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Panel A: Creating integrated approaches to mainstream ageing

Mainstreaming concerns of older persons into the social development agenda

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The Madrid International Plan of Action on Ageing, (MIPAA) adopted during the Second World Assembly on Ageing in April 2002 was truly a landmark event. A detailed and well-thought-out document, it provides a practical guide for national and international action for years to come. Population ageing was recognized as a major achievement of society as well as a universal force that has the power to shape the future, much akin to globalization. The Madrid Plan of Action underscores that it is essential to recognize the ability of older persons to contribute to society by taking the lead not only in their own betterment but also in that of society as a whole. Forward thinking is crucial to embrace the potential of the ageing population as a basis for future development.

Mainstreaming ageing is an important dimension and essential aspect of the Plan. Mainstreaming is seen as a policy tool and is specifically mentioned in paragraph 15 of the Madrid Plan: “Mainstreaming ageing into global

agendas is essential. A concerted effort is required to move towards a wide and equitable approach to policy integration. The task is to link ageing to other frameworks for social and economic development and human rights.” Whereas specific policies vary according to country and region, population ageing is recognized as a process that will have a profound impact on 70 societies in numerous ways.

The Regional Implementation Strategy (RIS) for the UNECE region adopted soon after the Second World Assembly serves as a starting point and a framework of commitments to support member States to respond adequately to the challenges and opportunities of population ageing. In the RIS, a specific commitment was made to mainstream ageing concerns into all policy fields with the aim of securing gender-sensitive and evidence-based integrated policies to bring societies and economies into harmony with demographic change. This approach applies equally to such sectors as health care, the labour

market, social protection and education, and the economy as a whole.

It should be recalled that during the first review and appraisal of the Madrid Plan in the period 2006–2008, all member States were encouraged to focus their attention on two dimensions: (a) ageing-specific policies; and (b) ageing-mainstreaming efforts. The importance of mainstreaming ageing into development agendas will be addressed.

In general terms, mainstreaming can be defined as a process of bringing issues to the centre stage that have not received the consideration they deserve, if not the centre of attention. In that sense, mainstreaming is a vital tool for focus and inclusion. It was successfully tested in many countries and has been an effective alternative for advocacy of various issues, such as gender and human rights. In a similar vein, mainstreaming can definitely address issues concerning older persons. By definition, mainstreaming is a multidimensional effort. Successful mainstreaming should lead to greater social integration of a particular group as well as to the inclusion of a particular issue into all aspects of social, political, economic and cultural life. The overall objective of mainstreaming should be the achievement of a more equitable development within a society for the benefit of all social groups. In this light, mainstreaming could be an important tool in achieving a society for all ages as called for by the Madrid Plan.

To be effective, policies in response to population ageing should take a holistic approach and be pursued in a coordinated way over a wide range of policy areas. Account must be taken of the multifaceted and intertwined challenges and opportunities arising from population ageing in order to devise a framework from which effective policy responses can emanate. The approach also rests on the premise that a set of well conceived and well-implemented policies in various domains, properly coordinated and consistently applied, would be able successfully to meet the challenges arising from these demographic changes and release the unused potential embedded in some population groups, in particular older persons. Mainstreaming can be an effective approach to consistently highlight and emphasize ageing in policies, programmes, budgets, laws and international treaties. In this light, what are the

essential prerequisites of successful mainstreaming? The available experience permits us to draw some conclusions in this regard.

First, mainstreaming should be introduced on the basis of well-founded knowledge. Therefore, the comprehensive collection of relevant data is of great importance. Only when sufficient and good quality ageing-related data have been gathered and distilled is it possible for policymakers to develop effective policy approaches. Age-disaggregated data that shed light on the particular living conditions of older persons are obviously of particular interest to policymakers. Lack of such data, however, still remains a major challenge.

Second, in many countries, unfortunately, issues concerning ageing and older persons suffer from a chronic lack of attention and resources. This unenviable situation could in part be explained by the lack of insufficient political visibility and attention to ageing in the development agenda. Newly collected evidence should be disseminated to contribute to the overall knowledge of society regarding ageing and older persons. It should also serve as a vehicle for raising awareness. Thus, a concerted advocacy campaign has to be designed after data have been collected and analyzed. Sensitizing the public to the concerns and conditions of older persons would be a logical next step. Ultimately, consistent and multiple advocacy campaigns should lead to a greater appreciation of the concerns of older persons, to overcome negative stereotypes, and to develop or adjust the strategies, policies, programmes and legislation that impact the quality of life, so as to achieve a society for all.

Third, when data become available and the advocacy campaign is launched, it is essential to develop tools to assess the mainstreaming process. Developing benchmarks against which potential progress can be measured and introducing appropriate indicators to address the results and progress of mainstreaming are important tools to ensuring continuous accountability. Performance indicators may be used not only to measure progress of individual well-being of older persons (quality of life indicators), but also to highlight the success of overall policy. Some policy action may become inevitable in the case that the outcome is lagging considerably behind the original expectations. In addition, if there is only little

progress in a certain area, it is impossible to rely on indicators alone, the root causes must be analysed to understand the situation.

The review process and fine-tuning of mainstreaming efforts could be carried out by an office within the governmental structures which lobby for the concerns of older persons. The process of mainstreaming should involve the input of many different policy actors at various levels, whose experience may be diverse. Every existing policy, programme or law should be evaluated using a simple criterion, namely whether it adequately reflects the concerns of older persons. After the review process has been finalized, adjustments to existing laws and policies should be suggested and implemented. In cases when the letter of the law goes clearly against the interests of older persons, changes in the institutional structures should be introduced. Our experience convinces us that certain guidelines on mainstreaming the concerns of older persons into new laws, policies and programmes should be developed before any new legislation is introduced and voted on. An additional mainstreaming office or desk should also be established, preferably within the finance ministry, to ensure that ageing is mainstreamed in the annual budget. It goes without saying that it is vitally important to introduce ageing concerns in annual budget reviews and to ensure that the priorities of older persons are taken into account when decisions on allocation of funds for specific projects and programmes are made.

It might be appropriate to emphasize that any attempt to mainstream concerns of older persons along the lines of both development and human rights agendas requires efforts at all levels: from the local and national levels up to the international and intergovernmental level. Multilevel and multisectoral efforts need to be effectively coordinated, especially since they relate to wide-ranging themes – from improving older persons' access to employment opportunities to combating old-age stereotyping and discrimination. The actors involved – notably Governments, NGOs, international organizations, and donors – should move towards effective mainstreaming together. In their effort to build national capacity on ageing, these actors and institutions should develop and share good practices on efficient specific actions and services to increase knowledge and support research. There is also a need for a

more systematic sharing of good practices at the global level, with particular reference to South-South cooperation. Capacity-building should also be facilitated by means of technical cooperation provided by the United Nations system.

The elements outlined above are essential for successful mainstreaming. However, a note of caution is needed; while conceptualizing adequate measures for future mainstreaming efforts, some preliminary considerations should be addressed, such as:

- (a) There are concerns whether mainstreaming might contribute to a partial “disappearance” of some ageing-related issues. When promoting mainstreaming, it is important not to lose sight of the specific needs and expectations of older persons. This leads to an important caveat: mainstreaming must not mean diminishing the funding of specific ageing-related programmes or reduce the attention to the plight of older persons. As a remedy a twin track approach to policy and programmes on ageing is suggested, that is, to address older persons' specific needs while simultaneously fostering mainstreaming as a cross-cutting issue;
- (b) Since human rights and gender concerns affect all individuals, mainstreaming seems to be an effective tool to integrate these issues into overall policy planning. Yet it seems more difficult to mainstream issues relating to older persons, as these issues are usually considered to affect only a certain group. To overcome this predicament and to give comparable weight and attention to these issues is a challenge. This situation calls for additional efforts such as advocacy, awareness-raising and public education in order to promote the realization that a sensitive approach to mainstreaming the concerns of older persons will benefit society as a whole.

In summary, mainstreaming is a useful and potent means to further the interests and well-being of older persons. It is or can be a convenient tool to promote an equitable age-integrated society for all ages, as is called for in the Madrid Plan. Mainstreaming, however, should not be seen as a panacea to resolve long-standing problems. A realistic approach is essential. Having pointed out the potentials and opportunities that effective mainstreaming can offer, let us not forget the

problems and concerns arising from mainstreaming approaches. Mainstreaming could be part of a policy strategy that can be particularly effective if applied prudently but consistently. New policies based on careful planning, sensitive

implementation and rigorous evaluation, using well-thought-out indicators, could lead to more satisfying results for older persons and ultimately promote the noble goal of a society for all ages.

Panel B: Participation and social inclusion

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We are living in an ageing world. Never before could so many persons reach an advanced age not only in Europe, but in the whole world. We are witnessing an enormous extension of the lifespan in all our countries, due to the progress of modern medicine, the improvement of the socio-economic living conditions, as well as the influence of a healthier lifestyle (by preventive behaviors – nutrition, physical and mental activities, etc.). In most of the European countries, a person aged 60 can expect to live between 20 and 23 more years, which means that after retirement a person can count on living between 20 and 25 more years, one fourth of his/her life. Yet today many are not prepared for such a long period of post-occupational and post-parental time.

The percentage of people aged 65 years and older, and even more so the percentage of people aged 80 years and older is growing rapidly. A hundred years ago in Germany, the ratio of persons living beyond age 75 to those under age 75 was 1:79 (i.e. 1 person aged 75+ for 79 75-). This ratio changed consistently through the last century: in 1925 the ratio was 1:67; in 1936 it was 1:45, in 1950 1:35, in 1970 1:25, in 1994 1:14.8 and in the year 2000 it is 1:12.8 and in 2040 it will be 1:6.2 (Lehr, 2003). Most older people, even among the group aged 80, are competent and able to manage their daily lives. In the age group of persons between ages 60 and 80, only 3–4 per cent is dependent and needs help, while among those aged 80 and over, this group accounts for 31 per cent, indicating that nearly 70 per cent are able to master their daily lives (BMFSFJ, 2001).

These figures show clearly that every effort has to be made to ensure healthy and maintain competent ageing, physical, mental, and social activities as well as promote healthy nutrition, all of which enable older people to enjoy a high quality of life. Consideration should also be given to ensure they are integrated into a society with participation and a high degree of inclusion.

The ageing of the world population brings about challenges that can only be met by intergenerational cooperation. The abilities and experience, the expert knowledge and the special skills of older persons are needed in our societies. As the Madrid Plan of Action states:

- (a) The potential of older persons is a powerful basis for future development. This enables society to rely increasingly on the skills, experience and wisdom of older persons, not only to take the lead in their own betterment but also to participate actively in that of society as a whole (from article 10);
- (b) We commit ourselves to eliminating all forms of discrimination, including age discrimination. We also recognize that persons, as they age, should enjoy a life of fulfilment, health, security and active participation in the economic, social, cultural and political life of their societies (article 5);
- (c) The modern world has unprecedented wealth and technological capacity and has presented extraordinary opportunities “to empower men and women to reach old age in better health, and with more fully realized well-being; to seek the full inclusion and participation of older persons in societies; to enable older persons to contribute more effectively to their communities and to the development of their societies” (article 6).

Prior to the Madrid Plan of Action, in August 1982, the Vienna International Plan of Action on Ageing, outcome of the first World Assembly on Ageing, mentioned the following:

- Policymakers and researchers, as well as the mass media and the general public, may need a radical change of perspective in order to appreciate that the problem of ageing today is not just one of providing protection and care, but of the involvement and participation of the elderly and the ageing. Eventually, the

transition to a positive, active and developmentally oriented view of ageing may well result from action by elderly people themselves, through the sheer force of their growing numbers and influence” (article 32)

- Governments should facilitate the participation of older persons in the economic life of the society (recommendation 37, Vienna International Plan of Action on Ageing)

These recommendations were made 25 years ago and what has happened between the Vienna Plan and the Madrid Plan is questionable.

In the Madrid Plan (article 12), one finds the following recommendations:

- Older persons should have the opportunity to work for as long as they wish and are able to, in satisfying and productive work, continuing to have access to education and training programmes. The empowerment of older persons and the promotion of their full participation are essential elements for active ageing.

The León Ministerial Declaration significantly mentions the following:

- Active citizenship, a dynamic civil society and interaction between citizens and government are vital in order to achieve a society for all ages, as this promotes social cohesion, helps overcome age discrimination, and empowers older and younger persons (to act for themselves and) to work together.
- We confirm that lifelong learning and active ageing, access to modern information and communication technologies, volunteerism and civic engagement are crucial means to promote participation. (article 9)

The increasingly important role of elderly people should be acknowledged not merely as potential voters for the next elections. Their experience, authority and social responsibility are needed in politics. Although the number of active older persons has slightly increased in recent years, the effective participation of older people in social and political life is not yet fully realized. Much remains to be done. Older people need and want greater opportunity for involvement in the political arena: they want to be part of social development.

The majority of senior citizens should be in a position to take a responsible and independent part in social, cultural and political life and be able to make a valuable contribution to society. Senior citizens do not merely want to join in the elaboration and discussions on specific decisions or be the centre of interest for elections; they also want to take their share of responsibility. Participation is far more than just voting in the elections: it is an ongoing process that must be developed through suitable formal structures (advisory bodies, consultation processes, etc.).

We want to live in a world where governments and parliaments of all states as well as leaders of all political parties increase their efforts to satisfy the needs of older people, to listen to them and to facilitate their cooperation in resolving matters of concern to them. This also means that senior citizens themselves are encouraged to stronger political involvement, as all decisions affect their future: such decisions are made in political committees.

Let us underline that senior citizens policies should not be restricted to the specific area of senior citizens. The rich experience of life and accumulated knowledge, after having reached a particular age, is too precious to be ignored and remains a matter of public interest for all generations. Therefore, any opportunity for the active cooperation of older people in all social fields should be seized.

Political participation in old age

How powerful is the older generation in our society? This is not an easy question to answer. Some conclusions can be drawn through looking at the representation of different age groups in various sectors of public life. In Germany, for example, older parliamentarians tend to be under-represented in parliaments at the State and federal levels in Germany. In a lead article in the newspaper *Die Zeit*, Baltes (2002) underlined a “dramatic under-representation of the older generation” in the Federal Parliament and in the Berlin State Parliament:

- In the Federal Parliament only 1.6 per cent of 666 members were older than 65 at the time elections took place. 0.4 per cent was over 70 years old. That is just one person. In the new legislation period (since 2005), 613 members of

the parliament, 4 persons (2 men, 2 women), were 70 years and older (0.6%) and 3.9 per cent were 65 and above (a slight increase from 1.6% to 3.9%). In the 16 States' Parliaments, the percentage of the over-60-year-old varies between approximately 3 per cent in Thüringen and 22 per cent in Niedersachsen.

These figures show that in terms of political participation in the Federal Parliament, as well as in many States, people over 65 and those under 25 are strikingly under-represented. In Germany, we now have nearly 1,200 representative bodies of senior citizens in cities and communities, which for the most part are representing very effectively the concerns of elderly people.

We need more elderly members in the Parliament, not only for addressing a policy for the aged, but to harness the experience, special skills and wisdom of the elderly in all the political areas, from foreign policy, economy and finance to cultural, educational and research policy as well as in the policy for developing countries.

Social participation of the aged in voluntary work

Ten years ago, data showed that in the age group 65 and over, only 3.3 per cent were in the labour market, while 12.4 per cent were engaged in official voluntary work, 13.2 per cent were caring for an aged person and 19.5 per cent were caring for children (mostly grandchildren) (Kohli and Künemund, 1997).

The latest data shows that in the 55–64 age-group, 40 per cent are involved in voluntary work, and an additional 30 per cent are ready to engage in voluntary work if they find the right occupation. In the next age group, age 65–74, the proportions are, respectively, 32 per cent already involved and more than 20 per cent ready to do so; in the next age group, 75 and above, 19 per cent are active volunteers and 10 per cent are willing to volunteer (BMFSFJ, 2006).

Longitudinal studies reveal clearly that social participation develops over the life course: a positive correlation can be found between activities and social participation during youth, young and middle adulthood and late-life participation; the type of volunteer work in young adulthood (e.g. in

sport clubs) is different from the activity in old age (e.g. helping an old and a sick neighbour).

How to empower older persons? What can be done to improve participation of the elderly? These questions address the challenges we are facing.

As the older generation will have an increasingly important role to play, the potential of the older population must be used by society. Recent programmes for senior-trainers seem to be very successful and are important steps in this direction. Programmes such as Experience for Initiatives (EFI) are promising: “Around 1000 elderly people have taken part in these courses to be senior trainers in order to learn something new and to use their experience in many local projects for the benefit of all age and population groups” (Ursula von der Leyen, Minister for Family Affairs, Senior Citizens, Women and Youth, Germany).

Participation in everyday life

Individual ageing is a lifelong process that requires maintaining a healthy and active life from childhood to old age in different ways: physical activity, mental activity and social activity. While we have to enable the elderly to live a healthy and competent life in old age, healthy ageing starts in early childhood and adolescence. In order to optimize a lifelong healthy development, we must begin at an early age with a health-oriented lifestyle (healthy nutrition, physical activity, social activity, development of interests and hobbies) and include the development of successful coping strategies. Participation in old age starts in young adulthood (Staudinger, 2002).

Physical activity. Today's generations of older persons are more active in sports and physical activities than former generations of senior citizens. Today, 28 per cent of the male members and 11.4 per cent of the female members of sport clubs are 60 years and over; many more engage in sports activities without being a member of a club.

Mental activity. Mental activity is not only a prerequisite to health but to social participation. In adult education classes in Germany 21.7 per cent of the students are 50-65 years of age, 11.4 per cent are 65 and over. More and more elderly are taking courses at universities successfully and gain from

an intergenerational environment as there often is a close relationship between the younger and the older students.

Social, educational and leisure activity. We have to ensure lifelong learning and teach the elderly of today (not only those of tomorrow) how to use computers, e-mail and the Internet. Special programmes exist in Germany and the number of Internet users is increasing steadily: during the last three years we have had an increase of 33 per cent in online users aged 60 years and over. Today, 24 per cent of older women and 47 per cent of older men use the Internet. Just looking at the statistics of travel agencies, the elderly are very well represented. The 60-and-over generation travels much more than the younger ones. Senior citizens have more time and usually travel for longer periods of time than the younger generation, which has forced the tourism sector to adapt to the special wishes and needs of the elderly. We have to enable society to cope with demographic change not only at the individual level but at the societal level as well. It is necessary to change the attitude toward older persons, to consider ageing as an opportunity and to use these opportunities. In this perspective, empowerment in old age is a challenge in sectors such as mass media and television too. We need many more popular movies, success stories such as the German TV movie *Der grosse Bellheim*, in which the experienced seventy-year-old protagonist is more successful at solving problems than the younger ones.

Environment and housing. We also have to change the environment. The cities and countries in the world are increasingly and inevitably called upon to adapt the environment to an ageing society: for example through better traffic systems so the older persons can enjoy greater mobility. Many of our cities are not age-friendly nor are they comfortable for our elderly. Town planning and traffic system have to take into account the high percentage of older persons. Are there enough possibilities for physical activity and are there enough public gardens (with seating accommodations) or places where older persons can go for sports, gymnastics, indoor-swimming pools, etc.? Transport design, such as that of buses, leaves much to be desired and requires adjustment to the needs of an older person: for example, high and narrow steps in a double-decker bus are handicaps (and toilets should always be available).

Our architects and designers need to adjust to an ageing world. This is as important for the private living environment as it is for public buildings and hotels. So many details could be improved and optimized, e.g. railings on both sides of stairs. There are many ways to facilitate daily living: Why are the seats and chairs often too low and without armrests (necessary for standing up)? Why are bathtubs not automatically equipped with a grip? Why are toilet seats not at an optimal height? Why are some hotels equipped with bedside lamps with such weak lights that reading is impossible? How does one find the way to the bathroom at night? Why is the sound on the TV set so low that seniors are unable to hear well? If the reason is to avoid disturbing other guests, why are hotels not providing earphones? etc.

Industry and manufacturers have to take into account the ageing society and change some of their products. Many older people retain the ability to drive a car well into very old age (even those who find walking difficult), but often car designs are not adapted to older persons' needs, and it is difficult for them to get in and out of a car. Furthermore, many electronic devices are found in cars that are confusing for older people and thus will never be used or needed. In the future, gas-stations will need to offer more services and help to older drivers. The same is true in the supermarket: not only will more help be needed, but also packaging for single households.

A policy for senior citizens

The German Federal Government's National Plan of Action on Ageing, "Challenges and opportunities of an ageing society", includes both national plans and projects of Federal States and not-for-profit organizations. These are related to the 10 commitments of the RIS of the Madrid Plan (BMFSFJ, 2007).

By providing different framework conditions, the German Government enables older people to live the third phase of life at all stages in an active and independent way with dignity and contentment. Much can be done: promoting voluntary work and active citizenship, providing social protection systems in case of sickness or need of nursing care and setting up standardized training programmes for geriatric nurses at national level are just a few examples.

Policy priorities of the German Federal Government regarding senior citizens

- To adapt social protection systems in a sustainable way in response to the ageing population
- To increase the rate of employment of older employees
- To promote a positive image of ageing and old age in public
- To enhance independent living and active participation of older persons in all social processes, including voluntary work and active citizenship
- To support senior citizens' organizations
- To promote solidarity and responsibility between generations
- To maintain and develop educational opportunities for older persons
- To pass legislation regarding protection and assistance in old age
- To ensure high-quality care and assistance in old age
- To analyse the consequences of the demographic change, in particular with regard to a better use of the potential of older persons
- To promote the idea of older persons as consumers
- To promote the economic factor of ageing
- To take into account the special needs of older migrants
- To take into account the special needs of older persons with disabilities
- To support European and international cooperation
- To develop differentiated policies for older persons according to the different needs and experience of men and women
- To respect the gender mainstreaming approach in all projects

Source: BMFSFJ, 2007, S.10. See also http://www.monitoringris.org/documents/norm_reg/unece_ris_german.pdf

The Federal Government's reports on ageing

The Federal Government's reports on ageing, issued for each term of office, provide information on the life situation of older persons in Germany. At the same time, these expert opinions from academics contain concrete proposals on how to make better use of the enormous potential of older people in the economy, working life and society. The reports are prepared by special committees whose members are experts from different fields chosen according to the topic of the report.

The fifth report on ageing – "Potentials of ageing"

The fifth report on ageing, published in 2005, focuses on the topics of strength and practical knowledge of the older generation. It proves clearly that older persons have a considerable wealth of knowledge and experience as well as higher levels of education and qualifications than younger generations, and that they also generally have a good level of income.

It also shows that many senior citizens in Germany not only want to support their family and

their direct private environment, but also that they are prepared to get involved in voluntary work for society. In a series of lectures on the topics of the “Gainful employment of older persons” and the “Economic potential of older persons” as well as workshops on “Products and services”, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth disseminated the Fifth report on ageing and stressed the role of multipliers in politics, business and associations.

The sixth report on ageing – Images of ageing in society”

It is only possible to meet the demographic challenges and develop the necessary solutions by taking a new view of ageing. The Federal Government’s forthcoming sixth report on ageing, on the topic of “Images of ageing in society”, will develop modern, realistic scenarios of ageing and make recommendations on how these proposals can be firmly anchored in society.

Today, a policy for the elderly must go beyond mere policies for pension schemes or health-care policies to include non financial aspects as well. To cope with the challenges of a greying world, the issues outlined below should be stressed.

The first issue is maintaining and increasing the competence of the elderly so as to prevent dependency and secure healthy ageing with a good quality of life.

A policy for the aged is a policy for healthy ageing, combined with a state of psycho-physical well-being. We know that ageing is influenced by biological heredity as well as by individual behaviour and a wide range of social, environmental, cultural and political factors. Healthy ageing is the result of a lifelong process that requires the optimum development of the individual. We know that a variety of factors in early childhood, adolescence, during early and middle adulthood and the present life situation of the aged all determine the process of ageing and well-being in old age.

Policies should promote intergenerational understanding, which requires the participation of all generations through integrating senior citizens in political decision-making.

Concluding remarks

Demographic change, the ageing Europe and the ageing world present a challenge to all of us. A policy for the aged, however, should not be determined only by the question, “What can we do for the aged?”, it also should ask: “What can the aged do for the society?” For this, we need to revise the negative image of the aged that is prevalent in some countries. Most of the elderly are competent and wish to make commitments for society, groups, communities, churches, clubs, etc. Such readiness for voluntary public engagement should be accepted and a framework should be provided to utilize the potential and services elderly people are willing to offer.

Integration and participation of the elderly are a prerequisite for the quality of life of the elderly and for their health and productivity, but it is also important and helpful for the society in general. In 1985, Robert Butler noted that “The participation of older people enriches societies, economically, culturally and spiritually.” Health and productivity are closely connected: the loss of one may entail the loss of the other and so lead to dependency, decline of mental, psychological and physical abilities and incompetence. Conversely, productivity, participation, responsibility and the feeling of being can have a favourable effect on health. Butler added: “Much discussion of health ... is really a discussion of medicine. The medical model is a very restricted one”. Therefore, we must “recognize that health and productivity are interacting conditions. The unproductive human is at higher risk of illness and economic dependency and the sick person is limited in productivity and is, therefore, at higher risk of dependency” (Butler, 1985: 12).

Old age and longevity should not be seen as a problem, but as a chance and a challenge – a challenge for everyone: for the ageing individual, for his or her family and for our society. We should not address only the problems and deficits of ageing and old age: ageing from birth to dying and death is development. We should address and initiate research on the new potentials of the aged, their competence and new potentials for society.

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Panel C: Towards a balanced care strategy

Current state of policy-relevant knowledge

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Introduction

Europe is the most aged continent. One out of every five Europeans is already above the age of 60. This percentage is expected to increase further within the next 47 years. It is estimated that by 2050 every fourth person within Europe will be older than 60. The fastest growing group of the older population are those aged 80 and over (UNECE, 2005a; Commission of the European Communities, 2006). In all European countries, increasing old age is combined with more frequent and longer phases of being in need of care.

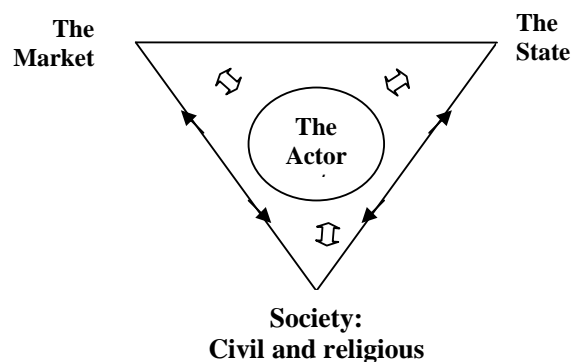
The significant increase in life expectancy implies not only a heightened demand for existing services but also the need for new services and alternative approaches for care (Nijkamp et al., 1991). The non-achievement of such standards

would result in dire consequences including unnecessary suffering and prolonged dependence among the older persons involved (Commission of the European Communities, 2005).

Theorists studying the welfare system of care and its administration within the UNECE region identify three types of welfare/care for the Europeans' socio-economic and health needs: "market welfare", "State welfare" and the "welfare society" (Giarchi, 1996). Various writers locate the principal sectors of care within a three-way system: the State, the market and the family are the three corners of what can be called the "Triangulation process of care" (figure 10). The Regional Implementation Strategy recognizes four main key players/stakeholders in the provision of care of older persons: the family, the State, civil society and the older persons themselves.

Figure 10

The triangulation process of welfare/care



Based on P. Abrahamson (1989:35)

In meeting the challenges of population ageing, especially in the sphere of caring for older persons in Europe, we must be aware of the following salient features:

- (a) The heterogeneity of our continent, consisting of societies at vastly different levels of economic and social development with a number of countries less equipped to face the challenges of population ageing;
- (b) The older persons as a non homogenous group, “but rather have different social and cultural needs” (United Nations, 2003:65);
- (c) The needs of the older migrant and ethnic minorities for a number of countries will have to be taken into account such as the diverse health and social needs of a growing number of older black Africans and various white ethnic minorities. Many return to their motherland, but greater numbers are settling down in their homeland (Giarchi, 1996);
- (d) The comprehensive approach to care should not only include the health/disease approach, but take into consideration the totality of the individual, “...the economic, social, cultural, environmental and behavioural factors are reliable predictors on how well both individuals age” (United Nations, 2003:54).

Moreover, care should be seen as a continuum over the life course engaging all actors, “promoting health and well-being over the entire life course requires an intersectoral approach” (United Nations, 2003:66).

It is not only family and social structures and relations which are changing, but also attitudes, aspirations and expectations, particularly with respect to providing and receiving assistance, help and care (Hantrais, 2005; Philipov, 2005). Two sets of different, yet not mutually exclusive, needs and preferences should be recognized: on the one hand, the needs of the dependent older persons themselves, on the other, the needs of those who provide care.

Until recently, in various countries, ageing was perceived as an issue to be resolved by the family. Many Governments depended on the traditional role of the family for the welfare of their elderly population. Very often, the family unit was taken as a convenient means of shouldering the

sole burden in the family care and financial support of older relatives in need. Over the past decades, the family has undergone a significant structural and functional transformation in many regions of the world. Its traditional role of being the provider of daily care and support of its older members is being subjected to severe economic, social and psychological strains (Troisi, 1999).

These demographic, economic and social pressures on the traditional family’s structure, functions and kin relationships on the one hand, and the dramatic population ageing on the other, are inevitably leading to an increased awareness that the needs of the older population can no longer be met by the family alone. Support of specialized programmes and services from the formal sector are needed to complement family care and at the same time reduce the burden on the family.

Policymakers should recognize the fact that unless family traditions of mutual aid and support are strengthened, a vast service infrastructure will be required to replace the informal caregiving system. There is ample evidence that the modern social pressures which are undermining the traditional forms of care and support are leaving increasingly large numbers of older persons with hardly any supportive care at all.

Recommended course of action

Governments should be careful not to repeat the past experience of a number of countries which considered institutionalization as the best principal societal response to their dependent older citizens. Such a strategy resulted in marginalizing older persons from the community at large and usually entailed a surrender of personal independence. Older persons were being relegated to being mere passive observers and deprived of the opportunity to participate in and to contribute to the very development process of their countries (Evers and Svetlik, 1993).

The RIS of the Madrid Plan for Europe and North America emphasizes the fact that “where institutionalization is unavoidable, it is imperative that the dignity and individuality of the older person be protected”. Moreover, “Geriatric and gerontological assessment is an effective instrument to determine whether institutionalization is required” (United Nations, 2003:57).

One cannot, however, deny the fact that, in certain countries, providing alternatives to institutional care will take time. Given the scarce financial resources, the emergence of some private homes can hardly replace the large institutions (Dooghe, 1993). One must also bear in mind the fact that private nursing homes, growing in a number of countries, usually cater for the more affluent, while the traditional institutions catered for the lower classes and poorer older persons (Kavar-Vidmar et al., 1980).

Ageing in place and the care of older persons in the community has become the accepted perspective of present social policy in many countries. Various studies show quite clearly that older persons prefer to continue living in their own environment. Thus, by providing care and support where the family and the individual are unable to manage alone, social services help maintain older persons in the community and enable families to cope, which prevents, or at least delays, the need for institutional care.

Considering older persons only as receivers of care is a misconception of ageing, many of them are also caregivers. “It is necessary to recognize and support the contribution of older persons in family care” (United Nations, 2003:56).

Empowerment. Older persons, especially when they are dependent on care, should be involved “in the design, implementation, delivery and evaluation of policies and programmes” (United Nations, 2003:53) aimed at improving their health and well-being and should be able to make choices. “Older persons should, where possible have the right to choose between different options of long-term care” (United Nations, 2003:57). They “need to be made aware of the range of social and health services available in their country” (United Nations, 2003:65).

Education and training. It is emphasized that “while more knowledge, information and health education is important at any age, this is even more so at older age” (United Nations, 2003:62; Troisi, 2006). “The ageing of populations in the region requires that formal and informal care providers possess adequate professional as well as personal qualifications and skills [...]. Education and ongoing training programmes for professionals in the field of health-care and social services at all

levels should be offered and enhanced” (United Nations, 2003:72) (Troisi, 2005). To meet the specific needs of patients suffering from mental diseases, it is essential that “multidisciplinary geriatric and gerontological assessment (physical, psychological, social), counselling, care treatment and rehabilitation, accompanied by specific training schemes for care providers” (United Nations, 2003:59).

Education and training are not to be restricted to the formal and informal care providers but also to the older persons themselves: “The quality of life and independence of older persons through self-care, health promotion, prevention of disease and disability require new orientation and skills among older persons themselves” (United Nations, 2003:72). All those concerned are to facilitate the adoption of healthy lifestyles and “this should be achieved through a range of policies, including appropriate information campaigns and education starting at an early age that enable people to make healthy choices” (United Nations, 2003:74).

Adequate and acceptable care policies need to be embedded in the common value system of a given society. They must be based on the fundamental human rights. The Berlin Ministerial Declaration emphasized that the “promotion and protection of human rights and fundamental freedoms are essential for the active participation of older persons in all aspects of life and for the creation of a society for all ages” (United Nations, 2003:8).

Main challenges for policymakers

A group of experts meeting to address the policy challenges of care provision in 2005 in Malta¹⁰ identified the following priority issues requiring urgent policy action in care provision:

- (a) Preventing dependency in old-age and helping older persons to maintain their autonomy and independent living;
- (b) Providing a continuum of care across, health, social, economic and psychological services;

¹⁰ Workshop on “Care provision in ageing societies: What are the policy challenges and how to address them” (Malta, 19–21 May 2005).

- (c) Implementing an appropriate organization for and financing of long-term care provision, based on comprehensive need assessment;
- (d) Guaranteeing the quality of care services;
- (e) Supporting the economic, social and psychological recognition and protection of informal carers, including the role of older persons as caregivers;
- (f) Ensuring a balance of paid employment and family responsibilities;
- (g) Meeting the needs of carers and of older persons who are suffering from mental disabilities, as well as those suffering from dementia.
- (h) Ensuring environmental and physical factors as reliable predictors to maintain independent living and dignity (UNECE, 2005b)

Conclusion

The demographic changes which the European countries are facing pose not only profound economic, political, cultural, psychological and social consequences and implications, but also unique policy challenges to our societies. Every part of society, including government, civil society and the private sector, have a responsibility to seize these opportunities and fully respond to these challenges.

The provision of care should constitute a commitment of society towards its citizens. It lies in the general interest of every society and represents a common good for which the State is particularly responsible. The maintenance of intergenerational family solidarity is a must: on the one hand, the family needs to be supported, protected and strengthened, to enable it to continue responding to the needs of its older members, while on the other hand, the continued involvement of older persons within their family should be more than encouraged.

Governments, while trying to support and strengthen the family's traditional role, must at the same time provide public delivery systems for those older persons who cannot rely on themselves or on their families. A major issue Governments must tackle is precisely to find a proper balance between the formal and the informal support services for older persons within their populations. A new equilibrium has to be found to reconcile individual and social needs and responsibilities, in particular with respect to intergenerational solidarity, aid and care. For this purpose, all stakeholders need to agree on various issues including effective care assessment, possible forms of care, efficient structures and divisions of tasks, quality standards, methods of financing, training, protection of users and providers, and monitoring and evaluation (UNECE, 2005b).

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Panel D: Living longer – working longer: Challenges for education, the labour market and social protection

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“Working shorter” outcomes versus “working longer” objectives

Since the end of the last century, extending working life has become a major, consensual, almost unanimous political goal. Working at least up to retirement age and shifting it according to longevity gains was accepted a key response (figures 11 and 12). This has been recognized in principle, but not yet been practically implemented through appropriate policies (figures 13 and 14).

While goal formulation has been advanced, policy formation has been delayed and confused. As a result, “working shorter” outcomes have been countering “working longer” objectives. There is a widespread though not universal failure of “extending working life” in proportion to increased longevity in almost all countries of the UNECE region (figure 15). No other policy goal has been adopted as unanimously and has, at the same time, been missed so conspicuously over decades than a turnaround in early retirement trends. While most countries have by now started some initial and small turnaround with respect to both increasing labour force participation rates of older workers and actual retirement age, all are still far below the activity levels of the 1980s or before, for persons aged 50 or over (figure 16).

Within the European Union, for instance, “older workers’ employment” is the only dimension of the so-called Lisbon, Stockholm and Barcelona employment targets where much less overall progress has been made – despite the fact that the gap to the goals continues to be biggest and the room for catching-up and improvement the largest. It is actually the only dimension where regress could be observed during the last decade in that already low rate of labour force participation of persons aged 55–64 and the actual retirement age had gone further down in several countries – and significantly and sufficiently up in very few

countries only. The same applies to the OECD countries: some are still regressing; most are improving a bit, but far from sufficiently.

In some countries, policy initiatives have been undertaken to encourage later retirement: for instance, the official retirement age has been raised; opportunities for early retirement through disability have been made more restrictive, the pension system has been actuarially adjusted, and accrual rates for delaying retirement have been improved. Although many such changes have already been legislated, their effect on retirement age will occur much later. Recent data suggest that these policies may be working, albeit slowly. Nonetheless, for a sizeable majority of European workers, withdrawal from the labour force is still happening early, up to six years earlier than the legal retirement age.

Labour slack and “age exclusion”

If an ongoing reduction of active life or “age exclusion” is considered neither acceptable nor desirable, neither feasible nor sustainable, immediate action should be taken in order to reverse the trend in the mid term. But why have policymakers failed so far to turn around trends towards ever later labour market entry, ever earlier workforce exit, and an ever tighter compression of working life during working age around the early middle adult or “prime age” years (25–54) – contradicting conspicuously both ageing and longevity?

Mainstreaming ageing in rapidly ageing societies is deeply ambivalent: well-intended programmes to raise the retirement age are followed, but their outcomes are not up to the challenge. However we measure active, working lifetimes, their absolute and relative size has been reduced significantly over the decades throughout the UNECE region – with very few, minor exceptions, which may or may not turnout to be

temporary, but certainly will prove to be largely insufficient in coping with the overall challenges ahead (figure 17).

Even good practices (e.g. in Finland, the Netherlands) have not generated a full and sustained turnaround. While the historical lowest-low of middle-aged labour force participation may be behind us (turnaround between 1993 in the United Kingdom and 2001 in Germany and Italy), a full swing back to activity rates on the 1960s level, indispensable as an answer to longevity and population ageing, is still not in sight. Whether there is some slight convergence between the avant-garde countries of working longer with living longer (e.g. Iceland, Switzerland, Sweden, Denmark and Norway) and the originally lagging countries (e.g. Hungary, Italy and Spain) towards a middle ground is still uncertain.

Generally, there are many impediments to economic growth, employment creation and sustainable social welfare. Among the most important in many European countries are the predominance of non-working status during working lifetimes, the relative importance of such non-working, inactive or dependent over active and working population groups as well as the predominance of household production over market production and of unpaid work over paid work.

Massive labour slack (inactivity or non-employment, unemployment and long-term unemployment, long-term sickness and invalidity) is among the main barriers to European economic growth, competitiveness, prosperity and rising living standards. They are also main barriers to health, mental health and well-being, happiness and life satisfaction, which by far are not matching with the increasing wealth and life expectancy. After 2012, when the EU-27 population of working age will be shrinking, and even more so after 2017, when rising employment will not offset this overall trend and the ageing effect will become dominant throughout, economic growth will be driven by productivity growth, innovation, research and development alone. These latter factors will hardly be able to fully compensate for the decline in the working age population.

After 2018, only a highly improbable and radical extension of working life responding to extended healthy life expectancy, and steep

productivity increases would prevent economic growth and social prosperity from declining as well. Otherwise, the contracting labour supply would depress growth and the rising share of older population will make public expenditures fiscally unsustainable, undermining pension security. Every 1 per cent decrease in economic growth would correspond to an approximate 20 per cent decrease in pension entitlements or an additional five to six years' extension in the work requirement, and would thus reinforce a vicious cycle of economic and social decay.

The scale of non-employment in the region

Today, inactivity or non-employment – not unemployment – is the single most significant component of labour slack: non-employment is five times as high as unemployment. While one-in-five adult men of working age are now outside the labour force, and unemployed males make up less than a third of the male non-employed in Europe today, the proportion of women out of the workforce is six times greater than the number who is unemployed. Above the age of 50, the ratio of non-employed to unemployed increases to 8:1 for both genders and rises even more sharply with age, as the risk of disability and other forms of early exit increase while the risk of unemployment decreases.

As a result, non-employment in the 55–64 age group is on average 30 times higher than unemployment. It is 10 times higher for men, and up to 90 times higher for women. Unemployment, in contrast, is only erroneously considered to be a major problem among so-called older workers, because it is – with very few exceptions, such as Germany – normally disproportionately low in this age group. In countries such as Austria, Belgium, Hungary, Italy and Slovakia, for example between 81 per cent and 89 per cent of the women in this age group are non-employed as opposed to an unemployment rate of 0.3–1.5 per cent (figure 18).

In Europe today, the single most important group of inactive people of working age are the middle-aged or mature workers aged 55–64, with social exclusion, dropout, or exit rates affecting up to 89 per cent of the female population. In many countries, three out of four (Spanish) or four out of five (Austrian, Belgian, Bulgarian, Hungarian,

Italian, Turkish) middle-aged women who have more than three decades of additional life expectancy are still excluded from the world of work. Thus, large-scale social exclusion makes for an entire “lost generation” in mid-life. However, this also presents the opportunity to tap the enormous potential of this silent labour reserve.

Aggravating the problem, but also improving the potential for a solution as well, the 50–65 age group is rapidly growing in absolute and relative size, with baby-boom generations making this the largest age group in the labour market for decades. Whereas Nordic and other early baby boomers are already approaching a pension-eligible age or will be within a few years, in countries like Germany persons aged 67 will be the most populous age group around 2030. The only relevant question is whether or not current reforms will encourage people to continue working up to that age more regularly.

Early retirement still a preference and rule, retirement at legal age as an exception

Contrary to widespread belief, there is no universal “iron law” of a five-year gap between legal and actual retirement age in Europe: such a gap does not exist in Denmark, Iceland, Portugal or Switzerland; rather, it varies between 0.8 years for males in the United Kingdom to 6.4 years for Austrian men. Austria, Luxembourg and Belgium have far larger than the five-year gaps, while Germany, Hungary, Norway, Spain, Sweden and the United Kingdom have gaps that are much shorter (figure 19).

If there is an iron rule regarding early retirement it is this: choosing between a legal and an early retirement age, people normally exit at the earliest retirement age or age of first eligibility, for whatever pension benefits (“first exit opportunity habit”), regardless of (up to five years) different legal retirement ages between men and women and regardless of highly divergent (up to the double) inactivity rates between men and women aged 55–64. Spain is a perfect illustration of the iron law: the earliest possible *jubilación anticipada* is 61 years of age, and the average effective retirement age is 61.3 for women and 61.6 years for men (this, however, has been raised recently).

Almost everywhere in Europe, “exceptional” early retirement has become the rule while “normal” legal retirement age has become the exception, frequently a rather rare one: up to 91 per cent of working populations retire before the official retirement age of 65 in a country like Austria, 72.1 per cent below the provisional legal retirement age (being temporarily lower – 60 – for women during a 40-year transition period up to the year 2033) (figure 20). One major explanation, accounting for most of the variance, is that with very few exceptions, and contrary to all political rhetoric and good intentions, working after the prime age (+50) simply does not pay in Europe (figure 21). Continuing to work beyond the earliest possible exit point, and especially beyond the legal retirement age, is implicitly “taxed” heavily in many European countries while early retirement continues to be heavily subsidized. Without such subsidy, there are fewer incentives and a lower propensity to exit early from the labour market (e.g. in Switzerland and Sweden).

Still, in many European countries, declared preferences by citizens and residents in Eurobarometer surveys and other public opinion polls show a strong inclination toward early retirement, and preferences revealed by actual behaviour display an even stronger preference for leisure as against extending working life – as long as it does not cost too much to do so. Any policy which does not take into account this massive, though not all-encompassing, preference for the earliest possible exit is doomed to fail. Likewise, any policy that does not account for the contradictory preference of significant minorities to extend the working life opposing the majority views will also fail. A viable solution may be to allow different interest groups different open choices which are all actuarially neutral and fair.

Examining public opinion offers a coherent image of public perception – and misperception – regarding challenges, policies and preferences. These perceptions include:

- A vague sense of problems and doubts about the future viability of mandatory systems.
- Little confidence in government policies.
- Largely unchanged attitudes regarding current retirement practices and little popular support for increasing the retirement age.

- Widespread belief in the “lump-of-labour” fallacy that elderly workers “should give up work to make way for more younger and unemployed people”. In some countries (e.g. in Denmark, Finland, Ireland, the Netherlands and the United Kingdom), the public awareness and sensitivity has been raised by governmental campaigns.
- A growing opposition to forced retirement at a fixed age (with great differences between north-western and south-eastern Europe).
- Support for contributory conceptions of social justice, including the view that later retirement should lead to a higher pension and that pensioners should be allowed to earn freely on top of their pension.

Policies for working longer

Apart from financial disincentives to work longer, and hidden or revealed preferences to exit early, there are other determinants of early retirement, inter alia: the reluctance of employers to hire or retain older workers; negative attitudes toward older workers and age discrimination; steep age-wage profiles in which labour costs outpace productivity increases over the working life; strict job protection that perversely functions as an employment barrier; insufficient training to compensate for deskilling and inadequate placements services, both weakening employability; and, above all, a poor, unsafe and unhealthy work environment and demoralizing working conditions. These factors seem to play an even greater role than low economic rewards in the decision to retire early.

General policy conclusions from the analysis are quite clear in their overall direction: (a) “lifetime-indexing”; (b) making work pay through actuarial neutrality or even increasing pension rights with age; (c) increasing opportunities and choices for flexible retirement practices; (d) repealing early retirement options and pathways; (e) combating age discrimination; and (f) changing employer attitudes and practices by eliminating employment barriers and improving employability through training, re-qualification, and better working conditions. Empirical evidence from the SHARE database suggests that it is more important to focus on improving the work environment than on employment, more on employment than on

unemployment, and more on retirement rules and work satisfaction than on health. Evidence also supports the conclusion that health matters much less than expected for determining the length of the working life, whereas working longer may actually improve health and mental health in particular. While the overall policy direction is obvious and generally agreed upon, a long series of difficulties emerge regarding hard choices to be made and with respect to technicalities of policy design and its implementation.

Let us point to a few such uncertainties and complexities involved. How, for instance, should eligibility ages of earnings-related pensions and guaranteed minimum pensions be differentiated fairly and effectively (e.g. between the ages of 61 and 65 in Sweden)? How can work-retirement decisions be made more flexible and “pension corridors” widened without simultaneously encouraging even earlier exit? How can collective bargaining agreements be prevented from fixing an age lower than legal retirement age as the age to which employment protection is provided as the mandatory retirement age for whole occupations such as pilots, military personnel, opera singers etc.? How can the outflow rate for the large number of persons on disability benefits be increased from currently less than 1 per cent? Who should be supported in order to create the most effective work incentives, and how can it be guaranteed that simple age-targeting will not miss its goals? How can legislation on age discrimination be made more effective?

Finally, though there are some quite robust recommendations (“to do’s” and “not to do’s”) available, policymakers still regularly fail to implement these evidence-based proposals that would promote good practices or avoid entrapments. The principles of work first, making work pay and of raising overall (in particular post-prime age) employment rates are rarely followed as high-priority guiding principles. The wide range of good practices available for adoption to improve workers’ lifelong education, occupational training, work safety, health promotion, professional rehabilitation, job rotation/upgrading/enrichment, late-career measures, mobility support, age-specific adjustments of the work environment, personal time off, and lifetime banking account systems, partial pension and phased, flexible retirement

schemes, etc., are not systematically evaluated and widely shared.

Experiments and systematic, rigorous evaluations are rare. For instance, social security contributions could be age-risk-rated over the life cycle, making the compound non-employment and unemployment risk by age the yardstick for differentiating social security contributions according to age-specific out-of-work risks. Tax credits or subsidies for recruiting and retaining post-prime-age workers may be experimented more and then rigorously evaluated. But worse than missed opportunities, corroborated knowledge is widely unknown or ignored in practical policy implementation. For example, the suggestions that pension rules should follow notional defined-contribution (NDC) schemes, or that defined-benefit (DB) systems should be actuarially neutral in order to avoid setting perverse incentives for early retirement, are often not followed. Automatic adjustment or “lifetime indexing” of early, normal, and reference retirement age to rising survival rates, prospective age, and residual life expectancies, though indispensable in the long term, is almost never implemented. Many countries allow for a minimum “guaranteed” pension not only at a regular retirement age, but at the earliest possible eligibility age, instead of permitting only the collection of earnings-related or supplementary pensions and savings at early retirement age. Age discrimination and forced retirement have not yet been effectively banned, and in fact continue even in intergovernmental organizations that preach the opposite, such as OECD or the United Nations, which force employees to retire at ages (60 or 62) that are far below the legal retirement age of most of their member States.

Many Governments in the UNECE region still dismiss large-scale early exit as either irrelevant or as an inevitable phenomenon instead of acting analogously to the “broken window” theory and effectively blocking all early-exit pathways. Consequently, if a critical share of middle-aged populations retire early – and this is visible and socially accepted for whatever reason – even more people will do so for their own reasons, regardless of whatever weakened opposition to this trend may emerge. Governments should never allow for special pension schemes to appease special interest groups, regardless of how strong the pressure is or how noble the causes underlying

their claims are. Rather, pension rules should always be universal and fully transparent and avoid corporatist and sectional privileges for special occupational groups. Apart from being costly themselves, such privileges tend to demoralize a great majority of the working population and to reinforce and legitimize widespread resistance to any change or reform. In short, pension justice must not only be done, it must also be seen to be done. A lack of fairness and transparency is actually among the major obstacles to pension reform, e.g. while differing retirement age by gender has been outlawed by the European Court of Justice as fundamentally unjust, several countries within the EU and dozens within the UNECE region have kept this illegal and costly pension rule and will phase it out over periods of up to 40 years – if at all.

Some lessons not yet learned

A series of basic policy failures such as the following explain the lack of success in extending active working life. Pension policies are regularly abused for labour market purposes (or other supposedly “good” purposes), for instance when allowing for early retirement because of industrial restructuring. When it comes to early exit from the world of work, basic social safety nets, old-age security (which by definition can only apply beyond the working age) is regularly confused with unemployment, accident, sickness, or invalidity insurance and disability benefits, etc. Great autonomy or even veto power is given to social partners regarding retirement practices and the implementation of pension schemes. Instead of being explicitly generous in a focused way to the poor, the sick, persons with disabilities, or other disadvantaged groups in a generalized generosity benefiting the greatest number, namely early retirees, forces authorities not to show solidarity to all others in need. A price is being paid for failing to fully integrate foreign residents and citizens who may differ significantly in their labour market participation and retirement behaviour. The same applies to low self-employment rates, as the self-employed, small shopkeepers, and workers in the liberal professions tend to work several years, and in some cases up to more than a decade longer than waged workers and employees. Assisting the transition to self-employment for middle-aged

employees could be a major step towards effectively extending active working life.

Another succession of failures emerged in connection with widespread “invalidity pensions”. Despite outflow rates close to zero, disability “pensions” are still frequently awarded as lifelong instead of temporary benefits, even at early ages. Today, significant parts of the working-age population – almost one in two men in countries such as Austria and Hungary and up to a majority of persons in some occupations and professions – retire as “invalids” (at an average “retirement” age of 42 in the Netherlands). If about one in eight adults “retire” for reasons of ill health or disability in the richest, healthiest and longest-living societies that humankind has known so far, the very concept of “disability pension” may have to be reconsidered and replaced. Work injury and long-term sickness insurance will have to be clearly disentangled, institutionally differentiated and psychologically distinguished from unemployment insurance on the one hand and from old-age security on the other. Receiving disability benefits should have nothing to do with working or not working, nothing to do with labour market

problems, and absolutely nothing to do with old-age entitlements. Awarding old-age benefits should be strictly restricted to uncompromising – and demographically adjusted – age thresholds, and/or to actuarial adjustments, such that the overall lifetime pension entitlement will not be increased by adverse retirement behaviour such as early exit.

Generally, governments and enterprises as major actors seem not yet capable of sustainable action, i.e. to be widely out of tune with both what is required in terms of fiscal stability and social adequacy and sustainability. According to a 2006 Oxford Institute of Ageing global survey, e.g. 72 to 80 per cent of a majority of world’s citizens want to scrap mandatory retirement and freely choose their preferred age of leaving work with actuarial adjustments, while in reality flexible retirement age corridors and protection against forced retirement are still rare exceptions within the prevalent age discrimination patterns that are more or less silently accepted. Public opinion polls and surveys document important mismatches between the policies offered and the programmes demanded, between real social conditions and normative expectations.

Reference (for empirical evidence throughout)

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Figure 11.
Life expectancy at birth and at age 20, 65 and 80 years in 2003

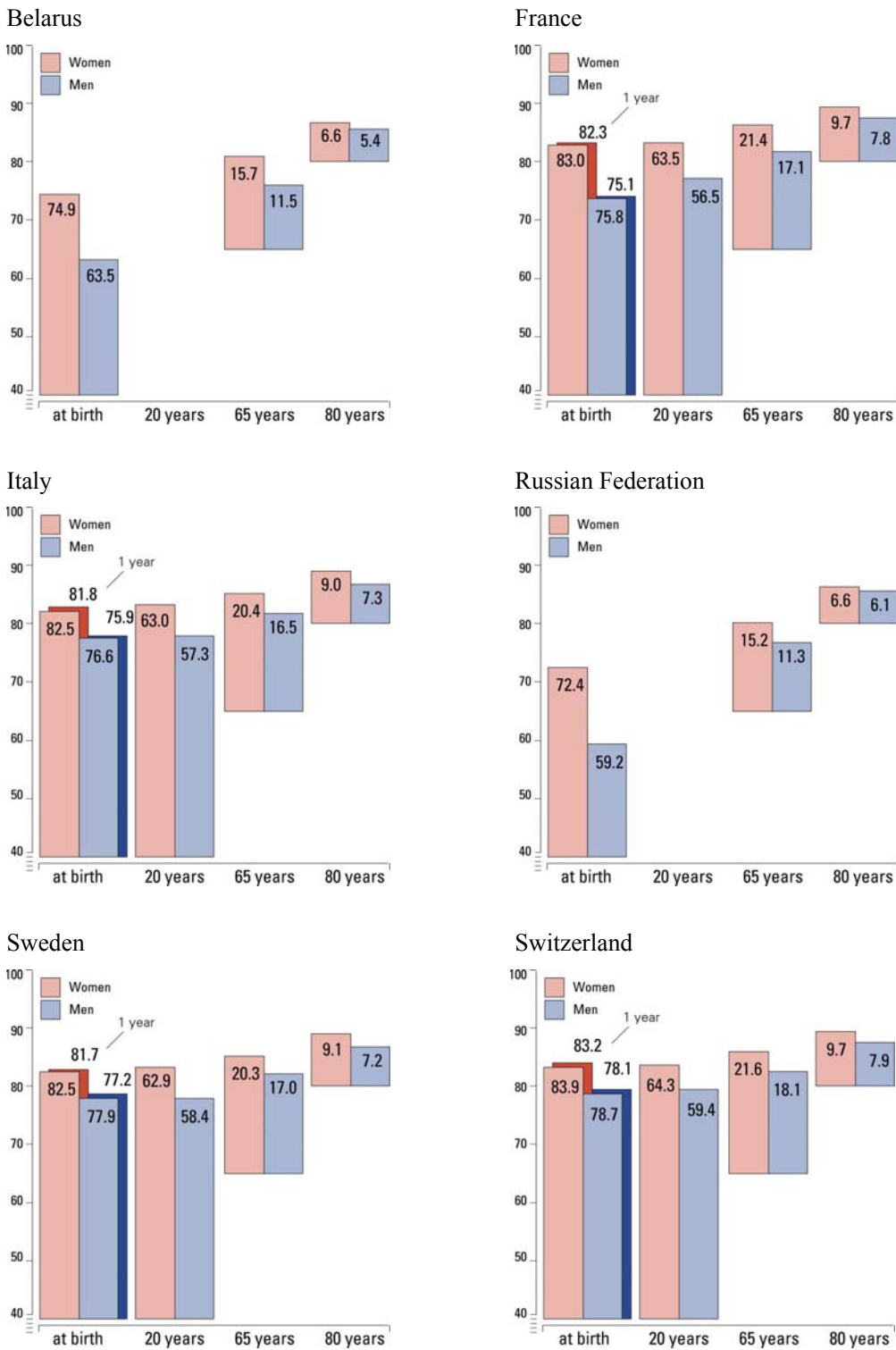
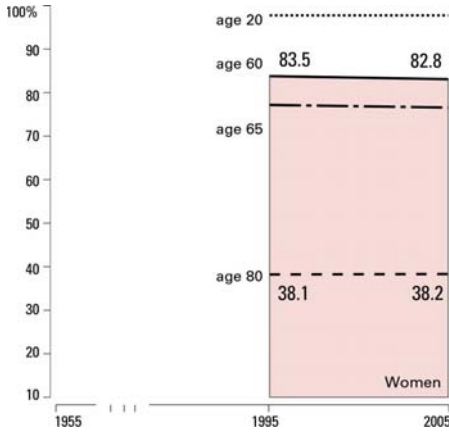
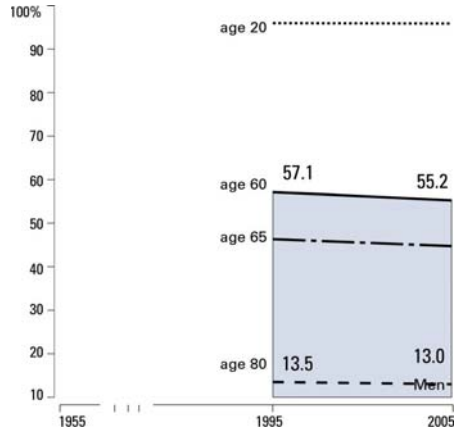


Figure 12.
Survival rates up to age 20, 60, 65 and 80 in the period 1995–2005

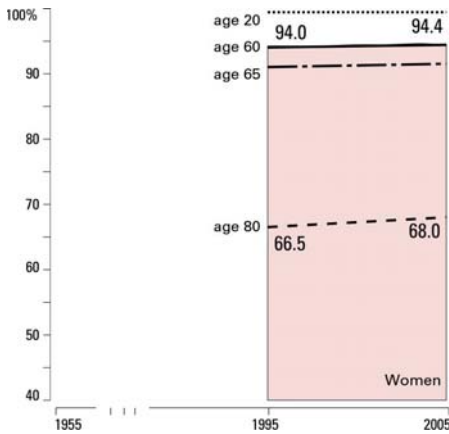
Russian Federation, women



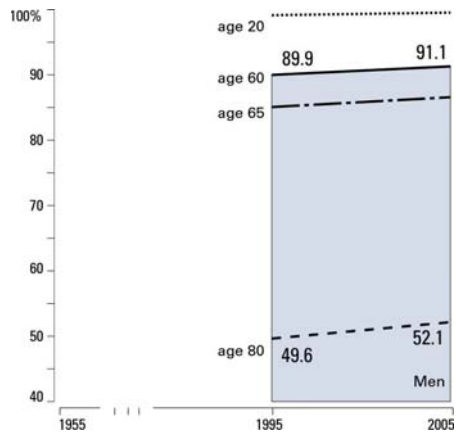
Russian Federation, men



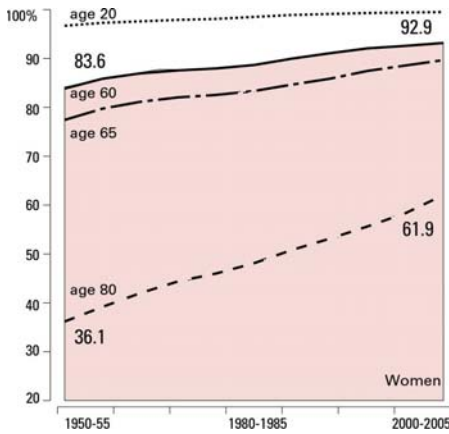
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Sweden, men



United Kingdom, women



United Kingdom, men

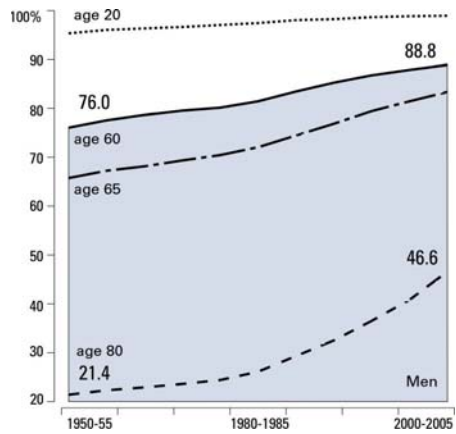
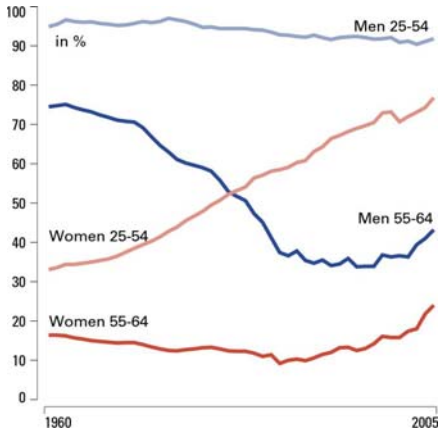
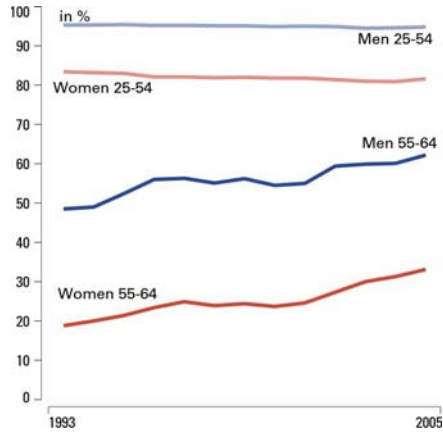


Figure 13.
Labour force participation rates in the period 1984–2005

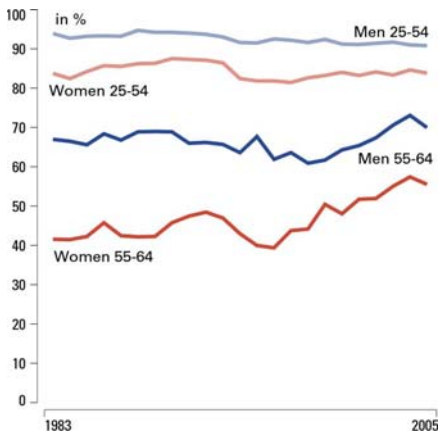
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Czech Republic



Denmark



Russian Federation

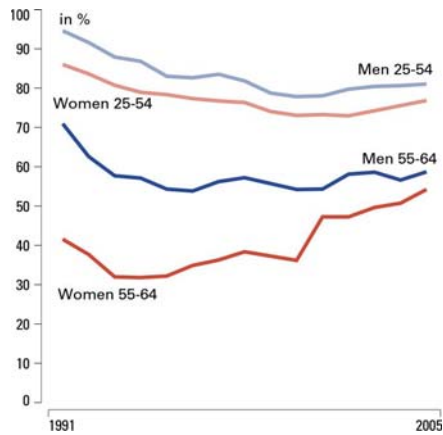
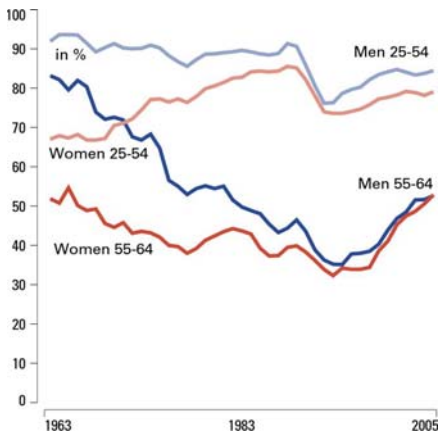
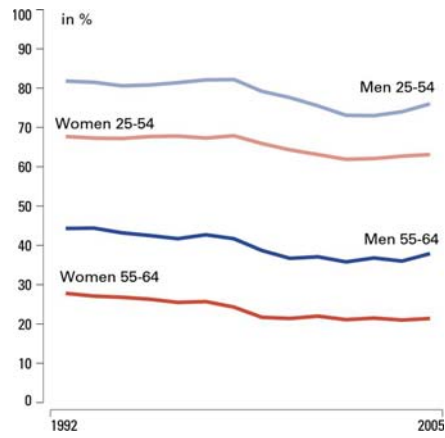


Figure 14.
Employment rates in the period 1983–2005

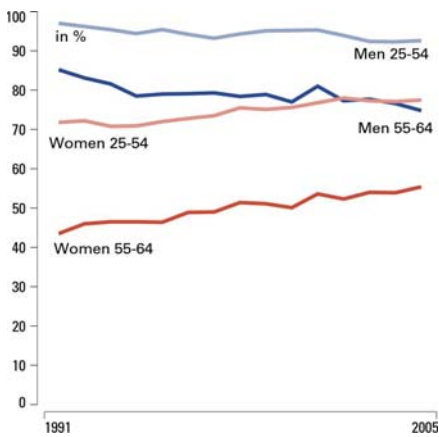
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Poland



Switzerland



United Kingdom

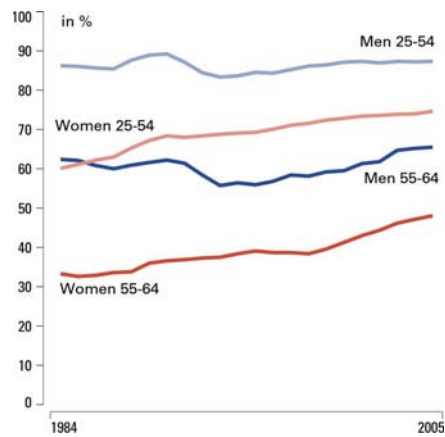
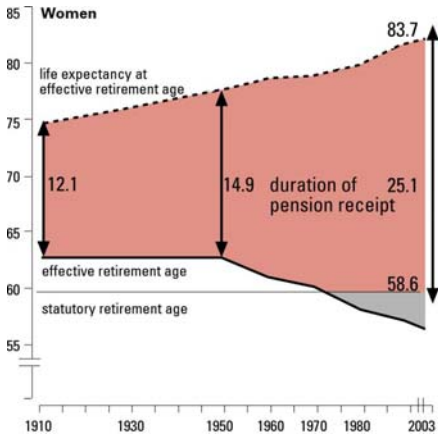
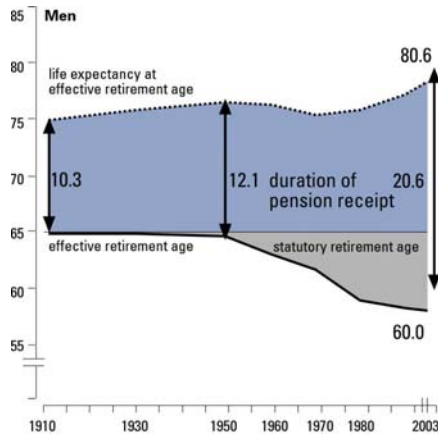


Figure 15.
Pension duration of people retiring today

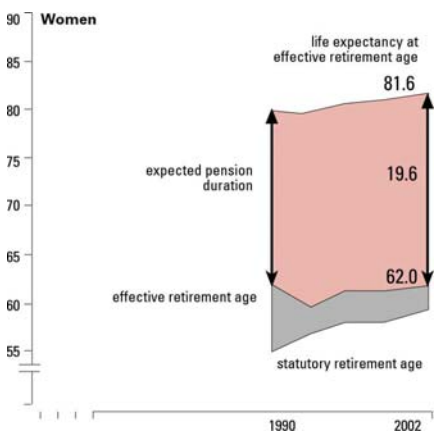
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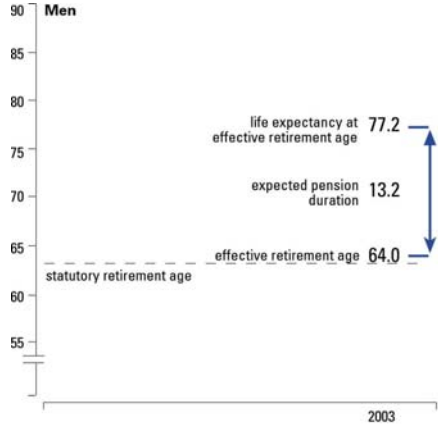
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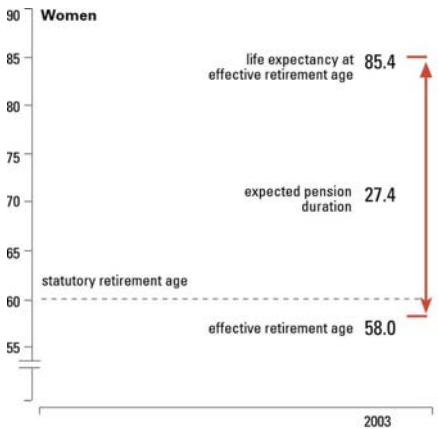
Estonia



Estonia



France



France

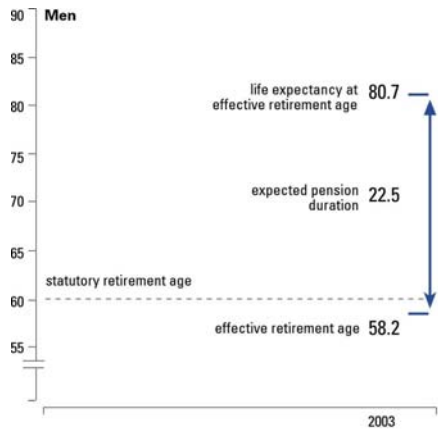
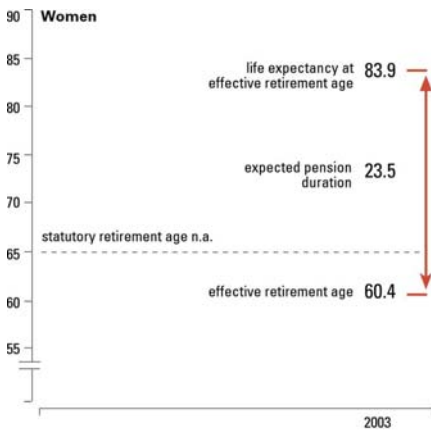
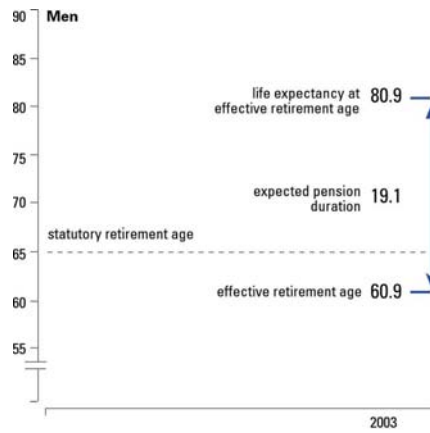


Figure 15 (continued)

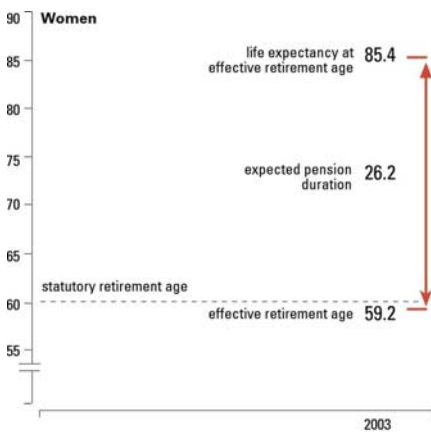
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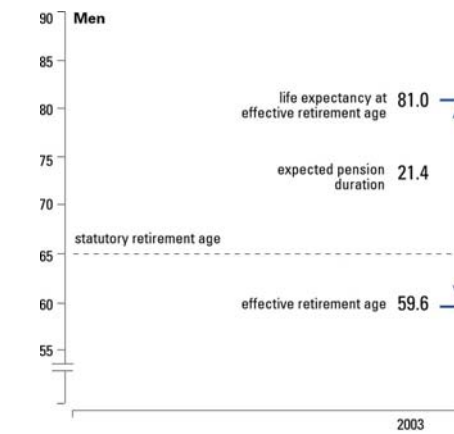
Germany



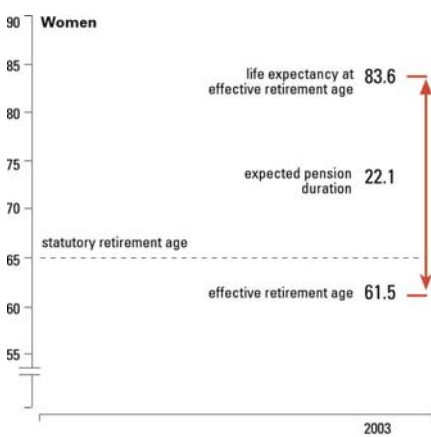
Italy



Italy



Portugal



Portugal

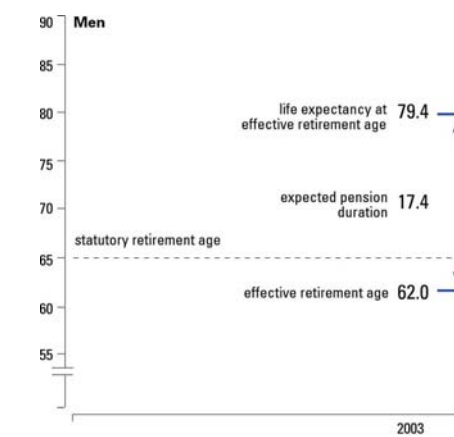


Figure 15 (continued)

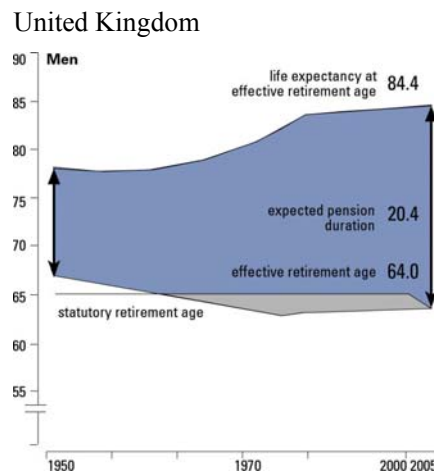
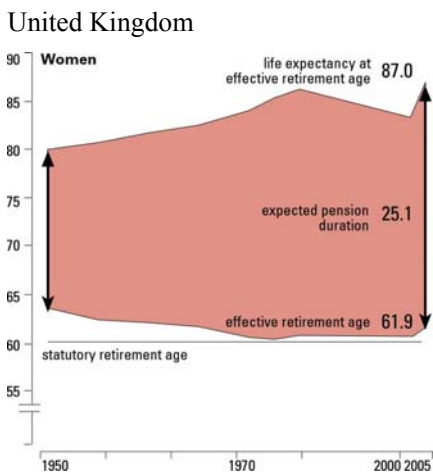
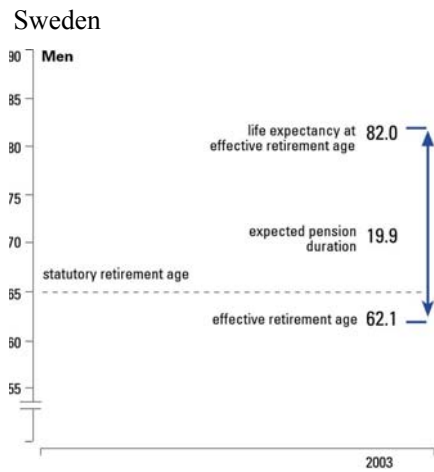
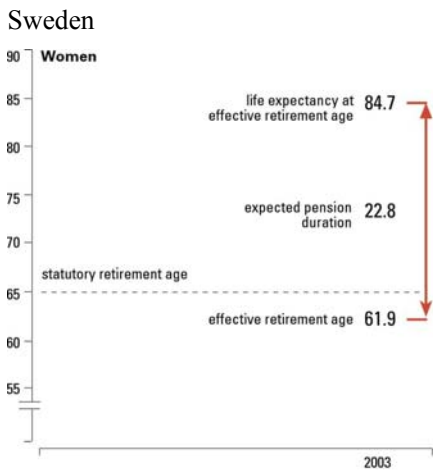
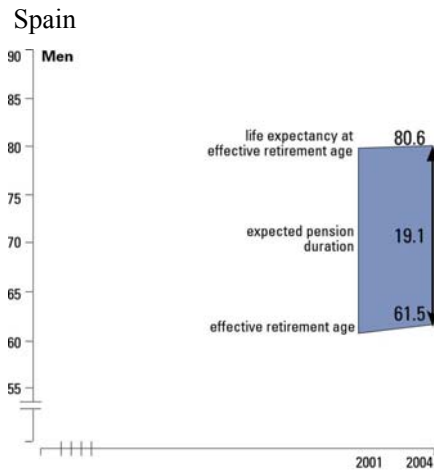
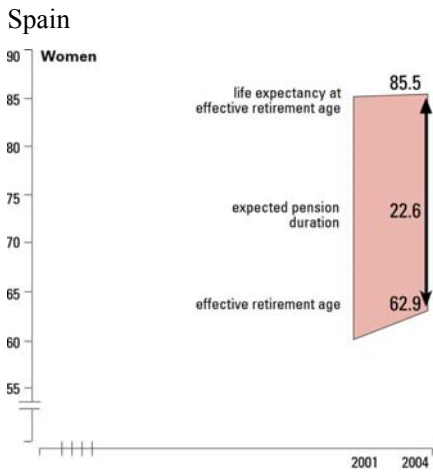
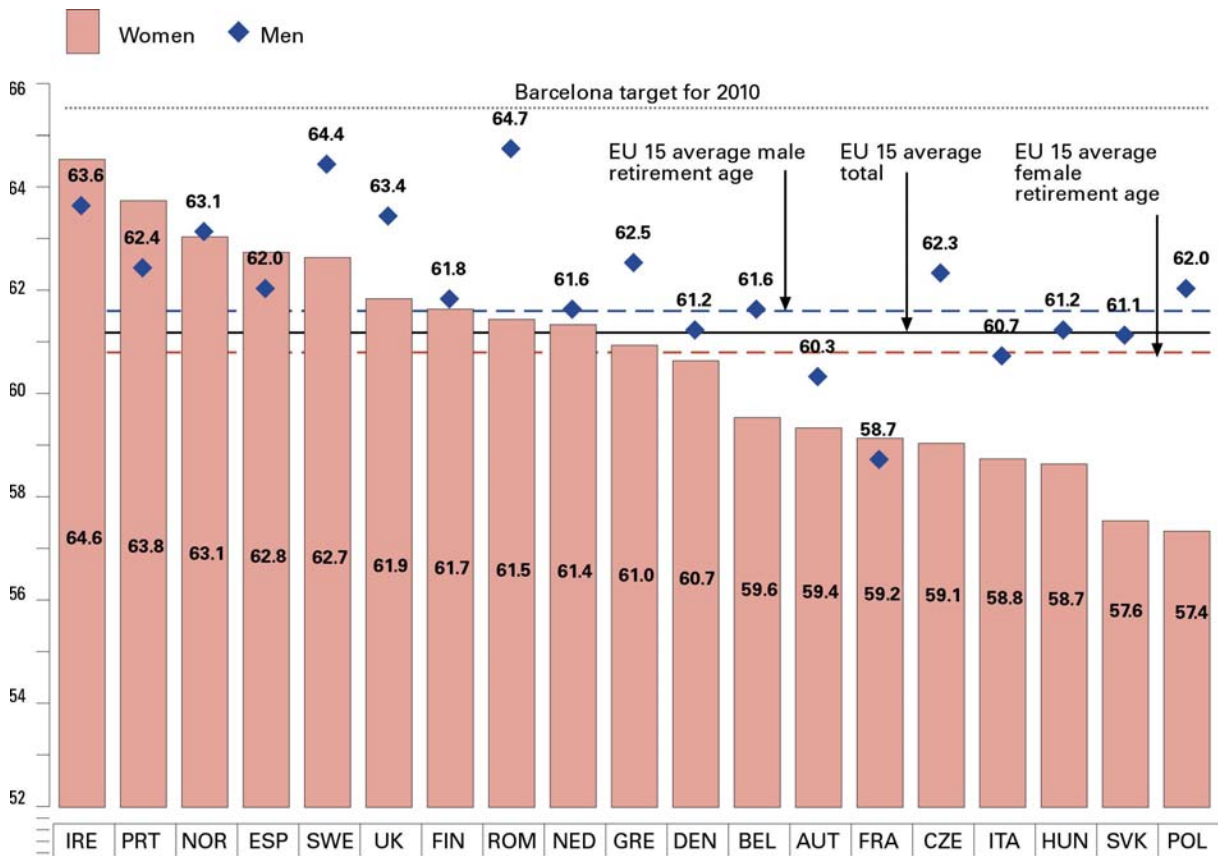


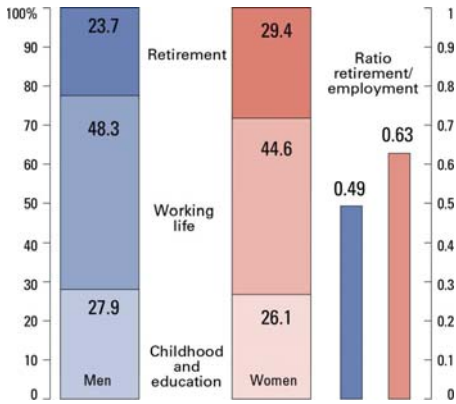
Figure 16.
Average effective retirement age in countries of the European Union in 2005



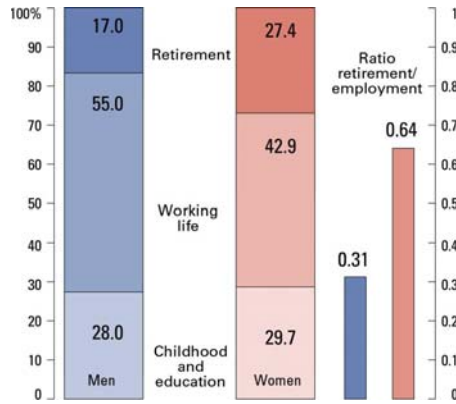
Source: EUROSTAT (2006)

Figure 17.
Lifetime allocation of work and non-work in 2000

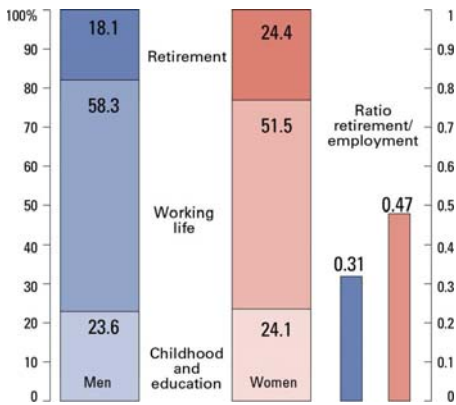
Belgium



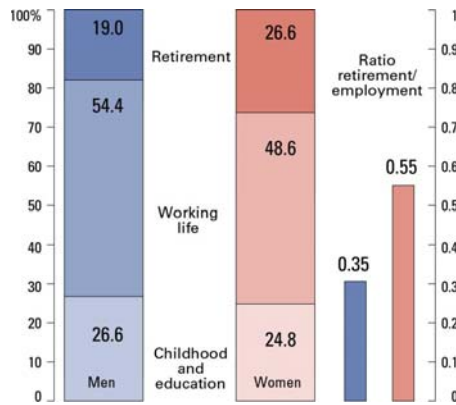
Czech Republic



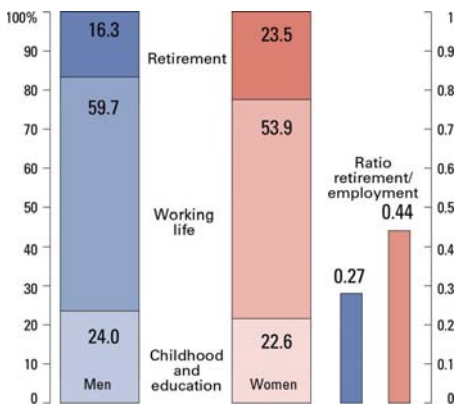
Denmark



Finland



Switzerland



United Kingdom

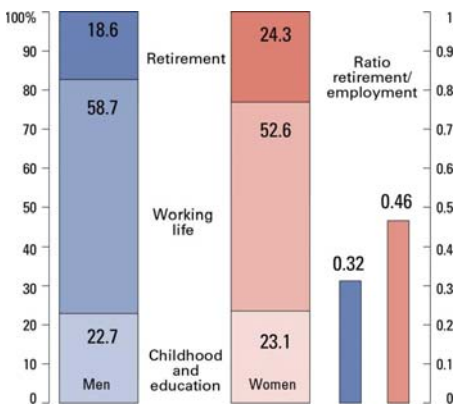
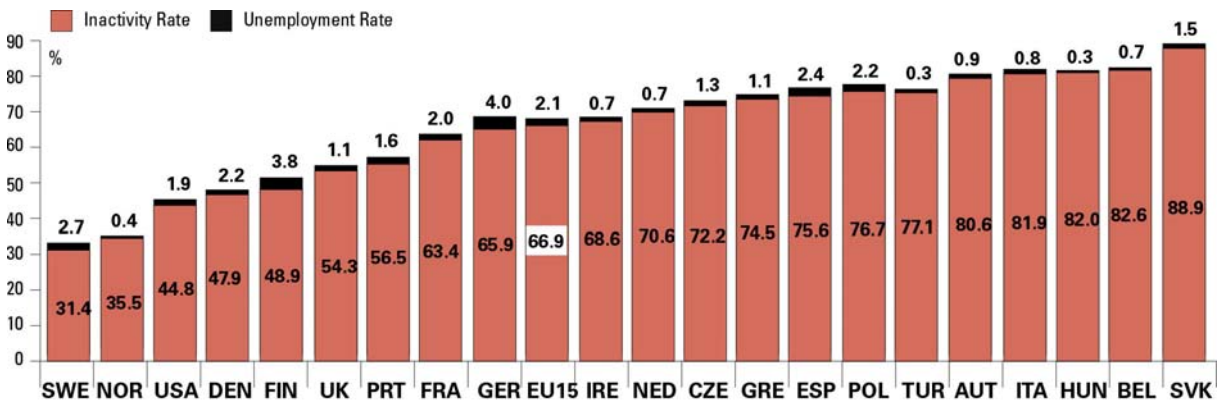


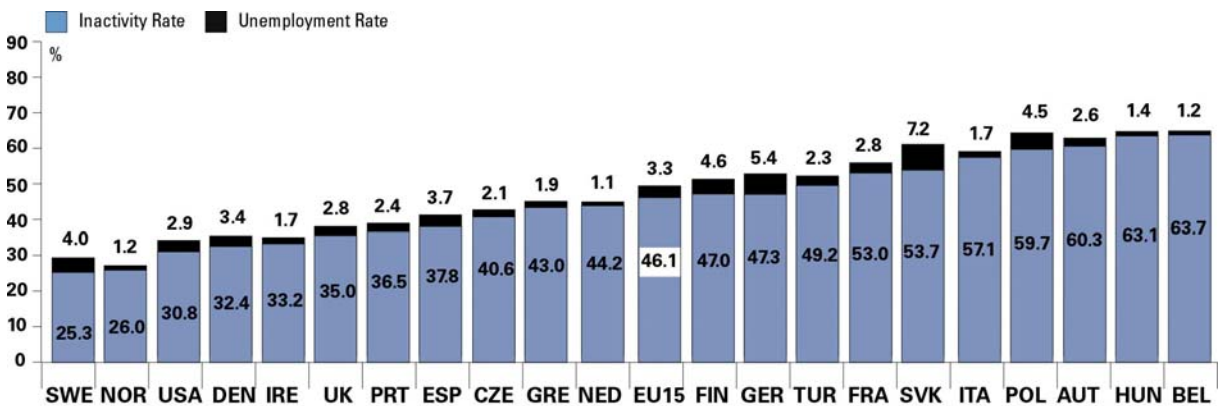
Figure 18.
Inactivity and unemployment rates between ages 55 and 64 in 2002

Women



Source: EUROSTAT (2005)

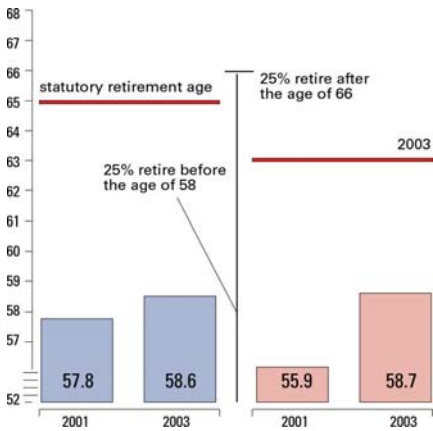
Men



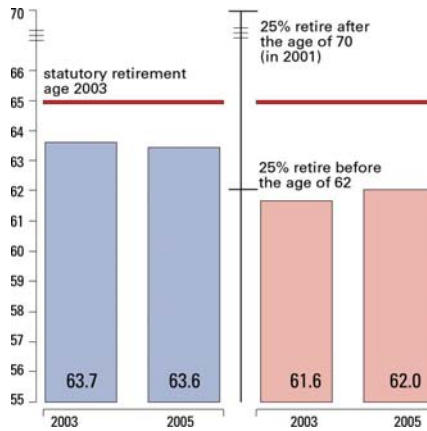
Source: EUROSTAT (2005)

Figure 19.
Average effective labour market exit age

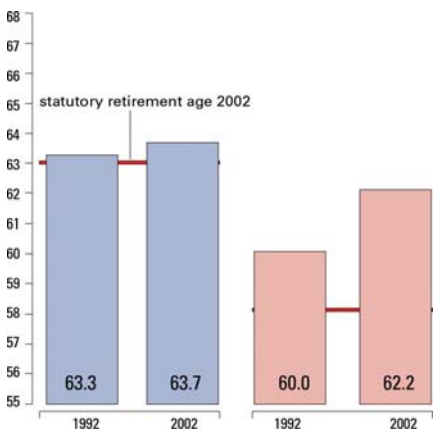
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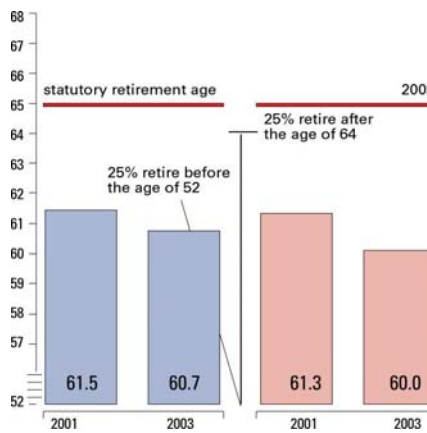
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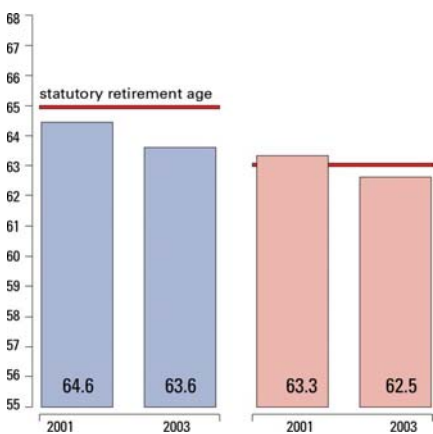
Estonia



Finland



Switzerland



United Kingdom

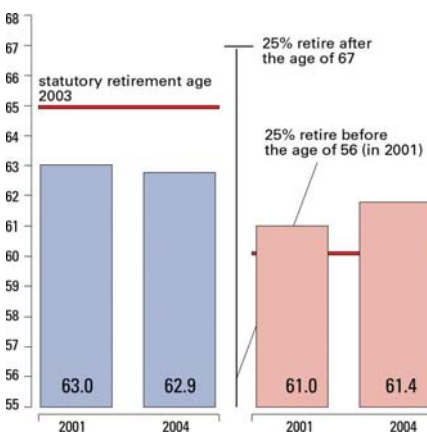
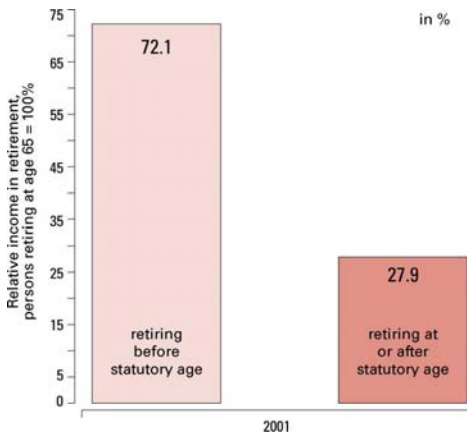
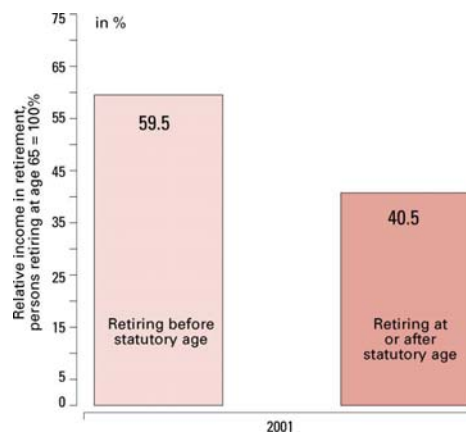


Figure 20.
Early and regular retirement

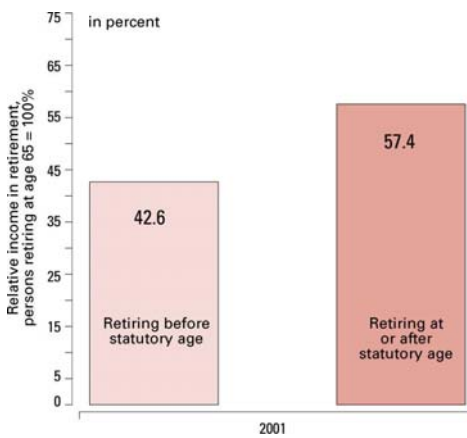
Austria



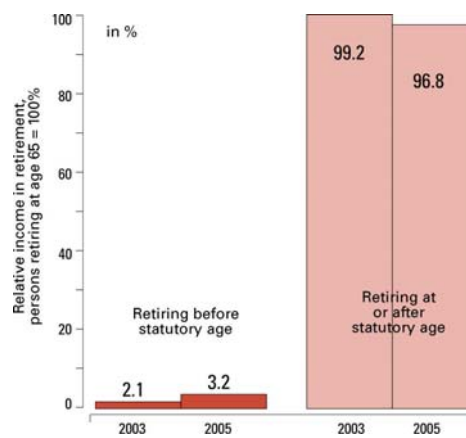
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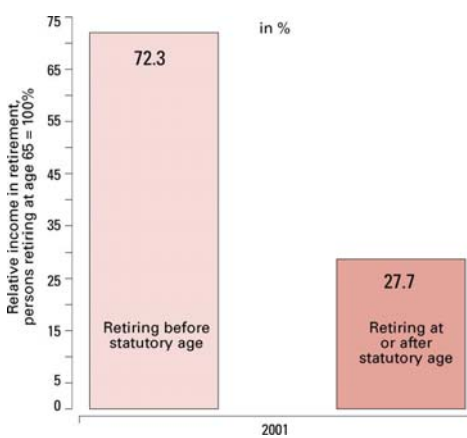
Denmark



Estonia



Finland



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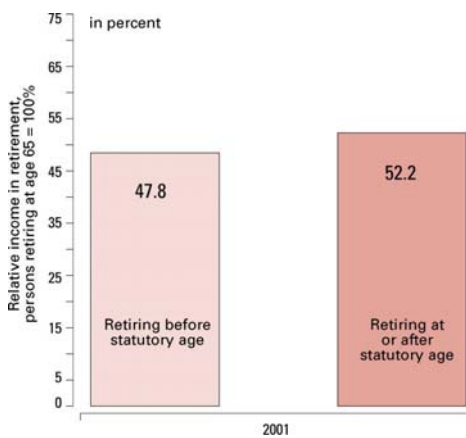
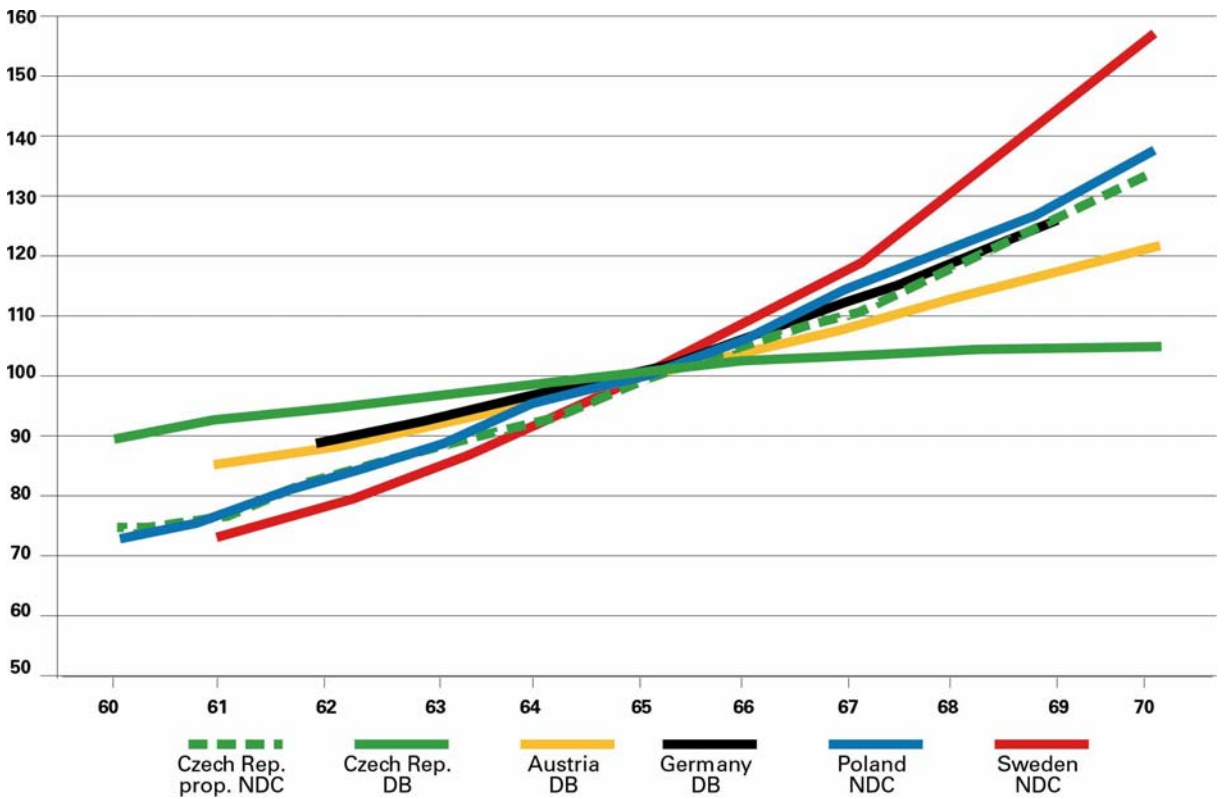


Figure 21.
Actuarial fairness in pension systems, 2008

(Relative income in retirement persons
 retiring at age 65 = 100%)



Notes:

age at retirement

NDC: national defined-contribution scheme.

DB: defined-benefit system.

Panel E: Intergenerational collaboration

A demographer's introduction

Charlotte Höhn

Director and Professor

Federal Institute for Population Research, Germany

Preliminary remarks

Studies on intergenerational collaboration are scarce since one has to deal with a group of family members which can greatly vary: it may be small (the “beanpole family” may consist just of a great-grandmother, a grandmother, a mother and a child), numerous (1–2 great-grandparents, 4 grandparents, the parent couple and several children, and there may be aunts and uncles) or constituting a complex network of divorces and remarriages in the older generations (“patchwork-family”). Since members are of different ages, a reference person is needed to determine who belongs to which generation without mixing up mothers and children.

Data can be obtained from two sources: official statistics and surveys. Official family and household statistics would lead us to believe that the three or four-generation family is rather a rare exception and on the decline. But taking a closer look at the situation, this conclusion is not correct and nor are the results from the co-residence principle on which most official household statistics rely. This co-residence principle stipulates that only those family members living in the same household, characterized as an economic unit, are statistically considered a family. Since the elderly used to live in their own households for decades, they continue to declare themselves to be living in their own household even if they are increasingly dependent on their children. Therefore, if three generations live in the same house, but the older generation as well as the middle generation and their children have their own apartments, they are not co-residing in the same household and we can then omit this three generation family.

Indeed, while statistics show that only very few households comprise a three- or four-generation family with one common kitchen (as a

proxy definition of a multigenerational household), numerous surveys show that most generations do not live very far apart. Internationally comparable data sets such as the Generation and Gender Survey (GGS) have been gathering such important information. Many surveys in Europe demonstrate that not only is there residential closeness, but that the interactions between generations are regular.

As long as grandparents belong to the “young old” age group (i.e. younger than 80), they contribute through their financial and emotional support to their children and grandchildren. Young grandparents regularly or occasionally take care of their grandchildren, thus facilitating the reconciliation between the paid work and the family life of their daughters or daughters-in-law. However, if grandparents are already well in their seventies, caring for children can be perceived as too demanding. As the age of the mother at the birth of the first child increases all over Europe, the age difference between parents and grandparents increases too, which may hinder “older” grandparents from being available as carers of their grandchildren. While very relevant, these interactions between grandparents and their adult children and grandchildren will not be further discussed here.

The introduction below will provide survey results on intergenerational support in the case of the older generation needing help in the activities of daily living, which refer in particular to paragraphs 92 and 93 of the Madrid Plan of Action.

The relevant questions which will be addressed in this contribution are:

- How do older people want to live if they need some help?
- Do older people want to live at home or in an institution?
- Who should be the care providers?

Before answering these questions, it may be useful to underline a few important findings from population studies:

- The risk of long-term care increases exponentially after age 80.
- The increasing “care risk” might shift to the age of 85 or higher, and is a typical development accompanying longevity.
- Many ailments are age-related: joints and muscles lose energy and thus mobility is reduced, sight and hearing diminish and the incidence of dementia increases.
- The increasing life expectancy implies that more people will live to a very old age, which increases the proportion of the elderly in relation to the total population.
- Surveys in Germany have revealed that the spouse is the main person providing care (husband or wife), followed by the daughter or daughter-in-law, and then, less frequently, the sons and other relatives. Friends or neighbours are rarely mentioned except as providing occasional help.

The following empirical findings are from the Population Policy Acceptance Study (PPAS) part of the DIALOG project funded by the European Commission [Grant No HPSE-CT-2002-00153]¹¹. The data of PPAS was collected between 2001 and 2003 through interviews of women and men aged 18–75 in 14 European countries and a specific module on ageing was conducted in Austria (AT), Czech Republic (CZ), Estonia (EE), Germany (DE), Lithuania (LT), Poland (PL), Romania (RO) and Slovenia (SL) with some questions also taken in Finland (FI) and the Netherlands. The study

¹¹ For further information, please consult: www.bib-demographie.de/ppa/IndexDialogStart.htm.

allowed for a vast age range including persons who may or may not need help in daily activities.¹²

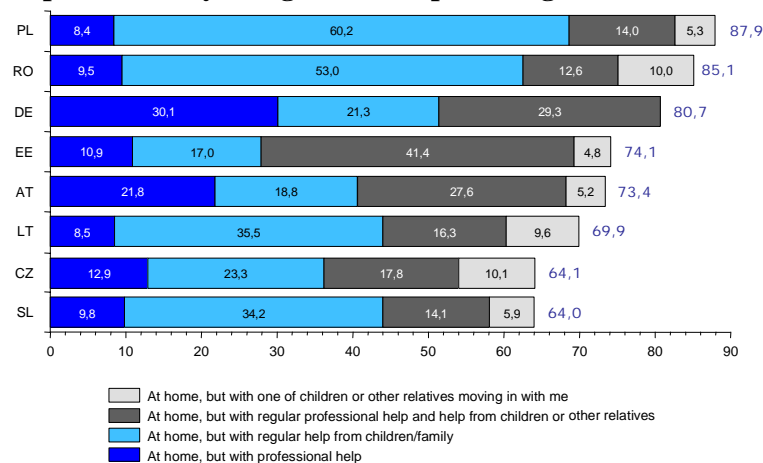
Preferred living arrangements when needing help in activities of daily living

During the interview, people were asked the following question: “Suppose that you have aged and that you are no longer able to manage (perform) the activities of daily living on your own at home. What living arrangements do you prefer? How would you prefer living?” Figure 22 shows that the majority of people want to live at home, ranging from 64 per cent in Slovenia to 87.9 per cent in Poland.

Solutions, such as children moving in, are not the preferred choice of living arrangement. Preference is given to help from children and the family, especially in the Central and Eastern

Figure 22.

Preference for living at home in older age when no longer able to perform daily living activities (percentage)



Source: DIALOG IPPAS 2001–2003 (for explanations, see Avramov and Cliquet 2008)

European countries such as Poland and Romania, or to the combined support from children and/or

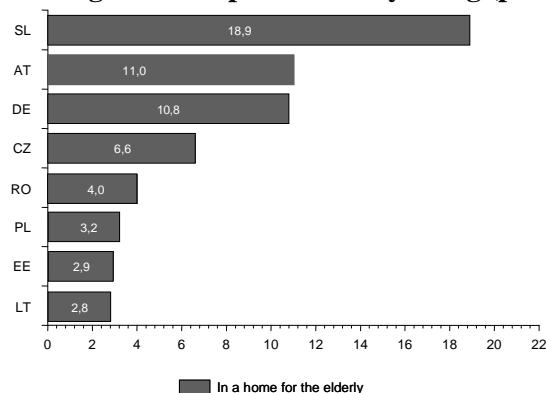
¹² Results of the overall results from the DIALOG project may be found in: Höhn et al., methodological information, in particular on the International Population Policy Acceptance Study Database (IPPAS), in Avramov and Cliquet, and detailed studies of the ageing module in vol. 2, part IV in Höhn et al.

family and regular professional help, such as in Estonia. Request for family help with the support of ambulant care are the most preferred form of care provision, even in countries such as Germany and Austria with a high demand for professional care only.

higher. Increasing childlessness, reluctance to marry or increasing divorce are all factors jeopardizing the chances of staying at home at an advanced age. Data show that single persons are already today over-represented in homes for the elderly.

Figure 23.

Preference for living in an institution in older age when no longer able to perform daily living (percentage)



Source: DIALOG IPPAS 2001–2003 (for explanations, see Avramov and Cliquet 2008)

Living in an institution was another possible choice for a living arrangement. Figure 23 illustrates that only a minority of respondents wants to live in an institution when they are no longer able to cope with daily living at home. Slovenia has the highest percentage with 18.9 per cent having a preference for the institutional solution, compared to much lower proportions in other countries: from 11 per cent in Austria and Germany to 2.8 per cent in Lithuania.

However, if the person responding has neither a spouse nor a child, the preferred living arrangement at home cannot be maintained without support and thus the risk of institutionalization is

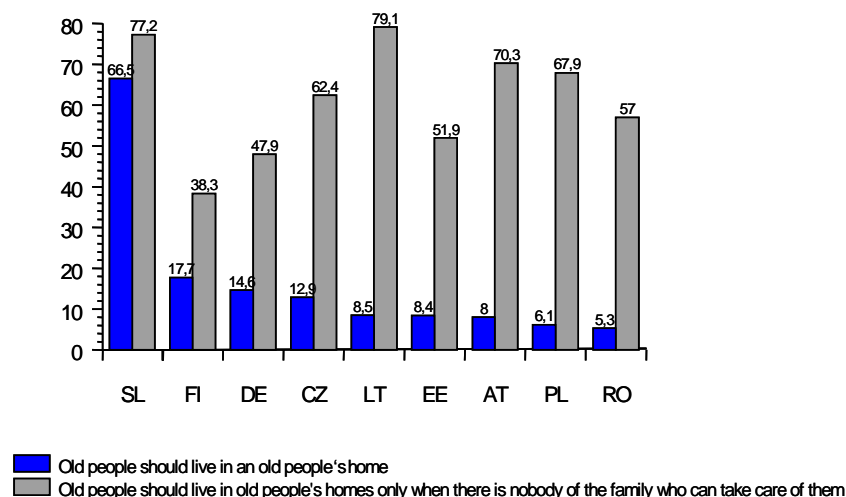
The first questions posed to respondents concerned the place they wished to live in old age, while the second question asked was who should take responsibility for the care of the elderly in general.

Responsibility for the care of older persons

The question of the interview was the following: “There is a wide variety of views about the care of the elderly in our society. Would you please indicate your own opinion on the following statements”. Figure 24 answers the question on overall perceptions of whether old people should generally live in institutions or only if nobody in the family can take care of them.

Figure 24.

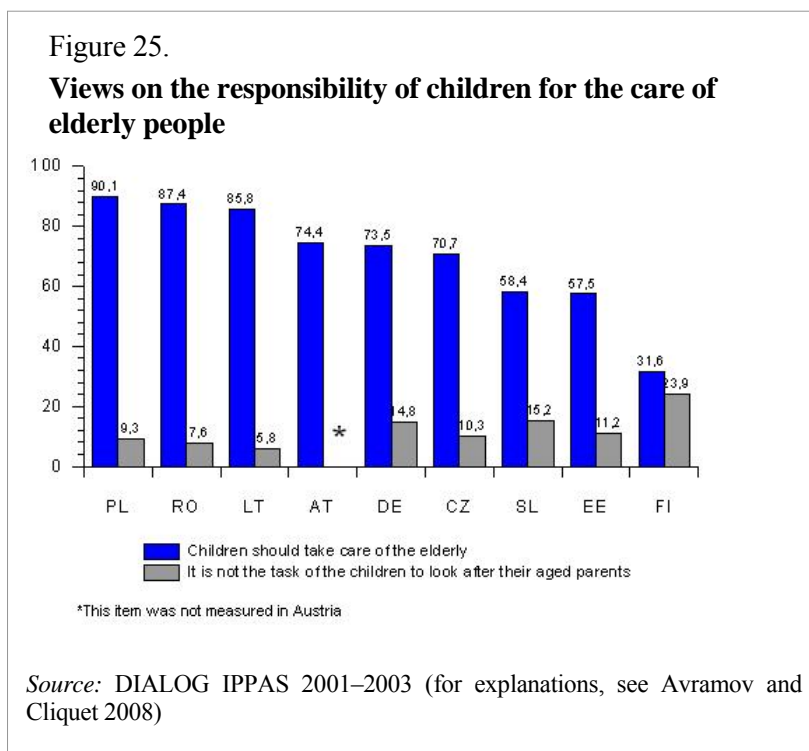
Views on the responsibility for the care of elderly people (percentage)



Source: DIALOG IPPAS 2001–2003 (for explanations, see Avramov and Cliquet 2008)

Respondents in Slovenia agreed to a surprisingly high degree (66.5%) that “old people should live in an old people’s home”, which

“Children should take care of the elderly”, from a maximum of 90.1 per cent in Poland to 57.5 per cent in Estonia and a clear distinction for Finnish respondents (31.6%) where a minority support this view. The opposite statement that “it is not the task of children to look after their aged parents” is supported by a minority of respondents with the lowest figure, 5.8 per cent, in Lithuania, around 15 per cent in Germany and Slovenia (this item was not measured in Austria), and 23.9 per cent in Finland.



parallels Slovenians’ relatively frequent preference for living in an old people’s home (although only 20%). It should be mentioned that the standard of institutions in Slovenia is quite high.

For all the other countries, the solution of older people entering an institution is quite low. While for some countries this solution should only be considered when there is nobody of the family who can take care of them (LT, SL AT, PL, CZ, RO, EE), for others there is little agreement even on that conditionality for Germany and especially for Finland (38.3%). The highest agreement for both options is held by Slovenians (77.2% and 66.5%). The discrepancy is greater between the two options among Lithuanians (79.1% and 8.5%), which shows that the old people’s home is the last resort only if care is needed.

Figure 25 displays results on the estimation of the role of children as care providers. A clear majority of respondents agree that indeed

such arrangements are more expensive. The results indicate clearly that on one hand staying at home is the preferred living arrangement, and on the other that for those needing help with the activities of daily living, family involvement is the best solution.

Demographic trends do not go in the direction of the preferred living arrangements at advanced age. It goes without saying that there is a need to strengthen the intergenerational solidarity and collaboration, as stipulated by the Madrid Plan of Action, remains prominent on the political agenda. For the majority of Europeans, home-based care is the preferred choice in living arrangement in old age, which requires family members to help and provide informal care. To achieve these preferences, great efforts are needed to support families through appropriate policies and measures.

References

- Avramov D. and Cliquet R. (2008). From population policy acceptance surveys to the international population policy acceptance study database. In Höhn C., Avramov, D. and Kotowska, I. (Eds.): *People, Population Change and Policies*, Vol. 1, 19–46.
- Höhn C., Avramov D. and Kotowska I. (Eds.) (2008). *People, Population Change and Policies*, 2 volumes, Springer

Panel F: Focusing on opportunities: Active ageing

Irene Hoskins

President

International Federation on Ageing

Introduction: defining active ageing

Defining active ageing requires a closer look at how it is defined in various international or European organizations (OECD, the EU and WHO) as well as those in the United States.

In the United States, active ageing is a term most commonly associated with policies and programmes to ensure that people, as they age, remain physically active and in good health. Various public policy initiatives, including a “National Blueprint on Active Aging”, strongly underline the long-term health benefits of remaining physically active into advanced age (Robert Wood Johnson Foundation, 2001).

OECD defines active ageing in economic terms, as referring to “the capacity of people as they grow older, to lead productive lives in society and in the economy. This means that people can make flexible choices in the way they spend time over life – learning, working, and partaking in leisure activities and giving care”. (OECD, 2000).

The EU approach is summarily presented in the European Commission document, “Towards a Europe for All Ages” (1999): Active ageing is a coherent strategy to make ageing well possible in ageing societies; it is about adjusting our life practices to the fact that we live longer and are more resourceful and in better health than ever before, and about seizing the opportunities offered by these improvements. In practice it means adopting healthy lifestyles, working longer, retiring later and being active after retirement. Promoting active ageing is about promoting opportunities for better lives, not about reducing rights and adequate income provision as part of an agenda (Commission of the European Communities, 1999).

Finally, the WHO definition of active ageing brings a broader approach by emphasizing the entire life course in all its aspects and policy goals:

- Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age (WHO, 2002a).

By shifting the emphasis to the entire life course and the social determinants of health as well as by focusing on the optimal quality of life at older ages, the WHO definition stresses the importance of continued participation in social, economic, cultural, spiritual and civic affairs and not just the ability to remain physically active or to participate in the labour force.

Both the WHO and the EU definitions take a rights-based approach. The WHO life-course perspective brings the following additional elements: (a) older people are not a homogenous group and individual diversity tends to increase with age; and (b) health promotion and prevention policies play an important role and their implementation at an early stage of the life course can contribute to preventing disability and costly curative interventions later in life (Ervik, 2006).

According to the WHO definition, active ageing policies focus on three principal goals: health, participation and security. This contribution explores how the objectives of active ageing policies relate to the two relevant commitments of the Regional Implementation Strategy: commitment 4 and commitment 7.

Commitment 4

This commitment contains four policy objectives.

(1) Preserve and strengthen the basic objectives of social protection, namely, to prevent poverty and provide adequate benefit levels for all

The most fundamental related question is whether countries of the UNECE region will be able to enact changes in their pension and social protection systems now so that the future solvency and ability to pay adequate benefits to future

generations will be guaranteed. Raising the retirement age and ending age discrimination are important policy directions in this regard.

Raise the retirement age. Within the last four to five decades, citizens of the UNECE region have increasingly used early retirement schemes to withdraw permanently from the labour force by age 60 or even younger. The large numbers of workers – men and women – exiting the labour force before the legal retirement age has been driven by a number of factors: generous unemployment benefits; easier access to disability pension benefits; the lowering of the early retirement age in the old-age pension system for older workers and the long-term unemployed; and a readiness on the part of employers to encourage early retirement as a way of restructuring their workforce. More recently, however, the trend toward early retirement has gradually been reversed, as countries are tightening eligibility requirements for early retirement. This could imply new elements such as improved health status for older workers, more adjustments to the needs of older workers in the workplace, or a growing insecurity on the part of older workers with regard to the adequacy of their future retirement income.

End age discrimination. Many experts would claim that age discrimination is by far the greatest obstacle for older workers to remain in the labour force. The question arises why older workers are far less likely to benefit from either employer-provided training or to participate in active labour market programmes. Also, the question needs to be raised as to what are the true costs to employers encouraging early retirement while recruiting younger and less experienced workers?

(2) Adapt existing social protection systems to the demographic transition and changes in family structures

Among the recommendations that may be considered here are raising the statutory retirement age and adjusting the social protection system to reflect changes in family structures and gender differences.

Raise the statutory retirement age. In line with the constant gains in life expectancy, working longer could be a realistic expectation of all citizens in the future. However, this awareness is

not yet evident throughout the UNECE region. Only a few countries (e.g. Sweden) have already abolished the concept of a fixed retirement age in favour of a more flexible approach which determines retirement age in relation to future gains in life expectancy.

Adjust social protection systems to reflect changes in family structures and gender differences. Many countries in the region went through improvements of their social protection systems by taking into account family structure changes in society. Measures have been adopted which aim at giving equal rights to men and women in situations such as divorce and survivorship, providing benefit entitlements for men and women for parenting or caregiving periods during wage-earning years, or for those living in diverse forms of households. Yet, decades of efforts to adapt laws and regulations in many countries of the UNECE region have shown that changing the legal provisions has only partly achieved more social equity between men and women in contemporary societies. Poverty remains mainly a female issue, especially among older women, and measures to fight poverty must begin at birth and continue throughout the life course.

(3) Establish or develop a regulatory framework for occupational and private pension schemes

While specific technical recommendations to implement this commitment are best left to the pension specialists at International Labour Organization, the World Bank and other expert bodies, significant changes have already occurred in Central and Eastern Europe, where State pensions formerly provided almost the total retirement income. The restructuring of the economies of this region has focused on building the financial institutions and markets to encourage the development of private pension and retirement savings arrangements. Building an adequate retirement income through individual savings takes many years of effort of at least one generation. Will public pensions be adequate for those generations of workers who have been unable to build adequate retirement savings accounts on their own? Will State regulations of the banking and insurance sector provide adequate protection against mismanagement and market failures which may occur in spite of the responsible behaviour of individuals? Will an adequate safety net be

available to the older members of society who for reasons largely beyond their control (unemployment, illness, disability, etc.) render it unrealistic to expect sufficient income in very old age?

(4) Pay special attention to the social protection of women throughout their life course

What will be the impact of the above-mentioned changes on the social protection system for women? Changes in the retirement age or particularly on the level of the guaranteed minimum old-age benefit have in general a more direct impact on women than on men. The reasons relate to the different life and work patterns of women, whose careers often suffer from interruptions due to family responsibilities. The results are often less pay and frequent discrimination in the workplace. Yet women generally live longer than men and many rely on the minimum old-age benefit. Poverty among older women persists even in the most generous welfare states of the UNECE region, and the rates rise significantly with age. How can the UNECE countries address this problem of persistent poverty among older women? What are the life-course policies that could attenuate poverty among older women?

The following proposals could be considered:

- Caregiving credits for pension calculations
- Minimum benefits provided within the contributory old-age and disability social insurance programmes
- Re-examining the important anti-poverty role played by survivors' and dependents' benefits
- Introduction of non-contributory age-related "social pensions"
- Eliminating the dual discrimination based on age and sex, particularly in the workforce, by implementing anti-discrimination legislation and undertaking effective public education campaigns.

Commitment 7

Commitment 7 recognizes that the high overall level of health of the population is vital for economic growth and for the general development

of societies. It contains four broad policy objectives.

(1) Promote health and well-being over the entire life course by mainstreaming health through intersectoral policies

The life-course approach recognizes that individual differences in health status tend to increase with age. What factors influence health? According to WHO, the determinants of health, beside gender and cultural issues, include economic, social, physical, personal and behavioural factors as well as access to quality care over the entire life course (WHO, 2002a). Evidence suggests that interventions and investments in health promotion activities such as improving dietary habits, engaging in physical activity and raising awareness about the negative impact on health of tobacco use as well as the misuse of alcohol are effective for people of all ages (WHO, 2005).

Among the recommendations to further this commitment could be the following:

- In the areas of prevention and health promotion. Debunk the argument that investments in health promotion activities for older people come too late and are not cost-effective. Research conducted in Sweden and elsewhere has demonstrated that health promotion and prevention programmes targeting older people often led to improved quality of life and a decrease in health-care consumption (Swedish National Institute for Public Health, 2006)
- Physical environment. More attention must be given to the physical environment and its impact on the health of older citizens, including access to affordable transportation, adequate housing, clean water and safe air. In the UNECE region as elsewhere, the majority of older persons live in cities. The recently published WHO Age-friendly guide draws attention to the needs of older persons living in cities, but also provides a set of interventions with respect to social and civic participation, personal mobility and transportation, housing, community support and health services (WHO, 2007).

(2) Ensure equal access to health and social services including long-term care for persons of all ages

Chronic non-communicable diseases, many of which afflict older people, represent one of the principal health policy challenges facing the region. Much of this challenge will need to be managed through the primary health-care (PHC) system, a system which is for the most part still oriented towards care for acute, episodic conditions (WHO, 2002b). Chronic conditions require extended and regular health-care contacts instead of the find-it and fix-it model of acute care. The PHC system must therefore be better equipped to prevent and screen for chronic conditions (WHO, 2005).

It is recommended that PHC providers should become more familiar with geriatric care, diagnosis and management of geriatric conditions (especially falls, incontinence, immobility and confusion) in order to improve older persons' lives (WHO, 2004).

The needs for long-term care (LTC) will increase throughout the UNECE region, based on the simple fact that more individuals are expected to live to older ages than in the past. Research in some countries in the region has also shown a certain compression of morbidity until very old age and more research is necessary to uncover the causal links for such trends. Further, information and experience sharing in LTC in the region would benefit LTC outcomes, financing and delivery. Diverse options for financing have been adopted through social insurance or through taxation, primarily local and regional. Financing is, however, only a part of the challenge.

It must be considered that LTC recipients are not only older persons but disabled persons of all ages, and that only a minority of the population requires LTC for a relatively short duration of a few months during the life course. LTC needs should be oriented towards maintaining and/or increasing the ability to perform activities of daily living and quality of life, rather than exclusively performing medical functions.

The challenge of LTC is linking health-care partners: the health-care system, the social services delivery and family support, while respecting individual choices. Finally, LTC policies must take into account the gender component of ageing, i.e. as the age of recipients increases, so does the proportion of women among those recipients. Special attention should therefore

be given to the fact that the older the person, the greater the probability that the LTC recipient will be a woman alone, widowed, divorced or never married.

(3) Ensure appropriate financing of health and social services for persons of all ages

In a recent publication, the European Commission reports that ageing of the population is not the most important factor in the health spending increase. The main factors of increased health expenditures are national policies relating to universal access, developments in health technology and rising demands from citizens for better quality care (EC, 2006). The report concludes that demand for health care in an aging population depends ultimately on the health status of all citizens, both young and old, and not on age per se. Healthier senior citizens will consume less health care than citizens with chronic diseases and disabilities, regardless of their age. This assessment is therefore an overwhelming argument in favour of effective policies for health promotion and prevention.

(4) Enable people to make healthy choices

This policy objective very appropriately comes at the end of commitment 7 and does not require much further elaboration. The remarks made regarding the importance of health promotion apply here. The use of the word "enable" instead of "promote" healthy choices is of great importance, as enabling people to make healthy choices would also include the pricing and labelling of healthy food and creating an environment conducive to healthy behaviours such as cycling, walking, and exercising as well as access to affordable and effective health care.

Conclusion

Promoting an informed public debate about achieving commitments 4 and 7 will be necessary in all of the countries of the UNECE region. This debate will revolve around two major policy axes that will shape the future course of policies affecting the situation of older persons in society. As the aging of the population proceeds and newly emerging needs for income security, health care and long-term care become more acute, the public debate will turn to the fundamental question of how much can a society devote to these policies while

meeting its other requirements to provide education, ensure security internally and externally and, more generally, foster economic development.

While it may not be possible to achieve all of the objectives contained in commitments 4 and 7 in a steady and equal manner, it will be essential to ensure that public debate facilitates decision-making on the basis of empirical research and evidence-based practices as well as on the majority

views of the citizens concerned. This raises the second issue that will preoccupy much of the future public debate: How do we ensure that the resources for achieving these commitments are evenly distributed across all of the generations? Thus, the importance of the active participation of all the generations, including older people, in making these choices is obvious.

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