



AGE Platform Europe

Input for OHCHR annual thematic study
on the rights of persons with disabilities
and digital technologies and devices,
including assistive technologies

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Introduction

As the largest EU network of organisations of and for older people, AGE Platform Europe brings forward the experience and voice of older people with disabilities and/or support needs. Our answer focuses on the particular challenges of older people with disabilities in using digital technologies and their impact on the equal enjoyment of human rights in old age. Our input acknowledges the positive change new technologies can bring, but also highlights the barriers created by too rapid digitalisation and the impact it has on our autonomy, participation and dignity.

Governance, Access to Information and Privacy

1. *How are digital technologies currently used in your country/region for governance coordination, including in care and support system transformation efforts, and people-centred social protection services for persons with disabilities?*

Emerging technologies, such as assistive devices, built-in environmental applications, robotics and artificial intelligence (AI) hold a promise to enhance and improve older adults' health, wellbeing as well as ageing in place¹. These types of solutions are considered as a cost-effective approach to facilitate independent living and improve quality of life of older persons whilst dealing with the increasing demand for care. Due to the shortages in care personnel and the persistent economic constraints faced by countries all over the world, such technologies are increasingly used for the care and support of older persons. For example, robots and assistive technologies can be used to help older people perform daily tasks including - but not limited to - bringing food or medication, feeding, lifting from beds/floor, cleaning the house, helping people to bathe or go to the toilet, and serving as a memory aid regarding daily schedule and uptake of medication. They can also monitor older people and summon help and/or intervene in case of emergency, for example they can detect smoke, water, gas emission, activity/inactivity and even falls. They can prevent safety hazards by automatically locking/unlocking doors and switching off kitchen appliances when left on without supervision.

In addition, 'telehealth' applications are geared towards managing chronic conditions (such as heart and lung disease, diabetes, etc), through monitoring vital signs and symptoms in order to avoid hospitalisation and facilitate early intervention².

Emerging technologies also include medical robots, ICT, virtual reality and artificial intelligence used in diagnosis, surgery, rehabilitation (ex. serious gaming for brain recovery or Parkinsons disease³) and prosthetics (ex. Exoskeletons). Companion

¹ World Health Organisation. Assistive devices and technologies [Internet]. 2015; Peek STM, Wouters EJM, van Hoof J, Luijkx KG, Boeije HR, Vrijhoef HJM. Factors influencing acceptance of technology for aging in place: a systematic review. *Int J Med Inform* [Internet]. 2014 Apr;83(4):235–48.

² Sorell, T., & Draper, H. (2014). Robot carers, ethics, and older people. *Ethics Inf Technol*, 16, 183-195

³ See for example: <https://ec.europa.eu/digital-single-market/en/content/rgs-reaching-out-brain-recoverythrough-serious-gaming> and <http://www.i-prognosis.eu>

robots have been used in various settings to improve the user's health and psychological well-being⁴. There are also several technologies that aim to maintain or improve older people's cognitive and functional status by offering mental or physical trainings and monitoring the progress of each individual⁵. Emerging technologies can also enable equality in participation in all everyday life domains by compensating for impairments and health related challenges with daily activities⁶. They can help prevent isolation and social exclusion⁷. For example, remote telepresence robots (which combine video conferencing with mobile robots) and companion-type robots are increasingly used as ways to enhance social interaction especially for older people living alone and those living in remote/rural areas⁸. Assistive devices may moreover offer personalised alternative communication solutions, minimize any linguistic or cultural barriers and even help people build communication skills⁹. Autonomous cars could help older people who are not able to drive - due to physical or cognitive weakness or due to age limits for the renewal of driving licenses – avoid isolation and facilitate participation in public and social life.

2. *What are the main challenges and successes in using digital technologies to facilitate access to information, social protection, and other essential services for persons with disabilities (e.g. human support - personal assistance, sign interpretation -, transport, assistive technologies, housing and deinstitutionalization services)?*

Ageism

Ageism affects people throughout their lives and pervades many institutions and sectors in our society¹⁰. Recent research suggests that a possible barrier to accessing digital technology is ageism: stereotypes associated with old age and new technologies tend to infuse the whole chain: from the conceptualisation and design to the use of digital technologies by older people¹¹.

There are concrete consequences of this ageist approach of digital technologies:

- the media representation of older people (including social media and online media),
- the over focus of the market on technologies for care and healthcare¹²,

⁴ Flandorfer, P. (2012). Population Ageing and Socially Assistive Robots for Elderly Persons: The Importance of Sociodemographic Factors for User Acceptance. *International Journal of Population Research*, 2012.

⁵ <https://www.euronews.com/2019/09/23/are-videogames-the-future-of-parkinson-s-disease-diagnosis>

⁶ Wolbring G, Lashewicz B. Home Care Technology Through an Ability Expectation Lens. *J Med Internet Res [Internet]*. 2014;16(6):1. e

⁷ Siegel C, Dorner TE. Information technologies for active and assisted living-Influences to the quality of life of an ageing society. *Int J Med Inform [Internet]*. 2017;100:32–45.

⁸ Baisch, S., Kolling, T., Schall, A., Rühl, S., Selic, S., Kim, Z., et al. (2017). Acceptance of Social Robots by Elder People: Does Psychosocial Functioning Matter? *International Journal of Social Robotics*, 9(2), 293-307.

⁹ Ibid.

¹⁰ [Global Report on Ageism](#), WHO, 2021

¹¹ Euroageism Policy Brief (2021), [Ageism and digital technology](#)

¹² Euroageism Policy Brief (2021), [Ageism and digital technology](#)

- the way older people experience and adopt successfully (or not) digital technologies¹³,
- the limited access to technology-based treatment or assistive technologies to older patients¹⁴,
- the stereotypical design of digital technologies¹⁵,
- the bias of artificial intelligence based on stereotyped and/or partial data sets for learning patterns which does not reflect the diversity of older people^{16 17}. The use of automated decision-making based on AI can have huge implications on health insurance when companies calculate the individual risk and adapt costs¹⁸, for the assessment of mortgages or procedures for authorising insurance¹⁹
- biometric technology (facial-, voice/speech-, fingerprint recognition) is not adapted to age-related physical changes and is not adequately trained to do so²⁰.

In addition, little attention has been drawn to the potentially harmful internalization of negative stereotypes about older adults in the context of emerging technologies. Deeply rooted ageist assumptions, devaluing older individuals as technophobic, unwilling and unable to use and learn to use new technology may be detrimental, and along with other mentioned barriers, could be an alternative explanation for decreased participation in the emerging technological landscape²¹. Additionally, technological solutions that target the old can be stigmatizing and thus impede their

¹³ McDonough, C.C.: The Effect of Ageism on the Digital Divide Among Older Adults. *Gerontol. Geriatr. Med.* 2, 1–7 (2016). <https://doi.org/10.24966/ggm-8662/100008>

¹⁴ Ungar A, Cherubini A, Fratiglioni L, de la Fuente-Núñez V, Fried L, Krasovitsky MS, Tinetti M, Officer A, Vellas B, Ferrucci L. [Carta of Florence against ageism. No place for ageism in health care.](#) *Eur Geriatr Med.* 2024 Apr;15(2):285-290. doi: 10.1007/s41999-024-00938-7. PMID: 38418711; PMCID: PMC10997702.

¹⁵ Stypinka J, Roselas A, Svensson J, [“Silicon Valley Ageism – ideologies and practices of expulsion in the technology industry”](#) in *Technological Ageism*, Routledge.

¹⁶ Rosales, A. & Fernández-Ardèvol, M. (2019). Structural ageism in big data approaches. *Nordicom Review*, 40 (Special Issue 1): 51-64. doi:10.2478/nor-2019-0013.

¹⁷ Stypinska J and Franke A (2023) AI revolution in healthcare and medicine and the (re)emergence of inequalities and disadvantages for ageing population. *Front. Sociol.* 7:1038854. doi: 10.3389/fsoc.2022.1038854

¹⁸ https://www.age-platform.eu/sites/default/files/UN_questionnaire_digital_technologies_2019-AGE_reply.pdf ; Stypinska J and Franke A (2023) AI revolution in healthcare and medicine and the (re)emergence of inequalities and disadvantages for ageing population. *Front. Sociol.* 7:1038854. doi: 10.3389/fsoc.2022.1038854

¹⁹ Equinet, report by Robin Allen and Dee Masters, [“Meeting the new challenges to equality and non-discrimination from increased digitisation and the use of Artificial Intelligence”](#), 2020.

²⁰ Stypinska J and Franke A (2023) AI revolution in healthcare and medicine and the (re)emergence of inequalities and disadvantages for ageing population. *Front. Sociol.* 7:1038854. doi: 10.3389/fsoc.2022.1038854

²¹ Neves B, Amaro F. Too Old For Technology? How The Elderly Of Lisbon Use And Perceive ICT. *J Community Informatics* [Internet]. 2012 Mar 8;8(1 SE-Articles). ; Hauk N, Hüffmeier J, Krumm S. Ready to be a Silver Surfer? A Meta-analysis on the Relationship Between Chronological Age and Technology Acceptance. *Comput Human Behav.* 2018;84:304–19.

uptake²². Products targeting the so-called “silver economy” may deepen the stereotypisation of older persons as incompetent to use technologies available to the general public. Assistive technology and robotics labelled ‘senior-friendly’ or perceived as relevant only for the older population also risk categorising older people in relation to their poor health, reduced mobility or increased need for care. Surveillance technologies, such as tagging bracelets impose a view of older persons as needing control and restraint²³. For example, wearing a personal alarm button has been described like wearing a “badge of dishonor”.²⁴

Accessibility

Accessibility is critical to ensure autonomy and participation: it covers both accessibility to infrastructure and facilities as well as accessibility to information, communication and other services for any type of impairments, including cognitive disabilities²⁵. It is also critical to have a comprehensive approach to accessibility by considering other dimensions, in particular availability and affordability.

Availability of internet for example is still an issue in some rural and remote areas (bearing in mind that the proportion of older people in these areas is high), putting users at risk while essential services are increasingly digitalised.

Regarding affordability, lots of users are facing difficulties affording either an internet subscription or recent equipment to use key applications²⁶. There is even a double penalty imposed on them: in many cases, they face additional costs for not using digital solutions or may even be fined because invoices or key statements are now sent only electronically. Other related costs include the maintenance of technological equipment, but also electricity and technical assistance.

To mitigate the risk of inequality in access to new and emerging technologies lifelong learning including tailored trainings in digital literacy can enhance digital technology adoption and promote equal participation²⁷. Targeted training for older persons may be needed to address the digital divide but also to cover specific learning needs and

²² Hudson, J., Orviska, M., & Hunady, J. (2016). People’s Attitudes to Robots in Caring for the Elderly. *International Journal of Social Robotics*, 1-12, Sorell, T., & Draper, H. (2014). Robot carers, ethics, and older people. *Ethics Inf Technol*, 16, 183-195, Yusif, S., Soar, J., & Hafeez-Baig, A. (2016). Older people, assistive technologies, and the barriers to adoption: A systematic review. *International journal of medical informatics*, 94, 112-116

²³ Astell, A. (2006). Technology and personhood in dementia care. *Quality in Ageing and Older Adults*, 7(1), 15-25.

²⁴ See Peek, S. T. M., Wouters, E. J. M., van Hoof, J., Luijkx, K. G., Boeije, H. R., & Vrijhoef, H. J. M. (2014). Factors influencing acceptance of technology for aging in place: A systematic review *international Journal of Medical Informatics*, 83, 235-248.

²⁵ Ref. to [art. 9 of the UNCRPD](#)

²⁶ The issue of the constant need for recent equipment to be able to use key applications also raises the issue of environmental sustainability which is not covered by this policy paper.

²⁷ Czaja SJ, Boot WR, Charness N, Rogers WA, Sharit J. Improving Social Support for Older Adults Through Technology: Findings From the PRISM Randomized Controlled Trial. *Gerontologist* [Internet]. 2018;58(3):467–77; Mcdonough CC, Kingsley D. The Impact of Mobile Broadband on the Digital Divide Affecting Older Adults. *Int Telecommun Policy Rev* [Internet]. 2015;22(2):27–42; Larsson E, Larsson-lund M, Nilsson I, Larsson-lund M, Nilsson I. Internet Based Activities (IBAs): Seniors ’ Experiences of the Conditions Required for the Performance of and the Influence of these Conditions on their Own Participation in Society Internet Based Activities (IBAs): Seniors ’ Experiences of the Condit. 2013;1277(November 2015)

expectations of older persons. In addition, technology literacy should be improved so that everyone is able to understand and evaluate the benefits and risks of technology and engage in relevant discussions. To improve uptake, access to information about the availability of such technologies but also support (including technical assistance) for its use is crucial. Furthermore, to avoid inequality, States should offer access to assistive technologies as part of social protection²⁸.

By demanding full accessibility, the point is not to give back the entire responsibility to users: while accessibility is a pre-requisite, it is not sufficient. The aim is also to make sure we create a digital environment where users can feel confident and ready to engage because it is reliable, understandable, secure²⁹ and it considers the mental well-being of users.

Likewise, putting the digital literacy of users at the core is a heavy responsibility and burden on users while we should first ensure that designers and developers have adequate curricula so that the accessibility and diversity of users becomes automatically mainstreamed.

Autonomy

Because, as mentioned earlier, new and emerging technologies are widely considered as a solution to the increased care needs and expenses of an ageing population, there is a growing risk that older persons will not have a choice to opt out from the use of such technologies in their everyday life, due to lack of alternatives and pressure or coercion. New and emerging technologies should be an additional layer to human support, which is necessary for everyone's dignity and social wellbeing. They should be available alongside qualified human caregivers who will train users, follow-up on the implementation of technologies, assist them with activities of daily living and provide emotional support. Assistance given to older persons must be comprehensive and seamless covering all aspects of life and diverse needs of older persons, including in end-of-life and palliative care situations. Older persons should retain control over the type of support they receive, including the right to refuse the use of assistive technologies and robotics. Technologies should not be introduced as a form of support without the free and informed consent of the individual in question. Individuals should be able to choose from a wide range of options how, where and when they wish to receive care and support. If this is not the case, then a breach of the right to independent living, ie the right to retain control over living arrangements and support is at stake³⁰.

A related concern is whom is technology supposed to serve and what happens in case of conflicting instructions. This is particularly important because in the context of care, technologies are often developed to alleviate the burden of caregivers and may even be introduced at the request of the staff or the family as opposed to the older person. For example, in case the system is programmed to follow an activity and dietary plan

²⁸ Human Rights Council (11---29 September 2017) Report of the Independent Expert on the enjoyment of all human rights by older persons

²⁹ These dimensions were already listed in our publication: ["ICT for Ageing Well: listen to what older people think!"](#) (February 2014)

³⁰ Art 19 UNCRPD

provided by a medical doctor, should it obey the wish of the older person who may want to drink alcohol or refuse to take a prescribed medicine? In other words, can technology coerce older people to adhere to a regime despite their wish not to comply with it? How can the system decide between the longterm goal of good health and independence and the short-term choice of the older person in question? To respect individual autonomy, we need to allow people to deviate from what is expected of them, to the same extent that we allow other people who don't need support to make such choices. Additionally, the system may comply with the wishes of the user but at the same time signal the 'wrong doing' /deviation to other actors, such as their family, health care team or even insurance company. In addition to raising questions about privacy and data protection, such technology violates the autonomy of the older person insofar as it puts pressure on the individual to act in a certain way or they will have to deal with the consequences, such as shame vis-à-vis their family or even reduced coverage of health care costs due to their behaviour.

Lack of data

The lack of data about older people and their diversity is reported in most documents by the UN Independent Expert on the enjoyment of all human rights by older people³¹. It is particularly striking in the area of new technologies: at EU level, obtaining data on the use of new technologies by people age 74+ is almost impossible. This amounts to making older people invisible and gives the impression that this part of the population is not considered as important: this is very much linked to ageism³².

Overlooking the situation of people above the age of 74 may also give a wrong message that there is a generational effect that will somehow close the digital gap: basically, because young people are almost born with a smartphone, they should manage more easily with digitalisation when they will grow old. From our perspective, it is a misleading assumption: first it tends to ignore how fast digitalisation is progressing, meaning that we all need to adapt at every stage of our lives and we don't know what will happen in 60 years of time. Second, it ignores the data showing how many people are digitally excluded in all age groups today, as well as the data showing how much the educational, as well as the socio-economic background, plays a role in the digital gap³³.

The data gap has a strong impact not only on the way we depict older people and their relationships to new technologies but also on a political level. For instance, the Digital Economy and Society Index (DESI)³⁴ used by the European Commission to measure the progress of [Europe's Digital Decade](#), monitors basic digital skills of EU

³¹ <https://www.ohchr.org/en/special-procedures/ie-older-persons>, <https://www.ohchr.org/en/documents/thematic-reports/data-gap>

³² AGO, Constellations, « Vieillir dans notre société numérisée » (Jan. 2024)

³³ Fundamental Rights Agency, "Fundamental Rights of Older Persons: Ensuring Access to Public Services in Digital Societies", 2023

³⁴ Digital Economy and Society Index - <https://digital-strategy.ec.europa.eu/en/policies/desi>

citizens, but only until the age of 74, likewise for eGovernment users³⁵. As stated by the Fundamental Rights Agency: “Information and disaggregated data for persons aged 75 and older are missing. This makes it impossible to evaluate and monitor the impact and efficiency of the Digital Decade policy programme and national laws and policies on this group. Nor can their equal access to public services undergoing a digital transition be evaluated/monitored”³⁶

3. What measures are you implementing to protect the right to privacy in the use of digital technologies?

Digital Technologies as Assistive Technologies

4. How are digital technologies integrated as assistive technologies in personalized support plans (e.g. Remote sign language interpretation, image reading apps, voice-controlled assistants, screen readers, text-to-speech and speech-to-text applications, eye-tracking technology, adaptive keyboards and mice, AAC devices, navigation aids, wearable technology)?

5. What barriers exist in accessing these digital assistive technologies and how can they be addressed?

Access to new and emerging technologies is at the crossroads of different rights, notably dignity, equality and non-discrimination, autonomy, participation, adequate standard of living, highest attainable standard of health, social protection, education and independent living.

However, general human rights norms are not fully adapted to respond to the challenges of rapid digitalization. Interpretation of human rights standards needs to take due account of the implication of new technologies. For example, human rights standards have not yet defined whether state obligations to provide social protection, such as long-term care, could be achieved through new technologies and to which extent technologies can substitute human support. Neither are human rights standards sharply aware of the additional risk of inequalities through the introduction of new technologies or threats for individual autonomy, safety and independence among others. Additionally, new and emerging technologies may make existing protection gaps even more pronounced. For example, international human rights law does not provide older people with an automatic right to support neither with the right to choice and control over the type of service they receive³⁷. The notion of support

³⁵ [Key Performance Indicators](#) to be used to measure the progress towards the digital targets set out in Article 4(1) of Decision (EU) 2022/2481

³⁶ Fundamental Rights Agency, “[Fundamental Rights of Older Persons: Ensuring Access to Public Services in Digital Societies](#)”, 2023

³⁷ European Network of National Human Rights Institutions. (2015). Human Rights of Older Persons and Long-Term Care Project: The Application of International Human Rights Standards to Older Persons in Long-Term Care. The OHCHR also notes that there has been limited attention by human rights bodies to the right of older people to receive support and confirms that there is no explicit provision in international human rights law on the right to be assisted. See: Office of the High Commissioner for Human Rights. (2012). Normative standards in international human rights law in

reflected in General Comment No. 6 on the economic, social and cultural rights of older persons is relatively narrower than the obligation included in the UNCRPD, as it is limited to home adaptations. Moreover, the General Comment puts emphasis on community support and self-help as opposed to a State obligation to assist older persons. The UN principle of independence also has a limited scope as it does not explicitly cover all activities of daily living of older persons but is restricted on aspects of food, water, shelter, clothing and health care. Additionally, both the UN principles for older persons and the general comment state that 'older persons should be able to reside at home for as long as possible', which leaves a wide margin of appreciation as to when support at home could no longer be available and whether older people could be forced into institutionalized settings or technological forms of support. Furthermore, unlike for persons with disabilities, States do not have an obligation to ensure access to assistive technologies for older persons to carry out daily activities and participate in society. The use of assistive technologies in residential settings is not mentioned at all. The few references focus on medical technologies, failing to encompass the full range of devices that can help older people fully participate in society on an equal basis with others. Another key protection gap in human rights law is the absence of explicit prohibition of age discrimination³⁸. The UN Committee on economic, social and cultural rights accepted that some types of discrimination may be legitimate³⁹, and further clarified that that age is a prohibited ground of discrimination, only 'in several contexts'⁴⁰. It is worth noting that the Committee prohibited discrimination based on disability in 1994 in General Comment 5, without setting out any limits to the prohibition. So in the eyes of the Committee, age is a less suspect or less serious ground of discrimination compared to other forms of inequality. Due to this normative gap it could prove difficult to challenge inequalities to access new technologies, such as age limits in disability benefits, personal assistance plans or assistive devices or challenge discriminatory treatment by automated algorithms.

Without a clear prohibition of age discrimination and lacking a State obligation to ensure access to support in old age the universality of human rights is at stake. Older people are even more vulnerable than other groups - such as persons with disabilities whose right to support is guaranteed under human rights law - to ill-health, exclusion, marginalisation, abuse and neglect. They are more likely to be excluded from the benefits of technology or to suffer their negative implications because human rights norms have treated older people's rights as less serious than

relation to older persons - Analytical Outcome Paper. Retrieved from UN Open-Ended Working Group on Ageing: <http://social.un.org/ageing-working-group/documents/ohchr-outcome-paperolderpersons12.pdf> ; See in particular Madrid International Plan of Action on Ageing (MIPAA), UN Principles for Older Persons and the General Comment no 6 on the Economic Social and Cultural Rights of older persons

³⁸ With the exception of the UNCRPD and the International convention on migrant workers none of the other human rights treaties refers to age as a suspect ground of discrimination

³⁹ UN Committee on Economic, Social and Cultural Rights (CESCR), General comment No.6: Economic, Social and Cultural Rights of older persons

⁴⁰ UN Committee on Economic, Social and Cultural Rights (CESCR), 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), 2 July 2009, E/C.12/GC/2

the rights of other groups. Against this lack of legal clarity and the increasing use of technologies in the care of older persons it is crucial to discuss their human rights implications and to set new legally binding standards in order to ensure the equal enjoyment of all human rights by older persons.

Access and Affordability of Assistive Technologies

6. *What is the current state of access to assistive technologies in your country/region, particularly in rural areas and among marginalized groups?*

7. *What measures are being taken to improve the affordability and availability of these assistive technologies (e.g. cash transfers, market shaping to reduce added value chain costs, logistics, etc)?*

As indicated above, currently there is no guaranteed right to assistive technologies in old age and no adequate redress in case of lack of access.

Integration and Quality of Assistive Technologies

8. *How are assistive technologies integrated with health and social services in your country/region?*

9. *What steps are being taken to ensure the quality and cultural relevance of assistive technologies?*

Policy, Training, and Innovation

10. *What policies and legislation support the use and development of assistive technologies in your country/region, and what improvements would you recommend?*

Need for a rights-based approach

We read and hear more and more testimonies from our members concerned by the impact of digitalisation on their daily lives: to buy public transport tickets, to access their bank account, to make an appointment with the doctor, to request the social benefits they are entitled to, to access a car park, to enter their tax declaration, etc. These cannot be done in an analogue manner anymore. While these changes may be convenient, they also put at risk dignity, autonomy and participation. Similar opportunities and challenges are clearly detailed in the 2017 report of the UN Independent Expert on the enjoyment of all human rights by older people on assistive technology and robots⁴¹. More recently, the Fundamental Rights Agency published a report focusing on access to public services in digital societies⁴² which raises the question of the equal access to these services especially-for older people.

⁴¹ [Report of the UN Independent Expert on Assistive Technologies and Robots](#) (2017)

⁴² Fundamental Rights Agency, "[Fundamental Rights of Older Persons: Ensuring Access to Public Services in Digital Societies](#)", 2023

The denial of the right to education and life-long learning penalises older workers and older people who have fewer opportunities to acquire digital literacy skills⁴³. This has not only an impact on the employability of older workers but also on the possibility for every older person beyond employment to acquire new skills and knowledge.

The right to autonomy is also at stake due to digitalisation: older people who could previously manage their tax declaration or their daily banking operations themselves can suddenly become highly dependent on a third person⁴⁴. This puts an even higher number of older people at risk of financial abuse.

Dignity is also one of the big issues raised by our members in relation to health- and long-term care, including when provided at home, where welfare technologies and robots are considered as a solution to the staff and financial resources shortages. While we recognise that digitalisation can provide interesting supportive solutions, we don't want them to be developed at the expense of human contacts⁴⁵.

Among the many other challenges we could name, the right to participation and to access essential services such as transport, banking, energy, social benefits, public administration, voting is critical: digitalisation shall not exclude people, including older people, because no alternative solution is planned: counters, mail and phone lines should continue to exist or be re-established to guarantee equality-while 40% of Europe's population still lacks basic digital skills⁴⁶.

11. What training and awareness programs exist for users and service providers, and what gaps need to be addressed to enhance the effectiveness of these programs?

General information

12. Please provide any other relevant information and good examples on the use of digital technologies and assistive technologies as a means to reduce time invested in unpaid care work, including quantification of the impact of these technologies under time use surveys or similar

- Report of the UN Independent Expert on the enjoyment of all human rights by older persons (2017): https://www.age-platform.eu/sites/default/files/Report%20of%20the%20UN%20Independent%20Expert%20on%20digitalisation%20and%20use%20of%20robots_2017.pdf
- AGE recent positions and contributions on new technologies:

⁴³ AGE Barometer, "[How to empower older people on the labour market so they can lead sustainable and quality working lives?](#)", 2023.

⁴⁴ Fundamental Rights Agency, "[Fundamental Rights of Older Persons: Ensuring Access to Public Services in Digital Societies](#)", 2023

French Défenseur des droits, "[Report on discrimination in older age – focus on access to public services and digitalisation](#)" (2021)

King Baudouin Foundation (Belgium), Digital Inclusion Barometer (2024): [French version](#), [Dutch version](#)
⁴⁵ <https://www.age-platform.eu/assistive-technologies-and-robots-age-welcomes-the-new-un-independent-experts-report-and-call-for-a-human-rights-approach/>

⁴⁶ European Commission, 2022. [Digital Economy and Society Index \(DESI\) 2022](#) (Human Capital)

- [our contribution to the report of the UN on human rights and new technologies](#)
- [our position on the report of the UN Independent Experts on assistive technologies and robots](#)
- [our Press Release on the Conclusions of the European Council on human rights and digitalisation](#)
- Other resources:
 - [Council of Europe, the Digital Era, also my era](#)
 - [Euroageism policy brief on new technologies and ageism](#)
 - University of Essex report 'A digital cage is still a cage' (2022): <https://www.essex.ac.uk/news/2022/06/22/digital-technologies-pose-a-threat-to-human-rights-of-older-people>

About AGE Platform Europe

AGE Platform Europe is the largest European network of non-profit organizations of and for older people. We elevate older people's voice, bringing their experience and aspirations to the table to celebrate ageing and fight for equality at all ages.

Contact

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