

Active Ageing and Intergenerational Solidarity: findings, issues and perspectives

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Pour la Solidarité



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Think Tank européen *Pour la Solidarité*



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Preface

By Pierre Henry

Faced with the phenomenon of population ageing that is part of today's society, and on the eve of 2012—the European Year for Active Ageing and Intergenerational Solidarity—this report from Pour La Solidarité offers invaluable insight and a detailed understanding of the subject and the issues at stake. These challenges obviously constitute major economic, social and budgetary hurdles for Europe as a whole. But what exactly does the task entail? And how should we tackle these crucial changes in a manner that is at once relevant, effective and sensitive? The following document combines in-depth analysis with examples of concrete initiatives and personal accounts from those involved in order to provide a solid bedrock on which awareness can be turned into action.

The concept of active ageing raises the question of quality of life—both for senior citizens and for the younger generation who must bear the burden of an inverted age pyramid. This is a key issue for a company like Sodexo. It affects us as an employer, spanning areas such as recruitment, career management, job flexibility and workforce diversity. However, it also requires the ability to continuously adapt our services. We strive to better meet the needs of senior citizens, day in, day out, whether in care facilities or private homes. At the same time, younger people count on us to help them better balance their personal and professional lives. The changes currently under way call on us to be part of the discussion and part of the solution. It is our duty—Sodexo is Europe's sixth-largest employer and ranks 21st worldwide, with 380,000 people in 80 countries—and our commitment as a socially responsible company.

I firmly believe that finding a successful approach to “active ageing”—one that allows senior citizens to live well while being an active and integral part of society—requires a willingness on the part of governments, civil society, employers and individuals to share responsibilities. That brings a need for solutions that are both diverse and integrated. This is an issue that underpins the health of our economies, the quality of life of our elders and the vitality of our future generations.

Pierre Henry

Sodexo, Group Chief Operating Officer, Chief Executive Officer Motivation Solutions and Chief Executive Officer South America and Continental Europe, On-site Service Solutions

Introduction

In 2030, an estimated 25% of the European population will be aged over 60, and 7% will be over 80. Forecasts indicate that dependency rates could almost double during this period, meaning that each person over 65 in the European Union will be supported by two people of working age, rather than the current four. This has important social and economic implications for the future.

The ageing population is the result of two related factors: low birth rates, and longer life expectancy. As people live longer, they may enjoy more years of good health but also years of illness and dependence, making it difficult to anticipate the consequences of ageing. These are also likely to vary from one member state to another.

The cost of long-term care is a major issue, and will depend not only on the number of dependent elderly people, but also on the extent to which informal or family care complements public assistance. Personal care services will themselves have to adapt; they already occupy an increasingly important place in Europe, and this trend is set to continue.

The baby-boom generation is approaching retirement, and this, too, will significantly reduce the number of economically active people as a proportion of the total population.

Since the 1990s, the European Union has focused more and more on the challenges of ageing. In this context, it has named 2012 as the year of active ageing and intergenerational solidarity.

The purpose of this study is to highlight the various issues of demographic ageing within the framework of 2012. The first section,

entitled *Context*, outlines the main problems involved and their economic and social implications.

The second section deals with European policy on ageing, and is followed by a detailed section on 2012. The report focuses on the concepts of active ageing and intergenerational solidarity, and the role of public and social dialogue in policy development.

Finally, we have used national case studies to highlight possible future action in response to the challenges raised by the study.

1. Context

The European Union has a population of about 500 million, making it the third-largest population territory in the world, after China and India.

The continent's demographic structure has changed over recent decades, with older people accounting for a growing proportion of the total population.¹

There are four different categories for demographic ageing:

1. Upward ageing

This is a result of longer life expectancy, which has added another tier to the age pyramid and is a major cause of population growth.

2. Downward ageing

This is occurring because long-term fertility rates have fallen below the replacement threshold, making the base of the pyramid smaller, and increasing the number of middle-aged and elderly people as a proportion of the total.

3. Ageing baby boomers

The baby boom was a 20- to 30-year period of high birth rates. Although at first it increased the proportion of younger people, it has since increased the size of the older population, even though fertility rates among baby boomers did reach the replacement threshold.

1. However, not everyone benefits from increased life expectancy, and the burden of the ageing population is not shared equally among all groups.

4. Large-scale emigration by young people

This is the case in countries such as Albania and Bulgaria.

In most European countries, upward ageing has had more effect, and is occurring on a larger scale, than downward ageing.²

As a result, the top tier of the pyramid cannot be reduced in size by artificially inflating the bottom tier, and the inexorable ageing of the European population cannot be halted simply by promoting policies that lead to increased birth rates and immigration by young people. Longer life expectancies and ageing baby boomers will make the pyramid much higher overall.³

One of the problems caused by demographic ageing is a labour shortage. Can this be solved by immigration?⁴⁵

Sixty percent of the increase in the EU population from 2009 to 2010 was due to immigration. There were 0.9 million immigrants, and the total population grew by 1.4 million.⁴

In order to counter the growing imbalance between the economically active and inactive populations, the OECD proposes increasing employment rates among people of working age, and the number of economically active international immigrants.

One complicating factor is that the number of incoming immigrants has been seriously reduced by the recession over the past two years. Immigration can only be economically attractive if European countries are able to offer work. If immigration is to be a solution to European labour shortages, the economic recovery must be managed carefully. The OECD states: “As the recovery progresses, the use of international immigrants as a possible solution to the problems of an ageing population will once again become a priority for public policy.”⁵

2. F. HERAN, “L’inexorable privilège du vieillissement”, in: *Alternatives économiques*, hors série no. 85, 3rd quarter 2010.

3. *Idem*.

4. M. LAROCHE, “L’immigration compense-t-elle la faible natalité ?”, in: *Le Monde*, 5 August 2010.

5. *Idem*.

1.1 Causes of demographic ageing

There are two main reasons for this demographic change: persistently low birth rates and longer life expectancy.

European fertility rates have fallen below the level where each generation can replace itself.⁶ In 2007, the fertility rate for the EU 25 was 1.57,⁷ whereas the replacement rate is 2.05.

The main causes of low birth rates are unemployment, poverty, high housing costs, the increasingly late age at which parents have their first child, and changes in educational and career patterns and family structures.⁸ These factors are causing a long-term decrease in the total European population. In 2004, the overall fertility rate fell to around 1.5 children per woman; the highest rates are in France and Ireland, at just under two, and the lowest in the Czech Republic, Latvia, Poland and Slovakia, at under 1.25.⁹

The continued increase in average life expectancy is the result of improvements in health and quality of life. It has risen by eight years since 1960, when life expectancy at birth was around 67 years for men and 73 for women. A baby born in 2004 could expect to live for 76 years in the case of men and almost 82 for women.¹⁰

6. If the next generation is to be the same size as the previous one, the average woman must produce at least 2.05 children, because 100 girls are born for every 105 boys, in other words 205 children for every 100 women. The actual thresholds are above this minimum because of mortality between birth and reproductive age. In developed countries, juvenile mortality is now very low and the replacement threshold is around 2.10 children per woman.

7. <http://epp.eurostat.ec.europa.eu>

8. http://europa.eu/legislation_summaries/employment_and_social_policy/situation_in_europe/c10128_fr.htm

9. http://europa.eu/abc/keyfigures/sizeandpopulation/index_fr.htm

10. http://europa.eu/abc/keyfigures/sizeandpopulation/index_fr.htm

Demography***Life expectancy at birth***

Source: Eurostat

	Life expectancy at birth, 2008*		Life expectancy at birth, 2030**		Percentage of Women aged 65 and over as a proportion of all women	
	Women	Men	Women	Men	2008	2030**
EU27	82.2	76.1	85.3	80.0	19	25
Belgium	82.6	77.1	85.4	80.2	19	25
Bulgaria	77.0	69.8	81.3	75.3	20	27
Czech Republic	80.5	74.1	83.7	78.1	17	26
Denmark	81.0	76.5	84.5	80.0	17	25
Germany	82.7	77.6	85.6	80.8	23	30
Estonia	79.5	68.7	82.9	74.0	21	26
Ireland	82.3	77.5	85.3	81.1	12	17
Greece	82.3	77.7	85.3	80.9	21	26
Spain	84.3	78.0	86.5	80.9	19	24
France***	84.9	77.6	87.0	81.0	19	26
Italy	84.2	78.7	86.9	81.7	23	29
Cyprus	83.1	78.5	84.9	81.5	13	19
Latvia	77.8	67.0	81.5	72.8	21	27
Lithuania	77.6	66.3	81.9	72.8	20	26
Luxembourg	83.1	78.1	84.6	80.2	16	21
Hungary	78.3	70.0	82.4	75.4	20	26
Malta	82.3	77.1	84.6	79.9	16	26
Netherlands	82.5	78.4	85.3	81.1	17	26

Austria	83.3	77.8	85.8	80.9	20	26
Poland	80.0	71.3	83.7	76.6	16	26
Portugal	82.4	76.2	85.4	79.7	20	26
Romania	77.2	69.7	81.3	75.5	17	23
Slovenia	82.6	75.5	85.1	78.9	20	28
Slovakia	79.0	70.8	82.7	76.0	15	24
Finland	83.3	76.5	85.9	79.9	19	28
Sweden	83.3	79.2	86.0	81.9	20	24
U n i t e d Kingdom	81.8	77.6	85.0	80.9	18	22
Norway	83.2	78.4	85.8	81.5	17	22
Switzerland	84.6	79.8	86.9	82.3	19	25

* 2007: EU27, Belgium, France, Italy, United Kingdom

** 2030: Eurostat population projections (EUROPOP 2008. 2008-2060 convergence scenario.

*** Metropolitan France, excluding the four overseas departments (French Guiana, Guadeloupe, Martinique, Reunion) for 2030 data

Percentage of the EU27 population aged 18 and over (1963-2004)

Source: Eurostat

1965	1.6
1975	2.0
1985	2.7
1995	3.6
2005	4.0
2006	4.1
2007	4.3

1.2. Social issues

While longer life spans are undoubtedly a good thing in themselves, it is still important to develop greater solidarity between generations.¹¹ The transformation of the age structure of the population may affect relationships between generations; the sociologist Louis Chauvel has even suggested that the inequalities between the younger generation and the baby boomers could cause conflicts between them. He believes that younger people are facing much more than their fair share of social problems, and that new types of “silent and denied inequalities” have arisen alongside those which have traditionally existed within generations (differences in social class, gender and levels of education).¹²

Ageing has many implications: in addition to the social issues we have just discussed, it also causes many economic problems. Demographic change can radically change a country’s economy.

11. http://europa.eu/legislation_summaries/employment_and_social_policy/situation_in_europe/c10128_fr.htm

12. D. CLERC, “Lutte des classes ... d’âges ?”, in: *Alternatives économiques, hors série no. 85*, 3rd quarter 2010.

1.3. Economic issues

1.3.1. Growth

Slowing economic growth caused by demographic change could significantly reduce the accumulation of wealth, possibly causing a 10% fall in per-capita GDP by 2020.

By that time, the EU countries will be sustaining such high levels of public debt that they will be unable to meet the needs of the growing number of pensioners.¹³ If they are to tackle this situation, they will need to make changes to minimise the economic impact of ageing. The EU has said that it needs to outperform the targets set in the Lisbon strategy and achieve an employment rate of 70% if it is to offset the expected fall in the active population.¹⁴

However, an ageing population also creates jobs, because as the number of older people rises, so demand for personal care services increases. This sector is therefore very likely to grow over the coming years; at present, it accounts for only 3% of European jobs.¹⁵

A recent study financed by the European Commission¹⁶ found that some 20 million people in the EU have “white jobs” (in other words, they work in the health and social services sectors), and this figure

13. http://ec.europa.eu/economy_finance/articles/structural_reforms/article14761_fr.htm

14. http://europa.eu/legislation_summaries/employment_and_social_policy/situation_in_europe/c10128_fr.htm

15. Cahier de la Solidarité Hors série : “Les services à la personne en Europe”, p. 5-6. Available at www.pourlasolidarite.eu

16. Investing in the Future of Jobs and Skills - Scenarios, implications and options in anticipation of future skills and knowledge needs -Health and Social Services.

will increase over the coming years as the population ages and changing trends, such as innovative forms of treatment, make healthcare more effective.

The study also emphasises that to overcome these challenges, the EU will need to conduct more precise evaluations of the demand for white jobs, and to invest in the necessary skills.

Social and healthcare services account for between 5% and 13% of European Union GDP, adding value of about €800 billion a year to the European economy. This is also a very labour-intensive sector, in which workers play an essential role in the provision of effective, high quality services.

1.3.2. Pensions

Many European countries have raised the effective retirement age to counter the adverse economic effects of demographic ageing and maintain the long-term financial stability of their pension systems.

There are three possible ways of raising the average retirement age:¹⁷

- Defer the statutory retirement age
- Require people to pay contributions for longer, but without deferring the retirement age
- Provide financial incentives for people to work past this age.

However, most of the debate on the increasing number of retired persons and on reducing costs has tended to overlook the main purpose of welfare systems, which is to transfer available income from the active to the inactive population. This is important to bear in mind if we are to ensure that the unemployed population does not live in poverty.¹⁸

Policy reform must take account of the many issues involved in demographic ageing if it is to maintain a satisfactory balance between financing the system in the long term, and maintaining solidarity and equity between generations.¹⁹ Although pension reform is essential, it must be thought out coherently and in a fair and sustainable manner.

The pensions reform debates give rise to many questions and bring fundamental social issues to the fore. While the European Union clearly intends to increase employment rates and change the way in which social security is financed, this raises several questions. Can

17. <http://www.observatoire-retraites.org/index.php?id=102>

18. European Commission, “Vers une société de tous les âges. Emploi, Santé, Retraites et Solidarité Intergénérationnelle”, reference document. http://ec.europa.eu/employment_social/soc-prot/ageing/vienna/vienna_fr.pdf

19. European Commission, “Vers une société de tous les âges. Emploi, Santé, Retraites et Solidarité Intergénérationnelle”, Reference document. http://ec.europa.eu/employment_social/soc-prot/ageing/vienna/vienna_fr.pdf

the financing problems be resolved simply by increasing the length of time that people work? What are the limitations on the employment of seniors? How do we take into account poverty and inequalities in working conditions, and are employers willing to employ seniors for longer?

Pierre Leroutier, a French welfare systems consultant, says: “Businesses will continue allowing people to leave before the statutory retirement age for as long as they are allowed to by law. This probably will not be done using early retirement schemes any more; we are already seeing this in recent redundancies. But companies will continue to pay the costs of retirement, as they do now. The state will no longer make any contribution, and will impose increasingly heavy penalties on companies that do not play by the rules.”²⁰

Successful pensions reform in Finland²¹

The number of older people in employment is growing faster in Finland than in any other European country: it has increased by some 61% in fifteen years. In the late 1990s, only 36% of 55- to 64-year-olds were in work; by 2005, this figure had reached 53%, compared to the European average of 43%. This was mainly a result of financial incentives. Unlike most countries, Finland allows people in the workforce to retire at any age between 63 and 68, and the early retirement age has been fixed at 62. Those who retire at this age will see their pension reduced by 7.2% of salary, whereas if they continue beyond 63, their salary will increase by 4.5% for each additional year of work.

Pensions reform is one of the keys to Finland’s success; the other is its efforts to improve the quality of working conditions through a number of projects carried out in collaboration with research institutes and the social affairs, employment and training ministries. Many company directors have attended training designed to increase awareness of the benefits of employing seniors.

20. Y. RIVIAL, “Réformes des retraites: un calendrier et des enjeux”, <http://www.focusrh.com/protection-sociale/retraite/a-la-une/reforme-des-retraites-un-calendrier-et-des-enjeux.html>

21. “Retraites : la Finlande trace la voie d’une réforme réussie.” In *Le Monde Economie*, 11 October 2010.

Another project aims to help senior workers to develop their skills and adjust their job responsibilities and hours.

In 2001, Abloy, one of the world's leading suppliers of door locking systems set up its Age Masters programme, which aims to persuade employees to work for an extra two years. It offers lectures, fitness courses, holiday vouchers and other incentives to help maintain the well-being of employees over the age of 58.

The Abloy programme is regularly cited as an example of good practice. Employees stay on for an average of three years past the retirement age, and say that the scheme gives them a better image and greater respect from other employees. It has been so successful that 40% of Finnish companies have now set up programmes of their own.

1.3.3 Social security systems in transition

Despite the initial wishes of the six founding members, the European Union has never acquired the institutional powers to intervene in social security policy, which is still the jealously guarded preserve of member states.²² Under the principle of subsidiarity, each member state is responsible for planning, managing and financing its own system, and harmonisation (or at least convergence) appears impossible given the big differences between social security systems.

However, Europe could indirectly influence changes in social security. The ageing population calls into question the whole principle of the redistributive pension systems created after the war, and uncontrolled increases in pension costs could increase public deficits and make it difficult for countries to balance their budgets.

Economic and monetary union means that the European Union could justify intervening in an area normally outside its remit. The aim would be to reduce the pressure on public finances created by demographic ageing while maintaining the social benefits of secure and viable pension systems.

22. D. NATALI, "Pensions in Europe, European pensions: the evolution of pension policy at national and supranational level", European Social Observatory.

Mutual health organizations has a key role to play

Health insurance companies have adapted to the challenges of the ageing population by offering pension schemes, home care and other services designed for older people.

They usually use their surpluses to improve and adapt services to members, finance growth, develop new products and services, and increase equity.

A European Commission consultation document states: “The primary objective of health insurance companies is not to make a profit, but to satisfy the needs of members and, in some cases, a wider circle of individuals. They are therefore focused on people rather than on capital.

“The fact that they do not exist primarily to make a profit does not mean that they do not engage in economic activity, attempt to make profits, or even create surpluses. If they are to maintain their long-term viability, they must be competitive and balance their books.

“The difference between Mutual health organizations companies and capital companies lies in what they do with their profits. The surpluses are not used to give a return on capital, but are reinvested to improve services to members, finance growth, increase equity and, in some cases and subject to specific limits, redistributed to members.”²³

Positive and negative social impacts of the ageing population

Positive	Negative
Intergenerational solidarity, knowledge transfer	Intergenerational conflict

23. European Commission, Directorate-General for Enterprise and Industry, Brussels, consultation document, “Les mutuelles dans une Europe élargie”, 3 October 2003.

Creation of new products and services	Economic slowdown due to labour shortages
Job creation, particularly in the home care sector	Pressure on public funds: additional cost of pensions, medical care and social services

2. European strategies to deal with the challenge of ageing

The main role of the European Union with regard to demographic change is to coordinate initiatives and help governments to share experiences. Over the years, it has placed an increased emphasis on the problem of ageing, and these issues have been at the heart of the European debate since 2000.

European measures regarding the ageing population

Date	Measure	Brief description
1993	European year of elderly persons and solidarity between generations	Partnerships at different levels, between different cultures, disciplines and generations
1994	White paper on growth, competition and employment ²⁴	First official recognition of the implications of the ageing active population
1997	European employment strategy implemented	Development framework to support an active ageing policy ²⁵
1999	Communication: "Towards a Europe for all ages, promoting prosperity and intergenerational solidarity" ²⁶	Strategy based on increased cooperation between all stakeholders and solidarity and equity between generations ²⁷
2000	European social agenda adopted	Proposed six social policy objectives, three ²⁸ of which related to demographic ageing ²⁹

Date	Measure	Brief description
2000	Lisbon strategy implemented ³⁰	Measures in such areas as pensions, healthcare, and long-term care ³¹
2001	Stockholm summit	The first time that a European employment rate target was set for over 50s: average 50% for 55- to 64-year-olds by 2010 ³²
2001	Laeken summit	Agreed to an open coordination method to help member states provide adequate pensions while maintaining their financial viability and confronting changing social needs.
2001	Communication: "The future of health care and care for the elderly: guaranteeing accessibility, quality and financial viability" ³³	Aims to preserve and adapt European healthcare systems
2005	Green paper: "Confronting demographic change: a new solidarity between generations" ³⁴	Promotes large-scale intervention in employment, policies to increase the birth rate, and selective use of immigration
2006	Communication: "The demographic future of Europe, from challenge to opportunity" ³⁵	Formalized an integrated policy on the ageing population
2007	Communication: "Promoting solidarity between generations" ³⁶	Offered tools to ensure demographic renewal and strengthen intergenerational solidarity ³⁷
2007	Communication: "ageing well in the information society – an i2010 initiative"	Proposed implementing an action plan on ageing and information and communication technology
2008	European commission initiative: "New skills for new jobs" ³⁸	Aimed to match European workers' skills to the future needs of the employment market

Date	Measure	Brief description
2008	Conference: “Intergenerational solidarity, social unity and sustainable societies.”	As a result of this debate, proposals were made for a European year of active ageing and intergenerational solidarity in 2012.
2008	Communication: “Renewed social agenda: opportunities, access and solidarity in 21st-century Europe.» ³⁹	Article 4.4: “Longer and healthier lives: Europe’s ageing society calls for a wide range of measures, from supporting research into how information technology can improve the health and well-being of older people, to assessing what healthcare and pension reforms are needed to meet the needs of an ageing population while ensuring the sustainability of public financing.”
2009	Lisbon Treaty comes into force	The EU’s charter of fundamental rights was annexed to the treaty. Article 25 states: “The Union recognises and respects the right of elderly people to lead a dignified and independent life, and to participate in social and cultural life.”
2009	Communication: «Dealing with the impact of an ageing population in the EU.» ⁴⁰	The Commission stated that the EU had about 10 years, during which the supply of labour would continue to increase, to implement the structural reforms required to meet the future needs of an ageing society.

Date	Measure	Brief description
2010	Europe 2020 strategy implemented ⁴¹	Five main areas for reform were defined: A Europe which encourages demographic renewal by improving the work-life balance; ⁴² adds value to work by creating jobs and enabling people to lead longer active lives; is more productive and efficient as a result of the change in the focus of the Lisbon strategy since 2005; ⁴³ is organised to welcome and integrate immigrants; and has viable public finances. ⁴⁴
2010	Green paper: "Towards adequate, sustainable and secure pension systems in Europe". ⁴⁵	Takes an integrated approach to pensions reform, covering economic, social and financial aspects

24. Approved by the European Council on 11 December 1993.

25. See definition on p. 17.

26. COM (1999) 221.

27. See definition on p. 24.

28. Objective I: to make it easier for ageing workers to remain employed. Objective III: to ensure that Community legislation on age-based discrimination is implemented effectively. Objective IV: a high and durable level of social protection which takes into account the impact of ageing.

29. C. CANAZZA, *La politique européenne du vieillissement actif et le principe de non-discrimination fondée sur l'âge*, November 2009.

30. In the context of the Lisbon strategy, the open coordination method was implemented in social affairs. This allows member states to set common objectives. Initially, this European process was created as part of employment policy and related only to social inclusion, but it was then extended to include first pensions and then healthcare and long-term care. Since 2006, these three processes have been integrated into an "open coordination method for social protection and inclusion".

31. http://ec.europa.eu/economy_finance/articles/structural_reforms/article14761_fr.htm

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32. A. JOLIVET, "La politique européenne en faveur du vieillissement actif", in: *Retraite et société* 2/2002 (no 36), p. 137-157.
 33. COM (2001) 723 final.
 34. COM (2005), 94 final.
 35. COM (2006) 57 final .
 36. COM (2007) 244 final.
 37. See definition on p. 24.
 38. COM (2008) 868 final.
 39. COM(2008) 412 final.
 40. COM(2009) 180 final.
 41. COM (2010) 2020 final.
 42. On the same subject, see D. STOKKINK (editor), "Concilier la vie au travail et hors travail", January 2010. Available free at gatewww.pourlasolidarite.eu
 43. The Lisbon strategy was centred on an objective to be achieved by 2010, so the midterm evaluation year was 2005. In view of the inconclusive progress, the Commission and member states concluded in March 2005 that they should no longer attempt to operate in an integrated manner on all four fronts (economic growth, employment, social affairs and the environment), but rather that the priorities should be refocused on employment and growth (hence the term revised or refocused Lisbon strategy). F. CLEMENT, E. MARLIER, "Population et emploi", no. 18, July 2006.
 44. http://europa.eu/legislation_summaries/employment_and_social_policy/situation_in_europe/c10160_fr.htm
 45. SEC(2010) 830 final.

3. European year of active ageing and intergenerational solidarity, 2012

The idea of “European years” was set down by the European Commission in 1983. The purpose is to highlight a particular issue and incorporate it within various areas of European policy throughout the year, with the aim of informing member states and the public and involving them in dialogue. The Commission proposes the theme of the “European years” to the Council of Ministers and the European Parliament, and is responsible for promoting it by holding public events.

The Commission’s directorate-general of employment, social affairs and equal opportunities has stated that the “European year of active ageing” will create greater solidarity between generations, help to highlight the contribution to society made by elderly people and publicise innovative action to mobilise the full potential of the baby boomer generation.⁴⁶

46. See the European Commission consultation document on the possibility of designating 2012 as the European year of active ageing and intergenerational solidarity: <http://ec.europa.eu/social/main.jsp?catId=699&langId=fr&consultId=1&isib=0&furtherConsult=yes>.

3.1. The concept of active ageing

Active ageing means remaining active by working for longer, retiring later, doing voluntary work after retirement, and engaging in healthy, age-appropriate activities. The phrase originated in English, and has become much more widely used in continental Europe under the aegis of the European Union. The EU believes that active ageing is a process which aims to improve equality of opportunity, so that older people are healthier and can take an active part in society while enjoying a better quality of life and greater autonomy.⁴⁷

The European Union states that there are four “pillars” to active ageing: lifelong education, high-quality working conditions, viable pension systems, and combating age-related discrimination.⁴⁸

The union is also pursuing two complementary objectives which promote active ageing:

- Increasing employment rates among 55- to 64-year-olds
- Increasing the average age at which people stop working.⁴⁹

European policy on active ageing is targeted at three main groups:

- 55- to 65-year olds: encouraging companies to employ workers for as long as possible by maintaining high-quality social dialogue.

47. V. GIMBERT, C. GODOT, Centre d'analyse stratégique, “Vivre ensemble plus longtemps”, July 2010.

48. C. CANAZZA, *La politique européenne du vieillissement actif et le principe de non-discrimination fondée sur l'âge*, November 2009.

49. COM (2006) 571 final.

- 65- to 75-year-olds: maintaining autonomy and social inclusion, with the emphasis on preventive health care and personalised care choices.
- Over-75s: managing the dependence of this group.

Ageless at Work⁵⁰

Ageless at Work (Financed by the European Social Fund)

This three-year project creates training programmes to encourage career flexibility among older people. It seeks to tackle one of the main challenges facing the economy of Southwest England, namely the ageing population of working age.

The project involves all the main local authorities in the region, which are seeking to develop new approaches to “age management” with partners in Sweden, Finland and Poland. It seeks to change the culture of human resources by emphasising the professional skills which over-50s can offer; for example by retraining those affected by unemployment or changes in demand for particular skills.

For more information, visit <http://southwest.skillsforcare.org.uk/>

50. AGE (in collaboration with the Committee of the Regions), brochure: Comment promouvoir le bien vieillir en Europe : Instruments et outils à disposition des acteurs locaux et régionaux, October 2009.

3.1.1. 55- to 65-year-olds

In the past, older workers were regarded as a business asset because of the experience they offered. Today, this perception has changed: in an increasingly competitive environment, they are accused of being less motivated, less flexible, and less able to adapt to technological change. According to an OECD study,⁵¹ 50% of people in France and 60% of Spaniards believe that over-50s cannot do their jobs properly. These conclusions show that it is important to undertake initiatives to fight ageism, to set up specific monitoring for these workers and to help them to find jobs and training. Companies must adopt dynamic human resources policies to give these workers the credit and respect they deserve.

As well as focusing on the employment market for seniors, it is also important to rethink the social protection provided outside the work environment if we are to gain an overall understanding of the social issues involved in active ageing and to achieve greater inclusion.

Active Age-in

The full title of this European project, which ran from 2007 to 2008, was “Active Age-in: Social dialogue as a tool to combat age discrimination in employment.” It was headed by the Spanish organisation Confesal, and Pour la Solidarité also played an active part. The project’s main purpose was to initiate a European social dialogue on the specific theme of active ageing, to encourage debate on this subject, present concrete measures and make it easier for all age groups to participate in employment and related activities.

51. Cited in “Social dialogue, a tool to combat age-related discrimination in employment. Guide to best practices.” AGE-IN project, sponsored by the European Commission, Employment, Social Affairs and Equal Opportunities (1 December 2007 to 30 November 2008).

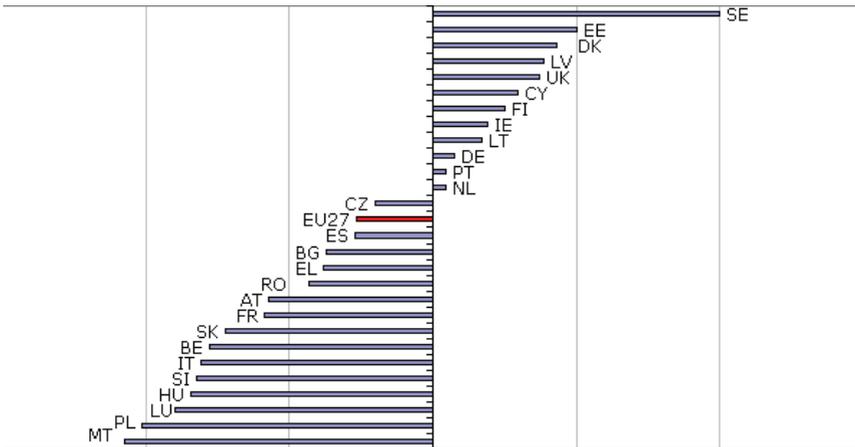
Its specific objectives were to

- Identify specific and innovative approaches, practices and experiences within each partner organisation
- Highlight the specific features of each national social dialogue, and in particular the ways in which age diversity is maintained within the labour market and individuals are encouraged to participate in this market.
- Compare and analyse these measures.
- Create a “detonator” for the development of European social dialogue between stakeholders in the social economy.

The project involved experienced social partners and stakeholders who were involved in their own countries’ social dialogues. Following debate and negotiation, they expressed their intention to create a shared social dialogue within individual companies and sectors, and in industry as a whole.

[Http://www.pourlasolidarite.eu/Active-Age-in-Le-dialogue-social?var_mode=calcul](http://www.pourlasolidarite.eu/Active-Age-in-Le-dialogue-social?var_mode=calcul)

Fig.1 : Employment rates among the over-55s in Europe, according to a 2009 Eurostat survey published by EuroFund⁵²



EU 27 average: 43.5%

Spain: 43.5%

Bulgaria: 42.6%

France: 38.1%

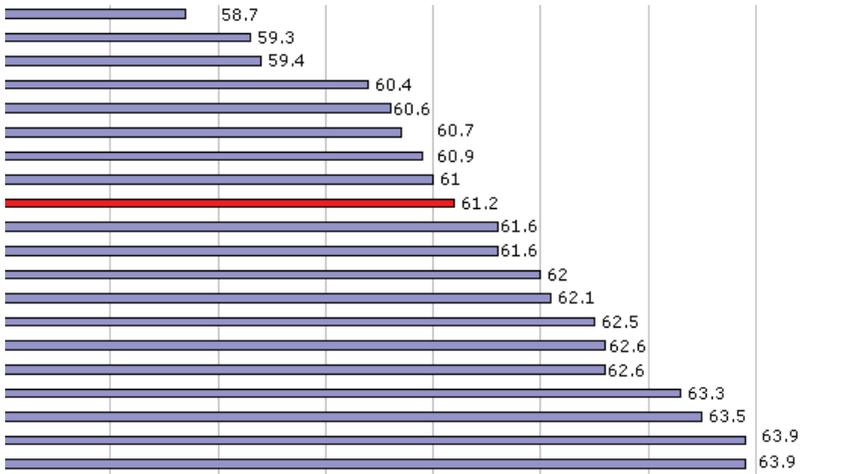
Belgium: 32.0%

Italy: 31.5%

This graphic shows that only 12 member states (including three new members that joined on enlargement in 2004: Cyprus, Estonia and Lithuania) have achieved the employment rates for older workers defined in the Stockholm employment strategy. Sweden, Estonia and Denmark have the highest rates at 70%, 60% and 58.6% respectively, and Malta, Poland and Luxembourg the lowest at 28.5%, 29.7% and 32.0% respectively.

52. <http://bit.ly/bKf22r> Source: Eurostat, 2009.

Fig.2 : average retirement age in Europe, 2007⁵³



EU 27 average: 61.2

France: 59.4

Italy: 60.4

Belgium: 61.6

Spain: 62.1

(No data for Bulgaria)

The average retirement age in the EU 27 is 61.2, and ranges from 58.7 in Slovakia to 63.9 in the Netherlands and Sweden. The Barcelona European Council of 2002 set a target of increasing this average by five years by 2010.⁵⁴

53. http://www.eurofound.europa.eu/ewco/studies/tn0908040s/tn0908040s_2.htm. Source: Eurostat, 2009.

54. "Viellissement actif et âge moyen de sortie du marché du travail", <http://bit.ly/dnzvmc>

The European Council of Barcelona concluded:

"[Member states must] attempt to gradually increase, by about five years, the average age at which individuals effectively retire from work, and to achieve this aim by 2010." The European Council of Stockholm agreed "to set, for 2010, the objective of increasing to 50% the average employment rate in the EU for men and women aged 55 to 64."

3.1.2. Over-65s

In 2005, 20.6% of over-65s were living in poverty, compared to 12.2% for the rest of the population.⁵⁵ In countries where there are no retirement pensions, 90% of elderly people live in poverty. Given the lack of public resources, there have been increasing calls for more selective pensions, and social security is becoming more of a safety net, with the private sector taking on an increasing proportion of pensions, healthcare and other services for elderly people.

At present, more than half of EU citizens in this age group are inactive. However, over recent years, older workers have been one of the fastest-growing components of the employment market, increasing by seven percentage points since 2000. Despite this recent improvement, we must continue our efforts to extend active life, since the employment of older workers in Europe is low by international standards.”
(COM(2004) 146 final).

55. J. PACOLET, Service de lutte contre la pauvreté, “La sécurité sociale, un instrument remarquable et indispensable dans la lutte contre la pauvreté”. http://www.luttepauvrete.be/publications/10ansaccord/10ansaccord_02-1_Pacolet_FR.pdf

3.1.3. Over-75s

The main objective of European policies targeting the over-75s is to manage their dependence. They are defined as dependent when they start to lose their physical autonomy and require personal care, or have difficulty getting around in their usual environment, orienting themselves in time and space, carrying out their usual occupations (depending on age), managing relationships with other people, or maintaining their financial independence.

In terms of managing dependence, the Commission refers to long-term care,⁵⁶ which lies on the boundary between social services and healthcare. This is discussed in the section entitled “Adapting long-term care”.

Interlinks⁵⁷ (Financed by the seventh framework programme of the European Strategic Forum on Research Infrastructures

This three-year project financed by ESFRI⁵⁸ aims to develop and validate a general model to describe and analyse long-term care (LTC) systems for elderly people in 14 member states. It uses specific aspects of numerous recent national models of long-term care in Europe to show how the links between healthcare services, the quality of LTC services, and incentives for preventive health and rehabilitation can be managed and financed to improve the structures, processes and outcomes of LTC systems. Based on the hypothesis that European systems only began to develop within the confines of healthcare and social services, the project will focus on defining concepts, indicators and examples of policy and practice based on interfaces and synergies between health and LTC systems.

For more information, go to <http://www.euro.centre.org/interlinks>

56. See the biannual report on services of general interest: SEC(2008)2179/2, available at <http://ec.europa.eu/social/BlobServlet?docId=484&langId=en>.

57. AGE (in collaboration with the Committee of the Regions), brochure: *Comment promouvoir le bien vieillir en Europe : Instruments et outils à disposition des acteurs locaux et régionaux*, October 2009.

58. European Strategy Forum on Research Infrastructures.

3.2. The concept of intergenerational solidarity

In *Eléments de sociologie*, Mendras (1984) emphasises that all social life is based on exchange. Reciprocity is a fundamental requirement for human relationships; for example, giving back to society or looking after your parents in the same way that they looked after you. Intergenerational solidarity can therefore be seen as a social equaliser, in which each party exchanges with the other to obtain what they lack (Puijalon, 1989).⁵⁹

This is not a one-way relationship between the active young population and inactive older people. There are many different formal and informal transfers which occur in both directions, the total of which determines the quality of life enjoyed by both younger and older people. The role of the family, and these different types of transfers – financial, material, intangible – therefore must not be overlooked.⁶⁰

The European communication campaign on intergenerational solidarity aims to sweep away discriminatory stereotypes of both older and younger people, since these constitute obstacles to employment. According to the 2009 Eurobarometer on intergenerational solidarity, 56% of young Europeans believe that keeping older people employed for longer stops the younger generation from getting jobs. The stereotype of old age ranges from the kindly, respectable grandmother figure to a burden on society.

59. Union Départementale des Associations Familiales de Côte d'Or, "Démographie et solidarité intergénérationnelle", 12 October 2006.

60. European Commission, "Vers une société de tous les âges. Emploi, Santé, Retraites et Solidarité Intergénérationnelle". Reference document. http://ec.europa.eu/employment_social/soc-prot/ageing/vienna/vienna_fr.pdf

Implementing intergenerational solidarity requires a paradigm change which regards social relationships as dynamic, global and reciprocal. In this perspective, younger people should not have to bear the full cost of pensions for their elders, but they should make a fair contribution towards building a sustainable society. Governments should reform pension and health systems to reduce public deficits, and the baby boom generation should be more closely integrated into professional and public life, in order to participate more effectively in growth and to share their experiences with the younger generation.

Solidarity, whether intergenerational or in the broader sense, involves the idea of shared responsibility, and affects work, home and family environments.

Add-Life!⁶¹

(Funded by the European Commission's Grundtvig adult learning programme)

The Add-Life! project develops university-accredited modules for atypical students, and for senior citizens in particular. It seeks to explore different intergenerational learning models, and to promote collaboration between younger and older learners and other foster forms of intergenerational cooperation in designing new modules.

61. AGE (in collaboration with the Committee of the Regions), brochure: *Comment promouvoir le bien vieillir en Europe: Instruments et outils à disposition des acteurs locaux et régionaux*, October 2009.

3.3. Social and civil dialogue: the fundamentals

Trade unions and non-profit community organisations play a fundamental role in the democratic functioning of the European Union. They ensure what Jacques Delors refers to as “balanced dialogue which respects the diversity and autonomy of the multiple community networks which irrigate society from the local to the global level.”⁶² In order to prepare for the European year in 2012, these stakeholders in the European social and civil dialogue reviewed their opinions.

62. J. DELORS, “Dialogue social européen et dialogue civil : différences et complémentarités”, 10 June 2003. <http://www.notre-europe.eu/fr/axes/competition-cooperation-solidarite/travaux/publication/dialogue-social-europeen-et-dialogue-civil-differences-et-complementarites>.

3.3.1. Social dialogue

The European social dialogue comprises discussions, consultations, negotiations and joint projects by organisations representing European trade unions and employers.

In the words of the European Commission, “the attainment of the strategic objectives defined in Lisbon – to achieve full employment and increase social unity – is largely dependent on social partners. They are in the best position to manage change in a positive way, and to reconcile the flexibility that is essential to companies with the security needed by employees. They can also draw on a wide range of industrial relations models to provide suitable responses to such issues as increased demand for qualifications, working practices, the promotion of equal opportunities and the development of active ageing policies.”⁶³

After the green paper on demographic change was published,⁶⁴ the European Trade Union Confederation (ETUC) expressed its opinion on the problem of ageing in Europe.⁶⁵ The confederation, which comprises most of Europe’s trade unions and is recognised as one of the EU’s main social partners, represents European workers.

The ETUC believes that the debate currently places too much emphasis on welfare spending, which is often regarded as a cost or even a burden for future generations. It holds that the emphasis must be changed in order for it to be regarded as a productive investment. It also emphasises that older people should not be regarded as a burden to society but as a potential source of help to younger generations. The confederation also insists upon an integrated response

63. http://europa.eu/legislation_summaries/employment_and_social_policy/social_dialogue/c10716_fr.htm

64. Green paper, “Face aux changements démographiques, une nouvelle solidarité entre générations” COM(2005) 94 final.

65. Resolution adopted by the executive committee of the ETUC at its meeting in Brussels on 14 and 15 June 2005. <http://www.etuc.org/a/1430>.

to the challenges and issues brought about by demographic change, which would involve many different tools, policies and players. So it is urgent that the emphasis be placed on lifelong training, promoting high-quality employment, offering flexible working conditions, preventing unemployment due to restructuring and other causes, and providing the possibility of mid-life career changes—all part and parcel of a welfare system that is more adapted to individual needs.

The ETUC also emphasises the importance of the following specific issues:

- Demographic change and employment policy: the organisation believes that these policies should be active and inclusive, aimed at both younger and older workers, and developed in close collaboration with the social partners. They must be attractive to young people and allow older people to make a gradual, voluntary transition from work to retirement, and to remain active after doing so.
- Demographics and welfare policy: the ETUC believes that any problems financing the welfare system engendered by demographic change are the result not so much of the demographic cycle as the fact that many countries are reducing national insurance contributions without offsetting them from other revenue sources, despite the increasing demand.
- Demographic change and immigration: all EU countries are destinations for immigrants. There is a clear link between immigration and the demographic challenge, according to the ETUC. In this context, immigration must be seen as a positive challenge and not as a negative threat, but the ETUC considers immigration to be only a part of the solution to Europe's demographic problem.
- The situation of women: “Women are an essential part of the debate on demographic change. They are an underused resource which could help to address labour shortages, and are therefore one of the main components of the future employment market. They play a key role in formal and informal childcare, and also constitute the majority of the elderly pop-

ulation because they have a longer life expectancy, making them more dependent on social security in the long term.”⁶⁶

- The urgent need for an intergenerational contract: the ETUC believes that active ageing strategies must be developed while also increasing the number of young people who come onto the employment market.
- The situation of elderly people: in the view of the ETUC, any proposals made in relation to managing dependence must be innovative and not solely targeted at families. While families clearly have a role to play, they must be supported by proper assistance. Caring for elderly people often exceeds a family’s financial, physical and psychological capacity, and the whole concept of the family is changing. This must be taken into account. There must be a high-quality structure for the provision of long-term care, and the sector will therefore generate new jobs.

The European Federation of Retired and Elderly Persons (FERPA) is a member of the ETUC. It was set up in 1993 by a group of retired workers who wanted to continue their trade union involvement and create a more just, democratic and citizen-focused society while showing solidarity with younger workers.

FERPA has 10 million members, and is one of a number of organisations representing retired and elderly people in Europe. It coordinates its policies with those of the ETUC, particularly on social security and welfare, and specifically in relation to pensions, healthcare, social exclusion and poverty.⁶⁷

Business Europe

The employers’ organisation Business Europe believes that the ageing population is a crucial issue for Europe’s economies and businesses. They point out that as the number of workers decreases, so

66. Resolution adopted by the executive committee of the ETUC at its meeting in Brussels on 14 and 15 June 2005. <http://www.etuc.org/a/1430>.

67. <http://ferpa.etuc.org>

there will be fewer people paying the taxes required to finance the pensions of the growing number of retired people. If the situation does not undergo major change, this trend will have an adverse effect on pension funds and public finances.

Business Europe therefore believes that the most important priority is to increase employment rates and encourage people to retire later.

Increased employment: this will require general measures such as employment market reforms and modernisation of social security systems. Dependence on benefits must be reduced, and back to work policies maintained. It is also vital to invest in training and skills development, so that employees' skills are matched to market demand. Active lifelong learning is particularly important for older workers. This will require flexibility by employers and employees alike, and particular attention must be given to employee well-being, taking into account workplace health and safety. Young people also have a role to play in confronting the demographic challenge, and the potential of the under-25 workforce must be exploited to the full.

Working for longer: Business Europe believes that nearly all member states need to review their retirement ages, which are too low. The organisation favours incentives that keep older workers in employment and believes that measures encouraging workers to retire early should be abolished. It emphasises the importance of exploiting the full potential of the employment market in order to manage the ageing population.

According to the organisation, a favourable framework should be created to allow companies to offer jobs, and businesses must be competitive in order for the European Union to confront both the current recession and the future demographic challenge.⁶⁸

68. European Commission seminar : "The impact of the crisis on member states' ability to respond to the challenges of demographic change", 22 February 2010. Address by Rebekah Smith, adviser social affairs. <http://bit.ly/cIDvjR>

3.3.2. Civil dialogue

One of the Commission's treaty obligations is to carry out wide-ranging consultation. The protocol on the application of the principles of subsidiarity and proportionality, which is annexed to the Amsterdam treaty, states: "The Commission should... carry out wide-ranging consultation before proposing legislative texts and publish consultation documents where appropriate."⁶⁹

The Commission is developing a reciprocal consultation process with non-profit community organisations in formulating and implementing policies on employment, social affairs and equal opportunities.⁷⁰

Non-Profit organisations have a fundamental role to play in ensuring that anti-discrimination rights are enforced, and particularly in ensuring that policies respond to public need and the general public is aware of its rights.

The European Economic and Social Committee

The EESC is a consultative body of the European Union, through which representatives of business and society at large can express formal opinions on Community policies to the Commission, the Council and the Parliament. Its 344 members are proposed by national governments and personally appointed by the Council for a renewable four-year period.

The EESC has expressed its opinions on the consequences of the ageing population for health and social security systems.⁷¹ In particular,

69. http://ec.europa.eu/civil_society/apgen_fr.htm#BM5.

70. <http://ec.europa.eu/social/main.jsp?catId=330&langId=fr>

71. Opinion of the European Economic and Social Committee on "The consequences of the ageing population on healthcare and social welfare systems, 15

it states: “Demographic change requires that health, welfare and related systems continue to be developed in terms of their organisation and capacity to:

- Take into account the needs of elderly people
- Ensure that the services are available to all those who need them, so as to preserve their autonomy and dignity
- Allow all population groups, regardless of age, sex, financial situation or residence, to access the same healthcare (including health promotion, prevention, treatment, rehabilitation and palliative care).

It emphasises that although the expectations of elderly people must be taken into account, all individuals are responsible for making appropriate preparations for their old age.

According to the EESC, the following areas require particular attention:

- Prevention: healthy ageing is a process which begins long before retirement. It is affected by living and working conditions, and by the availability of resources.
- Healthcare services: these must encourage integrated, personalised, patient-focused care. Health professionals must also receive more specific, high-quality training.
- Home-care services: these must be guaranteed by law, and must be checked and evaluated. An extended, decentralised and local network of home care must be created.
- Research: demographic change must be incorporated into the European Commission’s joint research programmes on preventive health, medical and therapeutic care, home care, and health systems.
- The development of new technology: there is enormous potential for new products and services aimed at an ageing society.

- Financial sustainability: in nearly all member states, benefits for elderly people are financed by national welfare systems, which must be secure and financially sustainable. All member states must therefore provide coverage for healthcare and adapt the existing coverage to the challenges of future demographic change so that every citizen has guaranteed access to these services. Any partial transfer of long-term healthcare to private insurers must take carefully studied beforehand and in consultation with the parties concerned. New reimbursement structures should enable relatives to receive allowances for the care they provide to dependent individuals.

The EESC has also pointed out that the open coordination method can help to organise and manage health policy more effectively.⁷²

The Social Platform

The Social Platform of European NGOs in the social sector was created in 1995, and currently has over 40 member federations. They themselves represent over 1,700 non-profit community organisations and cover a large part of the NGO sector. They also include organisations that represent elderly people.⁷³

In 2007, the Social Platform chose demographic change as its theme of the year. It drew up a document making recommendations to the EU for the period 2010-2020,⁷⁴ stating that it was vital to put individual well-being back at the heart of all European strategy, and complaining that the Lisbon agenda took insufficient account of the reality of individuals' daily lives and was essentially focused on growth.

The document also stated that women were still excluded from the right to a full pension. They were discriminated against by pension

72. Consultation on the possibility of designating 2012 as the European year of active ageing and intergenerational solidarity.

COFACE, June 2009. <http://bit.ly/dIDuf6>

73. <http://ec.europa.eu/social/main.jsp?catId=330&langId=fr>

74. Social Platform, "Les ONG sociales prêtes pour l'après-Lisbonne : De "la croissance et l'emploi" à un développement "durable et social", 2007. <http://bit.ly/cDZcRJ>

systems which ignored the reasons for and consequences of working part-time, career breaks for family reasons, and periods of forced inactivity.

The Social Platform stated: “The management of an ageing population also requires infrastructures to be adapted to the needs of elderly people, so that they can participate fully in society and live dignified lives. This requires governments to think in the long term: a poverty-stricken younger generation cannot effectively support its elders, and risks getting poorer as it ages.”

In addition, because of changes in society, families no longer have sufficient time or resources to offset the shortcomings of the public social security system. They are also suffering because of inadequate complementary health infrastructure and support for carers.

The AGE Platform

This is a European network of some 150 organisations that represent and work on behalf of over-50s. It seeks to identify and promote the interests of the 150 million older people in the European Union.⁷⁵

In a document which it co-authored, entitled “Solidarity between generations. The way to the future. Proposals by the NGO coalition for a year of active ageing and solidarity among generations in 2012,” it states that the role of the family as the “natural expression of solidarity between generations” has been damaged by changes in family structures.⁷⁶

The document states that care for dependent individuals must be reconsidered and shared more equitably with the rest of the community via publicly funded systems. Integrated family policies must be implemented in order to give families the resources, time and services they need to provide care for the elderly.

75. <http://www.age-platform.eu/fr>

76. “La Solidarité entre les générations. La voie vers l’avenir. Propositions de la coalition d’ONG pour une année 2012 du vieillissement actif et de la solidarité entre les générations. 2010”. http://www.age-platform.eu/images/stories/EN/CoverAGE/EN/21879_brochure_age_2010_fr_v5.pdf

If families provide care, this must not affect their social inclusion, health, or equality between men and women. The authors state that it is essential to implement more effective measures to restore a work-life balance.

With respect to education policy, the authors underline the importance of ensuring that all children and adults can benefit from life-long learning. Education must strengthen communication between generations, which is essential for effective knowledge transfer, so that young workers can benefit from their elders' experience.

With reference to housing, the AGE Platform states that all too often, public and private spaces in Europe are not suitable for the needs of the elderly, for young people or families with children. Housing policy must therefore be better coordinated with other areas to reinforce this social unity.

In terms of pension reform, the authors of the document point out that member states increasingly encourage the use of private capital-based schemes to reduce the burden on the public purse created by distributive pensions. However, these reforms could be bad news for women and vulnerable groups such as carers and the unemployed, so they must be based on the principles of solidarity between generations and equality between men and women.

In terms of healthcare and long-term care, the NGOs state that it is vital to maintain a high level of social protection, insofar as care is based on intergenerational solidarity and plays a key role in maintaining and promoting social unity. It is also essential to find new sources of revenue for the inevitable growth in spending.

If the quality of health services is to be improved, there must be better coordination and integration between the different forms of healthcare and long-term social care, with an emphasis on home-care services. This sector needs to offer better working conditions to retain qualified health professionals, and effective support must be provided to family and informal carers, particularly by enabling men to assume their share of family responsibility throughout their lives.

The AGE Platform ends by advocating a global approach to the major demographic changes which Europe currently faces. The debate must not only focus on the financial repercussions of the ageing so-

ciety, but must also adopt a wider perspective and promote just and lasting solutions to sustain the European social model.⁷⁷

The partners in the EUSTaCEA project proposed a European charter on the rights and responsibilities of elderly people needing long-term assistance and care, as part of the DAPHNE III anti-abuse programme. They were seeking to spark a debate within the European Union on the need to recognise and affirm the rights of vulnerable elderly people. The initiative aims to allow elderly people to express themselves and be heard by the whole of society.

The introduction to the charter states that healthcare and long-term social care, including preventive healthcare and early intervention, must be regarded not as a cost but as an investment which will benefit people of all ages. These services must be based on the principle of solidarity between generations and reflect the Lisbon treaty, which states that the European Union must “combat social exclusion and discrimination, and promote justice and social welfare, equality between women and men, solidarity between generations and the protection of children’s rights.”

The purpose of the charter is to complement and reinforce charters and other measures already implemented in some European Union countries, rather than to replace them. It also seeks to create greater public awareness, highlight the rights of the growing number of people receiving long-term care, and encourage best practice in member states and third countries.

COFACE

COFACE, the Confederation of Family Organisations of the European Union, has called for policies to develop civil participation by elderly people, and to reinforce the ties between generations. In order to achieve this, it says that several obstacles will have to be overcome:

77. “La Solidarité entre les générations. La voie vers l’avenir. Propositions de la coalition d’ONG pour une année 2012 du vieillissement actif et de la solidarité entre les générations. 2010”. http://www.age-platform.eu/images/stories/EN/CoverAGE/EN/21879_brochure_age_2010_fr_v5.pdf

- The lack of funds for such measures, which are not seen as budgetary priorities. And yet, true intergenerational solidarity should be regarded as an investment which generates benefits such as economic innovation and job creation, and would also lead to savings: by helping elderly people and their families to enjoy a better quality of life, it can reduce health and welfare spending.
- The lack of awareness of the importance of solidarity between generations
- The lack of information about existing initiatives
- The shortage of people trained to help the elderly people deal with their everyday lives.

COFACE has also called for greater emphasis on the issue of dependent individuals and their families.

As part of the European year of active ageing and intergenerational solidarity, the organisation will be focusing on the following topics in 2012:

- Managing dependence: high-quality services and support for family carers
- Preventing and combating poverty among the elderly (incomes, access to healthcare etc.), with particular emphasis on the issue of gender
- Access to social participation by elderly people
- The uses of new technology in developing intergenerational solidarity.⁷⁸

78. Consultation on the possibility of designating 2010 as the European year of active ageing and intergenerational solidarity. COFACE, June 2009. <http://bit.ly/dlDuf6>

4. Strategies for the future

Various European stakeholders have submitted their ideas on how we should tackle the demographic challenge ahead. Different strategies have been put forward and European institutions have also shared their views on the matter.

Very tangible solutions are already available. Adapting housing, using information and communication technology and making changes to long-term care could all provide the necessary leverage to manage future demographic change in a sustainable manner.

4.1. Adapting housing

Housing management is a significant aspect of issues related to population ageing in Europe. Senior citizens often end up staying at home as long as possible—by choice, because of financial limitations, or due to a lack of alternative solutions.

As a result, there is a general trend that sees people—with the exception of those with severe disabilities—distancing themselves from institutional care.

Hence the need to rethink the availability, adaptation and quality of housing for senior citizens. Many elderly people live alone as a result of the way the family unit has evolved, the increase in life expectancy and changes in the structure of the urban environment. There is therefore a need to “create smaller housing units, develop new ways of *living together*, offer adapted services and infrastructure for the elderly, and create multi-generational environments.”⁷⁹

Residential accommodations in Europe are extremely stable, with those over the age of 65 living in the same home for over 40 years on average.⁸⁰ Southern Europe has more home owners than Northern Europe, which has more renters. These trends reflect government habitat and housing policies in each area.

Sweden, where the number of home owners is below the European average (43%), is pursuing a campaign to build homes for senior citizens through social housing.

Housing for the elderly in Denmark is now among the best in Europe, as a result of the proactive policy introduced in the 1950s. After an initial campaign to develop residences, retirement homes and

79. www.eurhonet.eu

80. T. Barnay, C. Sermet (Dir.), *Le vieillissement en Europe : aspects biologiques, économiques et sociaux*. Paris, la Documentation Française, 2007, p. 108.

home-help services, the country is encouraging people to anticipate their needs. The goal is to prompt people to find the best place to enjoy their old age by moving while the transition can still be made smoothly, while they are still able, and before others make the decision on their behalf⁸¹.

Very often, those who own their homes do little to modernise them. Over time, these homes can become ill-suited to the needs of their occupants. However, moving is not always easy and is often too costly for those who are less well-off.

There is therefore a pressing need to help the elderly to continue living at home longer, and in a suitable environment.

Achieving this goal depends largely on the kind of alternative housing solutions available. Investment in this area varies from one European country to the next. The Netherlands and Sweden house 9% of senior citizens in these types of alternative accommodations, whereas in Italy and Spain the figure is below 5%.⁸² Such initiatives bring tangible, immediate benefits by delaying the need to move older people to an institution and helping them better handle the loss of independence that comes with old age. Some organisations have also called for a standardised approach to housing solutions for the elderly in order to clarify options and provide guidelines for housing bodies, notably through a bid to share best practices.

81. T. Barnay, C. Sermet (Dir.), *Le vieillissement en Europe : aspects biologiques, économiques et sociaux*. Paris, la Documentation Française, 2007, p. 109

82. T. Barnay, C. Sermet (Dir.), *Le vieillissement en Europe : aspects biologiques, économiques et sociaux*. Paris, La Documentation Française, 2007, p. 110.

DELPHIS⁸³ has introduced a **Habitat Senior Services** (HSS) label with the help of the European Social Fund. **Francis Déplace**, DELPHIS Director.⁸⁴

How does the Habitat Senior Services label reflect a company's socially and environmentally responsible approach to housing?

“The Habitat Senior Services (HSS) label created by DELPHIS aims to support population ageing in homes owned by social landlords. I believe it is a model example of social responsibility on the part of social-housing providers.

“In addition to the concrete investment targets that will lead to technical modifications to a large number of homes and tower blocks, along with the development of tailored services for elderly people, there is also a drive to maintain a communal space in which all generations can continue living together in the same buildings. There is also a campaign to work together to involve other players in the field, such as home-help associations and carers.... One of the key issues behind the label is the bid to ‘decompartmentalise’ and improve facilities for a segment of the population made increasingly vulnerable by their meagre incomes and the effects of old age.”

The HSS label aims to make housing more functional and improve everyday life for senior citizens. It forces those in the industry to “meet clear-cut specifications on housing characteristics and at the same time to promote a network of home-related services to make it easier for people to continue living in their homes.”⁸⁵

That means creating and cultivating cooperation between social landlords and networks of lifestyle and home-care service providers, community organisations and home-help companies. In addition to this partnership, the label also involves

83. DELPHIS is an association set up in 1989. Its members now include 19 social-housing providers that manage 140,000 individual and collective social-housing units in 15 regions of France. <http://www.delphis-asso.org>

84. Interview available (in French) at www.delphis-asso.org

85. <http://www.delphis-asso.org>

informing and training the employees of companies providing services for senior citizens, along with a campaign to better inform tenants and ensure individual follow-up.

According to Francis Déplace,⁸⁶ the HSS label could help to:

- improve quality of life for senior citizens;
- decartmentalise care for the elderly;
- provide a tracking system for adapted housing in a given area;
- create new jobs in lifestyle and home care services;
- provide long-term housing solutions for the elderly.

However, while it is true that an increasing number of elderly people prefer to stay at home rather than move to specialised accommodation, there are a number of alternative solutions. Whereas in the past it was a choice between “own home” or “institution”, senior citizens now have a wide range of options. One example is intergenerational housing (in this respect, a mix of different residents is not only a necessity or a means of creating a richer environment; it also helps bring the financial cost of different services within everyone’s reach through staggered pricing). Others include housing clusters for senior citizens, *habitat kangourou*,⁸⁷ host families, solidarity-based housing, and apartments with additional services. These alternative types of accommodation allow elderly people to retain their independence in complete safety and ‘be at home’ without being isolated socially.⁸⁸ “All of these projects are designed to meet the needs of an ageing population keen to manage their own life choices and enjoy decent housing despite financial difficulties.”⁸⁹

86. For more information, see the presentation (in French) by DELPHIS Director, Francis Déplace: *Label habitat senior services, pour le maintien à domicile des personnes âgées*, available at: http://salons.groupemoniteur.fr/content/download/2643/17292/version/1/file/D%C3%A9place_Francis_1.pdf

87. *Habitat Kangourou* describes a situation in which an elderly person living alone in a home that has grown too big rents out part of the home to a family or a couple.

88. SAW-B, *Les Dossiers de l'économie sociale. Analyses 2009*.

89. Non-profit organisation Mouvement Social des Aînés, cited by SAW-B in *Les Dossiers de l'économie sociale. Analyses 2009*.

In Belgium, the non-profit organisation ADMR provides a range of services in rural areas and small towns, including home help for the elderly (shopping, cleaning and assistance with everyday tasks), community centres for the elderly, support for local carers, home caregivers for ill and disabled people, 'handyman' services to adapt and improve home interiors, and vouchers for local services (home help). An ability to respect personal dignity, independence and life choices is a key feature of the ADMR approach.

Services are available to people of all ages. However, ADMR management has reported that 75% of home-help services for families and the elderly are provided to people over the age of 70.

One of the innovative projects developed recently by ADMR targets community care homes. Opened in partnership with municipalities and public centres for social assistance (CPAS), they provide solutions to complement those offered by day centres and rest homes. The facilities were set up because a number of people receiving care in their own home were feeling lonely and wanted to meet their 'peers' without ending up in rest homes. The centres are open to those over the age of 65 and to anyone interested in spending time with senior citizens. ADMR seeks to make these centres reflect real living environments as closely as possible.

The centres provide shared surroundings on a short-term basis (people spend only part of their day there—sometimes several days a week—but continue to live in their own homes). At these centres, senior citizens can join in activities, share meals and receive professional care services provided by outside specialists. One distinct feature of the facilities is that the elderly organise their own activities. Although each centre is run by professionals, the senior citizens themselves decide on the type of activities they want to organise and are actively involved in creating them and carrying them out.

Another key feature of the ADMR approach is the support of local carers. Based on the observation that many families are

overwhelmed, ADMR aims to encourage discussion groups and conciliation services for dependency situations involving disabilities and severe illnesses.

For ADMR managers, their organisation is also as a means of monitoring hygiene and cleanliness. Although senior citizens often prefer to continue living in their homes, their houses are often outdated and ill-suited to their needs. Drawing on the skills of 'handymen' and home-help specialists, the service adopts a preventive approach to safety and cleanliness, and can act as an intermediary with other community organisations where needed.⁹⁰

90. M. Spaey, for the non-profit organisation SAW-B: *Personnes âgées : quelles solutions pour un habitat de qualité ?* May 2008. <http://www.saw-b.be/EP/2008/A0804.pdf>

4.2. Using new information and communication technology (ICT)

The use of information and communication technology (ICT) can to some extent offset age-related dependency issues.

New technology like e-health, CCTV and remote monitoring can give senior citizens greater autonomy. As a result, elderly people can continue to live in their homes in familiar surroundings, close to their family and friends.⁹¹

The EU sees ICT as both a social necessity and an economic opportunity. The Communication from the Commission on “Ageing well in the Information Society: An i2010

Initiative – Action Plan on Information and Communication Technologies and Ageing”⁹² underscores the fact that “ICT can help older individuals to improve their quality of life, stay healthier and live independently longer. Innovative solutions are emerging to help counteract problems related to memory, vision, hearing, and mobility, which are more prevalent with age (45% of those aged 75 and older have trouble carrying out everyday tasks). ICT also enables older persons to continue working or to remain active in their community. Their accumulated experience and skills is a great asset, especially in the ‘*knowledge society*’.... ICT enables more efficient management and delivery of health and social care, as well as increasing opportunities for community involvement, for self-care and for service innovation. Significant benefits can be reaped for the economy and by society at large.”

91. EC Directorate-General for Employment, Social Affairs and Equal Opportunities: *Long-term Care in the European Union*, August 2008. ec.europa.eu/social/Bl obServlet?docId=2781&langId=en

92. COM (2007) 332 final.

The i2010 initiative,⁹³ unveiled by the Commission in June 2005, seeks to encourage innovations that use ICT and that have a positive impact on the economy, society and quality of life as a whole.

The i2010 initiative incorporates an action plan on ageing well in the information society:⁹⁴ “The action plan not only aims to improve quality of life for the elderly by reducing the cost of health and social care, it also aspires to create a solid business base in Europe for ICT services related to ageing. The action plan represents a first response from the European Commission to the 2006 Riga Ministerial Declaration on e-Inclusion⁹⁵ and supports EU policy in the areas of growth and competitiveness in the revised Lisbon agenda, demographic change, employment, health and equal opportunities.”⁹⁶

In “Ageing well in the information society”, the Commission recommends tackling the issue on three fronts: ageing well at home, ageing well in the community and ageing well at work.

Easy Line + Project

In view of the demographic situation, senior citizens risk finding themselves in rest homes at an ever-earlier age to offset their dependency and avoid the risk of accidents in the home.

The European Easy Line + Project was designed to rise to this challenge. It is an information-society technology (IST) priority in the European 6th Framework Programme for Research and Technological Development, which includes an e-Inclusion Strategic Objective.

Old age affects cognitive abilities and increases the “thinking time” needed to process tasks. Consequently, domestic appliances designed to help in independent daily life can become barriers to it for some senior citizens.

93. COM (2005) 229 final: *i2010 – A European Information Society for growth and employment*.

94. COM (2007) 332 final.

95. Riga Ministerial Conference on “ICT for an inclusive society” & Riga Ministerial Declaration, June 2006.

96. COM(2007) 332 final.

The Easy Line + Project aims to develop prototype domestic appliances able to meet the needs of elderly people and help them live an independent lifestyle as long as possible. These appliances are designed to partially mitigate the loss of physical and/or cognitive abilities.

The project foresees the use of advanced technology able to capture data from the home environment and control any domestic appliances.

Users—elderly people—may activate the appliances themselves or assign the task to an “e-servant”. The e-servant will be a system able to program any application with or without user assistance. It will also be able to detect loss of user abilities and attempt to compensate for them.

For instance, a refrigerator could be equipped with a system able to “read” what it contains. The e-servant could then tell the user which food is missing, which is near its best-before date and which is suitable for the person’s diet (which could be very helpful to diabetics, for example).

www.easylines.com

4.3. Adapting long-term care

Long-term care

For the OECD, long-term care (LTC) represents “a cross-cutting policy issue that brings together a wide range of services for persons who are dependent on help with basic activities of daily living (ADLs) over an extended period of time.” Long-term care can include rehabilitation, basic medical treatment, home nursing, social care, housing, and services such as transport, meals, occupational assistance and help with managing one’s daily life.⁹⁷

The state of health in the European Union is better than ever before. This is due to spectacular progress made over the second half of the 20th century in medical research, health services provision and living conditions. However, older people require more, and substantially different, health and care services than younger people. The central challenge of the policy makers is to ensure that future health care policies will provide an adequate and cost-effective response to the changes brought about by demographic trends.⁹⁸ This involves ensuring that long-term care is able to meet the needs of the European population.

“Pivot generation” is a term used to describe those who often still have dependent children and who also need to care for an older person. As a result, this generation is under real strain.

97. EC Directorate-General for Employment, Social Affairs and Equal Opportunities: *Long-term Care in the European Union*, August 2008. ec.europa.eu/social/BIobServlet?docId=2781&langId=en

98. European Commission report: *Towards a society for all ages. Employment, Health, Pensions and Intergenerational Solidarity*. Available at: http://ec.europa.eu/employment_social/soc-prot/ageing/vienna/vienna_en.pdf

4.3.1. Informal carers

It is difficult to determine exactly what proportion of the population provides informal care for older people. However, EU15⁹⁹ estimates show that informal care for elderly/disabled people is mostly provided by women aged 35-64, with 10% providing care on a daily basis (compared with 5% for men in the same age group).

There is a similar trend in the ten new Member States, although the percentage of people between the ages of 18 and 64 caring for elderly/disabled people at least once a month is much higher.

The concept of “Care”

“Care” covers the full range of activities involved in providing an individual with direct or indirect assistance with their living situation. This may include care pathways, support from family, friends and neighbours, or social welfare.

Care underscores the importance of the help and time given to others, particularly for people whose life and well-being require constant special assistance on a daily basis. Care ethics take on their full meaning when it comes to the issue of ageing populations. Inequality surfaces when society turns a blind eye and leaves the elderly behind, which is why the concept of care seeks to make social cohesion a priority over business interests.

Like ageing, care issues involve the private sector, the welfare state and the lifestyle and home care service industry.

The increase in life expectancy raises new issues, among which is the notion of a “caring society” ready to offer quality assistance to those in need by ensuring physical well-being and meeting everyday needs. To this end, carers shoulder weighty responsibility—a situation that needs to be addressed through better training, greater awareness and improved remuneration.

99. COM (2007) 244.

Informal carers are rarely considered part of the labour market, even though they are a cornerstone of care services for dependent older people. This type of work—which brings neither remuneration nor economic recognition—has a significant effect on the carers themselves (especially women), who are deemed “inactive” in the eyes of the job market. This situation can adversely affect their chances of finding work in the future.

“As a result,” explains Roméo Fontaine, a researcher at Paris Dauphine University, “in areas where care services for older people are least developed, in areas where professional help is available only to the privileged few, middle-aged employees with modest incomes have to juggle between time at work and time spent with a dependent relative, which often has an adverse effect on their own health. Consequently, many of these people—especially women, who represent the majority of informal carers—are pushed out of the job market.”¹⁰⁰

Government responses vary from one Member State to the next; hence the need to better adapt family policies. The European Commission has set out three parts to this plan: more ways to compensate for costs (resulting from the dependency situation), a better range of services to help those in need, and greater flexibility with respect to work situations.

The Survey of Health, Ageing and Retirement in Europe (SHARE) collects data on living conditions (health, activity, income, etc.) in European households with at least one member of the household over the age of 50, based on an ongoing survey coordinated by the University of Mannheim. The programme has highlighted trends specific to a number of EU countries: «Spain and Italy have the highest percentage of households in Western Europe where a single elderly or dependent person lives with a child—which is a means of mutual assistance. This kind of cohabitation is very rare in Scandinavian countries. France and Germany fall somewhere in the middle. In Spain, those aged 50-65 with only one parent and who provide care for that parent without living in the same home, devote on average two hours a day to that parent, compared with a quarter of an hour in France and ten minutes in Sweden and

100. A. De Ravignan, ‘Famille, je vous aide’, published in: *Alternatives économiques, hors série n°85*, third quarter, 2010.

Denmark... Europe's northern countries cannot however be accused of lacking altruism, despite the impact of the welfare state: 41-48% of those over the age of 50 said they gave their time (albeit little) compared with 14.2% in Spain (where the 'cost' to the carer is higher).»

Carers UK

Carers UK was set up in 1965 with a view to improving the lives of the six million people in the UK who care for a dependent—a partner, family member or friend who is sick or disabled. Carers UK:

- provides support for families, carers and professionals through a network of local groups;
- gathers information on support services for families and carers;
- organises campaigns for carers;
- provides information, feedback, training and advice to over 40,000 people;
- runs “Employers for Carers”, a forum for employers seeking help in developing policies designed to assist individuals caring for dependants.

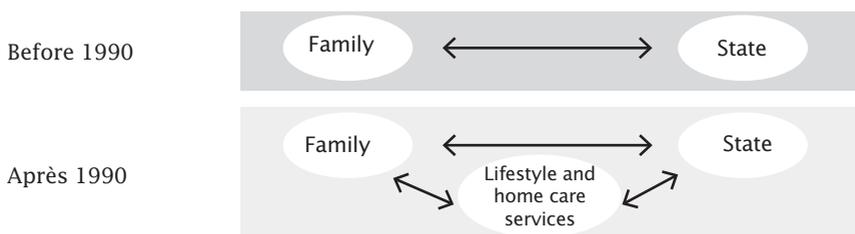
4.3.2. Formal carers: lifestyle and home care services¹⁰¹

Lifestyle and home care services

In Europe, lifestyle and home care services are defined as “services which, through a local presence and/or direct contact, meet collective or individual needs, which may be new or insufficiently covered.”¹⁰²

According to the European Commission Communication on *Implementing the Community Lisbon programme: Social services of general interest in the European Union*¹⁰³, they consist of customised assistance to facilitate social inclusion and safeguard fundamental rights. These services complement and support the role of families in caring for the youngest and oldest members of society, and include activities to integrate people with long-term health or disability problems.

Since the early 1990s, the caring “partnership” for dependants—up until that point consisting of the family and the state—has been steadily changing. Whereas previously these two parties covered the majority of long-term care services, they now have the support of a third contributor: lifestyle and home care services.



101. For more information, see *Le Cahier de la Solidarité Hors série : 'Les services à la personne en Europe'*, available for download at www.pourlasolidarite.eu

102. Commission White Paper on *Growth, competitiveness, and employment*, 1993.

103. COM (2006) 177 final.

The concept of “defamilialisation”:

“Defamilialisation” highlights the importance of public services in fulfilling tasks and responsibilities traditionally covered in private, by the family. “Defamilialising” social policy involves unburdening families of tasks and responsibilities by sharing the load—a prerequisite for women seeking to balance work and motherhood. Conversely, some welfare states promote a clear policy of “familialisation”, to the extent that they view the family as the natural focal point when it comes to covering the social needs of its members.

Lifestyle and home care services are increasingly backed by the legal systems of different European countries. These changes are at least in part due to the fact that governments are outsourcing to lifestyle and home care services more and more of the care services they used to provide, along with the fact that families are becoming less involved in long-term care for the elderly.

Costs related to lifestyle and home care services are covered by both the public and private purse. The majority of European countries employ a joint approach to funding for dependants through a combination of government revenues (such as taxes and contributions) and private resources (such as savings and insurance).

Lifestyle and home care services are an integral part of two key aspects of European policy:

- Employment policies (the lifestyle and home care services sector creates new jobs);
- Social-inclusion policies (lifestyle and home care services aim to promote social insertion for the elderly and maintain their quality of life).

Growth in the lifestyle and home care services market depends on two factors: economic and demographic drivers on the one hand; government policies on the other.

The European Network of Home Care and Lifestyle Services with a Social Aim

There are three types of providers of lifestyle and home care services: the state, largely through regional authorities; large private firms; and companies and organisations with a social aim. Given the current European trend towards broadening competition rules and cutting government investment in the lifestyle and home care services industry, companies and organisations with a social aim have opted to pool their experience and exercise influence at the European level.

As a result, national networks of lifestyle and home care service providers, companies with a social aim, European bodies and research centres have joined forces to create the first European Network of Home Care and Lifestyle Services with a Social Aim.

The network aims to provide information on lifestyle and home care services with a social aim at the European level, along with information on European legislation. It seeks to bring together stakeholders in the social economy, create a resource centre to pool knowledge of issues related to lifestyle and home care services, develop European projects to bring to the fore individual experiences and successes, share knowledge and practices with other national organisations, promote dialogue and training for young professionals, and offer leverage for representation and lobbying.

More information on the European Network of Home Care and Lifestyle Services with a Social Aim is available for download at www.pourlasolidarite.eu¹⁰⁴

104. <http://www.pourlasolidarite.eu/Presentation-of-the-European?lang=en>

4.3.3. Case studies: Italy, France, Belgium, Spain and Germany

Each Member State has its own system for providing long-term care (LTC). All agree that access to these services should not be dependant on the recipient's financial resources. With this in mind, countries like Cyprus, Estonia and Ireland have introduced co-payments for long-term care¹⁰⁵.

LTC funding varies across the EU, with four factors at play:

- The schemes and population covered by LTC;
- A country's welfare funding structures;
- The degree of private financial involvement;
- The demarcation between public and private sector responsibility for LTC.¹⁰⁶

ITALY¹⁰⁷

Overview

According to the Italian National Institute of Statistics (ISTAT), on 1 January 2008, Italy had 11,316,975 citizens over the age of 65, representing nearly one fifth of the population. Forecasts suggest that in 30-40 years, one in three Italians will be over the age of 65. The survey showed 2,838,906 people over the age of 80.

As a rule, the elderly are protected by the social security system. Those who have never been employed—and who have never contrib-

105. EC Directorate-General for Employment, Social Affairs and Equal Opportunities: *Long-term Care in the European Union*, August 2008. ec.europa.eu/social/BlobServlet?docId=2781&langId=en

106. EC Directorate-General for Employment, Social Affairs and Equal Opportunities: *Long-term Care in the European Union*, August 2008. ec.europa.eu/social/BlobServlet?docId=2781&langId=en

107. DIESIS, *The long-term care system in an ageing Italy*, notes, 2010.

uted to social security as a result—may receive a pension in proportion to their income once they reach the age of 65. Employees have a right to a pension after 35 years of work or when they reach 65.

Law 328/2000 was introduced to establish a minimum level of social services throughout the country and increase the amount of state resources allocated to social services personnel. However, standards and financial resources are currently below the mark.

The law attaches greater importance to the role of households. Article 16 talks about “valuing and supporting the responsibilities of households”. However, the partnership between households and local authorities has yet to be clearly defined.

As is often the case, the biggest hurdle to overhauling the national LTC system is financing. This is largely due to the fact that Italy has a large public debt and gives priority to other means of supporting families, the effects of which are perceived more directly by the population.

In Italy, LTC is highly fragmented, with sources of funding, governance and management split between local and regional authorities.

A major chunk of social expenditure is financed directly by households and much of the care is provided by informal carers. This situation is most common in the regions, where public services are less advanced and where families are unable to pay for private services. Around 11% of those over the age of 50 (approximately 2.36 million people) care for a dependent friend or relative.

More recently, the national agency *Italia Lavoro*—under the auspices of the Ministry of Employment—unveiled a campaign to develop lifestyle and home care services. The programme entails two key objectives: creating jobs and combating undeclared labour.

Institutional care

There are three types of establishment for the elderly in Italy:

- *Residenze Assistenziali* mainly provide ‘hotel-type’ services and are designed for independent people. 28% of senior citizens choose this type of facility;

- *Residenze Protette* provide services with more of a focus on ‘health’ with a view to helping residents recover as quickly as possible;
- *Residenze Sanitarie Assistenziali* are intended for people unable to care for themselves. Between 2000 and 2005, this type of establishment played an increasingly important role, providing an additional 24,400 beds.¹⁰⁸

Home care

There are two types of home-care services financed by the public sector:

- Home health care services are funded by the national healthcare service (SSN); they were officially introduced in Italy in the 1990s and usually include ‘social’ services and healthcare services; in reality, however, most beneficiaries mainly receive health care;
- Home personal care services are funded by local authorities; they are purely ‘social’ services, without the focus on ‘health’. Demand for this kind of service largely outweighs availability; as a result, Italians are increasingly turning to private care systems.

Lifestyle and home care services: the role of social cooperatives

Italy has a long tradition of social cooperatives. Over the past few years, they have attracted growing interest from the public sector. The market is flourishing, partly because direct management of these services by the state is a costly business. The cooperatives provide services that have a significant social impact.

The emergence of social cooperatives as providers of social services happened during a time of crisis for the welfare state and the social security system. In the 1960s, public services were insufficient and fragmented, while the concept of universal services failed to take into account the specific needs of some users. This ‘Mediterranean approach’ saw families, villages and even local churches playing a crucial role in providing services to offset the shortcomings of the state and market systems.¹⁰⁹

108. DIESIS: *The long term care system in a an ageing Italy*, notes, 2010.

109. DIESIS: *Cahier de la Solidarité Hors série : ‘Les services à la personne en*

New developments in the labour market (globalisation) and cultural changes (higher levels of education, improvements in job prospects for women) brought a need to outsource services; families were no longer in a position to shoulder the entire burden of social care. The incapacity of Italian policies to address actual needs also underscored the limitations of the system.¹¹⁰

It is against this backdrop that the non-profit sector has flourished and become part of social care services, either by complementing existing services or by providing an alternative to the incumbent public services.¹¹¹ Social cooperatives currently play an extremely important role and provide assistance to a wide range of people, many of whom are senior citizens.

In the lifestyle and home care services sector, ‘Type A’ social cooperatives—officially recognised as providers of social services and beneficial to the public at large—are the leading service providers, ahead of public institutions and profit-making private institutions.

In 2003, they provided services to over 3.3 million people, and the number continues to grow.

Cooperatives for the most part offer social services, health services and educational services. These may be provided in the home, through therapeutic communities, in rest homes, or at nurseries. Their target group comprises senior citizens, minors, disabled people, drug addicts, those suffering from psychiatric disorders, and AIDS patients.

On average, each cooperative provides home care services to over 760 people.¹¹²

Europe’, p. 20. Available for download at www.pourlasolidarite.eu.

110. DIESIS: *Cahier de la Solidarité Hors série : ‘Les services à la personne en Europe*’, p. 20. Available for download at www.pourlasolidarite.eu.

111. DIESIS: *Cahier de la Solidarité Hors série : ‘Les services à la personne en Europe*’, p. 20. Available for download at www.pourlasolidarite.eu.

112. DIESIS: *Cahier de la Solidarité Hors série : ‘Les services à la personne en Europe*’, p. 20. Available for download at www.pourlasolidarite.eu.

La Méridiana social cooperative

La Méridiana has over 200 employees and provides a wide range of services for the elderly, including day centres, residential communities, adapted housing, and home care.

The cooperative is split into a number of centres:

- A geriatric centre providing sophisticated, intensive nursing care for 140 people;
- An integrated day centre for 40 senior citizens requiring assisted-living services;
- A residential care centre for frail older people;
- A multifaceted centre including a day centre and community residence.

The social cooperative aims to ensure the well-being of the elderly people it cares for prior to invalidity and illness. Families, friends and other support networks are always welcome and are an integral part of the project.

Modello per l’Alimentazione dei Malati Alzheimer (M’ama)

Elsewhere in Italy, Sodexo provides tailored services for people suffering from Alzheimer’s disease: the *Modello per l’Alimentazione dei Malati Alzheimer (M’ama)* is a nutritional model specially designed for those suffering from Alzheimer’s disease or dementia, the most prevalent forms of age-related disease. Italy has a reported 520,000 victims, representing 5.5% of the 65+ population and 16.2% of the 85+ population. This figure is steadily rising: forecasts suggest that 650,000 people will be affected by the disease in 2020 and 1.5 million people by 2038.

Patients with Alzheimer's and other forms of dementia require regular supervision—and even greater assistance if they are unable to feed themselves properly. Patients in this category may forget to eat or may not even remember how to eat. They may no longer be able to distinguish between what is edible and what is not, may choose only to eat sugary foods, and so on. Sodexo set up the M'ama campaign to help tackle these issues by improving the comfort of patients in retirement homes and day centres.

The programme comprises four parts:

- a food plan that takes into account the nutritional needs of elderly people;
- nutritional advice: victims of the disease often suffer from malnutrition because they are no longer able to decide for themselves what they want to eat; as a result, close relations with families are vital to build an understanding of patients' food preferences and adapt menus accordingly;
- a series of training resources for care providers;
- information resources: three handbooks have been published to inform patients' families and care professionals about the disease, provide practical advice for carers and families, and raise awareness of the benefits of a proper diet.

<http://it.sodexo.com/itit/default.asp>

FRANCE

Overview

France's National Institute of Statistics and Economic Studies (INSEE) reported 1,314,920 people over the age of 85 in France on 1 January 2008. Forecasts suggest this figure will increase to over two million by 2015. In contrast, the number of potential carers per dependent

senior citizen is on the decline. The number of French people taking out dependency insurance rises every year.¹¹³

In France, the law of 24 January 1997 describes a dependent as “a person who, despite other care received, requires assistance with activities of daily living (ADL) or regular supervision.”

L'Allocation Personnalisée à l'Autonomie (APA) – 20 July 2001¹¹⁴

APA is a form of financial aid given to people aged 60+ who, in addition to other care services, require assistance in carrying out basic everyday tasks. The allowance is also given to people in other age groups who require special care.

Over one million people received APA in 2007. 60% of these people lived at home and 40% were housed in special care facilities.

APA beneficiaries may also receive personal housing subsidies (*Aide Personnalisée au Logement—APL*), social assistance for senior citizens (*Aide Sociale aux Personnes Agées—ASPA*), social housing benefits (*Allocation de Logement à caractère Sociale—ALS*) and personal autonomy allowances from individual regional authorities (*Allocation Départementale Personnalisée d'Autonomie—ADPA*).

Subsidy amounts are based on the beneficiary's income.

The law of 2 January 2002 reforming social work and medical-social work¹¹⁵

The law of 2 January 2002 was introduced to reform the law of 30 June 1975, which governs the running of nearly 24,000 social services and institutions. The new law includes home-help and care services and represents “initial legal recognition” for these services. Provision of such services now requires a permit, assessment of services provided and clear pricing systems.

113. *Le '5ème risque' : vers une prise en charge de la perte d'autonomie en 2010 ?* <http://www.vie-publique.fr/actualite/dossier/financement-dependance-personnes-agees/5eme-risque-vers-prise-charge-perse-autonomie-2010.html>

114. <http://bit.ly/bzSWe3>

115. <http://bit.ly/ffEaYy>

The law of 11 February 2005¹¹⁶

This law on “equal rights and opportunities, participation and citizenship of disabled people” introduced the right to compensation for the effects of disability, irrespective of the cause of the disability, the type of disability, or the age of the applicant.

The law also clarifies and strengthens the work of the French national fund for solidarity and autonomy (*Caisse Nationale de Solidarité pour l'Autonomie—CNSA*), established under the law of 30 June 2004. CNSA finances and coordinates efforts to assist elderly and disabled people.¹¹⁷

Outlook: the “5th” social security risk

As elsewhere in Europe, the issue of caring for dependants is becoming an increasingly hot topic in France. With this in mind, Nicolas Sarkozy has set out to reform dependency financing methods, which are currently seen as too complex and detrimental to the long-term management of national outreach programmes.

In a 2007 report, CNSA highlighted the limits of the current system, such as insufficient APA benefits, which fail to offset the financial burden that families are left to shoulder; disparity between different administrative territories; the complexity of regulations, which can interfere with people’s ability to exercise their rights; and the tendency for family members providing care to be overextended.¹¹⁸

While running for the 2007 presidency, Mr. Sarkozy stated that the improvement of dependent care was one of his key commitments. At the time, he sought to create an organisation tasked with preparing France to overcome the dependency challenge and ensure that, throughout French territory, there would be a suitable framework in place to provide care for dependants.¹¹⁹

116. *Le ‘5^{ème} risque’ : vers une prise en charge de la perte d'autonomie en 2010 ?* <http://www.vie-publique.fr/actualite/dossier/financement-dependance-personnes-agees/5eme-risque-vers-prise-charge-perse-autonomie-2010.html>

117. *Ibid.*

118. *Ibid.*

119. P. Roger, ‘Une assurance obligatoire pour financer la dépendance’, *Le Monde*, 20 July 2010.

Since then, the French government has suggested providing dependent care through a “5th risk” plan. The name reflects the government’s belief that the four established branches of social security—covering illness, work-related accidents and sickness, family, and old age—were not enough to handle the challenge of demographic change.

However, the reality of 2010 bears little resemblance to the promise made in 2007. So far, the move to introduce the “5th risk” has constantly been postponed. The goal-posts have also shifted from providing care for elderly dependants to caring for dependent senior citizens.

“5th risk” financing was initially to be rooted in the concept of general solidarity, paid out of the public purse. Now, the French National Assembly’s Social Affairs Committee is exploring the possibility of an insurance-based system. The committee was due to submit to the prime minister a report that would prefigure a bill to be introduced before year-end 2010.

One of the proposals in the report involves requiring everyone to take out mandatory insurance from an approved establishment (private insurance company, provident society or insurance firm) at age 50 to cover loss of independence. This service would require a shared approach: the different bodies involved in the insurance system would create a guarantee fund financed through a percentage amount taken from each premium. This method of insurance would gradually replace the current APA system.

The report also recommends that APA beneficiaries with assets worth more than €100,000 be allowed to choose between receiving 50% benefits with no future claims on inheritance or a full-rate allowance that may be recovered from any future inheritance up to a value of €20,000.

To provide additional funding, the report suggests reviewing the social security scheme *Contribution Sociale Généralisée (CSG)* on old-age pensions. Based on the pension amount, some pensions may be deemed fully exempt from CSG or subject to a rate of 3.8% or 6.6%. Income from employment is subject to a rate of 7.5%.

The report also proposes making categories that are currently exempt—craftsmen, self-employed professionals, farmers, retirees—subject to the social security scheme *Contributions Solidarité Autonomie (CSA)*.¹²⁰

Lifestyle and home care services¹²¹

In France, lifestyle and home care services are defined by the *Plan des services à la personne*, which covers “a range of services contributing to the well-being of our fellow citizens in their living environments, whether at home, in the workplace or during leisure pursuits.” These services meet a raft of needs specific to senior citizens.

Introduced in 2005, the plan targets two end goals: facilitating access to these services and promoting employment. The lifestyle and home care services industry is booming in France and has real potential to create jobs.

In most cases, these services may be provided in the home or in an open environment.

Characteristics of lifestyle and home care services

Activities related to lifestyle and home care services

The term “lifestyle and home care services” (*services à la personne*) was introduced by the law of 26 July 2005, known as the “Borloo” law.

The list of activities covered by lifestyle and home care services is regularly updated.

120. P. Roger, ‘Une assurance obligatoire pour financer la dépendance,’ *Le Monde*, 20 July 2010.

121. By the Union Nationale de l’Aide, des soins et des services à domicile (UNA). *Cahier de la Solidarité Hors série : Les services à la personne en Europe*, p. 12. Available for download from www.pourlasolidarite.eu

Article D7231-1 of French labour law sets out activities eligible for approval:

“Lifestyle and home services with regard to child care, help for senior citizens, people with disabilities or others in need of personal assistance in their homes or assistance with mobility in the surrounding area so that they may continue living at home, or assistance with household chores and errands, for which organisations and companies are approved, are as follows:

1. Household upkeep and chores;
2. Small jobs in the garden, including clearing;
3. Small-scale DIY ('handyman' services);
4. Babysitting in the home;
5. Help with schoolwork at home or tutoring;
6. Preparing meals in the home, including time for shopping;
7. Delivery of meals to the home, provided the service forms part of a broader range of home care services;
8. Collecting, washing and ironing laundry, provided the service forms part of a broader range of home care services;
9. Helping senior citizens or others who need personal assistance in the home, with the exception of medical treatment;
10. Assistance for people with disabilities, including the services of sign-language specialists, writing coaches and cued-speech experts;
11. Nursing, with the exception of medical treatment;
12. Assistance with mobility and transport for those who have problems getting around, provided the service forms part of a broader range of home care services;

13. Help driving a dependant's private vehicle on a daily commute, on holiday, or for the purposes of administrative tasks, provided the service forms part of a broader range of home care services;
14. Providing mobility assistance for children, senior citizens and people with disabilities outside their home (walks, transport, everyday activities), provided the service forms part of a broader range of home care services;
15. Delivering groceries to the home, provided the service forms part of a broader range of home care services;
16. Help with computers and the internet in the home;
17. Pet walking and care services for dependants, with the exception of veterinary care and grooming;
18. Beauty treatment at the dependant's home;
19. Temporary maintenance, upkeep and surveillance of main and second homes;
20. Assistance with administrative tasks in the home;
21. Activities corresponding directly and exclusively to coordinating and delivering the aforementioned services."

Methods of providing lifestyle and home care services

There are three ways of providing these services: through service providers, through agencies or through direct employment.

- Service providers: in this case, the user pays an organisation in return for the service. The organisation manages service provision and employs the people who provide the services at the user's home.
- Agencies: the user employs the person who provides the home services. He or she may contact an organisation—an agency—for help in employing people to provide these services.

- Direct employment: the user hires the person providing home services directly and covers all responsibilities as an employer. The user is solely responsible for organising services and applies the collective bargaining agreement for private individuals who are employers.

Lifestyle and home care service operators

Lifestyle and home care services are provided by four major types of operator: community organisations, public bodies, private companies and health insurance companies.

The majority of services provided by community organisations target those most vulnerable (senior citizens, people with disabilities, and dependants).

Union nationale de l'aide, des soins, et des services aux domiciles (UNA)¹²²

UNA is a network of lifestyle and home care service providers. Its 1,200 member bodies are present throughout France.

The majority of members are non-profit organisations; however, the network also includes public bodies (community/intercommunity social welfare centres, municipal services), health insurance companies, foundations and the Red Cross. These organisations are often versatile and handle several types of services for different target groups—including home care services for the elderly, such as assistance with activities of daily activities.

- Family-support services (assistance with activities of daily living in order to better manage work/family demands);
- Support and assistance services for disabled people;
- Home nursing services (SSIAD);
- Home hospital care services (HAD);
- Care centres.

122. www.una.fr

Public bodies include municipalities that have developed initiatives to provide home care services for the elderly.

Agence Nationale des Services à la Personne (ANSP)

The national lifestyle and home care services agency (ANSP) is tasked with promoting growth and improving standards in the lifestyle and home care services sector. It is a public administrative agency under the auspices of the French Ministry of Economy, Industry and Employment. The agency ensures that:

- those in the industry have a single point of reference;
- administrative procedures are carried out in a unilateral, efficient manner in order to promote and improve lifestyle and home care services.¹²³

Since 2005, the lifestyle and home care services plan, implemented through ANSP, has coordinated improvements in service quality and standards in the sector by recommending certification of companies and community organisations.¹²⁴

Private companies focus mainly on providing services to less-vulnerable parts of the population (home upkeep, ironing, gardening, help with schoolwork, etc.).

123. [http://www.servicessalapersonne.gouv.fr/nos-statuts-\(2074\).cml?](http://www.servicessalapersonne.gouv.fr/nos-statuts-(2074).cml?)

124. <http://www.fr.sgs.com/sgssites/qualicert/documents/sgs-fiche-services-ala-personne-fr-09.pdf>

Chèque Emploi Service Universel (CESU)

The CESU is a prepaid employment voucher valid throughout France. It can be used to pay for over 20 lifestyle and home care services available at a reduced price to the beneficiary.

Companies, works councils or state employers may pay for these vouchers, in part or in full, on behalf of their employees.

They may also be issued to those benefiting from social services by regional authorities, social organisations, pension funds, health insurance companies, etc.

There are two types of CESU vouchers: declaratory CESU (*CESU déclaratif*) and prepaid CESU (*CESU préfinancé*).

Declaratory CESU are reserved for direct employment and are issued to private individuals. They may be used to pay the person providing the services, to declare the work to the relevant authorities and to pay social security contributions. Declaratory CESU are used by 75% of private individuals employing people.

Prepaid CESU are for companies and may be paid for in full or in part by an employer in the public or private sector. They may be part of the employer's social policy and can bring the company a number of benefits.

Advantages include:

- Company payments of up to €1,830 per employee per year exempt from social-security contributions;
- Companies benefit from tax credits equal to 25% of the aid given, up to €500,000 per year.
- The company's financial contributions are deductible from profits.

CESU allow employers to enter the lifestyle and home services sector by making it easier for their employees to gain access to these services.

BELGIUM

Overview

In Belgium, the number of people in the 0-14 age bracket has dropped while the number of those over 65 has increased. Between 1970 and 2007, the percentage of people aged 0-14 dropped from 23.7% to 17% while the share of the population aged 65+ rose from 13.3% in 1970 to 17.1% in 2007.

The elderly-dependency rate is therefore on the increase, as it is elsewhere in Europe, rising from 21% in 1970 to 26% in 2007. The 1970 figure is expected to double by 2050.¹²⁵

Federal policy on service vouchers¹²⁶

Service vouchers (*titres-services*), were officially introduced under federal law on 20 July 2001.¹²⁷ Service vouchers were defined as “a method of payment ... allowing users to pay—with financial aid from the government in the form of a consumer subsidy—for local services or work carried out by an approved company.”

In the initial bill, service vouchers were designed to cover home cleaning services and care for children, patients and disabled people. The latter two activities were then excluded from the law. Nonetheless, service vouchers can make everyday life easier for older people by helping them pay for household necessities.

To give an example, an approved company receives €20.80 an hour for services provided. The user buys a service voucher (for one hour of work) at a cost of €7.50; however, given that this amount is tax deductible, the service voucher actually costs only €5.25. To make up the difference, the Belgian government pays €13.30 to the approved company. This system has a number of goals: it aims to provide services at a price people can afford while helping to create jobs and combat undeclared employment.

125. 2009 federal report.

126. SAW-B: *Solidarité des alternatives wallonnes et bruxelloises. Cahier de la Solidarité Hors série : 'Les services à la personne en Europe'*, p. 26. Available for download from www.pourlasolidarite.eu.

127. Coordinated law of 20 July 2001 to promote development of local employment and services.

Approved companies may include private firms, public centres for social assistance (CPAS), local employment agencies (ALE), non-profit associations (ASBL), organisations with a social aim, independent workers managing a team of employees, and health insurance companies.

Dependency insurance: the specific case of Flanders

Belgium has no independent federal insurance but the Flemish community did introduce its own dependency insurance in 2001. It is designed to partially cover non-medical expenses for those who have lost significant autonomy, including the elderly. The dependency insurance reimburses aid given by convalescent homes or to the beneficiary's home.

This type of insurance is mandatory for all residents of Flanders over the age of 25 and is optional for those living in Brussels. It requires paying a lump sum of €25 per year. Walloons do not have the right to take out a dependency policy, even if they live in Flanders. Following an appeal to the European Commission, non-Belgian Europeans living in Flanders may now take out these policies. Only heavily dependent people are eligible to benefit.

Lifestyle and home care services¹²⁸

Belgium tends to talk about “local services” (*services de proximité*) rather than lifestyle and home care services. These cover a wide range of stakeholders and activities, such as nurseries, home help, subsidised taxis and groceries, day-care centres, home care for the elderly and the infirm, household chores, small gardening jobs, etc.

These services tend to be called family-support and elderly-assistance services when the beneficiaries are senior citizens. For instance, local services also include household chores, small gardening jobs, minor DIY and child care.

Family-support and elderly-assistance services fall within the remit of the regions.

128. SAW-B: *Solidarité des alternatives wallonnes et bruxelloises. Cahier de la Solidarité Hors série : 'Les services à la personne en Europe'*, p. 26. Available for download from www.pourlasolidarite.eu.

These services essentially comprise assistance with daily living and/or home care. They are governed by decrees specific to each region.

Services are provided by public bodies (public centres for social assistance, regional centres, etc.), by non-profit associations (ASBL) or by private foundations.

In Belgium, local services meet needs that conventional companies do not cover because they don't consider them sufficiently profitable. Government assistance is therefore vital to ensure they are provided properly.

However, the authorities tend to see these local services exclusively as a potential source of employment: most funding granted for the services is therefore tied to helping find work for those excluded from the conventional job market find work. Although this is clearly an important goal, it can conflict with other objectives undertaken by these organisations. Given their close relations with users, these services require developing strong skills on the part of the worker along with a trust-based relationship that is vital to proper service provision.

That requires significant support and training for employees along with the attendant financial resources, which companies often do not have at their disposal.

Lastly, given the trend of demographic change, local services for the elderly are proving insufficient, as demand steadily outstrips supply.¹²⁹

129. SAW-B: *Solidarité des alternatives wallonnes et bruxelloises. Cahier de la Solidarité Hors série : 'Les services à la personne en Europe'*, p. 26. Available for download from www.pourlasolidarite.eu

Fédération bruxelloise des centres de coordination de soins et de services à domicile

Care coordination centres organise a network of home helpers and services to assist those who have temporarily or permanently lost their autonomy cope with their illness or disability while living at home.

They provide the full range of services offered by hospitals via a single telephone number that puts those requesting services in direct contact with a person able to provide resources tailored to the applicant's needs. These services are mainly handled by mutual companies, with the beneficiary contributing financially based on their income.

These services are available to everyone, irrespective of their level of income, age, duration required, or degree of temporary or chronic disability.

The Brussels federation of home services and care coordination centres (CCSSD) is a non-profit association (ASBL) with six major goals:

- ensuring representation for the sector on an institutional level;
- promoting the work of coordination centres;
- providing a platform to foster dialogue among members and among all parties involved in the sector;
- providing information and training for coordination centre staff;
- identifying the need for care and services in Brussels and developing solutions accordingly,
- taking part in global initiatives that involve home-hospice care and helping people to continue living at home.

www.federation-services-domicile.be

Fédération d'Employeurs de Services d'Aide à Domicile (FESAD)

The federation of home care service employers (FESAD) was created in March 1995 at the behest of a private services group in the Walloon region.

The association is a group of home care service providers in the Walloon region and the German-speaking community that aims to improve the support given to families and to isolated people irrespective of political, philosophical or religious views.

Assistance given consists of providing professionals from different areas of social services and the social economy for home care.

More specifically, FESAD offers to help its members as follows:

- by defining, defending and promoting a joint approach to home care;
- by providing advice and assistance;
- by creating and developing communication among members;
- by informing members of their rights and obligations stemming from contracts, agreements, and legislation in the sector and between sectors;
- by representing them in dealings with various associations, institutions and organisations with a view to impacting on the services they provide;
- by promoting the federation's common goals among outside parties.

www.fesad.be

The Walloon decree of 6 December 2007

The Walloon decree of 6 December 2007 states that services providing support for families and the aged “take place in the home to help beneficiaries to continue living in their homes or return to their homes, provide assistance and support in activities of daily living for people who are isolated, elderly, disabled or ill, as well as for families experiencing difficulties, in consultation with family and friends, with a view to stimulating the beneficiary and helping him/her to maintain as much independence as possible.”

Article 5 of the decree defines the role of the home caregiver, who will “help the beneficiary, who requires the continuous presence of another person and who, for reasons of health or disability, is unable to move around alone outside of his or her home. The carer’s main goal is to provide an active presence, night and day and in partnership with the beneficiary’s family and friends, while optimising the mental, physical and social well-being of the beneficiary through activities defined by his or her status as a home caregiver.”

According to this decree, help with activities of daily living may also involve carers close to the beneficiary. In this case, help entails providing guidance or support. This kind of assistance is mainly given to those who need it the most and are in a low-income bracket.

SPAIN¹³⁰

Overview

Spain, along with Germany and Italy, is one of the European countries most affected by population ageing. Over 17.5% of the country’s population is now aged 65+, compared with 16.4% in France, for instance. In 2009, the dependency rate stood at 47.8%. According to forecasts, it will exceed 89.6% in 2049.¹³¹

130. *Cahier de la Solidarité Hors série : ‘Les services à la personne en Europe’*, p. 32. Available for download from www.pourlasolidarite.eu

131. <http://www.ine.es/prensa/np587.pdf>

In 2006, a law was introduced to “promote personal autonomy and assistance for people in dependency situations.”¹³² This dependency law aims to provide universal assistance for people whose daily life is conditioned to varying degrees by the need for outside help. It allows any person, disabled or elderly, to be cared for by public agencies, and guarantees access to public social services and financial services tailored to their needs¹³³.

Before promulgating the law on dependency, Spain was well below the average for OECD countries in terms of total expenditure on dependency care.

Lifestyle and home care services: bolstered by the dependency law

***El País*, 8 August 2010**

Extract from ‘How to create a million jobs’, by Javier Benavente Barrón

“I will go out on a limb and suggest that it would not be very hard to properly develop lifestyle and home care services and this would make it possible to create at least 700,000 jobs in Spain before year-end 2013 at absolutely no cost to the public purse ... We have a wonderful opportunity to eliminate job insecurity in a sector that provides services that are vital to the society of well-being in which we live. At the same time, we could use the situation to create employment and regulate the industry, which would lead in turn to the sound application of Spain’s Dependency Law, which is probably one of the most advanced in the world.”

132. Law 39/2006 on dependency.

133. E. Brun, Health Economist, Compensation Department, CNSA, ‘*Le système espagnol de prise en charge de la perte d’autonomie*’, premières rencontres sur l’autonomie, 12 February 2009, Paris.

Dependency coverage comes from the public purse (taxes and contributions) and private revenues (savings and insurance premiums). The various services introduced by the law therefore require an appropriate government agency to involve local players. Application of the dependency law encourages an increased involvement of the autonomous communities—Spain’s regions—both from a political and budgetary standpoint.

From a political perspective, the communities have real power to take the initiative. Some regions have, for instance, requested that the law’s scope be extended. From a budgetary perspective, decentralising skills implies a joint effort between central government and the autonomous communities. Funding is shared equally between the autonomous communities and the state. The budget that each autonomous community must devote to the provision of dependency-related services is proportional to the number of dependent persons, as well as their degree of dependency. This distribution leads to major costs for the regions. The law’s scope of application is increasingly broad and demand is also on the increase.

Under Spanish law, a person is deemed dependent when—for reasons related to the loss or lack of physical, mental or intellectual capacities—he or she requires significant assistance in performing everyday tasks. 80% of people deemed dependent are over the age of 65.

The Catalan Institute of Ageing (*Institut de l’Enveïlliment*) has introduced a system to gauge the scale of dependency in the country. Decree 504/2007 defines moderate dependency as that of a person who requires help in carrying out basic everyday tasks at least once a day. Severe dependency implies the need for outside assistance two or three times a day. Extreme dependency indicates complete loss of autonomy and total reliance on a “caregiver”.

Once the degree of dependency has been determined, the dependent may benefit from a range of services provided by the Autonomy and Dependence Care System (*Sistema para la Autonomía y Atención a la Dependencia—SAAD*). These include:

- Services designed to prevent dependency situations and promote personal autonomy (art.21);

- A personal alert system (art.22);
- Home-help services (art.23), which cover household chores and personal care;
- Day and night centre services (art.24);
- Residential care services (art.25), which include residential services for elderly and disabled people.

Those recognised as dependent under law 39/2006 on dependency may apply for the following services:

- Public services provided through the social service network of autonomous communities, via the relevant public or private services and centres;
- Assistance from a service professional from the private sector, if the beneficiary is unable to receive assistance through the public system;
- In exceptional cases, services may also be provided by informal carers such as family or friends.

Although it is still too early to produce concrete results on Spain's dependency law, the system undeniably represents social progress insofar as it allows an increase in the number of women in employment, creates new jobs and establishes a legal framework for lifestyle and home care services¹³⁴.

134. *Cahier de la Solidarité Hors série : 'Les services à la personne en Europe'*, p. 32. Available for download from www.pourlasolidarite.eu.

Asociación Española de los Servicios a la Persona (AESP)

Founded in April 2009 and chaired by Javier Benavente Barrón, the Spanish lifestyle and home care services association known as AESP is a group of non-profit companies whose activities relate to lifestyle and home care services (for families, senior citizens and people with disabilities, along with healthcare and other services).

AESP seeks to ensure the quality and universality of available services by promoting the professional development of a sector that currently has a high rate of undeclared employment.

Given the lack of any overarching public policy designed to develop all aspects of lifestyle and home care services in Spain, AESP lobbies Spanish authorities to adopt a policy that better promotes lifestyle and home care services.

AESP has set two key policy priorities:

- Creating a national agency for lifestyle and home care services, similar to ANSP in France, to coordinate initiatives and provide a single point of contact for the sector;
- Setting up a standing committee for consultation between different lifestyle and home care services.

GERMANY:

Over two million elderly people need long-term care in Germany. 70% of them are cared for at home by members of their family, who in turn receive tax incentives and additional pension rights from the state.

As a result, a person who takes care of another family member may in some cases pay lower taxes. The extent of the tax benefit is based on the person's tax bracket. For instance, the tax administration grants a deduction of €370 for those taxed at 35%.

To receive these benefits, families must meet a number of criteria: care must be provided free of charge in the dependant's home or in the home of another family member; the dependent must also require third-party care.

The government takes into account the negative impact on carers' pensions: a person who looks after a family member is often forced to cut back their working hours or give up their job completely. To compensate for the drawbacks of taking later retirement, the beneficiary's dependency insurance pays into the carer's pension plan. To receive such benefits, the recipient must provide care at least 14 hours per week and not work more than 30 hours per week.

The amount of benefits paid into the carer's pension plan depends on the time devoted to care and the scale of requirements. Level 1—which is the equivalent of 14 hours of care per week—corresponds to a theoretical salary of €634.67 in Western Germany, compared with €532 in Eastern Germany.

Findings

This study has clearly and continuously explored what the future has in store: an ageing society is unavoidable. Naturally, we will need to adapt accordingly, and the challenges are manifold. From a social standpoint, we will need a new approach to solidarity between generations to avoid a 'generational split' and prevent further causes of inequality. From an economic standpoint, we will need to ensure that a smaller workforce does not have a lasting effect on the European economy and that the cost of caring for the elderly does not destabilise it.

However, we should also avoid looking solely at the negative impact of demographic change. The European Union has already adopted a series of positive measures; the year 2012 represents an extraordinary opportunity to examine issues related to active ageing and intergenerational solidarity, in the bid to build a Europe with real social cohesion.

As we have seen, these concepts raise a number of possibilities—this is something already clear to those involved in both social and civil dialogue. Each has suggested ways to turn the demographic challenge into an opportunity for the European Union.

So what opportunities does ageing bring? In very concrete terms, promoting immigration would be one way to offset the demographic decline; there are also opportunities for growth (more people produce more and consume more); creating new services also creates new jobs. In addition, European policy has now made intergenerational solidarity a priority. Yet it is important not to move too fast in building tomorrow's Europe: the process involves fundamental is-

Findings

sues and the future must be planned in a way that is fair, consistent and sustainable. That is why we now need to seize the opportunity brought by the European Year of Active Ageing and Intergenerational Solidarity in 2012.

Further reading

Pour la Solidarité resources

Solidarité intergénérationnelle et vieillissement actif : changements de perception et choix de société
<http://bit.ly/dqdjVj>

2012, année européenne du vieillissement ?
<http://bit.ly/9J1jbd>

Solidarité intergénérationnelle et vieillissement actif : changements de perception et choix de société.
<http://bit.ly/bFR35D>

Vieillissement et logement
<http://bit.ly/aHhgoR>

Vieillissement de la population : que fait l'union européenne pour les personnes âgées ?
<http://bit.ly/dnY3hq>

Vieillissement et TIC
<http://bit.ly/cDSBlu>

Vieillissement de la population : quelles solutions ?
<http://bit.ly/aKtmm>

Vieillissement et Services à la personne en Europe
<http://bit.ly/9UFG4G>

Publications du réseau des services à la personne
<http://bit.ly/d4POit>

Further reading

Une stratégie renouvelée pour relever le défi démographique de l'Union Européenne ? Quelques remarques sur la communication « ageing », publiée par la Commission Européenne le 29/04/09.
<http://bit.ly/cjdpbi>

Les Cahiers de la Solidarité : «Concilier la vie au travail et hors travail»
<http://bit.ly/bMm746>

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Pour la Solidarité

Pour la Solidarité (PLS) is a European association created as a Think tank at the disposal of citizens and political, social and economic decision-makers of the European Union. PLS considers itself as a service provider for socioeconomic and political players who wish to act with professionalism within the European field of solidarity.

Working in an ongoing partnership with the European institutions, Pour la Solidarité fulfils the expectations coming from the actors of solidarity in Europe.

The Sodexo Institute for Quality of Daily Life is a think tank created by Sodexo in 2009 to study the issues, actors and mechanisms that influence and contribute to Quality of Daily Life. Supported by a network of experts, the Institute conducts, collects and analyzes studies at the global and local levels and surveys all information pertaining to Quality of Daily Life. The Institute reflects Sodexo's commitment to advancing understanding of new ways to create value by focusing on people and their well-being.

Sharing the same passion for service, Sodexo's 380,000 employees in 80 countries design, manage and deliver an unrivaled array of On-site Service Solutions and Motivation Solutions. Sodexo has created a new form of service business that contributes to the fulfillment of its employees and the economic, social and environmental development of the communities, regions and countries in which it operates.

This report is based on the premise that, despite birth and immigration policies, European states must face the inevitability of population ageing brought on by a low birth rate and increased life expectancy. This phenomenon gives rise to new challenges: from a social standpoint, it affects relationships between generations, bringing a need to redefine intergenerational solidarity; from an economic standpoint, demographic change could eventually lead to a loss of GDP per capita of around 10% by 2020, with the main response from European countries being to raise the retirement age.

The study offers a new framework to better grasp today's demographic upheaval, based on three factors: the concept of «active ageing», new intergenerational solidarity, and fresh impetus for civil and social dialogue.

In order to provide a tangible illustration of the issues and perspectives inherent in the phenomenon of population ageing, this report offers a number of country case studies and covers a range of best practices found in Europe.

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