aspect of research on extended working lives. *Frontiers in Sociology*, 6, 686645. <https://doi.org/10.3389/fsoc.2021.686645>
- Voultsos, P., Tsiantou, D., Chatzinikolaou, F., Papan, A., & Deliligka, A. (2023). Ageism among dentists who are facebook users in greece. *Cuadernos de Bioética*, 34(110), 51-71. <https://doi.org/10.30444/CB.142>
- Watermann, H., Fasbender, U., & Klehe, U.-C. (2023). Withdrawing from job search: The effect of age discrimination on occupational future time perspective, career exploration, and retirement intentions. *Acta Psychologica*, 234, 103875. <https://doi.org/10.1016/j.actpsy.2023.103875>
- Wettstein, M., & Nowossadeck, S. (2023). Age discrimination in the Pandemic was not the rule: Every twentieth person in the second half of life reported experiencing discrimination because of their age. In J. Simonson, J. Wünsche, & C. Tesch-Römer (Eds.), *Ageing in Times of the COVID-19 Pandemic* (pp. 215-233). Springer VS. https://doi.org/10.1007/978-3-658-40487-1_12

World Health Organization (WHO), 2021. Global report on ageism. Geneva: World Health Organization

Zautra A, Hempel A. Subjective well-being and physical health: a narrative literature review with suggestions for future research. *Int J Aging Hum Dev.* 1984;19(2):91-110. doi: 10.2190/a9rb-7d02-g77k-m3n6.

European Social Survey

European Social Survey European Research Infrastructure (ESS ERIC) (2025) ESS11 - integrated file, edition 3.0 [Data set]. Sikt - Norwegian Agency for Shared Services in Education and Research. https://doi.org/10.21338/ess11e03_0

European Social Survey European Research Infrastructure (ESS ERIC) (2023) ESS10 - integrated file, edition 3.2 [Data set]. Sikt - Norwegian Agency for Shared Services in Education and Research. https://doi.org/10.21338/ess10e03_2

European Social Survey European Research Infrastructure (ESS ERIC) (2023) ESS9 - integrated file, edition 3.2 [Data set]. Sikt - Norwegian Agency for Shared Services in Education and Research. https://doi.org/10.21338/ess9e03_2

European Social Survey European Research Infrastructure (ESS ERIC) (2023) ESS8 - integrated file, edition 2.3 [Data set]. Sikt - Norwegian Agency for Shared Services in Education and Research. https://doi.org/10.21338/ess8e02_3

European Social Survey European Research Infrastructure (ESS ERIC) (2023) ESS7 - integrated file, edition 2.3 [Data set]. Sikt - Norwegian Agency for Shared Services in Education and Research. https://doi.org/10.21338/ess7e02_3

European Social Survey European Research Infrastructure (ESS ERIC) (2025) ESS6 - integrated file, edition 2.7 [Data set]. Sikt - Norwegian Agency for Shared Services in Education and Research. https://doi.org/10.21338/ess6e02_7

European Social Survey European Research Infrastructure (ESS ERIC) (2025) ESS5 - integrated file, edition 3.6 (Austria not included) [Data set]. Sikt - Norwegian Agency for Shared Services in Education and Research. https://doi.org/10.21338/ess5e03_6.

Fundamental Rights Survey

European Union Agency for Fundamental Rights (FRA) (2021). Fundamental Rights Survey 2019 – Data Explorer. Vienna: FRA. Available at: <https://fra.europa.eu/en/publications-and-resources/data-and-maps/2021/frs>

Eurobarometer

European Commission, Brussels: Eurobarometer 91.4, May 2019. Kantar Public, Brussels [Producer]; GESIS, Cologne [Publisher]: ZA7575, dataset version 1.0.0, doi:10.4232/1.13429

European Commission, Brussels: Eurobarometer 99.2, 2023. Retrieved from <https://europa.eu/eurobarometer/surveys/detail/2972>

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SHARE References

SHARE-ERIC (2024). Survey of Health, Ageing and Retirement in Europe (SHARE) Wave 9. Release version: 9.0.0. SHARE-ERIC. Data set. DOI: 10.6103/SHARE.w9.900

Börsch-Supan, A., M. Brandt, C. Hunkler, T. Kneip, J. Korbmacher, F. Malter, B. Schaan, S. Stuck and S. Zuber (2013). Data Resource Profile: The Survey of Health, Ageing and Retirement in Europe (SHARE). *International Journal of Epidemiology*. DOI: 10.1093/ije/dyt088

Bergmann, M., M. Wagner and A. Börsch-Supan (Eds.) (2024). *SHARE Wave 9 Methodology: From the SHARE Corona Survey 2 to the SHARE Main Wave 9 Interview*. Munich: SHARE-ERIC. DOI: 10.6103/mv.w09

Annex 5 Good practices

This section presents additional good practices examples (beyond the ones presented in the main body of the report) collected through the Study's consultation activities (country fiches, CSOs survey, NA survey).

The good practices examples coming from the data collection and desk research activities of this Study are provided below. A distinction is made on the basis of the areas of life covered by each practice. In Table 1177 below the source of information is also provided.

Table 117. Good practices list by area of life

Area	Country	Name/Title	Source of information
<i>Awareness Campaigns</i>	DE	Without me you would look old	NA survey
	EU	AGE Platform Europe's campaign, <i>#AgeingEqual</i>	CSOs survey
	WHO region	WHO's global campaign to combat ageism	CSOs survey
<i>Community and cultural initiatives</i>	LT	Seniors Hive	CSOs survey
<i>Data collection</i>	BE	Improving Equality Data Collection	NA survey
<i>Digital technology</i>	DE	Digital Pact Older Age	NA survey
	DK	Healthy, intergenerational conversations online	CSOs Survey
<i>Education and training</i>	AT	Digitale Senior:innen	Country fiche
	BG	Smart-Lib Digital Literacy Programme	Country fiche
	BG	Literacy for Adults	Country fiche
<i>Employment</i>	AT	Austrian Labour Market Services	Country fiche
	BG	National Strategy for Active Life of Older People	Country fiche
	EL	Employment subsidy programme for over 55	NA survey
	MT	Mature Workers Scheme	Country fiche
	NL	Wage contributions to employers for older people	Country fiche
	SE	Government delegation promoting the employment of older workers	NA survey

<i>Healthcare</i>	BG	Innovative Models of Care	Country fiche
	BG	National Strategy for Roma Equality	Country fiche
	FR	'Bien Vieillir 2024' roadmap and strategy	NA survey
	IE	Understand Together Campaign	NA survey
	SI	Integrating Geriatric Care	Country fiche
<i>Political Participation</i>	FI	Councils of older adults	NA survey
	IE	Irish Senior Citizens Parliament	NA survey
<i>Social protection</i>	HR	National Council for Pensioners and Older Persons	Country fiche
	IE	Alliance of Age Sector NGOs	Country fiche
<i>Social protection; cross-sectoral cooperation</i>	SE, NO, FI, DK, Iceland	Active and healthy ageing	CSOs survey
<i>Awareness Campaigns</i>	DE	Without me you would look old	NA survey

Access to Services:

- In **Belgium**, various government authorities and public service providers have adopted **policy measures targeting certain age-based categories**, predominantly senior citizens (e.g. >65 years) or minors (<18 years). These measures include **special tariffs for public transport or other services**, free (dental) care or at a reduced rate, financial assistance for specialised accommodation, and financial assistance for care-related renovations in private housing. They aim at stimulating full inclusion of groups that are confronted with income restrictions because of age, and/or have specific age-related care needs.
- **Care Hotline (Germany):** National hotline that provides information to individuals who care for their relatives, including information on how to organise professional care, what services are available, and their costs. It also provides information on how care work can be combined with professional life and what legal possibilities there are to fund private care work. The offers personalised and reliable information, especially for those who are professionally employed and have limited time.
- **Day Centres for Older People (Estonia):** They provide older persons with opportunities to actively socialise, participate in interest groups, attend lectures on various topics of life, celebrate special occasions together, and enjoy beauty and other services at a discounted price. Depending on the centre's client's economic situation, the services may be provided for a fee or free of charge. These centres are usually created in cooperation with the local government and are well-structured establishments.

- The '**Service public départemental de l'autonomie (SPDA)**' is being carried out in **France** by 2025. It aims to provide coordinated solutions and support for older people, people with disabilities, and their carers. Efforts were made to reach geographically remote audiences and measures were put in place to develop intermediate and inclusive housing.

Awareness Campaigns:

- The campaign of the **Federal Anti-Discrimination Agency (ADS) in Germany** with the slogan 'Ohne mich würdet ihr alt aussehen' ('**Without me you would look old**') was aimed at raising awareness of the potential of older women in the labour market.
- The national awareness campaign '**End Ageism**' in **Ireland** was led by the Irish Human Rights and Equality Commission (IHREC). It was aimed at challenging societal and individual attitudes towards older people.
- **AGE Platform Europe's** campaign, **#AgeingEqual** was launched in 2018 to address ageism across the EU.
- Among initiatives aimed at **raising awareness and advocating against ageism**, the **WHO's global campaign to combat ageism** was mentioned as a significant effort to challenge negative stereotypes and discrimination based on age.

Community and cultural initiatives:

- The "**Seniors Hive**" in **Vilnius, Lithuania**, offered various activities for older people, including education and health promotion, fostering a sense of community and belonging.

Data collection:

- The project '**Improving Equality Data Collection in Belgium**,' aims to improve the collection and development of equality data in Belgium, including age.

Digital technology:

- The '**Digital Pact Older Age**' initiative in **Germany** aimed to include older individuals fully into the digital world. A similar scheme was put in place in Ireland, called 'Digital Skills for Citizens', a Government initiative to provide free basic digital skills training.
- A project on creating **Healthy, intergenerational conversations online** was put in place by the Danish Youth Council (Denmark), in collaboration with Ældre Sagen (the interest organisation for older people in Denmark). The project focused on digital democracy and ensuring that individuals talk more respectfully on social media.

Education and Training:

- '**Digitale Senior:innen**' **Service center for digital seniors (Austria)**: This service centre highlights the importance of digital education for seniors, offering training courses for trainers and educators on digital skills for older persons. It runs a training course for trainers and educators on digital skills for older persons, as well as a training for a digital companion for persons aged 60 plus themselves. The initiative contributes to removing barriers for the inclusion of people who, due to their age, lack digital skills, in access to goods and services, information, and political

participation. The peer training approach is another positive aspect that might enhance effectiveness.

- **Smart-Lib Digital Literacy Programme (Bulgaria):** This initiative provides older individuals with training in using mobile devices, tablets, and e-readers to reduce digital exclusion. The initiative covers a group of older people aged from 55 to 75 years. By reducing digital exclusion, this programme enhances access to digital services and strengthens communication with family and friends. The initiative tackles institutional barriers as seniors are being equipped to engage with e-governance and online services. Interpersonal barriers are reduced as digital tools enable better connectivity and communication, removing self-isolation.
- **Literacy for Adults (Bulgaria):** This initiative targets individuals over 16 years of age, including Roma, who are enrolled in literacy courses or courses designed to acquire educational content typically studied at the lower secondary stage of primary education. By offering literacy and educational content courses from marginalised groups, this initiative directly addresses institutional barriers. It provides an inclusive educational framework that acknowledges the learning needs of older individuals.

Employment:

- The **Austrian Labour Market Services (Austria)** provide various funding possibilities for employers willing to hire individuals with limited previous education or those aged 50 or more. These include subsidies for training programmes and salaries, aimed at strengthening the qualifications of older or long-term unemployed persons and offering incentives to employ persons aged 50 plus. Subsidies provided range from up to 50 percent of the costs of training programmes and salaries during training delivery, to contributions to employees' salary in case of integration in the workplace. These subsidies are very useful tools to reduce barriers for employment of older individuals as the financial contributions are very attractive.
- **National Strategy for Active Life of Older People (Bulgaria):** it aims to create conditions for active and decent living for older and young people by providing equal opportunities for their participation in economic and social life. It includes targeted measures to: improve their employability; support initiative and entrepreneurship; increase their motivation for work; and facilitate successful integration into employment. The strategy focuses on young people who find it harder to secure employment due to lower competitiveness in the labour market, including those under 29 who are unemployed, NEETs (Not in Education, Employment, or Training), and youth who dropped out of the education system early. Another aim of the strategy is to increase the participation of women from vulnerable communities in the labour market, with a focus on vulnerable age groups 18-29 and 55+. Structured support is provided through group meetings for active labour market behaviour, professional orientation sessions, and training for acquiring professional qualifications, including for starting a business and/or key competencies.
- The Greek Public Employment Service (DYPA) put in place an **employment subsidy programme** targeting the hiring of unemployed persons over 55 in public institutions.
- **Mature Workers Scheme (Malta):** Malta's Public Employment Service, Jobsplus, offers incentives for employers who employ workers over 45 years of age. Employers can benefit from a tax reimbursement of a maximum of €11,600 over a two-year period. The scheme also offers reimbursement of up to €400 for training which is provided by third parties. Although Malta has a very low unemployment rate, it is

often more difficult for persons over 45 years old to find employment. Assistance on training addresses this concern and contributes to build new skills.

- In the **Netherlands**, employers who hire **older people** on benefits can receive a **contribution to their wage costs**. There are other regulations that make it financially attractive for employers to hire an older person, such as mobility bonuses. Tools like the "financial CV" enable employers to create an overview of the financial advantages available when employing older workers. These financial incentives make hiring older workers more attractive to employers, directly combating age discrimination in the labour market. This also helps challenge stereotypes about older workers' productivity and addressing biases.
- Swedish authorities appointed a **government delegation** in 2018 to **promote the employment of older workers**, combat age discrimination, and find solutions to better utilise older people's knowledge and experience.

Healthcare:

- **Innovative Models of Care (Bulgaria):** the Bulgarian Red Cross, in partnership with the Ministry of Health, developed a telecare and teleassistance project for older individuals with chronic illnesses and disabilities in remote areas of the country. This initiative provides 24-hour health monitoring through home care centres and dedicated call centres. The focus group is individuals 50-year-old individuals. This project tackles institutional barriers by bridging gaps in healthcare access for vulnerable populations in rural regions. It mitigates interpersonal barriers by fostering trust and reducing isolation through regular interaction between caregivers and recipients.
- **National Strategy for Roma Equality (Bulgaria):** This strategy includes measures to improve access to quality healthcare services for Roma individuals, including older adults. Specific measures include increasing health insurance coverage, conducting community campaigns to raise awareness about health rights, and expanding the role of Roma healthcare mediators for all age groups. Additionally, programmes support the integration of Roma professionals in the healthcare field, including preparatory courses and scholarships. Example of activities carried out were: immunisations campaigns carried out by mobile teams according to the National Immunisation Calendar directed at individuals under 18 years old with no general practitioner; introduction of a nutritional support programme for pregnant women and children aged 0-3 years, including: the identification of families experiencing food insecurity, providing counselling services; offering direct support for children under 3 years old.
- The 'Bien Vieillir 2024' roadmap and a strategy were put in place by the French authorities to combat social isolation and abuse of older people.
- **The 'Understand Together Campaign' was organised in Ireland, fostering a whole-of-society approach to supporting people with dementia.**
- **Integrating Geriatric Care (Slovenia):** this project aims to optimise healthcare for older people, enhance and strengthen the competencies of healthcare and social sector professionals, and integrate healthcare and social services to enable older individuals to remain in their home environments for as long as possible. Planned activities within the project aim to address demographic changes, ensuring high-quality healthcare, extending healthy life years, and supporting long-term financial sustainability of the health system.

Political Participation:

- **Councils of older adults** are working in every municipality and welfare area in Finland.
- The '**Irish Senior Citizens Parliament**' was put in place in Ireland a representative organisation of older people promoting their views in policy development, and 'Older Peoples Councils' in local authorities, which identify needs and aiming at influencing decision-making.

Social protection:

- **National Council for Pensioners and Older Persons (Croatia):** Established as an advisory body of the Government, this Council aims to foster social dialogue and improve systems and mechanisms for the protection of older persons. It includes representatives of the Government, pensioners and older persons, the Croatian Pension Insurance Institute, and the Croatian Health Insurance Institute. The dialogue within the Council aims to bring to light important issues and barriers faced by older persons in everyday life to policy-makers and implementers at national level.
- **Alliance of Age Sector NGOs (Ireland):** This alliance collaborates to combat ageism and seek action on specific issues that make older people's lives unnecessarily difficult. In January 2023, the Alliance published a report titled "*Telling It Like It Is; Combatting Ageism*," which considers the nature and impacts of ageism in the Irish context and identifies evidence-informed strategies aimed at reducing it. The report sets out nine recommended actions aimed at reducing ageism in Ireland, including establishing a Commissioner for Ageing and Older People, promoting active and healthy ageing throughout life, ensuring access to long-term care and support for carers and families, mainstreaming ageing to advance a society for all ages, and developing a joint Government-Alliance led awareness campaign.

Social protection/Cross-sectoral cooperation:

- The Nordic Welfare Centre's project on **Active and healthy ageing** from the Nordic countries (SE, NO, FI, DK,IS), aiming at developing of age-friendly cities and combating social isolation.

Annex 6 Overview of age-related strategies

This annex presents an overview of the age-related strategies mapped as part of the study in the EU Member States.

Table 118. Overview of age-related strategies

Country	Original title of the strategy	Title translated in English	Is the strategy age-specific or mainstreaming ageing?	Which age groups does the strategy address?	Implementation status ²⁵⁴ of the strategy	What is the period of implementation of the strategy?	Is the strategy horizontal or sector specific?	Effects
Belgium	Vlaams Ouderenbeleidsplan 2020-2025 (Flemish)	Flemish Policy Plan for the Elderly 2020 – 2025	age-specific	over 50	not specified	Ongoing	Horizontal: sports, culture, health, welfare and care (e.g. digital care services, quality of life, active ageing, fall prevention, health related awareness raising, combatting malnutrition, home care and care centers, mental health, accessibility to care, quality of life and care for people with dementia, mental health and loneliness), accessibility (e.g. to public spaces and holidays), tourism, education and training (e.g. digital inclusion, access to digital technologies and development of digital skills), political participation (especially for the subjects that are of interest to older people), countering ageism,	Neutral or Not Specified

⁽²⁵⁴⁾ Limited implementation 0-35 %; partially implemented 35-70%; fully implemented 70-100%.

							media (e.g. media representation of older people), environment and mobility, social housing.	
Belgium	VLAAMS JEUGD- EN KINDERRECHT EN BELEIDSPPLAN 2020-2024 (Flemish)	FLEMISH YOUTH AND CHILDREN'S RIGHTS POLICY PLAN 2020-2024	age-specific	under 50	not specified	Completed	Horizontal: education, health, civic participation, recreational activities, digitalisation	Neutral or Not Specified
Bulgaria	НАЦИОНАЛНА СТРАТЕГИЯ ЗА АКТИВЕН ЖИВОТ НА ВЪЗРАСТНИТЕ ХОРА В БЪЛГАРИЯ (2019 - 2030 г.)	The National Strategy for Active Life of Older People in Bulgaria (2019-2030)	age-specific	over 50	not specified	Ongoing	Horizontal: employment, social participation, independent living, and creating capacity and a favourable environment	Neutral or Not Specified
Bulgaria	Националната концепция за активен живот на възрастните хора (2012 – 2030 г.)	National Concept for Promotion of Active Ageing 2012-2030	mainstreaming	not specified	not specified	Ongoing	Horizontal: employment, social protection, healthcare, education and lifelong learning, social participation, independent living and housing, and intersectoral coordination	Neutral or Not Specified
Bulgaria	Актуализирана национална стратегия за демографско развитие на населението в Република България (2012-2030 г.)	The Updated National Strategy for Demographic Development of the Population in the Republic of Bulgaria 2012–2030	mainstreaming	all ages	not specified	Ongoing	Horizontal: Social policy and family welfare, employment, child protection, healthcare, demographic research, reproductive health, public health, education, cultural identity and diaspora engagement, youth employment and development, higher	Mixed

							education and scientific research, civic engagement, social security, community-based healthcare and social services, lifelong learning and adult education, social cohesion and intergenerational solidarity, sports and recreation, social inclusion, gender equality, juvenile justice, agriculture, financial oversight	
Bulgaria	НАЦИОНАЛНА СТРАТЕГИЯ НА РЕПУБЛИКА БЪЛГАРИЯ ЗА РАВЕНСТВО, ПРИОБЩАВАНЕ И УЧАСТИЕ НА РОМИТЕ (2021 - 2030)	National Strategy for Equality, Inclusion & Participation of Roma (2021-2030)	mainstreaming	all ages	not specified	Ongoing	Horizontal: education, healthcare, equality and access to justice	Neutral or Not Specified
Czech Republic	Strategický záměr přípravy na stárnutí společnosti 2021-2025	Strategic Framework for Preparation for the Ageing of Society 2021-2025	mainstreaming	over 50	not specified	Ongoing	Horizontal: pensions healthcare and social services, housing, care, access to justice, education, employment, accessibility, media	Neutral or Not Specified
Germany	Strategie der Bundesregierung gegen Einsamkeit [17/07/2025]	German Federal Government's strategy to counter loneliness [17/07/2025]	mainstreaming	all ages	limited implementation	Ongoing	Horizontal: employment, access to services, health care, social protection, education and training, housing, digital technology, the media, and civic and political participation	Neutral or Not Specified

Germany	Nationale Demenzstrategie [17/07/2025]	National Dementia Strategy [17/07/2025]	mainstreaming	over 50	partially implemented	Ongoing	Horizontal: addressing dementia across multiple sectors, including employment, access to services, health care, research, civil society, religion, social protection, education and training, housing, transport, access to justice, digital technologies, media and advertising, and civic participation.	Positive
Germany	Jugendstrategie der Bundesregierung [17/07/2025]	The Federal Government's Youth Strategy (English version is considerably shortened) [17/07/2025]	age-specific	under 50	not specified	Ongoing	Horizontal: addressing youth perspectives across multiple sectors, including employment, health care, education, housing, transport, digital technology, media, civic and political participation, culture and the environment.	Neutral or Not Specified
Germany	Weiterentwicklung der Demografiestrategie der Bundesregierung [17/07/2025]	The Federal Government's demographic strategy (only summary available in English: [17/07/2025])	mainstreaming	all ages	not specified	Completed	Horizontal: employment, access to services, health care and prevention (including nationwide access to medical care and health promotion for living well at old age), social protection (ensuring reliable social security systems), education and training (including inclusive training spaces, innovation and investment), housing (especially for living well at old age including age-	Neutral or Not Specified

							friendly and barrier-free renovations), transport (higher investments in infrastructure including public transport for living well at old age and especially in rural areas) and civic and political participation (possibilities for participation for people of all generations/ up until the last stage of life, open up possibilities for participation of youth, health and education as means for participation, autonomy and participation of persons with disabilities)	
Estonia	Eesti 2035	Estonia 2035	mainstreaming	over 50	not specified	Ongoing	Horizontal: employment, access to services, health care, social protection, education and training.	Positive
Estonia	Siseturvalisuse arengukava 2020-2030	The Internal Security Development Plan 2020-2030	mainstreaming	all ages	not specified	Completed	Sector-specific: security and public safety	Neutral or Not Specified
Estonia	Haridusvaldkonn a arengukava 2021-2035	Education strategy 2021-2035	mainstreaming	all ages	not specified	Ongoing	Sector-specific: education	Neutral or Not Specified
Estonia	Sidusa Eesti Arengukava 2021-2030	Cohesive Estonia Strategy 2021-2030	mainstreaming	all ages	limited implementation	Ongoing	Horizontal: digital services, social participation	Positive
Estonia	Heaolu arengukava 2023-2030	Welfare Development Plan 2023–2030	mainstreaming	all ages	not specified	Ongoing	Horizontal: Health, education, employment, transport, social protection	Neutral or Not Specified

Estonia	Rahvastiku tervise arengukava 2020-2030	The Population Health Development Plan 2020–2030	mainstreaming	all ages	not specified	Ongoing	Sector-specific: healthcare	Neutral or Not Specified
Estonia	Kultuuri arengukava 2021-2030	Culture Development Plan 2021-2030	mainstreaming	all ages	not specified	Ongoing	Sector-specific: culture	Neutral or Not Specified
Estonia	Transpordi ja liikuvuse arengukava 2021-2035	Transport and Mobility Development Plan 2021–2035	mainstreaming	all ages	not specified	Ongoing	Sector-specific: Transport	Positive
Estonia	Digiühiskonna arengukava 2030	Estonia's Digital Agenda 2030	mainstreaming	all ages	not specified	Ongoing	Sector-specific: digital services.	Neutral or Not Specified
Estonia	Noortevaldkonna arengukava 2021-2035	Youth Sector Development Plan 2021–2035	age-specific	under 50	not specified	Ongoing	Horizontal: Education, participation in society, employment.	Positive
Ireland	Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025	Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025	mainstreaming	all ages	partially implemented	Ongoing	Horizontal: governance and policy, cross-sectoral partnerships, community empowerment, health system reform, research and evidence-based practice, and monitoring and evaluation	Neutral or Not Specified
Ireland	The National Smart Ageing Housing Programme 2018-2020	The National Smart Ageing Housing Programme 2018-2020	mainstreaming	over 50	not specified	Completed	Sector-specific: housing	Neutral or Not Specified
Ireland	Housing Options for our Ageing Population - policy statement	Housing Options for our Ageing Population - policy statement	age-specific	over 50	not specified	Completed	Sector-specific: housing	Neutral or Not Specified

Greece	Εθνικό Στρατηγικό Πλαίσιο για τη Μακροχρόνια Φροντίδα	National Strategic Framework for Long-Term Care	age-specific	all ages	not specified	Ongoing	Horizontal: social protection, health, public health, and the social and solidarity economy	Neutral or Not Specified
Spain	Plan Estatal de acceso a la vivienda 2022-2025	National Plan on Access to Housing (2022–2025)	mainstreaming	all ages	not specified	Ongoing	Sector-specific: Housing	Neutral or Not Specified
Spain	Estrategia Nacional de Personas Mayores para un Envejecimiento Activo y para su Buen Trato	Strategy for Older People	age-specific	over 50	not specified	Completed	Horizontal: employment, social protection, civic participation, digital skills, health and social care, access to justice	Neutral or Not Specified
France	Loi n° 2024-317 du 8 avril 2024 portant mesures pour bâtir la société du bien-vieillir et de l'autonomie	Law No. 2024-317 of 8 April 2024 on measures to build a society for healthy ageing and independence ²⁵⁵	age-specific	over 50	not specified	Ongoing	Sector-specific: loss of independence among older people	Neutral or Not Specified
France	1 jeune, 1 solution	1 young people, 1 solution	age-specific	under 50	not specified	Ongoing	Sector-specific: employment, training and housing.	Neutral or Not Specified
Croatia	Nacionalni plan zaštite i promicanja ljudskih prava i suzbijanja diskriminacije za	National Plan for the Protection and Promotion of Human Rights and Combating Discrimination for	mainstreaming	all ages	limited implementation	Ongoing	Horizontal: education, healthcare, housing, media, labour and employment, and economic life, and includes all levels of public administration, judiciary,	Neutral or Not Specified

⁽²⁵⁵⁾ There is no global age-related strategy as such in France. At the national level, there is the Law No. 2024-317 and plan 1 young people, 1 solution. They are more strategies aimed at putting in place support measures for people based on their age.

	razdoblje do 2027. godine: Official Gazette Narodne novine No. 37/2023	the period to 2027					local and regional self-government, civil society.	
Italy	Piano Nazionale dell'invecchiamento attivo.²⁵⁶	Active ageing plan	age-specific	over 50	not specified	Ongoing	Horizontal: Access to services, healthcare, digital technology, housing	Neutral or Not Specified
Italy	Strategia nazionale per le competenze digitali (Iniziativa Repubblica Digitale).	National Strategy for Digital Skills	mainstreaming	all ages	partially implemented	Ongoing	Sector-specific: Digital technology	Positive
Cyprus	ΕΘΝΙΚΗ ΣΤΡΑΤΗΓΙΚΗ ΓΙΑ ΤΗΝ ΕΝΕΡΓΟ ΓΗΡΑΝΣΗ 2025-2030	National Strategy for Active Aging 2025-2030 and Action Plan for Active Ageing for 2025-2027	age-specific	over 50	not specified	Ongoing	Horizontal: promoting social inclusion, preventing isolation among older people, and keeping them active	Neutral or Not Specified
Cyprus	Εθνική Στρατηγική για την Προστασία και Προαγωγή των Ανθρωπίνων Δικαιωμάτων	National Strategy for the Protection and Promotion of Human Rights	mainstreaming	all ages	limited implementation	Ongoing	Horizontal: equality and non-discrimination, freedom of expression and media pluralism, access to justice, rights of vulnerable groups, gender equality, environmental rights, education and awareness, and mechanisms for monitoring and enforcement	Neutral or Not Specified

⁽²⁵⁶⁾ This plan, to be published by the Comitato interministeriale per le politiche in favore della popolazione anziana - Interministerial committee (CIPA) according to art. 21 of legislative decree n. 29 of 2024, should include all the actions envisaged by the legislative decree n. 29 of 15 March 2024 (provided in the K column and in the Actions section) to be implemented at national, regional and local level. (<https://www.psy.it/al-via-i-lavori-per-il-piano-nazionale-sullinvecchiamento-attivo/>).

Cyprus	Εθνική προτεραιότητα η Δημογραφική Ανάκαμψη	Demographic Policy Framework	mainstreaming	not specified	partially implemented	Ongoing	Horizontal: employment	Neutral or Not Specified
Cyprus	Σχέδιο Στελέχωσης Επιχειρήσεων με Αποφοίτους Τριτοβάθμιας Εκπαίδευσης	Business Staffing Plan with Higher Education Graduates	age-specific	under 50	not specified	Ongoing	Sector-specific: employment	Positive
Cyprus	Κυπριακός Οργανισμός Κύπρου - ΠΡΟΓΡΑΜΜΑΤΑ ΑΓΟ 2025-2026	Cyprus Sports Organization's policy for senior adults	age-specific	over 50	fully implemented	Ongoing	Sector-specific: sports	Neutral or Not Specified
Cyprus	Επιμορφωτικά κέντρα που υπάγονται στο Υπουργείο Παιδείας, Πολιτισμού, Αθλητισμού και Νεολαίας της Κύπρου	Adult Education Centres under the Cyprus Ministry of Education, Culture, Sport and Youth	age-specific	over 50	fully implemented	Ongoing	Sector-specific: sports, technology and education	Neutral or Not Specified
Cyprus	ΣΤΕΓΑΣΤΙΚΟ ΣΧΕΔΙΟ ΧΟΡΗΓΙΩΝ ΓΙΑ ΝΕΑΡΑ ΖΕΥΓΑΡΙΑ Ή/ΚΑΙ ΝΕΟΥΣ ΜΕΧΡΙ 41 ΕΤΩΝ	Housing grant scheme for young couples and/or young people up to 41 years of age	age-specific	under 50	fully implemented	Ongoing	Sector-specific: housing	Mixed
Latvia	Latvijas mediju politikas pamatnostādnes 2024.-2027. gadam [1]	The Latvian Media Policy Guidelines 2024-2027	mainstreaming	all ages	not specified	Ongoing	Sector-specific: media	Neutral or Not Specified

Latvia	Digitālās transformācijas pamatnostādnes 2021.-2027. gadam	The Digital Transformation Guidelines 2021-2027	mainstreaming	all ages	partially implemented	Ongoing	Sector-specific: media and digital technology	Neutral or Not Specified
Lithuania	Aktyvaus senėjimo strategija 2021–2030	Active Ageing Strategy 2021–2030	age-specific	over 50	not specified	Ongoing	Horizontal: Employment, health care, social inclusion	Positive
Lithuania	Nacionalinė demografijos, migracijos ir integracijos politikos strategija 2018–2030	National Demography, Migration and Integration Policy Strategy 2018–2030	mainstreaming	over 50	not specified	Ongoing	Horizontal: Health, labour market, lifelong learning	Positive
Lithuania	2021–2030 m. socialinės sutelkties plėtros programa	Social Cohesion Development Programme 2021–2030	mainstreaming	all ages	not specified	Ongoing	Horizontal: Social protection, non-discrimination, gender equality	Neutral or Not Specified
Lithuania	Socialinės įtraukties stiprinimo veiksmų planas 2024–2030	Action Plan for Enhancing Social Inclusion 2024–2030	mainstreaming	over 50	limited implementation	Ongoing	Sector-specific: Health care, employment	Neutral or Not Specified
Luxembourg	Plan d'action national d'inclusion numérique	National Action Plan for Digital Inclusion	mainstreaming	all ages	partially implemented	Completed	Sector-specific: digital technology	Neutral or Not Specified
Hungary	81/2009. (X. 2.) OGY határozat az Idősügyi Nemzeti Stratégiáról.	Resolution 81/2009. (X.2.) OGY of the Parliament on the National Strategy	age-specific	over 50	limited implementation	Ongoing	Horizontal: Employment (Section 3.3.1.); Social care, benefits and services (Section 3.3.2.); Culture, education, environment (Section 3.3.3.); Social	Positive

		for Advanced Age Persons					integration, including the inclusion of advanced aged people and their organisations into decision making, digital inclusion, reducing the gap between the older and younger generations, volunteering, etc.; Equality, positive reaction to the social policy challenges posed by aging and longer life expectancy, and actions targeting ageism	
Hungary	88/2009. (X. 29.) OGY határozat a Nemzeti Ifúsági Stratégiáról,	Resolution 88/2009. (X. 29.) OGY of the Parliament on the National Youth Strategy (National Youth Strategy)	age-specific	under 50	not specified	Completed	Horizontal: Employment, housing, social protection, education, culture, social integration (including a lot of areas from accessibility for disabled use to drug prevention), social participation	Positive
Finland	Kansallinen mielenterveysstrategia ja itsemurhien ehkäisyohjelma 2020-2030	National Mental Health Strategy and Programme for Suicide Prevention 2020-2030	mainstreaming	all ages	not specified	Ongoing	Horizontal: integrates mental health considerations across multiple sectors, including health, social services, education, and employment.	Neutral or Not Specified
Malta	NATIONAL STRATEGIC POLICY FOR ACTIVE AGEING 2023 – 2030	NATIONAL STRATEGIC POLICY FOR ACTIVE AGEING 2023 – 2030	mainstreaming	over 50	not specified	Ongoing	Horizontal: housing, access to justice, mental wellbeing, end-of-life care, financial security, education	Neutral or Not Specified
Malta	National Youth Policy 2021-30	National Youth Policy 2021-30	age-specific	under 50	not specified	Ongoing	Horizontal: youth participation, education and training, employment,	Neutral or Not Specified

							digital engagement and information, mobility and international opportunities, culture, and youth work professional development	
Malta	Malta Diġitali (the Strategy)	Malta Diġitali (the Strategy)	mainstreaming	all ages	not specified	Ongoing	Horizontal: digital technology with focus on health, education, transport, justice	Neutral or Not Specified
Malta	Proġett nazzjonali għall-iżvilupp ta' qafas legali komprensiv dwar il-kura fit-tul għall-anzjani.	National project for the development of a comprehensive legal framework on long-term care for the elderly	mainstreaming	not specified	not specified	not specified	Horizontal: healthcare, social inclusion, quality of life, institutional support, and workforce development	Neutral or Not Specified
Netherlands	Actieplan Arbeidsmarktdiscriminatie 2018-2021	Labour Market Discrimination Action Plan 2018-2021	mainstreaming	all ages	partially implemented	Completed	Sector-specific: employment (discrimination on the labour market)	Neutral or Not Specified
Netherlands	Actieplan Arbeidsmarktdiscriminatie 2022-2025	New Action Plan on Labour Market Discrimination 2022-2025	mainstreaming	all ages	not specified	Ongoing	Sector-specific: employment (discrimination on the labour market)	Mixed
Austria	Strategie zum lebensbegleitenden Lernen in Österreich	Strategy for life-long learning in Austria	mainstreaming	all ages	limited implementation	Completed	Sector-specific: education	Positive
Austria	Österreichische Jugendstrategie	Austrian Youth Strategy	age-specific	under 50	limited implementation	Ongoing	Horizontal: 1. education and employment, 2. participation and engagement, 3. quality of life and togetherness and 4. media and information as its fields of action.	Neutral or Not Specified

Poland	Polityka społeczna wobec osób starszych 2030. Bezpieczeństwo – Uczestnictwo – Solidarność	Social Policy for Elderly People by 2030. Safety – Participation – Solidarity	age-specific	over 50	partially implemented	Ongoing	Horizontal: employment, civic participation, health care, housing, transport, education, digital technology	Neutral or Not Specified
Poland	Krajowy Program Działań na rzecz Równego Traktowania na lata 2022–2030	National Action Programme on Equal Treatment for 2022-2030	mainstreaming	over 50	not specified	Ongoing	Horizontal: employment, digital technology, media and advertising, and civic participation	Neutral or Not Specified
Portugal	Plano de Ação do Envelhecimento Ativo e Saudável 2023-2026	Action Plan for an Active and Healthy Ageing 2023-2026	mainstreaming	all ages	fully implemented	Ongoing	Horizontal: health and wellbeing, autonomy and independent living, development and lifelong learning, healthy work-life, income and economy, participation in society	Neutral or Not Specified
Portugal	II Plano Nacional para a Juventude	II National Plan for Youth	age-specific	under 50	not specified	Completed	Horizontal: emancipation and autonomy; education, training and science; citizenship and participation; healthy lifestyles; and culture and free creation	Neutral or Not Specified
Romania	Strategia Nationala privind Drepturile Persoanelor cu Dizabilitati 'O Romanie Echitabila' 2022 - 2027	The National Strategy for the Rights of Persons with Disability 'An Equitable Romania' for 2022 – 2027	mainstreaming	under 50	limited implementation	Ongoing	Horizontal: accessibility and mobility, protection of human rights, employment, social protection, independent life and community integration, education, health, public and political participation.	Neutral or Not Specified
Romania	Strategia Nationala privind	The National Strategy for	mainstreaming	all ages	limited implementation	Ongoing	Horizontal: social protection, access to	Neutral or Not Specified

	incluziunea sociala si reducerea saraciei pentru perioada 2022 - 2027	social exclusion and poverty reduction for 2022 – 2027					education, employment, health services, housing, participation and inclusion, preventing social segregation.	
Romania	Strategia nationala privind ingrijirea de lunga durata si imbatranire activa pentru perioada 2023 - 2030	The 2023-2030 Strategy on Long-term Care and Active Ageing	age-specific	over 50	limited implementation	Ongoing	Sector-specific: long-term care services	Neutral or Not Specified
Romania	Strategia Nationala pentru Tineret 2024 - 2027	National Youth Strategy for 2024 – 2027	age-specific	under 50	limited implementation	Ongoing	Horizontal: access to education and information, employment, developing entrepreneurship, health, digital information and skills, housing, and civic and public participation	Positive
Romania	Strategia națională privind incluziunea socială a persoanelor fără adăpost pentru perioada 2022-2027	The National Strategy on Social Inclusion of Homeless People for 2022 – 2027	mainstreaming	not specified	not specified	Ongoing	Horizontal: Homelessness, housing, healthcare, social services, employment, education, legal protection, and community integration	Neutral or Not Specified
Romania	Strategia nationala a locuirii pentru perioada 2022 - 2050	The 2022-2050 National Housing Strategy	mainstreaming	all ages	not specified	Ongoing	Sector-specific: housing, especially public-funded housing and social housing	Neutral or Not Specified
Slovakia	Národný program aktívneho	National Programme for	age-specific	not specified	not specified	Ongoing	Horizontal: employment, access to services, health care, social protection,	Neutral or Not Specified

	starnutia na roky 2021 – 2030	Active Ageing (2021 - 2030)					education and training, housing, transport, access to justice, digital technology, media and advertising, and civic and political participation	
Slovakia	Národný program aktívneho starnutia na roky 2014 – 2020	National Programme for Active Ageing 2014–2020	mainstreaming	over 50	partially implemented	Ongoing	Horizontal: employment, access to services, health care, social protection, education and training, housing, transport, access to justice, digital technology, media and advertising, and civic and political participation	Mixed
Slovakia	Stratégia Slovenskej republiky pre mládež na roky 2021-2028	The Youth Strategy of the Slovak Republic for 2021–2028	age-specific	over 50	partially implemented	Completed	Horizontal: civic participation, employment, education, health and long-term care, housing, social services, financial security and pensions, poverty and social inclusion, transport, culture, intergenerational solidarity, environment, digital technology	Mixed
Slovakia	Národná stratégia digitálnych zručností Slovenskej republiky a Akčný plán na roky 2023 – 2026	The national digital skills strategy of the slovak republic and the action plan for the years 2023 - 2026	age-specific	under 50	fully implemented	Ongoing	Horizontal: civic participation, employment, equality and non-discrimination, digital technology, health care	Neutral or Not Specified
Slovakia	Stratégia celoživotného vzdelávania a	Lifelong Learning and Guidance Strategy 2021-2030	mainstreaming	all ages	not specified	Ongoing	Horizontal: education and lifelong learning, employment,	Neutral or Not Specified

	poradenstva 2021-2030						public administration and e-government, digital skills	
Slovakia	Programové vyhlásenie vlády Slovenskej republiky 2023-2027	The Programme Statement of the Government of the Slovak republic 2023-2027	mainstreaming	all ages	partially implemented	Ongoing	Horizontal: Democracy and democratic society; Financial policy; Education; Social policy; Culture; Healthcare and healthcare system; Sport; Economic policy; Tourism; Transport and construction; Agricultural policy; Recovery and Resilience Plan, Knowledge Economy; Informatisation - Slovakia's digital decade; Policy on closing the gap between regions; Policy for the support of national minorities; Criminal policy of the state; Judiciary and prosecution; Policy on prevention of corruption, public sector integrity and transparency; Public administration; Internal order and security; Foreign and European policy; Security policy	Neutral or Not Specified
Slovenia	Strategija dolgožive družbe- UMAR	Strategy for a Long-Lived Society (UMAR)	mainstreaming	all ages	not specified	Ongoing	Horizontal: employment, education, health and social care, social inclusion, social protection, family policy, intergenerational cooperation, digital inclusion, anti-discrimination and human rights, public safety and elder protection, human rights, volunteering and	Neutral or Not Specified

							community engagement, culture and sports, political and civic participation, long-term care and support, consumer and economic adaptation, housing, transport, and regional development.	
Slovenia	Digitalna Slovenija 2030	Digital Slovenia 2030	mainstreaming	all ages	not specified	Ongoing	Horizontal: digital transformation, encompassing employment, access to services, health care, social protection, education and training, housing, transport, access to justice, digital technology, media and advertising, civic and political participation	Neutral or Not Specified
Finland	Kansallinen ikäohjelma vuoteen 2030 Tavoitteena ikäkyvykäs Suomi	National Programme on Ageing 2030 For an age-competent Finland	age-specific	not specified	not specified	Ongoing	Horizontal: preventive healthcare, employment and extended working careers, particularly in the social and health care sectors, voluntary work, age-friendly housing and living environments, and service coordination and sustainability	Neutral or Not Specified
Sweden	Äldreomsorgslyftet	Improvement of Elder Care	mainstreaming	over 50	not specified	Ongoing	Sector-specific: health care and social care	Neutral or Not Specified
Sweden	Nationell demensstrategi 2025–2028	National Dementia Strategy	mainstreaming	all ages	not specified	Ongoing	Sector-specific: health care and social care	Neutral or Not Specified

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