



**EUROPEAN COMMITTEE OF SOCIAL RIGHTS
COMITÉ EUROPÉEN DES DROITS SOCIAUX**

11 June 2026

**Targeted questions from the European Committee of
Social Rights for the next statutory report**

Group 2

**To be submitted by States Parties not having accepted the
collective complaints procedure by 31 December 2026**

Introduction

Following the reform of the reporting procedure adopted by the Committee of Ministers¹ in September 2022, States Parties not having accepted the collective complaints procedure, shall submit a report every two years covering provisions from one of two groups of provisions the Charter.

In co-operation, the European Committee of Social Rights (ECSR) and the Governmental Committee of the European Social Charter and European Code of Social Security (GC) adopted a limited number of targeted questions to be answered by States Parties not having accepted the collective complaints procedure in May 2026 in respect of the second group of Charter provisions (see attached).

In accordance with the above-mentioned Committee of Ministers decision, the number of themes or topics to be covered in one report should in principle not exceed about a dozen 6 topics have been selected (health, disability, children, old age, social security, and social assistance.).

The questions to be addressed to States Parties this year concern: Article 7 - Article 11 - Article 12 - Article 13 - Article 14 - Article 15 - Article 16 - Article 17 - and Article 4 of the 1988 **Additional Protocol**.

The ECSR emphasises that the range and scope of the Articles in the second group of provisions is extensive, and it has therefore had to be selective in identifying the Articles and topics to be addressed. The most critical themes and topics have been prioritised.

No questions have been asked on Articles 14, and no questions have been asked on Article 7 paragraphs 1-9, Article 11 paragraph 2, Article 12 paragraphs 2-4, and Article 15 paragraph 2.

The questions build in part on some of the questions posed in previous supervision cycles and deal with longstanding conclusions of non-conformity as well as certain new issues. As such, while the relatively limited number and scope of the questions very much reflect the spirit and form of the new reporting procedure, their content will enable continuity in terms of the ECSR's reporting work.

States Parties are requested to respond to these questions only in so far as they have accepted the provisions to which the questions relate. No information is expected in respect of accepted provisions for which no targeted questions have been defined.

In a spirit of simplification, it has been agreed that States Parties should not be requested to provide information in response to previous conclusions of non-conformity.

It is recalled that following the above-mentioned reform of September 2022, the previous system of reference periods has been abolished, and reports should therefore focus on the situation pertaining at the time of submitting the report. This also means that statistical information should be as recent as possible unless otherwise indicated.

¹ [CM\(2022\)114-final](#)

As regards data collection the ECSR considers that the collection of reliable data and statistics in respect of groups generally acknowledged to be socially excluded or disadvantaged, is essential for the development, implementation and monitoring of targeted policies concerning them.

The collection and analysis of such data (with due safeguards for privacy and against other abuses) is therefore indispensable to the formulation of an adequate policy and the adoption of appropriate measures to ensure the social and economic protection.

The ECSR considers that when the collection and storage of personal data is prevented for legal or even constitutional reasons, but it is also generally acknowledged that a particular group is or could be discriminated against, the authorities have the responsibility for finding alternative means of assessing the extent of the problem and progress towards resolving it that are not subject to such constitutional/legal restrictions.

However, the ECSR has never considered that lack of statistical data on ethnicity in case of prima facie evidence of discrimination against a vulnerable group automatically leads to a violation of the Charter. Indeed, in such cases, the ECSR examines all the measures taken by the authorities aimed at mapping the extent of the discrimination risk using alternative means, and at improving the situation.

Article 7 – The right of children and young persons to protection

Paragraph 10 - Special protection against physical and moral dangers

Article 7§10 guarantees the right of children to be protected against all forms of exploitation and against the misuse of information technologies (Conclusions 2004, Bulgaria). Child sexual abuse material is given an extensive definition, and it takes account of the fact that new technology has changed the nature of child sexual abuse material. The internet is becoming one of the most frequently used tools for the spread of child sexual abuse material (Conclusions 2004, Bulgaria). A question on measures taken to protect children against harmful online content is included as a result of previous answers by the States Parties and with a view to clarify whether sufficient measures are adopted in law and in practice. The question is specified with regard to the protection of children from the dangers of Artificial Intelligence (AI), more specifically the threats of AI-generated or altered child sexual abuse material. The ECSR seeks information on measures taken by the States Parties in law and in practice in connection with the digital environment, such as existence of a legislative frameworks, as well as use of age-verification systems and alert buttons, raising awareness and reporting mechanisms to prevent the use and spread of harmful online content, be it AI-generated or not.

A question pertaining to cyberbullying is included given the fact that bullying happens to a large extent online. The ECSR also seeks information on measures taken to protect children from misinformation, including policies, reporting mechanisms and support for children involved in cyberbullying, as well as policies and other measures taken in case of misinformation to improve children's resilience to it.

Questions

Please provide information on measures taken to protect children against harmful online content, (including pornographic and sexual abuse material, including AI-generated or altered child sexual abuse material) as well as information on measures taken to protect children from cyberbullying and improve children's resilience to misinformation and harmful online manipulation.

Article 11 – Right to protection of health

Paragraph 1 - Removal of the causes of ill-health

Healthcare must be effective and affordable to everyone. The ECSR recalls that an effective access to health care implies that the cost of healthcare should be borne, at least in part, by the community as a whole (Conclusions I (1969), Statement of Interpretation on Article 11). The ECSR seeks information on actions taken by States Parties to ensure that healthcare is affordable and accessible for all, including measures to reduce financial barriers to accessing health services. The ECSR welcomes relevant statistical data and indicators, such as the out-of-pockets payments including in respect of diseases that constitute the main causes of death like cancer and cardiovascular diseases, and trends during the last five years.

The ECSR further recalls that access to medical care requires that the number of health care professionals must be adequate (Conclusions XV-2 (2001), Addendum, Türkiye) and a proper distribution of doctors throughout States Parties' territory. Recent [reports](#) show that there is a shortage of doctors and nurses in Europe. A shortage of doctors – either widespread or in specific regions – can lead to inequalities in access to care and unmet needs. The ECSR seeks information on measures taken to address these shortages in rural or remote areas. These measures may include offering financial incentives for doctors in remote areas, increasing medical school enrolment of students from rural backgrounds, or regulating new doctors' practice locations. The ECSR welcomes relevant statistical data and indicators, such as the number of physicians and nurses per 1,000 population and number of primary care facilities in rural and remote areas, travel time/distance to the nearest general practitioner, hospital or maternity unit, and trends during the last five years.

With regard to mental health, the targeted questions serve to promote a vision of mental health care that is autonomy-centred, rights-based and recovery-oriented, with coercion as a strictly exceptional measure that must be progressively eliminated. In its Conclusions 2021 the ECSR outlined the elements of a human rights-compliant approach to mental health. Moreover, the ECSR foreshadowed a move towards the elimination of coercion in mental health settings in its decision in *Validity Foundation – Mental Disability Advocacy Centre v. Czech Republic*, Complaint No. 188/2019, decision on the merits of 17 October 2023. This targeted question seeks information on measures taken by States Parties to ensure that mental health services are integrated, accessible, adequately resourced and multidisciplinary. The ECSR welcomes relevant statistical data and indicators, such as the number of outpatient facilities and community mental health centres; the number of psychiatric beds and supported housing places (disaggregated by hospital and community settings); and the level of integration into primary care.

Moreover, since [WHO data](#) show a deterioration of the mental health of children and young persons, the ECSR seeks information on measures taken to protect their mental health and prevent conditions such as anxiety, depression or eating disorders. Such measures could include: provide youth-friendly access to mental health services, mental health promotion and prevention programmes, including telephone hotlines or chat lines for suicide prevention or young people in difficulty, mental health education

in school curricula, adequate training and guidance for parents, teachers and other education professionals.

With regard to the use of AI in healthcare, the ECSR seeks information on measures taken to ensure that AI systems used in healthcare (e.g. for diagnosis, triage, treatment recommendations, or resource allocation) are tested and designed so as to prevent discriminatory outcomes or biases that could negatively affect patients' access to effective healthcare. It also looks for information on how States Parties monitor and evaluate the real-world impact of AI systems in healthcare to detect whether certain groups of patients (e.g. on the basis of gender, age, disability, ethnicity, socioeconomic status, or geographic location) experience unequal or less effective healthcare outcomes. Lastly, if discriminatory outcomes or biases in AI-supported healthcare decision-making are identified, the ECSR seeks information on whether mechanisms exist to correct these systems, suspend their use, and provide remedies for affected patients.

With regard to access to healthcare without discrimination on the basis of gender identity, the ECSR recalls that respect for physical and psychological integrity is an integral part of the right to the protection of health guaranteed by Article 11 and that any medical treatment without free informed consent (subject to strict exceptions) cannot be compatible with physical integrity or with the right to protection of health (*Transgender Europe and ILGA Europe v. Czech Republic*, Complaint No. 117/2015, decision on the merits of 15 May 2018, §§74 and 82). The ECSR refers to its Statement of Interpretation on Article 11, Conclusion 2021, and seeks to receive clarification with regard to its general questions contained therein.

Questions

- a) Please provide information on measures taken to ensure affordability of healthcare and reduce the share of out-of-pocket payments.
- b) Please provide information on measures taken to address shortages of health professionals, including general practitioners and nurses, in rural or remote areas as well as trends in this area.
- c) Please provide information on measures taken to:
 - ensure effective access to mental health services,
 - support the transition from hospital-based to community-based mental health care,
 - eliminate coercion in mental health settings,
 - protect the mental health of children and young persons and prevent conditions such as anxiety, depression and eating disorders, as well as suicide.
- d) Please provide information on the measures in place to ensure AI systems in healthcare are tested and designed to prevent and detect bias or discrimination, the measures taken to monitor and evaluate the impact of these systems on different patient groups, and the mechanisms for correcting, suspending, or providing remedies against discriminatory outcomes generated by AI systems in healthcare. In this context, please also provide information on whether and how AI systems can contribute to reducing bias and discrimination in healthcare.
- e) Please provide information on measures taken to ensure that access to healthcare in general is provided without discrimination on the basis of gender identity, that

access to gender-affirming treatment is available and legal gender recognition for transgender persons do not require (in law or in practice) that they undergo sterilisation or any other medical requirements which could impair their health or physical and psychological integrity.

Paragraph 3 - Prevention of diseases and accidents

The ECSR recalls that, under Article 11§3, States Parties must operate widely accessible immunisation programmes. They must maintain high coverage rates not only to reduce the incidence of these diseases, but also to neutralise the reservoir of virus and thus achieve the goals set by the WHO to eradicate a range of infectious diseases (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020). Failing to adequately prioritise vaccine distribution and ensure accessibility for high-risk populations amounts to a violation of Article 11§3 of the Charter (*Open Society European Policy Institute (OSEPI) v. Bulgaria*, Complaint No. 204/2022, decision on the merits of 3 December 2024, §74). The ECSR seeks information on the measures taken by States Parties to ensure that vaccines are available and accessible throughout States Parties' territory and for vulnerable groups such as children and young persons, older persons, persons living in rural and underserved areas, socio-economically disadvantaged populations, Roma communities.

Environmental degradation, including climate change, undermines public health and food security. Furthermore, environmental degradation disproportionately affects persons and groups in vulnerable situations and/or exposed to discrimination, such as women and girls, young persons, children, older persons, Indigenous peoples, persons with disabilities, socio-economically disadvantaged populations, Roma and Travellers etc (see the Council of Europe [Strategy on the Environment](#) 2025-2030).

Article 11 of the Charter has been interpreted by the ECSR as including the right to a healthy environment. Health systems must respond appropriately to avoidable health risks, i.e. ones that can be controlled by human action. Avoidable risks include those which result from environmental threats (*Marangopoulos Foundation for Human Rights (MFHR) v. Greece*, Complaint No. 30/2005, decision on the merits of 6 December 2006, §§195, 202, 204). The ECSR recalls that, in order to comply with their obligations, States Parties must: (i) enact and regularly update comprehensive environmental laws and regulations; (ii) assess health risks with epidemiological monitoring of affected groups; (iii) implement measures like upgrading equipment, setting emission limits, and monitoring air quality to prevent and reduce air pollution locally and globally; (iv) enforce environmental standards through effective supervision.

The ECSR seeks information on measures taken by States Parties to ensure protection from environmental risks on the physical and mental health of vulnerable groups and people in vulnerable situations. Such measures could be related to adopting laws, policies and regulations, conducting health risk assessments of the groups concerned, supervisory mechanism/monitoring the application of standards addressing environmental risks to health, remedies available for the affected groups.

Questions

- a) Please provide information on measures taken to ensure availability and uptake of vaccines throughout the States Parties' territory and for vulnerable groups (including measures against disinformation), updated information on the immunisation coverage rates and trends over the last five years, as well as measures taken to increase the immunisation coverage rate.

- b) Please provide information on: measures taken to ensure protection from environmental risks, including pollution and climate change, on the physical and mental health of vulnerable groups and people in vulnerable situations (including children and young persons, older persons, persons with disabilities, socio-economically disadvantaged populations).

Articles 12 - Right to social security

Paragraph 1- Existence of a social security system

Article 13 - Right to social and medical assistance

Paragraphs 1- Adequate assistance for every person in need

Paragraph 3- Prevention, abolition or alleviation of need

Articles 12 and 13 of the Charter establish the right to social security and social assistance as fundamental rights. Under Article 12§1, States Parties are required to ensure the existence of a social security system that is both established by law and functioning in practice. When it comes to income-replacement benefits paid under the system (such as pensions and unemployment benefits), the minimum amount granted should be adequate, i.e. sufficient to ensure that beneficiaries do not fall into poverty (Conclusions on Article 12§1, 2015, Romania). Under Article 13§1, the level of social assistance must ensure a decent standard of living for all persons in need.

To assess the adequacy of social assistance and income-replacement benefits, the poverty threshold is used, which is set at 50% of the median equivalised disposable income, commonly known as the Eurostat at-risk-of-poverty threshold. This threshold serves as a reference point to determine whether the minimum levels of income replacement benefits under Article 12§1 and social assistance benefits under Article 13§1 are adequate and can guarantee a decent standard of living, i.e. can prevent individuals from falling into poverty. Where the Eurostat indicator is not available, the national poverty threshold is used instead to ensure that assessments remain relevant in the specific country context.

A benefit level is considered adequate when its total monthly amount, including both basic and additional supplements, paid to a single person is not below the established poverty threshold.

Moreover, the States Parties should strive to index/adjust all social security benefits and social assistance. During a cost-of-living crisis and in its aftermath, States Parties should regularly intervene to ensure that the minimum levels of social security benefits and social assistance retain their real value and purchasing power (Social Rights and the Cost-of-Living Crisis, a Review of States Parties' ad hoc reports, ECSR 2025).

Furthermore, the right to assistance under Article 13§1 cannot depend solely on the discretion of administrative authorities; it must constitute an individual entitlement that is established by law and backed by an effective right of appeal. In particular, conditioning social assistance on the availability of budgetary resources is not compatible with the Charter. In cases where there is no clearly defined legal threshold for determining when a person is considered to be in need, or where there is no common set of underlying criteria for granting benefits, providing only a one-off allowance cannot be regarded as a sufficient income guarantee for persons without resources (Conclusions, Greece, 2009).

A legally established general assistance scheme must be in place to ensure that everyone in need has a subjective and enforceable right to social assistance

(Conclusions on Article 13§1, Türkiye, 2017). The legal framework must set out the objective and precise criteria for determining eligibility for social assistance and clarify the means-test methodology used to establish whether a person lacks adequate resources. Besides, measures should be taken to facilitate take up of social assistance, such as by reducing the administrative burden associated with accessing social assistance and simplifying application procedures.

With respect to medical assistance, Article 13§1 requires that everyone lacking adequate resources must be able to obtain the necessary care, free of charge in the event of illness. Medical assistance in this context includes access to free or subsidised healthcare, or payments that enable individuals to afford the care needed for their condition. Importantly, the right to medical assistance should not be restricted solely to emergency situations.

Moreover, under Article 13§3 social services must play a preventive, supportive and treatment role. This means offering advice and assistance to make those concerned fully aware of their entitlement to social and medical assistance and how they can exercise those rights. The States Parties should take measures to facilitate the take-up of social assistance, such as by providing guidance to the persons seeking to apply for assistance, reducing administrative burden, simplifying the application procedures and reaching out to persons in need to raise their awareness.

Questions

Article 12, paragraph 1 - Existence of a social security system

Please provide information on the minimum levels of income-replacement benefits (including as old-age pension,² unemployment and sickness benefits) in 2023-2026. Please provide information on the poverty thresholds in the period of 2023-2026. Have these amounts indexed to the cost of living?

Article 13, paragraph 1 - Adequate assistance for every person in need

- a) What was the amount of the social assistance and supplements paid to a single person without resources in the period 2023-2026? Has this amount been indexed to the cost of living?
- b) Do persons without resources receive medical assistance in case of need which goes beyond medical emergency situations?

Article 13, paragraph 3 - Prevention, abolition or alleviation of need

- a) What is the rate of take-up of social assistance (i.e. the proportion of eligible individuals who actually receive the social assistance they are entitled to)?
- b) What measures have been taken to facilitate take up of social assistance?

² For those States Parties who have accepted Article 4 of the 1988 Additional Protocol, the adequacy of old-age pension will be assessed under that provision of the Charter

Article 15 – The right of physically or mentally disabled persons to vocational training, rehabilitation and social resettlement

The ECSR emphasises that Article 15 must be interpreted in light of contemporary human rights standards, in particular the approach reflected in the United Nations Convention on the Rights of Persons with Disabilities, which requires a shift towards a social and human rights-based model of disability. It underlines that persons with disabilities must enjoy their rights on an equal basis with others, and that measures should promote full inclusion and participation, with a move away from institutional care towards community-based alternatives. The ECSR focuses in particular on the availability, accessibility and adequacy of services, the effectiveness of reasonable accommodation, and the ability of persons with disabilities to exercise choice and control over their lives, including their living arrangements. It also recalls that States Parties must demonstrate not only the existence of legal frameworks, but their effective implementation in practice, supported by reliable disaggregated data, adequate resources, and the involvement of persons with disabilities and their representative organisations.

Paragraph 1 - Education and training for persons with disabilities

The ECSR assesses the effective and equal access of students with disabilities to education based on statistical data (numbers and proportions) on their participation in mainstream classes, special units within mainstream schools, special schools, and other educational arrangements (such as home-schooling, part-time schooling, and residential care), as well as data on exclusion from education, non-completion of compulsory schooling, and drop-out rates, compared with the overall school population. This is also based on information on the provision of reasonable accommodation in mainstream education, including the proportion of students with disabilities benefiting from individual education plans, adaptations to classrooms and learning environments, provision of different forms of communication and educational materials, provision of human support or assistive technology for learning or assessment, non-material accommodations, such as allowing a student more time, reducing background noise, taking into account sensory overload, alternative evaluation methods, or the replacement of elements of the curriculum with alternative elements, and on the measures taken to ensure that all teachers and personnel at all levels of education (pre-primary, primary, secondary and tertiary) are adequately trained and qualified in inclusive education.

Questions

Please provide:

- a) statistical data on the participation of students with disabilities across all forms of education, including mainstream and segregated settings, as well as on exclusion, non-completion and drop-out rates of students with disabilities, compared with the overall school population, over a reference period of the last five years;
- b) information on how reasonable accommodation is implemented in mainstream education, and whether all teachers and personnel at all levels of education (pre-primary, primary, secondary and tertiary) are adequately trained in inclusive education, and the resources available to support inclusive education.

Article 16 -Right of the family to social, legal and economic protection

As regards family benefits, States Parties are required to ensure the economic protection of the family by appropriate means. The primary means should be family or child benefits provided as part of social security, available either universally or subject to a means-test.

Family benefits must constitute an adequate income supplement for a significant number of families. Adequacy is assessed with respect to the median equivalised income (Median equivalised income (Eurostat): the income of a household is established by summing all monetary income received from any source by each member of the household. In order to reflect differences in household size and composition, this total is divided by the number of “equivalent adults” using a standard scale (the so-called modified OECD equivalence scale). The resulting figure is attributed to each member of the household.). The level of benefit should be adjusted as necessary to keep pace with inflation.

Questions

Please provide information on:

- a) the amounts of child/family benefit as well as the median equivalised income;
- b) as to whether family/child benefits are subject to a means-test and, if so, what percentage of families are in receipt of family/child benefits.

Article 17 – The right of mothers and children to social and economic protection

Paragraph 1 - Assistance, education and training

The prevalence of child poverty in a State Party, whether defined or measured in either monetary or multidimensional terms, is an important indicator of the effectiveness of State Party efforts to ensure the right of children and young persons to social, legal and economic protection under Article 17 of the Charter (Conclusions 2023, Statement of Interpretation on Article 17§1). Question on poverty has been included because of previous conclusions of non-conformity, as well as a follow-up of the review on social rights and the cost-of-living crisis. The ECSR is seeking statistical data on at-risk-of poverty indicators, as well as measures adopted, including non-monetary measures aimed at reducing child poverty and social exclusion, such as ensuring access to quality and affordable services in the areas of health, education and housing, as well as measures on child participation.

The long-term care of children outside their home should take place primarily in foster families suitable for their upbringing or, only if necessary, in institutions (Conclusions XV-2 (2001), Statement of Interpretation on Article 17§1). Children placed in institutions are entitled to the highest degree of satisfaction of their emotional needs and physical well-being as well as to special protection and assistance (Conclusions XV-2 (2001), Statement of Interpretation on Article 17§1). Placement must be an exceptional measure and is only justified when it is based on the needs of the child, namely if remaining in the family environment represents a danger for the child (Conclusions XIX-4 (2011), Statement of Interpretation on Articles 16 and 17§1). Article 17 implies an obligation to initiate and carry forward a deinstitutionalisation process, by effectively making community-based family-type services available to all young children who cannot grow up in a family environment or are temporarily or definitively deprived of their family's support (*European Roma Rights Centre (ERRC) and Mental Disability Advocacy Centre (MDAC) v. Czech Republic*, Complaint No. 157/2017, decision on the merits of 17 June 2020, §145). A question on deinstitutionalisation is included because a large number of children are still placed in institutions. The ECSR is seeking for information on measures to ensure that alternative care, when it is decided that alternative care is necessary, is family-based and that the foster carers are appropriately trained and supported.

Article 17 guarantees the right of children, including children in an irregular migration situation, to care and assistance, including medical assistance and appropriate accommodation. States Parties must take necessary and appropriate measures to guarantee unaccompanied minors the care and assistance they need and to protect them from negligence, violence or exploitation, which may pose a serious threat to the enjoyment of their most basic rights, such as the rights to life, to psychological and physical integrity and to respect for human dignity (*Defence for Children International (DCI) v. Belgium*, Complaint No. 69/2011, decision on the merits of 23 October 2012, §82). The ECSR is seeking for information on measures on protection of such children from negligence, violence and exploitation and on assistance provided to them.

Questions

- a) Please provide up-to-date information on at-risk-of poverty rates in respect of children for the period 2022/2023 – 2024/2025. Please also provide information on measures taken to reduce child poverty and social exclusion, including non-monetary measures. Please also provide information on measures taken to ensure impactful participation of children in work directed towards combating poverty and social exclusion.
- b) Please provide information on measures taken to initiate and carry forward the process of deinstitutionalisation of children and measures taken to ensure the appropriate alternatives to placement, such as family-based care. Please provide data on children in institutions and children in family-based settings.
- c) Please provide information on safeguards and measures in place to ensure that children in an irregular migration situation receive legal, medical assistance and appropriate accommodation.

Article 4 of the 1988 Additional Protocol – The right of elderly persons to social protection

Article 4 of the 1988 Additional Protocol requires States Parties to enable older persons to remain full members of society by ensuring adequate resources, suitable housing and appropriate support services adapted to their needs. Older persons should be able to choose their lifestyle freely and lead independent lives in their familiar surroundings for as long as they wish. Institutionalisation should not be the default response to care needs, and States Parties should progressively develop community-based alternatives, including home-care services, personal assistance and accessible housing.

The question concerning community-based supports (a) is grounded in the ECSR's established case law and seek to update and deepen information already requested in previous monitoring cycles. The ECSR repeatedly stressed that the overall emphasis of the Charter on autonomy and dignity creates a pressing need to reinvest in community-based supports as alternatives to institutionalisation (Conclusions 2021, Spain, Article 23). In its Covid-19 statement, the ECSR further highlighted the heightened importance of enabling older persons to remain in their family and community surroundings, particularly given the risks associated with congregate residential settings. The proposed question therefore seeks updated information on home-based services, personal assistance, adapted housing, support for family carers, and safeguards ensuring that institutional care does not replace community living options.

Article 4 of the 1988 Additional Protocol requires States Parties to enable older persons to live independently and remain in the community through adequate resources and appropriate support services. In order to make this a reality, there must be adequate and accessible community-based services. The ECSR therefore seeks information on measures taken to develop and adequately resource home care, personal assistance, support for informal carers and other community-based services.

Article 4 of the 1988 Additional Protocol also requires older persons to have access to health care appropriate to their state of health, without discrimination. Decisions concerning the allocation of health care services must be based on objective medical criteria, individual needs and the best available scientific evidence. Older persons must not be disadvantaged on the basis of age alone or stereotyped assumptions regarding vulnerability, dependency, quality of life or social worth. Measures should therefore ensure that decisions concerning the allocation of medical resources are based on individual medical needs and not on age stereotypes. The question c) seeks information on measures taken to guarantee equal treatment of older persons in access to health care and the safeguards in place to prevent age-based discrimination in medical decision-making.

Article 4 of the 1988 Additional Protocol guarantees the right of older persons to adequate resources enabling them to lead a decent life and participate actively in public, social and cultural life (Conclusions 2013 - Statement of interpretation - Article 23 (Article 4 of the 1988 Additional Protocol)). In order to comply with this obligation, pensions and benefits must be sufficient in amount and regularly adjusted to reflect changes in the cost of living. Where older persons rely primarily on fixed incomes,

inflation and increases in the costs of energy, food and housing may have a particularly severe impact on their living standards.

The question concerning pensions and benefits (a) is included as a follow-up to concerns regarding the cost-of-living crisis and its disproportionate impact on persons reliant on pensions and social benefits (Social Rights and the Cost-of-Living Crisis, a Review of States Parties' ad hoc reports, ECSR 2025). Previous conclusions demonstrate that inadequate pension levels and insufficient social assistance have been among the principal grounds of non-conformity under Article 23 (Article 4 of the 1988 Additional Protocol) (Conclusions 2021, Article 23, among others, Bosnia and Herzegovina, Czech Republic, Montenegro, Serbia, Slovakia, Spain, Türkiye and Ukraine). Similar findings were made in 2017 regarding pension adequacy in several States Parties.

The ECSR seeks updated information on the adequacy of pensions and benefits, including minimum pension levels, their relation to the poverty threshold and the mechanisms used to ensure regular or exceptional indexation.

Reliable and disaggregated data are essential to identify groups of older persons most affected by poverty and material deprivation, including women, persons with disabilities, those living alone and persons with low incomes. The ECSR therefore seeks information on the collection and use of quantitative and qualitative data to monitor the impact of recent economic pressures on older persons and to design effective policy responses.

The ECSR's report on Social Rights and the Cost of Living-Crisis, a review of State Parties' ad hoc reports 2025, on the cost-of-living crisis also stressed the need for comprehensive data collection as an essential precondition for designing and implementing effective targeted measures. The proposed question on disaggregated data reflects these standards.

Where older persons reside in long-term care institutions, Article 4 of the 1988 Additional Protocol requires that their dignity, autonomy, privacy and physical and mental integrity be effectively protected. Institutional care settings must be subject to appropriate regulation and independent supervision in order to prevent abuse, neglect and violations of rights. Residents must also have access to effective complaint mechanisms and remedies.

In 2021 Conclusions, the ECSR held that where institutionalisation remains unavoidable during a transition period, living conditions and care must be adequate, and core rights must be guaranteed: autonomy, privacy, dignity, participation in decisions affecting daily life, protection of property, maintenance of personal contact (including through internet access), and access to complaints mechanisms (for example, Türkiye, Article 23, Conclusions 2021). Earlier conclusions also found violations where accommodation facilities lacked accreditation, licensing or independent inspection systems (for example, Montenegro, Conclusions 2017).

The question on oversight, inspection and complaint mechanisms is included because effective oversight and accountability are essential to ensure that institutional care is compatible with the rights guaranteed under the Charter.

Questions

- a) Please provide information on national or local policies and measures adopted to prioritise and develop community-based supports (including home-based services, personal assistance and accessible housing), enabling older persons to live independently within their family and community settings as an alternative to institutional care and the impacts of those policies/measures.
- b) Please specify whether personal assistance and home-based support are guaranteed as statutory rights for older persons and whether access to such support is subject to age limits or other restrictive eligibility criteria.
- c) Please describe the measures implemented to ensure the right of older persons to equal treatment in the allocation of health care services.
- d) Please provide information on measures ensuring that pensions and benefits for older persons remain adequate to secure a decent standard of living, particularly in the light of inflation and rising energy, food and housing costs since 2020. Please include statutory minimum pension levels, their relation to median equivalised income and poverty threshold, and the mechanisms for regular or exceptional indexation of pensions and related benefits. Please provide information on measures taken to mitigate energy poverty, food poverty, as well as housing costs challenges faced by older people.
- e) Please describe the independent oversight, inspection and complaint mechanisms applicable to institutions.