

THE HUMAN RIGHTS OF OLDER PERSONS IN EUROPE



SEMINAR REPORT

12-13 APRIL 2018



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TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
INTRODUCTION	6
AUTONOMY AND INDEPENDENCE	8
LONG-TERM AND PALLIATIVE CARE	11
EQUALITY AND NON-DISCRIMINATION	13
FREEDOM FROM VIOLENCE, ABUSE AND NEGLECT	17
CONCLUSIONS	20
ANEX 1 : AGENDA	22
ANEX 2: LIST OF PARTICIPANTS	24

EXECUTIVE SUMMARY

On 12-13 April 2018 the United Nations Human Rights Regional Office for Europe (OHCHR ROE) and AGE Platform Europe convened an expert discussion in Brussels, to provide expert and stakeholder inputs from the Europe region, with a view to supporting the work of the UN Open Ended Working Group on Ageing that is reflecting on how to strengthen the protection of the human rights of older persons. During this meeting the following key issues were identified:

Structural ageism acts as a deep-seated and as yet unaddressed obstacle to all aspects of autonomy and self-determination of older persons.

THE RIGHT TO EQUALITY AND NON-DISCRIMINATION

The right to equality and non-discrimination for older persons should draw on and reaffirm universal definitions that exist under international law, as well as developing and articulating substantive elements specific for older persons.

In a first band of core content, the prohibition of discrimination as related to older persons should include standard definitions derived from existing international law, covering

inter alia, direct discrimination, indirect discrimination, multiple or intersectional discrimination, harassment, instruction to discriminate, victimisation, and discrimination by association, as well as other core elements.

In a second band, the right to equality and non-discrimination as related to older persons should include – and where relevant adapt -- conceptual items included in the existing human rights law acquis, in particular:

- An explicit recognition of equality before the law, equal legal capacity;
- Denial of reasonable accommodation as a form of discrimination, covering all aspects of life (i.e beyond employment);
- A right to accessibility.

Third, the right to equality and non-discrimination as related to older persons might develop additional definitions and concepts particular to older persons, for example exploring types of threats of negative, unequal treatment of older persons based on the perception of declining capacity.

THE RIGHT TO AUTONOMY AND INDEPENDENCE

Age-specific limitations strip a person of their autonomy, driving exclusion. Arbitrary age-specific limitations can be seen in areas such as work, education, health, mortgages, insurance, marriage, and inheritance, to name only a few. These restrictions frequently have deeply exclusionary effects. For example, lack of access to insurance can block possibilities for even voluntary work.

In an older person's context, "best interests" doctrines are inappropriate and should not be used. Similarly, the focus on "safety and security" in some discussions of policy on older persons is potentially regressive, and should be avoided as it potentially conflicts with securing the autonomy and self-determination of the person.

FREEDOM FROM VIOLENCE, ABUSE AND NEGLECT

Violence, abuse and neglect of older persons takes various forms, including physical, sexual, psychological or financial. Such acts take place in a variety of places, most often in private settings and within relationships with expectation of trust, but they can take place also in public settings. States should be required to prevent such acts without affecting the self-determination of the persons and to protect victims

and persons at risk, regardless of the setting.

THE RIGHT TO LONG-TERM AND PALLIATIVE CARE

The question of the appropriateness of the term "care" was discussed in detail, as it is often associated with infantilizing, paternalistic or other non-human rights-based approaches. We should be rethinking the notion of "care" and understand it in a complementary and integrated way with "support", or alternately to replace "care" entirely with "support". Care should be better understood as including not only well-being but also to maintaining autonomy and independence and support participation in society. "Support" should be a basic starting point, seeing it as a broad notion that will ultimately lead to the liberation and full participation of the person.

Informal carers and informal care settings are often encouraged by the State and sometimes even enshrined in law. Indeed, there are palpable threats of legal action and even in some countries criminal prosecution in cases of lapses of duties of care by family care-givers. The fact that family carers are overwhelmingly women in practice introduces heavily gendered dynamics into provision of support.

Long-term and palliative care are very much intertwined. The legal basis for both long-term and palliative care is Article 12 of the International Covenant on Economic, Social and Cultural Rights, setting out the right to enjoyment of the highest attainable standard of physical and mental health.

THE DEFINITION OF OLDER PERSONS AS RIGHTS-HOLDERS

As concerns the question of the definition of older persons, while it may be that some chronological criteria may need to be explored, it should not be based on such criteria alone. The issue of the definition could be further explored at a later stage of discussion. Any new approach or instrument on the rights of older people must strengthen and not derogate from the existing human rights acquis.

THE NEED FOR A HUMAN RIGHTS MOVEMENT

Age-related stigma is a core problem, including as concerns the development of a human rights movement among older persons. Many older persons do not want to be associated with an identity based on age, and may hold ageist prejudices themselves, including as a result of internalized negative stereotypes

against older persons. Work to develop a human rights-based civil society movement of older persons is needed, including an emphasis on promoting pride and consciousness of the invaluable contributions older persons make to their societies. A human rights perspective understands older persons as rights-holders and public authorities as duty-bearers.

RECOMMENDATIONS

The seminar concluded that there is a need to further develop a human rights-based approach to issues around ageing and to better conceptualise the human rights of older persons, as well as the normative elements and obligations associated with them. The meeting also highlighted the need to raise awareness among key stakeholders and older persons of key human rights concepts and how they apply in the context of old age. The seminar demonstrated the need to involve older people in discussions about their rights, as well as to strengthen the human rights-based voice of older persons' civil society organisations.

INTRODUCTION

On 21 December 2010, the UN General Assembly established an Open-Ended Working Group on Ageing (OEWG), open to all States Members of the United Nations, as well as to civil society organisations, UN agencies and National Human Rights Institutions (NHRIs) for the purpose of strengthening the protection of the human rights of older persons

“by considering the existing international framework of the human rights of older persons and identifying possible gaps and how best to address them, including by considering, as appropriate, the feasibility of further instruments and measures...”¹

On 20 December 2012, the UN General Assembly decided, inter alia, that “the Open-ended Working Group on Ageing ... consider proposals for an international legal instrument to promote and protect the rights and dignity of older persons, based on the holistic approach in the work carried out in the fields of social

¹ GA resolution 65/182.

development, human rights and non-discrimination, as well as gender equality and the empowerment of women...” and that it

“present to the General Assembly, at the earliest possible date, a proposal containing, inter alia, the main elements that should be included in an international legal instrument to promote and protect the rights and dignity of older persons, which are not currently addressed sufficiently by existing mechanisms and therefore require further international protection”.²

In the eighth session of the Open-ended Working Group on Ageing in 2017, the OEWG started focused discussion on selected thematic topics, starting with the themes “Equality and non-discrimination”, as well as “Violence, neglect and abuse”. For the 9th session in 2018, it would address the themes “Autonomy and independence” and “Long term

² GA resolution 67/139.

and palliative care” as well as further elaborating the normative standards on the themes considered at the 8th session. A call for inputs was issued by the OEWG Chair to all Member States, A-status NHRIs and civil society, with the deadline of 9 April 2018.

The United Nations Human Rights Regional Office for Europe (OHCHR ROE) joined with AGE Platform Europe and convened an expert discussion in Brussels on the four themes on the agenda of discussion of the 9th session of the OEWG, to be held in New York during 23-26 July 2018. The aim of the Brussels meeting, which took place on 12-13 April 2018, was to provide expert and stakeholder inputs from the Europe region, with a view to supporting the work of the OEWG. Specifically, the objectives of the meeting were to explore conceptions of human rights of older people utilizing the expert knowledge of human rights advocates and practitioners; empower key stakeholders and older people through increased awareness of human rights concepts and how they apply to older persons; and to support human rights-based inputs into ongoing discussions at the OEWG.

This document endeavours to provide a summary of ideas under the Chatham House rule³ raised and examined during the Brussels meeting.

3 The Chatham House Rule stipulates that information disclosed during a meeting may be reported by those present, but the source of that information may not be explicitly or implicitly identified.

AUTONOMY AND INDEPENDENCE

Structural ageism acts as a deep-seated and as yet unaddressed obstacle to all aspects of autonomy and self-determination.

Age-related stigma⁴ is a core problem, including as concerns the development of a human rights movement among older persons; many older persons do not want to be associated with an identity based on age, and may hold ageist prejudices themselves. Work to develop a human rights-based civil society movement of older persons is needed, including an emphasis on promoting pride and consciousness of the invaluable contribution older persons make to their societies.

The relationship between the human rights of older persons as developing/emerging on the one hand, and

some of the conceptual bases developed under the Convention on the Rights of Persons with Disabilities (CRPD) and available for possible adaptation and use in the current context, was a running theme of the two-day seminar. Some of the ideas tabled included:

1. A core focus should be on rendering older persons more visible in the human rights system, as older persons are currently invisible, similar to the state-of-play that existed for persons with disabilities prior to the development of CRPD.

2. The focus should be on “rights” rather than “needs”, and to continue to move away from medical and charity to human rights-based approach.

⁴ The United Nations human rights system mechanisms have increasingly devoted attention to the problem of stigma as a driver of systematic human rights violations, in particular discrimination-based abuses. A 2013 report of United Nations Special Rapporteur on Torture Juan Mendez on torture in health care settings examines in particular “Stigmatized identities” as a driver of human rights abuse, noting that “Many policies and practices that lead to abuse in health-care settings are due to discrimination targeted at persons who are marginalized. Discrimination plays a prominent role because “bias commonly underlie[s] such violations” (A/HRC/22/33, paras. 36-38). This thread has subsequently been taken up by other actors within the human rights system (See also for example A/HRC/26/28/Add.2, and A/HRC/35/21).

3. Human rights developments concerning the human rights of older persons should focus on situating them in their social environment – and what this environment is doing to limit or permit effective exercise of human rights -- and what rights should be secured to overcome these barriers.

4. Substantive equality approaches should be strengthened.

5. The focus should be on how to develop systems of support to exercise rights.

The right to equal recognition before the law, closely entwined with the right to legal capacity on an equal basis with others, has evolved from its starting point in the International Covenant on Civil and Political Rights, and is of central relevance for the human rights of older persons. The right to equal recognition before the law is articulated in Article 6 of the Universal Declaration of Human

Rights (UDHR). It is subsequently set out in other international human rights instruments such as the ICCPR Article 16. Pursuant to a number of decades of advances, these are understood as including both rights to have rights and to exercise rights. There is a positive obligation on States to abolish legislation that denies or limits legal capacity, and this should be recognised also as covering older persons. A positive obligation on States to develop supported decision-making arrangements should be explicitly recognized. States should explicitly require safeguards to ensure the rights, will and preferences of the person.

Article 19 of the CRPD requires States Parties to recognise the right of all persons with disabilities to live in the community, with choices equal to others, and to adopt effective and relevant measures to ensure their full inclusion and participation in the community, including in-home, residential and other community support services.

In an older person's context, "best interests" doctrines are inappropriate and should not be used. Similarly, the focus on "safety and security" in some discussions of policy on older persons is potentially regressive, and should be avoided.

Advance directives, with free, informed, genuine and revocable consent, are an important mode for securing and acting on autonomy,

will and preferences during certain key periods.

Age-specific limitations strip a person of their autonomy, driving exclusion. Arbitrary age-specific limitations can be seen in areas such as work, education, health and health care, mortgages, insurance, marriage, and inheritance, to name only a few. These restrictions frequently have deeply exclusionary effects. For example, lack of access to insurance can block possibilities for even voluntary work.

There is a need for a new conceptualization of participation, and a new conception of the roles older persons wish to play in the cultures and communities to which they want to – and should be able to – participate.

At present, lack of knowledge about available support is widespread. It is often difficult if not impossible for older persons to seek redress for the denial of their right to autonomy and independence.

The terms “choice” and “right to choose” were also discussed, with participants noting their possible use in advancing autonomy rights. However, there were also risks noted about the possibility of introducing an “either-or” dynamic into autonomous decision-making, as well as potentially opening the door to service providers to put pressure to erode standards. In any case, the

human rights normative framework should recognize and celebrate the older person as the autonomous decider, with possible requirements of support for autonomous decision-making.

New technologies can be valuable for supporting older persons, as well as potentially leaving persons at risk of abuse. The normative framework needs to better address the technological opportunities and challenges.

LONG-TERM AND PALLIATIVE CARE

The question of the appropriateness of the term “care” was discussed in detail, as it is often associated with infantilizing, paternalistic or other non-human rights-based approaches. We should rethink the notion of “care” and understand it in a complementary and integrated way, or alternately to replace “care” entirely with “support”. There was not full agreement on the way forward at the meeting, and so this question was left open. The Convention on the Rights of Persons with Disabilities (CRPD) provides good language, namely the need to secure the “autonomy, will and preferences” of the persons concerned. We should maximize the extent to which older persons are involved in the design of services and support. It was noted that a definition of care has been provided by the UN Independent Expert on the human rights of older persons. “Care should be understood as support to creating or regaining the optimal level of physical, mental and emotional well-being.” “Support” should be a basic starting point, seeing it as a broad notion that will ultimately lead to the liberation and full participation of the person.

There is a growing imbalance in supply and demand which leads to a growing reliance on informal care. Informal carers and informal care settings are often encouraged by the State and sometimes even enshrined in law. The fact that family carers are overwhelmingly women was noted as introducing heavily gendered dynamics into provision of support.

Growing pressure on family and informal care-givers, combined with insufficient skills and support from the States, can sometimes result in some forms of violence, abuse and neglect by family members and other non-state actors. Indeed, there are palpable threats of legal action and even in some countries criminal prosecution in cases of some acts or omissions by family care-givers. However, it may not be appropriate to criminalize those acts or omissions as non-compliance with filial piety laws where they are in place, if the norm is that those support should be voluntarily given.

Long-term and palliative care are very much intertwined. The legal basis for long-term and palliative care is Article 12 of the International Covenant on Economic, Social and Cultural Rights, setting out the

right to enjoyment of the highest attainable standard of physical and mental health.

With regard to palliative care, there was common understanding that is crucial for enabling persons with a life-threatening condition or in pain to live better, and can be delivered alongside cure. Holistic palliative care – i.e. dealing with the physical, spiritual/existential and psycho-social needs of the person – should not be associated with end-of-life situations but delivered when and for as long as needed as it can help a person advance in terms of realising their rights to autonomy, will and preferences. Palliative care is key to the provision of person-centred care and support and should be seen as an integral element of the continuum of care to which everyone should have access.

Restrictions in access to palliative care are related to a narrow understanding that associates it to specific illnesses (typically terminally ill cancer patients) and to imminent death. Thus, lack of access affects disproportionately older persons with chronic or insufficiently diagnosed illnesses or pain who may need it over an extended period of time.

EQUALITY AND NON-DISCRIMINATION

States are required under international human rights law to respect, protect and fulfil the human rights of all persons without discrimination of any kind. Non-discrimination is an immediate obligation of international human rights law.⁵ The United Nations Human Rights Committee has held that the guarantee of non-discrimination under the International Covenant on Civil and Political Rights (ICCPR)

“Article 26 not only entitles all persons to equality before the law as well as equal protection of the law but also prohibits any discrimination under the law and guarantees to all persons equal and effective protection against discrimination on any ground such as race, colour,

⁵ See, for example, Universal Declaration of Human Rights articles 2 and 7; the International Covenant on Civil and Political Rights (ICCPR), articles 2 and 26; the International Covenant on Economic, Social and Cultural Rights (ICESCR), article 2; the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), articles 1 and 2; the Convention on the Rights of the Child (CRC) article 2; and the Convention on the Rights of Persons with Disabilities (CRPD), in particular Articles 5 and 12.

sex, language, religion, political or other opinion, national or social origin, property, birth or other status”.⁶

The problem of age-specific limitations was discussed not only in the session on equality and non-discrimination, but indeed throughout the meeting, in particular as providing arbitrary and often severe limitations on autonomy. There is widespread use at present of tie-breaker provisions in favour of younger people in the allocation of scarce resources such as public goods, in particular in the field of health. For example (to name only one), liver transplant may be automatically allocated to a younger candidate. Positive obligations to review all aspects of law and policy are needed, as noted below.

In addition to enshrining this right in a specific provision, equality and non-discrimination should be one of the general principles of a future convention or related instrument.

⁶ HRI/GEN/1/Rev.9(Vol.I), Human Rights Committee, General Comment No. 18, para. 1.

It should also be reiterated, articulated and advanced in various articles of a new instrument.

Defining older people only in terms of chronological age is too limited as being old/treated as an old person is also a social construct linked to social realities and (mis)perceptions. In addition, understanding of older age will vary according to policy field. For example, in employment, the experience of age discrimination starts as early as 50, if not earlier; access to social security systems is tied with pensionable age – at or around 65; challenges in terms of availability, affordability of long-term care, often in late 70s. The right to equality and non-discrimination should not be based only on a definition of older persons through chronological criteria. The definition of older persons for the purposes of a new instrument could draw on the CRPD and the Council of Europe Recommendation(2014)², focussing on societal barriers that in combination with old age impede the equal enjoyment of human rights

The right to equality and non-discrimination should draw on and reaffirm universal definitions that exist under international law⁷, as well as developing and articulating

substantive elements specific for older persons.

In a first band of core content, the prohibition of discrimination as related to older persons should include standard definitions derived from existing international law, covering inter alia, direct discrimination, indirect discrimination, multiple or intersectional discrimination, harassment, instruction to discriminate, victimisation, and discrimination by association, as well as other core elements.

In a second band, the right to equality and non-discrimination as related to older persons should include – and where relevant adapt – conceptual items included in the CRPD, in particular:

- An explicit recognition of equality before the law, equal legal capacity.
- Denial of reasonable accommodation as a form of discrimination, covering all aspects of life (i.e beyond employment).
- A right to accessibility.

Third, the right to equality and non-discrimination as related to older persons might develop additional definitions and concepts particular to older persons, for example exploring the meaning of perception of declining capacity, and the threat of unequal treatment arising from

⁷ Including under the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), the International Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD).

these.

The right to equality and non-discrimination should cover all areas of civil, cultural, economic, political and social life.

1. The right should cover systemic discrimination and ageism
2. The right should create the immediate obligation to abolish laws, policies and practices that are discriminatory, including an obligation to review age limits and exceptions to the rule of age equality, in order to evaluate the impact on older people's rights and to challenge ageist assumptions underlying age-based restrictions
3. The right should cover all forms of multiple discrimination, possibly drawing on existing language, such as CRPD

4. The interpretation and implementation of the right should aim at achieving substantive and transformative equality, drawing on CEDAW and CRPD

5. States should have an obligation to provide reasonable accommodation to overcome barriers in the exercise of rights and to adopt positive measures that are necessary to achieve de facto equality

6. States should have an obligation to assist older people in seeking accountability and ensure access to justice and redress.

It must be recognized that no human rights treaty includes derogations to the rule of equality and non-discrimination and including general exceptions in a new treaty may weaken the protection on the ground of age. However, the interpretation of this right by treaty bodies allows for differential treatment on the basis of reasonable and objective

justification.⁸ A distinction must be made between age-based criteria that are used to *facilitate* access to rights as opposed to those that are used to *restrict* access to rights. As a general rule differential treatment on the basis of age should promote the enjoyment of rights and not undermine human rights principles.

8 General Comment No. 20, Non-discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights), 2009, para 13.

FREEDOM FROM VIOLENCE, ABUSE AND NEGLECT

Although tackling abuse should be an endeavour of the whole of society, the primary duty bearer for protection is the state. Beyond duties of protection, it is necessary to recognize and challenge structural ageism, because an ageist society is an abusive society. One participant raised the fact that older people could also be abusive and possibly violent towards other older persons. Violence against an older person may be driven by hatred on the basis of gender, racial animus, animosity against persons for their sexual orientation or gender identity as a primary discriminatory element; so we should not exclude older people from measures to protect victims of gender-based violence or homophobic acts and put them in the box of “elder abuse” based on age.

There is no universal definition of abuse, violence and neglect of older persons. The closest to a widely accepted definition is the one of WHO “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person”.⁹

⁹ http://www.who.int/ageing/projects/elder_abuse/en/

Neglect means also not reacting to situations of abuse they may be witnessing.

Participants also talked about perpetrators and typology. The perpetrators can be spouses/partners, relatives, people in the community, service providers, guardians/attorneys, etc. Ageism is a driver of violence. Because ageism is prevalent, elder abuse is more likely. Neglect and abuse of older persons intersects with other forms of negative treatment, including discrimination such as faced by persons with disabilities, minorities, women, LGBTI individuals, migrants, etc. This means that persons at a higher risk of exclusion, are at higher risk of suffering abuse, violence and neglect. Gender and power relations are crucial. Institutional contexts are also important and need to be taken into account. The private sphere should not be excluded from examinations of and efforts to combat elder abuse.

It is important we differentiate between neglect, violence and abuse. Some forms of abuse might not be physical but emotional and are as important and have long-lasting effects. We should cover all forms of

violence, abuse and neglect, whether intentional or not, including harmful traditional customs and institutional practices that can lead to violence, abuse or neglect of older persons. We know there is an increased risk of abuse if the person has higher care needs. Drawing a line between abuse and violence seems challenging but necessary. In general, there is an agreement that definitions are a key issue. Notions such as trust, undue influence and physical integrity should also be defined clearly.

Participants argued that abuse in medical practices should not be ignored. Protecting people with dementia is particularly challenging, especially when it comes to the trust element of the WHO definition: how to trust, whom/what to trust without full cognitive abilities? One participant specifically raised the issues of inadequate treatment on the one hand and over-treatment on the other. The absence of treatment, can also qualify as abuse. If relationships are abusive, then they will stay as such in older age. The question was asked as to what happens when family members collude in social worker pressure on older persons.

Reflections around violence, abuse and neglect should integrate notions of hate or bias crime. There are cases of attacks against older persons simply because they are old, similarly to crimes that target other groups because of their own characteristics

that are target of discrimination.

In terms of definition of the right, there is currently no universal definition of abuse, violence and neglect of older persons. The “expectation of trust” element causes controversy, as there are cases of violence, abuse and neglect in which the old person may not have had any such expectation, especially in public contexts or outside the care setting. Violence, abuse and neglect should be clearly defined, in manners which build on the existing international law *acquis*. The definition of neglect should encompass not reacting to situations of abuse they may be witnessing.

Definitions should include all acts that may result in any kind of suffering/harm, or death. They should also include abandonment and deprivation of liberty. It is important to make a distinction between elder abuse and other forms of violence and abuse that an old person is suffering. For instance, intimate partner violence is also prevalent among older couples – and might have been going on for years – and does not lose its gender-based dimension by the sole virtue of age. Although such acts may fall out of the definition of elder abuse, protection available to women suffering violence should be available on equal basis to older women. Definitions should also cover economic exploitation of older persons.

In terms of scope of the right, all types of abuse, violence and neglect

should be covered, whether it was intentional or unintentional. Abuse, irrespective of whether it is physical, emotional, psychological or financial, can amount to cruel, inhuman or degrading treatment as prohibited by the Convention Against Torture (CAT).

States obligations might include:

1. Measures to fight ageism and increase awareness of older people's rights, including to resource properly care services
2. Measures to prevent violence, abuse and neglect, should include training not only professionals in the care context, but all those who may be providing any services to older persons; these should include state bodies and employees of public services, notably police and law enforcement officers, as well as professionals working in public or private care services
3. Measures to prevent violence, abuse and neglect should be proportionate and not erode older persons' rights to autonomy and independence
4. Timely, effective and appropriate access to support services should be guaranteed to victims, survivors and also persons at risk of violence, abuse and neglect
5. Reaching out to all victims or potential victims, including specific measures to reach out to those who, for whatever reason – including dementia or other physical and/or psychological impairments – do not have the conditions to report violence, abuse and neglect on their own, without support
6. The obligation to gather comprehensive and quality data on forms and prevalence should include all age cohorts.

CONCLUSIONS

In discussions of the human rights of older persons, the rights-holders are older persons themselves. The duty bearer are public authorities or entities who may have been delegated authority by the state. Families are not duty-bearers from the point-of-view of international human rights law, although this fact does not absolve private parties for liability for abuse or discrimination.

As concerns the question of chronology, while it may be that some exploration of the definition of older persons in a chronological sense may need to be explored, it is noted that at present, the conceptual basis should be identified and explored, and that questions of definitional chronology should ideally be identified at a later stage of discussion.

The experts involved in the seminar concluded by affirming strongly that, whatever new standards or instruments are agreed, these cannot and should not erode existing standards. Any new instruments agreed in this regard must strengthen the existing human rights *acquis*. A new instrument should expand our understanding of rights, expand protection, and not introduce restrictions or provisions undercutting the existing framework. Any new normative standard should aim to raise protection levels, as well as to safeguard a minimum floor. The

only reason to undertake a new normative instrument would be to raise protection standards, and to elucidate a way forward toward strengthened protection. Any new standard should seal in and safeguard the existing protections available under the human rights treaties.

The seminar concluded that there is a need to further develop a human rights-based approach to issues around ageing and to better conceptualise the human rights of older persons, as well as the normative elements and obligations associated with them.

The meeting also highlighted the need to raise awareness among key stakeholders and older persons of key human rights concepts and how they apply in the context of old age. Finally, the seminar demonstrated the need to involve older people in discussions about their rights, as well as to strengthen the human rights-based voice of older persons' civil society.

As a follow-up to this seminar, OHCHR ROE will work together with AGE Platform Europe *inter alia* in organising workshops to develop written submissions to relevant treaty bodies on the human rights of older persons. These workshops will be held in the first half of 2019 and will consist of in-depth knowledge sharing and practical trainings on the work of the UN Human Rights Committee, the

Committee on Economic, Social and Cultural Rights, and the Committee on the Rights of Persons with Disabilities, and the UN Committee on the Elimination of Discrimination against Women.

ANEX 1 : AGENDA

12 APRIL 2018

10:00-10:30

WELCOME WORDS AND INTRODUCTION

1. Ms. Birgit Van Hout, Regional Representative for Europe, UN Human Rights Office
2. Ms. Virginia Bras Gomes, Chair UN Committee on Economic, Social and Cultural Rights
3. Mr. Ebbe Johansen, President, AGE Platform Europe
4. Ms. Barbara Wurster, Federal Ministry of Family Affairs, Senior Citizens, Women and Youth, Federal Republic of Germany

10:30-10:45

RUN-THROUGH OF THE AGENDA AND SUMMARY OF GOALS AND PURPOSES

10:45-13:30

SESSION 1: LONG TERM AND PALLIATIVE CARE

1. Moderator: Dr. Claude Cahn, UN Human Rights Office (OHCHR)
2. Discussant: Ms. Ciara O'Dwyer, Project Co-ordinator, ENNHRI (20 min)
3. Respondent: Dr. Heidrun Mollenkopf, Vice President, AGE Platform Europe (10 min)
4. Rapporteur: Ms. Stefanie Cool, Intern, UN Human Rights Office (OHCHR)

15:00-18:00

PARALLEL SESSION 1: EQUALITY AND NON-DISCRIMINATION

1. Moderator: Ms. Nena Georgantzi, Human Rights Officer, AGE Platform Europe
2. Discussant: Dr. Marijke de Pauw, UNIA (Free University of Brussels)
3. Respondent 1: Ms. Jožica Puhar, Full member Slovenia, AGE Platform Europe
4. Respondent 2: Ms. Miriam Graute, EVS volunteers, European Network on Independent Living
5. Rapporteur: Ms. Nevena Peneva, Research Support Officer, European Union Agency for Fundamental Rights

15:00-18:00

PARALLEL SESSION 2: VIOLENCE, NEGLECT AND ABUSE

1. Moderator: Ms. Nena Georgantzi, Human Rights Officer, AGE Platform Europe
2. Discussant: Dr. Marijke de Pauw, UNIA (Free University of Brussels)
3. Respondent 1: Ms. Jožica Puhar, Full member Slovenia, AGE Platform Europe
4. Respondent 2: Ms. Miriam Graute, EVS volunteers, European Network on Independent Living
5. Rapporteur: Ms. Nevena Peneva, Research Support Officer, European Union Agency for Fundamental Rights

13 APRIL 2018

9:00-12:00

SESSION 4: AUTONOMY AND INDEPENDENCE

1. Moderator: Ms. Bridget Sleaf, Senior Policy Adviser, HelpAge International
2. Discussant: Dr. Elizabeth Mestheneos, 50+ Hellas, Greek NGO
3. Respondent 1: Dr. Claudia Mahler, Senior Researcher, German Human Rights Institute
4. Respondent 2: Ms. Catalina Devandas Aguilar, UN Special Rapporteur on the Rights of Persons with Disabilities
5. Rapporteur: Dr. Claude Cahn, Human Rights Officer, UN Human Rights Office

12:00-13:00

PRESENTATION BY RAPPORTEURS CONCLUSIONS AND NEXT STEPS

1. Ms. Virginia Bras Gomes, Chair UN Committee on Economic, Social and Cultural Rights
2. Ms. Anne-Sophie Parent, Secretary General, AGE Platform Europe

ANEX 2: LIST OF PARTICIPANTS

1. Borja Arrue, AGE Platform Europe
2. Susanne Bosman, OHCHR
3. Maria Virginia Bras Gomes, UN Committee on Economic, Social and Cultural Rights
4. Claude Cahn, OHCHR
5. Francesca Carpenedo, AGE Platform Europe
6. Vana Catsica, OHCHR
7. Anna Chabeira, Office of the Polish Ombudsman
8. Stefanie Cool, OHCHR
9. Marijke de Pauw, UNIA (Belgian equality body)
10. Catalina Devandas Aguilar, Office of the UN Special Rapporteur on the rights of persons with disabilities
11. Nena Georgantzi, AGE Platform Europe
12. Miriam Graute, European Network on Independent Living
13. Alina Grigoras, OHCHR
14. Rio Hada, OHCHR
15. Sabine Henry, Alzheimer League ASBL
16. Ebbe Johansen, AGE Platform Europe
17. Marie Joslyn, German Permanent Representation to the EU
18. Tamas Kádár, Equinet
19. Maciej Kucharczyk, AGE Platform Europe
20. Claudia Mahler, German Human Rights Institute
21. Irena Markova, Council of Europe - Directorate General of Human Rights and Rule of Law
22. Elizabeth Mestheneos, 50+ Hellas
23. César Meuris, Alzheimer League ASBL
24. Heidrun Mollenkopf, AGE Platform Europe
25. Ciara O'Dwyer, European Network of National Human Rights Institutions
26. Anne-Sophie Parent, AGE Platform Europe
27. Nevena Peneva, European Union Agency for Fundamental Rights
28. Bridget Penhale, University of East Anglia
29. Silvia Perel Levin, NGO Committee on Ageing, Geneva
30. Lara Pivodic, Vrije Universiteit Brussel
31. Jozica Puhar, AGE Platform Europe
32. Orhideja Skale Družak, Office of the Ombudswoman of the Republic of Croatia
33. Natasa Todorovic, Red Cross Serbia
34. Frank Sioen, European Network on Independent Living
35. Bridget Sleaf, HelpAge International
36. Johan Ten Geuzendam, EU Commission, DG Justice
37. Birgit Van Hout, OHCHR
38. Alberto Vásquez, Office of the UN Special Rapporteur on the rights of persons with disabilities
39. Ralf-René Weingärtner, German Permanent Representation to the EU
40. Barbara Wurster, German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth

70

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