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Network of Experts in Gender Equality, Social Inclusion,
Health and long-term care

**ACTIVE AGEING AND GENDER EQUALITY POLICIES:
The employment and social inclusion of women and men
of late working and early retirement age**

Final Synthesis Report

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Country Abbreviations

AT	Austria	LI	Liechtenstein
BE	Belgium	LT	Lithuania
BG	Bulgaria	LU	Luxembourg
CY	Cyprus	LV	Latvia
CZ	Czech Republic	MK	Former Yugoslav Republic of Macedonia
DE	Germany	MT	Malta
DK	Denmark	NL	Netherlands
EE	Estonia	NO	Norway
EL	Greece	PL	Poland
ES	Spain	PT	Portugal
FI	Finland	RO	Romania
FR	France	SE	Sweden
HR	Croatia	SI	Slovenia
HU	Hungary	SK	Slovakia
IE	Ireland	TR	Turkey
IS	Iceland	UK	United Kingdom
IT	Italy		

Other Abbreviations and Acronyms

EEA/EFTA	European Economic Area European Free Trade Association
FYROM	Former Yugoslav Republic of Macedonia
LTC	Long-term care

Executive summary

The European Union faces significant population ageing. Ongoing demographic changes due to low fertility rates, the continuous increase in life expectancy and the approaching retirement age of the baby-boom cohorts are expected to dramatically affect the European population size and age-structure. As is frequently recalled, ageing populations will raise significant budgetary, economic and social issues. The phenomenon increases pressure on pension systems, public finances, social and care services for older people, heightening the risks of exclusion from the labour market, family and community life, and intergenerational conflicts.

However, it is equally true that ageing can bring potential opportunities. The elderly may significantly contribute to tackling the challenges of population ageing by remaining active and autonomous after retirement and by delaying their exit from the labour market. The historic increase in educational levels and substantial improvements in health conditions make elderly people a great potential for social and economic development. Thus, active ageing emerges as a key factor in the process of optimising opportunities for health, participation and security and as a way to enhance the quality of life as people age.

The European Union plays an essential role in supporting policies and actions in the field of active ageing implemented at Member State, regional and local level. It also recently intensified its efforts to promote the exchange of knowledge and experiences.

In 2009 the Council of the European Union adopted Conclusions on *Equal opportunities for women and men: active and dignified ageing*. These conclusions underline, amongst other things, that “the persistence of gender stereotypes which, compounded by discrimination faced by older people in the labour market, particularly reduce the employment opportunities of older women; women’s greater vulnerability in the labour market, due also to the impact of career breaks or taking time out of employment to engage in caring responsibilities on women’s pension entitlements, which, together with the persisting gender pay gap, exposes women to a higher risk of poverty in old age as compared with men”. The Council of the European Union also adopted in 2009 Conclusions on *Healthy and Dignified Life*, arguing that healthy and dignified ageing must involve a gender dimension, taking into account the specific needs of both women and men.

The European Commission adopted a *Communication on Ageing* and an accompanying report in April 2009, and in September 2010 it proposed to make 2012 the “European Year for Active Ageing” in order to raise awareness, to boost the dissemination of good practices and to encourage policy-makers and stakeholders to commit to specific actions and goals.

From the gender equality and social inclusion perspective, this report provides a concise overview of the employment and activity of women and men in the 55-64 age group (i.e. the last 10-year cohort of the working age population) and of the activity of women and men in the 65-74 age group in the EU Member States, the EEA/EFTA countries (Iceland, Liechtenstein, Norway) and three candidate countries (Croatia, FYROM and Turkey). The programmes available on active ageing and the main policy areas addressed in these countries (such as adjusting age management in work places and labour markets, opening job-opportunities, retaining and reinserting persons in employment, offering access to appropriate training and life-long learning possibilities, promoting volunteer and community work opportunities after retirement, and enabling easier access to active and healthy ageing support services including care for dependent relatives) are examined in order to identify effective strategies for active and healthy ageing.

Gender differences and inequalities in old age

Gender differences and inequalities are a fundamental feature of social exclusion and poverty, especially in old age. Living on a low income for a sustained period causes stress which can have a negative impact on the quality of housing and health and generate social isolation. Income inequality and the risk of poverty thus remain fundamental variables of social inclusion. However, to fully participate in society and to harness personal potential, a number of other conditions are required. Thus, a multi-dimensional approach to social inclusion is necessary. In the light of the method of gender mainstreaming, gender is an element that permits the analysis of many forms of exclusion. For example, in addition to the greater exposure of elderly women to poverty and low income, there exist gender differences in how men and women experience the stress and social isolation that old age can bring, with implications for their health and life expectancy as well.

The twofold discrimination against older women workers based on gender and age stereotypes, combined with their greater vulnerability in the labour market caused by women-specific work trajectories (i.e. career breaks, part-time employment and the gender pay gap) and institutional arrangements creates high risks of poverty for women in old age. Inadequate or obsolete skills remain the main barriers for older workers to remain in or re-enter the labour market, but women's unpaid work responsibilities (in particular care burdens) constitute severe constraints for the employment of older women. The role of older women as both major providers and users of care services, and their reliance on health care and long-term care provisions are also crucial gender issues.

Labour market participation

Active ageing strategies have so far focussed closely on raising senior workers' employment rates through pension reforms in order to incite workers to retire later on the one hand and to develop labour market policies on the other hand. While "passive" programmes tend to discourage the use of early retirement schemes, "active" measures aim at favouring employment retention and the reintegration of senior workers. Moreover, in the most recent years, the implementation of so-called "senior planning" in several EU countries has encouraged firms to take senior workers into consideration and to adapt age management in work places.

The approach to active ageing has so far extensively focussed on senior worker employability, resulting in a dominant role played by pensions and social security reforms, with the main aim of postponing the age of retirement by law.

Most measures are based on the dominant male trajectory of work and retirement and are not explicitly gender mainstreamed. By contrast, a gender approach would prove fundamental to the inclusion of the elderly on the labour market as women suffer in old age from the accumulated impact of the barriers to employment encountered during their lifetime. Thus, while repeated career breaks, part-time work, low pay and the gender pay gap characterise women's employment, in old age they may be the object of multiple discrimination. For example, in the labour market women are frequently regarded as "old" at a much younger age than men, while care burdens can produce high barriers to the employment of older women.

Moreover, it is critical that the disadvantages faced by women in the labour market, in particular care responsibilities, do not penalise them in their pension entitlements. However, it appears that some pension reforms, by delaying retirement and forging tighter links between formal employment and pension benefits, may increase the already high risk of poverty for elderly women. Thus, while retirement deferral schemes on a voluntary basis are an effective way to

promote active ageing for women, it is crucial that women's pension contributions are boosted by crediting time spent on household chores and care activities and by closing the gender pay gap so that women will not continue facing very high risks of poverty and social exclusion in old age.

Training and lifelong learning

Governments and major stakeholders in most EU-27 Member States and EFTA countries promote training and lifelong learning systems, mainly by designing age-related policy frameworks to set guidelines, priorities and general targets for the regulation and promotion of further training, internal or external to the labour market. Leave schemes or legal rights to training for employees, often coupled with compensations to the employers, have also been introduced in many countries with the aim of promoting training activities for older people. A gender approach would prove fundamental within policies for further education and lifelong learning because elderly women face more serious barriers to employment than men. There are fewer learning opportunities for women in general, and for mature women in particular, making the adaptation to labour demand extremely difficult. Training and the development of new skills may thus help elderly women to participate more fully in the labour market.

The goal to enhance labour market integration for senior workers through adequate training and qualification has been pursued mainly through the provision of financial support and incentives in the form of tax concessions or various different refund mechanisms of training costs to employers or employees, and the implementation of different evaluation methods in the formalisation of existent learning and non-formal acquired competencies, skills and qualification (mostly European National Qualification Frameworks). While it is crucial for life-long learning and further training programmes not to reinforce cultural stereotypes and gender roles, efforts towards a greater formalisation and valorisation of existent non-formal acquired skills may prove to be sensible due to women's greater commitment to unpaid work and care activities.

Age-friendly environment and volunteer/ community work

An inclusive environment for older people offers opportunities for an active life and intergenerational contacts and represents a crucial precondition for independent participation in social activities. The issue is very much a gendered one because women are often and increasingly over-represented among the isolated elderly, as a consequence of rising divorce rates and women's longer life expectancy. Widows and lone elderly women in general are at a high risk of poverty, isolation and social exclusion. Thus, especially after retirement, the active participation of elderly women in voluntary activities may help reduce their risk of isolation as well as contributing to the development of solidarity.

Various national initiatives are raising awareness through research and the mobilisation of various different stakeholders, while policy-makers are promoting civil engagement and inter-generational projects for older people by funding initiatives and schemes. The creation of community centres, which can take on different forms and carry out varied activities (e.g. information points, cultural and leisure centres, etc.) is an important measure that can increase the availability of services for elderly people as well as develop awareness and cohesion between generations.

Supportive Services

In many European countries there is increasing awareness of the need to acknowledge gender differences in *healthcare*: governmental institutions, universities, and the NGOs in particular have traditionally been very active in providing specialised services to women and other disadvantaged

groups, including a specific set of programmes addressing occupational healthcare. As highlighted by EGGSI national experts, amongst treatment provisions for the elderly, menopause and osteoporosis are treated as women-specific conditions in old age with, in some cases, specific treatment programmes. In other cases however, discrimination against men has been reported.

Two key issues have been identified in a gender perspective with respect to the existing service provisions of *long-term care* (LTC): firstly, the majority of caregivers, both formal and informal, are women; secondly, the increasing demand for and the use of LTC by elderly women in the majority of the European States, considering women's longer life expectancy and their reliance on formal care, is mainly linked to the lack of care alternatives in their household.

The promotion of *transport* for the elderly actually translates into two major policy approaches: subsidisation of urban and rural public transport fees allowing for fare reductions, or free access to various age categories; and the development of adapted or dedicated transport services to enable access to basic services, especially health or leisure activities.

The promotion of independent living of the elderly in their own homes seems to prevail at European level through the provision of a variety of home care and in-house services, and subsidies to foster the adaptation, accessibility and functionality of dwellings to elderly-specific needs. At the same time, a wide range of innovative *housing* options for the elderly in need of care and help encourages new forms of communal living and intergenerational cohabitation as means to combat isolation. These services are often integrated into the provision of proximity care services.

Crosscutting issues

Despite the increased attention being paid to the consequences of demographic change and the issue of active ageing, the Member States and the other European countries mentioned in this report still lack a coherent and integrated policy strategy for the employment and social inclusion of women and men of late working and early retirement age, as well as a clear understanding of the gendered implications of active ageing strategies. Several crosscutting issues emerge from the experts' contributions that may inspire policy improvements.

The relevance of gender in many aspects of the ageing society, such as differences in access to education and health, care responsibilities, participation in the labour market, and the impact of demographic changes on gender equality are not embodied in the current active ageing strategies. Most policies and programmes are gender blind. They do not explicitly target elderly women but rather aim at the social inclusion of more generic "vulnerable groups". Nevertheless, the demographic characteristics of the older population, rather than intended gender mainstreaming, frequently translate into a greater participation of women in such programmes.

Multiple discrimination affects older women who are not only subject to discrimination on the basis of their age, gender and health status, but, if belonging to vulnerable groups, also on other counts (e.g. being migrant women, disabled, homosexual). Moreover, the current economic crisis has significant consequences on elderly women already suffering discrimination for matters of health or disability, and on their access to basic services, especially health care and long-term care services, due to current or future budget cuts.

Active ageing and the role of policy

Thanks to the comparative analysis of existing policy initiatives and programmes on the various dimensions of active ageing (labour market participation; training and lifelong learning; age-friendly environment and volunteer/community work; health care and long-term care, transports

and housing) we are able to identify some crucial issues to be addressed in the fight against gender-based discrimination and inequalities.

Social, economic and budgetary challenges rather than the potential opportunities of ageing are all too often the major focus of public debate on population ageing. The elderly represent a source of valuable knowledge, experience and skills in the workplace and are providers of family and community support as caregivers for dependents. In order to create a positive attitude in society towards ageing and enhance active citizenship for older people, policy-makers are called upon to promote non-legislative measures such as awareness-raising campaigns on ageing and the role of older people in our communities.

The evidence emerging across the four main policy areas reviewed suggests the adoption of a life-course approach to gender and ageing, in which the structural embodiment of age and gender mainstreaming at all levels of governance develops as an essential tool in policy-making in order to enhance labour market participation, social inclusion and active citizenship. The uneven gender distribution of formal and informal care duties - which, in old age, also contributes to aggravating the gender-based disadvantages accumulated during the whole lifetime - may be alleviated with the introduction of support arrangements such as part-time contracts or job-sharing, and new forms of paid leave. Suitable mechanisms should be developed in order to ensure the accumulation of adequate pension rights for women who often face substantial risks of poverty due to their loose attachment to the labour market and to the gender pay gap. Adoption of the right instruments to assess the different impacts of pension reforms on women and men in Europe is a matter that needs to be examined in depth in order to take gender differences effectively into account in career trajectories and potential discrimination when dealing with pension systems.

Although women expect to live longer than man, the gender differences in healthy life years are much narrower. Ageing women are particularly vulnerable to age-related diseases, especially breast cancer, memory disorders (e.g. dementia and Alzheimer), osteoporosis and rheumatoid arthritis, making them more dependent on public and private care services. In order to ensure that quality and appropriate social and health services respond to older women's and men's specific needs, care services should be developed and ensured for the longest possible period of time at home. Home-based long-term care services are of particular interest to women, given their "double role" as major service providers and users. Support measures for informal carers need to be developed such as the recognition of their status and the allocation of benefits and social security rights. Public and private institutions for elderly care should evolve in an age-friendly environment by enabling the development of a participatory approach in decision-making for the design and management of care services, and by promoting continuous training and incentives to employed carers.

Intergenerational solidarity should cover active ageing policies across all policy areas. The transfer of knowledge, skills and professional experience across generations should be supported through appropriate age management strategies in the workplace or through guidance for job seekers from senior workers associations. Moreover, social measures and the option of remunerated activities are also needed for older women as providers of intra-household care services.

In times of economic and financial crisis, the effectiveness and sustainability of active ageing policies and programmes is threatened by the current and future reduction of public resources. The evidence emerging from the present Europe-wide comparative analysis suggests that the proper management of the population's ageing process and the inevitable changes in society may contribute to sounder economic and social policy. For this to happen, it is necessary to overcome the dominant political rhetoric on population ageing seen as a social and economic burden for society. It is crucial to integrate a gender and age dimension into all active ageing strategies at all governance levels, in response to the multiple discrimination and inequalities faced by European

women throughout their lifetime.

Résumé analytique

La population de l'Union européenne est confrontée à un vieillissement important. Les mutations démographiques actuelles, dues à de faibles taux de fertilité, à l'augmentation continue de l'espérance de vie et de l'arrivée à l'âge de la retraite des générations du baby-boom, devraient affecter en profondeur la taille et la pyramide des âges de la population européenne. Le vieillissement de la population pose des questions fondamentales en matière budgétaire, économique et sociale. Ce changement met sous pressions les systèmes de retraite, les finances publiques ainsi que les services sociaux et de soins aux personnes âgées. Le vieillissement de la population renforce également les risques de conflits entre générations ainsi que l'exclusion sociale (professionnelle, familiale, communautaire).

Le vieillissement démographique ouvre également la porte à de nouvelles opportunités. Les personnes âgées peuvent limiter les conséquences négatives du vieillissement démographique en travaillant plus longtemps et en restant actives et autonomes une fois à la retraite. Du fait de l'augmentation historique des niveaux d'éducation et de l'amélioration significative des conditions de santé, les personnes âgées représentent un fort potentiel de développement social et économique. Le vieillissement actif apparaît comme un facteur clé en matière de santé, de participation et de sécurité, ainsi que pour améliorer la qualité de vie à mesure que les personnes vieillissent.

L'Union européenne a un rôle clé à jouer en soutenant des politiques de vieillissement actif. S'il appartient aux États membres de les mettre en œuvre au niveau local et régional, l'Union européenne a récemment intensifié ses efforts pour encourager l'échange de savoirs et d'expériences dans ce domaine.

En 2009, le Conseil de l'Union européenne a adopté des Conclusions intitulées *Égalité des chances pour les femmes et les hommes : vieillir en restant actif et dans la dignité*. Ces conclusions font notamment ressortir que « la persistance de stéréotypes de genre, aggravés par la discrimination à laquelle sont confrontées les personnes âgées sur le marché du travail, réduit les opportunités d'emploi des femmes âgées ; la plus grande vulnérabilité des femmes sur le marché du travail, du fait notamment des conséquences d'une interruption de carrière ou du temps non consacré à leur emploi et occupé par des responsabilités de soins au détriment de leur droit à la retraite, à l'instar de la persistance de l'écart de rémunération, expose les femmes âgées à un risque de pauvreté plus élevé que pour les hommes ».

Le Conseil de l'Union européenne a également adopté en 2009 des Conclusions sur *La vie en bonne santé et dans la dignité*, qui affirment que vieillir en restant en bonne santé et dans la dignité passe par une dimension de genre qui prenne en compte les besoins propres à chaque sexe.

La Commission européenne a adopté en avril 2009 une *Communication sur le vieillissement* ainsi qu'un rapport d'accompagnement. Elle a par ailleurs proposé en septembre 2010 de faire de 2012 « l'année européenne du vieillissement actif » pour améliorer la diffusion des bonnes pratiques, et d'inciter les responsables politiques et tout autre acteur en lien avec ce domaine à prendre l'initiative en la matière.

Ce rapport aborde le sujet sous le double angle de l'égalité femmes-hommes et de l'inclusion sociale. Il fournit en premier lieu un bref aperçu de l'activité et de la situation en matière d'emploi des femmes et des hommes entre 55 et 64 ans (la dernière partie de la population active), ainsi que de l'activité des femmes et des hommes entre 65 et 74 ans dans l'UE, les pays de l'EEE/AELE (Islande, Liechtenstein, Norvège) et trois pays candidats (Croatie, Macédoine, Turquie). Ce rapport examine également les programmes existants en matière de vieillissement actif et les principaux domaines politiques concernés dans ces pays (adapter la gestion des âges sur le lieu de travail et sur les marchés du travail, créer des opportunités de travail, permettre le

maintien des personnes sur le marché du travail et leur réinsertion, donner accès à une formation adaptée et à des opportunités d'apprentissage tout au long de la vie, promouvoir les opportunités de travail volontaire et communautaire pour les personnes à la retraite, faciliter l'accès à des services de soutien du vieillissement actif et en bonne santé, y compris les soins à des proches dépendants) de manière à identifier des stratégies efficaces de vieillissement actif et en bonne santé.

Différences et inégalités femmes-hommes chez les personnes âgées

Les différences et les inégalités entre les femmes et les hommes constituent un facteur primordial d'exclusion sociale et de pauvreté, et ce, tout particulièrement chez les personnes âgées. Vivre pendant une période prolongée avec de faibles revenus crée du stress, suscite une influence négative sur le logement et la santé, et génère de l'isolement social. En effet, les disparités de revenus et ma pauvreté sont des composantes fondamentales de l'inclusion sociale.

Participer à la vie de la société ainsi que l'épanouissement de soi-même passent également par d'autres facteurs. Une vision pluridimensionnelle de l'inclusion sociale est incontournable. De même que l'égalité femmes-hommes passe par une approche transversale, le genre constitue une perspective qui permet d'analyser les différentes formes d'exclusion. Par exemple, en plus du fait que les femmes âgées sont davantage exposées à la pauvreté, il existe des différences en fonction des sexes : les hommes et les femmes ne vivent pas de la même façon le stress et l'isolement social découlant de l'âge avancé, avec des répercussions sur la santé et l'espérance de vie.

La double discrimination des femmes âgées mais encore en âge de travailler provoquent une forte augmentation du risque de pauvreté. Cette double discrimination est basée sur les stéréotypes liés au sexe et à l'âge. Elle est également associée à la grande vulnérabilité des femmes concernées sur le marché du travail, du fait de parcours individuels spécifiques et typiques des femmes (interruptions de carrière, travail à temps partiel, la différence de salaires homme-femme), et de dispositions institutionnelles particulières.

Les personnes âgées actives sont principalement freinées par des compétences dépassées ou inadaptées pour garder ou retrouver un emploi. Ajoutons à cela le travail non rémunéré (notamment le poids des tâches familiales) qui pèse lourd dans la balance quand les femmes âgées veulent trouver un travail. La question du genre se pose également pour les femmes âgées qui sont les principales prestataires et bénéficiaires des services de santé; la question du genre se pose enfin au sujet de la confiance des personnes âgées à l'égard des soins de santé et des services de soins de longue durée.

Participation au marché du travail

Les stratégies de vieillissement actif testées jusqu'ici ont toujours porté sur l'augmentation du taux d'emploi des personnes âgées à travers les réformes des retraites. Ces stratégies visent à inciter un départ à la retraite plus tardif et à développer des politiques en matière d'emploi. Tandis que des programmes « passifs » tendent à décourager le recours à la préretraite, des mesures « actives » visent à inciter les personnes âgées à rester sur le marché du travail, voire à y revenir. D'ailleurs, le développement récent des « plannings personnes âgées » dans bon nombre de pays de l'UE a encouragé les entreprises à prendre en considération les personnes âgées et à changer la gestion de l'âge sur le lieu de travail.

Le vieillissement actif a porté jusqu'à présent sur l'emploi des personnes âgées. Les réformes en matière de retraite et de sécurité sociale, dont l'objectif principal est de retarder l'âge légal de départ à la retraite, revêtent alors un rôle prépondérant.

La plupart des mesures se basent sur les carrières des hommes et ne tiennent pas compte explicitement de la problématique du genre. Pourtant une approche selon le genre serait fondamentale pour l'insertion des personnes âgées sur le marché du travail. En effet, les femmes âgées sont fortement pénalisées par les barrières à l'accès au travail qui s'accumulent tout au long de leur vie. L'emploi des femmes est caractérisé par les interruptions de carrière répétées, le travail à temps partiel et la différence de salaires avec celui des hommes. En conséquence de quoi les femmes font l'objet de discriminations multiples à un âge avancé. A titre d'exemple, les femmes sont souvent considérées, au même âge, plus « âgées » que les hommes. À cela s'ajoute le temps dédié aux ascendants ainsi qu'aux petits-enfants, un obstacle important lorsqu'il s'agit de travailler en même temps.

En outre, il apparaît que certaines réformes dans ce domaine, en retardant le départ à la retraite et en établissant des liens étroits entre les emplois recensés et les avantages de la retraite, sont susceptibles d'augmenter la pauvreté, risque déjà très élevé chez les femmes âgées. Ces réformes s'ajoutent aux conséquences sur les retraites de l'inégalité existante en termes d'emploi, et notamment du poids des tâches familiales.

Alors que les plans qui retardent le départ en retraite volontaire constituent une façon efficace de promouvoir le vieillissement actif des femmes, il devient crucial de prendre en compte dans les retraites des femmes le temps consacré aux tâches familiales et d'éliminer la différence de salaires entre les hommes et les femmes. L'objectif est de faire en sorte que les femmes ne soient plus confrontées à des risques élevés de pauvreté et d'exclusion sociale lorsqu'elles seront âgées.

Formation et apprentissage tout au long de la vie

Les gouvernements et les acteurs majeurs de la plupart des 27 États membres de l'UE et des pays de l'AELE encouragent les systèmes de formation et d'apprentissage tout au long de la vie. Cela passe essentiellement par des cadres d'orientation politique en matière d'âge, visant à définir des lignes directrices, priorités et objectifs généraux concernant la réglementation et la promotion de la formation interne et externe au marché du travail. Des périodes de congés ou des droits légaux en faveur de la formation des salariés, souvent accompagnés d'indemnités, ont également été introduits dans nombre de pays pour encourager des activités de formation pour les personnes âgées.

Une approche de genre se révélerait fondamentale si elle était mise en place par le biais de politiques visant la formation et l'apprentissage tout au long de la vie. Les femmes âgées doivent faire face à des obstacles bien plus importants que ceux rencontrés par les hommes en matière d'emploi. Les opportunités d'accès à l'apprentissage sont bien plus rares pour les femmes en général et pour les femmes âgées en particulier, rendant extrêmement difficile leur adaptation aux demandes du marché du travail. La formation et le développement de nouvelles compétences seraient les bienvenues pour les femmes âgées recherchant un emploi.

L'objectif visant à améliorer l'intégration des personnes âgées au marché du travail à travers des formations et des qualifications appropriées a principalement été réalisé par la mise en place de soutiens financiers, d'incitations fiscales, d'indemnités pour l'organisation des formations pour les salariés ou les employeurs et par la mise en place de différentes méthodes d'évaluation en matière de formalisation des compétences, savoir-faire et qualifications acquises par le biais de formations existantes ou de façon non officielle (essentiellement les Cadres Nationaux et Européens de Qualification).

Alors qu'il est fondamental que la formation tout au long de la vie et les autres programmes d'apprentissage ne renforcent pas les stéréotypes culturels et les rôles liés au genre, les efforts visant à formaliser et valoriser davantage les compétences non institutionnelles acquises peuvent aboutir à une politique pertinente en matière de genre en vertu de l'importance de l'engagement

des femmes dans le travail non rémunéré et les activités de soin.

Un environnement adapté aux personnes âgées et travail volontaire/communautaire

L'environnement est un élément clé pour que les personnes âgées puissent travailler et avoir des contacts intergénérationnels. Il représente également la condition de base à une participation autonome à des activités sociales. Cette problématique touche particulièrement au thème du genre. Chez les personnes âgées, les personnes seules sont très souvent des femmes, conséquence de la hausse croissante du nombre de divorces et de l'allongement de l'espérance de vie des femmes. Les veuves et les femmes âgées seules sont en général très exposées à la pauvreté et souffrent fréquemment d'isolement et d'exclusion sociale. Les activités volontaires peuvent constituer, tout particulièrement pour les femmes retraitées, une façon de réduire ce risque d'isolement, en plus de contribuer au développement de la solidarité.

De nombreuses initiatives nationales permettent de prendre conscience de cette problématique par le biais de la recherche et de la mobilisation de différents acteurs. Quant aux responsables politiques, ils sont chargés de promouvoir l'engagement civil des personnes âgées et les projets intergénérationnels par la mise en place d'initiatives et de programmes dédiés. Les centres communautaires qui peuvent prendre diverses formes et proposer des activités variées (points d'informations, centres culturels ou de loisirs, etc.) représentent autant de mesures importantes qui permettent d'augmenter la disponibilité des services à l'adresse des personnes âgées, en plus d'améliorer la prise de conscience et la cohésion entre les générations.

Services de soutien

Dans de nombreux pays européens, il existe une prise de conscience croissante de la nécessité de reconnaître les différences femmes-hommes en matière de *soins de santé* : les institutions gouvernementales, les universités et les associations notamment sont traditionnellement très actives en ce qui concerne la prestation de services aux femmes et aux groupes défavorisés, une série de programmes spécifiques portant d'ailleurs sur les soins de santé dans le monde du travail.

Parmi les soins dédiés aux personnes âgées, la ménopause et l'ostéoporose sont traitées comme des maladies spécifiques aux femmes âgées avec, dans certains cas, la mise en place de programmes de soins particuliers. Dans d'autres situations, il existe une certaine discrimination vis-à-vis des hommes.

Deux problématiques essentielles ont été définies dans une perspective de genre concernant les services existants en matière de *soins de longue durée* (SLD) : premièrement, la plupart des prestataires de soins, qu'ils soient formels ou non, sont des femmes ; deuxièmement, la demande croissante et le recours aux SLD par les femmes âgées dans la plupart des pays européens, du fait de l'allongement de l'espérance de vie et de la confiance dans les soins officiels, sont principalement liés au manque de soins alternatifs au sein même du foyer.

La question des *transports* pour les personnes âgées fait également partie de leur environnement. Cette question se traduit dans la pratique par deux grandes approches politiques : premièrement, la prise en charge totale ou partielle du coût des transports publics en milieu urbain et rural ; deuxièmement, le développement de services de transport spéciaux ou adaptés assurant un accès aux services de base, la santé notamment, ou aux activités de loisirs.

L'importance de permettre aux personnes âgées de vivre de façon autonome à leur domicile semble prévaloir au niveau européen. Cela se traduit par la mise en place de prestations de soins à domicile grâce à des subventions encourageant l'adaptation, l'accessibilité et la fonctionnalité des habitations selon les besoins spécifiques des personnes âgées. Parallèlement, un vaste choix

d'options innovantes *à domicile* dédiées aux personnes âgées dans le domaine des soins et de l'assistance est en train de voir le jour : leur but est d'encourager de nouvelles formes de vie communautaire et de cohabitation intergénérationnelle, comme outils de lutte contre l'isolement. La mise en œuvre de ces services fait souvent partie intégrante de la prestation de services de soins de proximité.

Problématiques interdisciplinaires

Malgré l'attention croissante portée au changement démographique et au vieillissement actif, une stratégie politique intégrée et cohérente fait toujours défaut dans les pays évoqués ici pour l'inclusion sociale et économique des femmes et des hommes travaillant jusqu'à un âge avancé ou en préretraite. Il en va de même de la compréhension de l'incidence pour les hommes et les femmes des stratégies de vieillissement actif. De nombreuses problématiques interdisciplinaires émergent de recherches d'experts en la matière et sont susceptibles d'améliorer ces politiques.

La pertinence du genre parmi les personnes âgées, comme les disparités en matière de formation et santé, la prise en charge des tâches familiales et la participation au monde du travail, l'impact démographique sur l'égalité femmes-hommes, ne sont actuellement pas pris en compte par les stratégies de vieillissement actif. La plupart des politiques ne font pas de différence entre les femmes et les hommes et ne ciblent pas de façon explicite les femmes âgées. Au contraire, ces elles tendent à viser le problème de l'inclusion sociale des « groupes vulnérables » en général. Pour autant, les caractéristiques démographiques des personnes âgées, plutôt que l'approche en matière d'intégration du genre, se traduisent souvent par une plus grande participation des femmes à ce type de programmes.

Enfin, les discriminations multiples touchent les femmes âgées qui font non seulement l'objet d'une discrimination en fonction de leur âge, de leur genre et de leur état de santé, mais aussi lorsqu'elles appartiennent à des groupes vulnérables ou encore en fonction d'autres aspects (par exemple, si elles sont émigrées, handicapées ou homosexuelles). Qui plus est, la crise économique actuelle a des répercussions significatives sur les femmes âgées déjà touchées par une discrimination du fait de leur état de santé ou d'un handicap, ainsi que sur l'accès aux services de base, notamment les soins de santé et les soins de longue durée, du fait des réductions budgétaires actuelles et à venir.

Vieillesse active et rôle des politiques publiques

L'analyse comparative des initiatives politiques en vigueur en matière de vieillissement actif (participation au marché du travail, formation et apprentissage tout au long de la vie, environnement adapté aux personnes âgées et travail volontaire/communautaire, soins de santé et soins de longue durée, transport et logement) permettent d'identifier des questions fondamentales pour contrer la discrimination et les inégalités entre les femmes et les hommes.

Les défis sociaux, économiques et budgétaires, plutôt que les opportunités potentielles liées au vieillissement, sont trop souvent au cœur du débat public sur le vieillissement de la population. Les personnes âgées représentent une ressource de grande valeur en termes de connaissances, d'expérience et de compétences pour le monde du travail. Elles s'occupent des familles et des communautés et dispensent des soins aux personnes non autonomes. Afin de générer une attitude positive dans la société sur le thème du vieillissement et de renforcer le potentiel des personnes âgées, les responsables politiques pourraient promouvoir des mesures non législatives telles que des campagnes de sensibilisation autour du vieillissement et du rôle des personnes âgées dans nos communautés.

Il ressort de ces quatre thèmes principaux qu'il serait nécessaire d'adopter une approche tout au

long de la vie concernant le genre et le vieillissement. Une telle approche, qui intégrerait l'âge et le genre à tous les niveaux de gouvernance, devrait être développée pour optimiser la participation au marché du travail, l'inclusion sociale et la citoyenneté active.

La répartition inégale selon le genre des tâches familiales formelles et informelles, qui à un âge avancé aggrave les différences femmes-hommes accumulées tout au long de la vie, peut être en partie résolue par l'introduction de systèmes de soutien comme des contrats à temps partiel ou l'emploi partagé, et de nouvelles formes de congés payés. Des mécanismes adéquats devraient être développés en ce sens afin d'assurer l'accumulation de droits à la retraite appropriés pour les femmes, souvent exposées à des risques de pauvreté élevés du fait de faibles liens avec le marché du travail et de la différence de salaires homme-femme. L'adoption d'outils adaptés pour une évaluation des différents impacts sur les réformes des retraites concernant les femmes et les hommes en Europe mérite d'être approfondie, afin de pouvoir véritablement prendre en compte les différences de genre au niveau des carrières et la discrimination potentielle dans le cadre des retraites.

Bien que les femmes aient une espérance de vie plus longue que les hommes, la différence se réduit dès lors que l'on considère les années passées en bonne santé. Les femmes âgées se révèlent en effet particulièrement vulnérables et touchées par les maladies liées à la vieillesse, notamment le cancer du sein, les maladies touchant la mémoire (comme la démence sénile ou la maladie d'Alzheimer), l'ostéoporose et la polyarthrite rhumatoïde, ce qui les rend de fait plus dépendantes des services de soins publics et privés.

Afin d'assurer des services de soins et sociaux de qualité et ciblés à même de répondre aux besoins spécifiques des hommes et des femmes âgés, les services de soins devraient être assurés aussi longtemps que possible à domicile. Ce type de prestations concerne tout particulièrement les femmes en raison de leur double rôle de prestataires et de bénéficiaires des soins. Comme mesures de soutien pour les préposés aux soins informels, une reconnaissance de leur statut doit être développée et des avantages et droits en matière de sécurité sociale doivent leur être octroyés, le but étant de favoriser l'engagement des femmes dans des activités rémunérées. Les institutions publiques et privées de soins aux personnes âgées doivent évoluer dans un environnement adapté à l'âge, en permettant le développement d'une approche participative dans la prise de décisions concernant la façon de concevoir et de gérer les soins, et en proposant des formations continues et des mesures d'incitation aux préposés aux soins salariés.

La solidarité intergénérationnelle devra porter sur toutes les politiques de vieillissement actif à travers tous les domaines politiques visés. Le transfert de connaissances, de compétences et d'expérience professionnelle entre générations devra être soutenu par des stratégies adaptées de gestion de l'âge sur le lieu de travail, ou par le biais de conseils donnés par les associations de personnes âgées actives aux personnes en recherche d'emploi ; parallèlement, des mesures sociales et la possibilité d'activités rémunérées devront également être mises en place à l'adresse des femmes âgées, prestataires de soins à domicile.

Dans un contexte de crise économique et financière, la faisabilité et la durabilité de politiques et de programmes de vieillissement actif sont menacées par la diminution actuelle et à venir des ressources publiques. Il ressort de cette analyse comparative réalisée au niveau européen qu'une gestion adaptée du vieillissement démographique et des changements nécessaires dans la société peuvent contribuer à la constitution d'une politique économique et sociale forte. À cette fin, il convient de dépasser la rhétorique politique dominante qui voit dans le vieillissement de la population un fardeau social et économique pour la société, à travers l'intégration de la dimension de l'âge et de l'égalité des genres dans les stratégies de vieillissement actif, et ce à tous les niveaux de gouvernance, en réponse aux discriminations et inégalités multiples cumulées durant toute leur vie par les femmes âgées européennes.

Kurzfassung

Die Europäische Union steht vor einer signifikanten Bevölkerungsalterung. Anhaltende demographische Veränderungen durch niedrige Geburtenraten, einem ständigen Anstieg der Lebenserwartung und dem nahenden Renteneintrittsalter der geburtenstarken Jahrgänge werden voraussichtlich einen grundlegenden Einfluss auf die europäische Bevölkerungsgröße und Altersstruktur haben. Die alternde Bevölkerung wird wesentliche Haushalts-, Wirtschafts- und Sozialfragen aufwerfen. Sie erhöht den Druck auf die Rentensysteme, auf die öffentlichen Finanzen, auf die Sozial- und Pflegedienste für die ältere Bevölkerung, sie verstärkt die Gefahr der Ausgrenzung vom Arbeitsmarkt, Familien- und Gemeinschaftsleben und Konflikte zwischen den Generationen.

Allerdings ist es ebenfalls wahr, dass Altern Chancen bringt. Die älteren Menschen können wesentlich dazu beitragen, die Herausforderungen der alternden Bevölkerung anzupacken, indem sie nach der Pensionierung aktiv und selbständig bleiben. Der historische Anstieg des Bildungsniveaus und wesentliche Verbesserungen des Gesundheitszustandes machen die Älteren zu einem bedeutenden Potential für die soziale und wirtschaftliche Entwicklung. Somit ist aktives Altern ein Schlüsselfaktor im Prozess der Chancenverbesserung für Gesundheit, Teilhabe und Sicherheit und bei der Verbesserung der Lebensqualität von alternden Menschen.

Die Europäische Union spielt eine wichtige Rolle bei der Unterstützung von Maßnahmen und Aktivitäten im Bereich des aktiven Alterns, welche auf Mitgliedsstaaten, Regional- und Lokalebene durchgeführt werden und hat in letzter Zeit ihre Bemühungen intensiviert, den Wissens- und Erfahrungsaustausch zu fördern.

2009 hat der Rat der Europäischen Union Schlussfolgerungen zu Chancengleichheit für Frauen und Männer: aktives und würdevolles Altern (Equal Opportunities for women and men: active and dignified ageing) angenommen. Die Beschlüsse unterstreichen, dass, unter anderem, „das Vorhandensein von Geschlechterstereotypen, verbunden mit der Diskriminierung, die ältere Menschen am Arbeitsmarkt erleben, insbesondere die Beschäftigungsmöglichkeiten von älteren Frauen reduziert; die größere Verwundbarkeit von Frauen am Arbeitsmarkt, auch durch die Auswirkungen von Karrierepausen oder Unterbrechungen von Beschäftigung aufgrund von Pflegeverpflichtungen auf die Rentenansprüche von Frauen, zusammen mit dem anhaltenden geschlechtsspezifischen Lohngefälle, setzt Frauen einem höheren Armutsrisiko im Alter aus als Männer.“ Der Rat der Europäischen Union hat auch in 2009 die Schlussfolgerungen zu Gesundes und würdevolles Leben (Healthy and Dignified Life) angenommen, und argumentiert, dass ein gesundes und würdevolles Leben auch einen geschlechtsspezifischen Aspekt, unter Berücksichtigung der speziellen Bedürfnisse von Frauen und Männern, beinhalten muss.

Die Europäische Kommission hat eine Mitteilung zur Bevölkerungsalterung (Communication on Ageing) in April 2009 verabschiedet und einen begleitenden Bericht, und es wurde im September 2010 vorgeschlagen, 2012 zum „Europäischen Jahr für aktives Altern“ zu bestimmen. Es soll als Rahmen für die Bewusstseinsbildung zur Identifizierung und Verbreitung von Guten Praktiken dienen und politische Verantwortliche und Interessensgruppen zur Einführung von spezifischen Aktionen und Zielen ermutigen.

Dieser Bericht gibt, aus dem Blickwinkel der Geschlechtergleichstellung und sozialen Integration heraus, einen kurzen Überblick über die Beschäftigungs- und Erwerbssituation von Frauen und Männern in der Altersgruppe der 55-65-jährigen (d.h. der Beschäftigten in den letzten zehn Jahren ihrer Beschäftigung) und die Erwerbssituation von Frauen und Männern in der Altersgruppe der 65-74-jährigen in den EU Mitgliedsstaaten, den EWR-EFTA Ländern (Island, Liechtenstein, Norwegen) und den drei Beitrittsländern (Kroatien, der ehemaligen Jugoslawischen Republik Mazedonien und der Türkei). Programme zum aktiven Altern und die

wichtigsten in diesen Ländern angesprochen Politikfelder werden analysiert (wie die Anpassung des Altersmanagements an Arbeitsplätze und Arbeitsmärkte, Erschließung von Stellenangeboten, Beibehaltung und die Wiedereingliederung von Personen in Beschäftigung, Angebot von Zugang zu angemessener Weiterbildung und Möglichkeiten für Lebenslanges Lernen, Förderung von freiwilligen und gemeinnützlichen Beschäftigungsmöglichkeiten nach der Pensionierung, und die Vereinfachung des Zugangs zu Diensten für aktives und gesundes Altern inklusive der Pflege von abhängigen Verwandten) um effektive Strategien für aktives und gesundes Altern aufzuzeigen.

Geschlechterunterschiede und Ungleichheiten im Alter

Geschlechterunterschiede und Ungleichheiten im Alter sind ein wesentliches Merkmal von sozialer Ausgrenzung und Armut, insbesondere im hohen Alter. Leben mit einem niedrigen Einkommen über eine längere Dauer verursacht Stress und hat negative Auswirkungen auf die Wohnqualität, die Gesundheit und die soziale Ausgrenzung. Einkommensungleichheiten und das Risiko von Einkommensarmut bleiben daher eine wesentliche Variable für soziale Integration.

Um jedoch in vollem Umfang an der Gesellschaft teilzuhaben und das eigene Potenzial zu nutzen, sind eine Reihe anderer Bedingungen erforderlich. Daher ist eine mehrdimensionale Sicht für die soziale Integration notwendig. Gemäß der Methode des Gender Mainstreaming ist der geschlechtsspezifische Ansatz eine Perspektive, unter der verschiedene Formen von Ausgrenzung analysiert werden.

Zusätzlich zu der größeren Gefährdung von älteren Frauen gegenüber Armut und ihrem niedrigeren Einkommen bestehen zum Beispiel, Geschlechterunterschiede, wie Frauen und Männer den Stress und die sozialer Isolation wahrnehmen, die das hohe Alter mit sich bringen kann. Dies wirkt sich auf ihre Gesundheit und Lebenserwartung aus.

Die doppelte Diskriminierung älterer Arbeitnehmerinnen aufgrund von Geschlechter- und Altersstereotypen, zusammen mit ihrer größeren Vulnerabilität auf dem Arbeitsmarkt durch frauenspezifische Laufbahnen (z.B. Karrierepausen, Teilzeitarbeit und das geschlechtsspezifische Lohngefälle) verbunden mit institutionellen Regelungen verursacht bei Frauen mehr als bei Männern hohe Risiken von Armut im Alter. Unzureichende oder veraltete Qualifikationen stellen die wichtigsten Hindernisse für den Verbleib oder die Wiedereingliederung von älteren Arbeitnehmern dar. Aber auch unbezahlte Arbeit (insbesondere Pflegebelastungen) ist ein Hindernis für die Beschäftigung älterer Frauen. Entscheidende geschlechtsspezifische Themen im Alter sind auch die Rolle der älteren Frauen als hauptsächliche Anbieter und Nutzer von Pflegediensten, und das Vertrauen älterer Menschen zu Gesundheits- und Langzeitpflegeangeboten.

Arbeitsmarktteilnahme

Strategien für aktives Altern haben bislang stark auf die Erhöhung der Beschäftigungsraten von älteren Beschäftigten gezielt, auf der einen Seite durch Rentenreformen zur Entwicklung von Anreizen später in den Ruhestand zu treten, und auf der anderen Seite durch arbeitsmarktpolitische Maßnahmen. Während „passive“ Programme die Nutzung von Vorruhestandsregelungen zu verhindern suchen, zielen „aktive“ Maßnahmen auf den Beschäftigungserhalt und die Wiedereingliederung von älteren Arbeitnehmern. Darüber hinaus hat die Einführung sogenannter „Seniorenpläne“ in mehreren EU Ländern die Unternehmen ermutigt, ältere Arbeitnehmer zu berücksichtigen und das Altersmanagement an Arbeitsplätzen zu ändern.

Der Ansatz zum aktiven Altern hat sich bisher weitgehend auf die Beschäftigungsfähigkeit älterer

Arbeitnehmer konzentriert, bei der die Reformen der Renten- und Sozialversicherungssysteme mit dem Hauptziel, das gesetzliche Rentenalter aufzuschieben, eine wichtige Rolle einnehmen.

Die meisten Maßnahmen basieren auf dem dominierenden männlichen Beschäftigungs- und Ruhestandsverlauf und sind nicht ausdrücklich geschlechtsspezifisch ausgerichtet. Hingegen würde ein geschlechtsspezifischer Ansatz wesentlich für die Arbeitsmarktintegration Älterer sein, da Frauen im Alter unter den akkumulierten Auswirkungen der Beschäftigungsbarrieren leiden, denen sie im Laufe ihres Lebens gegenüberstehen.

Während wiederholte Unterbrechungen von Berufstätigkeit, Teilzeitarbeit, niedrige Bezahlung und das geschlechtsspezifische Lohngefälle die weibliche Beschäftigung charakterisieren, sind sie im Alter mehrfacher Diskriminierung ausgesetzt. Beispielsweise werden Frauen auf dem Arbeitsmarkt öfter in einem jüngeren Alter als Männer als „alt“ angesehen, während Pflegebelastungen für ihre Eltern und Enkelkinder Hürden für die Beschäftigung älterer Arbeiterinnen darstellen.

Während es wichtig ist, dass die Arbeitsmarktbenachteiligung und insbesondere die Pflegeverantwortung Frauen nicht bei ihren Rentenansprüchen benachteiligt, scheint es, dass einige Rentenreformen sich mit der Forderung nach Erhöhung des Rentenalters und mit der stärkeren Verknüpfung von formeller Beschäftigung und Rentenansprüchen, negativ auf das bereits bestehende hohe Armutsrisiko von älteren Frauen auswirken. Während Pläne zum Aufschub des Renteneintritts auf freiwilliger Basis einen effektiven Weg darstellen, aktives Altern von Frauen zu fördern, ist es wichtig, dass die Rentenbeiträge von Frauen durch die Anrechnung von Pflegezeiten und die Schließung des geschlechtsspezifischen Lohngefälles erhöht werden, so dass Frauen nicht weiterhin einem hohen Armutsrisiko und sozialer Ausgrenzung ausgesetzt sind.

Berufliche Weiterbildung und lebenslanges Lernen

In den meisten EU-27 Mitgliedsstaaten fördern Regierungen und wichtige Interessensgruppen die berufliche Weiterbildung und lebenslanges Lernen, hauptsächlich durch die Entwicklung altersspezifischer politischer Rahmen um Richtlinien, Prioritäten und allgemeine Ziele für die Regulierung und Förderung von weiteren Fortbildungen innerhalb und außerhalb des Arbeitsmarktes aufzustellen. Freistellungsregelungen oder Rechte zur Ausbildung von Beschäftigten, oftmals verbunden mit Kompensationen für die Arbeitgeber, sind in vielen Ländern mit dem Ziel eingeführt worden, die berufliche Weiterbildung von Älteren zu begünstigen. Ein geschlechtsspezifischer Ansatz wäre daher wesentlich für Maßnahmen zu fortlaufender Weiterbildung und lebenslangem Lernen, weil Frauen größeren Beschäftigungsbarrieren gegenüberstehen als Männer. Es bestehen generell weniger Bildungsmöglichkeiten für Frauen und insbesondere für reifere Frauen, was eine Anpassung an die Beschäftigungsnachfrage extrem erschwert. Berufliche Weiterbildung und das Erwerben von zusätzlichen Qualifikationen unterstützen daher ältere Frauen bei der vollen Teilhabe am Arbeitsmarkt.

Das Ziel, die Arbeitsmarktintegration von älteren Arbeitern durch adäquate berufliche Weiterbildung und Qualifizierung zu erhöhen, wurde hauptsächlich durch die Bereitstellung finanzieller Unterstützung und Begünstigungen in Form von Steuervergünstigungen oder verschiedenen Rückerstattungsmechanismen für Fortbildungskosten für Arbeitgeber und Arbeitnehmer sowie durch die Einführung von verschiedenen Evaluierungsmethoden für die Formalisierung von vorhandenen nicht-formell erworbenen Kompetenzen, Fähigkeiten und Kenntnissen (insbesondere dem Europäischen Qualifikationsrahmen (EQR)) verfolgt. Während es wichtig ist, dass lebenslanges Lernen und berufliche Weiterbildungsprogramme nicht die kulturellen Stereotypen und Geschlechterrollen verstärken, können Bemühungen für eine

stärkere Formalisierung und Anerkennung nicht-formell erworbener Fähigkeiten durch die vielen Verpflichtungen von Frauen in unbezahlter Arbeit und in Pflegetätigkeiten.eine geschlechtersensible Politik ausmachen.

Arbeitsfreundliches Umfeld und ehrenamtliches Engagement

Ein einbindendes Umfeld für ältere Menschen bietet Möglichkeiten für eine aktive Teilhabe und für generationsübergreifende Kontakte und stellt eine wesentliche Voraussetzung für eine unabhängige Teilhabe an sozialen Aktivitäten dar. Dies ist ein sehr geschlechtsspezifisches Thema, weil als Folge höherer Scheidungsraten und ihrer höheren Lebenserwartung Frauen unter alleinstehenden Personen immer mehr überrepräsentiert sind,. Witwen und alleinstehende ältere Frauen im Allgemeinen haben ein wesentlich höheres Armutsrisiko und sind häufig dem Risiko ausgesetzt, Isolation und soziale Ausgrenzung zu erleiden. Daher mag, besonders nach ihrem Renteneintritt, die aktive Teilnahme älterer Frauen an freiwilligen Tätigkeiten sowohl das Risiko von Isolation reduzieren als auch zur der Entwicklung von Solidarität beitragen.

Mehrere nationale Initiativen sensibilisieren durch Forschung und der Mobilisierung von verschiedenen Interessensgruppen das Bewusstsein, während politische Entscheidungsträger das zivile Engagement älterer Menschen und generationsübergreifende Projekte durch die Finanzierung von Initiativen und Programmen fördern. Das Schaffen von Gemeinschaftszentren, die verschiedene Aktivitäten durchführen (z.B. Informationspunkt, Kultur- und Freizeitcenter), ist eine wichtige Maßnahme, die geeignet ist, die Verfügbarkeit von Dienstleistungen für ältere Menschen sowie das Bewusstsein und den Zusammenhalt zwischen den Generationen zu erhöhen.

Unterstützende Dienste

In vielen europäischen Ländern besteht ein wachsendes Bewusstsein über die Notwendigkeit, Geschlechterunterschiede in der Gesundheitsversorgung anzuerkennen: Regierungsinstitutionen, Universitäten und insbesondere Nicht-Regierungsorganisationen waren traditionellerweise sehr aktiv in der Bereitstellung von spezialisierten Dienstleistungen für Frauen und andere benachteiligte Bevölkerungsgruppen Eine bestimmte Gruppe von Programmen umfasst die berufliche Gesundheitsfürsorge. Die EGGSI-Experten betonen, dass innerhalb der Behandlungsmaßnahmen für Ältere, Wechseljahre und Osteoporose als frauenspezifische Krankheiten im Alter mit besonderen Behandlungsprogrammen behandelt werden,. In anderen Fällen wurde von Diskriminierung von Männern berichtet.

Zwei Schwerpunktthemen sind mit einer geschlechtsspezifischen Perspektive der bestehenden Langzeitpflege-Dienste verbunden worden: die Mehrheit der Pflegekräfte, sowohl formell als auch informell, sind Frauen; die wachsende Nachfrage und Nutzung von Langzeitpflegediensten durch Frauen aufgrund ihrer höheren Lebenserwartung und ihrer Abhängigkeit von formeller Pflege aufgrund des Fehlens alternativer Pflege in ihren Haushalten.in den meisten europäischen Staaten.

Die Bereitstellung von Transportmöglichkeit für die Älteren zeigt sich an zwei dominierenden politischen Maßnahmen: Subventionierung der städtischen und ländlichen öffentlichen Transportkosten, die eine Gebührenreduzierung oder die kostenlose Nutzung für bestimmte Altersgruppen ermöglicht; und die Entwicklung von angepassten oder ausgerichteten Transportdiensten, die einen vereinfachten Zugang zu den Grunddiensten, insbesondere Gesundheitsdiensten, oder zu Freizeitaktivitäten ermöglichen.

Die Förderung eines eigenständigen Lebens für Ältere im eigenen Haushalt scheint auf europäischer Ebene zu überwiegen. Maßnahmen sind die Bereitstellung von verschiedenen

Diensten für die häusliche Pflege oder Diensten in Heimen und Subventionen zur Förderung von Anpassung, Zugänglichkeit und Funktionalität von Wohnraum an die Ansprüche von Älteren. Gleichzeitig fördern eine Vielzahl von innovativen Wohnformen für Ältere mit Pflege- und Hilfsbedarf, oft verbunden mit der Bereitstellung von naheliegenden Pflegediensten, neue Formen von gemeinschaftlichem Leben und intergenerationellen Zusammenlebens als Mittel zur Bekämpfung von Isolation.

Querschnittsthemen

Trotz erhöhter Aufmerksamkeit gegenüber dem demographischen Wandel und dem Thema Aktives Altern, fehlt es in den in diesem Bericht untersuchten Mitgliedsstaaten und in anderen europäischen Ländern sowohl an einer zusammenhängenden und integrierten politischen Strategie für die Beschäftigung und soziale Integration von Frauen und Männern im späten Arbeits- und frühen Rentenalter, als auch an einem klaren Bewusstsein der geschlechtsspezifischen Auswirkungen von Strategien für aktives Altern. Mehrere Querschnittsthemen, die politische Verbesserungen anregen können, ergeben sich aus den Expertenbeiträgen.

Die Bedeutung der Geschlechterfrage ist in vielen Bereichen der alternden Gesellschaft wie Unterschiede im Zugang zu Bildung und Gesundheit, Pflegeverantwortungen und Teilhabe am Arbeitsmarkt, die Auswirkungen des demographischen Wandels auf die Gleichstellung der Geschlechter, nicht in den aktuellen Strategien für Aktives Altern verankert. Die meisten Maßnahmen und Programme sind "blind" gegenüber der Geschlechterfrage und nicht speziell auf ältere Frauen ausgerichtet, sondern zielen eher auf die soziale Integration von weiter gefassten „benachteiligten Bevölkerungsgruppen“.

Dennoch führen die demographischen Eigenschaften der älteren Bevölkerungsgruppen, und weniger eine beabsichtigte durchgängige Berücksichtigung der Geschlechterfrage, zu einer stärkeren Teilnahme von Frauen an diesen Programmen.

Mehrfachdiskriminierung betrifft ältere Frauen, die nicht nur Opfer von Diskriminierung aufgrund ihres Alters, Geschlechtes und des Gesundheitszustandes sind, sondern, wenn sie einer benachteiligten Gruppe angehören, auch aufgrund anderer Gesichtspunkte (z.B. Immigrantinnen, Behinderte, Homosexuelle). Darüber hinaus hat die derzeitige wirtschaftliche Krise infolge der tatsächlichen und erwarteten Kürzungen wesentliche Auswirkungen auf ältere Frauen, die bereits Diskriminierungen aufgrund ihrer Gesundheit oder Behinderungen erleiden, und ihren Zugang zur Grundversorgung, insbesondere Gesundheits- und Langzeitpflegediensten.

Aktives Altern und die politische Bedeutung

Durch Vergleich der bestehenden politischen Initiativen und Programme zu verschiedenen Aspekten des aktiven Alterns (Arbeitsmarkteteiligung, berufliche Weiterbildung und lebenslanges Lernen, altersfreundliche Umgebung und freiwillige/gemeinnützige Arbeit, Gesundheits- und Langzeitpflegedienste, Transport und Wohnen) können wir einige wesentliche Bereiche, die bei Bekämpfung der geschlechtsspezifischen Diskriminierung und Ungleichheiten zu berücksichtigen sind, ermitteln.

Die sozialen, wirtschaftlichen und haushaltspolitischen Herausforderungen sind im Gegensatz zu den potenziellen Chancen des aktiven Alterns viel zu oft der Schwerpunkt bei politischen Debatten zur alternden Bevölkerung. Die ältere Bevölkerung stellt eine Quelle von wertvollen Kenntnissen, Erfahrungen und Qualifikationen am Arbeitsplatz dar und leistet als Betreuungsperson für Angehörige familiäre und gemeinnützige Unterstützungsdienste. Um eine positive Haltung gegenüber der alternden Bevölkerung in der Gesellschaft zu entwickeln und die

aktive Bürgerschaft Älterer zu stärken, sind die politischen Verantwortlichen gefragt, nicht-gesetzliche Maßnahmen, wie Aufklärungskampagnen zum Altern und die Rolle der älteren Menschen in unseren Gesellschaften, zu fördern.

Die Ergebnisse der vier untersuchten Hauptpolitikbereiche sprechen für einen Lebenszyklus-Ansatz in der Geschlechter- und Altersfrage. Eine durchgängige Berücksichtigung des Alters und des Geschlechts auf allen Regierungsebenen sollte zu einem maßgeblichen Werkzeug für die Politikgestaltung entwickelt werden, um Arbeitsmarktbeteiligung, soziale Integration und eine aktive Bürgerschaft zu verbessern. Die ungleiche geschlechtsspezifische Verteilung von formellen und informellen Pflegeverpflichtungen, die auch im Alter die lebenslang akkumulierten geschlechtsspezifischen Ungleichheiten verstärken, kann durch unterstützende Maßnahmen, wie Teilzeitverträge, Arbeitsplatzteilung, und neueren Formen von bezahlter Auszeit erleichtert werden. Es sollten geeignete Mechanismen entwickelt werden, um den Erwerb angemessener Rentenansprüche von Frauen zu gewährleisten, die oft aufgrund fehlender Arbeitsmarktintegration und geschlechtsspezifischer Lohngefälle erheblichen Armutsrissen ausgesetzt sind. Um für Pensionssysteme effektiv die Geschlechterunterschiede in Karrierelaufbahnen und mögliche Diskriminierungen aufzeigen zu können, muss näher untersucht werden, welche Instrumente zur Bewertung der verschiedenen Auswirkungen von Rentenreformen auf Frauen und Männer in Europa geeignet sind, .

Auch wenn Frauen eine höhere Lebenserwartung haben als Männer, sind geschlechtsspezifische Unterschiede in den gesunden Lebensjahren begrenzter. Älter werdende Frauen sind besonders anfällig für altersbedingte Krankheiten, insbesondere Brustkrebs, mentale Krankheiten (z.B. Demenz und Alzheimer), Osteoporose und rheumatoiden Gelenkschmerzen, die sie abhängiger von öffentlichen und privaten Pflegediensten machen. Um sicherzustellen, dass qualitativ hochwertige und geeignete Sozial- und Gesundheitsdienste die Bedürfnisse der älteren Frauen und Männer abdecken, sollten Pflegedienste im eigenen Haushalt für eine möglichst lange Dauer gewährleistet werden. Langzeit-Pflegedienste im eigenen Haushalt sind - wegen ihrer „doppelten Rolle“ als Dienstleisterinnen und Mehrheit der Nutzer - besonders für Frauen interessant. Unterstützende Maßnahmen für informelle Pflege müssen entwickelt werden, etwa durch Anerkennung ihres Status, der Gewährung von Leistungen und dem Recht auf Sozialversicherung, damit Frauen leichter einer bezahlten Beschäftigung nachgehen können. Öffentliche und private Institutionen für die Pflege Älterer sollten sich in einem altersfreundlichen Umfeld entwickeln, indem partizipativ über Entwürfe und Management von Pflegediensten entschieden wird, und kontinuierliche Weiterbildung und Fördergelder für beschäftigte Pfleger fördern.

Solidarität zwischen den Generationen sollte in allen politischen Bereichen zum Aktiven Alter berücksichtigt werden. Der Transfer von Wissen, Qualifikationen und Berufserfahrungen über Generationen sollte unterstützt werden durch Strategien für ein angepasstes Altersmanagement am Arbeitsplatz oder durch Beratung für Jobsuchende durch Arbeitnehmervereinigungen älterer Arbeiter. Für ältere Frauen als Anbieter von inner-häuslichen Pflegediensten sind soziale Maßnahmen und die Möglichkeit von entlohnter Tätigkeit notwendig.

In Zeiten wirtschaftlicher und finanzieller Krisen ist die Effektivität und Nachhaltigkeit von Maßnahmen und Programmen für aktives Altern durch die tatsächliche und voraussichtliche Reduzierung von öffentlichen Ressourcen bedroht. Die Ergebnisse der europaweiten vergleichenden Analyse deuten darauf hin, dass ein entsprechendes Management des Alterungsprozesses der Bevölkerung und der notwendigen sozialen Veränderung zu einer soliden wirtschaftlichen und sozialen Politik beitragen könnte. Hierfür ist es notwendig, die herrschende politische Rhetorik zur Bevölkerungsalterung als eine soziale und wirtschaftliche Last zu überwinden. Als Antwort auf lebenslang akkumulierte mehrfache Diskriminierungen und Ungleichheiten europäischer Frauen, ist es wesentlich, in allen Strategien zum Aktiven Altern auf allen Regierungsebenen die durchgängige Berücksichtigung der Geschlechter- und

Altersperspektive zu verankern.

Chapter 1 - INTRODUCTION

Active ageing is defined as the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age, and includes the notion of continuing activity in the labour force and the participation of older people in society.¹ It encompasses a broad spectrum of experience, including a subjective evaluation attached to age and biological ageing as influenced by genetics, anxieties and exposure to environmental hazards. Ageing is also a social construct: societies assign different age expectations according to gender, socio-cultural norms and role assignments.²

The European Union plays an essential role in supporting policies and actions in the field of active ageing carried out at the Member State, regional and local levels, having recently intensified its efforts in promoting exchange of knowledge and experiences.

In 2009 the Council of the European Union adopted Conclusions on *Equal opportunities for women and men: active and dignified ageing*.³ These conclusions underline, amongst other things, that “throughout the EU, older women and men face serious challenges as they seek to live active lives and to age with dignity. Such challenges relate to a number of cross-cutting issues, such as longer working lives, the demand for an increasingly mobile, highly qualified and flexible labour force in the context of global competition and the current economic crisis, and the fact that retraining opportunities may not always be available; the persistence of gender stereotypes which, compounded by discrimination faced by older people in the labour market, particularly reduce the employment opportunities of older women; women's greater vulnerability in the labour market, due also to the impact of career breaks or taking time out of employment to engage in caring responsibilities on women's pension entitlements, which, together with the persisting gender pay gap, exposes women to a higher risk of poverty in old age as compared with men”. The Council of the European Union also adopted Conclusions on Healthy and Dignified Life, arguing that healthy and dignified ageing must involve a gender dimension, taking into account the specific needs of both women and men.⁴ In September 2010 the European Commission proposed to designate 2012 as the “European Year for Active Ageing” to serve as a framework for awareness raising and identification and dissemination of good practices, and to encourage policymakers and stakeholders to commit to specific action and goals in the run-up year 2011.⁵

From the gender equality and social inclusion perspective, the aim of this thematic report is to offer a concise overview of the employment and activity situation of women and men in the 55-64 age group (i.e. the last 10 year cohort of the working age population) and of the activity situation of women and men in the 65-74 age group in the EU Member States, the EEA/EFTA countries (Iceland, Liechtenstein, Norway) and three candidate countries (Croatia, FYROM and Turkey). The programmes available on active ageing and the main policy areas addressed in these countries (such as adjusting age management in work places and labour markets, opening job-

¹ World Health Organisation (2002) *Active Ageing - A Policy Framework*, p. 12.

² In many societies, for example, the social norms that govern marital age generally dictate older grooms and younger brides. Cfr. UNECE (2009a), Gender equality, work and old age, *Policy Brief on Ageing*, n. 2, November.

³ <http://register.consilium.europa.eu/pdf/en/09/st10/st10412.en09.pdf>

See also Council of the European Union (2009), *Report by the Czech Presidency on equal opportunities for women and men: active and dignified ageing*, available on-line at the URL:

<http://register.consilium.europa.eu/pdf/en/09/st09/st09215-ad01.en09.pdf>

⁴ http://www.se2009.eu/polopoly_fs/1.25774!menu/standard/file/CC%20healthy%20dignified.pdf

⁵ European Commission (2010), Proposal for a Decision of the European Parliament and of the Council on the European Year for Active Ageing (2012), COM(2010) 462 final, Brussels, 6/9/2010.

opportunities, retaining and reinserting persons in employment, offering access to appropriate training and life-long learning possibilities, promoting volunteer and community work opportunities after retirement, and enabling easier access to active and healthy ageing supportive services including care for dependent relatives) are examined in order to identify effective strategies for active and healthy ageing.

In order to do so, the report first reviews gender differences and inequalities in the employment and social situation of older people (chapters 2). It then analyses the most relevant active ageing strategies aimed at increasing senior worker employment (chapter 3), promoting training and lifelong learning for elderly people (chapter 4) and creating an age-friendly environment (chapter 5). It finally looks at the provision of supportive services, taking a holistic view of the phenomena (chapter 6). It concludes with some final considerations for policy developments (chapter 7).

Under each heading, the report summarises the available information on actual policy developments and looks at the results of the policies in terms of gender equality. The information is mainly provided by the national experts of the EGGSI Network of experts in gender equality, social inclusion, health care and long-term care and covers 33 European countries, including EU 27 Member States, three EEA-EFTA countries (Iceland, Liechtenstein and Norway) and three Accession Countries (Croatia, FYROM and Turkey).⁶

⁶ All the information regarding Candidate Countries is set out put in specific boxes due to the differences in policy priorities marking these countries out from EU Member States. This does not apply to EFTA countries.

Chapter 2 - STATISTICAL PORTRAIT

This chapter presents the main country specificities in relation to gender differences and inequalities in the employment and social situation of older people. The analysis is based on sex-disaggregated Eurostat indicators in the field of employment, social inclusion, social protection and health and long-term care, and on national data provided by the EGGSI national reports.

2.1. The demographic context

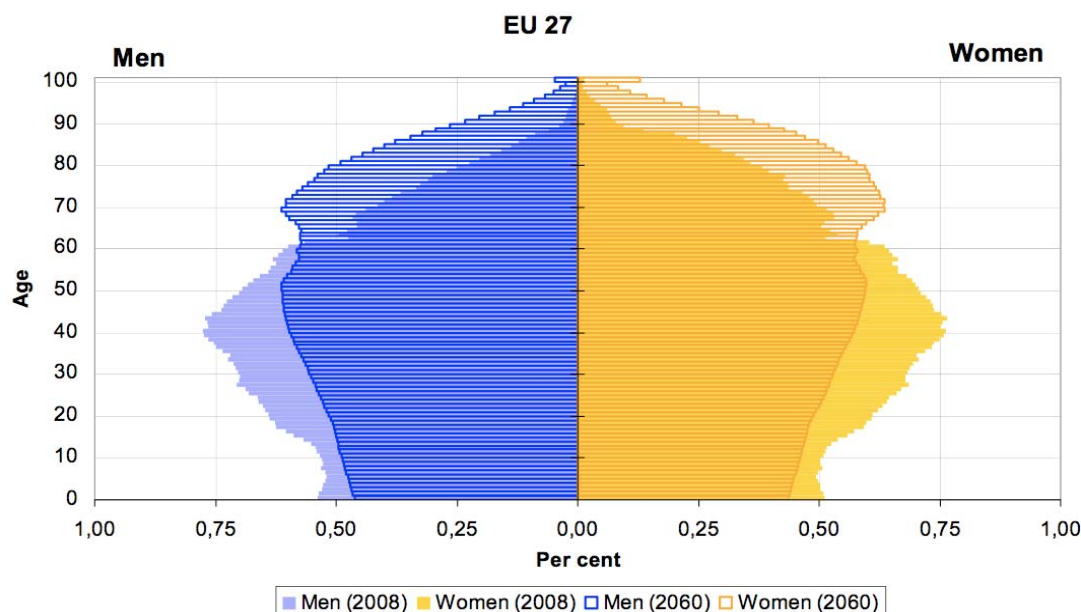
The European Union is undergoing a process of significant population ageing. This is a happy sign of the success of the European social model, since the historical increase in life expectancy at birth signals a reduction of child mortality, while the increase in life expectancy at 60 is an indicator of the improved health status of the elderly. As is shown in figure 2.1, up to 2060 population ageing is projected to increase considerably in the European Union. The ageing of the EU population is the result of the following main trends:

- the low fertility rate, which at 1.5 children is well below the replacement rate of 2.1 needed to maintain the population constant;⁷
- the current step in the population age profile resulting from the post-war baby boom and the subsequent decline in fertility in recent decades, which will progressively move to older ages;
- increasing life expectancy. This is expected to lead to a spectacular increase in the number of people surviving into their 80s and 90s, meaning that many could survive several decades in retirement.

By 2060 almost one in three citizens in the EU will be aged over 65, up from the current level of around one in six. At the same time there will be a marked change in the size and age structure of the working-age population (i.e. those aged 15–64), with the peak of the age distribution moving to ever higher ages. As a result, participation levels and the overall labour force figures will be increasingly influenced by the activity patterns of the older generations.

Figure 2.1 – Population structure in 2008 and projected structure in 2060

⁷ A replacement rate of 2.1 is usually assumed to be necessary to maintain population constant disregarding migration flows. See European Commission and Economic Policy Committee (2009), The 2009 Ageing Report: economic and budgetary projections for the EU-27 Member States (2008-2060), *European Economy*, n. 2. Available online at the URL: http://ec.europa.eu/economy_finance/publications/publication_summary14911_en.htm



Source: European Commission (2008), Demography Report 2008: Meeting Social Needs in an Ageing Society, Commission Staff Working Paper, SEC(2008) 2911, Brussels.
 Explanatory note: elaboration on Eurostat, EUROPOP2008 convergence scenario.

In fact, ageing is a distinctly gendered phenomenon, women being increasingly represented in the older cohorts of the European population.

In all the European Member States, women live longer than men. The longer life expectancy of women is mainly accounted for by biological and genetic factors, as well as differences in health behaviour: men take more health risks and are less health conscious than women.⁸

Life expectancy at birth in the EU-27 has increased over the past two decades with a gain in longevity of about 4–5 years. The increase in longevity, however, is not the same among the EU countries: the highest life expectancies are in **Italy, Spain, Sweden, Norway, Austria** and **Iceland**, the lowest (about 2–4 years below the EU-27 average) in **Romania, Bulgaria, Hungary, Latvia** and **Lithuania**.

Since women live longer than men, they are likely to experience more years of poor health: in all the EU countries, the percentage of healthy life years without disability is lower for women than for men (Table 2.1), which is why the EUROPOP2008 scenario envisages by 2060 a narrowing gap in life expectancy between men and women. In the EU, life expectancy at age 65 is projected to increase by 5.5 years for men and by 5.2 years for women over the projection period. By 2060, life expectancy at age 65 is expected to reach 21.8 years for men and 25.1 for women, according to the projection. The difference in life expectancy between male and female in 2060 should be of 3.3 years, smaller than the 4.5 year difference in life expectancy at birth.⁹

Table 2.1 - Life expectancy at birth and healthy life years, 2008

⁸ Cfr. Corsi, M., Crepaldi, C. and Samek Lodovici, M. (2009), *Access to Healthcare and Long-term care: Equal for Women and Men?*, report prepared by the EGGSI network. Available online at the URL: <http://ec.europa.eu/social/main.jsp?catId=418&langId=en&furtherPubs=yes>

⁹ European Commission and Economic Policy Committee (2009), The 2009 Ageing Report: economic and budgetary projections for the EU-27 Member States (2008-2060), *European Economy*, n. 2. Available online at the URL: http://ec.europa.eu/economy_finance/publications/publication_summary14911_en.htm

	Life expectancy		Healthy life years		% of healthy life years	
	M	W	M	W	M	W
Austria	58.0	83.3	77.8	59.5	74.60%	71.40%
Belgium (*)	63.3	82.6	77.1	63.7	82.10%	77.10%
Bulgaria	61.9	77.0	69.8	65.5	88.70%	85.10%
Cyprus	64.5	83.1	78.5	65.1	82.10%	78.30%
Czech Republic	61.2	80.5	74.1	63.3	82.50%	78.70%
Denmark	62.3	81.0	76.5	60.7	81.40%	74.90%
Estonia	52.7	79.5	68.7	57.2	76.80%	72.00%
Finland	58.6	83.3	76.5	59.4	76.50%	71.30%
France	62.4	84.9	77.8	64.2	80.20%	75.60%
Germany	55.8	82.7	77.6	57.4	71.90%	69.40%
Greece	65.4	82.3	77.7	65.8	84.20%	79.90%
Hungary	54.6	78.3	70.0	58.0	78.10%	74.00%
Ireland	63.2	82.3	77.5	65.0	81.50%	78.90%
Italy (*)	62.8	84.2	78.7	61.9	79.80%	73.50%
Latvia	51.5	77.8	67.0	54.1	76.80%	69.60%
Lithuania	54.6	77.6	66.3	59.3	82.40%	76.50%
Luxembourg	64.8	83.1	78.1	64.2	83.00%	77.30%
Malta	68.7	82.3	77.1	71.9	89.10%	87.30%
Netherlands	62.4	82.5	78.4	59.8	79.60%	72.40%
Poland	58.4	80.0	71.3	62.6	81.90%	78.30%
Portugal	59.0	82.4	76.2	57.2	77.40%	69.40%
Romania	60.0	77.2	69.7	62.6	86.10%	81.10%
Slovakia	51.8	79.0	70.8	52.3	73.20%	66.20%
Slovenia	59.4	82.6	75.5	60.9	78.70%	73.70%
Spain	63.7	84.3	78.0	63.2	81.70%	75.00%
Sweden	69.2	83.3	79.2	68.7	87.40%	82.50%
United Kingdom (*)	64.9	81.9	77.7	66.1	83.50%	80.70%
Iceland	70.9	83.3	80.0	69.5	88.60%	83.40%
Norway	70.0	83.2	78.4	66.8	89.30%	82.70%

Note: (*) data for 2007

Source: Eurostat, Population statistics,

<http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=table&init=1&language=en&pcode=tps00025&plugin=1>

Eurostat, structural indicators on health:

<http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=table&language=en&pcode=tsien180&plugin=0&tableSelection=1>

Explanatory note: Data not available for Bulgaria and Romania. Life expectancy at birth is calculated as the mean number of years that a newborn child can expect to live if subject throughout life to the current mortality conditions (age-specific probability of death). Healthy life years (HLY) at birth is a health-expectancy indicator which combines information on mortality and morbidity. The data considered are the age-specific prevalence (proportions) of the population in healthy and unhealthy conditions and age-specific mortality information. A healthy condition is defined by the absence of limitations in functioning/disability. The indicator is also called disability-free life expectancy (DFLE).

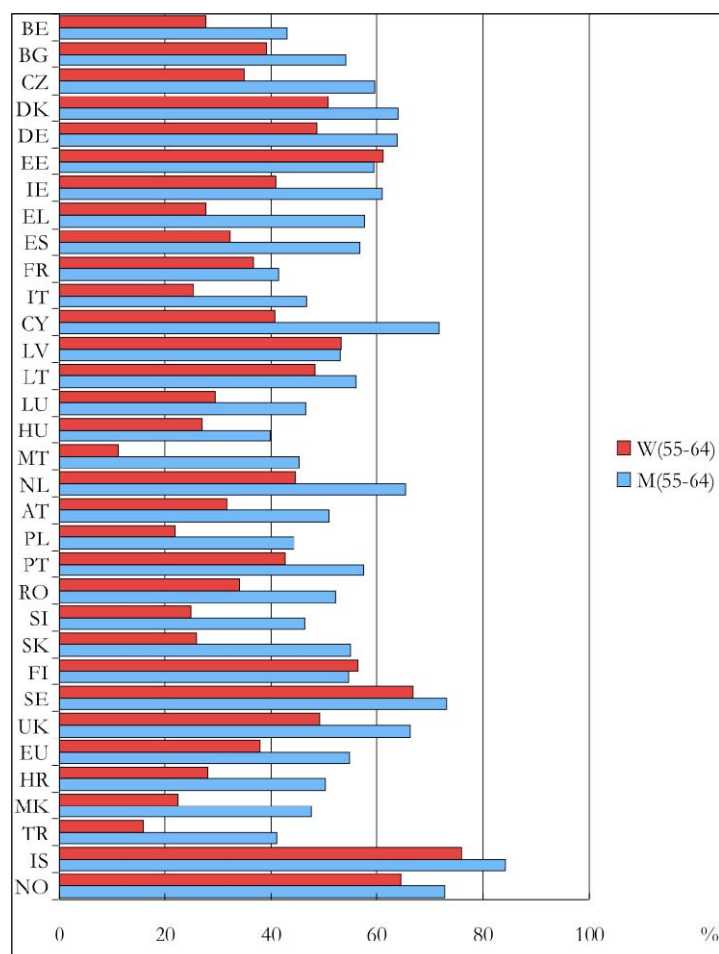
2.2. Factors affecting the employment situation of older women and men

Population ageing has the potential of posing a big challenge for the welfare of European men and women. At the social level, the projected reduction of the workforce may raise issues of macroeconomic performance, while the increase in the number of elderly people may place stress on public budgets due to increased expenditure for pensions, health and long-term care. Thus, the viability of the European social model depends crucially on more elderly men and women remaining in employment, also important for the active social inclusion of the elderly.

2.2.1 Employment and retirement decisions

Most European countries still have a large unused potential in terms of the older segment of the labour force, and especially the labour force of older women. In 2009, about 55% of men in the last decade of their working age (between 55 and 64 years old) and 38% of women of the same age cohort were employed. As shown in figure 2.2, European countries differ to a large extent in the degree to which they are able to include older workers in employment. Only three countries **Estonia, Latvia and Finland** exhibit an employment rate of older workers slightly higher for women than for men.

Figure 2.2 – Employment rates of persons of late working age [55-64], 2009



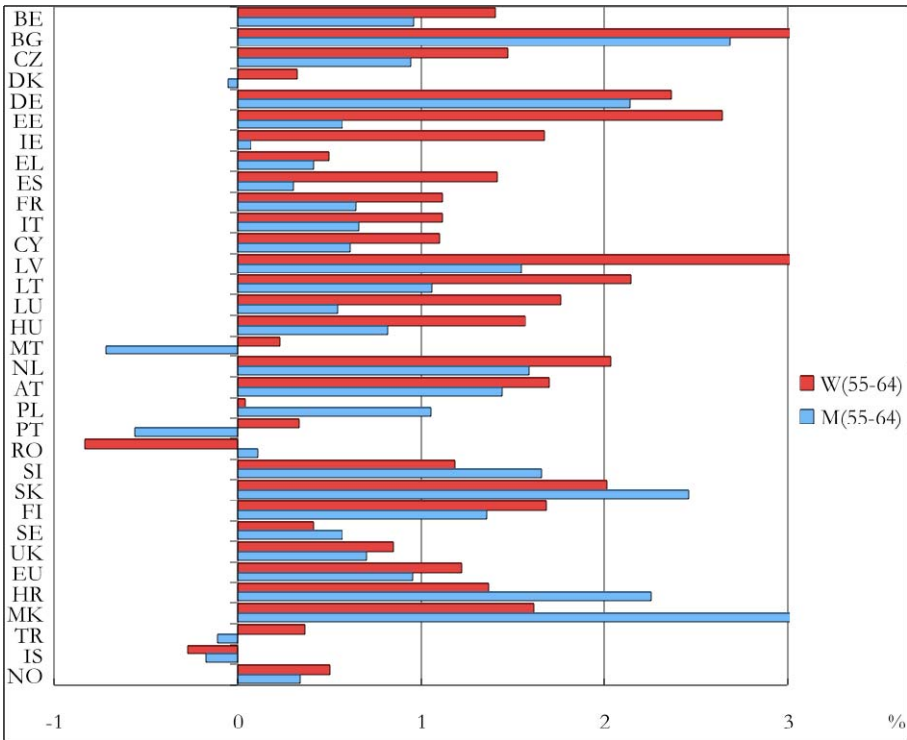
Source: Eurostat - LFS main indicators;

http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database

Explanatory note: data not available for Liechtenstein. The employment rate of older workers is calculated by dividing the number of persons aged 55 to 64 in employment by the total population of the same age group. EU includes 27 countries.

Indeed, as shown in figure 2.3, the trend between year 2000 and 2009 shows a growth of employment rates higher for women than for men aged 55-64, both at the EU-27 level and in most Member States. However, the converse is true in a not negligible number of countries, namely **Iceland, Poland, Romania, Slovenia, Slovakia, Sweden**, as well as in **Croatia** and in the **Former Yugoslav Republic of Macedonia**.¹⁰

Figure 2.3 – Historical evolution of older workers’ employment rates, 2000-2009



Source: Eurostat - LFS main indicators;
http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database

Explanatory note: data not available for Liechtenstein. The employment rate of older workers is calculated by dividing the number of persons aged 55 to 64 in employment by the total population of the same age group. EU includes 27 countries.

Choosing to participate in the labour market depends critically on individual financial circumstances and the alternatives available. Individuals will make judgements based on income from work and from other sources, such as pensions. A key decision often facing older workers is whether or not they can afford to retire, taking into account the various different characteristics of the old-age pension system, such as the age of entitlement to benefits and the benefit level, as well as the expected gain from continuing to work (from increasing future benefits) and indeed whether it pays to stay in work. Work-or-retire calculations are a particular preoccupation for women as they may not have worked in the paid labour market continuously, thus diminishing their retirement income. Financial incentives in pensions systems and other

¹⁰ It is also noteworthy that some countries (namely **Malta, Portugal, Romania, Turkey** and **Iceland**) even exhibit a reduction in men’s and/or women’s employment rates.

welfare benefits can therefore have an important influence on older workers' retirement decisions.

The effects of pensions and benefit systems have been covered extensively in many other publications and will not be the subject of a detailed analysis here.¹¹ Nevertheless, it is worth noting that the wide variability in employment rates of older workers across countries may be due to disincentives to working longer embedded in public policies rather than different attitudes towards retirement age.¹² Strong financial disincentives to remain in the labour market after 55 often arise from the design of pension systems and from other benefit programmes (particularly those concerning unemployment and disability), which can be used as pathways to early retirement rather than for the purposes for which the programmes were designed. This suggests that better designed policies can help increase employment of older workers, especially in those countries which have low employment rates for those aged 55–64.

A useful indicator of pension levels and hence financial incentives to retire is the replacement rate (the ratio of annual benefits compared to earnings before retirement), which can be obtained from pension systems and, where relevant, other social transfer programmes (such as early retirement schemes and unemployment and disability benefits).¹³ As shown in figure 2.4, there are considerable differences in aggregate replacement rates across Member States, both for women and for men.¹⁴ More importantly, there appears to be a reasonably strong negative correlation with employment rates for men aged [55-64], indicating that higher benefits may reduce the incentive to stay at work for older men. However, no such correlation appears to be in place for women in the same age cohort. Thus, the reasons for women's lower employment may lie rather in other factors discussed in the literature, such as social and cultural variables, labour market discrimination or the burden of care work.

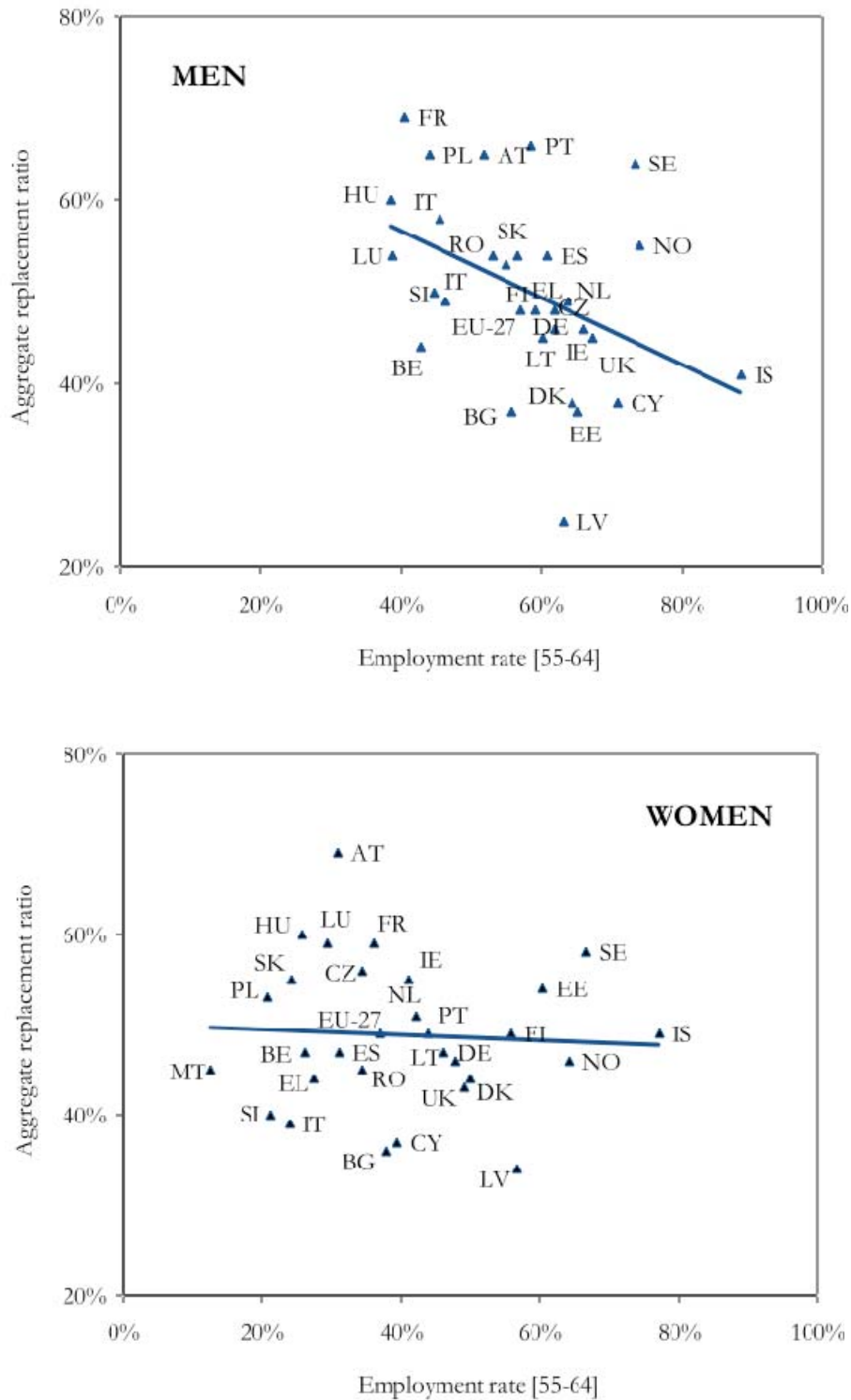
¹¹ For detailed analyses of pensions see: European Commission and Economic Policy Committee (2006), *The impact of ageing on public expenditure: projections for the EU-25 Member States on pensions, healthcare, long-term care, education and unemployment transfers (2004-50)*, *European Economy - Reports and Studies*, n. 1; European Commission (2006), *Adequate and Sustainable Pensions*, Brussels.

¹² See OECD research in this area, in particular OECD (2005a), *Going for growth*, chapter 5, *The retirement effects of old-age pension and early retirement schemes in OECD countries*, OECD, Paris. See also Duval, R. (2003), *The retirement effects of old-age pension and early retirement schemes in OECD countries*, *OECD Economics Department Working Paper*, n. 370.

¹³ Replacement rates show the level of pensions as a percentage of previous individual earnings at the moment of take-up of pensions. Public pension schemes and (where appropriate) private pension arrangements are included, as well as the impact of taxes, social contributions and non-pension benefits that are generally available to pensioners. Aggregate replacement rates, which may be seen as a national average effective replacement rate, are computed as the ratio of income from pensions of persons aged between 65 and 74 years and income from work of persons aged between 50 and 59 years.

¹⁴ The OECD has calculated theoretical expected replacement rates in old-age pensions systems (over a five-year horizon and at ages 60 and 65) across a range of cases of people with different characteristics (Duval, 2003). These figures for replacement rates also indicate that expected replacement rates at ages 60 and 65 vary considerably across Member States, with particularly marked variations across countries in replacement rates at 60, for which figures range from zero in those Member States where the earliest age of eligibility is 65 to over two-thirds in those countries where people can become eligible for generous old-age pension benefits in their early 60s.

Figure 2.4 – Employment rates of people in late working age [55-64] vs. aggregate replacement rates, 2009



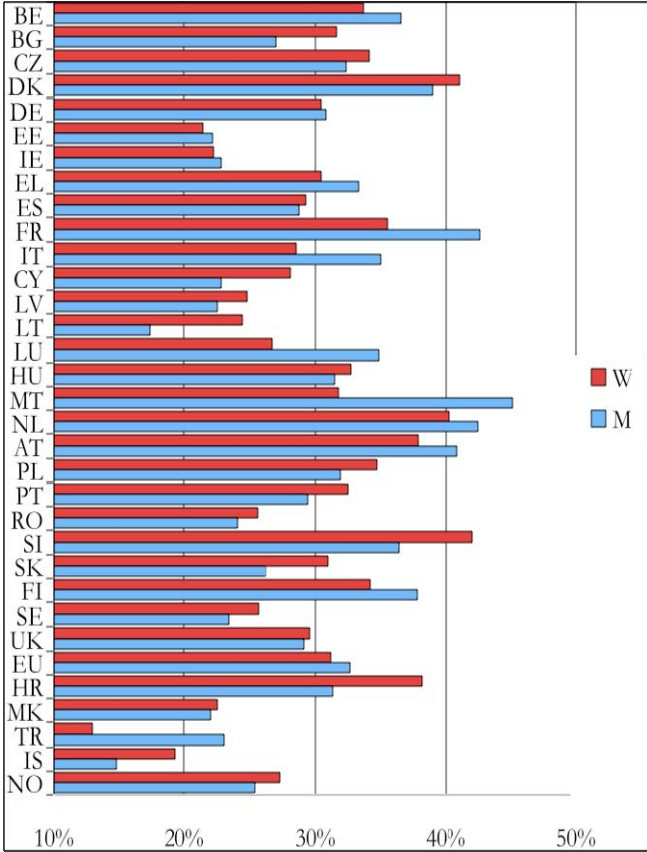
Source: Eurostat - LFS main indicators and European Commission, Employment and social policy indicators, Overarching Indicators; respectively
http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database
http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_and_social_policy_indicators/omc_social_inclusion_and_social_protection/overarching

Explanatory note: data not available for Liechtenstein, Croatia, Former Yugoslav Republic of Macedonia and Turkey. The employment rate of people in late working age is calculated by dividing the number of persons aged [55–64] in employment by the total population of the same age group. The Aggregate Replacement Ratio is the ratio of income from pensions of persons aged between 65 and 74 years and income from work of persons aged between 50 and 59 years.

2.2.2. *The extent of inactivity among older people*

Increasing labour force participation through mobilisation of the potential labour supply of inactive people plays a major role in getting more people into the labour force. Older workers have a key part to play in this since, in absolute terms, economically inactive people in the age group 55–64 account for close to one third of all inactive people of working age in the EU-27 (figure 2.5).

Figure 2.5 – Share of inactives aged 55-64 in the total inactive population of working age, 2009



Source: Eurostat - LFS Detailed annual survey results;
http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database

Explanatory note: Inactives are defined as people who are not part of the economically active population (labour force), which comprises both employed and unemployed persons. The indicator is computed for men and women separately as the number of inactives in the age group 55-64 as a share of inactives in the age group 15-64.

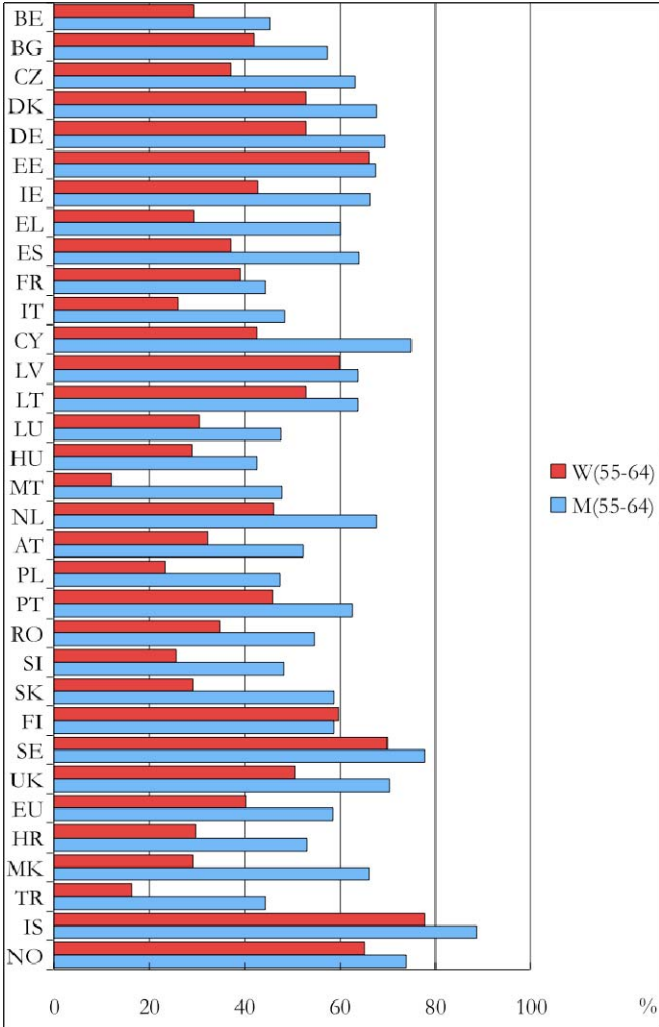
Across Member States, the importance of the share of older inactive people aged 55–64 in the total inactive working-age population (15–64) varies considerably, with the inactive population

showing notably above-average concentration in the older age group in **Denmark, France, Slovenia** and, especially, **Austria, the Netherlands and Malta**. From figure 2.5 it emerges that at the EU-27 level the proportion of older inactives among working age inactives is slightly higher for men than for women. However, in a majority of countries (including non-EU members) the converse is true. This is because where old-aged men constitute a significant share of the inactives they exhibit a great difference from the women's share, and namely in **Belgium, Germany, Estonia, Ireland, Greece, France, Italy, Luxembourg, Malta, the Netherlands, Austria, Finland**. These are also the countries in which the inactive old-aged (both men and women) constitute a higher proportion amongst all the inactives.

Despite the positive developments in older worker employment in recent years, the participation rates among older people in the EU generally remain low, with over half the 55–64-year-olds currently inactive.

Within the EU, the degree of participation of older people aged 55–64 in the labour market varies considerably across Member States, ranging from as low as 30% in **Malta** to close to 74% in **Sweden**. Furthermore, despite the greater rise in participation of older women than of older men, substantial gaps remain in the gender-specific activity rates across most Member States, with rates generally much lower for older women than for older men (figure 2.6). Indeed, in almost half the Member States, less than one in three women aged 55–64 participates in the labour market.

Figure 2.6 – Activity rates of persons in late working age [55-64], 2009



Source: Eurostat - LFS main indicators;

http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database

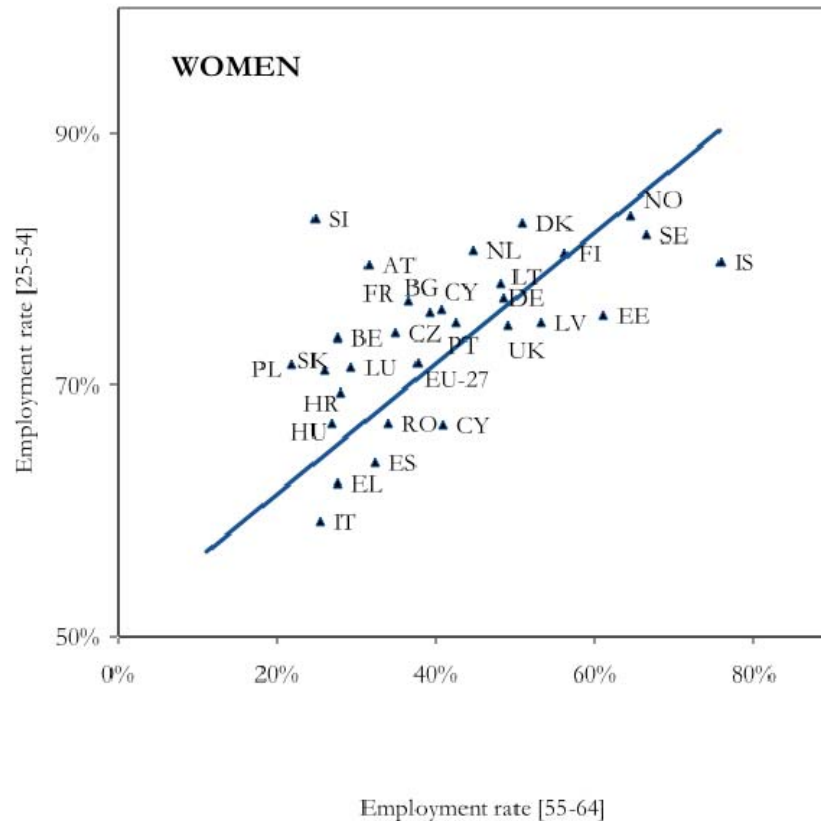
Explanatory note: data not available for Liechtenstein. The activity rate of older workers is calculated by dividing the labour force aged 55 to 64 by the population of the same age group. The labour force is the total number of people employed and unemployed. EU includes 27 countries.

This highlights the fact that, for many countries, further efforts to reduce the gender gap in activity will necessarily be a key element of any strategy to increase the labour supply of older people. In particular, the low participation rate of older women, which averages 40% for the EU-27 as a whole (compared to 59% for older men), is a feature of countries such as **Belgium, Greece, Hungary, Italy, Luxembourg, Malta, Poland, Slovenia, Slovakia** and **Spain**, where the activity rates of older women are particularly low.

By comparing activity rates for the age group 55–64 with those for the age group 25–54 across Member States, it is possible to see whether cross-country differences in rates of older men and women are more a result of differences between countries in participation rates in general (figure 2.7).

Figure 2.7– Activity rates of people in late working age [55-64] vs. those in prime working age [25-54], 2009





Source: Eurostat - LFS main indicators;

http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database

Explanatory note: data not available for Liechtenstein. The activity rate is calculated by dividing the labour force aged [55- 64] and [25-54] by the population of the same age group. The labour force is the total number of people employed and unemployed. The EU includes 27 countries.

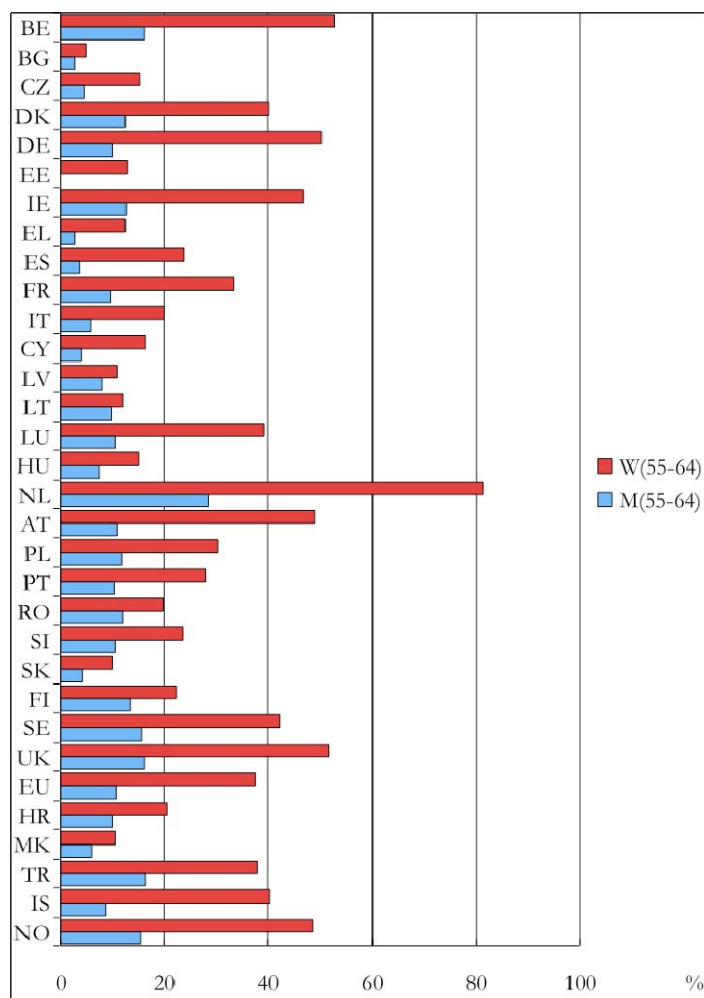
For men there is only a weak correlation between activity rates for the prime working-age and the older age group, suggesting that cross-country variations in the participation of older men is mainly the result of differences in the characteristics of the labour market for older workers. However, for women, higher activity rates at younger ages is strongly associated with higher participation at older ages, as evidenced by the reasonably strong (and statistically significant) positive correlation between the rates for the two age groups. This therefore suggests that differences across Member States in activity rates for older women reflect, to a significant degree, the differences in participation of women in general. Indeed, developments in activity rates for older women reflect both the effect of rising activity rates for subsequent generations of women and changes in their behaviour at advanced ages. Therefore, apart from addressing the various factors affecting older workers' participation, strategies to respond to the low activity rates among older women also need to address the reasons for low participation of women in the younger age groups.

2.2.3 Flexible working time arrangements

As we know, part-time employment accounted for a substantial element of the overall employment increase in the EU in recent years. By contrast, the recent rise in employment of the

55–64 age group as a whole has not been heavily associated with increased prevalence of fixed-term nor overwhelmingly with part-time employment, but rather with the more traditional or standard types of employment.¹⁵ As shown in figure 2.8, Member States differ considerably in the diffusion of part-time employment of older workers, ranging from 81% for women in the **Netherlands** to zero for men in **Estonia**.

Figure 2.8 – Percentage of employees with part-time contracts among older workers, 2009



Source: Eurostat - LFS main indicators;

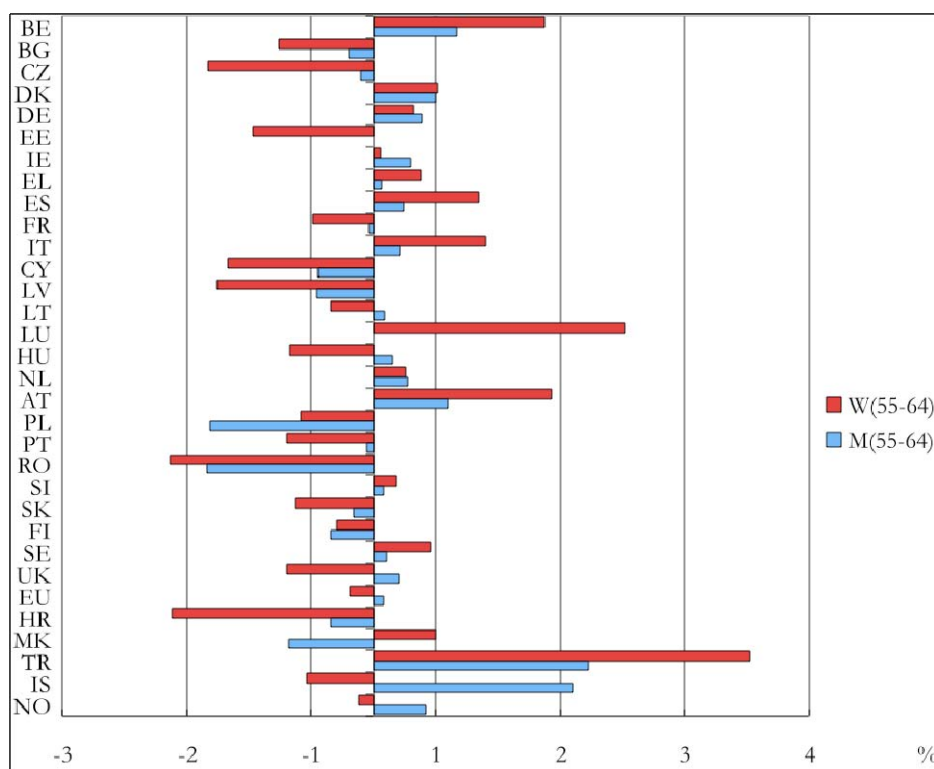
http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database

Explanatory note: data not available for Liechtenstein and Malta. Part-time employment rates represent here persons aged 55 to 64 employed on a part-time basis as a percentage of the number of employed persons of the same age. EU includes 27 countries.

That part-time employment is particularly widespread among women is a well known fact. However, the historical trend among older workers over the period 2000–2009 exhibits a moderate increase for men and a certain decrease for women, both at the EU-27 level and specifically in **Germany, Ireland, Iceland, Lithuania, Hungary, the Netherlands and the United Kingdom** (figure 2.9).

¹⁵ Cfr. European Commission (2007), Active aging and labour market trends for older workers, *Employment in Europe*, chapter 2, Brussels.

Figure 2.9 – Historical evolution of part-time employment among older workers,
2000-2009



Source: Eurostat - LFS main indicators;

http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database

Explanatory note: data not available for Liechtenstein and Malta. Part-time employment rates represent persons employed on a part-time basis as a percentage of the same age population. The EU includes 27 countries.

This evidence, covering the whole [55–64] age range, may hide from view the possibility that the more flexible types of employment become more important as age increases. Indeed, when the characteristics of the rise in employment of still older workers (aged 65 and over) since 2000 are considered, then the importance of the availability of more flexible types of work arrangements in encouraging extended work attachment becomes more evident. Part-time employment and self-employment seem to be important elements in raising the employment levels of people aged 65 and over, although temporary employment does not seem to play a major role: it does, however, suggest that the availability of such flexible forms of employment has an increasingly important influence on older workers' employment as age rises. The low incidence of fixed-term employment in the expansion of older workers' employment suggests that the recent improvement for older workers has not been associated with increasingly precarious employment.¹⁶

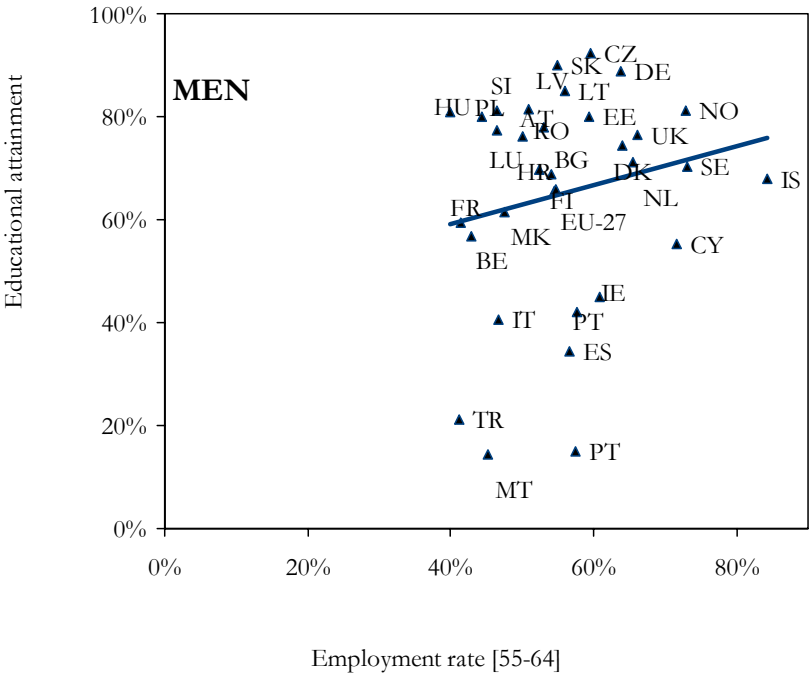
¹⁶ As shown in figures A2a and A2b in annex A there is a significant difference in the diffusion of fixed-term contracts across age cohorts. Women in late working age [55-64] exhibit a higher percentage of fixed-term contracts at the EU-27 level and in most Member States (with the exception of **Austria, Latvia, Hungary, Poland, Slovenia**). By contrast, people in early retirement age [65+] may use such flexible arrangements to continue working after retirement. For this age cohort there are no large gender differences in the diffusion of fixed-term contracts, with the exceptions of **Italy**, where the men's rate exceeds the women's by almost 15 p.p., and **Turkey** where women's rate is more than 25 p.p. higher than the men's. As it is the case of part-time contracts, also the diffusion of temporary contracts exhibits a higher growth for older women than for older men in a large majority of Member

By comparing national experiences, it emerges that part-time employment is more widespread in countries where the older workers' employment rates are higher, especially in the case of women. Accordingly, the diffusion of part-time employment seems to be more closely associated with the employment of older women than with that of men. However, this result is greatly affected by the extreme case of the **Netherlands**, where the older women's employment rate as of 2009 was higher than the EU-27 average (at 44.7% as compared to 37.8%) and within this category of workers part-time employment was as widespread as to account for 81.4% of the older women workers. **Belgium, Germany** and the **United Kingdom** are the only other European countries where over half the elderly women workers are in part-time employment.

2.2.4 Education and lifelong learning

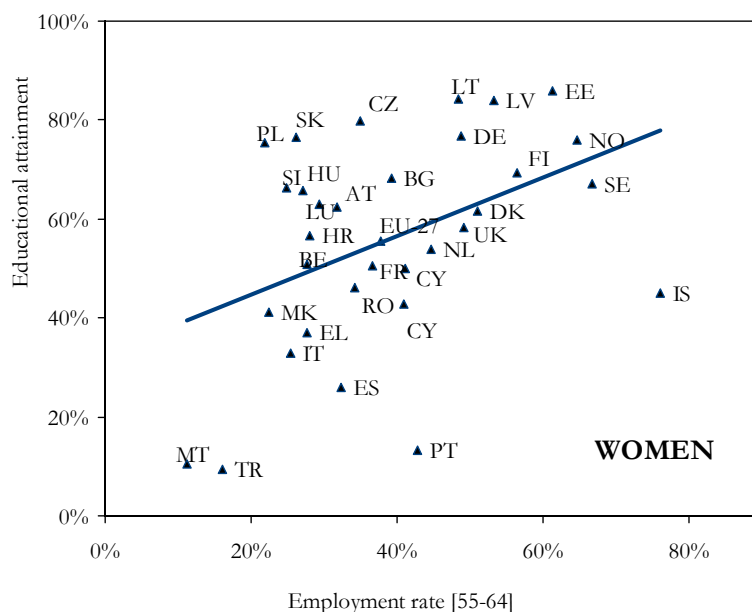
As the existing literature shows, educational attainment is a particularly important factor in the employment of older workers, and their participation and employment rates. At all ages, employment rates are significantly higher the more educated the work force, with the relevance of skill level to labour market participation more pronounced for women than for men.¹⁷ This is particularly true for women in late working age, whose employment rates are more closely correlated with educational attainments than in the case of men of the same age cohort, as shown in figure 2.10.

Figure 2.10– Educational attainments and employment rates of people of late working age, 2009



States, as is shown in figure A3 in annex A. The opposite trend, i.e. a proportion increasing more for old men, has taken place in all the countries except for **Latvia, Hungary, Austria, Poland, Slovenia, Croatia** and **FYROM**.

¹⁷ See European Commission (2007), Active aging and labour market trends for older workers, *Employment in Europe*, chapter 2, Brussels. See also Leombruni, R. and C. Villosio (2005), *Employability of older workers in Italy and Europe*, LABORatorio Riccardo Revelli, Turin.



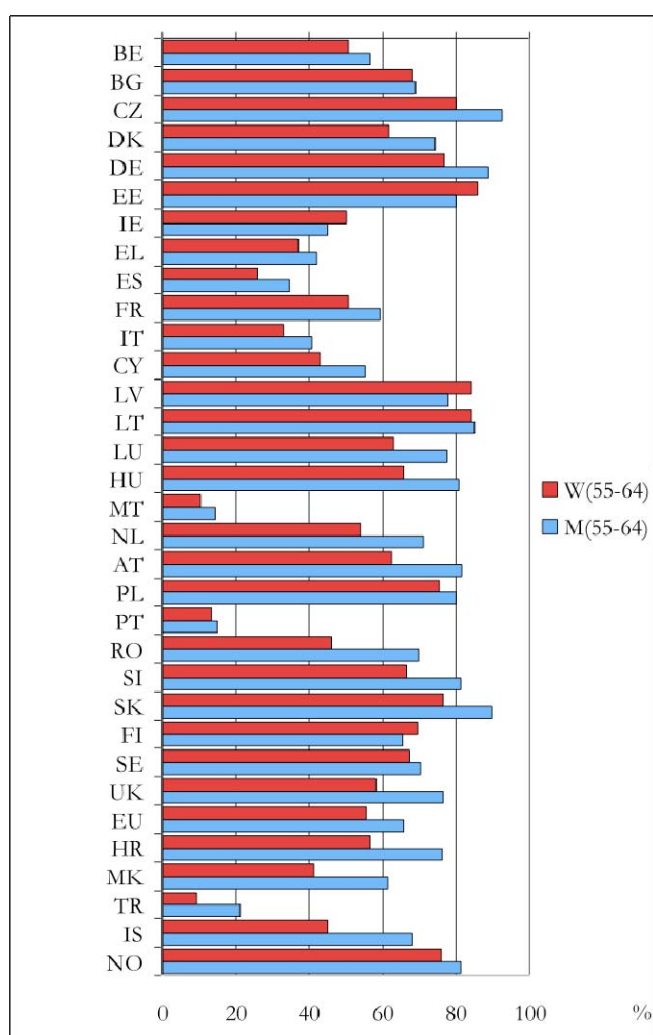
Source: Eurostat - LFS main indicators and Eurostat - Education and Training;
http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database
<http://epp.eurostat.ec.europa.eu/portal/page/portal/education/data/database>

Explanatory note: data not available for Liechtenstein and the Former Yugoslav Republic of Macedonia. The employment rate of older workers is calculated by dividing the number of persons aged 55 to 64 in employment by the total population of the same age group. Educational attainment is here measured as the share of population in the age cohort [55-64] having successfully completed upper secondary or tertiary education. The educational classification used is the International Standard Classification of Education (ISCED 1997) coded according to the seven ISCED-97 categories. Less than upper secondary education is ISCED 0-1-2; Upper secondary education is ISCED 3-4 and Tertiary is ISCED 5.

At the EU-27 level, women exhibit lower average educational attainment within the population of late working age; as shown in figure 2.11, in 2009 women aged [55-64] exhibit a higher average level of education than the men of the same age cohort only in **Estonia, Finland, Ireland and Latvia**.¹⁸

¹⁸ However, as shown in figure A4 in annex A, the historical trend between 2000 and 2009 exhibits an increase in educational attainments higher for the older women higher than for the older men in most Member States, with the sole exceptions of **Hungary, Malta, Romania and Sweden**.

Figure 2.11 – Educational attainment of persons aged [55-64], 2008



Source: Eurostat - LFS main indicators and Eurostat - Education and Training;
http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database
<http://epp.eurostat.ec.europa.eu/portal/page/portal/education/data/database>

Explanatory note: data not available for Liechtenstein. The employment rate of older workers is calculated by dividing the number of persons aged 55 to 64 in employment by the total population of the same age group. Educational attainment is here measured as the share of population in the age cohort [55-64] having successfully completed upper secondary or tertiary education. The educational classification used is the International Standard Classification of Education (ISCED 1997) coded according to the seven ISCED-97 categories. Less than upper secondary education is ISCED 0-1-2; Upper secondary education is ISCED 3-4 and Tertiary is ISCED 5. EU includes 27 countries.

The rebalancing the gender gap in education among older workers is mostly a consequence of the younger women’s educational choices.¹⁹ However, public policy can play a leading role in

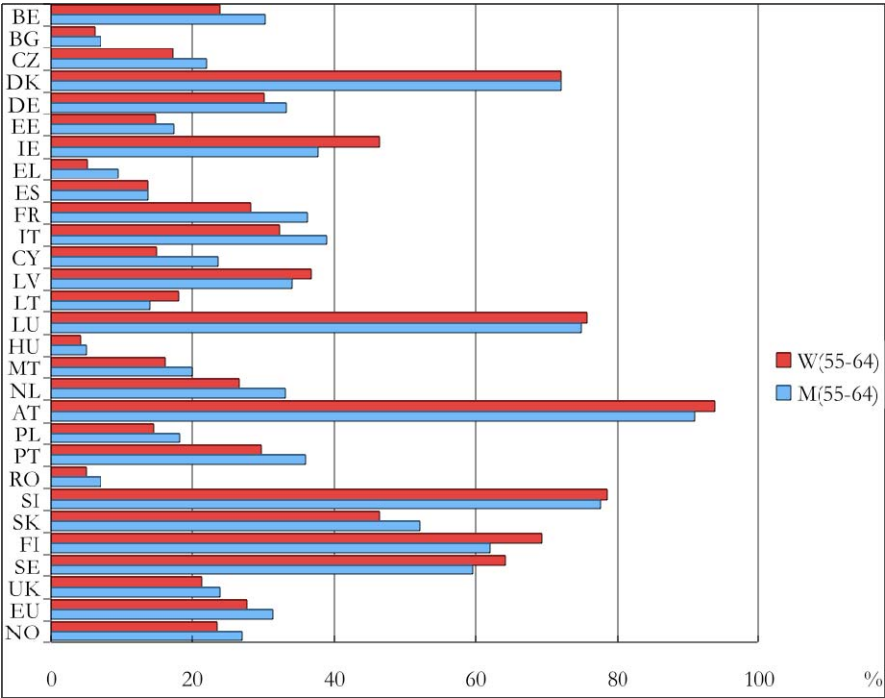
¹⁹ Auer and Fortuny (2000) point out, while the ‘educational upgrading’ in younger generations should provide the basis for younger cohorts to eventually enter the older age group relatively well-equipped, longer duration of schooling cannot be a substitute for lifelong learning. They emphasise the point that ‘without lifelong learning, the incoming cohorts of younger workers will continue to have educational advantages compared with older cohorts, especially since their education may be perceived to be more relevant to the current job market’. See Auer, P. and Fortuny, M. (2000), Ageing of the Labour Force in OECD Countries: Economic and Social Consequences, *Employment Paper 2000/2*, International Labour Office, Geneva.

rebalancing older men’s and women’s skills by encouraging and developing an environment favourable to lifelong learning.

As a matter of fact, continuing to update skills during working life to respond to the changing needs of the labour market is critical if older workers are to remain at work longer. Indeed, access to training and lifelong learning has been identified as a key factor for extending working life.²⁰ Adult learning and training can also play a key role in overcoming the lack of formal education or in the acquisition of basic skills, and are important, not least to re-engage the low-skilled in learning and help them to become better adapted to the changing labour market.²¹

As can be seen in figure 2.12, in 2007 men still showed more frequent participation in learning activities in old age than women, the exceptions being in **Austria, Finland, Ireland, Latvia, Lithuania, Luxembourg, Slovenia, and Sweden**. Taking into account the different forms of training, men participate in informal training more often in **Austria, Belgium, the Czech Republic, Cyprus, Germany, Ireland, Italy, Luxembourg, Norway, Poland, Romania, Slovenia, Slovakia, and the United Kingdom**; only in the small group (below 1%) of older workers attending courses of formal education are women a majority, at the EU-27 level and specifically in **Denmark, Cyprus, Finland, France, Greece, Hungary, Latvia, the Netherlands, Sweden and the United Kingdom**.²²

Figure 2.12 – Participation in learning activities among old-aged workers, 2007



Source: Eurostat - LFS main indicators and Eurostat - Education and Training;
http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database
<http://epp.eurostat.ec.europa.eu/portal/page/portal/education/data/database>

Explanatory note: data not available for Liechtenstein, Croatia, Iceland, the Former Yugoslav Republic of Macedonia and Turkey. Educational attainment is here measured as the share of population in the age cohort [55-64] having completed upper secondary or tertiary education. EU includes 25 countries.

²⁰ See OECD (2006a), *Live longer, work longer*, OECD, Paris; European Commission (2006), *Adequate and Sustainable Pensions*, Brussels.

²¹ See European Commission (2006), *Adequate and Sustainable Pensions*, Brussels.

²² See figure A5 and A6 in annex A.

This trend to some extent contrasts with the general finding that in the working-age population women participate in education and training more than men (in all Member States but **Germany**, and even there only to a very small extent).²³ The historical trend between year 2000 and 2009 exhibits a growth in participation in learning activities equal or higher for older men than for older women. Only in **Ireland, Latvia, Lithuania, Luxembourg, Austria, Slovenia, Finland** and **Sweden** has the participation of older women increased more than that of the older men.²⁴

Indeed, the move towards lifelong learning is a gradual process, but in the meantime there is still the need to sustain labour market inclusion for the present older workers (especially women). Thus both stock (the current problems of the older workers) and flow (seriously launching a policy of lifelong learning for the younger cohorts) policies are to be pursued at the same time.²⁵ A means of compensating for low educational attainment among today's older age groups is through adult key skills programmes, in addition to addressing some of the barriers that seem to prevent many people from engaging in job-related learning later in life. In a longer-term perspective, what is needed is a lifelong learning strategy for working-age people, not just focusing on the needs of workers when they reach the later ages of 55–64 but addressing their needs throughout their entire working life.

2.3. The social inclusion of older women and men

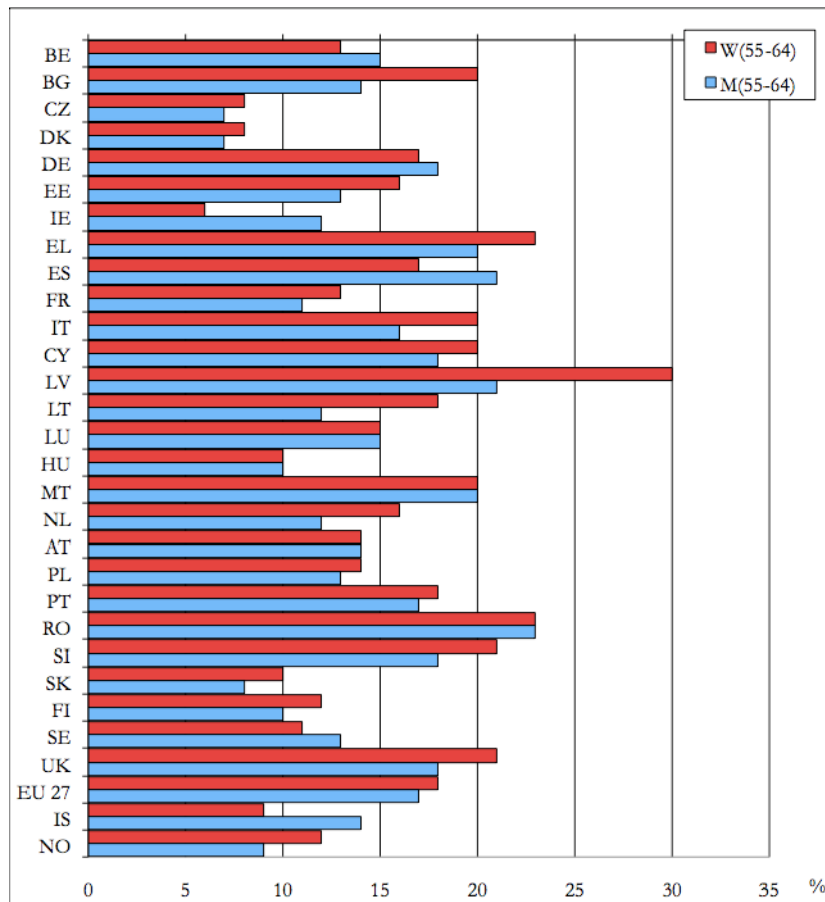
At the individual level, population ageing in Europe may prove no less of a challenge than the task to be faced at the social level (e.g. in terms of fiscal and social policy), in terms of higher risk of social exclusion. Also from this perspective gender appears a crucial variable. Considering monetary poverty, old-aged women exhibit higher at-risk-of-poverty rates (ARPRs) than old-aged men, as shown in figures 2.13a and 2.13b. The gender gap is considerably higher in the [65+] age bracket (with the sole exceptions of **Malta** and the **Netherlands**) than it is in the [55-64] cohort, in which men's ARPRs are higher in 6 countries: **Belgium, Germany, Iceland, Ireland, Spain** and **Sweden**.

²³ See figure A7 in annex A.

²⁴ See figure A8 in annex A.

²⁵ Cfr. Auer, P. and Fortuny, M. (2000), Ageing of the Labour Force in OECD Countries: Economic and Social Consequences, *Employment Paper 2000/2*, International Labour Office, Geneva.

Figure 2.13a – At-risk-of-poverty rates of persons aged [55-64], 2008

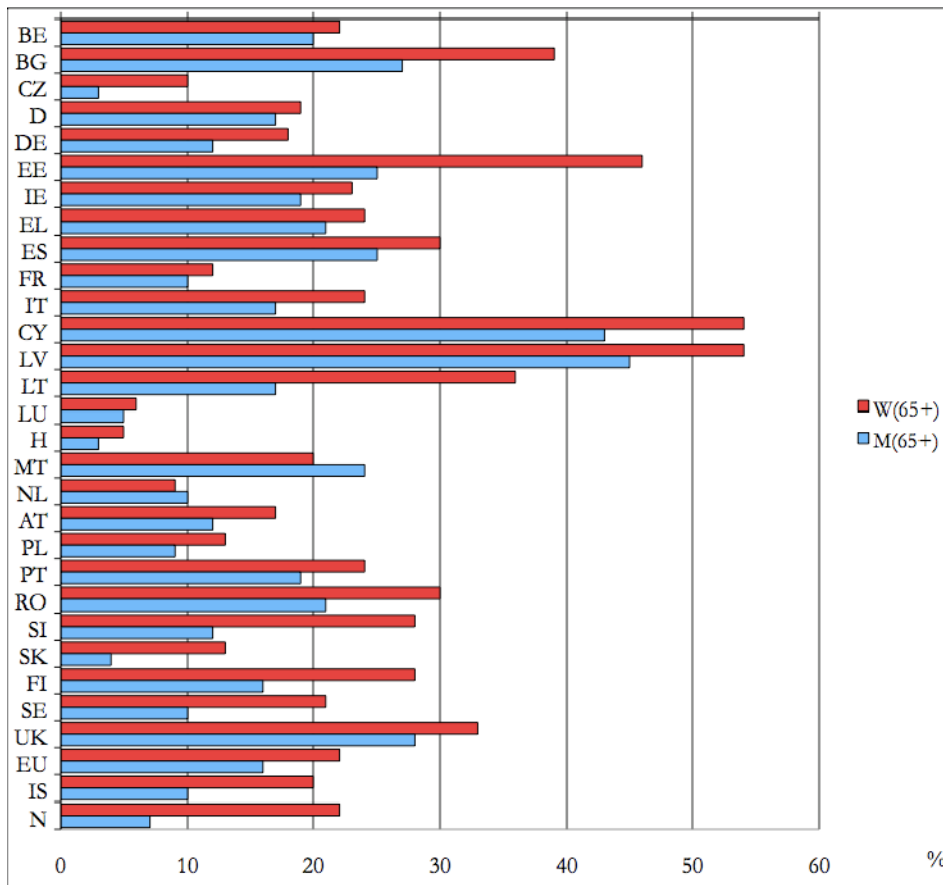


Source: EU-SILC - Living conditions and welfare (2008);

http://epp.eurostat.ec.europa.eu/portal/page/portal/income_social_inclusion_living_conditions/data/database

Explanatory note: Liechtenstein, Croatia, Former Yugoslav Republic of Macedonia and Turkey. Share of persons aged [55-64] with an equivalised disposable income below 60 % of the national equivalised median income.

Figure 2.13b – At-risk-of-poverty rates of persons aged [65+], 2008



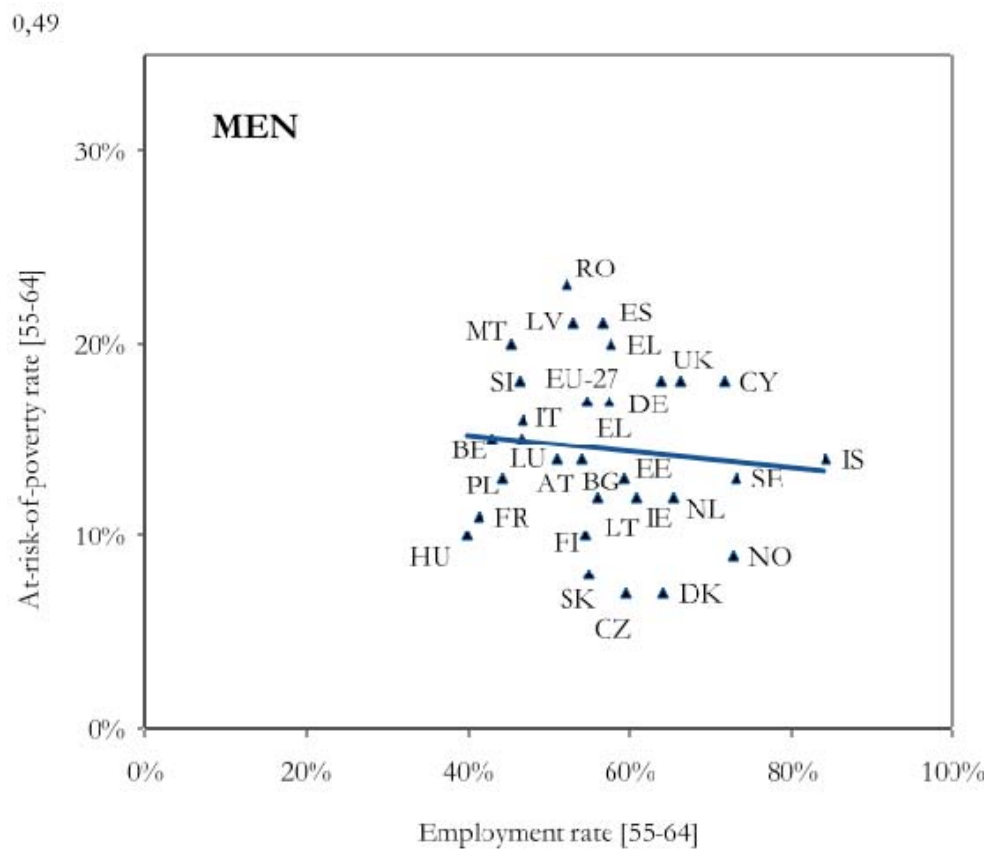
Source: EU-SILC - Living conditions and welfare (2008);

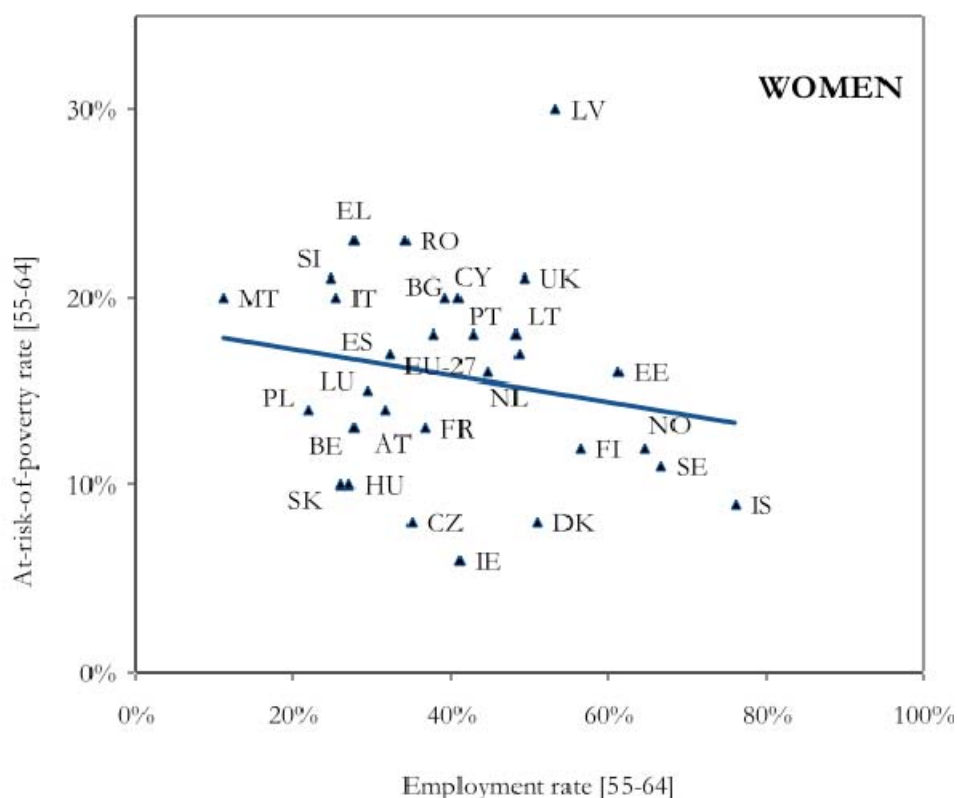
http://cpi.eurostat.ec.europa.eu/portal/page/portal/income_social_inclusion_living_conditions/data/database

Explanatory note: Liechtenstein, Croatia, Former Yugoslav Republic of Macedonia and Turkey. Share of persons aged [65+] with an equivalised disposable income below 60 % of the national equivalised median income.

For women, risks of poverty are more correlated to employment than for men, as shown in figure 2.14. Thus, including more elderly women into the labour market proves critical not only for sustainability of the European Welfare State systems, but also to grant a decent standard of living to women throughout their lifecycle.

Figure 2.14 – Employment rates and at-risk-of-poverty rates of older persons, 2008





Source: Eurostat - LFS main indicators and EU-SILC - Living conditions and welfare (2008);

http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database

http://epp.eurostat.ec.europa.eu/portal/page/portal/income_social_inclusion_living_conditions/data/database

Explanatory note: Liechtenstein, Croatia, Former Yugoslav Republic of Macedonia and Turkey. The at-risk-of-poverty rate is computed as the share of persons aged [55-64] with an equivalised disposable income below 60 % of the national equivalised median income (after social transfers). The employment rate of older workers is calculated by dividing the number of persons aged 55 to 64 in employment by the total population of the same age group.

However, the greater exposure of women to poverty in old age, especially after retirement, also confirms the criticality of pension systems in preserving the social inclusion of older women vis-à-vis a trend in which for many Europeans growing older means getting poorer.²⁶ As shown in figure 2.15a, for persons aged [55-64] the correlation between the adequacy of the pension system and at-risk-of-poverty rates is negative and significantly stronger for women than for men. For persons aged [65+] the correlation appears slightly higher for men, as shown in figure 2.15b, although women exhibit a higher at-risk-of-poverty rate at the EU-27 level and in most Member States.

²⁶ Cfr. Horstmann, S. and Hülsman, J. (2009), *The Socio-Economic Impact of Pension Systems on Women*, Report prepared for the European Commission, DG EMPL. Available online at the URL: http://ec.europa.eu/social/BlobServlet?docId=5001&langId=en&ei=49mdTNmjlXhswaq3N3mDg&usg=AFQjCNEMTLlejwjmKki_rvB59Tf512KXSg

Figure 2.15a – Adequacy of the pension system and at-risk-of-poverty rates of persons aged [55-64], 2008

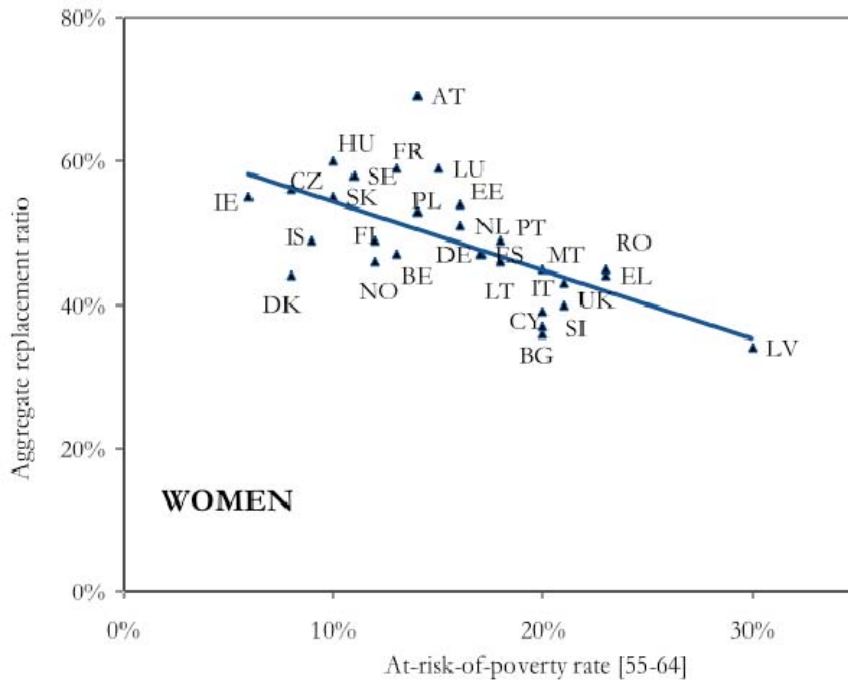
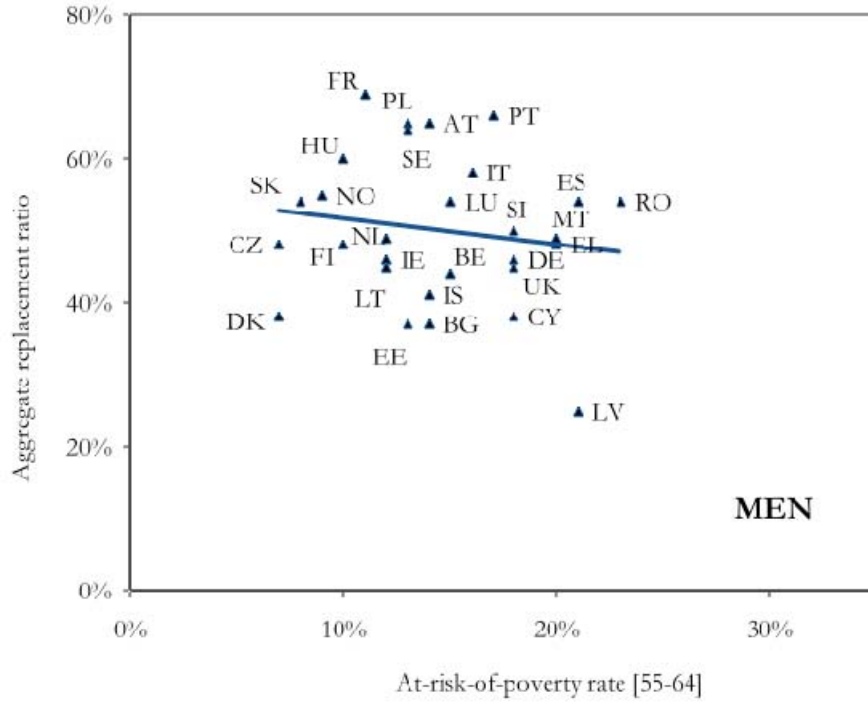
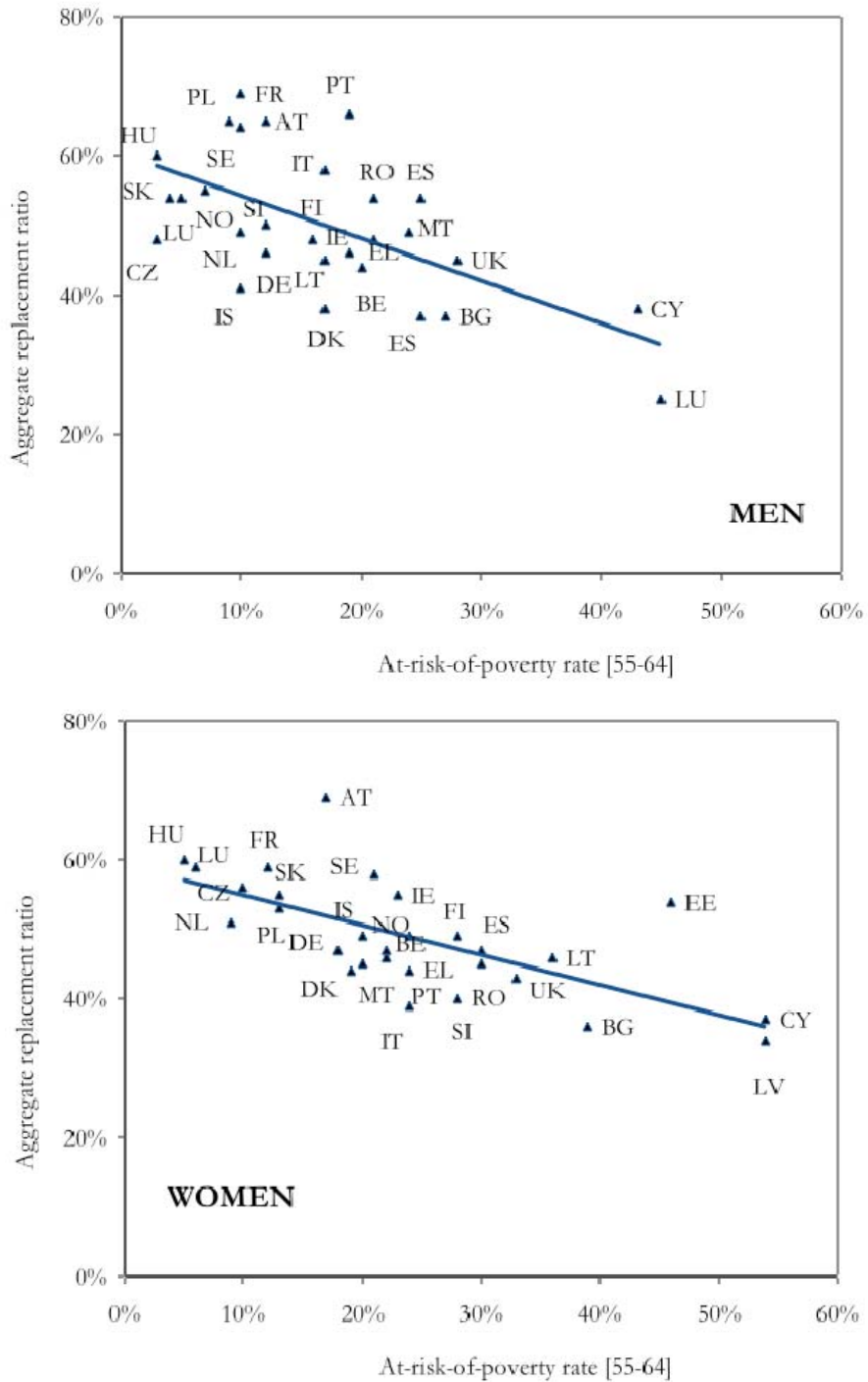


Figure 2.15b – Adequacy of the pension system and at-risk-of-poverty rates of persons aged [65+], 2008



Source: EU-SILC - Living conditions and welfare (2008) and European Commission, Employment and social policy indicators, Overarching Indicators;
http://epp.eurostat.ec.europa.eu/portal/page/portal/income_social_inclusion_living_conditions/data/database
http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_and_social_policy_indicators/omc_social_inclusion_and_social_protection/overarching

Explanatory note: data not available for Liechtenstein, Croatia, Former Yugoslav Republic of Macedonia and Turkey. The at-risk-of-poverty rate for a certain age group is computed as the share of persons of a certain age group with an equivalised disposable income below the risk-of-poverty threshold, which is set at 60 % of the national median equivalised disposable income (after social transfers). The Aggregate Replacement Ratio is the ratio of income from pensions of persons aged between 65 and 74 years and income from work of persons aged between 50 and 59 years.

A crucial determinant of the lower incidence of poverty among men is their ability to accumulate assets and pension entitlements during their working age. For instance, among the home owners, who presumably inherited or accumulated a certain wealth during their working age, only in **Malta** do men exhibit a slightly higher at-risk-of-poverty rate than women.²⁷ By contrast, among tenants the situation is somewhat more differentiated, with men exhibiting higher ARPRs in **France, Greece, Ireland, Malta, the Netherlands** and the **United Kingdom**.²⁸

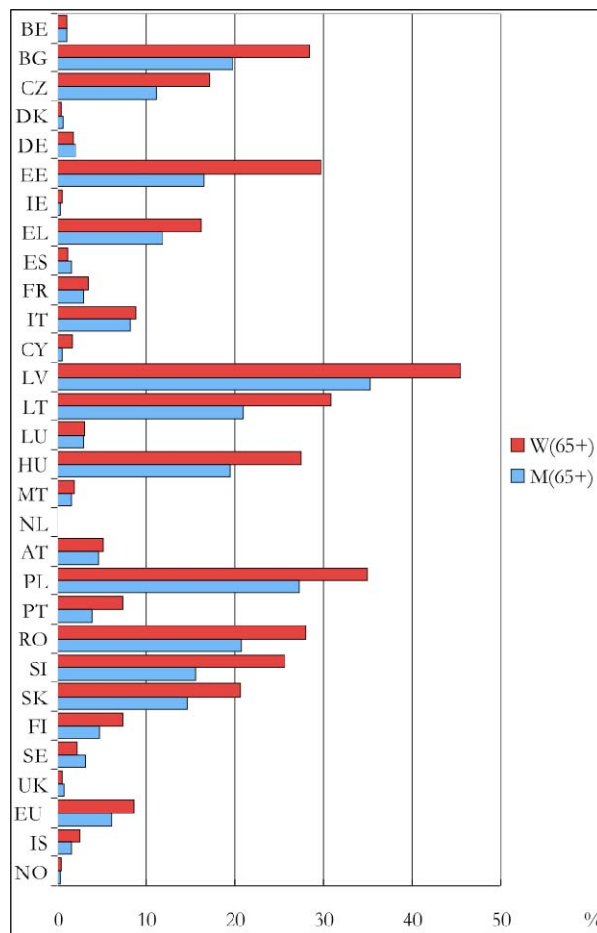
While home ownership represents a measure of asset accumulation, inadequate housing arrangements are a form of deprivation per se. In this respect, it is notable that in the population over 65 years old, in all Member States, women experience higher rates of overcrowding in the accommodation they occupy (as shown in figure 2.16) and a higher housing cost burden as a percentage of their income.²⁹

²⁷ See figure A9 in annex A

²⁸ See figure A10 in annex A

²⁹ See figure A11 in annex A.

Figure 2.16 – Overcrowding among older persons, 2008



Source: EU-SILC Living conditions and welfare (2008)

http://epp.eurostat.ec.europa.eu/portal/page/portal/living_conditions_and_social_protection/data/database

Explanatory note: data not available for Liechtenstein, Croatia, Former Yugoslav Republic of Macedonia, Turkey. This indicator is defined as the percentage of the population living in an overcrowded household. A person is considered as living in an overcrowded household if the household does not have at its disposal a minimum of rooms equal to: - one room for the household; - one room per couple in the household; - one room for each single person aged 18 and over; - one room per pair of single people of the same sex between 12 and 17 years of age; - one room for each single person between 12 and 17 years of age and not included in the previous category; - one room per pair of children under 12 years of age. The EU includes 27 countries.

Monetary poverty is clearly only one aspect of social exclusion. Within the old-aged population other dimensions of social inclusion such as living in good health, the availability of decent housing, or living in an environment organised in such a way as to allow for active participation in social life are all extremely relevant for every day life.

Some of these manifold aspects may be summarised in the overarching issue of the occurrence of limitations in daily activities. When asked their own perception of such limitations, a gender gap emerges between the elderly and increases with age. As is shown in table 2.2, Member States exhibit mixed evidence on late working age. In 14 countries (namely **Belgium, Denmark, Greece, Spain, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Portugal, Sweden, Iceland** and **Norway**) the women declare more often than the men that they perceive limitations in their everyday activities. This balance may partly be the result of a historical trend between years 2000 and 2008 with women's average perception decreasing more or increasing less than men's in 18 countries (namely in **Belgium, Bulgaria, Czech Republic, Cyprus, Estonia, Finland, Germany, Iceland, Lithuania, Hungary, Malta, the Netherlands,**

Poland, Portugal, Romania, Slovakia, Spain, Sweden, the United Kingdom). A similar balance is found among young retirees (persons aged between 65 and 74 years old), among whom women declare limitations in daily activities more frequently than men in 15 countries, the list does overlapping with but not corresponding entirely to the previous one (**Belgium, Bulgaria, France, Greece, Iceland, Italy, Cyprus, Latvia, Lithuania, Luxembourg, Norway, Portugal, Romania, Spain**). This mixed evidence eventually becomes clear-cut in the case of the elder retirees aged [75-84], among whom in only four countries do the men declare a perception of limitations in their daily activities more frequently than the women (specifically in **Estonia, Ireland, Latvia and Norway**).

Table 2.2 – Self-reported perceived limitations in daily activities (%), 2008

	Men			Women		
	55-64	65-74	75-84	55-64	65-74	75-84
Austria	15.8	16.5	29.5	13.9	16.4	35.3
Belgium	8.1	9.4	16.2	9.1	11.1	21.8
Bulgaria	7.5	9.9	15.0	5.4	10.5	16.7
Cyprus	10.1	11.2	22.3	8.9	18.3	33.0
Czech Republic	6.1	10.2	17.5	6.0	9.8	22.9
Denmark	8.5	9.5	6.6	14.7	6.3	13.5
Estonia	13.1	23.9	42.1	9.9	23.0	39.3
Finland	12.5	11.9	23.8	9.0	10.8	24.3
France	9.8	14.2	27.8	9.1	15.5	28.9
Germany	21.5	15.9	26.6	15.9	15.8	29.1
Greece	9.8	16.1	25.4	9.8	18.5	33.9
Hungary	15.3	22.6	30.2	13.5	21.1	33.5
Ireland	11.1	10.5	16.4	7.9	9.1	14.2
Italy	7.4	12.7	24.3	8.1	15.5	26.3
Latvia	10.5	15.9	29.0	11.8	16.0	26.5
Lithuania	11.4	15.6	27.1	7.5	17.1	31.6
Luxembourg	8.0	12.4	17.9	12.0	12.6	23.1
Malta	2.1	5.9	13.8	2.4	4.7	15.1
Netherlands	5.7	9.8	13.4	7.4	7.1	19.7
Poland	9.6	16.3	22.8	8.1	15.9	27.8
Portugal	11.0	20.1	34.1	18.6	26.9	43.8
Romani	10.4	13.1	23.6	8.5	16.1	27.3
Slovakia	13.8	28.6	41.4	14.5	28.5	52.2
Slovenia	8.5	18.8	18.0	12.5	18.5	28.9
Spain	18.1	7.8	14.8	6.8	11.3	19.5
Sweden	6.5	6.9	14.9	11.2	13.7	12.8
UK	12.6	15.4	18.9	10.6	14.8	23.2
Iceland	12.0	13.5	16.1	15.3	18.1	24.8
Norway	6.8	5.9	14.0	10.3	8.8	13.5

Source: EU-SILC - Health status;

http://epp.eurostat.ec.europa.eu/portal/page/portal/health/public_health/database

Explanatory note: data not available for Liechtenstein, Croatia, Former Yugoslav Republic of Macedonia and Turkey. The data presented in the table refer to the percentage of the population perceiving limitations in activities because of health problems, for at least the last 6 months. Answers are totally subjective on a limited set of qualitative definitions: “Very easy”, “Easy”, “Difficult”, and “Very Difficult”.

Self-perception of limitations in daily activities is an interesting indicator because it covers at one and the same time the various domains of daily life in which the elderly may face limitations, while summarising in a single measure these several aspects on the basis of the scale of values and priorities of the people involved. However, due to the very nature of the findings they may suffer from a certain idiosyncrasy in the different persons' assessment of what constitutes a "limitation", or even in their propensity to remember and report them.

Thus, a more objective indicator may profitably complement it. A relevant objective measure lies in the limitations in access to health care. It is particularly relevant because living in poor health is a form of deprivation and because in many instances it prevents active participation in society. Of course, the number of people suffering from health limitations and disabilities increases with age. Among the elderly, women constitute the majority with unmet medical needs, and the gender gap increases with age. The most frequent reason for being unable to access adequate healthcare is its cost. As shown in table 2.3, such is the case of over 16% of the older women in **Romania** and **Bulgaria**. Only in four countries are the men aged [55-64] more disadvantaged in this respect than the women (namely in **Austria**, **Germany**, **Estonia**, and **Iceland**). Only in three Member States do the men aged [65-74] experience cost-related limitations to their ability to obtain medical examinations more frequently than the women, namely in **Germany**, **Malta** and **Austria**.

Table 2.3 – Self-reported unmet needs for medical examinations (%), 2008

	Due to excessive costs				Due to excessive distance				Due to waiting lists			
	M		W		M		W		M		W	
	55-64	65-74	55-64	65-74	55-64	65-74	55-64	65-74	55-64	65-74	55-64	65-74
Austria	1.5	0.9	0.7	0.5	:	:	:	0.4	0.2	0.2	0.10	:
Belgium	0.5	0.1	1.1	0.1	:	0.1	:	:	:	:	:	:
Bulgaria	12.0	11.7	16.4	18.2	2.0	1.0	2.9	1.6	2.3	4.4	2.5	3.0
Cyprus	3.3	2.4	5.2	2.7	0.2	:	0.3	0.9	:	0.2	0.1	0.2
Czech Republic	0.5	0.4	0.5	0.3	0.1	0.2	0.4	0.6	0.3	0.1	0.1	0.1
Denmark	:	:	:	:	0.2	0.3	0.5	:	0.6	:	1.5	0.3
Estonia	1.7	0.3	0.7	0.4	0.9	1.6	0.3	2.4	5.5	7.5	8.3	10.8
Finland	0.8	0.3	0.7	1.8	:	:	0.2	0.4	0.6	0.2	0.7	
France	0.9	0.9	1.6	2.2	0.1	:	:	0.2	0.3	0.1	0.10	:
Germany	1.9	1.1	1.6	1.0	0.2	0.2	:	0.1	0.8	0.4	0.6	0.5
Greece	3.4	5.3	6.9	8.2	0.1	:	0.2	0.2	1.2	1.6	0.8	1.5
Hungary	2.7	1.5	2.9	3.0	0.4	0.5	0.0	1.0	0.5	0.9	0.7	0.6
Ireland	0.5	:	0.7	0.6	:	0.0	0.1	:	0.6	0.9	0.8	1.9
Italy	3.4	3.6	5.7	5.4	0.1	0.0	0.0	0.1	1.5	1.5	1.5	2.0
Latvia	8.3	6.8	11.8	12.8	1.3	1.1	3.0	1.7	1.9	2.2	3.0	3.7
Lithuania	2.8	2.4	2.9	3.0	0.2	:	0.9	0.9	4.0	3.3	5.1	8.2
Luxembourg	0.1	:	0.5	0.7	:	0.4	:	:	:	:	0	:
Malta	0.5	0.7	0.7	0.2	:	0.6	:	:	0.6	:	0.6	0.2
Netherlands	:	:	:	:	:	:	:	:	:	0.5	0.3	0.3
Poland	4.1	2.9	5.3	5.5	0.8	0.2	1.1	1.5	4.1	4.2	4.6	4.4
Portugal	0.2	0.9	1.7	1.5	:	:	:	:	0.3	0.1	0.1	0.5
Romania	15.5	17.3	16.3	24.0	0.8	:	1.8	1.7	1.2	0.9	0.8	0.5
Slovakia	0.7	0.2	0.7	0.6	0.4	:	0.7	0.5	0.5	1.4	1.3	1.6
Slovenia	:	:	0.1	:	:	0.2	:	:	:	0.2	0.10	:

Spain	0.1	:	0.2	:	0.1	:	0.1	0.1	0.2	0.1	0.2	0.1
Sweden	0.3	:	0.6	0.2	0.3	:	:	:	2.3	1.4	1.5	1.4
UK	:	:	:	:	0.1	:	:	0.1	1.3	0.8	1.2	0.7
Iceland	1.0	:	0.5	:	:	:	:	0.6	0.5	:	:	:
Norway	:	:	0.2	:	1.3	:	1.1	1.7	:	:	:	:

Source: EU-SILC - Health status;

http://epp.eurostat.ec.europa.eu/portal/page/portal/health/public_health/database

Explanatory note: data not available for Denmark, Liechtenstein, Croatia, Former Yugoslav Republic of Macedonia, the Netherlands, the United Kingdom and Turkey. This indicator is defined as the share of the population perceiving an unmet need for medical examination or treatment. The reasons include problems of access (excessive costs, waiting list, excessive distance) or other (could not take time, fear, wanted to wait and see, didn't know any good doctor or specialist, other).

Next to its cost, a major reason for the unavailability of timely medical examinations lies in the long waiting lists. Whereas the emergence of a gender gap when dealing with the issue of expensiveness may partly depend on women's lower average income and greater poverty, systematic greater exposure to long waiting lists may more directly affect the organisation of healthcare and the presence of gender biases in budgeting procedures. Most Member States exhibit a substantial balance between men and women, with larger discrepancies (above 1%) arising only in **Estonia, Latvia and Lithuania** for the age cohort [55-64], and lower but similarly balanced values for the age cohort [65-74], with the exception of **Poland**.

Finally, access to healthcare may be limited by poor transport infrastructure and facilities. Accessible and appropriate public transport is important in ensuring access to basic services in a gender perspective because in some countries or regions there are fewer women drivers than men due to economic and/or cultural reasons. Indeed, as shown in table 2.4, in the age bracket [55-64] women declare unmet needs for medical examinations due to the distance of healthcare providers more frequently than men in all the Member States but **Belgium, Bulgaria, the Czech Republic, Denmark and Estonia** (in **Germany** and **Hungary** the proportions of men and women are equal). In the age cohort [65-74] men single out distance as the major reason more often than women only in **Bulgaria, Denmark, Ireland, Latvia, Romania** and the **Slovakia**

Finally, it is noteworthy that also the indicator of self-perceived health status exhibits a gender gap that increases with age. Self-perception of health, given the high subjectivity of the answers as well as the often poor knowledge of human physiology and of own actual health status, is frequently considered by social scientists an indicator of happiness, optimism or life satisfaction, rather than an actual indicator of the population's medical conditions. It proves nonetheless an important source of information on the overall welfare of the elderly as they themselves perceive it.

As shown in table 2.4, in the younger age bracket considered here, i.e. [55-64], the European countries are evenly divided. In 15 countries women identify their health status as being "very bad" more often than men (**Belgium, Cyprus, Denmark, France, Greece, Iceland Ireland, Latvia, the Netherlands, Norway, Poland, Portugal, Slovenia, Spain, United Kingdom**). As was the case with the self-perceived limitations in daily life, men exhibit both the highest proportion of persons declaring very bad health (above 8% in **Hungary**) and the lowest (below 0.5% in **Ireland**). However, as age increases, the numbers of countries in which men declare a very bad health status more frequently than women steadily decreases. In the age bracket [65-74] they number 12 (**Bulgaria, Estonia, Finland, Germany, Hungary, Lithuania, Malta, the Netherlands, Slovenia, Slovakia, Sweden and United Kingdom**), while in the age bracket [75-84] they come to 6 (**Austria, Bulgaria, Iceland, Latvia, the Netherlands, Sweden**); only among the oldest does it rise back to 10 (**Czech Republic, Denmark, Estonia, Finland, France, Ireland, Malta, Portugal, Romania and Sweden**), although it appears that, more

pronouncedly in this cohort, it is the differences between the Member States that seem to loom larger than the differences within countries.

Table 2.4 – Self-perceived health status: share of “very bad” (%), 2008

	55-64		65-74		75-84		85+	
	M	W	M	W	M	W	M	W
Austria	4.4	2.3	2.0	3.0	8.6	5.1	6.6	10.2
Belgium	0.9	1.7	1.3	3.3	2.5	4.0	:	8.2
Bulgaria	4.5	4.2	7.3	5.4	13.5	11.5	10.3	13.1
Cyprus	1.2	2.1	1.5	3.5	5.5	6.9	9.1	15.5
Czech Republic	2.8	2.3	4.7	5.1	8.9	11.7	24.2	18.6
Denmark	2.1	3.9	1.5	2.2	2.1	4.9	3.2	2.0
Estonia	3.4	2.4	7.5	4.2	8.5	10.6	35.5	13.3
Finland	2.4	1.3	2.0	1.4	5.7	5.8	8.1	4.7
France	0.9	1.4	1.4	1.9	4.4	5.4	7.1	6.0
Germany	3.7	1.6	1.7	1.5	3.5	3.8	5.7	19.5
Greece	2.7	3.2	4.5	5.4	7.5	12.3	15.2	17.3
Hungary	8.2	6.3	12.3	11.2	16.1	18.6	19.2	25.6
Ireland	0.4	1.3	0.9	1.5	0.8	1.0	0.5	0.2
Italy	2.3	1.4	3.8	4.8	7.5	7.9	11.0	14.5
Latvia	3.8	6.5	6.1	8.2	13.5	13.0	12.7	24.9
Lithuania	4.2	2.6	7.2	5.9	10.1	13.2	14.8	20.7
Luxembourg	2.4	0.8	1.2	3.3	3.4	6.1	:	3.0
Malta	0.7	0.5	1.2	1.0	2.2	3.0	2.4	:
Netherlands	0.6	0.9	1.9	0.6	2.5	2.4	2.7	3.1
Poland	3.5	3.9	7.5	9.1	11.5	14.6	20.2	22.2
Portugal	3.9	6.5	8.5	10.9	17.2	22.4	30.4	25.7
Romania	2.6	2.4	2.8	4.2	7.0	7.1	18.5	11.6
Slovakia	6.6	5.2	13.7	11.4	18.4	25.8	30.8	34.7
Slovenia	2.2	2.7	5.9	4.8	7.2	10.6	12.1	19.2
Spain	2.1	2.5	2.7	4.3	5.3	7.2	11.0	12.7
Sweden	1.2	0.9	1.8	0.6	1.9	0.9	1.7	1.0
UK	1.2	1.3	2.3	2.2	2.3	2.3	2.5	3.4
Iceland	3.0	4.1	1.5	2.3	8.1	3.3	:	5.5
Norway	1.2	1.0	0.5	1.9	1.2	3.2	:	5.3

Source: EU-SILC - Health status;

http://epp.eurostat.ec.europa.eu/portal/page/portal/health/public_health/database

Explanatory note: data not available for Liechtenstein, Croatia, the Former Yugoslav Republic of Macedonia and Turkey. The data on self-perceived health refer to self-evaluation of the general health state (i.e. temporary health problems are not considered) by respondents using a scale from "very good" to "very bad".

Chapter 3 - ACTIVE AGEING AND LABOUR MARKET POLICIES

The need to increase the labour market participation of older people has gained heightened attention in recent years. In the face of population ageing, increases in participation and employment rates for older workers are essential to help sustain economic growth, reinforce social cohesion and the adequacy of pensions, and manage the rising financial burden on social protection systems.³⁰ Population ageing is, of course, also the consequence of reduced fertility and thus of a smaller proportion of young people with respect to the elderly. Hence, the working age population is projected to decrease and thus in the future rising employment will increasingly imply greater inclusion in the labour market for those currently farthest from it. Among these, women, and in particular elderly women predominate. Thus, increasing women's employment in old age is instrumental to preserving economic prosperity and sustainability for the European social model, as well as - in so far as it contributes to women's active ageing and their greater social inclusion - being an end in itself.

The higher risk women face of social exclusion in old age should be understood as a consequence of their entire life course.³¹ At first, lack of adequate policies for work-life balance leads to gendered spells of inactivity during working life.³² As a consequence, women's employability in old age may be very low, and re-entry in the labour market particularly problematic. A vast array of policies has been adopted by the countries covered in this study: from wage subsidies to the implementation of anti age-discrimination legislation, to policies and initiatives facilitating the labour market re-entry of women aged 45 and over. As is in the present chapter, fundamental among the latter policies appear to be the regulation of working time arrangements, the organisation of part-time work, further training of part-time workers and training of workers aged 50 and over (separately dealt with in the next chapter), firing policies, retention policies and placement policies, health and safety at work.

Secondly, pensions are a fundamental topic because they determine the possibility and expediency of working in old age for workers with relatively uninterrupted careers. As noted by Simonazzi (2008), currently the main reasons why workers aged 55-64 leave their jobs are retirement (46% of cases) and early retirement (19.2%), while dismissal or redundancy (9.5%) and own illness or disability (11.5%) come next. However, the data only show the channel along which the elderly exit the labour force without giving the underlying reasons. Thus, retirement and early retirement in particular may be induced or even financially incentivated by employers, if they do not see the advantages of retaining a diverse workforce; they may imply age discrimination or more generally low demand for older workers, or may signal scant incentives (or even disincentives) for workers to remain at work.³³

Of these possible reasons behind retirement and early retirement, discrimination should apparently be the less relevant. Indeed, workplace discrimination based on age is prohibited in EU-legislation. However, the EGGSI national experts report that application of such legislation is variable and in general has yet to bring about a situation of real parity. As noted in the 2009

³⁰ See European Commission (2007), Active aging and labour market trends for older workers, *Employment in Europe*, chapter 2, Brussels.

³¹ UNECE (2009a), Gender equality, work and old age, *Policy Brief on Ageing*, n. 2, November.

³² Cfr. Simonazzi, A.M. (2009), Ageing and Employment: Old and New Challenges in a Global Crisis Scenario, *URBACT Tribune*. Available online at the URL: http://urbact.eu/fileadmin/general_library/article-SIMONAZZI_01.pdf

³³ Cfr. Casey, B. and Laczko, F. (1989), Early Retired or Long-term Unemployed, *Work, Employment and Society*, vol. 3, n. 4, pp. 509-26.

Report of the Czech Presidency on equal opportunities for women and men³⁴: “The perception of older women and men in the labour market, as in other areas of life, is extremely stereotyped as slow, not flexible and less efficient. [...] Age-related roles and norms regulate social relations. Nevertheless, it is important to challenge stereotypes and to change attitudes towards ageing and the elderly.”³⁵ As the European Foundation for the Improvement of Living and Working Conditions (2006)³⁶ highlights, even the very definition of “old aged” varies markedly between genders, industrial sectors and occupational groups. Women in particular are often the object of discrimination: they still face difficulties in rising in their careers also in old age, earn less than their male counterparts, and encounter difficulties when seeking re-employment.³⁷ The other two reasons for early retirement, namely low demand for labour from older workers and low supply, are no less relevant. Allowing older workers real choice when to retire, including the possibility to postpone retirement, implies providing them with the opportunity to continue accumulating pension rights while saving and earning labour income, as well as the opportunity to be more actively involved with mainstream society. The issue is especially relevant for women, because on average they receive smaller pensions and suffer from a higher risk of poverty in old age as a consequence of their frequently irregular and interrupted career patterns. Women often lack a real option to postpone retirement due to the difficulty of conciliating work and caring responsibilities specifically in their 50s. At that age they are often taking care of their parents as well as their grandchildren, and the double burden makes it more complicated to continue working with the same intensity as before.

Thus, a twofold strategy appears as the most appropriate: while “passive” labour market policies tend to limit the use of early retirement schemes, “active” measures tend to favour employment maintenance and reintegration for senior workers. These strategies will be separately considered in the next two sections. Among the latter particular relevance is attributed to “senior planning”, as it is called, i.e. encouraging firms to take senior workers into consideration and adapt age management in workplaces, and a third, separate section will therefore be devoted to it.

3.1. Pension reforms

Pension system reforms are fundamental to retain elderly workers at work, by providing effective incentives and a friendly environment for both demand and supply of the labour of older workers. In the countries reviewed in the present study the general trend, in accordance with the objectives agreed upon within the Open Method of Coordination, is to: create incentives to work longer; tighten the link between contributions paid and benefits received by the individual; take life expectancy more explicitly into account; and promote the provision of supplementary individual or occupational pensions.³⁸

³⁴ Council of the European Union (2009), *Report by the Czech Presidency on equal opportunities for women and men: active and dignified ageing*, available on-line at the URL: <http://register.consilium.europa.eu/pdf/en/09/st09/st09215-ad01.en09.pdf>

³⁵ Council of the European Union (2009), *Report by the Czech Presidency on equal opportunities for women and men: active and dignified ageing*, p. 6

³⁶ See European Foundation for the Improvement of Living and Working Conditions (2006), *Employment initiatives for an ageing workforce in the EU15*, Dublin.

³⁷ See European Commission (2009a), *Report on Equality between Men and Women 2009*, Brussels.

³⁸ For a more detailed account of the impact of pension reforms on women in a selected number of EU Member States see Horstmann, S. and Hülsman, J. (2009), *The Socio-Economic Impact of Pension Systems on Women*, Report

On these issues, the EGGSI national experts report three kinds of policies that are relevant from a gender perspective. First, in most countries the effective retirement age is being raised by modifying statutory minimum requirements and/or by discouraging early retirement. Second, the amounts of pension entitlements are being made increasingly dependent on the cumulative amount of previous contributions. Third, pension systems are being reformed with the aim to respond better to the needs of a changing society. These issues will be separately commented upon in the present section.

Postponing retirement is a fundamental part of national strategies on pension reforms. From a gender perspective it is crucial to enable and encourage women, and mothers in particular, to participate in the labour market and build careers in the same way as men do. On the one hand, this would contribute to the adequacy of women's social security entitlement in old age, in the face of currently lower average pension benefits being paid to women than to men and higher at-risk-of-poverty rates for women pensioners. On the other hand, such measures improve the long-run sustainability of pay-as-you-go pension systems.

In nearly all Member States recent reforms aimed at extending working lives and reducing access to early retirement, as shown respectively in Tables 3.1 and 3.2. With regard to the statutory retirement age, policies can be broadly classified into two categories: one mandating postponement of retirement, for example by raising minimum requirements or abolishing possibilities for early retirement; the other encouraging such postponement by creating appropriate financial incentives within pension schemes.

In the first case, as shown in Table 3.1 a widespread trend in the EU and neighbouring countries is to extend the age of compulsory retirement for both men and women, but more for women, by gradually raising the female retirement age towards that of men. Such is the case in **Austria, Belgium, the Czech Republic, Estonia, Greece, Italy, Malta, Slovakia** and the **United Kingdom** (see Table 3.1). Such a measure places a higher proportion of the social policy adjustment burden resulting from population ageing on women, and thus in some countries it has been criticised by women's movements and in feminist research.³⁹ However, in more recent research it is argued that equalising men's and women's retirement age is in fact a positive measure because it conveys a cultural message of gender equality and reduces the financial incentives for families to have women do all the unpaid work at home.⁴⁰

The second category of policies aimed at extending working lives makes use of financial incentives created within pension schemes, as is also to be seen in Table 3.1. A general trend in this respect is the introduction of partial or full actuarial adjustments, or in other words adjustment of the amount of pension received by the individual on the basis of his or her residual life expectancy. In this way, working longer is encouraged with pension supplements and retiring earlier discouraged with benefit reductions. Actuarial corrections have been introduced in a number of Member States, such as **Austria, France, Finland, Spain, Portugal, the Netherlands** and **Italy**, while similar provisions are in place in other countries (such as **Germany, Belgium, Luxembourg, Hungary, Estonia, Latvia, Lithuania, Poland, Slovakia, Slovenia** and **Sweden**).

In the case of perfect actuarial fairness, monthly payments are adjusted exactly to the amount

prepared for the European Commission, DG EMPL. Available online at the URL: http://ec.europa.eu/social/BlobServlet?docId=5001&langId=en&ci=49mdTNmijloXHswaq3N3mDg&usg=AFQjCNEMTLlejwjmKki_rvB59Tf512KXSg

³⁹ See for example Ginn, J. (2003), *Gender, Pensions and the Life Course – How Pensions Need to Adapt to Changing Family Forms*, Bristol: Policy Press.

⁴⁰ See Corsi, M. and D'Ippoliti, C. (2009), *Poor Old Grandmas? On Gender and Pension Reforms in Italy*, *Brussels Economic Review - Cahiers Economiques De Bruxelles*, vol. 52, n. 1.

necessary to make the total sum of pension annuity received during the pensioner's residual life course independent of the age at retirement. Such an institutional arrangement couples the benefits of guaranteeing pension system sustainability with the advantage of allowing ample flexibility for workers in terms of retirement age. However, insofar as women's life expectancy in old age is higher than men's, pension systems taking in the principle of actuarial fairness are confronted with the issue of whether to adopt gender-specific life expectancy parameters. With gender-specific actuarial corrections, for any retirement age the women's monthly pensions would be lower than the men's because they would presumably be receiving them for a longer time. However, most countries do not adopt gender-specific life expectancy parameters because gender is but one of the many factors that systematically affect life expectancy and it would be perceived as unfair to make it a decisive consideration.

Table 3.1 – Statutory retirement age

<i>Country</i>	<i>Minimum Legal Retirement age</i>	<i>Comments</i>
Austria	M: 65 – W: 60	Progressive increase of age limit for women until the same retirement age as for men (=65) is reached, i.e. between the years 2024 and 2033. People are eligible to receive old-age pension if they have accumulated 15 years of insurance contributions or fictitious qualifying periods such as child raising periods. Following recent pension reforms, the number of contributory years for the calculation of pensions is increasing from the 15 years of the year 2004 to 40 years of contributions by 2024. The pension level can be raised with children's supplements, equalisation supplements, voluntary upgrading insurance, bonuses for postponing retirement.
Belgium	M: 65 - W: 65	In the private sector, the reform equalising retirement age introduced in 1996 was mechanically implemented by gradual steps until 1 January 2009. As from 1/1/09, retirement age is set at 65 for both women and men, and a full career is 45 years. In the public sector, retirement age has always been the same for both sexes.
Bulgaria	M: 63 - W: 60	To obtain a full pension both a minimum age and a certain number of points are required. Points are computed as a function of years of contribution. If a person does not accumulate the necessary number of points retirement is allowed at the age of 65 and after 15 years of contributions for both men and women. Specific provisions exist for certain categories of workers.
Cyprus	M: 65 – W: 65	Under the General Social Insurance Scheme retirement age is 65. However, old age pension can be paid at the age of 63, under specific contribution conditions. Incentives for postponing retirement translate into an increase in pension benefits (in particular, increase by 0.5 % for every month postponed from the date the beneficiary is entitled to a pension, up to a maximum at age 68.

Czech Republic	M: 65 – W: (65-62)	Gradual increase of the retirement age to 65 years for men and women, without children or with one child (for other women the retirement age will be 62-64 years). The retirement age shall be gradually increased by 2 months for men and 4 months for women each year until it reaches 65 years for men, women without children and women who have raised one child, up to 64 years for women who have raised two children, up to 63 years for women who have raised three children, and up to 62 years for women who have raised at least four children. In addition, the period of insurance necessary to become entitled to receive an old-age pension is gradually being lengthened from 25 to 35 years by one year for each year the law is in force. The mandatory insurance period began to be extended in 2010, when it was 26 years, meaning that the target, 35 years, will be achieved in 2019.
Denmark	M: 65 – W: 65	Postponement of the public pension retirement age from 65 to 67 years with effect from 2024.
Estonia	M: 63 – W: 63	Retirement age is gradually increasing and shall be equalised for men and women by 2016 at the age of 63. In April 2010, Parliament approved a draft Act stipulating another increase in the retirement age, gradually increased by three months a year, so that by 2026, it should be 65 years for both men and women.
Finland	M: 65 – W: 65	National pension (Kansaneläke): 65 years.
France	M: 60 – W: 60	The main measures of the reform implemented as of 2004 include a prolongation of the contribution period for a full pension from 37.5 to 40 years for public sector employees a further increase to 41 years for all employees between 2009 and 2012 and to 41.75 in 2020.
Germany	M: 65 – W: 65	Retirement age for women and men will be raised in stages from 65 to 67 from 2012.
Greece	M: 65 – W: 60*	Persons insured before 1.1.1993: Men 65 years, women 60 years. *Persons insured since 1.1.1993: Men 65 years, women 65 years. Possibility to work thereafter with employer's consent.
Hungary	M: 62 – W: 62	
Ireland	M: 65 – W: 65	Under the new National Pensions Framework, the age at which people qualify for the State pension will increase over time from the present 65 years of age to 66 in 2014, 67 in 2021 and 68 in 2028. The minimum statutory retirement age for post 2004 public sector entrants is 65 but is expected rise in line with above increases in state pension age. Criteria for qualifying for state pensions are also expected to tighten. A new single pension scheme for new public servant entrants will come into effect in 2011. This will bring future public service pensions more in line with private sector provision with pensions based on career average earnings rather than final salary, pension age increases and post-retirement pension increases linked to retail price inflation rather than to pay.
Italy	M: 65 – W: 60	Persons who were insured as of 1.1.1996: men 65 years, women 60 years. With the Budget Law for 2010, upon request of the European Commission and a decision of the Court of Justice of the European Communities, Italy has taken the first step towards a pension system with the same retirement age for men and women. The retirement age has been raised to 65 for women working in the public sector starting from 1.1.2012. Retirement is still allowed if 40 years of contributions are accumulated. Persons who were not insured as of 1.1.1996: men 65 years, women 60 years (only allowed before 65 if the resulting monthly pension payment is higher than 1,2 times minimum social assistance payments. Retirement is still allowed if 40 years of contributions are accumulated, or 35 years coupled with a minimum age requirement that is currently being increased up to 61 (62 for the self-employed) in 2013.

Latvia*	M: 62 – W: 60.5	For women, 60.5 years by 1 July 2005 (gradually increasing by 6 months every year until it reaches 62 years).
Lithuania	M: 62.5 – W: 60	
Luxembourg*	M: 65 – W: 65	
Malta	M: 65 – W: 65	As a result of the recently enacted pension reform, the effective retirement age for men increases by 4 years, while the postponement of retirement for women is 5 years.
The Netherlands	M: 65 – W: 65	Recently the Netherlands government decided to raise the official retirement age to 66 year in 2020 and to 67 year in 2025. This is the age at which the first pillar pension (so-called AOW) is accorded. This pension is the same for all people who lived and or worked in the Netherlands between the age of 15 and 65 (and thus 66 from 2020 and 67 from 2025 onwards).
Poland	M: 65 – W: 60	
Portugal	M: 65 – W: 65	
Romania	M: 65 – W: 60	Minimum retirement age is currently 63 and 9 months for men and 58 years and 9 months for women. The requirement for both men and women is set to increase up to 65 for men and 60 for women in 2014.
Slovenia	M: 63 – W: 61	Pension and Disability Insurance Act (OG 106/1999), amended further in subsequent years) has introduced full pensionable age at 63 for men and 61 for women (after 20 years of contribution); the age limit can be lowered for the time of caring for and raising a child (to 56 for women and 58 for men). The Ministry of Labour, Family and Social Affairs is preparing a new Pension and Disability Insurance Act (ZPIZ-2). The latest proposal states that the retirement age will increase to 65 years for men and women (after 15 years of contribution) (to retire early – at 60 years – 43 years of insurance period are needed for men and 41 for women).
Slovakia	M: 62 – W: 60	Until 2004, retirement age was 60 years for men, while it was 53-57 years for women, depending on the number of children raised. The 2004 reform of social insurance stipulated a transitional period for men who reach age 60 in 2004-2005 and a 6-11 years transitional period for women who reach age 53-57 during 2004-2009 (2014), depending on the number of children raised. In 2009, women retired at age 57.5 to 61.5 years. After 2014, the retirement age for all women will be 62 years regardless of how many children a woman raised. The qualifying condition for entitlement to the old age pension (<i>starobný dôchodok</i>) is currently 15 years of insurance and reaching the retirement age.
Spain	M: 65 – W: 65	
Sweden	M: 67 – W: 67	Flexible retirement age from 61 to 67 years. Possibility to work thereafter with employer's consent. Pension is based on lifetime earnings. The longer someone works, the higher the pension received. A person can also choose to take out full, three-quarters, half or one-quarter pension. Similarly, a person can draw different proportions of her/his income pension and premium pension. As long as a person has an income she/he will continue to earn pension entitlements, regardless of whether she/he draws a pension or not. The old age pension is liable to tax. If the individual continues to work after pension has started to be drawn, new pension entitlement is earned, regardless of age.
United Kingdom	M: 65 – W: 60	State pension age: men 65 years, women 60 years (gradually rising to 65 over period 2010 to 2020). The State Pension Age will increase from 65 to 68 between the years 2024 and 2046.
Croatia	M : 65 – W : 60	At least 15 years of insurance contribution is required. The new law which came into force on 1 November 2010 increases the retirement age for women to 65 by 2030.

FYROM	M: 64 – W: 62	At least 15 years of work experience is required
Turkey	M: 60 – W: 58	After the 2006 social security reform, minimum retirement age for men and women will be gradually raised every year between 2036 and 2048, when it will finally reach age 65 for both women and men. There is a minimum contribution period of 7,000 days for private sector workers; after the reform it will be increased by 100 days each year. Public sector employees and the self-employed are subject to a minimum of 9,000 days of mandatory contributions, not modified by the reform.
Iceland	M: 67 – W: 67	Retirement age is 67 but many people enjoy a flexible termination of work at 70 and even later.
Liechtenstein	M: 64 – W: 64	At the end of the nineties women’s retirement age was raised from 60 to 64 and thus equalised for both sexes.
Norway	M:67 – W: 67	The retirement age in the previous National Insurance Scheme Agreement was 67 years, but the pension system in Norway has recently been reformed. Pension is based on lifetime earnings. When the reform is in force, people will be able to draw flexibly on their retirement funds from the age of 62 years, and it will be possible to combine retirement pension and income from employment without the pension being reduced.

Source: EGGSI national reports, 2010.

(*) *Employment in Europe* (2007), chapter 2, “Active ageing and labour market trends for older workers”, p. 84.

The second stream of reforms aimed at extending men’s and women’s working lives is the gradual abolition of most options for retirement before the official statutory retirement age, as shown in Table 3.2. The diffusion of early retirement is very diverse among the countries considered in the present study. In some Eastern European and Baltic countries it was seen as a way to reduce structural unemployment (for example in **Estonia**).⁴¹ It has been shown that early retirement is often related to generous benefits, as for example in **Poland**, while family-related constraints play a less significant role.⁴² In some cases, such as for example in the **Czech Republic**, preferences for early retirement are especially widespread among low-income workers, who stand to gain more financially.⁴³ Early retirement used to be common practice also in Western European countries (for example in **Ireland** or **France**),⁴⁴ often because it was seen as a way to free jobs for young workers substituting the older ones. For example, in **Spain**, workers below 65 years old may sign an agreement with their employer to be dismissed, and so receive an income from the employer on top of the unemployment subsidy. However, the view that younger workers substitute the older ones is based on the assumption that there exists a fixed number of jobs in the economy – an assumption rejected by economists. Thus, over the last months the Spanish government has been reforming the system to limit early retirement practices and ban such agreements in companies with profits.⁴⁵

⁴¹ See Uudeküll, K. and Võrk, A. (2004), *Ennetähtaegne vanaduspension ja selle seos tööturukäitumisega Eestis*, Tartu University, Tartu.

⁴² See MPiPS (2008), *Dezaktywizacja osób w wieku okołoemerytalnym. Raport z badań*, Warsaw; Kotowska Irena (ed.) (2009), *Rynek pracy i zabezpieczenie społeczne w kontekście percepcji Polaków – Diagnoza 2009*, raport tematyczny, Warsaw. Available online at the URL: http://www.analizy.mpips.gov.pl/images/stories/publ_i_raporty/RaportRPWS.pdf

⁴³ Remr, J. (ed.) (2007), *Podpora zaměstnávání starších osob. Souhrnná studie*, VUPSV, Praha. Available online at the URL: http://www.mature-project.eu/materials/vz_remr.pdf

⁴⁴ McGivern (ed.) (2001), *Employment and Retirement Among the Over 55s: Patterns, Preferences and Issues*, Proceedings of Conference, National Council on Ageing and Older People, Dublin.

⁴⁵ See *El País*, 21st February 2010, interview to the Ministry of Labour and Immigration, Celestino Corbacho, available online at the URL:

As mentioned, most countries are reforming their pension systems in the direction of eliminating or introducing disincentives to early retirement. In many countries this apparently gender neutral measure in fact addresses a relevant gender unbalance, for men are frequently over-represented among early pensioners, for example in **Belgium** or **France**, as a consequence of two widespread characteristics of early retirement schemes. First, early retirement is frequently related to long records of past contributions and thus disproportionately rewards men who benefit from uninterrupted work histories. Second, early retirement frequently depends on sector-specific collective labour agreements, as in **Belgium**, or sector-specific favourable regulations (for example in **Romania**), thereby favouring male-dominated occupations. On the whole, it appears that country-specific institutions and regulations determine the diffusion and gender impact of early retirement schemes. However, research has shown that there are in fact gender differences in attitudes to employment and reasons for early exit: financial considerations seem to be predominant in men's choices, whereas for women social aspects of having a job may also be important. In the case of the **United Kingdom**, it emerges that while old-aged women do not express a markedly lower propensity to work, perceived age-related barriers to employment such as ageism are likely to affect women's behaviour.⁴⁶

Attracting men and women in their mid-life into employment and retaining more old-aged workers in their jobs is crucial to the viability of the European social model. However, it is also fundamental to workers' well-being that they be allowed a certain flexibility and a real choice about when to retire. For example, early retirement is allowed in many Member States for workers employed in physically demanding jobs or in jobs with difficult working conditions. Although there are no specific studies focussing on Europe, a recent study on the USA has documented that there, as of 2009, although men on the whole were over-represented among workers employed in physically demanding jobs or in jobs with difficult working conditions, a smaller share of male workers in the oldest age group was employed in such jobs (34.7 %) than in the youngest age group (38.3 %), while a greater share of female workers in the oldest age group was in such jobs (37.2 %) than in the lowest age group (30.2 percent).⁴⁷ Thus, further research focussing on Europe is needed in order to investigate the possibly gendered nature of policies and institutions regulating older workers' employment conditions as well as the relation of these conditions with early retirement schemes.

Finally, in some countries a peculiar channel for early exit from the labour force used to be through access to disability, sickness and incapacity benefit schemes, as documented in a previous EGGSI report.⁴⁸ Consistently with an overall strategy of active social inclusion, such schemes are increasingly being reviewed to increase the incentive for workers to remain at work.

Table 3.2 – Early retirement arrangements

Early retirement pension		
Country	Minimum Legal Retirement age	Comments

http://www.elpais.com/articulo/primer/plano/Hay/prohibir/prejubilaciones/empresas/beneficios/elpepuecong/20100221elpneglse_4/Tes

⁴⁶ See Ginn, J. and Arber, S. (1996), Gender, Age and Attitudes to Retirement in Mid-Life, *Ageing and Society*, vol. 16, pp. 27-55.

⁴⁷ See Jin Rho, H. (2010), Hard Work? Patterns in Physically Demanding Labor Among Older Workers, Centre for Economic and Policy Research, August.

⁴⁸ See Corsi, M. and Samek, L. (2010) *Gender Mainstreaming Active Inclusion Policies*, report prepared by the EGGSI network. Available online at the URL: <http://ec.europa.eu/social/BlobServlet?docId=6335&langId=en>

Austria	M: 61.5 – W: 56.5	Between 2004 and 2017 the age limits for early retirement will be gradually raised from 56.5 (women) and 61.5 (men) years of age to the statutory retirement age (60 for women and 65 for men). At present, there only exist two different forms of early retirement: the early retirement due to extremely long insurance (<i>vorzeitige Alterspension bei langer Versicherungsdauer/ "Korridor-pension"</i>) and a special form of early retirement available to people working in physically extremely demanding jobs.
Belgium	M: 58 – W: 58	According to the Generation Pact (political agreement by the federal government, complemented by agreements between the inter-professional social partner organisations), the official minimum age is fixed at 58 years. But there are still many exceptions that allow for even earlier withdrawal from the labour market, in some cases from the age of 50-52. The early-retirement age depends on the sector-specific collective labour agreement (CA). CAs are needed to obtain exceptions for very physically demanding professions (pre-pension for a worker who is 56 years old and has worked for a minimum of 33 years) and long careers (pre-pension is possible at 56 or 57 years, depending on the number of years worked and within certain time restrictions that collective agreements can fix).
Bulgaria	M: 52/57 – W: 47/52	Only available to certain categories of workers, early retirement is possible up to 31.12.2010. Certain professions (so called group 1) may retire at 52 (men) and 47 (women); others (group 2) at 57 for men and 52 for women.
Cyprus	M: 63 – W: 63	
Czech Republic	M: 60 – W: (60-57)	After reaching at most five years before the statutory retirement age (since 2010, previously it had been only three years) and meeting the minimum mandatory insurance period the person is entitled to early retirement. With this scheme the reduction in the pension is 0.9% of the tax base per every 90 days remaining up to retirement age, if the period before the statutory retirement age is shorter than 720 days. If the early retirement is by more than 720 days, as from the 721 st day the reduction in the pension is 1.5% for every 90 days.
Denmark		No retirement possible before the statutory pensionable age of 65 years.
Estonia	M: 60 – W: 60	Early Retirement Pension (<i>ennetähtaegne vanaduspension</i>) is available in case of at least 15 years of pension qualification period, up to 3 years before the legal retirement age, but there are various occupational pensions that allow for retirement even earlier. The amount of pension is permanently reduced by 0.4% per each month of earlier retirement which means that the amount of pension will be affected by early retirement for the rest of the person's life. This should work as a disincentive to take up early retirement. Working while receiving early retirement pensions is allowed after the person has reached statutory pension age. The pension is recalculated when the person has acquired additional pension insurance periods (but still applying the reduction factor). It is possible for a parent of 3 or more children to retire before pensionable age with no reduction of the amount of pension. A parent of three children may retire one year earlier, parent of four children may retire 3 years and five or more children 5 years before the retirement age if they have 15 worked for 15 years in total. Only one of the parents (or step parents) may take earlier retirement.
Finland	M: 62 – W: 62	National pension (<i>Kansaneläke</i>) and statutory earnings-related pension (<i>Työeläke</i>): Early old-age pension from the age of 62 (60 if born in 1944 or earlier).
France	M:56 – W: 56	General scheme for employees (<i>Régime général d'assurance vieillesse des travailleurs salariés</i> , RGAVTS): From the age of 56 for the insured who started their professional activity at the age of 14 and under a triple condition (duration of insurance, duration of contribution and retirement age). From the age of 55 for the insured with severe disabilities who fulfil the minimum periods of insurance and contribution.

Germany	M: 63 – W: 63	From the age of 63 (or 60 for severely handicapped persons) after 35 years of pension insurance periods. From 60 for those born before 1952 under specific conditions.
Greece	M: 55 – W: 55	Varies according to specific conditions.
Hungary		Varies according to specific conditions, but not related to any age limits.
Ireland		For public sector retirement age is not age related but full pension requires a full 40 years of contributions. There is a minimum public sector retirement age of 55 for firefighters and police and a compulsory retirement age of 60 for police.
Italy	M: 61 – W: 61	Early retirement pension (<i>pensione di anzianità</i>): retirement is allowed at any age when 40 years of contributions are accumulated, or with a mixed criterion based on both years of contributions and age. In the latter case minimum requirements will increase up to 2013, when they will equal a minimum age of 61 (62 for the self-employed) and 36 years of contributions. Pensions may be awarded to employees of companies in economic difficulties (<i>pre-pensionamento</i>), but procedures are determined each time according to the special cases.
Latvia*	M: 60 – W: 58.5	Early pension available 2 years before standard pensionable age.
Lithuania	M: 57.5 – W: 55	Persons are eligible for early retirement pension if they have an insurance period of 30 years, they are registered as unemployed for at least 12 months, and the age is less than 5 years to retirement age.
Luxembourg*	M: 57 – W: 57	Early retirement pension (<i>pension de vieillesse anticipée</i>): From 60 years of age (on condition that 480 months of effective insurance or assimilated periods can be proved). From 57 years of age (on condition of 480 months of effective insurance).
Malta		No early pension.
The Netherlands		Fiscal facilities for early retirement have been abolished. Early retirement systems disappeared; some transition measures still persist, but will expire in 2015.
Poland	M: 60 – W: 55	For people born after December 31, 1948 (they are under a new pension scheme) bridging pensions were implemented as of January 1, 2009, replacing old early retirement rules. The new rules are more restrictive than the old ones for they require (i) at least 15 years of employment in special conditions or in special character and (ii) termination of employment.
Portugal	M: 55 – W: 55	The current Reform Law (Law 60/2005 December 29, amended by Law 52/31.08.2007) contemplates the possibility of early retirement. Accordingly, 55-year-old people having worked for at least 30 years have been able to apply for early retirement as from January 1, 2009. However, a 4.5% penalty per year is deducted considering the legal age, 65 years old.
Romania	M: 60 – W: 55	Only available for certain categories of workers, such as those who contributed under special or difficult working conditions, the disabled, women with multiple births, etc. Retirement is allowed up to 5 years before minimum retirement age.
Slovakia		Early retirement pension (<i>predčasný starobný dôchodok</i>) is possible and varies according to specific conditions. Entitlement to an early retirement pension has been tightened with the 2008 revision of pension laws and is granted to a person (a) with at least 15 years' pension insurance, (b) who has less than 2 years till statutory retirement age, (c) his/her retirement pension is higher than 1.2 times of the minimum subsistence level determined by the government. The amount of an early retirement pension is calculated using special formula, while every 30 days of early retirement are penalised with 0.5% (or 6% per year) of the calculated pension.

Slovenia		No special early pension. Possibility of exceptions (no malus) in the case of retirement at the age of 58 provided that a person has completed 40 years (men) or 38 (women) years of service.
Spain	M: 60 – W: 60	60 years of age for certain persons who were insured according to the system abolished on 1.1.1967. 61 years of age for employees in certain cases.
Sweden		Varies according to specific conditions, but not related to any age limits. There is early pension if a person is disabled, sick or incapacitated.
United Kingdom		No early pension.
Croatia	M : 60 – W: 55	For men 60 years and 35 years of insurance contribution, for women 55 years and 30 years of pension contribution. The new law which came into force on 1 November 2010 gradually increases (up to 2030) requirements for earlier retirement for women to 60 years and 35 years' contributions.
FYROM		No early pension.
Turkey		After the 2006 pension reform, the minimum contribution period for women with children is shortened by up to 2 years (730 days) per birth, up to two births (i.e. a maximum of 4 years or 1,460 days).
Iceland		Fishermen and pilots can retire at 60 and policemen at 65 years old.
Liechtenstein	M: 60 – W: 60	Flexible retirement is practised, i.e. women and men may freely choose to retire between the ages of 60 and 70. Early retirement pensions are permanently reduced, i.e. even after the regular retirement age has been reached; conversely, late retirement leads to an actuarial increase in the pension. The rate of reduction depends on how early the retirement is; it varies from 16.5% (if retirement is four years early) to 0.25% (if retirement is one month early).
Norway		About two-thirds of employees work in businesses participating in early retirement programmes under the Contractual Early Retirement Scheme (AFP). This scheme, which was introduced in 1989, allows retirement from age 62. The pension level under this scheme is about the same as the ordinary old-age pension from 67 years of age, i.e. if the person had continued until that age in the job he/she was holding at the time he/she actually retired. After the pension reform people will generally be able to draw flexibly on their retirement funds from the age of 62 years, although if retiring early the pension will be much smaller.

Source: EGGSI national reports, 2010.

(*) *Employment in Europe* (2007), chapter 2, “Active ageing and labour market trends for older workers”, p. 84.

A number of recent reforms have strengthened the link between pension benefits and past contributions to the system. Besides the introduction of actuarial corrections, discussed above, this process has mainly been through the introduction of longer contribution periods required to qualify for a full pension, and by devising formulas for the calculation of benefits that refer to lifetime earnings in the place of the average salary of the last few years. The compound effect of these measures is that pension benefits will increasingly depend upon workers' entire career, with an ambiguous gender effect. On the one hand, since men's salaries typically exhibit higher dynamism in the late career and the gender gap is higher at old age, such reforms reduce men's pension entitlements more than women's. On the other hand, since women exhibit more irregular and interrupted career patterns, they may suffer sharper reductions in benefits determined with reference to lifelong earnings. The final gain or loss implied by these policies is thus varies greatly between women and men of the same country, and crucially depends upon

the details of pension system regulations and benefit formulas.⁴⁹

Reforms of public pension schemes have often led to a decrease of projected individual replacement rates. Many Member States have increased the accrual of pension rights if people work longer, which should act as incentives to work longer. However, a crucial challenge for the capacity of European pension systems to contribute to the active inclusion of elderly men and women is the fact that women often fail to accumulate sufficient pension entitlements to secure a decent standard of living in old age.⁵⁰ The higher risk of poverty faced by women in old age depends primarily on their lower accumulation of pension rights during working life, which is mainly a consequence of the gender pay gap and of women's more frequently interrupted careers.

The accumulation of pension entitlements for women is lower than for men especially within individual and occupational pension plans (the second and third pillars), because these are more directly linked to employment and wealth accumulation. Member States differ to a large extent in the nature and extension of the second and third pillars within their pension systems. However, it has been highlighted that in the vast majority of cases private schemes fail to take into account periods of income reduction (and thus lower contributions, or none at all) due to unpaid work burdens.⁵¹

There are no universal solutions to the problem in the first or any other of the pillars, because in each country it is necessary to find a balance between adequacy of benefits and social sustainability of the system, also in a gender perspective. On the one hand, in particular women who take one or more career breaks due to care responsibilities should be able to enjoy a certain level of social security in old age. On the other hand, a gender-assessed pension system would need to compensate for women's disadvantages in the labour market without providing incentives towards maintenance of the current gender roles and unfair division of unpaid labour between the sexes.

A partial solution to the issue of low pension income may rest in the policy adopted in a number of countries (see Box 3.1), allowing accumulation of pension and labour income. This policy creates more favourable conditions for growth in employment of persons of retirement age and, coupled with a larger diffusion of part-time and flexible work arrangements, may help sustain the income of the younger women pensioners.

Box 3.1 – National schemes allowing the accumulation of pension and labour income

Czech Republic

Since 2010 new measures have been introduced with the aim to increase the employment of older people. If a person continues to work after reaching the entitlement to a pension, for every 90 calendar days of employment his/her pension increases by 1.5%, considerably faster than during the years worked before retirement age. Alternatively, the person may opt to receive one half of his or her pension temporarily while carrying out gainful activities: in this case the retirement pension is increased every 180 calendar days of employment by 1.5%. Finally, he or she may even decide to receive his/her full pension while carrying out gainful activities, with the consequence that his/her retirement pension will only increase by 0.4% every 360 calendar days of gainful employment.

Estonia

⁴⁹ See Corsi, M. and D'Ippoliti, C. (2009), Poor Old Grandmas? On Gender and Pension Reforms in Italy, *Brussels Economic Review - Cahiers Economiques De Bruxelles*, vol. 52, n. 1.

⁵⁰ See Horstmann, S. and Hülsman, J. (2009), *The Socio-Economic Impact of Pension Systems on Women*, Report prepared for the European Commission, DG EMPL. Available online at the URL: http://ec.europa.eu/social/BlobServlet?docId=5001&langId=en&ei=49mdTNmjlXhswaq3N3mDg&usg=AFQjCNEMTLleiwjmKki_rvB59Tf512KXSg

⁵¹ See Ginn, J. (2004), European Pension Privatisation: Taking Account of Gender, *Social Policy and Society*, vol. 3, n. 2, pp. 123-134.

As an incentive to work, since 1996 working pensioners have been entitled to full old-age pension while working. Also, working in retirement increases the amount of pension if the person is also paying social contributions. This applies only in the case of pensioners entitled to an old-age pension and not in case of early-retirement pension, the national pension (minimum guaranteed pension) or the survivor's pension.

Slovenia

The Ministry of Labour, Family and Social Affairs (MLFSA) encourages 'personal additional work', or work intended for those whose working status is already defined (e.g. retired people). It enables legal performance of some types of activities, such as occasional help in household work, collecting herbs or forest fruits, home-crafts, etc. The condition is that income from this type of work should not exceed the minimum income. Moreover, recently the government offered for public debate the draft version of a new Mini-work Act that would enable pensioners to be more active through occasional and temporary work arrangements.

Spain

Law 35/2002 introduces what is known as flexible retirement, which allows workers over 60 to be employed in a part-time job while receiving a retirement pension.⁵² These part-time jobs are limited in number between 25% and 75% of the full-time jobs supplied by the employer. The retirement pension is reduced proportionally to the length of the daily working time. When the worker fully retires a new pension is calculated, including the contributions made during the part-time job. Similar to flexible retirement, within the same reform the Royal Decree 1131/2002 also made it possible for workers aged 60-64 to access partial retirement, if a replacement contract is made with a younger worker.

United Kingdom

Since April 2006 it has been possible to remain at work with the same employer, possibly on a part-time basis, while starting to draw an occupational pension. At the same time, however, the age from which an occupational or private pension can be drawn was raised from 50 to 55.

Source: EGGSI national reports, 2010.

In some countries, another solution adopted to tackle the issue of women's lower pension benefits is the introduction of specific forms of flexible retirement options or pension credits for women with children. For example, in **Estonia**, it is possible for a parent of 3 or more children to retire before the standard pensionable age with no reduction in the amount of pension. A parent of three children may retire one year earlier, a parent of four children 3 years before, and of five or more children 5 years before the retirement age if they have worked for 15 years in total. Only one of the parents (or step parents) may opt for the earlier retirement. In **Norway**, the current pension reform provides benefits for the time spent at home caring for small children, up to 6 years per child.⁵³ In **Sweden**, a supplementary pension entitlement is allocated to parents of children below 4 years of age, financed from general tax revenue.⁵⁴ In the **United Kingdom**, the Pensions Act 2007 introduced a system of weekly credits for those who take time out of the labour market to care for children up to age 12 and for those who spend at least 20 hours per week caring for severely disabled people. However, from a gender perspective it is to be noted that while allowing parents to retire earlier induces older workers to withdraw from the labour force, pension credits constitute recognition of unpaid work without implying disincentives to work. The main limitation of this measure is that most countries in which it is enacted only recognise pension credits for periods of childcare and not care in general (for example, not for eldercare).

⁵² More information about flexible retirement can be found at the Spanish Social Security website: http://www.seg-social.es/Internet_1/Trabajadores/PrestacionesPension10935/Jubilacion/RegimenGeneral/Jubilacionflexible/index.htm#35811

⁵³ Norwegian Labour Administration, Information on old-age pensions <http://www.nav.no/page?id=397>

⁵⁴ Socialdepartementet (2008), *Sweden's strategy report for social protection and social inclusion 2008-2010*, Stockholm, p. 34.

3.2. Policies affecting the availability of jobs for older workers and their employability

Besides pension reforms, a number of Active Labour Market Policies (ALMP) have been adopted to encourage older workers to enter or remain longer in the labour market. EGGSI experts described in particular a number of policies enabling more flexible forms of employment and work for older persons; encouraging employment of older people through financial incentives to employers and employees. Various other measures are equally relevant but will be dealt with separately in the next chapters. Thus, while lifelong learning and continuing education (discussed in chapter 4) are fundamental to allow older workers to update their skills and prevent the obsolescence of their human capital, in order to support employment for older women it is crucial that public and private services be easily accessible, of high quality and affordable for older people (see chapter 6). From this point of view there is the possibility that insofar as Active Labour Market Policies effectively increase employment for older women there may be a reduction in the provision of informal care at home, women being the prime informal carers. Such a situation may place pressure upon the public provision of care services, jeopardising welfare for older men and women as recipients of care. Thus, a comprehensive active social inclusion strategy is necessary. As shown in Box 3.2, a framework of Active Labour Market Policies often includes both financial incentives for employment of older workers and supporting services such as placement, retraining and provision of care services.

Box 3.2 - Examples of national Active Labour Market Policies

Belgium

One (positive) effect of the “Generation Pact” is outplacement for employees made redundant. Structured in several steps to enable dismissed workers to find another job, outplacement policies can be summarised as follows:⁵⁵ 1) introduction of a right to outplacement for all redundant employees aged 45 or over (white- and blue-collar). The Collective Labour Agreement (CLA) in 2002 represented a turning-point: the employer is required to offer outplacement support to the redundant employee. Should he/she fail to do so, a penalty of € 1,800 must be paid to the federal Unemployment Benefits Agency (RVA). In 2003, it was agreed in the federal employment conference that outplacement should be introduced as an employment stimulation instrument during restructuring programmes. Financial incentives were provided for businesses to invest in the re-employment of employees made redundant as a result of restructuring. 2) Transformation of the right to outplacement support into an obligation for both the employer and the employee. The “Generation Pact” went a step further by requiring the businesses undergoing restructuring that applied for reduction of the early retirement age (which remains common practice in Belgium) to set up an employment unit. An employment unit offers basic administrative services to the target group for early retirement, registers and refers redundant employees to an outplacement agency. An employment unit is established by a partnership between (among others) the Public Employment Service (PES), the employer, and the outplacement agency. Employment units used to be temporary and run by the business in reorganisation. For the smaller businesses, the PES runs permanent employment units in each of the labour market regions. The new CLA provides for a new procedure, and the services provided and the service provider now also have to satisfy a number of quality criteria. Under the new CLA 82bis, the initiative has shifted from the employee to the employer. For those aged 45+, the employer is required to offer outplacement support. For younger employees, this is voluntary. The development from right to obligation has considerably increased the volume of outplacement. In 2007, we found that 58% of employees aged 45 or more (after collective dismissal) participated in outplacement support, compared with 8.8% of the under 45.

Liechtenstein

The “Volunteer Work Certificate” was introduced in 2003, aiming primarily to support women of late working and early retirement age. Volunteers should be able to use the Volunteer Work Certificate to record their accomplishments and length of experience. The basic idea was that the evidence of volunteer work and

⁵⁵ Struyven, L. and De Cuyper, P. (2009), From right to obligation. The impact of Collective and Public Regulation on the Outplacement for Redundant Workers in Flanders, in Larsen F. and Van Berkel R. (eds.), *Governance of Labour Market Policies*, DJØF-publishers, Copenhagen.

corresponding training could be important in particular when re-entering the workforce, since years of volunteer work build up knowledge and skills that are also useful in paid employment. These activities in support of women re-entering the labour market were widely presented and discussed in the media. However, participation in these few activities was not as high as expected. It is unclear whether this was due to a lack of interest or to limited opportunities. No evaluation has been conducted and there were no numerical targets. Moreover, there are no data on the employment rate of women returning to the labour market in Liechtenstein. Since it is primarily women who are engaged in voluntary social work and are confronted with the difficulties of re-entering the workforce, the Volunteer Work Certificate represents at least social recognition of unpaid work, which could facilitate the re-entry of women into the workforce. However, by focusing on so-called “female working capacity” it may reinforce gender stereotypes.

Poland

The programme “Active Woman” (*Aktywna kobieta*), launched in 2007, was targeted particularly at senior women aged 50 or more. Activation instruments of the programme included mainly training and re-training (especially in view of those occupations more in shortage in the labour market) and promotion of self-employment. In some cases these measures included additional support, for example in the form of reimbursement of the transportation costs related to training. In 2007, the sum of PLN 15 millions (or more than € 3.8 m)⁵⁶ was budgeted for the “Active Woman” project.⁵⁷ In October 2008, a large and comprehensive labour market programme called “Solidarity across Generations - measures aiming at increasing the economic activity of people over 50” (*Solidarność pokoleń – działania dla zwiększenia aktywności zawodowej osób w wieku 50+*) was approved by the government.⁵⁸ The programme sets seven specific operative goals grouped under two categories: “Labour market policies” and “Social benefits adjustment”. The former group is regarded as more relevant than the latter, in terms of both number of goals and level of financing. Two operational goals clearly address employment of women older than 50. One is “Expanding opportunities of employment for women” (financed *inter alia* by the European Social Fund), which involves four tasks. These are oriented to the development of services that would allow for better conciliation between career and family life, mainly through simplification of regulations on the establishment of kindergartens and support for their development, especially in rural areas, making it possible to finance company-based kindergartens from the company’s social fund, and support for other forms of childcare. Some of these tasks have already been implemented, others are under implementation. However, it also emerges from public debate that substantially more action is needed. The other is the “Limitation of employees’ withdrawal from the labour market within the social benefit system”. Detailed tasks focus on the rise of the effective retirement age and a gradual equalising of the retirement age of women and men. While the former is still under discussion, development of the latter has in fact been postponed.

Source: EGGSI national reports, 2010.

With regard to increased employment flexibility for older workers, in several countries modified working time arrangements have turned out to be one of the most important aspects to ensure that older workers stay longer in employment (see Box 3.2). In particular, it is largely recognised that part-time work can be a means for enhancing work–life balance and the employment rate of older workers, both men and women.⁵⁹ From a life-course perspective, it is particularly important that workers benefit from a reversibility of working time arrangements, or in other words that they may decide to make more than one transition from full-time to part-time or vice versa.⁶⁰ According to several researches on representative samples of the European population, a certain number of part-time workers are underemployed, i.e. they would like to work longer hours than they do. By contrast, from a gender perspective it emerges that many women workers would like

⁵⁶ Polish zloty (PLN) is converted into euro (€) assuming 1 € = 4 PLN. Note, however, that the exchange rate fluctuates considerably over time.

⁵⁷ See MPiPS (2006), *Program działań na rzecz promocji zatrudnienia, łagodzenia skutków bezrobocia i aktywizacji zawodowej kobiet po 50 roku życia „Aktywna Kobieta”*, Warsaw. Available online at the URL: www.mpips.gov.pl

⁵⁸ The programme, together with its short English version, is available on the MPiPS website, <http://www.analizy.mpips.gov.pl/index.php/komunikaty-topmenu-49/58-program-50.html>.

⁵⁹ Cfr. Leber, U. and Wagner, A. (2007), *Early and phased retirement in European companies: Establishment Survey on Working Time 2004–2005*, European Foundation for the Improvement of Living and Working Conditions, Dublin.

⁶⁰ See for example Fagan, C. (2001), *Gender, Employment and working-time preferences in Europe*, Office of Official Publications of the European Commission, Luxembourg.

to able to switch to part-time employment in order to conciliate their work and family life better. Part of the obstacles to a greater flexibility of employment arrangements reside in labour demand, because firms may incur greater costs (for example the cost of hiring a second worker if partial replacement is necessary). For this reason, as shown in Box 3.3, Member States often offer financial incentives for such arrangements. However, among other obstacles there may be the disincentives embedded in the institutional framework. For example, with regard to the legal regulation of employment, in order to promote part-time work and job sharing it is fundamental for flexible workers to enjoy the same rights as full-time workers. As for firm organisation and practices, disincentives may lie in the human resources policy. For example, according to a recent survey, 39% of firm managers and 51% of employees reported that promotion prospects for part-time workers were not the same as for full-time workers.⁶¹ Finally, an obstacle to the diffusion of flexible work arrangements may rest with pension system regulation. Some Member States have started to review pension provisions for workers with atypical careers and for the self-employed, with a view to easing access to statutory and supplementary pension schemes. More in general, income gained from part-time or flexible work should not affect the pension level in a less favourable way than income from full employment. For example, some Member States allow people to acquire pension credits for periods of short-term contracts, part-time and voluntary work as well as for some breaks in the work career such as for child and old-age care, education and unemployment.

Box 3.3 - Enabling more flexible forms of employment

Austria

The most relevant measures include the old age part-time scheme: part-time work for older workers aims at allowing them to reduce their weekly working hours without losing entitlements to an old-age pension, or to unemployment or health insurance. Employers entering into a part-time work agreement with older employees receive a grant called “part-time allowance for older workers” (*Altersteilzeitgeld*).⁶² This part-time work allowance is paid from unemployment insurance funds, while the Public Employment Service (PES) funds the gap in social insurance contributions to the pension, unemployment and health insurance. If all eligibility criteria are met,⁶³ the part-time work allowance for older workers covers half of the additional cost of employer contributions to social insurance in excess of the hours actually worked by an employee on part-time work for older workers. In 2008, women from age 52.5 and men from age 57.5 were entitled to reduce their working hours by 40-60% and receive a PES allowance to give them a total income of 70%-80% of their previous income. Up to 2013 these age limits will be gradually raised to 55 years for women and 60 years for men, in accordance with the provisions of the 2004 Pensions Reform. Between January and June 2009, the number of recipients of a part-time allowance for older workers steadily decreased, according to PES figures numbering 18,457 in June 2009. According to the PES, a major reason for the declining popularity of the scheme is the fact that from January 2004 tighter regulations were introduced for the scheme to put a stop to excessive “blocking” of working hours (that is, the practice to continue working the standard hours for two and a half years and then take full time off for the remaining two and a half years). Under the new scheme, the PES only covers 55% of the additional costs for the employer if hours are “blocked”, compared to 90% if the person on old-age part time gradually “eases” into retirement. In addition, the “blocking” of working hours was made harder by obliging employers to take on a substitute worker. The number of participants in the scheme is expected to rise again following the introduction of new regulations in September 2009. Within the framework of Labour-Market Stimulus Package 1, the scheme was redesigned to increase its attractiveness for employers: they are now no longer obliged to hire a substitute employee, even if the employee “blocks” his or her working hours.

⁶¹ European Foundation for the Improvement of Living and Working Conditions (2007), *Part-time work in European companies - Establishment Survey on Working Time 2004–2005*, Dublin.

⁶² For more detailed information on the funding of part-time work for older workers through the Public Employment Services, see: <http://www.ams.at/temp/noe/14180.html>

⁶³ Banned from participating in the scheme are workers who receive benefits from pension insurance (with the exception of widow's/widower's pensions), exceptional benefits under the Law on Strenuous Night Work (*Nachtschwerarbeitsgesetz*) or a civil service pension, or who are already entitled to receive one of these benefits.

Belgium

From 2000 to 2007, there has been a sharp increase in the proportion of older people taking up their “time account right” by reducing working time by 20% or more. According to some research this may suggest that part-time career breaks at an older age are conceived as an initial step towards early retirement.⁶⁴

Estonia

Part-time work is opted for mostly by older workers (in 2005, about 12% of the 65-69 year old and 10% of the 60-64 year old employees were working part-time).⁶⁵ In 2006, 28% of women and 14% of men aged 60-64 planned to work part-time in the next five years before moving to full retirement, while among workers aged 55-59, 34% of the men and 32% of the women planned working part-time prior to retirement (Luuk 2009). Despite some changes in the system, the taxation system does not favour the use of part-time work at the company level, as the cost of hiring two part-time workers is significantly higher than that of hiring one full time worker.

Germany

The law on part-time working for older employees (*Altersteilzeitgesetz*) aims at allowing older employees gradual exit from working life by facilitating early withdrawal from employment without drawing a pension. Employees aged 55 and over may halve their working hours and have part of the resulting loss of income replaced. If the employer hires a replacement, the Federal Agency for Labour takes on the additional costs.⁶⁶ The proportion of women taking advantage of part-time working for older employees rose significantly from 26.3 % in 2000 to 44 % in 2007.⁶⁷

Italy

At the national level, employment policies in favour of adult workers are still fairly rare and not adjusted within a comprehensive framework. However many Regions have enacted their own laws and regulations. For example, seven Regions⁶⁸ have drafted regional laws in the direction of supporting employment within an active ageing strategy and for the re-placement of older workers. There are many agreements between Regions and INPS (the national agency for social protection) to experiment forms of flexible work for older workers in seasonal jobs (as regulated by the Ministerial Decree 12 March 2008); incentives for adult workers (in Friuli, Puglia and Toscana Regions), and a Framework Contract Agreement to recognise social benefits for older workers (Basilicata Region).

Source: EGGSI national reports, 2010.

In several countries *financial incentives* are offered to companies employing older workers (see Box 3.4). In many countries, policies are often targeted to labour inclusion of elderly people or “vulnerable population groups”; in other words, they frequently adopt a “one-size-fits-all” approach. Gender is rarely a qualifying requirement for participation in these programmes, though in some cases incentives are higher if the employer hires elderly women. As mentioned above, the rationale behind the provision of financial incentives is to reduce the perceived gap between elderly workers’ cost and their productivity. Since labour costs are often proportional to workers’ tenure or seniority, it is generally lower for women. However, the higher unemployment and inactivity rates for elderly women suggest that higher incentives for the hiring of women are a sensible strategy. As shown in Box 3.4, incentives less frequently benefit the employees because, as mentioned in the previous section, the supply labour offered by elderly workers, and by elderly women in particular, seem more determined by cultural factors and external constraints

⁶⁴ See Vanthuyne J and Bevers T (2009), *Le pour et le contre du Pacte de solidarité entre génération, les objectifs sont-ils atteints ? Facts and figures*, Presentation for the Colloquium on the Generation Pact organised by the Employers Federation, VBO, September 10th.

⁶⁵ See Anspal, S. and Karu, M. (2007), *Paindlikud töövormid Euroopas ja Eestis* [Flexible forms of work in Europe and Estonia], in Vaher, B. and Seeder, K. (eds.), *Töö ja pere: paindlik töökorraldus ja lastevanemate tööhõive*, Tallinn, Estonian Employer Confederation, EQUAL.

⁶⁶ This promotion of part-time working for older employees by the Federal Agency for Labour terminated at the end of 2009.

⁶⁷ Hans-Böckler-Stiftung (2009), *Ältere Beschäftigte, Altersteilzeit auf der Kippe*, Böckler-Impuls, 13:1. Available online at the URL: http://www.boeckler-boxen.de/images/impuls_2009_13_1.pdf

⁶⁸ Friuli Venezia Giulia, Lazio, Liguria, Lombardia, Marche, Sardegna and Veneto.

than by financial considerations.

In some countries special incentives target employers going through restructuring processes, with the aim to induce them to retain older workers. Sufficient data to evaluate the gender impact of firm restructuring are not available, although the issue may prove relevant in the present economic crisis. One study by the Italian Ministry of Labour (jointly written with the Ministry for Equal Opportunities)⁶⁹ shows that in 2009 more men than women workers were receiving unemployment benefits (CIG), being made temporarily redundant (the CIG benefit is temporary income support provided in cases of cyclical or temporary firm crisis, before workers are actually dismissed). However, men outnumber women in Italy's labour market, and indeed the share of women recipients of the benefit was greater than their share in employment. Thus, given the possible cases of discrimination in firing incentives to firms undergoing restructuring processes, this may be taken to be a positively gendered policy. By contrast, the case of Italy also shows that men may benefit from a specific form of financial incentives comparatively more than women. Indeed, in many countries social contribution reductions or exemptions are granted to workers who continue working after qualifying for an old-age pension, or to employers who hire old-aged workers. When social contributions are proportional to wages these measures effectively provide larger financial support to male workers (or to firms hiring old-aged men, respectively). Moreover, if these measures aim at inducing a postponement of retirement in those systems in which eligibility depends on a certain number of years of contribution, they disproportionately affect men, who are more able to accumulate long contributory histories at a relatively younger age than women. Thus, in Italy, in the year 2005 a disproportionate 28,990 out of 32,131 recipients of this kind of financial incentive were men.⁷⁰

Box 3.4 - Financial incentives schemes too long table (more than 4 pages !)

Austria

The “Bonus-Malus System” offers both a positive and a negative incentive for employers. If a company employs a person above 50 years of age, the contribution to the unemployment insurance is abolished. At the same time employers have to pay a contribution in the form of the unemployment insurance (“Malus”) when dismissing a worker over 50 years who has worked for the company for at least ten years.⁷¹ Other relevant employment measures include “Come back”, a subsidy scheme aimed at bringing elderly workers (men above 50 and women above 45) as well as long-term unemployed persons back into employment: when they are hired, employers receive 66.7% of labour costs for a maximum period of 2 years. Integration subsidies are targeted to the long-term unemployed, elderly employees, women returners, or persons with disabilities. According to evaluations, women above 45 in particular were benefiting from this subsidy. In 2006, a temporary subsidised wage scheme (“Kombilohn”) was enacted, intended to serve as an incentive for employers and for the long-term unemployed under the age of 25 and over 45 in low-wage sectors. The model was not very successful, and in July 2009 a new subsidised wage scheme came into force: female labour market re-entrants, unemployed over 50 or persons with disabilities who have been unemployed for more than 6 months will be subsidised with € 150 monthly for part-time jobs or € 300 for full-time jobs when the gross wages for these jobs are between € 650 and 1,700.

Cyprus

In 2009, 23% of public assistance recipients were elderly (no gender disaggregated data available). When determining the amount of public assistance for an applicant aged 63 or more years, monthly earnings of € 170 from work are not taken into account. Furthermore, a sum of up to € 1,700 may be granted for training or professional equipment for

⁶⁹ Carfagna, M. and Sacconi, M. (2009), *ITALIA 2020 - Programma di azioni per l'inclusione delle donne nel mercato del lavoro*, Ministry of Welfare and Ministry for Equal Opportunities, Rome.

⁷⁰ Senato della Repubblica Italiana (2005), Documento approvato dalla 11^a Commissione Permanente a conclusione dell'indagine conoscitiva sulla condizione dei lavoratori anziani in Italia, *Atti Parlamentari*, Doc. XVII, n. 21, Rome.

⁷¹ The regulation was abolished in 2010 due to lacking sustainable effects.

http://www.ams.at/docs/Topline_3-2009.pdf

the claimant or a dependant.⁷² Other schemes co-funded by the European Social Fund include the “Scheme for the provision of incentives for the hiring of unemployed persons” and the “Scheme for the provision of incentives for the hiring of persons belonging to vulnerable groups” (including older workers). The first involves the provision of financial incentives to employers for hiring the unemployed by subsidising 65% of the annual wage for the first 12 months of employment to a maximum of € 13,000 as well as the transportation costs for the commuting employee. The second involves the subsidisation of 60% of annual salary to a maximum of € 1200 per month for the first six months of employment. Specific measures that target inactive women include the programme “Promotion of Flexible Forms of Employment” (FFE). During the period 2004-2006 the aim of the programme was the integration of inactive women into the labour market by offering more flexible forms of employment. The main criterion for participation was inactivity for at least the previous 12 months. Criteria for participation were relaxed for women under 25, over 50, and lone parents. Through the scheme, businesses were subsidised for a 12-month period in the measure of the 50% of the employment cost of the hired worker. In turn, each worker was subsidised for the travelling cost to and from her workplace. 195 women benefited from this programme and were placed in 145 businesses. According to the evaluation of the programme, 24% (188) of applicants were 50 years old or above. Of these, only 38 women found employment, corresponding to 20% of all the women employed through the programme.

Denmark

In February 2008, the welfare reform was followed up by a “Job Scheme”, intended to increase employment and render people independent of public benefits. The main point in the Job Scheme was to strengthen employment among seniors and persons with reduced working capacity. The Job Scheme included: a special lower-limit allowance of DKK 30,000 (€ 4,010) per year, introduced for pensioners and reduced employment requirement for postponed retirement; tax reduction for 64-year-olds who have worked full-time since the age of 60 and with an average annual earned income below DKK 550,000 (€ 76,000). In 2008 a scheme was introduced under which people over 55 years who lose their entitlement to unemployment benefits are allowed to have a ‘senior job’ in their local authority on ordinary pay and working conditions, until the age when they are entitled to early retirement benefit. A temporary wage subsidy scheme for older unemployed people who obtain jobs in private-sector companies has been introduced for those aged 55+, who have been unemployed for 12 consecutive months and are recruited for positions in private-sector companies. The wage subsidy can be received up to 6 months. There is also financial support for various activities that support the postponement of retirement of seniors or return to the labour market. One such initiative is the creation of the fund to support networks for seniors 55-59 of age in order to assist them in finding work (*Pulje til selvaktiveringsnetværk for seniorer*). Despite the fact that women, and especially single women, tend to retire earlier than men, there are no special initiatives with a gender focus. Research has shown that the gender difference is especially pronounced when the employees find it difficult to live up to the job demands and when new technology or job assignments are introduced. Here, women tend more often than men to retire from the labour market as a consequence⁷³.

Germany

The labour market policy reforms (known as the “Hartz Reforms”) have contributed to an increase in labour market participation by older people since 2006. The eligibility period for unemployment benefit for older people, which was increased several times before 2006, was cut to a maximum of 18 months for over-55s with the “Hartz IV” reform. In the face of massive political protests, the eligibility period was again extended as from 2008 to 24 months from age 58. After 12 months of unemployment, unemployed people (regardless of their last income) no longer receive insurance benefits but a basic needs benefit based on the social and cultural existence minimum. This means, especially for older skilled workers who had previously enjoyed a high income (and therefore drawn a high level of Unemployment Benefit I), a drastic drop in income. This, too, significantly increases the attractiveness of remaining in employment or finding new employment without delay. These regulations are proving to be especially “painful” for older men, as a result deprived of their “breadwinner” role (in the traditional family model). Two other regulations have been restricted or abolished in the past few years, likewise affecting participation in the labour market in a negative way. Firstly, eligibility for structural short-time working allowance has been shortened to one year from 2005. Previously this benefit could be claimed for up to two years when companies undertook personnel adjustment measures, in order to avoid dismissing workers. During the financial and economic crisis, however, this instrument is again being used more heavily. However, it is being claimed predominantly by men, as this measure is aimed at labour market segments in which few women are employed. Secondly, what is known as the “Fifty-Eighter Rule” expired in 2008, which means that people over 57 years of age can no longer draw unemployment benefit without being obliged to seek work. Another important measure is the integration allowance for older employees,

⁷² Public Assistance and Services Law 1991-2003 www.mlsi.gov.cy

⁷³ See Jørgensen, M.S., Larsen M., Rosenstock, M. (2005), *Et længere arbejdsliv – Tilbagetrækningsordninger og arbejdspladsens muligheder*, n. 05, Socialforskningsinstituttet, København.

whereby employers taking on employees aged 50 and over receive wage cost subsidies. This subsidy can be claimed for up to a maximum of 36 months. The number of women to whom such subsidies are paid has, however, been declining since 2002. 4

Spain

There are several fiscal policies at the national and the regional level for the creation of new jobs for older workers. These policies consist in the reduction of the social security payments for newly hired older workers at the national level, while at the regional level the policy consists in subsidising social security payments. In Spain generally the age line to benefit from these reductions is set at 45 years old, instead of 55. Since 2001, the social security system has also been offering some incentives consisting in reduction by 50% of social security payments for companies that retain workers over 60 who have worked at least 5 years within that company. The reduction in the social security payments is increased by an additional 10% per year up to the age of 65, when it reaches 100% of the payments. A 49.15% reduction in core social security payments is granted for new open-ended work contracts with a previously unemployed person. This reduction is raised by an additional 10%-20% for women over 45 years old.⁷⁴ After a new Labour Reform, effectively from June 2010 higher tax reductions on social security payments apply for employers that hire unemployed women on an open-ended labour contract entered into up to 31 December 2011. They will benefit from a reduction on social security payments for three years of € 1,200 for workers above 45 years old. For women workers, this reduction is raised to € 1,400. As the social security payments are managed by the central government, regional governments cannot reduce the payments, but only subsidise them. As an example of this policy, there is a programme of social security payment subsidies for the hiring of women over 45 in the Autonomous Community of Valencia. With the same perspective an employment plan has been launched in the Autonomous Community of Andalusia, which also includes some active policy measures.

Source: EGGSI national reports, 2010

3.3. Efforts to change age management in work places and labour markets

In the first European guide to good practices in managing an ageing workforce,⁷⁵ *age management* is defined as those measures that combat age barriers and/or promote age diversity. These measures may entail specific initiatives aimed at particular dimensions of age management; they may also include more general employment or human resources policies that help to create an environment in which individual employees are able to achieve their potential without being disadvantaged by their age. In a publication by the European Foundation for the Improvement of Living and Working Conditions it is pointed out that while age management “needs to be implemented at the level of the organisation, age management may also be promoted through legislation or public policy for the ageing workforce as a whole, in order to strengthen labour market integration, increase or sustain productivity and improve the quality of the work environment.”⁷⁶ The key actors in age management are the social partners and government at different levels, but also the NGO sector.

As shown in Box 3.5, most policies and experiences of age management are gender-blind. By contrast, an explicit gender perspective and gender-specific age management strategies would prove relevant in the face of the multiple discrimination faced by elderly women. This finding is

⁷⁴ A reduction of an additional 20% for over 45 unemployed women is limited to those that have been unemployed for at least 12 months. Further information is available at the website: http://www.seg-social.es/Internet_1/Trabajadores/Afiliacion/Incentivosalacontra30035/InContRespCotSS/TIPOCONTRATO1K5/index.htm

⁷⁵ See Walker, A. (1999) *Managing an ageing workforce: A guide to good practice*, European Foundation for the Improvement of Living and Working Conditions, Dublin.

⁷⁶ Cfr. Naegelé, G. and Walker, A. (2006), *A guide to good practice in age management*, European Foundation for the Improvement of Living and Working Conditions, Dublin. Available online at the URL: <http://www.eurofound.eu.int/publications/files/EF05137EN.pdf>

shared by a specific report on the subject prepared for the European Commission.⁷⁷ However, as the report highlights, “whilst age management strategies appeared to be gender neutral (the company case study sample certainly included a balanced mixture of companies with a predominately female or male workforce and companies with a gender-balanced workforce), there may still be gender specific preferences for the take-up of single measures, e.g. part-time work”.

Box 3.5 – National experiences on changing age management

Austria

Social partners and other public institutions - the Commission for Equal Treatment and the Ombudsman for Equal Treatment⁷⁸ - have become increasingly active in tackling workplace discrimination on the ground of old age, also following the implementation of anti-discrimination laws in 2004. In 2008 the social partners launched an “Action plan for older workers”⁷⁹ focussing on health and occupational health prevention, part-time work for older workers and subsidised wage schemes (‘Kombilohn’).

Belgium

Since September 2004, a “Fund for Professional experience” (*Fond pour l'expérience professionnelle*) has provided financial support for work experience projects to promote employment opportunities, improve the quality of working conditions or work organisation for workers aged 45 and over. This fund is the major instrument to support employers for preventive diagnosis of the ability to continue working. A questionnaire is available to evaluate the ability of workers to perform their work and assess the necessary changes.

Czech Republic

The National Programme of Preparation for Ageing, 2008–2012 (NPPA) introduces the issue of age management into the Czech context: “age management strengthens social dialogue and improves the image of a company. It is an instrument for exploitation of valuable expertise of workers. A work team comprising workers of various ages is more stable and more productive. Age management requires the creation of a new model of work, learning and balance between professional and family obligations over the life course.”⁸⁰ The corresponding measures are: to raise awareness of the benefits of age diversity in the workplace, good practice in age management and human resources management, age discrimination and protection against discrimination. Responsibility for these measures lies with the Ministry of Labour and Social Affairs and Ministry of Industry and Trade in cooperation with social partners, regional and local government, non-governmental and not-for-profit organisations.

Germany

It is in particular the seniority principle and specific dismissal protection regulations applying to older people that are regarded by employers as barriers to the employment of older people. The seniority principle, which provides for higher pay with increasing age, and applied in particular in the civil service, has now been abolished with the introduction of a new collective bargaining agreement structure: from BAT (Federal Employees' Collective Bargaining Agreement) to TVöD (Collective Bargaining Agreement for the Civil Service). In the private sector, this principle is in any case the exception. A further factor contributing to the protection of older employees is the greater protection against dismissal acquired with greater length of service.⁸¹ However, there are very few provisions in collective bargaining agreements on further training for older employees. Older employees are under-proportional

⁷⁷ Warwick Institute for Employment Research, University of Warwick Economix Research, & Consulting Munich (2006), *Ageing and Employment: Identification of Good Practice to Increase Job Opportunities and Maintain Older Workers in Employment*, Report for the European Commission, Directorate-General for Employment, Social Affairs and Equal Opportunities, Unit D.2.

⁷⁸ <http://www.gleichbehandlungsanwaltschaft.at/site/6419/Default.aspx>

⁷⁹ http://portal.wko.at/wk/dok_detail_file.wk?AngID=1&DocID=840595&ConID=314816

⁸⁰ http://www.mpsv.cz/files/clanky/5606/starnuti_en_web.pdf

⁸¹ Bundesministerium für Familie, Senioren, Frauen und Jugend (2005), Fünfter Altenbericht der Bundesregierung, Potenziale des Alters in Wirtschaft und Gesellschaft - Der Beitrag älterer Menschen zum Zusammenhalt der Generationen, Bundestagsdrucksache 16/2190. Available online at the URL: <http://www.bmfsfj.de/bmfsfj/generator/BMFSEJ/Service/Publikationen/publikationen,did=78114.html>

in their take-up of occupational training and qualifications acquisition measures provided by labour market policy.⁸² Finally, the number of older employees at firm or works job level is also controlled. Various promotional and model programmes have been initiated, including some in cooperation with social partners and foundations. Not least, there are also a few job-related initiatives looking to an innovative staffing policy to promote the employability of older people in a time of demographic shift. The General Equal Treatment Act (AGG) of 2006 has, moreover, introduced new legal framework conditions dealing with age discrimination among other things, since age is still being equated with low performance. Rethinking in this area is only happening very gradually, however. Age-specific personnel strategies are still in their infancy. Around 40% of all German companies have taken on no older employees at all.⁸³ In particular, there are no personnel strategies with a multi-dimensional approach against disadvantages in the labour market and in companies and addressing the categories of both “gender” and of “age”.

Lithuania

In 2005 a new Tripartite Cooperation Agreement between the Lithuanian Government, Labour Unions and The Organisations of Employers was drawn up. One of the priorities of the new agreement was the aim of securing equal rights in the labour market – also including the rights of older people. As from 2006 the Ministry of Employment and Social Affairs has allocated funds for NGOs representing older people. Actively involved is the Lithuanian Labour Exchange, which has entered into an agreement with the Council of Pensioners. One result of this agreement is a 2006 initiative called the Bank of Seniors, which aims to provide information about potential older workers for employers willing to hire pensioners.

The Netherlands

Under the heading of sustainable employability the memorandum calls upon social partners to include this issue in collective bargaining processes. This would include measures for education and training, also for broader competencies. The Government plans to create a legal mutual right to claim education and training, so that both the employer and the employee can take the initiative for further training. This should be one of the elements to support a more learning culture in companies. As for age-related human resources management, the government supports this, more in particular in the case of SMEs, gathering and disseminating information on good practices.⁸⁴ Also, subsidies were available (until mid-2010) for the implementation of good HRM practices in this field. The Government supports an organisation (Stichting Blik op Werk) that stimulates the use of the Work Ability Index (WAI – developed in Finland). Furthermore, the Netherlands is leading the European ESF-Age Network in the framework of ESF 2007-2013. The network will exchange expertise and good practices to support effective Age Management measures with ESF funds (75 billion Euros for the whole EU) and national funds. The network focuses on sustainable employability and work capacity, and also the transition from unemployment to work. Finally, the Dutch government places emphasis on improving working conditions for older workers, but also for younger workers in difficult jobs.

Norway

An important policy promoting active ageing is the agreement between the government, employer and employee unions to support and generally work for a more inclusive world of work. The first agreement identifying this policy was signed in 2001, the second in 2005, and the third in 2010. The current agreement will end in 2013. A central part of this policy is to promote active ageing, i.e. to make efforts to ensure that more people choose to stay longer in paid employment positions. A concrete goal of the new agreement is to increase labour market activation by 6 months for everyone over 50 years of age. A central means for reaching this policy goal is to raise awareness of the potential resource that senior workers can represent in public and private enterprises⁸⁵. The agreement for an inclusive world of work rests on the assumption that the way to solve the problem, including excessive rates of early retirement, is to be found in the workplace. The agreement presupposes that employers and employees work together to achieve inclusive work-world objectives. The recommended methodology for improving employer-employee dialogue is increased focus on what employees with health problems and reduced working capacities can do (workability), rather than on concentrating upon what they cannot do. Responsibility for realizing this agreement is primarily placed with enterprise employers and includes support provided by the state.

⁸² See Lott, M., Spitznagel, E. (2010), *Impulse für die berufliche Weiterbildung im Betrieb*, IAB-Kurzbericht, 11: 1-10. Available online at the URL: <http://doku.iab.de/kurzber/2010/kb1110.pdf>

⁸³ See Brussig, M. (2005), *Altersübergangs-Report*, IAQ, 2, 1-17. Available online at the URL: <http://www.iaq.uni-due.de/auem-report/>

⁸⁴ See Cuelenaere, B. (2009), *Langer doorwerken met beleid: parels: goede praktijken van duurzame inzetbaarheid van werknemers*, (commissioned by the Ministry of Social Affairs and Employment), Ecorys, Rotterdam.

⁸⁵ The intention strategy for an inclusive working life 2010-2013

http://www.regjeringen.no/upload/AD/publikasjoner/web-publikasjoner/2010/IA-avtale_24022010.pdf

United Kingdom

New legislation has been introduced to tackle age discrimination. Following a consultation process (1997) and a voluntary Code of Practice on Age Diversity in Employment (1999), the Employment Equality (Age) Regulation 2006 came into force in 2006. This prohibits age discrimination in employment and vocational training, including access to help and guidance, recruitment, promotion, development, termination, perks and pay. It covers age discrimination against both the old and the young. Upper age limits for unfair dismissal and redundancy are removed. A national default retirement age of 65 is in force, making it unlawful to force anyone into retirement before 65. It provides for all employees to have the right to request to work beyond default retirement age and employers have the duty to consider. Anti-discrimination policy has tackled the problem of how to identify age discrimination in a way that takes gender differences into account. Ageism in employment is measured against a 'prime worker', based on a male norm of a career trajectory, but efforts have been made to take into account women's different experiences (Duncan and Loretto 2004, 112). The establishment of a single equalities commission, the Equalities and Human Rights Commission (EHRC), in 2007 will help develop a better understanding of the 'double jeopardy' experienced by older women workers. Finally, the Equalities Act (2010) means that both age and gender discrimination are banned in provision of services and exercise of public functions. A public sector equality duty requires that public bodies are obliged to consider how spending decisions, employment practices and public services help promote age and gender equality.

Source: EGGSI national reports, 2010.

3.4. Good practices

Examples of programmes designed to overcome barriers to the labour inclusion of elderly people can be found throughout Europe.

We can distinguish among:

- measures concerning motivation, skill and job counselling;
- projects in the area of age management;
- initiatives to strengthen social dialogue.

The gender impact of these programmes may be both direct and indirect.

Measures concerning motivation, skill and job counselling. Some countries have introduced specific programmes to enhance the employability of elderly workers, narrow their skills gaps, and promote integration and retention in the labour market of people of late working age.

In the **Czech Republic**, the project NEW CHANCE for applicants and job seekers in the over 50 age group conducted by the INSPIRA education centre could be considered a good practice because it connects retraining (PC skills), motivation and job counselling. Although the project is not primarily focused on gender equality one of its priorities was equal opportunities, and women make up about two thirds of the participants supported. The project could be considered a good practice because its activities are readily transferable to other regions and sustainable in cooperation with the labour office if it becomes part of the active employment policies (see Annex B).

A primarily gender sensitive good practice is represented by the project Counselling and motivational programmes for disadvantaged women in the labour market run by the ProFem NGO. It is based on the recognition of older women as a disadvantaged group in the Czech labour market. It could be considered a good practice because it works with important stakeholders in the local labour market – it is not only focused on the target group of women and their skills but also on the potential local employers in order to eliminate prejudices against this group of women. As a good practice this project is also transferable to other regions and countries (see Annex B).

In **Hungary**, as of July 2007 a project was launched on the basis of the financial support of the TÁMOP under the title START Extra. In this stream employment for the elderly and unskilled is supported with the financial resources. By mid-2008 3.6 thousand Start Extra cards had been issued.⁸⁶ The government launched the START Extra programme for those long-term jobseekers who had serious difficulties to find a job and return to the labour market due either to age (i.e. over 50) or low educational attainment (primary school at most). However, we have no evidence of the gender or age composition of the cardholders.

Another good practice in the area of labour inclusion could be the Senior Employment Association of Hungary, founded in 2007. This has no specific gender target either; however the gender composition of the elderly people implies that women are overrepresented in the target group. The association intends to facilitate workforce flexibility, encourages lifelong learning, preservation of good health and the employability of jobseekers. It also organised the Senior Job Fair for people over 45 years.

In **Malta**, the Work Trial Scheme run by the Employment and Training Corporation (ETC) enhances the employability of individuals, narrows the skills gap, and promotes integration and retention in the labour market through a structure of work experience and on-the-job training that addresses the needs of both employer and employee. The Scheme targets, among others, long-term unemployed and economically inactive women, but excludes those over 59 years. The ETC's Older Workers' Section, set up in 2001, has ceased to exist. Similarly, the Older Workers' Publicity Campaign launched in 2008 has met the same fate and is also obsolete. The Scheme launched in January 2010 assists target groups to improve their awareness of responsibilities and competencies required in the workplace, provides hands-on work experience, confidence building and self-esteem, prevents long-term unemployment, re-activates economically inactive persons, upgrades their skills, and helps identify areas participants need to work on for further training (see Annex B).

In parallel, the Shipyard Redeployment Scheme (SRS) seeks to promote the labour market re-integration of ex-Shipyard employees at the basic wage which they received when employed at the Shipyards as far as is permissible under State Aid Regulations. Under the SRS, the ETC offers eligible employers a subsidy of the difference between the wage offered by the new employer and the basic wage previously received by the shipyard worker at the Shipyard. This wage difference is reimbursed over three years, or when the employee reaches the age of 56 years, whichever comes first. In line with State Aid Regulations 800 of 2008 issued on 6 August 2008, the total reimbursement can never exceed the value of half of one year's wage cost plus National Insurance. (see Annex B).

In **Slovakia**, counselling agencies for people in early retirement age are established by NGOs and operated by women in pre-retirement and retirement age. The agencies develop databases of potential employers, create partnerships with employers and search for employment for the long-term 45+ unemployed.⁸⁷ The effectiveness of such agencies has yet to be evaluated. However, the efforts made in specialized counselling to return older people to the labour market are indeed appreciable.

In **Spain**, the "Emplea-Te Valencia" programme (Employ Yourself Valencia) includes a wide range of services for unemployed women over 45.⁸⁸ These services include studies on the

⁸⁶ Scharle, Á. (2008), *Foglalkoztatás, intézményrendszer és foglalkoztatáspolitiká* (Employment, institutions and employment policy) in Kolosi T. and Tóth I. Gy. (eds.) *Társadalmi Ríport 2008*, TÁRKI, Budapest.

⁸⁷ http://www.ksh.sk/Agentury_podpory_zamestnania.7.0.html

⁸⁸ Information about the programme "Emplea-Te Valencia" can be found at the website:

<http://www.valencia.es/ayuntamiento/empleo.nsf/vDocumentosTituloAux/611744CF459D3B04C12572FE003D677E?OpenDocument&bdOrigen=ayuntamiento%2Fempleo.nsf&idapoyo=&lang=1&nivel=2>

professional profiles of participant women, followed by assessment to find the right companies for them. The services also provide courses for training in active job-seeking skills. Moreover, the programme monitors participants' employment evolution. In addition, women participating in the Emplea-Te Valencia programme receive a monthly allowance of 200 euro (see Annex B).

In **United Kingdom**, the “New Deal: 50 plus” (ND50+) is the primary measure developed to encourage older people into employment. This aims to help people aged 50 or over and in receipt of certain benefits for six months or more to get work, including self-employment. The qualifying benefits are: severe disability allowance, incapacity benefit, income support or job seeker's allowance.

The programme is gender neutral: it provides support to both men and women. However, according to evaluations, ‘most’ participants are male,⁸⁹ although women were more likely than men to be in employment subsequent to participation in the programme, due largely to their propensity to accept part-time employment (nearly 50% compared with 14% men).⁹⁰

Welfare claimants who participate in the ND50+ may be entitled to extra financial help through the Working Tax Credit system. Employment Credit is an in-work benefit paid to people who have moved from benefits to employment through ND50+. They receive £60 per week during the first year back at work full-time, or £40 per week if in part-time work. Up to June 2002, ND50+ Employment Credit claimants were predominantly male: of 75,000 claimants, 69% were men. At the same time, male claimants are more likely than female to return to benefits after 26 weeks (17% *vs* 13%).⁹¹ It should be noted that as from October 2009 the New Deal schemes are being replaced in phases by the Flexible New Deal, and the New Deal 50 plus therefore does not apply for claimants in areas where the Flexible New Deal has already been introduced.

A further measure to encourage and enable older workers to find employment is the Right to Request Flexible Working for carers of adults, introduced with the Work and Families Act in 2006. Since April 2007 this policy has given 2.65 million carers of adults who have worked for their employer continuously for 26 weeks as of the date of application the right to apply for flexible work and employers the duty to consider their request seriously. This policy applies to those who care for a spouse, partner (if co-habiting), civil partner or relative, or live at the same address as the adult in need of care. A ‘relative’ includes parents, parents-in-law, adult children, adopted adult children, siblings (including in-laws), uncles, aunts or grandparents and step-relatives. This measure is of particular significance for older workers since 45% of carers of adults are aged 45-64. Of particular significance for a gendered analysis is that a larger proportion of carers under the age of 65 are women (ONS 2001).⁹²

Measures in the area of age management. Many companies and institutions have introduced age-related human resources management throughout Europe. The titles of the systems are different and sometimes revealing of the founding principles: age-independent management, age-aware management, age-sustainable management. No practice with an explicit gender component was

⁸⁹ Cfr. Kodz, J. and Eccles, J. (2001), *Evaluation of New Deal 50 Plus. Quantitative Evidence from Clients: Second Phase*, Institute for Employment Studies; Atkinson, J. and Dewson, S. (2003), *Evaluation of the New Deal 50plus: Research with Individuals*, Institute for Employment Studies. Available online at the URL: <http://www.employment-studies.co.uk/pubs/summary.php?id=esr68>

⁹⁰ Cfr. Atkinson, J. (2001), *Evaluation of New Deal 50+: Research with Individuals (Wave 2)*, Research Report ESR92, Employment Service, London.

⁹¹ Cfr. Grierson, K. (2002), *New Deal 50 plus. Quantitative Analysis of Job Retention*, IAD Information Centre, DWP. Available online at the URL: http://statistics.dwp.gov.uk/asd/asd5/working_age/wa2003/151_rep.pdf

⁹² <http://www.statistics.gov.uk/ci/nugget.asp?id=1336>

detected but the examples we choose to present are important both for men and women, according to the EGGSI experts.

In **France**, some of the “good practices” reported on the Ministry of Economy, Industry and employment website⁹³ appear highly ambivalent. For instance, the firm O2 in the personal services to individuals tries to recruit senior workers (mainly women) through a communication campaign and development of partnership with employment intermediaries. However, this policy, presented as an anti-discrimination policy, is being developed in a firm that has persistent difficulties in recruiting and retaining employees because of the poor quality of jobs (low-paid, part-time) combined with difficult working conditions in the sector. If the recruitment of senior workers does not come with a policy to improve employment quality and working conditions for employees, the “good practice” in question may turn into a very bad practice that could mean health problems for senior employees. On the contrary, the firm La Poste (public postal service) has tried to adapt postpersons’ rounds in order to facilitate employment maintenance for postpersons with temporary or permanent medical impediments. Similarly, the firm Bourdarios in the construction sector has developed age management in order to facilitate both senior employment maintenance and know-how transmission between generations.

In the **Netherlands**, the catering company Albron has launched an initiative called Work@Albron on life-cycle aware diversity in human resources management. The majority of about 3,900 employees are women. The age-aware personnel policy at Albron consists of three parts: health and well-being management, training and development policy, and a policy of financial support for flexible working practices. It started with the change from sickness policy to health policy (2004), and step by step was completed with working time management in line with a life-cycle approach, and with life-long learning initiatives (2006). It has so far resulted in a significant fall in sickness leave and costs for occupational disablement.

The second example – a taxi company - is somewhat atypical, because it links the recruitment of older workers with services for older and disabled persons. The Tap Taxi company experienced difficulties in recruiting new drivers. Since the company provides transport daily for elderly and disabled persons, it started to recruit older workers who are (partially) occupational disabled. With this initiative the company also improved its services to people who are pleased to receive more patient and quiet service delivery.

Initiatives to strengthen social dialogue. Surveys, conferences, campaigns focused on ensuring employability of ageing workers and combating ageism have been launched in several countries, often with the involvement of social partners and NGOs.

In **Austria** the website, www.arbeitundalter.at, is an important information portal for social partners at the company level and on the national level as well as for persons interested and affiliated organisations. It offers best-practice examples, brochures and contact points for those seeking help in implementing their ideas for an age-conform re-organisation of workplaces. In addition several conferences and publications – e.g. brochures, conference documentation and manuals on productive ageing – have been launched by social partners since 2003.⁹⁴

In 2010 the “Nestor-gold” award to promote and strengthen the social components of Corporate Social Responsibility was given to enterprises and organisations responding to the needs and endorsing the potential of elderly workers as well as inter-generational dialogue within the

⁹³ Cfr. Vigeo (2009), Favoriser le maintien ou le retour à l’emploi des seniors. Bonnes pratiques identifiées dans les 11 entreprises étudiées, Ministère du travail et de la solidarité, June.

⁹⁴ Cfr. Austrian Federation of Trade Unions (ÖGB) (2004), *Ältere ArbeitnehmerInnen: Das verborgene Gold im Unternehmen*, Vienna.

workforce. The award aims at the integration of elderly persons in companies. The basic criteria for certification are self-reliance and managerial responsibility of individuals, efficient process organisation, corporate behaviour, and sustainable engagement. The award is granted for three years. After successful re-certification renewed awarding is possible.⁹⁵

In **Slovakia**, the Ageing Workforce I. and Ageing Workforce II projects⁹⁶ focus on ensuring employability and productivity for ageing workers, developing recommendations and measures for companies to improve working conditions. The project should also enhance social dialogue and collective bargaining in this field. Publications, workshops and new web-portal should provide a comprehensive data source for all the actors concerned.⁹⁷ Moreover, surveys on and investigations into the social situation of late-working-aged women are essential for the awareness raising activities and advocacy carried out within the project PLUS Women 45+,⁹⁸ implemented by the Institute for Public Issues, using actual data on discriminatory labour market practices for women aged [55-64] (see Annex B).

In **Scotland**, the All our Futures strategy (2007) pledged £750,000 for an awareness campaign to combat ageism and promote more positive images of older people. The campaign, *See the Person, Not the Age* has produced a website, a television commercial and billboard posters.⁹⁹

Box 3.6 - Ageing and employment in the Candidate Countries

Croatia and **FYROM** have both adopted labour market policy frameworks in the context of the negotiation process for accession to the European Union, and accordingly they have harmonized their objectives and priorities with respect to active ageing policies. Explicit reference to older women workers was introduced in Croatia in 2009, in the framework of the National Employment Promotion Plan 2009-2010 (NEPP), identifying poverty amongst older women as one of the main targets, while the Joint Inclusion Memorandum (JIM) signed by Croatian and EU officials acknowledged the gender dimension of poverty and social exclusion. In FYROM, the National Strategy on Employment 2010 (NSE-2010) set the mid-term objectives for the employment of women and senior workers separately.

Pension reforms are currently debated in both countries, according to the general trend described in section 3.1. In Croatia, an initial measure was introduced in 2009 to allow workers to retain their jobs beyond retirement age, while the Social Exclusion Strategy adopted in FYROM in 2010 proposed revision of the very low average pension level.

Croatia

The general policy framework for active ageing and labour market policies is still absent or has been developed only in the last few years, as part of the negotiation process to join the EU. In this context, the Joint Assessment Paper of the Employment Policy Priorities in the Republic of Croatia (JAP)¹⁰⁰ was signed by Croatian and EU officials in May 2008, and the Joint Inclusion Memorandum (JIM)¹⁰¹ in March 2007. JAP is the key document concerning active ageing since it states that policy makers should (1) develop policies to support active ageing and ensure incentives for workers to stay at the labour market and at the same time discourage earlier retirement; (2) review and adequately address financial incentives to employers for employment and retention of older workers, and (3) promote access to training for older workers as a part of life-long learning strategy.

⁹⁵ http://www.bmask.gv.at/cms/site/attachments/4/3/3/CH0165/CMS1218121280002/folder_nestor_gold.pdf

⁹⁶ <http://www.ruzsr.sk/?pageid=14>

⁹⁷ <http://www.ivpr.gov.sk/texty/File/vyskum/2009/Kostolna/Kostolna.pdf>

⁹⁸ <http://www.ivo.sk/4271/sk/projekty/plus-pre-zeny-45->

⁹⁹ <http://www.seetheperson.info/>

¹⁰⁰ Ministarstvo gospodarstva, rada i poduzetništva (Ministry of Economy, Labour and Entrepreneurship) (2008), <http://www.mingorp.hr/defaulteng.aspx?id=1126>

¹⁰¹ Ministarstvo zdravstva i socijalne skrbi (Ministry of Health and Social Welfare) (2007) http://www.mzss.hr/hr/medunarodna_suradnja/socijalna_skrb/jim_zajednicki_memorandum_o_socijalnom_uklju_civanju_rh/zajednicki_memorandum_o_socijalnom_ukljucivanju_hr

On the basis of JAP, in May 2009 the Croatian Government adopted the National Employment Promotion Plan 2009-2010 (NEPP)¹⁰², which further developed measures identified in JAP as key challenges and priorities. JIM analysed the social situation in Croatia and among other things pointed out the low employment rate of older workers, poverty among the elderly, and particularly among older women, the low life-long learning rate, unequal access to health care services. Therefore, JIM acknowledged that poverty and social exclusion have a clear gender dimension. On the basis of JIM Croatia adopted two Implementation Plans (for 2007-2008, and for 2009-2010) and has so far produced three Implementation Reports (for March 2007-June 2008, for January 2008-March 2009, and for 2009).¹⁰³ The Implementation Plans envisaged activities concerning employment of those over 50 (in some cases over 45 for women), but mainly those already covered by the JAP and the National Employment Plan. In the field of pension system and related issues, the rules have been changed since 2009 for pensioners to be able to continue to work (pensioners who work have been exempted from pension contributions on that additional income since 2009). Political and in general public debate on the pension system is very intensive, indicating adoption of possible measures in the near future: discouragement of earlier retirements, rising of pensionable age, and introduction of social pensions (for those over 70 with no income). Nevertheless, in the case of social pensions, it is quite possible that the ongoing economic crisis will delay their introduction.

FYROM

The Ministry of Labour and Social Policy (MLSP) as the main body responsible for employment policy in FYROM adopted in December 2006 the National Strategy on Employment – 2010 (NSE-2010). The NSE-2010 sets the mid-term objectives for employment. These objectives are harmonized with the EU Strategy on Employment and aim to achieve: a general employment rate of 48%, 38% employment rate of women, and 33% employment rate of older workers (55-64). The main priorities of the labour market in FYROM relevant to the subject include: programmes for employment growth, creation of a lifelong learning system, separation of the right to health insurance from unemployment, and promotion of employment by life stages.

With respect to promoting equal employment opportunities, particularly for vulnerable groups such as the older unemployed (55-64)¹⁰⁴, the NSE envisages the following policies: reintegration of the older unemployed and renewal of their competences by establishing a system for qualification and reinsertion in employment or start of own business. As far as elderly workers are concerned, the NSE also sets the objective to reduce the difference between the legal and actual age of withdrawal from the labour market, proportionate to the increase of the average life expectancy until 2010. In accordance with the Law on Employment, the retirement age for the men is 64 and for women 62, with a minimum of 15 years of work experience.

The data show that the actual average retirement age in 2005 for women was 57 and for men 61.7. According to these data, the gap between the actual and legal retirement age for women is higher than for men. Therefore, gender based incentives to narrow this gap are necessary. The government, as we will see below, addresses the actual and legal age of withdrawal primarily through wage subsidies, and the gender gap through equal opportunity policies.

The National Action Plan for Gender Equality for 2007-2012 proposed four strategic objectives consistent with the NSE. These objectives make no reference to age, but apply to the active population overall. A relevant measure foreseen is the provision of subsidies for self-employment of women. The study on Achieving Gender Equality in FYROM concludes that subsidies for self-employment were among the most used active employment measures in 2007 adopted by the MLSP. However, the number of beneficiaries is not disaggregated by gender so it is not possible to conclude whether this measure has effectively addressed gender disparities. The last strategic objective included in the NAPGE, related to women and employment, is raising the employment rate of women in rural areas. Bearing in mind that rural areas are mostly inhabited by the older population, given the significant migration of young people from rural areas to the cities, this strategic objective particularly relevant to the age groups considered in this report.

In line with the existing strategies and plans, the Social Exclusion Strategy adopted in 2010 aims at increased employment and improvement of the quality of life and social inclusion and cohesion of those facing unemployment and poverty. The Strategy also discusses the opportunities for equal employment from gender, ethnic and age

¹⁰² Vlada Republike Hrvatske (Government of the Republic of Croatia) (2009) <http://www.mingorp.hr/default.aspx?id=2014>

¹⁰³ All information available on the Ministry of Health and Social Welfare web-site: http://www.mzss.hr/hr/medunarodna_suradnja/socijalna_skrb/jim_zajednicki_memorandum_o_socijalnom_uklju_civanju_rh/zajednicki_memorandum_o_socijalnom_ukljucivanju_hr

¹⁰⁴ According to the latest data (31.05.2010) by the Agency for Employment disaggregated by age structure: <http://www.zvrm.gov.mk/WBStorage/Files/p2vozrast052010.pdf>.

perspective. Regarding gender and elderly workers, the Strategy proposes revision of the policies related to the level of pensions in order for elderly workers not to perceive retirement as a process that aggravates their social exclusion, state pensions being low in the country. The average pension in 2005 for old-age was: Denar - 8,517 (139,2 EUR)¹⁰⁵. All the measures reviewed to be found in the strategies and plans fail to specify the number of beneficiaries of specific age groups under consideration¹⁰⁶. In any case the older unemployed also fall into this category.

Turkey

Gender gaps and in particular the low labour force participation and employment rates of women are among the most important issues in the field of employment in Turkey. In 2008 the women's employment rate in Turkey was 21.3, while unemployment is especially high among young women. Many variables conduce to women's very low inclusion in the labour market. Social and cultural variables including patriarchal values, employers' attitudes and women's low educational attainment restrict employment for women, particularly in urban areas. In Turkey young and middle-aged women are not fully considered as part of the labour market. The already low labour market participation of urban women dramatically declines after the age of 35 owing to their increased family responsibilities, and particularly childcare.

As a consequence, there has been no systematic effort to set up a general policy framework for active ageing in Turkey. Indeed, from the macroeconomic point of view including older workers in employment is not a matter of concern given Turkey's young population (27% of the population is under 15 years old). In 2008, people over 65 years of age made up 7% of the population.

There is no comprehensive employment strategy, especially with regards to women's employment. However, in 2008 the Turkish government launched an "employment package" that included two measures directly aimed at promoting women's employment. On the one hand, employers were allowed to take the initiative in drawing up contracts with private childcare centres instead of having to create these centres in the workplace. On the other hand, companies were encouraged to hire women workers with exemption from social security contributions for five years.

It is not clear what the impact of these measures will be on the employment of older women, especially because they are currently involved to a large extent in the informal sector. According to the 2006 Household survey, in Turkey 60% of working women were unregistered, mostly working as domestic staff or carers.

Source: EGGSI country reports, 2010

¹⁰⁵ Bartlett, W. (ed.) (2009), *People Centred Analysis Report. Regional Development, Local Governance and the Quality of Life*, UNDP and SEEU. Available online at the URL: <http://europeandcis.undp.org/home/show/AF3023A8-F203-1EE9-BAF0136D4A5DB8FE>

¹⁰⁶ Review of the planned and realised active programmes, participants and spending for 2008 may be found in Kostadinov, A (2009), *Labour Market Policies in Macedonia*, Centre for Economic Analysis, Skopje, p.16. Available at: www.cca.org.mk

Chapter 4 - TRAINING AND LIFE-LONG LEARNING

Demographic ageing requires the continuous development of adult education within and outside the educational systems, in terms both of training provision and support services to enhance the participation of an ageing society. Education policies play a crucial role in addressing the challenges of population ageing, not only in terms of achieving the required qualifications and flexibility in the workforce and in laying the foundations for life-long learning, but also by raising the population's state of health and financial situation. This assumes the adoption of a life course approach to work and employability and the creation of equal access to knowledge and skill development opportunities over the life course for all. Inadequate or obsolete skills are the main barriers to remaining in or re-entering the labour market for older workers. A lifelong learning system combined with a suitable training provision to older workers' needs in their workplace is an important way forward. It is essential to raise the awareness of employees and employers of the opportunities and benefits of training/education.

A gender approach to adult training and lifelong learning is relevant because research has shown that while women constitute the majority of workers and jobseekers enrolled in adult education programmes, numerous gendered disadvantages still exist for women learners.¹⁰⁷ Thus, women's capacity to participate in lifelong learning is substantially affected by unpaid domestic and care work burdens. In chapter 2 it was shown that in many of the countries considered in this study elderly men participate in lifelong learning more often than women. Moreover, while women are now more often involved in university education they are only a minority of the students involved in the highest educational (i.e. graduate) programmes.¹⁰⁸

On the one hand, research showed that women may struggle to continue or may even quit formal education due to unpaid work burdens. On the other hand, due to these gender-specific responsibilities women exhibit more irregular and fragmented careers and thus, more than men, women returners to the labour market may capitalise on training and lifelong learning opportunities in the transition from unpaid to paid work.¹⁰⁹ An issue on which further research is needed is the question raised by feminist scholars and pedagogues, regarding the extent to which gender segregation in education and training and the very content of learning act to reinforce gender roles and stereotypes.¹¹⁰

From the EGGSI reports, it appears that a gender mainstreaming approach to training and lifelong learning for women and men of late working and early retirement age is lacking. As shown in the present chapter, policy measures are seldom explicitly targeted to elderly workers or developed with a holistic approach, while consideration of gender aspects is still weak. Indeed, a gender approach would prove fundamental within policies for continuing education and lifelong

¹⁰⁷ Cfr. Blundell, R. (1992) "Labour supply and taxation: a survey", *Fiscal Studies*, Institute for Fiscal Studies, vol. 13, n. 3, pp. 15-40; Stalker, J. (2001), Misogyny, women and obstacles to tertiary education: A vile situation, *Adult Education Quarterly*, vol. 51, n. 4, pp. 288-305; Shipley, Amy. (1997), Most College Funding Goes to Men's Sports; Study: Money for Women's Programs Lags, *The Washington Post*, Tuesday, 29 April.

¹⁰⁸ Cfr. Stalker, J., Prentice, S. (eds.) (1998), *Illusion of Inclusion: Women in Post-secondary Education*, Fernwood Publishing, Halifax; Leonard, D. (2001), *A Woman's Guide to Doctoral Studies*, Open University Press, Buckingham and Philadelphia.

¹⁰⁹ Cfr. Campbell, A. (1993), *Men, women and aggression*, New York/London: Basic Books; Heenan, D. (2002), Women, access and progression: an examination of women's reasons for not continuing in higher education following the completion of the Certificate in Women's Studies, *Studies in Continuing Education*, vol. 24, n. 1, pp. 39-55; Stalker, J. (2001), Misogyny, women and obstacles to tertiary education: A vile situation, *Adult Education Quarterly*, vol. 51, n. 4, pp. 288-305.

¹¹⁰ Cfr. Sayman, D.M. (2007), The Elimination of Sexism and Stereotyping in Occupational Education, *Journal of Men's Studies*, vol. 15, n. 1, pp. 19-30; Jackson, S. (2003), Lifelong Earning: working-class women and lifelong learning, *Gender and Education*, vol. 15, n. 4, pp. 365-376.

learning, because elderly women face more serious barriers to employment than men (as shown in the previous chapter). There are fewer learning opportunities for women in general, and for mature women in particular, making adaptation to labour demand extremely difficult. When they succeed in re-entering the labour market, it is often at the cost of discrimination, segregation and poor job quality, in terms of wages and job security.¹¹¹ Training and the development of new skills may thus help elderly women to participate fully in the labour market on more equal terms with men and younger workers. Moreover, education and acquired knowledge have been shown to be positively related to the health of elderly men and women, as well as the ability to manage their financial assets properly.

In the following pages we analyse existing policies under four headings: lifelong learning policy frameworks, leave schemes, formalisation of acquired competencies, skills and qualifications, and financial incentives and supports to training and lifelong learning.

4.1 Lifelong learning policy frameworks

Almost all Member States and EFTA countries have designed age-related policy frameworks to set guidelines, priorities and general targets for the regulation and promotion of further training internal or external to the labour market. In Table 4.1 an overview of lifelong learning policy frameworks is presented. In general, it emerges that governments and other major stakeholders follow different strategies and policy approaches to promote training and lifelong learning systems according to distinct contextual factors (e.g. participation rates, adult education systems, and ongoing demographic trend).

Table 4.1 –Policy frameworks

Country	Policy framework	Policy description and targets
Austria	“Guidelines for a coherent lifelong learning strategy for Austria until 2010”, 2006 - Interministerial working group and education experts)	Five guidelines serving as guiding principles for all systems and levels of education and training: life-stage orientation, putting learners at the centre, lifelong guidance, competence orientation and promoting participation in lifelong learning. In addition special challenges regarding lifelong learning in Austria were defined, including: increasing permeability in the tertiary sector (improvement of credit transfers), intensifying measures for immigrants and the low-skilled in the adult learning sector, improving labour market policy measures for women and older workers to strengthen labour force participation and new financing schemes for lifelong learning.
Belgium	“Flanders in action” - Flemish government	Priorities in the Flemish Competences Agenda include the introduction of a national qualification framework, age-conscious personnel policy, sound competence policy within companies and organisations, competence development for the individual employee, dealing with changing careers and sectors as pivots of competence policy. <i>Target:</i> Participation of adults (25-64 years old) in LLL to 15% by 2020

¹¹¹ Cfr. Daubas-Letourneux, V. and Thébaud-Mony, A., (2003), *Work Organisation and Health at Work in the European Union*, Eurofound, Dublin.

Bulgaria	National Strategy for Lifelong Learning 2008 – 2013	A special section on Lifelong Learning for Adults (people aged 16+) with focus on people near retirement age promotes a better use of their professional, work and life experiences while adapting to changing technologies and globalization. <i>Target:</i> Participation of adults (25-64 years old) in LLL to 5% by 2020.
Cyprus	Life-Long Learning Strategy 2007-2013	The main goals of the strategy include promoting access and participation in LLL for all; strengthening infrastructures and systems; research and development for the support of LLL, effective governance and the integration and retention of more people in the labour market, with special emphasis on unemployed young people, women and people 50+.
	Human Resource Development Authority (HRDA, semi-governmental body) strategic plan for 2007-2013	HRDA sets prerequisites for the development of Cyprus's human resources, identifying the inclusion of older workers (with other groups) in the labour market among its priorities for 2010.
	National Action Plan for the Elderly 2005-2010	NAP assigns to Adult Education Centres of the Ministry of Education and Culture the provision of non-formal continuing education aimed at all citizens over the age of 15. NAP recognizes the issue of identifying those elderly persons most in need of support but does not foresee any concrete actions or specific budget for the integration of the elderly or elderly women in LLL programmes and education/training.
Czech Republic	National Life-long Learning Strategy in 2007	The Strategy identifies factors accounting for the lesser involvement of women in informal education but does not contain concrete policies, measures or targets.
	National Report on Strategies for Social Protection and Social Inclusion 2008–2010	The Report recognizes the necessity to further develop LLL especially for older generations in order to maintain professional potential, and to change the structure of provided qualifications to place greater emphasis, for example, on the field of social-health services despite a lack of gender perspective.
Germany	Federal state equal treatment laws	Equal treatment laws include measures for increasing the proportion of women participants in further training for civil servants.
Denmark	National strategy for Lifelong Learning (based on the Government's globalisation strategy), 2006	LLL should be ensured for all in order to sustain good job opportunities for the individual and in order to contribute to increased competitiveness, high employment, and prosperity.
Estonia	Development Plan for Estonian Adult Education 2009-2013	The plan outlines the main policies for the following four years and has introduced some activities to raise awareness of the need to LLL initiatives among the population and providing information on learning opportunities (e.g. through the media or special events, making available information on training opportunities, career services for adults etc), setting the share of LLL participants of 25-64 at 13.5% for 2013. <i>Target:</i> Participation of adults (25-64 years old) in LLL to 13.5% by 2013.

Greece	Community Support Framework 2007-2013	In the current programming period, particular emphasis is devoted to the training of older workers through (a) the development of a framework and a set of mechanisms for recognizing and systematizing the knowledge of older workers (b) organising retraining programmes for older people (55+) in new vocational areas for labour market reintegration.
Finland	Development Plan for Education and Research 2007-2012, Ministry of Education and Culture	The Plan mainly includes measures targeted to the education of young people, but also aims at working age and retired population training/educational needs. The Plan supports the reform of adult education in co-operation with the relevant ministries, labour market organizations, and educational bodies for better support of skills and knowledge update, and recognize the educational needs of those employed as well as unemployed or otherwise outside the labour market. <i>Target:</i> share of working age population participating in adult education to reach 60% by 2012
France	Law of May 4, 2004	The law instituted (with the national inter-sector agreement, September 2003) an Individual right to training for all employees and introduced a new employment contract to favour training periods, namely the Professionalization period. The law also reformed vocational training by merging previous part-time training contracts into a single Professionalization contract for the provision of certified qualification to all unemployed.
Hungary	National Strategy on Active Ageing	The Strategy focuses on re-education and re-training to promote readjustment to the changing labour market. A National Action Plan also indicates LLL as a crucial priority.
Ireland	National Workplace Strategy 2006	The NWS is the Government's blueprint to stimulate workplace change and innovation. The NWS and the national partnership programme Towards 2016 (2006) identified access to LLL as priority, with little evidence of specific employment-oriented LLL programmes specifically targeted at older workers.
Iceland	Laws on further education no. 80/1996	These laws have three articles on adult education and provide the legislative background for LLL: they empower further education institutions to run both evening schools and centres for continuing education offering courses for adults.
Italy	Ministry of Education Order No. 455 of 29 July 1997	The Order set up "Adult Education Centres", defined as "places for interpreting needs, designing, co-ordinating, activating and governing education and training initiatives [...], as well as for the collection and dissemination of documentation" aimed at establishing agreements, understandings and conventions with all the organisations, bodies and/or agencies providing adult-education initiatives, in order to favour their local affirmation. Under Article 5 of the Order, the activities of the Adult Education Centres aim not only at providing courses for the attainment of educational qualifications, but also for reception, attention and guidance, as well as primary, functional and adult literacy, acquisition of language skills, development and consolidation of basic skills and know-how, recovery and development of cultural and relational skills suited both to participation in social life and to return to training for persons in marginal conditions.
Lithuania	National Education Strategy 2003-2012	<i>Target:</i> 15% of the working age adult population should be participating in some kind of education and training yearly by 2012.

	National Strategy for Combating the Consequences of the Population Ageing Implementation Plan 2005-2013	In the framework of the Strategy, the following policy measures has been supported: improving the quality of formal educational institutions activity according to the demands of elderly people; creating conditions for elderly people with practical knowledge to obtain a vocational training certificate; developing distance learning opportunities to facilitate elderly people, possibilities to acquire marketable professions and improve qualification.
Malta	National Reform Programme 2008-2010	NRP contains specific recommendations, measures and policies associated with further education and training without any reference to active ageing, age management, or policies specifically targeting older workers, and relying on traditional gendered structure of Maltese society.
Norway	Competence Reform	The Competence Reform is the latest major educational reform including a number of measures to build up the skills of the adult population
Poland	Strategy for the Development of Continuous Education until 2010	The Strategy was submitted by the Ministry of Education and includes six priorities related mostly to the quality of continuous education, school infrastructure, supervision, promotion and financial issues (€ 176 million a year). The Strategy looks to the need for training of the disabled and unemployed but does not approach the issues of the elderly or gender aspects. Similarly, the Strategy for the Development of Education in 2007 – 2013.
	Lifelong Learning Programme for 2007-2013	The Ministry of Labour and Social Policy launched the Programme without any consideration of gender or old-age issues. The LLL idea is also present in NSR 2009-2011, and it is widely discussed in the national action plan for employment KPDZ 2009-2011 but with reference neither to older workers nor to gender.
Portugal	National Plan of Action for Inclusion 2008-2010	The Plan focuses on investment in training as a way to correct the weaknesses in the education and in the training/qualification, with a view to achieving strategic intervention throughout the lifecycle. Also the Operational Programme for Employment, Training and Social Development targets the promotion of social development, seeking to maximize the social and occupational integration of disadvantaged groups, to which much of the population aged 55 years and above belong.
Slovenia	Resolution on the National Programme of Adult Education, 2004	The Resolution was adopted by the Slovenian government with the following objectives: increasing the educational level of the adult population; improving employment possibilities for the needs of the labour market; and improving educational options and inclusion in education. The strategic document “Operational Programme for Human Resources Development” for the 2007-2013 period sets the target of the share of adults in lifelong learning at 20% and raises the goal in terms of employment rate of those aged 55-64 to 43.5%.
Slovakia	Strategy of Lifelong Learning and Lifelong Guidance and the Act on Lifelong Learning	In the Strategy, active ageing is mentioned especially in relation to lifelong guidance and considered with its interconnections with the labour market. The Act on Lifelong Learning comes under criticism from representatives of seniors due to unsolved financing of "third-age" education.
United	<i>Opportunity Age</i> strategy, 2005	The Strategy expressed a commitment to extending learning opportunities for older people so they can stay in work.

Kingdom	The Employment Equality (Age) Regulation 2006	The Regulation contained a provision to ban discrimination in vocational training. In 2006 the age cap for eligibility for higher education fee loans was removed.
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Source: EGGSI national reports, 2010.

4.2. Leave schemes for training purposes

Policies on leave schemes have been put in place in many countries with the aim to foster training participation through the introduction of workers' legal rights to leave for training and/or through the provision of cost compensations to employers and/or subsidies to employees.

The introduction of *legal rights to leave for training to employees* was launched some time ago in several countries and is coupled with compensations to employers and guarantees to retain the job at invariable conditions. Even if none of the measures illustrated in Box 4.1 is particularly designed for elderly workers, they may indirectly offer older workers an incentive to participate in training and lifelong learning initiatives. For older workers in general and women in particular restricted access to training when aged over 50 threatens their potential employability until retirement age. The leave schemes explored in Box 4.1 are not aimed specifically at older workers but may potentially turn out to be particularly relevant in the gender perspective; because of the “double shift” women encounter significantly greater time constraints than men, and consequently being allowed to participate in learning activities during working time allows for better time management on the part of women.¹¹² Nevertheless, requirements based on minimum time spent continuously at work and firm size may favour workers with more solidly established records, typical of male employment trajectories.

Most countries promote educational leave for workers either by establishing legal individual rights to training leave (Belgium, France, Sweden and the United Kingdom), or at least by providing compensations to the employer for the cost of training (Austria and Belgium).

Box 4.1 - Examples of leaves schemes for training

Austria

While not recognizing workers training rights, in Austria the Public Employment Service offers compensations for educational leave up to one year in the sum of unemployment benefits and subsidies for staff training measures for companies.

Belgium

The Belgian government introduced the right to paid educational leave in the 1960s, especially for low-skilled workers (above a wage earning ceiling). The cost of training leave is offset by the state.

France

The national inter-sector agreement of September 2003 (signed by all workers' unions and employers' organisations) and the Law of May 4th, 2004 instituted a new Individual right to training (*Droit individuel à la formation*, DIF) for all employees, which adds to existing programmes such as the Training plan (*Plan de formation*) decided by employers and the Individual training leave (*Congé individuel de formation*, CIF) on the initiative of employees (on acceptance by the employers). With the DIF, every employee may cumulate a right to 20 hours training per year for 6 years (up to a maximum of 120 hours) to be used for training programmes that are agreed upon (or suggested) by the employer.

The Netherlands

¹¹² See Picchio, A. (ed.) (2003), *Unpaid work and the economy. A gender analysis of the standards of living*, Routledge, London and New York.

For the legal mutual right to claim education and training, the government of the Netherlands had planned to submit a proposal to parliament by summer 2010, but in the meantime the Cabinet resigned.

Sweden

A law of 1974 stipulates that employees are legally entitled to take career breaks to follow training of their choice, with no restriction on either the type or length of training. The right to training leave is backed by full employment guarantee, according to which the employee is to be reinstated in his/her job with the same working conditions and the same pay. The employer is however entitled to decide when the training shall start. Training may not be deferred more than six months without explicit agreement of the trade union representatives.

United Kingdom

Since 2010 employees have the Right to Request Time to Train and employers are required to consider seriously and respond to requests. To qualify for this right, employees must have been in employment with their employer for 26 weeks. Initially there was also a requirement that the applicant must work in a firm with more than 250 employees, but from 2011 it applies to employees in any size of firm. The most important requirement is that the training will help improve business performance and employee effectiveness in the employer's business. This new right is not aimed specifically at older workers, but it reinforces the ban on age discrimination in vocational training and the 26 week requirement could make the provision attractive to older workers with more established employment records.

Source: EGGSI national reports, 2010.

4.3. Formalisation of acquired competencies, skills and qualifications

A comprehensive approach to the learning process should take account of both paid and unpaid employment, organized forms of education and informal training, as well as unpaid housework, and community volunteer work in order to alleviate gender biases in the labour market and to encourage a greater use of acquired skills in paid work.

Women continue to carry most of the burden of household tasks, tend to manage different kinds of labour, and also tend often to exhibit irregular and repeatedly interrupted careers. They thus more frequently carry tacit knowledge not acquired in the workplace.¹¹³ As Gouthro (2005) argues, “a masculine definition of work overlooks and devalues unpaid labour. [...] Therefore, in lifelong learning discourses, learning that may occur in the homeplace is not taken into consideration.”

Instead, greater consideration for the recognition and formalization of activities and skills acquired at home may contribute to the full exploitation of lifelong learning potential, especially with regard to mature women.

Several countries have implemented different evaluation methods in the formalisation of existent learning and non-formal acquired competencies, skills and qualification especially through the introduction of *National Qualification Frameworks* according to European standards, with the aim to improve job mobility and labour market re-entry for senior workers. An overview of such measures is provided in Box 4.2.

Box 4.2 - Examples of formalisation of acquired skills programmes

Belgium

One of the main advances in the action plan “Flanders in action” lies in the overarching national qualification framework, compatible with the descriptors of EQF. In addition, employees and jobseekers can receive a certificate for work experience if they can demonstrate that they have learned or acquired the professional skills needed to exercise an occupation.

France

Several programmes aim at improving worker's qualifications. A programme dedicated to vulnerable employees (low-skilled, older workers, women coming back from parental leave, handicapped, or disabled) working on a regular

¹¹³ See Picchio, A. (ed.) (2003), *Unpaid work and the economy. A gender analysis of the standards of living*, Routledge, London and New York.

employment contract was introduced with the law of May 4, 2004, namely the Professionalization period (*Période de professionnalisation*), which that aims at favouring training periods leading to a certified qualification or graduation in order to help them to maintain into their job. The same law also reformed vocational training through a change in subsidized training contracts. Previous part-time training contracts were merged into a single “Professionalization contract” that aimed at providing every unemployed trainee with a certified qualification or degree. These contracts last from 6 to 12 (or even 24) months with a training period representing 15% to 25% of the total contract duration; the remuneration varies according to the age of the trainee, being at least equal to the minimum wage for trainees over the age of 26. In 2009, there were 146 000 new participants in Professionalization contracts but less than 2% were aged 45 or more¹¹⁴. In a recent report, the Cour des comptes (2010) has pointed out the limits of both the professionalization contracts and the professionalization period: while the former appears “interesting but insufficiently developed”, the latter turns out to be “unclearly targeted” with ambivalent outcomes. A specific programme aims at formalising acquired skills: the accreditation for work experience (Validation des acquis de l’expérience, VAE) implemented in 2002 (to replace the Accreditation for vocational skills, Validation des acquis professionnels, VAP implemented in 1985). This programme allows experienced workers to qualify for (full or part) nationally recognized accreditation. Accreditations are delivered by Ministries (Ministry of education, Ministry of Health, Ministry of Employment, *etc.*). In 2006, 60,000 applications were accepted and registered, 48,000 applicants took an exam and 26,000 passed with full professional accreditation. Women represented a majority (68%) and seniors aged 50 and above were fairly well represented (20% of the applicants in some Ministries). Many applicants applied for certification in the health and social or in the home care sectors¹¹⁵.

Italy

A National Board for the definition of a National System of Standards was set up in 2006 and promoted by the Ministry of Labour in cooperation with the Ministry of Education and University, the Board of Regions and Social Partners. The aim of the National Board was to define by 2010 a National Framework of minimum standards that will represent the first step to the definition of the National Qualification Framework. Since then, the process of setting up a National system of professional standards, recognition and certification of competencies has evolved in the direction of defining a national framework consistent with the emerging EU guidelines.

Poland

Activities related to training and life-long learning proposed by the programme Solidarity 50+ include the diagnosis of skills and competence of adults, with special attention paid to people over 50, and the establishment and implementation of the national qualification framework consistent with the European standards.

Slovenia

A national vocational qualification (NVQ) has been introduced; even though it does not specifically target older aged groups, it is important for them as it recognises the skills and competencies which arise from their work histories and is therefore important as an example for older people with limited formal education.

The Netherlands

In the framework of the current economic crisis, a Measure to stimulate evaluation of acquired competences in case of threatening redundancy (*Maatregel Stimulering EVC bij dreigend ontslag*) has been introduced.

Malta

The National Qualifications Framework (NQF) for Lifelong Learning, yet to be implemented, will include informal and non-formal education and training.

Source: EGGSI national reports, 2010.

4.4. Financial incentives and support for training and lifelong learning initiatives

Financial support and incentives to increase participation and overcome barriers to training and lifelong learning programmes have been commonly adopted in the form of tax concession or various mechanisms for refund of training costs to employers or employees. Indeed, they may be

¹¹⁴ Sanchez, R. (2010), Le contrat de professionnalisation en 2009, *Dares Analyses*, July, n. 047.

¹¹⁵ Bonaïti, C. (2008), *La VAE en 2006 dans les ministères certificateurs*, Premières informations et premières synthèses Dares, n° 44.3, October; Becque, M. (2010), *La VAE en 2009 au ministère chargé de l’emploi*, Dares analyses, n° 83, December.

the most frequently adopted policy instrument to foster older workers' participation in lifelong learning activities.

This focus on the part of the Member States' and EFTA countries' governments may be partly ascribed to the aim of fostering workers' productivity by reducing the depletion or obsolescence of skills and supporting the acquisition of new competencies. Indeed, economists are divided on the issue of older workers' productivity. Some studies find that productivity is constant or even increases with age. However, since wages may grow even faster with age, a wage-productivity gap may emerge.¹¹⁶ Besides the – as yet ambiguous - actual dynamics, age stereotypes may imply a perception of older workers' low productivity on the part of employers and supervisors.¹¹⁷ From the gender perspective, the issue is slightly less pregnant because wages are frequently correlated with workers' seniority rather than age. Thus, due to women's more interrupted careers in many countries the gender pay gap increases with age and consequently the alleged wage-productivity gap would prove comparatively smaller for women (given productivity).¹¹⁸

Many of the countries covered promote lifelong learning initiatives through the provision of subsidized training programmes to various different vulnerable groups (women, prisoners or handicapped in France, adults with a lower education and lower qualifications in Slovenia, and employees under threat of unemployment in the Netherlands), financial assistance to private sector enterprises to improve workforce skills (in Germany, Malta, Norway and the United Kingdom), direct financing of training costs to employees (training vouchers in Belgium, compensatory wages in Slovakia), and tax concessions (in Czech Republic and Hungary).

Box 4.3 - Examples of financial support to lifelong learning

Belgium

Within the Federal Fund for Professional experience (*Fonds de l'expérience professionnelle*), a number of training initiatives are financed. The aim is to support employers in providing new functions to their older workers and keep them at work. At an individual level, the government in Flanders has introduced a measure to share the training cost by means of individual learning accounts or training vouchers for workers in the private or public sector. These vouchers can be used for either work-specific or personal aims with regard to training, career advice and competence assessment. Per calendar year, workers can buy vouchers for up to a maximum of 250 EUR of which they pay half the sum, while the Flemish government pays the other half. In order to counteract selection effects, specific modulations are made for low-skilled workers (who enrol for second chance education) and vulnerable target groups (disabled, older workers, migrants, low-skilled, who can be paid more).

Cyprus

The Scheme for financial assistance for training costs is operated in Cyprus by the Human Resource Development Authority (HRDA).

Czech Republic

Financial incentives to enhance participation in continuing training through tax concessions have been collected where businesses can include training costs in the total tax deductible cost.

Germany

The participation of unskilled and older employees in further training measures is promoted by means of the Further Training in Companies for Older Employees with Few Skills and Hours of Work scheme (WeGebAU). This scheme

¹¹⁶ For a recent review see van Ours, J.C. and Stoeldraijer, L. (2010), Age, Wage and Productivity, *CEPR Discussion Paper*, n. 7713.

¹¹⁷ See Taylor, P. (2001), *Analysis of ways to improve employment opportunities for older workers*, Report to the European Commission, November.

¹¹⁸ See for instance Corsi, M., D'Ippoliti, C., Lucidi F., Zacchia, G. (2007), *Giovani, donne e migranti: i "giacimenti" del mercato del lavoro visti in un'ottica regionale*, in Villa, P. (eds.) *Generazioni flessibili, Nuove e vecchie forme di esclusione sociale*, Carocci, Rome.

is implemented by the Federal Labour Agency with the aim to enhance the professional skills of employees and thus prevent dismissals. The Federal Labour Agency undertakes the full cost of further training for older employees aged over 45 in companies with fewer than 250 employees. However, in 2005 only just under half of all companies were even aware of the scheme. The share of women among those promoted in this way is moreover less than 30%.

Denmark

The Government of Denmark set aside a pool of 1 billion DKK (137.000 mill Euro) for the financing of public operational costs for more vocational adult and supplementary training, enhancing guidance and counselling for employees and enterprises, increasing participation in literacy and numeracy courses for adults, better language education programmes for bilinguals, making adult education and continuing training provision more attractive, targeted and flexible in relation to the needs of individuals and enterprises, developing a better and broader range of qualifying adult education programmes at higher education levels, discussing with labour market partners new models of provision and financing of training and education, systematic competence development in public and private SME enterprises, promotion of increased public and private investment in adult education and continuing training, and monitoring of adult education and continuing training activities.

France

Subsidized targeted training programmes exist for vulnerable groups and some concern women in particular, such as the Actions to fight illiteracy and the training sessions provided within Personalized educational workshops (*Ateliers de pédagogie personnalisée*, APP); others mainly involve men, such as training for prisoners or training for handicapped persons provided by Vocational rehabilitation centres (*Centres de rééducation professionnelle*, CRP). While these programmes may benefit ageing people, they do not constitute a specific target within these vulnerable groups.

Hungary

Financial incentives to promote lifelong learning take the form of tax reductions linked to training participation.

Malta

The Training Aid Programme, a government agency run by the Employment and Training Corporation, provides financial assistance to private sector companies to encourage them to invest in their human resources. The subsidy varies according to the type of training and the size of the enterprise. Training may be in-house or outsourced e.g. it can be undertaken at the University of Malta, or at a foreign university, or even through distance learning. Companies interested in the Programme are eligible up to a maximum of 250,000 per year. The Programme seeks to enhance the knowledge and skills of workers in the private sector, although it is doubtful whether employers would be willing to include workers reaching retirement age.

The Netherlands

A Temporary Subsidy for Retraining of Employees under Threat of Unemployment has been introduced in response to the crisis.

Norway

One of the main programmes to enhance learning and training among adults is the Basic Competence in Working Life Programme. Vox, a governmental agency, has the administrative responsibility for this programme which is directed towards developing basic competence for working life. The idea is to fund and monitor basic learning projects in enterprises. Projects organised outside workplaces can also receive funding, but the objective will still be to prepare people for working life. Any enterprise in Norway, public or private, can apply for funding from the Basic Competence in Working Life Programme. There are certain criteria that should be fulfilled in order to apply for funding through the programme: the learning activity should be combined with work and training in basic skills linked to other job-relevant learning; the skill levels aimed at should correspond to lower secondary school level; the courses should strengthen the participants' motivation to learn, and have to relate to the competence goals expressed in the Framework for Basic Skills Projects in 2009¹¹⁹.

Sweden

The Swedish National Council of Adult Education (*Folkebildningsrådet*) has been charged by the Government and Parliament of Sweden to distribute national grants for liberal adult education. In 2008 folk high schools and study associations received from the state approximately € 329, from county councils approximately Euro 82 million and from the municipalities approximately € 43 million.

¹¹⁹ The Basic Competence in Working Life Programme

<http://www.vox.no/templates/CommonPage.aspx?id=2641&cpslanguage=NO>

Slovenia

Educational activities financed by the Ministry of Education and Sport are predominantly aimed at adults with lower education and lower qualifications – e.g. courses in computers/digital technology, “Bridge to education” programmes, or the “Challenges of rural areas” programme. The Ministry of Labour, Family and Social Affairs (MLFSA) finances several training and educational programmes for workers to improve their chances of keeping or obtaining employment. These programmes are mainly not specifically targeted to older workers alone, although the latter do benefit from them.

Slovakia

Women and men of late working age, who are defined by law as disadvantaged jobseekers, can benefit from the following active labour market measures in the area of education: provision of education and of a refund up to 100% of education cost based on the evaluation of abilities, professional skills, education level achieved, and health capacity; refund of education cost to employer in the interests of continuing employment in form of providing general education and specific education. Such education is provided during working time and the employee is entitled to compensatory wage in the sum corresponding to average monthly earnings if, after its completion, the employer continues employing him/her for at least twelve months, or when the employee’s education and preparation for labour market is being organised within measures aiming at precluding or restricting collective redundancy.

United Kingdom

Train to Gain is Labour’s key £1 billion programme introduced in 2006 to persuade employers to improve workforce skills. Train to Gain is not a programme designed for older workers, but the effects on older workers have been monitored. Evaluation data from 2008 suggest that Train to Gain has attracted a higher proportion of older learners than normally receive training at work: 30% of Train to Gain learners are aged over 45, compared with 20% of this age group outside the programme.¹²⁰ What is more, older women were more likely than older men to receive pre-training advice and assessment (Newton 2009). Funding was reduced by the New Labour Government in 2009 and plans have been announced by the Coalition Government to dismantle the programme¹²¹ and direct spending into apprenticeships instead. This would represent a redistribution of funds for vocational training from older to younger workers.

Source: EGGSI national reports, 2010.

4.5. Good practices

Throughout Europe there are specific training programmes focusing on the older generations, and thus worthy of particular attention as good practices.

In the **Czech Republic**, the project “Plus minus 50” organised by the NGO Remedium offers two courses specifically focusing on people aged 50+, one of which is especially targeted to women. It can be considered a good practice as it is readily transferable to other regions in the country and is self-paid by the participants, thus not dependent on any grant allocation.

In **Denmark**, a project supported by Arbejdsmarkedstyrelsen (AMS) (the National Labour Market Agency) in 2006-2007 focussed on devising a tool to investigate senior skills among workers in the building sector, which is characterised by fluctuations in job opportunities and in recent years has also seen cutbacks. The seniors in this sector are considered to be attractive employees, but the majority are worn down after 40-50 years of hard work and have problems sustaining a full-time job. The project targeted painters, electricians and plumbers in particular as these are often engaged in hard physical labour with the need to be flexible and deliver on time. The project intended to develop a profiling tool which could be used to make a competence profile of the employee, to be used in job rotation. The tool was presented for a number of enterprises as potential users, who overall believed the tool could be used for ready identification of the seniors’ skills and the job tasks corresponding to the employee competence.

¹²⁰ <http://readingroom.lsc.gov.uk/lsc/National/nat-ttglearnerevaluation-may08.PDF>

¹²¹ <http://www.guardian.co.uk/politics/2010/may/24/george-osborne-spending-cuts-where-bite> and <http://www.ft.com/cms/s/0/f2fd03d0-911e-11df-b297-00144feab49a.html>

In **Germany**, in view of the important role of social partners in shaping work-based training, many activities to promote further training are initiated by or to a large extent provided by employers and trade unions. The project INQA - Initiative Neue Qualität der Arbeit (Initiative New Quality for Labour) was founded in 2002 as a joint initiative by the federal and state governments, social partners, social welfare insurance schemes, foundations and companies. It has demonstrated activities for networking in the area of further training for older employees, for example with its Demography Campaign, and in the area of life-long learning. These, however, usually tend to concentrate on core workforces, and the classical women's segments in the labour market play no role. With regard to the specific problem situations of older women, the project "Perspective Re-entry", financed by the Federal Ministry for Family, Senior Citizens, Women and Youth (BMFSFJ) and the Federal Labour Agency, provides information on further training for women returning to work on its website.

Finally, some programmes have emphasised the role of Internet as an important tool to realise training and learning activities.

In **Austria**, the website "safer Internet"¹²² provides Internet user with tips in particular for elderly persons. Recent research shows that elderly women in Vienna use Internet mostly to maintain social contacts but also to collect information. As major obstacles to efficient use of the net are mentioned health impairments and the cost of infrastructure, too high for the low income situation of elderly women.

In **Hungary**, we find several examples in the field of information and communication technologies. The project *Kattins rá nagy!* (Click on it, Granny!), started in 2002, received huge publicity. The aim of the project is to teach elderly people to use a computer and Internet. It started in Budapest, but is now a nationwide project. The initiator and provider is the Budapest Cultural Centre (Budapesti Művelődési Központ). The network of "Click on it, Granny!" is supported by the Internet provider UPC Hungary; specific training is sponsored by local authorities. The programmes are often organised by and in local pensioners' clubs. They consist of a 4-hour-long training on six subsequent days (altogether 25 lessons). The training is arranged in small groups (5-6 people) and the participants receive the official curriculum and outline. The course ends with an exam, and the successful participants receive certification of their new skills. The fee for the course is practically symbolic, 6 euros (=1500 Ft). As there was strong demand for continuation of the training, advanced level training has been activated since September 2010. This initiative received an E-Inclusion Award from the European Commission (E-Inclusion, be part of it), and was also mentioned as a best practice. The Budapest Cultural Centre takes part in various international projects regarding elderly people. One of the programmes is called Silvernet, and the partner countries are Slovakia and Romania. It was supported by the Soros Foundation.¹²³ An other international project was called Golden Age and supported by the "Grundtvig 2 learning" partnership project.¹²⁴ There are many other initiatives in the field of Internet education. Some are free of charge (www.millenaris.hu), others require some contribution (www.nagyisuli.hu).

Box 4.4 - Training and lifelong learning in the Candidate Countries

Consistently with most of the other countries covered in the report, **Croatia** and **FYROM** drafted specific policy frameworks to set guidelines, priorities and general targets for the regulation and promotion of lifelong learning initiatives: following the Joint Assessment Paper of the Employment Policy Priorities in the Republic of Croatia

¹²² http://www.saferinternet.at/uploads/tx_simaterials/Das_Internet_sicher_nutzen.pdf

¹²³ http://www.bmknet.hu/bmkeng/index.php?option=com_content&task=view&id=200&Itemid=138

¹²⁴ http://www.bmknet.hu/bmkeng/index.php?option=com_content&task=view&id=194&Itemid=126

(JAP)¹²⁵, the Croatian Government drafted two Implementation Reports which deal with the promotion of access to training for older workers; in FYROM, the National Strategy on Employment – 2010 (NSE-2010)¹²⁶ designates the objective of “expanding life-long learning and non-formal education” and sets the goal to reach 8-10 percent of the adult population (25-64 age group) by 2010”, while the National Employment Action Plan 2006-2008 (NEAP) includes a measure for the preparation and implementation of “Programme for life-long learning for improvement of the skills of older workers (unemployed)” successively elaborated in detail in the OPs. In FYROM, on 15th of January 2008 Parliament passed the Law on Adult Education which regulates the organization, structure, and financing of adult education without any provision on gender equality.

Evidence collected in the national reports shows that programmes supported by the policy frameworks described are seldom focused on elderly people or senior workers. A lack of an overall strategy on lifelong learning has been reported in FYROM.

In **Turkey** lifelong learning programmes do not specifically aim at increasing the employability of older workers

Croatia

Following the JAP provision, the Croatian Government has so far produced two Implementation Reports. Two parts in each Report involve the issue considered in this section – the first deals with the goal of raising the participation level of women in the prime-age group (25-49), the second with promotion of access to training for older workers as a part of life-long learning strategy. In 2008 the Croatian Employment Service (CES) conducted 1,593 workshops entitled “How to search for work – writing of CVs”, “How to present ourselves to employers”, and “Self-evaluation” for 12 075 persons, out of which 8,049 were women. In 2009 such more generally oriented workshops were not conducted, as the education was tailored according to the need of the labour market, and included 3 025 persons, out of whom 1 447 women. In cooperation with local CES branches and NGOs it also conducted a few small-scale projects, such as in Križevci where IT education was offered to unemployed women over 40, or in Vinkovci and Vukovar where through CARDS project “Ricochet” 147 women of different ages passed workshop “My personal marketing” and 27 of them got qualifications for traditional crafts, or in Zagreb where IT education was also offered to 24 women over 40.

In relation to activities designed for women of all ages, the Reports presented a much lower scale of activities for older workers: 2,361 persons were included in education according to the labour market needs in 2008, of whom only 259 over 45 – explained by the need for jobs in shipbuilding, construction, or physical protection where supposedly the preconditions are younger age and appropriate psychophysical features. In 2008 one programme was devoted to life-long learning for craftsmen, inside which 19 projects were supported with 1.1 million HRK (about 158.000 €), but no information is available on the age and gender of persons involved. The 2009 Report stated that 152 unemployed persons aged 50 and more were involved in education – 32% more than in 2008 – and 129 persons kept their jobs because of training offered – 26.3% fewer than in 2008.

Although important, these projects and overall activities did not reach a great many persons and were rarely focused on older persons. There is no evaluation available, and financial restrictions have influenced the scope of programmes. In that respect, employment projects financed through the EU assistance programmes, namely CARDS 2004 and PHARE 2005 programmes, were undertaken by NGOs in cooperation with CES and local partners. CARDS 2004 project lasted from June 2007 to June 2008, and PHARE 2005 from November 2007 to November 2008. Although they were not dedicated solely to older persons, many of them were designed for women in general, or more specifically for unemployed women of all ages, and some of them included unemployed women over 40 or over 50 in their targeted groups.

FYROM

The NSE 2010 of the Government of FYROM from December 2006 starts from the issue of the lower employment rate (26.2%) in the 55-64 age group, identifying as the major factor to this end the “process of transition and their skills which are inadequate for the needs of the modern labour market (skills and knowledge such as work: on a computer)” The document further sets out to pursue these objectives by reintegration of the “older unemployed and recovery of their labour market skills, through creation of a system of training for new employment or starting of own business.” In its section 2.7. on ‘Education and Training’, the NSE 2010 sets the objective of “expanding life-long learning and non-formal education”. The specific target set by the NSE 2010 is “reaching the level of 8-10 percent of the adult population (25-64 age group) by 2010”. Comparing its objective to the “EU quantitative target of 12.5 percent”, the NSE 2010 explains that the Macedonian lower target is set based on “initial results of the labour force survey” which assessed the rate of life-long learning in FYROM in 2005 to only 2.4 percent.

As already noted, the NSE 2010 policy guidelines are elaborated in the National Employment Action Plan 2006-2008 (NEAP), which in its section on “support to active ageing” foresees that in order to reach the NSE 2010 target

¹²⁵ Ministarstvo gospodarstva, rada i poduzetništva (Ministry of Economy, Labour and Entrepreneurship) (2008), <http://www.mingorp.hr/defaulteng.aspx?id=1126>

¹²⁶ NSE (National Strategy on Employment), p. 13.

of 33 percent by 2010, “active labour market policies related to life-long learning, especially for the population up to 55 years of age” are needed. The specific measures planned by the NEAP include modalities in the distribution of financial assistance for cases of unemployment, financial assistance related to worker’s wages in accordance with the Law on Promotion of Employment, and possible (only generally outlined in the document) reforms in the social, pension, and health protection systems. The two specific measures planned include: a) preparation of a “Plan for integration of the unemployed from age group 55-64” by the Agency for Employment in 2007, and b) preparation and implementation of “Programme for life-long learning for improvement of the skills of older workers (unemployed)”. Finally, these policies are elaborated in detail in the OPs for active programmes and measures for employment produced by the MLSP, which are further elaboration of the NEAPs. They provide for wage subsidies for the employment of older workers (age group 55-64).

The OPs make provision for training measures for unemployed persons with the purpose of helping them acquire skills needed by the labour market. The measures specifically include: a) training, re-training, or additional training for a specific employer, b) skills training in the work clubs (English and computers), c) pilot training for certain skills lacking on the labour market, and d) business start-up education. There are no provisions on age-group eligibility or access to these measures, as noted earlier. The right to re-training is a basic worker’s right in a situation of loss of job, as provided for in the basic Law on Employment and Insurance in Situation of Unemployment.

On 15 January 2008 parliament passed the Law on Adult Education which regulates the organization, structure, and financing of adult education. The goal of the legislation is “provide the opportunity for adequate education to all persons and all age groups, and to allow them to acquire knowledge, skills and aptitudes needed by society and the labour market.” The law has no provisions on gender equality as related to adult education. Based on this legislation, the Council for Adult Education prepared a Draft Strategy for Adult Education in September 2009. From the publicly available material it can be concluded that the strategy does not make particular reference to gender equality in adult education either. The main reason is that gender equality is regularly, in legislative and other texts, treated as a separate issue in itself. A report on Non-formal Education in FYROM: Situation and Perspectives, from November 2009, states that as of that period of time there is no strategy on life-long learning in the country. The report reads that an initiative has been submitted to the line ministry but that up to the time of the publishing of the report there has been no follow up. There is no evidence that there has been any development in this respect as of the writing of this report. Overall, except for the opportunities provided in the OPs, there is no evidence of any systematic programmes for training or life-long learning for older workers in the country.

Turkey

Life long learning is not a new concept in Turkey. Since establishment of the Republic in 1923, People’s Houses and People’s Training Centres have been an integral part of the formal education system. While the former were closed during 1950s, the latter have continued to be effective in almost all cities. The primary aim of these training centres is to provide literacy, vocational, special and cultural courses for people of all ages, including older people. Vocational courses are divided into two groups, aiming at skill development and obtaining a new occupation. In 2008 there were 996 centres and they functioned as meeting places especially for women (including retired women) to learn and develop new skills. From 2008 to 2009, 74% of trainees over 45 years old were women (241,445 out of a total of 326,658). However, many of the skills that elderly women demand are not marketable and they seem to be more oriented to developing handicraft skills rather than generating an income for themselves. Besides the People’s Training Centres, training efforts are conducted across the country by the public and private sectors under the surveillance and supervision of the Ministry of National Education through apprenticeship, distance learning, open primary school, open high school, open vocational and technical school, and private vocational and technical courses. None of these directly target elderly people, but all can be accessed by them.

Lifelong learning does not specifically aim at increasing the employability of older workers. Turkey has a dynamic young population and youth unemployment is a very serious problem.

Among the available training services, vocational training courses organized by Turkish Employment Organisation, an autonomous public agency affiliated to the Ministry of Labour and Social Security, have direct relevance on employment. In 2003 the responsibilities of the Employment Organisation were broadened to include Active Labour Market Policies. The Organisation is presently engaged in six different types of training: 1) labor force training courses with employment guarantee to enhance the employability of persons who are registered with the agency and are unemployed; 2) vocational courses for those planning to set up their own businesses; 3) Occupation Improvement Courses; 4) vocational training for the disabled; 5) vocational training for convicts; 6) training of unemployed persons under unemployment insurance. The Employment Organisation offers the above-mentioned training programmes to all unemployed people regardless of gender and age. However, when projects specifically for women are concerned the Employment Organisation can prepare tailor-made, women-only courses according to the demand from women workers and in accordance with the employers’ needs.¹²⁷

¹²⁷ Ministry of Labour and Social Security, Turkish Employment Organisation (ISKUR) (2009), *The Structure and Activities of ISKUR*, Ankara.

Source: EGGSI national reports, 2010.

Chapter 5 - AGE-FRIENDLY ENVIRONMENT AND VOLUNTEER/COMMUNITY WORK

An age-friendly environment and a socially cohesive community that offer opportunities for an active life and intergenerational contacts have crucial impact on maintaining the independence and quality of life of elderly people. The environment, in a broader sense, includes the mood of society and its relation to old age and to older people. A positive attitude in society to old age and older people represents the most general and fundamental precondition for increasing the participation of older people in social affairs. According to the Eurobarometer survey on “Intergenerational Solidarity”,¹²⁸ the vast majority of EU citizens agree that older people make a major contribution to society via voluntary work in charitable and community organisations in their country. When EU citizens were asked whether there are not enough opportunities for older and younger people to meet and work together, possibly via associations and local community initiatives, the majority view in 21 Member States was that there are insufficient opportunities.

Traditionally, men’s psychological well-being has been assumed to be at a higher risk in old age, due to an incompatibility between old age and men’s gender role in the European and western cultures.¹²⁹ Accordingly many studies have described elderly men as likely to experience social isolation among other things due to men's acceptance of women’s prime role in establishing and maintaining social networks.

However, more recent research shows that society and gender roles in old age are gradually changing, not always bringing net gain for women. Thus, men are increasingly involved in affective family relations - for example grandparenting - especially widowers or single men. They increasingly feel they can fulfil such activities without going against their gender role because they are acting as “wise men” or “family anchors”.¹³⁰ Conversely, increasingly often women are over-represented among lonely elderly persons as a consequence of rising divorce rates and women’s higher longevity (which often implies surviving the death of their partner). Widows and lone elderly women in general are at a substantially high risk of poverty and frequently risk isolation and social exclusion.¹³¹

Especially after retirement or however after having left the labour market, the active participation of elderly people in voluntary activities may help reduce their risk of isolation as well as contributing to the development of solidarity. As highlighted by the Council of the European Union (2009), “Involvement in community and social life, a feeling of being appreciated and useful, the recognition of experience and meaningful leisure-time activities are important for an individual’s self-image and satisfaction at any age. It is important to promote the participation of older women and men in educational, cultural and social activities and in dealing with and deciding on issues that significantly affect them. Social integration presupposes the maintenance of social relations and contacts, the right to self-determination and participation in the life of the

¹²⁸ http://ec.europa.eu/public_opinion/index_en.htm

¹²⁹ See Pinquart, M. (2003), Loneliness in married, widowed, divorced, and never-married older adults. *Journal of Social and Personal Relationships*, vol. 20, pp. 31-53; Zhang, Z., and Hayward, M.D. (2001), Childlessness and the psychological well-being of older persons, *Journals of Gerontology: Social Sciences*, 56B, pp. 311-320; Schaie, K.M., and Willis, S.L. (2002), *Adult development and aging*, Prentice Hall, Upper Saddle River (NJ).

¹³⁰ Bengtson, V.L. (1985), Diversity and symbolism in grandparent roles, in V.L. Bengtson & J. Robertson (eds.), *Grandparenthood*, Sage, Beverly Hills (CA), pp. 11-26; Davidson, K. (2004), “Why Can't a Man Be More like a Woman?” Marital Status and Social Networking of Older Men, *Journal of Men's Studies*, vol. 13, n. 1, pp. 25-37.

¹³¹ European Commission (2010), Proposal for a Decision of the European Parliament and of the Council on the European Year for Active Ageing (2012), COM(2010) 462 final, Brussels, 6/9/2010.

society”¹³².

Local governments in particular play a fundamental role in the adoption of comprehensive measures for the creation of age-friendly communities and in offering opportunities for volunteer and community work. Family, community and conditions that encourage social interactions and relationships are of paramount importance for the quality of life of older people. In this chapter the creation of an inclusive environment, including the establishment of community centres, as well as public and civil society provisions for voluntary work, will be examined in a gender perspective.

5.1. Creating an inclusive environment for older people

Creating an inclusive environment for older people effectively means tackling ageism, exploring the issues of prejudice, stereotyping and discrimination as they affect older people.¹³³ Throughout Europe there is an overwhelming perception that older people are treated less favourably because of their age. Despite positive attitudes towards older people, EGGSI national experts report that other priorities appear to take precedence in policy decisions, design and implementation.¹³⁴

There are a significant number of national initiatives aimed at raising awareness through research and mobilisation of different stakeholders (see Box 5.1). Although they are frequently framed within a gender-blind discourse, they are indirectly relevant here both for the importance of eradicating ageism and because women are preponderant among the elderly and increasingly so among the oldest.

Box 5.1 - Awareness raising national initiatives

Czech Republic

A media analysis of the image of seniors within the "Senior and me" project showed that seniors in the Czech media are described as an economic and social problem because of the burden of pension schemes and as victims of crimes and disasters or as perpetrators of bizarre crimes. A frequent attribute of typical Czech elderly in the media is poverty or mental disorder. If they do not match this scheme, they are admired for their extreme or abnormal vitality or life story.¹³⁵ The “National Programme of Preparation for Ageing” (NPPA) aims at creating an inclusive environment for older people in the Czech Republic.¹³⁶ There are no gender specific elements in this measure nor in the public or political debate, although it is recognised that women prevail among the providers of care for older people.

Finland

The 2004 Government report on future demographic trends, population policy and preparation for changes in the age structure,¹³⁷ emphasised the importance of older people as resources in working life and other activities and aimed at eliminating barriers in order to increase the availability of, and the demand for, gainful employment and

¹³² See Council of the European Union (2009), *Report by the Czech Presidency on equal opportunities for women and men: active and dignified ageing*, p. 20. Available on-line at the URL: <http://register.consilium.europa.eu/pdf/en/09/st09/st09215-ad01.en09.pdf>

¹³³ Following Butler (1969) we adopt a definition of ageism as “the systematic stereotyping of and discrimination against people simply because of their age”. Research shows that there are nine main characteristics or stereotypes associated with older people: illness, impotence, ugliness, mental decline, mental illness, uselessness, isolation, poverty and depression. See Palmore, E. B. (1999), *Ageism. Positive and Negative*, Springer Publishing Company, Berlin.

¹³⁴ As it is also noted for example in the National Council on Ageing and Older People (2005), *Perceptions of Ageism in Health and Social Services in Ireland*, Report n. 85, May.

¹³⁵ Sedláková, R., Vidovičová, L. (2005), *Mediální analýza obrazu seniorů*, Prague. Available online at the URL: <http://www.spvg.cz/medialni-analyza-obrazu-senioru/>

¹³⁶ Quality of Life in Old Age National Programme of Preparation for Ageing for 2008 – 2012. Ministry of Labour and Social Affairs of the Czech Republic. http://www.mpsv.cz/files/clanky/5606/starnuti_en_web.pdf

¹³⁷ Finland for people of all ages. Government report on the future: demographic trends, population policy, and preparation for changes in the age structure. Prime Minister's Office. Publications 34/2004

volunteer work among older people. According to the report, demographic change will not only mean an increasing transfer of wealth in the form of pensions from the working-age population to the retired population, but also increasing flows in the other direction. A growing elderly population will present a much larger potential resource for a smaller working-age population and their children. Healthy and fit pensioners may be more willing to spend their increased spare time helping their children and grandchildren in various ways. Conditions that enable the most suitable and convenient participation of different age groups must be provided. The aim must be a tolerant and diverse society that is fair to all generations and includes as few divisive factors between age groups and as little age discrimination as possible. In particular, age-based limits to studying, work and participation in other ways must be critically examined and barriers that unnecessarily hinder participation must be eliminated.

Germany

The initiative “Age as an Economic Factor” is aimed at the “silver economy” in the areas of consumer protection and policy. Primarily it involves providing information about and gathering best practice examples, intended on the one hand to provide information about products and services in the silver economy of older people, but also, on the other hand, to give industry greater awareness of the needs of older people.

Ireland

The 8th annual "Say No to Ageism Week" took place from May 24th to 30th 2010 and aimed to encourage society to consider the effects of ageism and the consequences of ageism in service provision. Three organisations, the Health Service Executive, the Office for Older People and the Equality Authority work to raise public awareness of stereotyping of older people and to promote and support practical action for age-friendly service provision in key sectors. Moreover, the “Older and Bolder” campaign¹³⁸ was launched in 2006 with the ambitious aim of “making Ireland the best place in the world to grow old” and is as an example of older people enabling their own local, national and international engagement and participation. The specific objective is to mobilise support for the development of a national strategy for older people that accurately and openly reflects their views, needs and contribution. Commitment to such a strategy was sought from all political parties. Typical activities include an annual “Older & Bolder Day” where older people set up information stands in local supermarkets and generally raise local awareness of the campaign, postcard campaigns and billboard awareness-raising. More directly political activities include the distribution of political campaign literature prompting older people to ask specific questions of politicians when they come looking for votes. Older and Bolder have also launched a number of research and public awareness/campaigning reports, the most recent of which notes the low profile of ageing policy in Ireland and the fact that Ireland remains one of the very few countries in Europe that have not responded to the UN Madrid Action Plan on Ageing.¹³⁹

United Kingdom

Beyond employment and vocational training commitments, New Labour’s Opportunity Age strategy (2005) highlighted the need to promote “Active Ageing as part of the community”. It set out the objective to enable older people to play full and active role in society and emphasised the need for central government, local authorities and the voluntary sector to work together to remove barriers which prevent older people from contributing their full potential. Other aims were to overcome age discrimination, tackle older people’s fear of crime and poor housing and engage older people in local decision making and planning, for example with regards public transport. Finally, it set out to ensure that older people have access to local opportunities to “learn, leisure and volunteer”. The Equalities Act (2010) established the Equalities Public Duty which places a duty on public authorities to actively promote the interests of older people. It also established the Equalities and Human Rights Commission (EHRC) which oversees this duty. The Local Government and Public Involvement in Health Act (2007) introduced a “duty to involve” which requires local authorities and Primary Care Trusts (PCTs) to involve local people in the design and delivery of health services. This innovates with new ways of giving local authorities incentives to involve older people in decision making. The New Labour government launched an independent review of Older People’s Engagement with the Government in 2008 which would “examine the current arrangements for the engagement of older people and the ability of those arrangements to inform policy and actions of Government at all levels”. An outcome of the

¹³⁸ The Older and Bolder campaign is comprised of seven national organisations: the Senior Help Line, Age & Opportunity, Age Action, the Senior Citizens Parliament, the Irish Hospice Foundation, Carers Association and the Alzheimer’s Society in Ireland.

¹³⁹ “Bounty not a Burden”, available online at the URL:

http://www.olderandbolder.ie/sites/default/files/a_bounty_not_a_burden_submission_to_the_NPAS.pdf

Baseline Paper available online at the URL:

http://www.olderandbolder.ie/sites/default/files/Baseline_Paper_NPAS_booklet_2008.pdf

review was the establishment of a UK Advisory Forum on Ageing which is co-chaired by the Minister of State for Pensions and the Ageing Society and the Minister of State for Care Services.¹⁴⁰ Its remit is to provide advice and support for the implementation and development of the Government's strategy for older people and an ageing society.

Source: EGGSI national reports, 2010.

Besides the attempts to modify the cultural milieu, community centres represent an important concrete measure to establish a friendly environment for elderly men and women. Community centres are relevant to increase the availability of services for elderly people as well as the awareness and cohesion between generations. Since women outnumber already men among the population aged 70s, they are the majority of visitors and service users of community centres. However, men - especially men who live alone - are both frequent and regular guests in the social and service centres, very much due to hot meals, bathing, physical exercises and other services and activities. Community centres are also fundamental as information points for older people, their families and friends, providing relevant and reliable information on a wide array of services. Such information is of paramount importance for the availability of various activities and services and the responsible and competent handling of difficult situations. Furthermore, as shown in Box 5.2, in many cases community centres may help women to organise the provision of care work better.

Box 5.2 – Examples of communities' centres and related initiatives

Czech Republic

Community centres are developed in order to raise public awareness of the needs of older people and to integrate a wide range of flexible services. Community centres should be established on the basis of partnerships between the local government and organisations of older persons or organisations promoting their interests that should be partners in policy making in a given community or region.

Finland

In the Welfare 2015 programme, the long-term objectives for social services were defined by the Ministry of Social Affairs and Health. According to the programme, preventive policy must be strengthened in order to maintain the social welfare of the ageing society. The aim should be that people in the age group 65-79 should not only be users of services, but also resources for society as informal care givers and voluntary workers.¹⁴¹ Older people's opportunities to be active citizens and also provide support to each other depend in many ways on the physical environment. The Ageing Report suggests that within the framework of voluntary work, older people may be assigned support persons who help them to go out and engage in hobbies either in or outside home. In addition, modern information technology offers excellent opportunities, both in terms of communication and otherwise, with respect to assisting persons with poorer functional ability. However, older people often have limited skills in using information technology, a situation which is exacerbated by non-intuitive equipment and systems.¹⁴² The Ageing Report outlines a proactive age policy which would encompass a multi-faceted mix, including cultural policy, physical activity policy, land use planning and environmental policy, health and welfare policy and the related services, supporting the provision of assistance to kith and kin as well as voluntary work. Gender equality policy is not mentioned in the report as part of this mix.¹⁴³

Germany

A central project by the Federal Government is a nation-wide network of institutionalised multi-generational house projects that have been set up as services centres in every county and in the independent municipalities and cities. These house projects are intended to promote civil engagement and create meeting place (day centre) for young and old. A mix of permanent workers on a part-time and marginal basis and volunteers are available for this. These multi-generational house projects offer primarily activities in the social sphere (e.g. care and meals) and provide a link

¹⁴⁰ <http://www.dwp.gov.uk/policy/ageing-society/engagement-with-older-people/uk-advisory-forum-on-ageing/>

¹⁴¹ Hyvinvointi 2015 -ohjelma. Sosiaalialan pitkän aikavälin tavoitteita. Sosiaali- ja terveystieteiden ministeriön julkaisu 2007: 3; <http://pre20090115.stm.fi/ak1171526287050/passsthru.pdf>

¹⁴² Ageing report. Prime Minister's Office Publications 4/2009. <http://www.vnk.fi/english>

¹⁴³ Ageing report. Prime Minister's Office Publications 4/2009. <http://www.vnk.fi/english>

between local government activities that are already in existence (child-care, assistance for families and the elderly). The proportion of women involved in these multi-functional neighbourhood centres both as workers and as users is above-average. The labour market gender segregation is mirrored here in terms of the workers (part-time or marginal employment in social services). As far as the users are concerned, the dominance of women can be attributed to the fact that, in the first place, predominantly women with young children use the facilities and, secondly, that male senior citizens are very reticent about using such facilities. In terms of improving what is offered on a gender-differentiated basis, this also means taking the needs of male senior citizens more strongly into account. The share of older female (and male) users between 50 and 65 years of age is 17%, 15% are older than 65, 2% of these being very old. 33% of people between 65 and 85 and 8% of the very old use home care services.¹⁴⁴ In addition, 140 of the 500 multi-generational houses offer day care for people suffering from dementia and networking opportunities for their families.

Iceland

Since the introduction of the Act on Elderly Care n. 91/1982 local governments have built up social and service centres for the elderly. The main purpose of these centres is to provide retired people with social life, a place to meet friends, participate in various hobbies, educational and training programmes, creative art, physical exercise whether gymnastics or dancing, playing cards and other activities organised to inspire, activate and maintain social, physical, mental as well as cognitive skills. Visitors should be able to have hot meals at a reasonable price, for many elderly people who live alone tend to skip preparing proper and nutritious meal for themselves, but nutrition is one of the basic preconditions for healthy and active ageing. Until around 2000 these centres were dedicated to elderly people only, i.e. those who had reached retirement age, but now there are no age limits to the more general services. Meals and discount on services like pedicure and hairdressing only apply to people on old age or disability pensions. Transport services for a fair price are provided for those who need it and according to criteria based on social, economic and physical assessment. Transport services need to be ordered in advance and are also available for other purposes, such as a visit to the doctor or a hospital.¹⁴⁵ The idea behind the way the social and service centres are designed, organised and operated and the type of services provided, is that of encouraging people who have stopped working or who for some reason are living alone, to come to the centres, i.e. actively attract them by means of good hot meals, and other core services or interesting activities in order to give them a legitimate reason or a purpose to leave their house for a few hours and go to a place where they meet people and get to know them. Those who come regularly develop over time a sense of belonging and of security, because they are connected to a network of people and services that will be there in case they may need more services. They gradually learn that if they do not meet up someone from the centre will be missing them, call them to inquire if things are all right. In other words, the social and service centres are seen as a part of a service chain, an integrated continuum of services and care, which may gradually become more diversified and/or intensified when and as the needs for care increases. This holistic and a long-term view is the vision on which social services for the elderly in Iceland has been based on since the 1980s. From the early 1990s home help services, which are the responsibilities of the local governments are organised and administrated for the respective district from the main social and service centres. So, visitors, while staying at the centre, can meet those who are responsible for the daily administration, the need assessments procedures and also some of the home helpers coming and going throughout the day. The social and service centres although targeting all age groups, recruit in the age groups discussed in this report.¹⁴⁶

Source: EGGSI national reports, 2010.

5.2. Statutory attempts to enhance provision for volunteer and community work by older people

Policies favouring active ageing in Europe tend to consider that the elderly when retired essentially represent a cost for the society as a whole that may challenge the economic

¹⁴⁴ Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ) (2008), *Starke Leistung für jedes Alter, Aktionsprogramm Mehrgenerationenhäuser, erste Ergebnisse der Wirkungsforschung*. Available on-line at the URL: http://www.bmfsfj.de/RedaktionBMFSFJ/Broschuerenstelle/Pdf-Anlagen/Starke-Leistung-f_C3_BCr-jedes-Alter.property=pdf,bereich=bmfsfj,sprache=de,rwb=true.pdf

¹⁴⁵ Rules on transport services for the elderly in Reykjavik. Reykjavik Welfare Council, August 2006. http://www.rvk.is/Portaldata/1/Resourcer/velferdarsvi-nytt/Reglur_um_aksturthjonustu_eldri_borgara.pdf.

¹⁴⁶ Services for elderly citizens in Reykjavik. An information pamphlet published on the Reykjavik Welfare Department's website: http://www.reykjavik.is/Portaldata/1/Resourcer/velferdarsvid/reglur_aetlanir/thjonusta_f_eldri_borgara_i_rvk.pdf.

sustainability at a time when baby boomers retire from the labour market with increasing life expectancy. Several researches suggest, however, that even without active ageing there may be productive ageing through domestic and volunteer work after retirement. The Netherlands Institute for Social Research (SCP) made a European comparative study on social exclusion of the elderly (persons above 55 years old). For this study, the SCP constructed an indicator of social participation, based on European Social Survey (ESS) data.¹⁴⁷ On the social participation dimension - according to the report - country differences are much smaller than on other dimensions, but the general pattern remains more or less the same. The data relate to the more limited set of countries available in the ESS. The lowest scores in terms of lacking social participation are found in the two Nordic countries involved and in the Netherlands; the Western European Continental and Anglo-Saxon groups follow close behind (with France having a somewhat higher score). In the Mediterranean group and the three Eastern European countries figuring in the data, the lack of social participation among the elderly is most prominent, but the gap with the Nordic and Western European countries is decidedly less than on other dimensions. For example, in **France** nearly three adults in ten participate in volunteer activities (as in most European countries), and ageing persons may more than others in some cases.¹⁴⁸

Domestic work and family solidarity (essentially provided by women) are recognised as productive economic activities.¹⁴⁹ Volunteer work is also productive and its economic returns may be quantified and assessed.¹⁵⁰ Volunteer work may also generate positive spill-over, at the individual level (social activities and commitment improves living conditions and health of ageing volunteer workers)¹⁵¹ and at the collective level (social activities and commitment of ageing workers favours the emergence of value and behaviours for a confident and efficient society).¹⁵² As for domestic work, volunteer work is much gendered at all ages. In general, women who are more involved in domestic work join associations less than men (40% versus 49%) or invest in volunteer activities: 45% of volunteers are women, 22% of women have a volunteer activity versus 30% of men.¹⁵³ While men are more often involved in professional, civic, leisure, sport, housing or local development associations, women rather invest in relatives culture, education, health, old-age or religious associations. However, the gender gap is progressively reducing since women increasingly participate in volunteer work and have access to responsibilities in associations.¹⁵⁴

Policy makers now pay more attention to volunteer activities, especially in view of EY2011 as

¹⁴⁷ This indicator includes the following variables: number of social meetings with family and friends; has anyone to discuss personal matters with; taking part in social activities; being member of (hobby, leisure...) clubs; being member of an organisation; doing voluntary work; helping others; having trust in others.

¹⁴⁸ According to Prouteau and Wolff (2007), seniors more than others participate in volunteer work, however, the available Insee statistical data do not show evidence that senior and retirees aged 50-70 would invest in associative work more than others (Febvre and Muller, 2004). However, 46% among the (volunteer) Presidents of associations are retirees (Tchernonog, 2006).

¹⁴⁹ Cfr. Becker G. (1965), A theory of the allocation of time, *Economic Journal*, vol. 75, n. 299, pp. 493-517;

Becker G. (1981), *A treatise on the family*, Cambridge (MA), Harvard University Press.

¹⁵⁰ Archambault, E. (1996), Le secteur sans but lucratif. Associations et fondations en France, Economica, Paris.

¹⁵¹ Debrand, T., and Sirven, N. (2009), Quelles sont les motivations des départs à la retraite en Europe? Situation personnelle, familiale, professionnelle, ou rôle de la protection sociale?, Document de travail, IRDES, June.

¹⁵² Sirven, N., and Godefroy, P. (2009), Le temps de la retraite est-il improductif?, *Retraite et société*, n° 57.

¹⁵³ Tabariés, M., and Tchernonog, V. (2005), Les femmes dans les associations. La non-mixité des bureaux, reflet de centres d'intérêt différents ou modalité d'accession aux responsabilités pour les femmes?, *RECMA n. 297*, July; Tabariés, M., and Tchernonog, V. (2007), La montée des femmes dirigeantes dans les associations : évolutions structurelles, évolutions sociétales, *RECMA n. 303*, March; Vergiat, M.-C. (2006), Femmes et associations, in Malet, J. (ed.), *La France bénévole*, France Bénévolat – Centre d'Etude et de Recherche sur la Philanthropie, March.

¹⁵⁴ Tabariés, M., and Tchernonog, V. (2007), La montée des femmes dirigeantes dans les associations : évolutions structurelles, évolutions sociétales, *RECMA n. 303*, March.

“European year of volunteering”. In particular, local governments play a fundamental role in the adoption of comprehensive measures for the creation of age-friendly communities and in offering opportunities for volunteer and community work. Family, community and conditions that encourage social interactions and relationships are of paramount importance for the quality of life of older people.

Box 5.3 - Programmes to enhance the provision for volunteer and community work by older people

Cyprus

The Pancyprrian Volunteerism Coordinative Council is a body established by law to coordinate the activities of the voluntary sector and provide support.¹⁵⁵ One of the main fields of activity of welfare organisations is providing care to the elderly including day care centres, institutional and home care, and programmes to promote social inclusion. At the same time voluntary organisations provide opportunities for elderly people for volunteer work as they enjoy the greatest involvement of members and volunteers of all ages, particularly in the case of women, who far outnumber men in involvement in welfare organisations.¹⁵⁶

Denmark Public measures and policies for the creation of an age-friendly environment and a socially cohesive community include national funding for local projects to support active ageing and preventive efforts through a special fund (Satspuljen). The activities financed must be aimed at the elderly and should as far as possible be organised by the elderly. An evaluation in 2005 showed that 23% of funds allocated for the frail elderly went to activities where elderly men participated and 77% to activities where women participated, despite the fact that women make up 60% of the age group.¹⁵⁷ By law, municipalities must also engage with the voluntary sector. According to the Social Services Act (Lov om Social Service) they must cooperate with the voluntary organisations and associations, and are required each year to set of an amount of money to support the local, voluntary social work. The cost is reimbursed through a block fund from the state. Each municipality must report on the cooperation and use of funds to the Ministry of Welfare. Public support and initiatives for the involvement of seniors in voluntary activities have occasionally been gendered, in that it is recognised that whereas women better maintain their social networks as they age, men more often depend on their spouses or partners to upkeep a social network, and tend to become lonely if they lose the spouse or partner. Another relevant gender difference in take-up in recent years has been the activities which are offered to seniors and elderly in elder centres and nursing homes. Such activities are seen to be important in active ageing strategies. Activities have traditionally attracted mainly women, and have included home work activities such as sowing, knitting, shopping tours, painting, etc. Several elder centres and nursing homes now focus on offering activities which also attract men.¹⁵⁸

Ireland

Formally, policy for social inclusion of older people at local level is the responsibility of all local government players, as well as older persons’ organisations and those working on behalf of older people. In theory these structures enable engagement with older people’s concerns and the opportunity for older people’s participation. However, the National Council on Ageing and Older People¹⁵⁹ argues that more needs to be done to prioritise older people in the local strategies comprehensively. Importantly, their report noted that gender-related issues appeared on the agenda when the focus was more on gender-specific needs (e.g. vulnerable older men living alone) than on broader issues of equality between men and women in the older population.

Spain

Within central government policies, the Volunteering Plan (2005 – 2009) (Plan Estatal de Voluntariado),¹⁶⁰ aims to coordinate the central government, regional governments, local councils, NGOs and universities towards wider

¹⁵⁵ Pancyprrian Volunteerism Coordinative Council, www.volunteerism-cc.org.cy

¹⁵⁶ CIVICUS STUDY <http://www.medinstgenderstudies.org/wp-content/uploads/research-report-civicus-revised.pdf>

¹⁵⁷ <http://www.lige.dk/Default.asp?Id=417&AjrNws=595&AjrNwsPg=1>

¹⁵⁸ For example, at Bakkegården nursing centre in the municipality of Dragsholm, more men are now using the facilities after the introduction of activities such as men groups, card play, pc-café, wood work, pool and dart <http://www.lige.dk/Default.asp?Id=435>

¹⁵⁹ The Social Inclusion of Older People at Local Level: The Role and Contribution of CDBs http://www.ncaop.ie/publications/research/reports/90_Soc_Inc_CDBs.pdf

¹⁶⁰ The Volunteering Plan is led by the Ministry of Health and Social Policies. More information is available at the website: <http://www.msps.es/politicaSocial/ongVoluntariado/premiosVoluntariado.htm#p1>

participation, more extended awareness and greater efficiency and scope in volunteering activities. Within the Volunteering Plan the role of the elderly is stated in two measures. The first aims to enhance the volunteering of elderly people among other social groups. The second seeks the participation of experienced elderly people within NGOs as consultants for project management tasks. Following the same line, several regional governments have launched their own volunteering plans. Within those, the programmes specifically designed for promotion of elderly volunteering play a significant role. It is noteworthy that in Spain women tend to participate more in volunteering activities than men.¹⁶¹ Focusing on the elderly age groups, within the 55-64 cohort the participation rate among males is 11.7%, while among females it reaches 17.6%. Among people over 65 years old, the participation rate of men is 10.5%, of women 15.2%.

United Kingdom

The Government has funded schemes to promote volunteering among older people. The Home Office body “Volunteering in the Third Age” (VITA), which ran from November 2004 to November 2006, sought to promote the value and impact of older volunteers and to increase the number of over 65s volunteering by removing barriers across the voluntary and community sector.¹⁶² The final report of VITA identified the need for research on how to engage older men in volunteer work.¹⁶³ On the whole, it is believed that there is little policy activity in the area of overlap between age and gender, because the focus is on increasing the scope of civil engagement in general and countering the high rate of fluctuation in the group of people engaged in it.

Source: EGGSI national reports, 2010.

5.3. Civil society provision for engagement for volunteer and community work by older people

In view of the rising life-expectancy of older people and the lengthening of the post-employment phase, policy-makers are attempting to develop strategies for promoting cohesion in society and between the generations by partially funding initiatives and schemes to extend civil engagement by older people and to support inter-generational projects. In some EU countries (for example **France** and **Germany**) this policy is still a subject of public debate because it is sometimes seen as considering the elderly as instruments rather than ends, and due to fear that the promotion of voluntary engagement may pave the way to cuts in social welfare funding and the shedding of regular jobs. On the contrary, the Nordic countries have a high level of voluntary and community work, which includes the voluntary work done for the elderly. Voluntary and non-profit organisational work is emphasised as being an important part of the problem-solving needed to deal with contemporary and future challenges within the care for the elderly, but also as a means for supporting active ageing.

Many countries are now increasingly concerned with how to sustain and develop civil society activities in the volunteering sector, as shown in Box 5.4. However, gender seems to play only a very subordinate role in these politically-promoted projects, even though the gender-differentiated distribution of civil engagement has been known for many years in policy discussions. Men frequently dominate the areas of sport and movement, culture, music, leisure and social intercourse, while women are active in church and religious areas and social welfare activities. Thus, it is evident that a person’s education and previous professional career together with gender stereotypes continue to operate in the honorary and voluntary spheres of society.

For example, an issue emerging in such diverse countries as, for example, **Cyprus**, **Germany** or **Portugal**, is that very often the distribution of older men in volunteering entities is concentrated in the prestigious areas and activities of “honorary political offices” (such as positions on governing boards), while older women continue to concentrate on the more invisible activities in the areas of “social engagement”.

¹⁶¹ Source of data on participation in volunteering activities: National Statistics Institute (INE). Adult Participation in Learning Activities Survey (Encuesta sobre la Participación de la Población Adulta en las Actividades de Aprendizaje (EADA)).

¹⁶² <http://www.wrvs.org.uk/vita/home.htm>

¹⁶³ <http://www.wrvs.org.uk/vita/assets/VITA%20Final%20Report.pdf>

Box 5.4 – Civil engagement in provision for volunteer and community work by older people

Cyprus

Older persons frequently engage in voluntary sector decision-making processes as board members of voluntary organisations. Although there is no estimate of the total number of volunteers in Cyprus, according to figures provided by the “Volunteer Corps” in Nicosia, it emerges that women outnumber men, especially in the welfare sector. According to a study carried out by the Mediterranean Institute of Gender Studies, volunteers are often pensioners. It is also found that women in particular have a greater tendency to join an NGO at an older age, when they are released from their childcare responsibilities. Interestingly, according to the same study, although women may outnumber men numerically, the Boards of welfare organisations (perceived to be the most active body in the organisation) are dominated by men.¹⁶⁴ From the point of view of gender equality policy, it would therefore be necessary to develop targeted provision to give older women and men skills and motivation in gender-untypical fields of engagement.

Ireland

In Ireland there is one network specific to older women – the Older Women’s Network OWN Ireland. This is a national network linking individuals and groups of women aged 55+ to promote the personal development of older women by undertaking, exchange of their knowledge, experience and skills, thereby changing attitudes towards older women, and empowering them to have a voice in policy and decision making on issues of concern to them. Through newsletters and informal workshops it provides information about these issues to help give older women a voice. Ultimately, OWN works to bring about positive change and the social inclusion of older women.

Liechtenstein

The Seniorenbund (Senior citizens association Liechtenstein) was founded in 1994 and by 2009 had more than 850 members. Its aims are representation of the interests of seniors in Liechtenstein, support for seniors to ensure quality of life, promotion of the societal, economic and legal appreciation of seniors, the support for seniors with regard to their needs, competence and opportunities and the assistance of low income seniors in areas of daily life such as transport, household support etc. Volunteer work in Liechtenstein has a long tradition. Volunteers are active in all areas and demographics. Data and studies on volunteer/community work are lacking in Liechtenstein. However according to experts from NGOs people above 55 years - in the main women - are primarily active in volunteer work in the social area, primarily in elderly care. On the one hand they are engaged in delivering meal services for elder people, while on the other hand there is a long tradition in community work in the churches. Again primarily women are engaged in visiting once a week elderly people cared for at home as well as persons cared for in nursing homes.

Portugal

Among people over 55 years old, civil engagement is an activity carried out mainly by women, especially in institutions of a social content, such as the Private Institutions of Social Solidarity (IPSS – Instituições Privadas de Solidariedade Social). The IPSS are non-governmental organisations, many of them associated with parish and social centres, funded by the Ministry of Labour and Solidarity, but whose sustainability is ensured mainly by the local social fabric. These organisations offer social services from childhood to the elderly, and they may focus on a single service. The staff is of necessity composed of professionals, but the boards are mainly constituted by men, some retired, who voluntarily take on their management. Although there are no specific studies on this aspect, it may be said that this is the main area for male volunteers. Female volunteering is more discreet and spread in different sectors, usually not associated with management positions. The early entry in retirement allowed until five years ago made it possible for many women aged 55 years or over to integrate the voluntary body in locations such as hospitals, orphanages and/or boarding schools, nursing homes and others.¹⁶⁵ This type of volunteering is much marked, apart from gender, by the socio-economic condition: i.e. the women who can give part of their time to devote to the others within the framework of social and community volunteering are mainly women of the middle classes.

Norway

¹⁶⁴ CIVICUS STUDY <http://www.meditgenderstudies.org/wp-content/uploads/research-report-civicus-revised.pdf>

¹⁶⁵ The case of the teachers should be mentioned here, since this professional group has always been composed mainly by women.

The local senior centres¹⁶⁶ are organisations that aim at preventing isolation, loneliness and passivity while producing activity and social fellowship. There are a number of senior centres driven by private organisations and/or municipalities. A major part of the work within the centres is done by volunteers: i.e. there are eight full-time voluntary workers for every paid employee within these centres.¹⁶⁷ The senior centres are a meeting place in the neighbourhood for anyone receiving a retirement pension or social security payments and who continues to live at home. The main objective is to prevent social isolation and to keep senior citizens active, mobile and in good health – both physically and mentally. Here participants can meet and socialise with other people from the neighbourhood and receive information about public services and other important programmes or participate in courses and recreational activities. If a participant wants to do voluntary work, he or she can help in the kitchen or in running the café, participate in visiting services (to the elderly in the neighbourhood who are ill or isolated), teach a course at the senior centre, help provide office services, provide counselling or deliver dinners to the elderly in their homes. These centres are mainly open during the day and for a few hours during weekends.¹⁶⁸ An evaluation of senior centres published in 2008 showed that the majority of its frequent users are women and over 80-year-olds. Socioeconomic factors matter; those with the highest educational attainments and highest incomes use the centres least. Those who use the centres frequently have less psychological distress than those who use the centres less often. Those with comprehensive social support and social networks use the centres less than those who lack social support.¹⁶⁹

Source: EGGSI national reports, 2010.

5.4. Good practices

As already mentioned at the beginning of the chapter, the lonely elderly are mainly women due to their greater longevity. Lone elderly women face a higher risk of poverty, isolation and social exclusion. Elderly people's active involvement in volunteer activities is particularly important after retirement, as it lessens their loneliness and contributes to the development of solidarity.

Several projects surveyed amongst the participating countries address loneliness in old age by involving the elderly as volunteers or as beneficiaries. In the **Czech Republic** a project called “Volunteers - companions of lonely seniors“ could be considered a good practice: running since 2002 in the Ostrava region, it has been transferred to other regions of the Czech Republic – since 2005 to the Havířov and Karviná regions. It is a form of assistance through visits, interviews, telephone contact and minor services. The volunteers are mostly older women; they undergo an initial interview, conducted by trained psychologists and their local transport fare is paid as well as insurance and training. They also have free access to the Internet in Moravian Ostrava. In **Spain**, the programme “Cerca de tí” has been carried out by IMSERSO with the aim of addressing the rising problem of loneliness among the elderly.¹⁷⁰ The last census in Spain showed that up to 1.35 million elderly live alone, about 26% of the total over 65 population. Of these elderly people, 77% are women, which evidences the gender dimension of the elderly loneliness problem.¹⁷¹ For this purpose, “Cerca de tí” programme launches several activities, such as:

¹⁶⁶City of Oslo Health and Welfare Agency Information about senior centres in Oslo available at the URL: http://www.helse-og-velferdsetaten.oslo.kommune.no/getfile.php/helse-og%20velferdsetaten%20%28HEV%29/Internett%20%28HEV%29/Dokumenter/dokument/omsorg/engelsk_med_bilde.pdf

¹⁶⁷<http://www.regjeringen.no/Rpub/STM/20052006/025/PDFS/STM200520060025000DDDPDFS.pdf>

¹⁶⁸City of Oslo Health and Welfare Agency Information about senior centres in Oslo available at the URL: http://www.helse-og-velferdsetaten.oslo.kommune.no/getfile.php/helse-og%20velferdsetaten%20%28HEV%29/Internett%20%28HEV%29/Dokumenter/dokument/omsorg/engelsk_med_bilde.pdf

¹⁶⁹ Bøen, H. (2008), Hvem er brukerne av eldresentren. En sammenligning av hjemmeboende over 65 år som er brukere av eldresentrene med dem som ikke er brukere i to bydeler i Oslo, Folkehelseinstituttet rapport 2008/6. Available online at the URL: <http://www.fhi.no/dokumenter/e22e4d263d.pdf>

¹⁷⁰ Detailed information about “Cerca de tí” programme can be found at: http://www.imserso.es/imserso_01/envejecimiento_activo/cercadeti/index.htm

¹⁷¹ Source: IMSERSO, at the website,

promotion of leisure activities, including holidays; enhancement of the “remote care” programme; dissemination of the activities of NGOs and associations that work for a more age-friendly environment; volunteering among other persons to keep elderly company; awareness of loneliness problems in society as a whole; qualitative research on the elderly loneliness problem and dissemination of its results with an awareness perspective; training for persons who frequently work with the elderly (social workers, civil servants, private sectors or NGO workers). In **Hungary**, an innovative initiative called Nagyí Tábör (Grandma’s Holiday Camp) is organised by a cultural centre and a lyceum in the countryside.¹⁷² It has been a summer camp for seven years, where 14 grandmas took on the job to organise a programme for children, who otherwise would not have had an opportunity to go on holiday.¹⁷³ The group of organisers consists mostly of elderly women (so far numbering 14), who have no opportunity to spend the holiday with their own grandchildren. It offers opportunities for learning, for developing skills, recreation, and community work. Although not emphasised in the publications and news, it seems to be a gender-related programme, and the group of “grandparents” consists of elderly women.¹⁷⁴

Other projects promote elderly people active citizenship and an independent involvement in their communities by providing *leisure activities* or *encouraging voluntary work*. In the **Czech Republic**, the project “Seniors to elderly. Voluntary care for the elderly” is an innovative international project. The goal is to involve older people, particularly women, in voluntary work. It is organised by civic associations, local communities and social service centres in palliative care for the elderly, through informal education. The methodological material published can be already used as a good practice in other locations and also for other groups of volunteer not only older people. The positive side of the project is the focus on older women as voluntary carers and their recognition. In **Hungary**, a noteworthy initiative started in 2008, when the NGO Korhatártalanul (Without Age Limit) was founded in Szentendre, in the suburb of the capital by a former journalist. She decided to concentrate on people over 50, and organised many programmes not only for women, but with a very strong gender curriculum. The NGO organises conferences, runs several clubs across the country, and offers services, information and support to those who need it. The final aim is to activate people in their midlife or elderly crises, in order to cope with the difficulties. The programme encourages the target group to accept the changes over the life course, and fulfil a balanced life. It has a holistic approach to ageing.¹⁷⁵ In **Iceland**, Local associations of Senior Citizens take care of local issues, such as housing, specially designed and guided tours and travels, inland as well as abroad, and other hobbies and activities for their members.¹⁷⁶ These activities appeal differently to the sexes and having men to take part is more of an issue in these more traditional social activities than for instance in building projects, publications, travel tours and the administration of the organisation itself. A deliberate and ongoing attempt is made to ensure inclusiveness in which men and women will be able to participate. In Iceland, the National Association of Senior Citizens was established in 1989 and as of today there are 53 local senior citizens’ associations with altogether over 18000 individual members around the country registered members of the National Association of Senior citizens. The National Association takes care of the common interests of all senior citizens in Iceland, organises and administrates the formal communication processes and partnerships arrangements between the senior citizens’ associations and central government and government agencies and bodies as well as international relations in which cooperation with senior citizens’ movements in

http://www.imserso.es/imserso_01/envejecimiento_activo/cercadeti/index.htm

¹⁷² <http://www.sreter-nepfoiskola.hu/nagyitabor.html>

¹⁷³ <http://www.nport.hu/nograd/kozelet/tizenot-ev-a-nepfoiskolaban-315428>

¹⁷⁴ http://www.nlcafe.hu/noklapja/20080409/nagyitabor_keszul_salgotarjanban/

¹⁷⁵ <http://korhatartalanul.hu/>

¹⁷⁶ National Association of Senior Citizens’ website: <http://www.leb.is/>.

the neighbouring countries has been institutionalised. In **Ireland**, there are numerous sectoral initiatives in the arts, culture, sport and environment, which sometimes specifically target and seek to adapt their practice to accommodate the participation of older people. For example the voluntary arts sector published a briefing paper for member organisations that offered practical information on how to facilitate older people (50+) in all levels of voluntary arts work¹⁷⁷ and challenges ageism in member organisations. Although most provision for engagement of older people is not gender differentiated there is evidence that such initiatives have a higher take up rate by women. Most differentiate senior citizens of 65+ from the “working age population” but in practice many offer the opportunity for participation to those who are 55+. There are no specific targeted actions at 55-65 age group.

Box 5.5 – Age-friendly environment and volunteer/community work in the Candidate Countries

Croatia, FYROM and Turkey follow different policy orientations towards the promotion of a more active involvement of the elderly in their communities and social life. In Croatia, the Government plays an active role through the Ministry for Family, War Veterans, and Inter-Generational Solidarity and the “Programme of Service Development for Elderly in the System of Inter-Generational Solidarity, 2008-2010”. The document addresses the provision of social services for the target age group, and intends to promote the engagement of local communities. The Ministry also financially supports NGOs’ programmes dedicated to volunteering and creating opportunities for maintaining social contacts.

In FYROM and Turkey, older people benefit from political attention and many initiatives aim at creating opportunities for the elderly inclusion and engagement, particularly at the municipal level. Most of the projects are essentially recreational or cultural and fail to promote social or community activism. Associations of retired people play a substantial role, often in collaboration with other NGOs and public authorities.

Croatia

Development of different social services for the elderly has been among the priorities of the work of the Ministry for Family, War Veterans, and Inter-Generational Solidarity in the last few years, according to the “Programme of Service Development for Elderly in the System of Inter-Generational Solidarity, 2008-2010”, document adopted by the Croatian Government in 2007. The Programme and policy developed have addressed mainly services for older people, though the aim has been to give impetus to local communities to engage in meeting different types of needs of older people. This includes promotion of volunteering, and creating opportunities for maintaining social contacts. In that respect the Ministry finances various NGO programmes targeted to the quality of life of the elderly, promotion of volunteering in community, and promotion of solidarity toward different age groups. According to the available information the Ministry gave support in 2009 to seven organisations in Croatia, mainly for promotion of volunteering, although significant funding for NGOs also comes from the National Foundation for Civil Society Development.¹⁷⁸ The Ministry also promotes active ageing through organisation of sport events for retired people which brought together about 1,100 persons from all over Croatia in 2009. Still, the question is to what extent these programmes satisfy the needs of the elderly in relation to huge needs in different parts of Croatia.

FYROM

The transitional context of Macedonian society has created a mixed socio-economic environment for the country’s elderly generation. Whereas the common view of the elderly as vulnerable does apply, there are indications of their position of relative “empowerment” vis-à-vis other segments of the population more exposed to protracted unemployment. This position of “relative empowerment” is essentially enjoyed by the elderly who are retirees and receive regular monthly pensions. Entire towns and regions in FYROM have higher numbers of pensioners than

¹⁷⁷ See Moloney, O. (2006), *Age and Opportunity Guidelines for Working with Older People in the Arts*, Dublin.

¹⁷⁸ Information about funded programmes in 2009 available on the web-page: <http://www.mobms.hr/vijesti.aspx> . Information about funded programmes from the National Foundation for civil Society Development available on the web-page: <http://zaklada.civilnodrustvo.hr/frontpage> .

employed¹⁷⁹; many families subsist partially or even entirely on the regular income of their retired members.¹⁸⁰ Furthermore, elderly people (primarily retirees but not only) are privileged beneficiaries of political attention as a consequence of their position as strong and motivated (in terms of turnout) voting body. Despite the motivation issue, many initiatives aim at creating opportunities for elderly inclusion and engagement, particularly at the local level. Such initiatives regularly include the provision of space for and creation of retiree clubs (usually by local government), and organisation of sporting, recreation, cultural or educational events.¹⁸¹ More seldom, projects address opportunities for volunteering or community work for older people.

Overall, there are indications that some (not all) of the municipalities in the country are indeed active in creating inclusive and engaging environment for the elderly. In addition, a very important factor that needs to be mentioned is the strong organisation and activity of the associations of retired persons. Many examples of collaboration between local associations of retired persons, other NGOs and public authorities are registered. Overall, the (qualitative) impression is that most of the projects for inclusion and engagement of older persons are recreational or cultural in character, in the sense that they do not comprise a clear component of social or community activism. Importantly, the above argument applies to the more urban, organised forms of inclusion and engagement of older persons which are publicly visible (registered by the media). Extensive field research is needed to account for the widespread forms of community engagement, mutual self-help, and community solidarity typical of rural life

Turkey

“Solidarity Centres for Elderly People” are located in various neighbourhoods.¹⁸² They are established with the purpose of meeting the social and psychological needs of elderly people who live in their own homes that may not require the services of a residential home but may still feel excluded from society. These centres aim at supporting the elderly with leisure activities and promoting their social interaction, helping them with daily activities, providing guidance and vocational consultancy services. These centres function through membership systems and conduct various activities including meetings, discussion groups, newspaper and magazine reading activities, group activities such as going to the theatre, movies, picnics, tours, and playing board and card games. Various courses such as painting, music and handcraft are organized in these centres with the purpose of helping the elderly to make good use of their leisure time. One of the major activities of these centres is an educational programme. Various seminars and training sessions are conducted on subjects such as adequate and balanced diet, healthcare training, social participation, life-long participation in sport and discussions on socio-psychological problems. Furthermore, active elderly people can assist in activities, support services and the care of their peers. They can also develop relationships and collaborate with collective organizations, play active roles in the administration of the Centre and assume new roles in society. There are also Alzheimer care centres established in large cities to ensure the safety of Alzheimer

¹⁷⁹ For example, in the 11 municipalities East Region without its major city of Stip, out about 150,000 population, there are 28,000 employed, 28,5000 unemployed, and 22,000 retired persons. In some of the municipalities the number of retirees exceeds the number of either employed or unemployed. See for example, The East Survives on Retirees [Истокот преживува од пензионери], Dnevnik, 30 June 2010, available at <http://www.dnevnik.com.mk/default.asp?ItemID=4FD81A23A5DD92408AA24F10C83B7337>.

¹⁸⁰ An older text on the same issue argues that the revenue the city of Stip generates from its textile industry (Stip is a major textile hub) is actually smaller than the revenue from the city’s estimated 10,000 retired persons. See Many Young Live off Their Parents’ Pensions [Многу млади живеат од пензиите на родителите], Utrinski vesnik 15 January 2007; see also Stip Lives on Pensions and Textiles [Штип живее од пензии и текстил], Utrinski vesnik, 29 May 2010 ;

¹⁸¹ See a report by the Municipality of Vinica (14 July 2010) on a new sports ground and club created for retired persons, available at the municipality’s webpage:

http://www.opstinavinica.gov.mk/index.php?option=com_content&view=article&id=68%3A2010-07-14-07-58-10&catid=2%3Atop&lang=mk

See also a report by the Municipality of Karpos in Skopje on a new club and working space for retired persons, available at:

http://www.karpos.gov.mk/index.php?option=com_content&view=article&id=310:katr&catid=55:proekti-komunalna&Itemid=113

The Association of Retired Persons participates with cultural events in the festival “Kavadarci City of Culture [Здружението на пензионери со културни настани се вклучува во манифестацијата „Каваларци град на културата], available at:

http://www.ktv41.com.mk/index.php?option=com_content&view=article&id=1371:2010-04-21-13-22-49&catid=42:2009-09-20-20-08-41&Itemid=73

¹⁸² State Planning Organisation (2007), *Situation of Elderly in Turkey and National Action Plan for Aging*, Ankara.

patients, to eliminate the risks arising from living alone, to help them maintain an active physical and mental life, to support patients' families by undertaking the daily care of the person with Alzheimer's disease. Entry to these centres is reserved to people over 60 years old with a medical report confirming the diagnosis from an approved healthcare institution.

In the last 10 years the municipalities have increased their provisions and services for elderly. Retirement homes (Sometimes called rest homes) have been established, free medical care, food and fuel are provided, as well as access to free or discounted public transport. Metropolitan and larger municipalities with highly developed economic and social structures and budgets are able to provide a wide range of services and support for the elderly. However, in many parts of Turkey the local governments outside of the main urban areas are unable to provide much support for the elderly.

Although volunteering is not specifically promoted among elderly people, senior citizens tend to be involved in volunteer organizations and NGOs more than the rest of the population. There are civil society organizations with the aim to advocate the rights of older people, provide them with information on healthy living and cultural and recreational activities, and provide guidance and support. These are the Turkish Association of Retirees (formerly the Turkish Association of Retired Workers), and the Association of All Retired Workers, Widows and Orphans and Association of Retired Civil Servants.

Source: EGGSI national reports, 2010.

Chapter 6 - SUPPORTIVE SERVICES

The adoption of comprehensive measures for ensuring the accessibility, availability and quality of public transportation, housing, healthcare and LTC services are crucial for the purpose of facilitating an independent, safe and active life in old age. Creating equal opportunities for women and men is a horizontal theme, which affects all such services and policies. It is necessary to take account not only of the prevalence of women in higher-age categories, but also the different threats faced by men and women in particular areas of life, their different needs and specificities.

6.1. Health and long-term care

The proportion of people suffering from health limitations and disabilities increases with age. Measures to improve the integration and participation of older people suffering from ill health and disabilities are therefore important. Across Europe, it has also been proved that, whereas women live in average longer than men, they may spend a longer proportion of their lives in ill health.¹⁸³

In order to ensure effective provision of **healthcare**, it seems essential that primary healthcare be reinforced and that an integrated model of care and services be created at the local level. Health services should contribute to the integration of older people into society and their local environment and help them to mobilise their potential for independence and self-sufficiency. The challenges we face in the context of an ageing population tend to be more qualitative than quantitative, i.e. they entail a change in our approach and priorities in healthcare rather than simply expanding capacity while retaining the current system and approach.

One of the most serious challenges in the area of **long-term care** involves the integration of health and social services. The sheer numbers of different providers and sources of financing hinder attempts to ensure continuity and comprehensiveness of care. The division of powers among different systems and providers and separate sources of financing increases the risk of fragmentation and inadequate coordination of services, lack of transparency in the system for clients and providers, inflexible services and unclear responsibility for the objectives and outcomes of care.

6.1.1. Healthcare

Treatment provisions for the elderly. As pointed out in chapter 2, approximately one in five women in the European Union are 65 years or older, as compared to a ratio of one in seven for men. The share of women increases significantly in the older age groups. The higher life expectancy of women does not come without a price: chronic illnesses and **multi-morbidity**, i.e. the coexistence of several diseases, and the need for assistance and nursing care are more frequent in elderly women than men.

From the scattered research and data available,¹⁸⁴ it appears that older women are more affected than men by chronic diseases and psychological disorders (especially those which increase with

¹⁸³ Cfr. EC Communication 2009/567: "Solidarity in Health: Reducing Health Inequalities in the EU".

¹⁸⁴ Cfr. Corsi, M., Crepaldi, C. and Samek Lodovici, M. (2009), *Access to Healthcare and Long-term care: Equal for Women and Men?*, report prepared by the EGGSI network. Available online at the URL: <http://ec.europa.eu/social/main.jsp?catId=418&langId=en&furtherPubs=yes>

age, such as sleeping disorders and anxiety problems)¹⁸⁵, but they usually receive less treatment than older men, even if they rely more often on institutional care than men do.¹⁸⁶

Menopause and osteoporosis are treated as women specific conditions in old age. However, not all European countries have specific treatment programmes, and in some cases discrimination against men has been reported. This is the case in **Belgium**, where reimbursement for osteoporosis medication was until recently exclusively reserved to women. The situation changed after various legal actions culminating with a case won by a male suffering from the disease.¹⁸⁷

Specialised programmes for the treatment of osteoporosis and other old-age-related illnesses are reported in the following countries:

In **Bulgaria**¹⁸⁸ the “Treatment of Osteoporosis with a Pathological Fracture Programme” involves only menopausal women with osteoporotic fractures. The National Health Insurance covers the cost of diagnostic and treatment procedures, the specialist’s follow-up exams and part of the cost of the medication. However, for women not in the programme, the treatment costs are not covered by the State and remain largely unaffordable. To overcome these problems, a National Programme for the Limitation of Osteoporosis (2006-2010) was launched, to make osteoporosis one of the priorities of Bulgarian health policy. The main target groups are menopausal, pregnant and breast feeding women. A national network of 56 specialised centres has been set up for prevention, screening, diagnosis and treatment. However the financial resources for this programme have not been set.

In **Cyprus**, a recent study conducted by the Pancyprian Federation of Labour (Limassol) shows that one in 16 women suffer from osteoporosis, while one in four suffers from osteopenia (low bone mineral density). According to the research findings, the risk of osteoporosis increases steadily with age, with 2.8 per cent of women aged 51-70 suffering from osteoporosis and 14.9 per cent of women aged over 71. For the same age groups respectively, osteopenia is apparent in 33.8% and 49.4 per cent of women.¹⁸⁹ Despite the obvious increased risk among women, public health promotion programmes aimed at reducing the risk of osteoporosis have not specifically targeted women but aim at promoting healthy diet, exercise, and healthy lifestyle habits among youth and the general public.

In **Hungary** a National Osteoporosis Programme includes several initiatives for the prevention and treatment of osteoporosis.¹⁹⁰

¹⁸⁵ European Institute of Women’s Health (2006), *Discrimination against Women and Girls in the Health Sector*, Brussels. Available online at the URL: <http://www.eurohealth.ie/countryreport/pdf/euparlcountryrep.pdf>

¹⁸⁶ Another issue that has recently been reported in the media and discussed in the House Committee for Human Rights is violence toward and abuse of the elderly. According to the Pancyprian Federation for the Welfare of the Elderly, violence and abuse are widespread in Cyprus in both institutional and home care environments. They have also reported that this violence has taken various forms including physical, sexual, psychological and economic. However, no studies have been carried out to map the extent of the problem, and there do not seem to be any specific policies in place to combat the phenomenon.

¹⁸⁷ IEFH, informant from legal service. This is also the case for reimbursement of medication to men having breast cancer

¹⁸⁸ European Institute of Women’s Health (2006), *Discrimination against Women and Girls in the Health Sector*, Brussels. Available online at the URL: <http://www.eurohealth.ie/countryreport/pdf/euparlcountryrep.pdf>

¹⁸⁹ These were the results of research conducted by the Pancyprian Federation of Labour, Limassol following a campaign to measure osteoporosis that spanned 10 years and examined over 30,000 people, mainly women, in 79 communities and villages around the island.

¹⁹⁰ <http://www.harmonet.hu/cikk.php?rovat=104&alrovat=129&cikkid=8125> and <http://www.konzilium.hu/csontrit/content/nop.htm>

Overall, elderly women have more accidents (in particular home and leisure accidents) than men. The main risk for elderly women is *falling*, which can have severe consequences for geriatric patients, e.g. fear of falling, fractures, hospital stays, need for assistance or nursing care, and can even be lethal. Also, the fear of falling may limit the elderly in their daily activities and lead to social isolation.¹⁹¹

Women are especially at risk of falling due to higher occurrences of osteoporosis; the risk of falling is significantly higher among women living on their own.

In the **Netherlands**, various different campaigns and studies have been undertaken concerning the prevention of fall accidents addressing the general public as well as professionals in long-term care and home care.¹⁹²

In **Denmark**, the results of both national and international research show that 30% of the elderly 65+ and 50% of the elderly 80+ fall at least once annually, and 20-30% of those who have a fall accident have injuries that limit their mobility, increase their need for support and care as well as mortality risk. Elderly falling is estimated on a yearly basis to be the cause of 1,000 deaths, 46,000 visits to emergency wards and 15,000 hospitalisations among the elderly in Denmark. A number of municipalities have introduced fall preventive measures in Denmark. An important public measure in the *prevention of fall accidents* and in general with regard to preventing social isolation among elderly people is the *preventive home visit*. Municipalities offer once a year a preventive home visits to elderly 75+ people living in the municipality. The visit is performed by a member of staff who has received training in preventive efforts. The staff member discusses with the elderly person his/her well-being, social network, housing situation, finances, health, physical activities and functional ability during the visit. Several randomized control intervention studies have been carried out focussing on the effect on early signs of disability and the effect on physical activities of these home visits. These studies show an increase in functional ability, lower mortality and lower admission rate to hospital and nursing homes¹⁹³.

Government policies in health care: recent trends. In many European countries, (like **Austria, Bulgaria, Germany, Iceland, Ireland, Italy, Norway, Slovenia, Spain, the Netherlands, and the United Kingdom**) there is increasing awareness of the need to acknowledge gender differences

¹⁹¹ Møller, H. and Laursen, B. (2008), *Forebyggelse af ulykker. Notat til Forebyggelseskommissionen*, Statens Institut for Folkesundhed, Syddansk Universitet, København.

¹⁹² The Netherlands Emancipation monitor 2008 describes the general state of affairs concerning the health situation of women in the Netherlands. 1. Women suffer from prolonged illness or disorders more often than men. The three most common complaints among women are migraine/severe headache, high blood pressure and joint wear. 2. More women than men (12% versus 8%) report psychological problems. 3. Members of non-Western ethnic minorities more often have a prolonged illness or disorder and psychological problems; of this group, women suffer from these complaints much more often than men. 4. Health problems lead to impaired mobility for women more often than for men (11% versus 5%). The gender differences are the same among the indigenous population and non-Western ethnic minorities. A considerable group of older women from ethnic minorities (38%) have mobility problems. Long-term health problems also lead to difficulties with activities of daily living much more often for women than men from ethnic minorities (among the indigenous population there is no gender gap in this regard). 5. Women have more contact with primary health care services than men, and take medication more often. 6. Women smoke less often than men and also drink large or excessive amounts of alcohol less frequently. Women are overweight or very overweight more often than men. The biggest risk group in this respect are women from non-Western ethnic minorities aged 45-59 years: 26% of this group are seriously overweight. Young ethnic minority women (aged 12-24 years) undertake the least physical activity; only a quarter of them take sufficient exercise. 7. Women have more negative views than average on health care in general, as well as on hospital care and specialists.

¹⁹³ Vass, M., Avlund, K., Hendriksen, C., Andersen, C.K., and Keiding, N. (2002), Preventive home visits to older people in Denmark: methodology of a randomized controlled study, *Aging Clinical Experiment Research*, vol. 14, n. 6, pp. 509-15.

in health care.¹⁹⁴ This is the case among governmental institutions, universities, and especially NGOs which have traditionally been very active in providing specialised services to women and other disadvantaged groups. Gender-sensitive strategies have been implemented within health care and medical research, and resource centres and research institutes with special knowledge of women and health have been created. It must nevertheless be noted that the gender mainstreaming approach to health care is generally still under-developed and, aside from reproductive care, little taken into account when offering service provisions.

Men and women in their late working years or in their early retirement years belong to age groups addressed by certain public health programmes, whether targeted or not.

A specific group of programmes concern **occupational healthcare**. Special health policies target older workers with the aim to support their work ability, and their employment retention through workplace-based health promotion schemes, as the treatment of illness, prevention of work-related health problems and healthy lifestyles, or through other preventive measures, such as courses, seminars, or individual advice. Only in few countries (i.e., **Iceland, Liechtenstein and Germany**) these programmes are gender-sensitive (see Box 6.1).

Box 6.1 – Occupational healthcare programmes to promote well-being at work

Iceland

The Vocational Rehabilitation Fund was founded in May 2008 and started operating in late 2008. In the introduction to the Fund's vision and programme design it states that it "recognises the right of all to be active so they can use their abilities in society". In its work it promotes interventions and activities in the vicinity of where the employee lives and makes sure the consultancy is individualised with assessment focuses on how to increase the person's work ability; it will meet people at their level by promoting positive influence on their lives through building on an understanding of environmental, social and personal circumstances, as well as the bio-physiological level, and it will aim at focusing on the individual's strength and abilities and help her/him figure out how to utilize it to his/her advantage, to increase well being and ability to work.¹⁹⁵

Liechtenstein

Women and men of late working and early retirement age may benefit from the occupational health promotion, but they are not a specifically addressed group. In 2007 the Office of Public Health has started a "living consciously" campaign in the field of occupational health promotion. Occupational health promotion includes all measures of employers, employees, and society to improve health and well-being at work. The aims are to prevent disease in the workplace and to strengthen health potentials. Unfortunately data on disease in the work place by age and gender are lacking in Liechtenstein. The Office of Public Health serves as a coordination office for occupational health promotion. Furthermore a working group has been set up in which representatives of all interest groups jointly plan further campaigns. The first project was an information campaign for all enterprises, in which they were informed about the possibilities, prejudices, and projects relating to occupational health promotion. In this context, it is striking that age was not an issue in this campaign.

Germany

Under a gender perspective, the Federal Ministry of Health (BMG) has identified older women and men as the target group for specific health policies. Various preventative measures have been reinforced over the past few years. For instance, health insurance schemes offer programmes specifically aimed at certain target groups. While men are

¹⁹⁴ Cfr. Corsi, M., Crepaldi, C. and Samek Lodovici, M. (2009), *Access to Healthcare and Long-term care: Equal for Women and Men?*, report prepared by the EGGSI network. Available online at the URL: <http://ec.europa.eu/social/main.jsp?catId=418&langId=en&furtherPubs=yes>

¹⁹⁵ The first clients were registered in September 2009 and after about 10 months 1,129 had been registered, 447 men and 682 women. In the age group 55-64 there were 249 clients, 91 men and 158 women. In the age group 65-74 there were 37 clients, 23 men and 14 women. These two groups are 25% of the total number of client registered since the start of the programme. More and more people attend the Fund's programme alongside their work as a measure to rehabilitate and adapt to new circumstances related to changes in the work place, sickness or consequences of an injury. See link to website: <http://www.virk.is/page/kynningarefni>.

targeted more heavily by workplace-based health promotion schemes, women tend instead to take individual courses and seminars. This applies to all age-groups. Moreover, the Federal Central Health Education Office (BZgA) in its new focus on “Health for Older People”, has extended its activities for older people as a whole, for there is still a large unused potential here for prevention. The BZgA is also drawing up a position paper on “senior citizen-related prevention at local authority level”. This had made it clear that older men are still far more frequently not (32.7%) reached by local authority health promotion measures than older women (4.5%). Older men, if at all, are primarily reached via sport offerings.¹⁹⁶ In the future, it is intended that above all appropriate access routes to middle-aged and older people should be identified and existing activities and actors more strongly linked. Thus, for example, the “Prevention Aims for the Second Half of Life” prepared by the German Forum for Prevention and Health Promotion with the support of the BZgA in the Federal Association for Prevention and Health Promotion are being further developed and implemented. There are also cooperative ventures between the BZgA and the *Healthy Cities Network* (www.gesunde-staedte-netzwerk.de), to push forward local authority health promotion for older people. The Healthy Cities Network brings together in particular local authority offices in the areas of health, social affairs, housing, environment and urban development as well as local health initiatives and self-help groups. The focus areas of community health promotion are housing advice, sport and movement, nutrition and outreach services. Best practice examples, each with an individual gender relevance, have been published by the BZgA. Even more effort is to be channelled into community-based health promotion in the next few years.

Source: EGGSI Network National Reports 2010

6.1.2. Long-term care

Long-term care (LTC) can be defined as a range of health and social services provided to individuals in need of permanent assistance due to physical or mental disability for short or long periods. LTC includes rehabilitation, basic medical services, home nursing and empowerment activities.¹⁹⁷

Throughout Europe various LTC provisions concerning have been put in place. Service provision can be distinguished on the basis of two variables: those who provide care and the place where care is provided. Concerning the first variable - care providers - a distinction is to be recognized between formal and informal care. With reference to the latter –where the care is provided- a further distinction is to be made between institutional care and care at home. Institutions include nursing homes, residential care homes and old age homes where there is a permanent presence of care assistants. Care at home may include care provided in houses and apartments that are not built specifically for persons needing LTC, as well as adapted housing, group living arrangements and wherever there are no permanent care assistants.¹⁹⁸

The mix of benefit types - formal/informal, economic support/direct provision of services and institutionalisation/care at home - varies among European countries, reflecting the organisational features of each system more than population structure and demographic developments. In particular, these variations reflect different national approaches to familial solidarity (incidence of informal care and support for carers).¹⁹⁹ In the last fifteen years, the European countries have brought in reforms aimed at removing inequalities in access to LTC and improving the quality of

¹⁹⁶ Bundeszentrale für gesundheitliche Aufklärung (2007), *Seniorenbezogene Gesundheitsförderung und Prävention auf kommunaler Ebene – eine Bestandsaufnahme*, Forschung und Praxis der Gesundheitsförderung, Band 33. Available online at the URL: <http://www.bzga.de/pdf.php?id=4f48068af23e8cf87f21d794b268f266>

¹⁹⁷ Council of the European Union (2008), *Joint Report on Social Protection and Social Inclusion*, DG Employment, Social Policy, Health and Consumer Affairs, Brussels. Available online at the URL: <http://register.consilium.europa.eu/pdf/en/08/st07/st07274.en08.pdf>

¹⁹⁸ OECD (2005b), *Consumer Direction and Choice in Long-Term Care for Older Persons, Including Payments for Informal Care: How Can it Help Improve Care Outcomes, Employment and Fiscal Sustainability?*, OECD, Paris.

¹⁹⁹ Council of the European Union (2008), *Joint Report on Social Protection and Social Inclusion*, DG Employment, Social Policy, Health and Consumer Affairs, Brussels. Available online at the URL: <http://register.consilium.europa.eu/pdf/en/08/st07/st07274.en08.pdf>

care. These reforms present different features across countries as the solutions provided result from the traditional LTC framework in a given country. While Northern European countries have rationed service provision, the continental countries have proceeded to increase the number of people receiving LTC considerably, and the Mediterranean countries have basically not changed their delivery system.²⁰⁰

In order to outline the existing service provisions for LTC from a gender perspective, there are two key issues to be addressed: 1. the role of women as informal caregivers; 2. the increasing demand for and use of LTC by elderly women.

The role of women as informal caregivers. As far as existing service provisions for LTC are concerned, a crucial difference from a gender perspective is between formal and informal care. According to the OECD,²⁰¹ the difference between formal and informal care depends on who provides the services. In particular:

- Formal LTC includes care provided in institutions, such as nursing homes, or care provided to recipients living at home by professionally trained care assistants. Formal care is provided by care assistants under an employment contract with LTC service recipients or agencies providing LTC.
- Informal LTC consists in services provided by someone who provides care without any form of employment contract.²⁰²

Given the relevance of informal care and the predominance of women as carers, measures supporting informal carers have a positive gender impact. Support for informal caregivers may include information and training, tax benefits and payments, regulation of businesses or initiatives by private organizations aimed at making it easier for family members to combine work and care-giving.²⁰³ In conformity with these definitions, the majority of LTC workers, both formal and informal are women (see Box 6.2).

Box 6.2 – LTC and the predominant role of women as informal caregivers

Belgium

The men's share in providing care is 10% in the age groups 45-64, 65-75, and 75 and more. On the other hand, the women's share varies according to age groups. On average, women provide much more informal care (16% against 10%). However, at the age of 75 and more, the women's share in informal care is inferior to the men's.²⁰⁴ The

²⁰⁰ Different forms of provisions can be found all over European countries according to the institutional framework for LTC: see Corsi, M., Crepaldi, C. and Samek Lodovici, M. (2009), *Access to Healthcare and Long-term care: Equal for Women and Men?*, report prepared by the EGGSI network. Available online at the URL: <http://ec.europa.eu/social/main.jsp?catId=418&langId=en&furtherPubs=yes>

²⁰¹ OECD (2006b), *Projecting OECD Health and Long-Term Care Expenditures: What Are The Main Drivers?* Economic Department Working Papers No. 477. Paris, p.9. Available online at the URL: <http://www.oecd.org/dataoecd/57/7/36085940.pdf>

²⁰² According to OECD, informal caregivers can be divided into three categories. The first includes relatives, friends or volunteers that do not receive any form of compensation for their engagement. The second category includes informal caregivers that receive cash benefits/allowance as part of cash benefit programmes and consumer-choice programmes. They are usually relatives or friends. The last category includes undeclared/illegal informal caregivers. They are caregivers who receive some form of payments by care recipients but without any form of employment contract.

²⁰³ Cfr. Bettio, F. and Verashchagina, A. (2010), *Elderly Care in Europe*, EGGE report for European Commission, DG EMPL.

²⁰⁴ Deboosere, P., Demarest, S., Lorant, V., Miermans, P.-J., Portet, M.-I., and Van Oyen, H. (2006), *Santé et soins informels*, SPF Economie, P.M.E., Classes moyennes et Energie, Brussels. Available online at the URL: http://statbel.fgov.be/fr/binaries/mono_200101_fr%5B1%5D_tcm326-35806.pdf

percentage of men and women carers within the household is quite similar. However, 63% of women carers provide care to family members outside of the household.

Czech Republic

Public providers of elderly care at home or in institutions cover only about 15-20% of the overall elderly care, and about 80% is covered by family members. In the family the provision is highly gendered as 70–80% of family providers are women.²⁰⁵ As from 2007 caring family members can be remunerated through the cash provision – care allowance – and also receive health and social protection benefits.²⁰⁶

France

Regarding LTC for the elderly, women represent a majority of both beneficiaries and service providers, whether at home or in institutions.²⁰⁷

The Netherlands

The majority of carers provide care to someone who does not form part of their own household; more than 40% provide care for a parent or parent-in-law; 11% provide care for friends or acquaintances and 9% for a child. Women, 45-65 year olds, single persons, persons with a higher income and members of the indigenous population are the most strongly represented among informal carers. Non-working informal carers provide more care and do so for longer. Women form a larger majority (71%) among non-working carers than among working carers (58%). Those who combine providing intensive or long-term care for a parent with caring for small children living at home and holding down a substantial job are few in number, accounting for 5% of all working informal carers aged between 18 and 65 years.

Norway

About 25% of the people in the 45-66 years of age-group take care of their parents, other relatives, or other persons (neighbours, etc). Recent statistics reveal that most of those who work as (private) carers are women. At the same time, women are in the majority among care professionals and, according to the Care Plan 2015 more emphasis should be placed on recruiting both women and men to the professions that provide long-term care for the elderly.²⁰⁸

Slovakia

Analysis of care allowance beneficiaries shows that women's share of family carers is 82% and more than 60% of the

²⁰⁵ Nešporová, O., Svobodová, K., and Vidovičová, L. (2008), *Zajištění potřeb seniorů s důrazem na roli nestátního sektoru*, VUPSV, Praha. Available online at the URL: http://praha.vupsv.cz/Fulltext/vz_260.pdf

²⁰⁶ The care allowance was introduced in 2007 as the main source of funding for the personal health and long-term care services. The recipient – person in need of care - may use it to pay for professional services or to cover the care of family carers. The caring family members are mostly women. If the home caregivers are reported, on top of this payment through the care allowance their social and health insurance is paid by the state. The care allowance has four categories of “dependency” or levels of needs of care based on four payment levels (to the three general stages of disability – mild, moderate and severe – “full disability or full dependency on care” is added): 2,000/ 4,000/ 8,000 and 11,000 CZK per month (equivalent to about 80/ 160/ 320 /440 €). The person in need of care can use the allowance to buy care from the public providers of care and social services or to give it to a caring family member. This is an institute introduced in 2007 and the number of recipients has been growing in the last three years. In December 2008 there were 188,286 women recipients and 101,246 men recipients of the care allowance. Women make up about 65% of the recipients, but the data available do not disaggregate the recipients according to the dependency category. See *Statistická ročenka z oblasti práce a sociálních věcí 2008. 2009*. Praha: MPSV. http://www.mpsv.cz/files/clanky/7870/ročenka_2008b.pdf

²⁰⁷ Tugores F. (2005), Les établissements d'hébergement pour personnes âgées en 2003: activité et personnels, *Etudes et résultats*, Drees, n. 379, February ; Tugores F. (2006), La clientèle des établissements d'hébergement pour personnes âgées, situation au 31 décembre 2003, *Etudes et résultats*, Drees, n. 485, April.

²⁰⁸ The aim of the Care Plan 2015 is to address the main future challenges within the care of the elderly by utilizing a long-term perspective. The Care Plan also presents strategies to meet current and future challenges. The focus of the plan is on research and development, increased quality of care, emphasizing increasing the qualifications of workers within elderly care, emphasizing specialised health care for the elderly and an increased emphasis upon volunteers and relatives as carers. As such, the Care Plan is important from a gender perspective, because women are the majority among carers and those for whom care is provided. Nevertheless, it is also important to acknowledge men in this context, and the Care Plan 2015, for example, introduces measures with the aim of promoting more equal participation in the provision of care between women and men.

cared-for persons are over 65 years, mainly women. The most frequent relationship between family carers and cared-for persons is adult daughter–mother relation. The highest number of family carers is in the age group 51-64 years (47%). Only about 2% of informal carers are employed, and of these 80% are women.²⁰⁹

Sweden

Almost every fourth person age 55 and over is an informal helper. They report regularly helping an older, ill or disabled person in or outside their own household.²¹⁰ Helpers comprise the largest group – around 415,000 persons or around 15% of the population age 55 and over. They give help once a week or less often and they help a person in their own household, but the vast majority (96%) help people they do not live with. In six cases out of ten help is given to a family member. Helpers can equally be women or men and tend to be younger rather than older. The care givers group is the next biggest group – around 166,000 persons or around 6% of the population age 55 and over. They give help to people outside their own household on a daily basis or several times a week. Six out of ten help a family member, others a friend, neighbour, colleague or other person they are not related to. Caregivers are mostly aged 55-74, and more women than men perform these services. The carers of relatives are around 83,000 persons. They give help daily or several times a week to a relative in the own household, usually aged 75-85 years.

Source: EGGSI Network National Reports 2010

The increasing demand for and use of LTC by women. According to Eurostat, by 2060, 30% of the population in the 27 EU countries will be over 65. This means that European countries will move from having four people of working age for every person aged over 65 to a ratio of 2 to 1.²¹¹

What emerges from the EGGSI national reports is that there is an increasing demand for and use of LTC by women (see Box 6.3). It is in fact women who are the main beneficiaries of LTC (both of service in kind and benefits in cash) in the majority of the European States, considering their longer life expectancy and their reliance on formal care. Women's reliance on formal care is linked to the fact that they often have no care alternatives in their household. Generally speaking, elderly women are more likely to live alone than men.

Box 6.3 – Women as main beneficiaries of LTC

Austria

At the end of 2007, a total of 351,057 people received a long-term care allowance on the basis of the Federal Act for Long-Term Care Allowance.²¹² As from the end of 1997, the number of beneficiaries of the federal long-term care allowance had risen by more than 82,000 people (+31%). More than two thirds (68%) of recipients of the federal LTC allowance are women.²¹³

Bulgaria

As care recipients there are no major gender differences between men and women taking into account the current situation in Bulgaria. Still showing higher poverty rates, especially for women aged 65+, the degree of dependency on their children is higher along with gender inequality in access to LTC services.

Cyprus

²⁰⁹ <http://www.sspr.gov.sk/texty/File/vyskum/2008/Repkova/Repkova.pdf>

²¹⁰ Cfr. Socialstyrelsen (2007), *Frivilligcentraler i Sverige – en kartläggning*, Stockholm. Available online at the URL: <http://www.socialstyrelsen.se/publikationer2007/2007-131-6>

²¹¹ European Commission (2008), *Demography Report 2008: Meeting Social Needs in an Ageing Society*, SEC (2008) 2911. Available online at the URL: <http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=419&furtherNews=yes>

²¹² Statistik Austria, Social benefits at federal level: Federal Long Term Allowance. http://www.statistik.at/web_en/statistics/social_statistics/social_benefits_at_federal_level/federal_long_term_care_allowance/index.html

²¹³ http://www.statistik.at/web_en/statistics/social_statistics/social_benefits_at_federal_level/federal_long_term_care_allowance/index.html

There are no existing programmes promoting TLC that specifically target women as care recipients and no evidence to suggest that existing programmes and interventions incorporate gender mainstreaming in their formulation or implementation. However, there are programmes in place promoting LTC that target working women with a view to promoting reconciliation between professional and family life and integrating women in the labour market. For example, during the period 2005-2008, the Social Welfare Services implemented the project “Expansion and improvement of care services for children, the elderly, disabled persons and other dependants”. The main aim of the project was the creation and improvement/ expansion of social care services at the local level through cooperation between local authorities and voluntary social welfare organizations, for the purpose of facilitating integration, reintegration and the maintenance of the inactive female work force in the labour market. Although initial evaluations of the programme have been positive in terms of number of programmes financed, there has as yet been no evaluation of the impact of the programme on the target groups. Furthermore, one may question the sustainability of such programmes as it is not clear what will become of these services once the financing period ends.

Czech Republic

In December 2008 there were 188,286 women recipients and 101,246 men recipients of the care allowance. Women make up about 65% of the recipients, but the data available do not disaggregate the recipients according to the dependency category.²¹⁴

France

Women represent the majority of beneficiaries, both at home and in institutions. In June 2008, 1,094,000 persons perceived APA²¹⁵, among whom women represented the majority (seven out of ten). As shown by the age and gender structure of the “*allocation personnalisée d'autonomie*” (APA) beneficiaries, APA beneficiaries are mostly both old (85% are aged at least 75 and 45% are aged at least 85) especially when in institutions (55% are aged 85 and more) and female (women represent 77% of the APA beneficiaries aged 75 and over, while they represent 64% of the whole population in the same age bracket).²¹⁶

Iceland

Women outnumber men in most services for the elderly, and this holds true particularly in home care. It is also true that the majority of recipients of home help are women living alone. A couple seems to cope longer without getting help in the house and most often the wife is younger and takes care of things for the household as long as she is in good health.

The Netherlands

The majority of care-receivers who have been receiving help longest or who receive it most frequently are women and/or aged over 65 years. Half those receiving care have a low educational level and/or a low income. Almost three-quarters are cared for by someone outside their own household. Most of them live independently; only 16% live in a home or residential facility. The vast majority of care-receivers have severe physical impairments and two out of five are continuously or regularly bedridden.

Norway

Women are in the majority among the users of long-term care and among users over 80 years of age, and 75% are women. This can be explained by the fact that women live longer than men, but also that elderly women more frequently have health problems than their male counterparts.

Sweden

²¹⁴ http://www.mpsv.cz/files/clanky/7870/rocenka_2008b.pdf

²¹⁵ The Personalised autonomy allowance (*Allocation personnalisée d'autonomie - APA*) is for persons aged 60+, living at home or in an institution and experiencing loss of autonomy. This allowance is personalised, according to the beneficiaries' needs (degree of autonomy, requested aid and services) and income (but it is not means tested). It is provided with an Aid plan (*Plan d'aide*): for beneficiaries living at home, a medico-social team visits the patients and assesses their needs and necessary aids to allow them to stay at home (the APA depends on the needs and the resources of the patient); for beneficiaries in an institution, the APA helps beneficiaries to pay for the “dependency tariff” calculated according to the degree of autonomy/dependency.

²¹⁶ See Espagnol, P., Lo S.H., and Debout C. (2008), L'allocation personnalisée d'autonomie et la prestation de compensation du handicap au 30 juin 2008, *Etudes et résultats*, Drees, n. 666, October.

156,200 persons received home help services, of whom 68% were women and 32% men (as of Dec. 31st 2008).²¹⁷ Women aged 65-74 constituted around 11% of all women with home help services, and men aged 65-74 almost 18% of all men with home help services, mainly because men have shorter life expectancy.

Source: EGGSI Network National Reports 2010

Gender barriers to access LTC. All European countries are committed to ensuring universal access to LTC for their citizens. As the population grows older, the challenges to achieve this goal depend more and more on national health and social policies. Therefore, universal right does not necessarily mean universal service. Throughout Europe access to LTC can be restricted by many kinds of barriers. These include lack of insurance coverage, lack of coverage/provision of certain types of care, high individual financial care costs and geographical disparities in supply. They also include lengthy waiting lists for certain treatments or in certain areas of a given country, lack of knowledge or information and complex administrative procedures.²¹⁸

Moreover, some barriers may particularly affect women (or men) in a given country for demographic, socioeconomic, cultural or financial reasons. Gender is a cross-cutting issue with reference to barriers to access LTC (see Box 6.4).

Box 6.4 - Main barriers accessing LTC in European countries

Denmark

Generally speaking, no barriers to LTC exist in the Danish model as it is mainly based upon local evaluation of the needs in order to get support. Depending on the municipality, there can be waiting lists for a place in a hospice, whereas support in private homes has no waiting time.

The main difference between men and women is that women often have to take care of men with more limited support and, when they themselves are in need of care, there is the risk that nobody may be available to help them.

Italy

There are several regional disparities in service provision. According to Istat, three quarters of beneficiaries of residential LTC live in the Northern regions. Geographical barriers exist with regard to public home care, because the financial resources allocated vary among Regions and Municipalities. Moreover, the amount of user co-payments varies across regions and cities and the average income varies greatly according to the region. Additionally, the average old-age pension is lower for women than for men.

Romania

Health and long-term care in Romania suffer from regional disparities, and particularly from uneven coverage of medical services and health care workers. Differences are particularly marked between rural and urban areas. There are also issues of inadequate medical equipment and a shortage of medical staff in many rural areas. It may be assumed that as women tend to live longer and as the number of women exceeds the number of men, more women than men experience difficulties in accessing long-term care facilities.

There are still old people who are not registered with a family doctor or people that have no identity documents (i.e. many Roma and homeless), which denies them access social health insurance or any type of health care (except for emergency treatment). Reduced availability of services and lack of volunteer services deprive many elderly people living on their own of the support they need for housework (cleaning, getting food supplies). Many people are excluded from health care or LTC because of the very real perception of having to pay additional costs in order to receive proper attention, while in many cases people will postpone their medical care until it becomes an emergency.

Slovenia

²¹⁷ Socialstyrelsen (2009), *Äldre – vård och omsorg andra halvåret 2008. Kommunala insatser enligt socialtjänstlagen samt hälso- och sjukvårdslagen*, Stockholm, p. 19 and Table 1.

²¹⁸ Council of the European Union (2008), *Joint Report on Social Protection and Social Inclusion*, DG Employment, Social Policy, Health and Consumer Affairs, Brussels. Available online at the URL: <http://register.consilium.europa.eu/pdf/en/08/st07/st07274.en08.pdf>

The main barriers are bureaucratic. The fact that the existing services and income are not linked with a uniform system, in addition to the fact that, in practice, there is a lack of coordination among the institutes which provide these services, hinders access to services and reduces their quality. It is also acknowledged that waiting periods are relatively long. Elderly women and men living in regions with low service coverage and/or with higher service costs therefore face significant barriers in accessing long-term care.

United Kingdom

There are criticisms that the current funding system for formal care is unsustainable, unfair and unclear.²¹⁹ According to Collins, it is unsustainable because without reforms, older people – even those on modest incomes – will have to pay more from their own funds; it is unfair because there are inconsistencies regarding who pays what; and it is unclear because there is often confusion regarding who is responsible for payment - entitlements vary between local authority areas. Even in Scotland, where there is more universal provision, inconsistencies are perceived across local authorities exist regarding what care is provided and who pays for what.²²⁰

Access to informal care among those over 65 varies greatly. According to Del Bono et al.(2007), the differences are not so much dependent on gender but on age, car ownership and marital status. Older men are more likely to be married than older women. Although men over the age of 65 carry out more caring activities than younger men, as women live longer than men they are less likely to be able to rely on care from a spouse and will be more likely to have to resort to public care facilities. More men than women have access to a car and so women are more dependent on public services.²²¹

Source: EGGSI Network National Reports 2010

6.1.3. Good practices

Some examples of programmes designed to overcome barriers to accessing health and long-term care services can be found throughout Europe.

We can distinguish among:

- a. Programmes targeting elderly people in vulnerable groups
- b. Programmes aimed at improving the quality of care.
- c. Programmes for supporting family caregivers.

The gender impact of these programmes may be both direct and indirect.

[Programmes targeted to elderly people in vulnerable groups.](#) Some countries have introduced specific programmes to overcome barriers to access LTC for most disadvantaged groups (specifically low income groups and cultural minorities).

In **Austria** there is a local programme (in Vienna), specifically aimed at overcoming cultural barriers, called “Integration of elderly migrants into social centres for elderly people”. The programme aims at establishing a counselling, information and socialising centre for elderly people. Specifically, elderly migrants are the target of this programme. The counselling centre provides non-bureaucratic counselling for elderly people on social issues, financial and legal questions following illness and need for LTC.

²¹⁹ Collins, S. (2009), *Options for Care Funding: What could be done now?*, Joseph Rowntree Foundation.

²²⁰ Bell, D. and Bowes, A. (2006), *Informing Change: Lessons from the funding of long-term care in Scotland*, Joseph Rowntree Foundation.

²²¹ Del Bono, E., Sala, E., Hancock, R., Gunnell, C., and Parisi, L., (2007), *Gender, older people and social exclusion. A gendered review and secondary analysis of the data, ISER Working Paper 2007-13*, Colchester.

In **Romania** there is a programme called “Socio-medical assistance for disadvantaged groups”. The key point of the programme is the diversification of services at the local community level by developing social and medico-social assistance for women and men belonging to disadvantaged groups. The programme aims at developing a network of medico-social services in two districts (Alba and Mures) for elderly people (both women and men) living on their own with no family or community support, who have difficulty in accessing existing social and medical services.

In the **United Kingdom** there is a programme, started in 2002, called “Free Personal Care”. It is implemented only in Scotland, offering free personal care in care homes and at home. The programme is a good practice to overcome financial gender barriers thanks to a substantial reduction in care home fees for elderly people (especially women).

Programmes aimed at the improvement of the quality of care. Improving the quality of care is a crucial point for the elderly care systems throughout Europe. Many countries have introduced programmes aimed at improving the professional skills of carers and enhancing elderly people’s access to specialised health care.

In **Germany**, the Federal Ministry for family affairs has promoted the campaign “Modern care for the elderly” to promote the occupation field of professional care. In particular, the initiative aims at improving public awareness and promoting a high level of training for caregivers to the elderly.

In **Finland** there is a local programme called “Act on assessment of service needs for people over 80 (2006) and over 75 (2009)”. The objective of the programme is to make a broad assessment of the need for social and health services. The programme does not have specific gender orientation, but most people aged 75 or over are women, and most of them live alone. Moreover the Ministry of Social Affairs and Health (MSAH) and the Association of Finnish Local and Regional Authorities issued a recommendation on good practice in LTC (National Framework for high-quality services for older people) in 2008.²²² The focus of the Framework is to reform the content of home care and 24-hour care services with new ideas. The Framework also presents examples of good practices from the field regarding the coordination of health and social care issues at the local level, such as 'service selection houses for elderly people' and 'new concepts for home care' developed by NGOs.

In **Italy** there is a programme, called “Nonne-Care”. It is a regional programme promoted by the Municipality of Naples, the Campania Region, Campania Local Health Units and other semi-public bodies. The objective is to enhance the possibility to meet new assistance and health-care needs in order to keep elderly women at home instead of in residential public care facilities, thanks to telephone and tele-assistance. The target group of the programme are elderly women (over 70 years old) who live alone and suffer from specific pathologies.

In **Norway**, the Dementia plan 2008-2012 aims at increasing understanding, collaboration and quality of the care of dementia patients. In particular, the programme is designed to increase the quality of care, development, research and planning, raising skills and knowledge, improving collaboration between health professionals, partnerships with families and local communities. The focus is on women as private and professional carers for the elderly. The plan clearly identifies women as the majority among care-givers, both professional and private. Another programme promoted in Norway is the “National strategy for specialized health care for the elderly 2008-2012”. The main aims of the strategy are to enhance elderly people’s access to specialised health care, create cooperation with primary health care, preventive care and

²²² http://www.stm.fi/julkaisut/nayta/_julkaisu/1063089

emphasise research and development within the area of the elderly and of their needs for specialised health care. The programme emphasises equal treatment in specialised health care, which is important as elderly women use it less than elderly men, despite the fact that women are the majority of the elderly.

In **Slovakia** there is a system of personal assistance focused on supporting the independence of older people and supports their relatives. Primarily the institute of personal assistance was designed to support disabled persons under 65 years. As from January 2009, it has been possible to provide personal assistance also to persons over 65 years, doubling the number of recipients over 65 years.²²³

In **Spain** there are 2,258 day-care centres, which offer access for 63,446 elderly persons²²⁴. These centres are public, private or mixed led²²⁵ and perform a key role in care for dependent elderly²²⁶. In addition, in day-care centres several activities are organized from an active ageing perspective. The users of day-care centres are mainly women over 80 years old. Another interesting programme in Spain, is the thermal activities programme, organized by IMSERSO with the aim of offering the elderly the chance of enjoying a leisure activity which has clear positive effects for health and long-term care²²⁷. This programme offers accommodation in spa centres, where the elderly are guided through medical examination towards the thermal services that they specifically need. In addition, other non thermal activities are organized in the spas for the elderly. Finally, a key aspect of the long-term care policies in Spain is remote care. This service, organized in 1992, consists in delivering an electronic device to elderly people who live alone which allows them to contact specialized centres and then relatives or health services when needed²²⁸. The programme works 24 hours a day for 7 days and in case of emergency the service includes mobile units which attend the elderly person in his/her home. Considering that the 77% of the elderly who live alone are women, this measure has a clear gender dimension to be highlighted. Remote care is often enhanced by regional and local programmes. There are for example services at the regional level for the elderly to denounce abuse, battering, abandonment or severe lack of care. An example is the Attention to Elderly Phone in Andalusia, working since 1999, which allows the elderly to access public resources for these situations if needed²²⁹.

Programmes supporting family caregivers. As most informal carers throughout Europe are women, and thus support for caregivers must be gender-sensitive. Some countries have introduced programmes aimed at supporting those who provide care to people in need in their household.

²²³ Bednárík, R., Brychtová, L., and Repková, K. (2009), *National Report on Informal Care in the LTC System*, Institute for Labour and Family Research, Project Interlinks WP5. Available online at the URL: <http://www.sspr.gov.sk/texty/File/Interlinks/WP5.pdf>

²²⁴ See IMSERSO (2008). The document is available online at the website:

<http://www.imsero.es/InterPresent1/groups/imsero/documents/binario/infppmm2008vol1.pdf>

²²⁵ The distribution of day-care centres in Spain is: 39% public and 61% private or mixed.

²²⁶ More information about day-care centres in Spain can be found at the reference website of IMSERSO: <http://www.imserosmayores.csic.es/recursos/centrosdia/index.htm>

²²⁷ Further information and details about the Thermal Activities programme of IMSERSO can be found at the website: http://www.imsero.es/imsero_01/envejecimiento_activo/termalismo/index.htm

²²⁸ The service is also available for non elderly disabled persons. Further information about remote care for elderly can be found at the IMSERSO website at:

http://www.imsero.es/imsero_01/envejecimiento_activo/remote_care_domiciliaria/index.htm

²²⁹ Andalusia Active Ageing White Book. Andalusia Government, 2010. Further information can be found at the website: http://www.envejecimientoactivo.com/espanol/libro_blanco_del_envejecimiento_activo

In **Cyprus** the national programme “Expansion of and improvement of care services for children, the elderly, disabled persons and other dependents”, implemented period 2005-2008 by the Social Welfare Services, aims at improving and expanding social care services at the local level, in order to enable women to cope with the care needs of children, the elderly, disabled persons and other dependants. The ultimate aim is to encourage their integration in the labour market as economically active members. Most of this activity has to do with the financing of social care structures which operate under the responsibility of voluntary organisations and local authorities. Within this framework, financing was approved for 31 programmes for the pilot phase of the programme, implemented by Local Authorities and Non-Governmental Organisations all over Cyprus. It does not target women as receivers of care specifically, but as carers, and thus can have a positive impact on women as carers.²³⁰

In **Sweden** a local programme (implemented by the Municipality of Jönköping) called “Support in partnership 2006” helps relatives to care, making life easier for the carers and the cared for and to receive good quality help and support.²³¹ The programme aims at planning, following up and evaluating the individual support of relatives. The COAT (Carers Outcome Agreement Tool) does interviews, keeps in contact and relieves the relatives. The programme addresses relatives who take care of the elderly, mostly women, and therefore has very relevant indirect gender effects. The programme is important as it recognises the caregivers’ needs and the important work they do.

Box 6.5 – Health and long-term care in the Candidate Countries²³²

The provision of healthcare in **Croatia** is affected by many problems in terms of access to health and social care services. Primary health facilities are equally distributed across the country but deemed to be inadequate. Secondary health care and preventive health programmes have a very low coverage of population. The Ministry of Health and Social Welfare and the Croatian Health Care Fund introduced in 2004 preventive health checks for population older than 45, and there are also other health programmes, such as the National programme for early detection of breast cancer, and the National programme for early detection of colon cancer.

Persons over 65 receive free primary health care in **FYROM**, whereas for the second and tertiary health services they have to contribute to the cost of the service and pay for medications which are not on the Health insurance positive list. The additional absence of care service, patronage and nursing system for elderly people affects both their health and financial condition. The Government adopted several strategic documents highlighting its priorities (the reduction of inequalities in health care, strengthening of primary health care, quality in public health services, modernization of public health providers, improved combination between public and private health providers), but, as pointed out in the Progress Report of the European Commission for 2009 little has been done for the promotion of women’s health.

Social care services are not highly developed in Croatia and are offered through homes for the elderly (both institutional and out-of-institution) and by NGO projects for the elderly. Centres for gerontology also exist in Croatia at national and local level. Home-based assistance initiatives have been launched by the Ministry for Family, War Veterans and Intergenerational Solidarity: “In-Home Assistance and Care for Elderly” and “Day Programme and In-Home Assistance for Elderly”. The latter also increased the employment opportunities for women caregivers (“geronto-housewives”).

Long-term care in FYROM is regulated by the Law on Social Protection and is provided in different ways: usually elderly care is provided by the respective families at home; health care services such as home-based treatment or in specialized hospitals providing beds for elderly; specialized homes for the elderly and other social institutions that offer long-term care fall under social assistance and not under health care.

²³⁰ Ministry of Labour and Social Insurance (2008)

http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/cyprus_en.pdf

²³¹ Socialstyrelsen (2006), *För varandra – vad gör de äldre för frivilligorganisationerna och vad gör frivilligorganisationerna för de äldre?*, Stockholm. Available online at the URL: <http://www.socialstyrelsen.se/publikationer2006/2006-123-49>

²³² Turkish expert did not report about this field of policies.

Croatia

There are many problems concerning access to the health and social care services for the population in general, and particularly for older people. The National Strategy for Health Development 2006-2011 listed problems in the health system, such as the inadequate role of the primary health care, territorially unequal distribution of the secondary health care, very low coverage of population with preventive health programmes, etc. Primary health facilities are equally distributed throughout Croatia, although the distance can still be a problem in remote rural areas mainly populated by older people. The main problems experienced by a significant part of the population involve financial aspects of the health care system and access to health services. In order to deal with the financial shortages of the system, the Government has undertaken several reforms in the last few years aiming to increase fees, either via direct payment or through additional contribution payments to health care funds, which are voluntary for citizens, but in fact necessary for all those who use health services, often in order to avoid higher fees. A 2006 UNDP research revealed that older people have significant problems with the price of health services.

An initiative of the Ministry of Health and Social Welfare and the Croatian Health Care Fund introduced preventive health checks in 2004 for the population over 45 (the age limit was set at 50 in 2005). According to the programme, general practitioners give free check-ups to all those over 50 who have not had any medical examination in the last two years. According to the available information, only 19% of the targeted population had the examination in the period 2004-2008 (see Table II.4.1 in Annex A, Croatia National Reports). The regional distribution is very uneven as it ranges from a very high share of 76.7% in Požeško-Slavonska County to only 3.7% in Šibensko-Kninska County. According to gender, the distribution was 52.2% of women, and 47.8% of men, and according to age the majority (43%) was in the age group 50-59.

There are also other health programmes, such as the National programme for early detection of breast cancer, and the National programme for early detection of colon cancer. The JIM Report for 2009 indicated that 57% of women answered to the call for examination for breast cancer, but only 19.3% for examination for colon cancer.

Centres for gerontology exist in Croatia and operate both at the national and local levels (although they are not yet equally distributed in all parts of Croatia) and their aims are to study, assess and monitor health needs and functional abilities of older people. They also organize education for older people, promote prevention programmes as well as other health care programmes and coordinate activities of other stakeholders at the national, regional, and local levels. In many cases centres for gerontology work as units of homes for the elderly, which is in line with the intention of homes for the elderly to develop out-of-institution health and social services.

Again, the social services are not highly developed in Croatia. The JIM stressed that in line with the whole social welfare system social services are highly centralised and that there is a need for more and different types of services, and particularly those which will give beneficiaries more options and choices and able to meet user needs. Social care services are usually offered by homes for the elderly (both institutional and out-of-institution) and various different NGOs which have projects for the elderly. The work of NGOs is in that respect very valuable, as they bring new innovative programmes and can initiate the development of community-based programmes. Although very valuable, NGOs could not replace the role of the local, regional, and national government in the development of long-term care, particularly because NGOs are not present in all parts of Croatia. In this respect, an important initiative was launched by the Ministry for Family, War Veterans and Intergenerational Solidarity in 2004. It is called "In-Home Assistance and Care for Elderly". From 2004 to 2008 it was run as the pilot-project, and since 2008 it has been based on the Government Programme of Service Development for Elderly in the System of Inter-Generational Solidarity from 2008 to 2010. Besides this, there is another project also run by the Ministry which is called "Day Programme and In-Home Assistance for Elderly". Through this project all the support and help needed by elderly people is offered with employment of so-called "geronto-housewives" who visit and help the elderly in their homes. The project has also increased the employability of women of all ages (who have been employed as geronto-housewives) and who otherwise have very low employability prospects. 923 persons were employed in whole Croatia in 2009, and of them more than 80% were women. By 2009 free services were available to 14,420 persons in 117 cities and municipalities in 20 counties. Of them, 37% live in single households, 74% are women, 12% have no income, and 18% need long-term care due to their health conditions. In the most unfavourable position are beneficiaries (56%) who live on islands, mountain regions and other remote places, and particularly places severely affected by the war consequences. The projects cost 53.1 million HRK in 2009 (ca 7.3 million €), of which 77% was paid from the State Budget, and 23% from local budgets. In service delivery the Ministry has established partnerships with 75 local and regional governments, and among direct providers there were 34 local governments, 5 regional governments, 26 NGOs, 9 social care institutions, and 1 city company. The JIM report for 2009 indicated that two independent experts evaluated projects positively, but they also stressed that the needs of beneficiaries should be better assessed, local governments should be encouraged further to organize services, a welfare mix in delivery of services should be built, and voluntary work should be further developed.

FYROM

Health protection is a basic human right. The Law on Health Protection and the Law on Health Insurance regulate the rights of the citizens in the area of health care, the rights arising from health insurance, the procedure for using health care, and the system and organization of health care in the country. Health care in FYROM is available in both the public and private sector. The health insurance of the elderly is on the basis of the pension (which is old-age, disability, agriculture and family).

The Strategy on Demographic Development 2008-2015 discusses among other things issues related to health. It notes that the vitality index had declined and that the overall mortality rate is related to population ageing. This is also result of the living standards and health sector in general.

Persons over 65 receive free primary health care, whereas for the second and tertiary health services they have to contribute to the cost of the service. In addition, they have to pay for medications which are not on the Health insurance positive list. All of this combined with the absence of care service, patronage and nursing system for elderly people affects both their health and financial conditions. Overall the health status of older persons is an issue of concern due to the bad socio-economic situation and limitations in accessing health services particularly on the local level and in rural areas in the Southwest region. A survey conducted within the framework of People Centred Analysis confirms that there are regional inequalities in the access to health services. According to the survey the specific problems include poor standards of hygiene in the facilities, a serious shortage of cars for rural health workers, and shortage of personnel. This conclusion is even more relevant to the elderly, since there is a trend of internal migration of young population to the urban areas as opposed to the older people who remain in the rural areas.

The government (Ministry of Health - MoH) has adopted several strategic documents on health. The Health Strategy of the Former Yugoslav Republic of Macedonia 2020 is one of the core documents. Its priorities include: reduction of the inequalities in health care, enhancement of primary health care, ensuring quality in public health services, modernization of public health providers, ensuring better combination between public and private health providers. The National Strategic Plan of the Ministry of Health 2009-2011 discusses the general objectives to be achieved but is not sufficiently descriptive. However, the details on attaining these objectives are found in the various Programmes within the Plan.

The Progress Report by the European Commission for 2009 points out that little has been done on promotion of women's health. The most relevant and concrete programme is the Programme on Women and Early Detection and Prevention of Reproductive Organ Diseases. The programme is intended for women aged from 20-65. Screening was organized in city of Prilep as a part of a pilot project. The Strategy on Demographic Development 2008-2015 envisages creation of separate action plans for its implementation in the field of health and access to and availability of services for 2008-2010. What can be concluded from the revision of relevant documents and studies is that there are no specific health programmes that address the needs of the age groups under consideration, but they are of general nature and apply to the health system overall.

Usually, care of the elderly is provided by their families at home. However, long-term care needs of elderly are met in different ways. Partly this is done through the health care services as treatment at home or in specialized hospitals providing beds for elderly. Specialized homes for the elderly and other social institutions that offer long-term care fall under social assistance and not under health care. The long-term care in the country is regulated with the Law on Social Protection (LSP). The elderly are protected through social prevention, institutional and non-institutional protection, social assistance and so forth. The government (both central and local) is responsible for providing social protection. Local authorities have competences in the provision of social protection services but devolution has in reality been carried out slowly (1% of the budget). Among the many social protection competences to be devolved to the municipalities entering in the second phase, only two have been devolved in reality and these are child care facilities and homes for elderly. It has been assessed that the slow progress in the process of decentralization of social protection competences is due to the low budgets on local level and lack of human resources and institutional capacity.

The Strategy on Social Exclusion deals with long-term care in general terms. However, it notes that the institutional protection of old people is low compared with the standards of other European countries. The elderly have the right to be accommodated in institutions for social protection which are under the mandate of the local self-government. These include 4 public homes for old persons and 2 private homes for old persons. According to the available data, 509 old persons were accommodated in 2008 whereas the overall capacity is 567. Of these, 215 persons are accommodated by the Centres for Social Work (CSW) and do not have to pay for the service; the rest who are not accommodated by the CSW must pay for the services. In terms of gender, the beneficiaries of the institutional social protection care include 178 males and 336 females.

A number of services and forms of assistance for the elderly fall under non-institutional long-term protection. These include day care, free meals, shelters for homeless, home care services and the right for placement in foster families.

The MLSP addresses some of these issues through the Social Protection Programs for 2008, and 2010. The Social Protection Programme for 2008 envisaged that the 7600 elderly will benefit from social protection on different basis. It also planned opening of one daily centre for elderly in the capital Skopje. The Programme on Social Protection for 2010 points out that it aims for full decentralization of social protection. The plan envisages development of social services for older people such as patronage teams in the local self-government units where they have been identified as necessary. These teams will assist the elderly in fulfilling their every day needs and ensuring medical care. The plan also foresees extension of non-institutional care through establishing daily centres for elderly in the municipalities of Makedonski Brod and Municipality of Krusevo. The Programme notes that efforts will be made to enhance the public-private partnership with the aim of opening homes for elderly.

Overall it can be noted that the system of long-term care for older people is not unified, but is dispersed throughout both health and social protection. This has to do with the slowing down of the decentralization of the social protection services and the lack of institutional and human capacity, as well as lack of coordination, and sometimes clear mandates. Further, factors such as poverty, unemployment or inability to obtain health insurance also significantly contribute towards discrimination and inequality of access to the most basic rights such as the right to health, and should therefore be promptly and effectively addressed.

Source: EGGSI national reports, 2010.

6.2. Transports

Mobility is necessary for an active and healthy life. Transport is part of daily life for most elderly people in cities and rural areas, as a number of services and activities are not accessible without the use of public or individual transport. Elderly women are especially vulnerable to poor transport infrastructure due to the twofold discrimination they may suffer as women and as elderly persons. On the one hand, accessibility and appropriate public transport, its quality, culture and safety are important in ensuring access to basic services and in involving the elderly in cultural and social activities, as well as in cultivating social contacts.²³³ On the other hand, research has consistently shown that men and women make different use of transport facilities and that in most countries transport policy is systematically biased towards meeting men's transport needs.²³⁴ Due to the pervasiveness of gender roles, men exhibit more predictable transport use patterns. Most working-age men travel in the morning from rural areas and urban suburbs to productive facilities and city centres, and then travel the opposite way in the late afternoon. By contrast, the women's role both within and outside the household implies that they use transport facilities more frequently though usually for shorter travels, and they frequently have no place in the suburbs-centres story.²³⁵ In some countries or regions, women drive less than their male counterparts, either for economic or for cultural reasons. Thus, women are more dependent on public transport services despite the fact that these may prove more expensive for women (for example when tariff zone policies favour traffic into peak areas or disregard peripheral areas). Moreover non-economic factors may affect women's use of public transport facilities, e.g. fear of violence and abuse, or for certain religious minorities' cultural restrictions on

²³³ See for example Fiedler, M. (2007), *Older People and Public Transport*, Rupprecht Consult, Cologne, available online at the URL: www.rupprecht-consult.eu

²³⁴ See for example UNECE (2009), *Review of gender issues in transport*, Report to the United Nations Economic Commission for Europe Executive Committee on the implementation of the priorities of the UNECE reform for strengthening some activities of the Committee, ECE/TRANS/2009/8, Geneva; and Law, R. (1999), "Beyond 'women and transport': towards new geographies of gender and daily mobility", *Progress in Human Geography*, vol. 23, n. 4, pp. 567-588.

²³⁴ See Siren, A. (2007), *Older women's mobility and its vulnerability*, paper presented at TRANSED 2007 Conference, Montreal, Canada, 18-22 June 2007, available online at the URL: <http://www.sortclearinghouse.info/research/222/>

²³⁵ See for example Hamilton, K., Ryley Hoyle, S., Jenkins, L. (2005), *Public Transport Gender Audit*, Research Report, University of East London, available online at the URL: <http://www.uel.ac.uk/womenandtransport/audit.htm>

promiscuity between men and women.²³⁶ Thus, it is important not only that public transport be accessible, but also that social support be available to the users and to women and the elderly in particular.

In the European countries, promotion of transport use by the elderly actually translates into two main policy approaches: subsidisation of the urban and rural public transports fees, allowing for fare reductions or free access to an assorted range of age categories; and the development of adapted or dedicated transport services to enable access to basic services, especially health services, or leisure activities. As will be shown in the following sections, most public policies are gender-blind, and an integrated approach to active ageing and a gender perspective in the transport domain are not major concerns in documented policy initiatives. These policies indirectly benefit elderly women because the latter are more represented among the elderly and the poor, but a more systematic approach may prove more effective in better meeting men's and women's aspirations for an active old age, in which access to transport services is crucial.

6.2.1. Public transports preferential fares for the elderly

The provision of *fare reductions* to the elderly is widespread on public transport at both the local and national levels, as shown in Table 6.1. Preferential fare schemes on suburban and city transport include free access or fee discounts mostly subsidized by local authorities and provided to different types of aged beneficiaries (pensioners and varied age cohorts) with no gender distinction.

Table 6.1 – National and local fare reduction schemes

Country	Provider	Policy description	Target age group
Austria	Railway Federation and other regional public transport companies	50% reduction for an annual fee of €26,90 for all railway connections. For pensions below the equalisation supplement (€10813,60 a year) no annual fee.	Men above 65 and women above 60 years.
Belgium		Access to buses and trams is free. Reduced-fares are provided outside peak periods on trains.	65 and above.
Bulgaria	Municipality of Sofia and other big Bulgarian city	Preferential fare rates (4 EUR/month for 68+)	Retired people and people aged 68 and over
Spain (several regions and cities)	Andalusia Regional Government	50% of the trips fees within Andalusia region are subsidized.	
	Valencia metropolitan region	Reduced fare: €18 yearly card (monthly card for the rest of the population €39.20).	65 and over
	Madrid metropolitan region	Reduced fare: monthly-card 23.6% of the normal fee (€10.90 for elderly)	65 and over
France	SNCF	SNCF one year "card senior" costs €56 gives train ticket reductions from 25% to 50%	Senior aged 60+
	RATP	Emeraude and Amethyste RATP cards provide handicapped adults and war veterans with ticket reductions or free trips.	60+ or 65+

²³⁶ SEC(2010) 1002 Final.

Ireland	Department of Social Protection	The National senior citizens' free travel scheme is available on all State public transport (bus, rail and Dublin's LUAS service). Free travel is also available on a limited number of services run by private bus transport companies. The service had been previously restricted to non-peak times but recognising the needs of older people to access peak-time travel for public hospital appointments this restriction is now removed.	66+
Italy	Many Regions and Municipalities	Favourable rates usually tied to age and income for season tickets for elderly people to be used on public transport	
Lithuania		50% discount on ticket price is valid in all local and national means of transportation (buses, trains and etc)	70+
Poland	Polish railways	50% price reduction for some train tickets assuming users buy a special pass (currently for PLN 75 or 150, approximately less than € 20 or 40).	60+
	Municipality of Warsaw ²³⁷	Fare reductions: "senior ticket" for PLN 40 (€ 10) valid for local transportation annually. Otherwise, older people may benefit from reduction only if they are pensioners, enjoying 40% to 50% discount	65+ (or pensioners)
Portugal	Local authorities	Social passes are free of charge during non-peak times, or minimal fee in other schedules. Also train rates are reduced.	Pensioners or 65+
Sweden		Fare reductions for tickets on buses, both local and national, but not on trains.	Pensioners
Slovenia		Special discounts for travel with a card. A new card will also introduce additional bonuses and discounts, also by foreign railway companies.	Pensioners

²³⁷ Municipality of Warsaw is not unique in this sense. Municipalities of major cities offer reductions but rules differ. For instance, pensioners enjoy discount of 50% (in Warsaw, Łódź, Białystok, Poznań, Bydgoszcz, Wrocław and some other cities) or 40% (in Kielce and Włocławek).

Slovakia		Suburban and city transport for free, respectively for accounting fee (price per km) up to 2008. The possibility of discounts is no longer the responsibility of the ministries, but of regional governments, towns and municipalities and their poor financial resources in some cases. Long-distance bus transport is fully commercial and the discounts depend on each provider.	Pensioners aged 60-70 years
United Kingdom		In 2006 free bus travel at off-peak times was initially introduced just for local travel but has subsequently been extended to bus travel across the whole of England as from 1 April 2008. Free bus travel is also provided in Wales and Scotland at any time and there is also free train travel in Northern Ireland.	60+ (England, Wales and Scotland); 65+ in Northern Ireland

Source: EGGSI national reports, 2010.

6.2.2. Special transportation initiatives to ensure access to basic services and active citizenship

Special transport services tailored to older people's needs are developed to ensure access to basic services, especially health services, and/or full fruition of active citizenship initiatives. Several initiatives at the EU level recently focused on the how well public transport was adapted for older people with health impairments for autonomous living conditions.²³⁸

Given the poor distribution of health care services in a number of countries, and in some countries between regions, access to health care remains problematic for elderly citizens, especially for elderly women. Thus, specific attention should also be paid to transport policy in relation to access to health care (hospitals and clinics, long-term care institutions, and more generally health care providers). This issue may require specific attention to rural and/or economically depressed areas and indeed most of the documented measures target *mobility restrictions* of older people living in *suburban and rural areas*. Many EGGSI experts (e.g. in Ireland, the United Kingdom, etc.) report that in these areas public transport coverage may be limited or threatened by current fiscal austerity measures.

Older people's access to health care services, especially for those living in remote areas, by means of adapted vehicles is a key issue in most of the special transportation measures. *Special transportation* for the elderly is thus often offered to ensure access to basic services and only marginally directed to *support active citizenship*, through for example participation in social, cultural, or community activities as in Ireland and Italy (see Box 6.6).

²³⁸ Detailed information about this programme can be found at the website:

http://www.imserso.es/enclaverural_01/catalogo_buenas_practicas/transporte/rural_taxi_castellon/ficha_tecnica_castellon/index.htm#ancla2

Box 6.6 – Special transport services for older people

Estonia

Some local governments are providing weekly buses, which collect elderly people to bring them to a centre to visit the family doctor, pharmacy, or other basic services (Oja 2004). This kind of service has gained more importance since in recent years in many rural areas the provision of public services has been reduced (for instance, the post offices in the rural areas have been shut down). Also there are many special taxi services provided for disabled and elderly people. For example special transportation for disabled and elderly people is also available in Tallinn and Tartu. These kinds of services are also in rural low-density areas where the elderly often live quite far from the hospitals, family doctors, pharmacies and other services.

Spain

Among the policies for providing additional and better means of transport there are many initiatives consisting in providing special transport routes or vehicles for the elderly, which enables them to access a wider range of services. One kind of importance for the rural areas is the collective and adapted taxi, frequently used by all age populations, especially suitable for rural areas with a low population density and scant endowment of welfare services. Nevertheless, these taxis must be adapted to cope with the mobility problems of the elderly and other dependent persons. The collective taxi programmes aim to reach small villages, where women are the majority of the elderly, especially those with no other means of transport connecting them with welfare, social and urban centres or larger villages. An example of these services is the Collective and Adapted Taxi programme in Castellón Province (Auto-Taxi Grupal y Adaptado)²³⁹. Another example of these programmes, similar to the one described can be found in a rural area of Tenerife Island, in the Canary Islands region²⁴⁰.

France

In the town of Fondettes (10 000 inhabitants) a dedicated service has been implemented for senior aged 65 and over: a taxi service at one euro per trip. Similarly, in the city of Toulouse, a taxi bike for seniors has been introduced at the cost of 5 euros per month for people aged 60 and over²⁴¹.

Ireland

The Rural Transport Initiative aims to develop a national wide community-based service in rural areas not explicitly targeting older women who are, however, the predominant users²⁴². This service is under threat of budget expenditure cutbacks. Recommendations included in the “*Report of the Special Group on Public Service Numbers and Expenditures Programmes*”, to reduce the costs in Health Service Executive funded non-emergency transport services programme by 20%, will result in this service being cut by 1/5 on the ground. This will only serve to worsen the situation for many vulnerable and sick older people. Bus Éireann Local Bus Services cover many of the towns and large villages, but many routes are ‘summer only’ leaving many rural women bereft of transport during the winter months. Unfortunately, some services essential for older rural women have been withdrawn because they are not commercially viable and no government subsidy has been available. the National Disability Authority is currently developing an integrated public transport system and preparing a report on the subject non-emergency transportation for the most vulnerable target groups. While not exclusively targeting the older population it will benefit this population and especially women, who are more dependent on public transport and more likely to experience disability. “Shop Route” is a free service that offers fully accessible, door-to-door transport to local shopping centres for older people in the North Central Area of Dublin. It operates Monday to Friday, between 9 a.m. and 2 p.m. The service will be available in each neighbourhood one day a week, and is operated through advance telephone booking. Usage is predominantly by women.

Italy

In some Municipalities some experimental forms of “supported transport” (*trasporto agevolato*) for elderly people living

²³⁹ Information about this transport programme in Tenerife Island can be found at:

http://www.imserso.es/enclaverural_01/catalogo_buenas_practicas/transporte/taxis_compartidos_candelaria/ficha_tecnica_candelaria/index.htm

²⁴⁰ Reported initiatives are quoted in a dedicated website providing senior citizen with information and news, “Senior actu”: http://www.senioractu.com/Senior-et-transport_r15.html

²⁴¹ <http://www.fitzpatrickassociates.com/The%20Rural%20Transport%20Initiative%20in%20Ireland%20-%20History.%20Key%20Results%20and%20New%20Directions.ppt>

²⁴² SIKA (2009), Färdtjänst och riksfärdtjänst 2008, Östersund.

alone and who are not completely self-sufficient have been implemented. However, given the shortage of funds and the scarcity of these kinds of services offered also at the local level, in the last few years, parallel to the increasing numbers of elderly people, the number of third sector and voluntary associations able to implement this kind of support has been sharply increasing. The “social transport interventions” are usually for elderly people living alone who have difficulties in reaching health care services (for example hospitals or doctor’s offices) or places in which they can socialise with others (social clubs for the elderly, theatres, etc.). The AUSER service of social transport born 20 years ago as a voluntary activity started in two Northern Regions (Lombardy and Emilia Romagna). This kind of activity has gradually been recognised, promoted and co-financed by some Municipalities. Again, differences between the North and the South of the country are paramount. Social transport interventions implemented by AUSER and co-financed by Municipalities have addressed 1 elderly person out of 112 in the North of Italy and 1 elderly person out of 1385 in the South of Italy. The above-mentioned “social transport interventions” also promote elderly participation in social clubs, theatres, or other active citizenship activities.

Sweden

Elderly and functionally impaired people who cannot ride regular public transport are entitled to transportation service. The most common transport is by taxi, but special vehicles are sometimes included. During 2008 each person qualified to use the special transport service made an average of 32 trips, and the special transport service was used by a total of 77 percent of those holding a permit. The number of trips per person using the inter-municipal transport service averaged a total of 4.1.²⁴³

United Kingdom

The Scottish *All Our Futures* strategy in the United Kingdom outlined a projected expenditure of £10.5 million per year for Demand Responsive Transport Services such as dial-a-ride, which would particularly help older people in rural communities.

Source: EGGSI national reports, 2010.

6.3. Housing

Safe housing and an environment that facilitates mobility and social relations are necessary to maintain the independence and social participation of older people. Housing arrangements suitable to the individual’s state of health enable them to live in a natural environment, even in the case of people with medical and other limitations. Accessible housing increases safety and makes caring easier for both informal and professional carers. A gradual shift from the provision of care in traditional nursing homes towards the promotion of independent living of the elderly in their own homes seems to prevail at the European level. This is partly accomplished through the provision of various home care and in-house services. Few exceptions diverge from the overall trend by relying on traditional policies of institutionalized elderly care. Thus, for example in **Estonia** the emphasis in elderly care has been on institutional care and the home care services, while adaptation of dwellings is not very common.

Research on the gender dimension of housing in old age is relatively underdeveloped as yet. Private rental has traditionally been pointed out as a vulnerable arrangement for elderly women, due to their high risks of poverty and/or loneliness.²⁴⁴ By contrast, home ownership is traditionally regarded as the most suitable housing arrangement for the elderly. However, in a gender perspective all housing forms may imply some risks of social exclusion and an integrated approach is thus necessary. Therefore, while for elderly couples home ownership may in general prove the most convenient housing arrangement, for elderly women it may prove sub-optimal, for example if they are single or if they remain alone after widowhood or divorce. In such cases, the economies of scale in living together (that is the sharing living costs between the persons in a couple or household) cease, and women’s incomes in old age may be too low to sustain all

²⁴³ See for example Wekerle, G.R. (1980), Women in the Urban Environment, *Signs*, vol. 5, n. 3, pp. 188-214.

²⁴⁴ See for example Coleman, L. and Watson, S. (1985), Older women: housing issues and perspectives, *Australasian Journal on Ageing*, vol. 4, n. 3, pp. 3-8.

dwelling-related expenditures. For this reason housing subsidies for the elderly may be considered as a policy bearing indirect positive gender effects. For example, one of the main policy strands of housing policy in **Spain** is the system of elderly residences, promoted in several regions through subsidies to finance accommodation of low-income or high-dependency elderly.

However, lone elderly women may also be confronted with new challenges, for example related to the maintenance and management of their houses.²⁴⁵ Especially where gender roles used to be more marked, many women may have never been concerned with such issues as repairs or the payment of bills, or their current mental or physical health may prevent them from doing so in old age. For this reason, several European countries are experimenting a wide range of innovative housing options or encourage new forms of communal living and intergenerational cohabitation as means to combat isolation and social exclusion.

6.3.1. Support elderly at home

The provision of care in most European countries is gradually moving away from nursing homes towards older people's own homes, raising the issues of relocation or adaptation of the housing stock to the needs of the elderly, and the development of in-house services.²⁴⁶

Policy initiatives on housing at both the national and local level predominantly focus on elderly care in their own homes through subsidies to foster adaptation, accessibility and functionality of dwellings to elderly-specific needs (Box 6.7).

Box 6.7 – Home adaptations and services for the elderly at their own home

Belgium

Initiatives conducted by regions focus mainly on elderly support to stay at home and a number of initiatives relate to home services for elderly (health care, cleaning, meal preparation etc).

Cyprus

The Scheme for the Reinforcement of Families for the Care of their Elderly and/or Disabled Members aims at reinforcing families in order to enable them to keep their elderly and/or disabled members at home (with the addition of rooms and/or equipment and/or redesigning of areas) so that the need for institutionalisation will be avoided. The upper limit of the lump sum provision is €12,000. In the three year period 2005-2007, 41 cases benefited with the total sum of €290,406.

Denmark

The general policy is ageing in place or, as it also termed, as long as possible in own home. Care services and adaptations to the home are offered as part of this policy. If an elderly person has a permanent frailty he/she can apply for means to adapt the dwelling, e.g installing special handles. If the present dwelling cannot be suitably adapted, the municipality can offer to cover expenses related to finding a new dwelling.

Finland

The National Housing Policy Action Plan states that it is the wish of older people to live at home, and that this would be the best solution also from the public policy perspective. To promote possibilities to live at home, the accessibility and functionality of dwellings needs to be improved, combined with an adequate level of home care services. For example, old houses need new lifts, and subsidies to install them as well as making other necessary repairs are provided. Gender aspects are not discussed in the Housing Policy Action Plan.²⁴⁷ According to the National Framework for High-Quality Services for Older People, municipal health and welfare, housing, technical and emergency services should all work together to promote home living and meet future space needs. They should

²⁴⁵ Czischke, D. and Pittini, A. (2008), Ageing and Housing in the European Union, *European Social Housing*, Research Briefing, Year 1 Special Issue, Brussels.

²⁴⁶ <http://www.ymparisto.fi/download.asp?contentid=80705&lan=fi>

²⁴⁷ National Framework for High-Quality Services for Older; http://www.stm.fi/julkaisut/nayta/_julkaisu/1063089

assess any need to convert and renovate the homes of older clients, focusing on obstacles to movement, fire safety and other security considerations. It is stated that a well-planned accessible environment maintains and promotes physical, cognitive, mental and social capabilities, reduces the need for aids or assistants, and decreases the risk of accidents, which means greater independence and equality.²⁴⁸

France

A governmental initiative called “Staying at home: autonomy, inclusion and life project” (“*vivre chez soi : autonomie, inclusion et projet de vie*”) is in preparation to improve living and housing conditions for the elderly²⁴⁹.

Ireland

While keeping with the policy of enabling older people stay at home, regulations have been introduced which make provision for a new framework of grant aid for older people and people with a disability, by the Department of the Environment, Heritage and Local Government. The Regulations provide for three new schemes of grant aid as follows: Housing Adaptation Grant Scheme for People with a Disability, Mobility Aids Housing Grant Scheme and Housing Aid for Older People. However, since the fiscal austerity programme was brought in, no new grant applications have been made since 2009.

Malta

The Department for the elderly and community care promotes two home care projects: “Night shelter” offers a secure and protective environment to elderly persons over 60 years, especially women living alone who might feel insecure at night; “Meals on wheels” is a meals home delivery service for those aged 60 and over unable to prepare their own meals.

Portugal

The Government of Portugal through the Secretary of State for Social Security, decided to create the programme Housing Comfort for Elderly People (Portuguese acronym: PCHI - Conforto Habitacional para Pessoas Idosas) in order to respond to seniors’ needs, especially those of the elderly poor, of urban areas, but especially of rural areas, where there is pronounced ageing, intensified by desertification and by the rupture in the family networks of proximity. This programme is housed in the National Plan of Action for Inclusion and aims to improve the basic conditions of habitability and mobility of elderly people who benefit from support services at home, with the intention of avoiding their institutionalisation and dependency. Qualification housing covers the execution of home improvement works, as well as the purchase of furniture and household items that can benefit the living conditions of seniors. The PCHI applies to individuals of 65 years and over whose monthly income per capita is less than or equal to the value of the social standard of support, provided that they live in dwellings which lack qualification, according to their situation and needs; that they are enjoying home services or the provision of such services is dependent on house qualification; that they are living alone or cohabiting with other elderly person(s), minor(s) or family member(s) with disabilities. This programme is potentially very important in terms of social inclusion, in that it enables the maintenance of the elderly people in their normal life spaces, but it remains limited in scale, particularly in this period of pronounced economic crisis. There are senior citizens who own their own home, but who currently lack economic possibilities to carry out repair/restoration work; their chances of remaining in their houses depend on subsidies, however, in economic emergency policy measures; during the month of June 2010, the Portuguese State had already reduced social support measures, making it impossible for anyone who has property (even if that person does not have financial resources or family support) to enjoy this kind of support.

Sweden

The aim of municipal care provision is to ensure that older people and those with disabilities are able to live normal, independent lives. This includes living in own homes for as long as possible.

Slovenia

In the Strategy of Care for the Elderly till 2010 of Slovenia, among the different measures identified to ensure an adequate living environment for older persons, the provision of efficient home assistance and care to those staying in their own homes was stressed.

Source: EGGSI national reports, 2010.

²⁴⁸ See the Ministry of labour and solidarity website: <http://www.travail-solidarite.gouv.fr/actualite-presse,42/dossiers-de-presse,46/nora-berra-lance-la-mission-vivre,11297.html>

²⁴⁹ Order No. 6716-A/2007, of 22 March.

6.3.2. Communal-living and intergenerational cohabitation

Housing options for older people are progressively increasing through the introduction of new forms of social and communal living, and multi-generational solutions, both often integrated with provision of proximity care services (see Box 6.8).

Box 6.8 – Housing options for older people

Austria

Assisted living is a housing option offering a combination of adapted flats according to the requirements of elderly persons (for instance in accessible building coverage) with concrete care provisions. The inhabitants live in a flat of their own with the possibility to receive board and care in or near their own residence. Some of the providers offer certain services such as catering as a basic provision, complemented as required. There are various providers of mobile care services differing substantially in quality since there are no legal premises for assisted living. Assisted living in share flats provides single rooms in a flat of six to eight persons sharing common rooms such as living room, kitchen and bath room. Social services can be applied for by single persons or by the whole flat community. Inter-generational cohabitation promotes the living together of various generations within one dwelling house and aims at mutual support of persons of different age groups. In Upper Austria and Styria assisted living on farms is provided.²⁵⁰ This form of cohabitation offers new possibilities for self-determined but assisted living. The adaptation of rooms is subsidised to install two to three flats according to the requirements of elderly persons. Additionally, farmers themselves are trained as carers for elderly persons and may– if required – offer services for their tenants.

Belgium

A number of interesting intergenerational initiatives are promoted at the regional level but they are somewhat limited in terms of number of beneficiaries. The “habitat kangourou” consist in renovating a “single family house” for two families: one for elderly people and one for a young family, the younger taking it upon themselves to care for the elderly people but in practice both supporting each other. Other types of co-housing initiative exist such as Abbeyfield house, but this does not seem to be particularly accessible to persons on low incomes. Another initiative conducted in Wallonia is “accueil familial”: it organises grants for families temporarily or permanently accommodating an elderly person at home.

Czech Republic

In the Czech Republic the most used care institutions for the elderly are the homes for seniors and nursing homes. A combination of care and residence facilities is provided in nursing homes. Their establishment rationalises the provision of care service recipients concentrated in one place and simultaneously addresses often substandard housing for seniors, or the severely disabled. The advantage of this concentration of care recipients in nursing homes is the presence of carers (social care and medical care) throughout working hours, usually on weekdays. Nursing homes are used mostly by clients with severe types of disabilities which are not necessarily related to their age. The average age of women is 82 and of men 73. In nursing homes women make up the majority of clients (78%).²⁵¹ Homes for seniors provide long-term residential services for elderly people. These services include assistance in dealing with common tasks of own person care, assistance with personal hygiene or providing conditions for personal hygiene, the provision of meals, the provision of accommodation, contact for the mediation of the social environment, activating and assistance in promoting their rights and interests. This service is provided for a fee. Homes for seniors are used mainly by those with mild and moderate disabilities. In 2008 the number of clients in homes for seniors was 35,945. The average age of women is 83 and of men 77. The clients are mostly women (75%).²⁵² Most of the establishments are created by regional (about 45%) and local (about 35%) authorities.²⁵³ The availability of homes for seniors has been fast decreasing in the last 15 years. The number of unsatisfied applicants for a place in homes for seniors rose from 18,549 in 1995 to 43,187 in 2005 and 52,953 in 2008. This could be the result not only of an ageing population but also of growing demand for and acceptability of these institutions and their growing affordability compared to increasing expenditures for private housing.

²⁵⁰ Austrian Federal Ministry for Social Security and Consumer Protection (2008b), *Hochaltrigen Bericht*, Vienna.

²⁵¹ http://praha.vupsv.cz/Fulltext/vz_306.pdf

²⁵² http://www.mpsv.cz/files/clanky/7870/rocenka_2008b.pdf

²⁵³ Červenková, A., Brutansová, D., and Pechanová, M. (2006), *Sociálně zdravotní služby poskytované klientům na ošetrovatelských odděleních domovů důchodců a v léčebnách dlouhodobě nemocných se zřetelem k jejich sociální situaci a zdravotnímu stavu*, VUPSV, Praha. Available online at the URL: http://praha.vupsv.cz/Fulltext/vz_211.pdf

Germany

Inter-generational living is promoted by funding from the public purse. Communal living is promoted in the 'Living for (Multi-)Generations' scheme. Thirty projects outstanding in their freedom from barriers and integration into their urban areas have been funded. The gender dimension, here primarily virulent as a question of financial means, is not discussed.

France

Initiatives are mainly promoted by local or territorial institutions, such as Regional or General Councils or by municipalities at the local level, and often involve firms in the construction sector. For instance, in the city of Chevilly-Larue (in the Paris suburbs), an ecological area is being constructed in order to provide housing for a mixed population including social housing for ageing people and secure housing to allow the elderly to stay longer at home. In the city of Couëron (suburbs of Nantes) an intergenerational project has been launched to build dedicated housing in a residential area for elderly people who have lost their autonomy and patients suffering from Alzheimer's disease.²⁵⁴

Iceland

NGOs and private companies have built and sold over 1000 apartments in apartment buildings in recent years. In many cases these apartments are attached to or close to a social and service centre. Currently there are 4886 age-specific apartments in Iceland classified in three categories representing the level of services attached to them: purpose-built apartments for the elderly, 1582; activity apartments for senior citizens, 2178; service and security apartments, 1126; of these 1180 are rented apartments, 2550 ownership based apartments and 1156 a mix of rent/owned apartments (they are partly owners and partly tenants).²⁵⁵ Purpose-built housing for the early retirement age group is more often a co-operative project in which a senior citizens' association, a building company and local government are all in one way or another part of the project. Local governments may be involved if the housing project is being organised in relation to services directly provided by the local government.

Ireland

There are 9,232 units of supportive housing for older people in the country. This translates into a level of provision equal to 19.8 units per one thousand older people but across the country, this ranges from 1.1 to 59.7 units per one thousand older people. Roughly half of provision is voluntary and half statutory provision. Outside Dublin City most stock is voluntary housing sector. A 2007 report recommends a minimum provision of 25 units per one thousand people aged 65 years (only one third of Swedish provision 71 per 1000).²⁵⁶

Sweden

Many municipalities are investing in special forms of housing such as for example senior housing, security housing, in-between housing, etc. In 2008 the Swedish Association of Local Authorities and Regions (Svenska Kommunförbundet) carried out a survey on senior housing.²⁵⁷ Senior housing is ordinary housing designed for persons usually 55 years and over and adapted to the needs of elderly persons. Some senior housing units have premises where those who live on the premises can take part in various common activities. For example there might be a kitchen and dining room which can be used for cooking and/or eating together. In total about 33 000 flats intended for senior housing were reported. The number has increased markedly in the 2000s. In 2000 there were around 11 000 such flats, which means an addition of 22 000 in eight years. Slightly more than half of the flats in senior housing are owned by local governments, the rest being owned by housing cooperatives, foundations and private real estate owners. Senior housing is found in almost all the bigger cities, while it is much less common in sparsely populated areas.

Source: EGGSI national reports, 2010.

Box 6.9 – Elderly housing and transport policies in the Candidate Countries

Transport

Two main transportation policies are promoted in Candidate Countries, as in most of the countries covered by the

²⁵⁴ Reported initiatives are quoted by "Senior actu": http://www.senioractu.com/Senior-et-habitat_r14.html.

²⁵⁵ Steinunn K. Jónsdóttir (2009), *Purpose built housing for the elderly: Policy-making and legislation in Iceland 1983-2008*, master dissertation in social work, University of Iceland, Reykjavik.

²⁵⁶ Cullen, K., Delaney S. and Dolphin C. (2007), *The Role and Future Development of Supportive Housing for Older People in Ireland*, National Council on Ageing and Older People, Report No. 102.

²⁵⁷ Svenska Kommunförbundet (2008), *Seniorbostäder, 55+, 65+bostäder – Kommunkartläggning 2008*, Stockholm.

report: free public transportation for the elderly in the two capital cities (Zagreb and Skopje), and special transportation measures in the form of adapted vehicles (easily accessible low-floor trams in the City of Zagreb) and various provisions of the National Transportation Strategy 2007-2017 of the Ministry of Transport and Communication of the Former Yugoslav Republic of Macedonia.

Croatia

Mobility is a crucial issue for the elderly, but in this respect little information is available. The City of Zagreb has two projects which facilitate mobility for the elderly. The first is free of charge public transportation for all persons over 65 (although currently under review due to the economic crisis). The second has to do with easily accessible low-floor trams. In the past few years almost all trams, which are main public transportation vehicles in the central part of the City, have been replaced by new low-floor ones, which are very convenient for the elderly. There have been other major reconstruction works in Zagreb's streets with the aim to remove architectural barriers for disabled people, but which also contribute to the mobility of the elderly. Free-of-charge public transportation for the elderly has also been introduced in some other cities in Croatia. While the situation can be considered acceptable in the major cities, there are many parts of Croatia with long distance and difficult transportation to health and other social care facilities, which are more populated by the elderly. As pointed out, that has been recognized as a serious problem in various national documents and programmes, but no initiatives have been launched in this respect.

FYROM

The specificities of transport in FYROM have been outlined in the Social Exclusion Strategy. The country has a heterogeneous road infrastructure and underdeveloped rail infrastructure. Population mobility is low due to non-existent or poor transport, particularly in rural communities. The lack of organized and efficient public transport drives private transportation which results in higher costs and inability of some vulnerable groups to benefit from it. The barriers related to transport are characterized by limited access, mostly due to lack of infrastructure, and related time constraints. This means that transport schedules either do not exist or are not respected. The organized public transport exists in only 8 big cities in the country. The gender and age gap is considerable, particularly with regard to the number of driving licences obtained and private transport.

In order to address transport issues, the Ministry of Transport and Communication has adopted the National Transportation Strategy 2007-2017. The strategy includes issues such as accessibility to transport and mobility, affirming the need for effective public transport, improved access to public premises and services, and most importantly, specifically discusses the needs of the elderly and people with disabilities with regard to transportation. The challenge identified by the Strategy concerns the isolation, due to transport constraints, of these two groups and their access to medical services. It also notes that it will be important to support the construction of infrastructure for improved transportation at the local level.²⁵⁸

In terms of specific measures carried out under these policy commitments, the author found only one sporadic direct measure undertaken by the local authorities in the period of 2009 to address and alleviate the difficult social conditions of the pensioners. This allows them free transportation on the City of Skopje public transport system once a week. This measure is not sufficient to address the specific needs of the elderly with regard to transportation, since the issue requires a more integrated and structural approach.²⁵⁹

Turkey

Lack of access to transport services due to their excessive cost may particularly affect older women with inadequate financial resources living on the outskirts of urban areas, who are frequently unable to afford to travel to maintain contact with family and friends. In Turkey there are systems at the local government level that facilitate free or lower cost transport for elderly people aged 60 and above. However, regulation of these services differs greatly among the many local governments. The Ministry of Transport offers certain services for people over 60 years of age, the most important being a discount of 20% on domestic trains and unlimited travelling opportunities with monthly discount train travel cards. There is also a 20% discount for the over 60 on international passenger transport services that operate within the scope of the Balkan Railways Uniform Tariff for South East European countries only.

²⁵⁸Национална Стратегија за Транспорт 2007-2017/National Transportation Strategy 2007-2017, Ministry for Transportation and Communication, p.27.

Available at: http://www.mtc.gov.mk/new_site/images/storija_doc/104/NTS%202007%20-%202017.pdf.

²⁵⁹ Please note that the reference is part of Memorandum for Cooperation between the City of Skopje and the pensioners, direct reference pertaining to this measure could not be identified. Вестник на Град Скопје, 29.05.2009 <http://www.skopje.gov.mk/images/File/vesnik%20GRAD%20SKOPJE%2029.05.2009%20koreg%20final%20maraton%20web%20normal.pdf>

²⁶⁰ Başbakanlık Devlet Planlama Teşkilatı (2007), Türkiye’de Yaşlıların Durumu ve Yaşlılık Ulusal Eylem Planı, Ankara.

Local governments are responsible for the supply of free public city transport to elderly disabled people. Private bus companies must give a 50% discount on tickets sold to elderly disabled people and Turkish Airlines offer 25% discount if a disabled elderly person can provide proof that s/he has lost 40% of physical capability.

Housing

Housing policies appear underdeveloped in the Accession countries. In Croatia, elderly people's needs have been taken into account only in the construction of elderly homes. In FYROM, a Strategy on Demographic Development 2008-2015 has been launched, even if it was not possible to identify specific actions plans.

Croatia

Safe and accessible housing for elderly people has been taken into account only in the construction of the homes for the elderly, and not in new construction projects, although the new construction projects pay attention to easy access to housing for disabled people (consequently also for the elderly), but no improvements have been made in the housing units themselves. There is some very limited debate about the need for new housing constructions for the elderly, particularly outside larger cities, and to encourage people to move to new living areas, as in larger towns the elderly tend to continue to live in big apartments which they are no longer able to maintain. Some foreign investors came to Croatia with similar ideas and even with concrete new age-friendly construction projects that have been debated in some local communities, though no concrete steps have been detectable so far.

FYROM

Overall there is lack of housing in FYROM. According to data from the last census, this is fixed at 345 housing places per 1000 inhabitants. Traditionally the most developed form of housing in the country is private, especially after the transition (in 1990 this was 95%), whereas the construction of new buildings for 2008 dropped to 2.5. out of 1000 inhabitants (the figure had been 5 in 1990). The average age of the apartment buildings in the country is 30 years.

Dwellers in low and substandard conditions are poor people and people from rural areas, including the elderly due to the internal migration. Taking into consideration also the fact that traditionally in the country the elderly stay within the family it can be concluded that this affects them as well. The People Centred Analysis identifies that housing needs along with health issues should be addressed. The former also should include 'adaptation of housing to the needs of the elderly population'.

The Strategy on Demographic Development 2008-2015 provides for action plans to be formulated three months after the adoption of the strategy in the field of social protection, health and housing in order to improve the quality of life of older people. The envisaged plans include gender considerations. The bodies relevant for these action plans are MLSP, MoH and MTC. However the author has not been able to identify the specific actions plans mentioned.

Thus the government has not developed any new, appreciable measures for improving the substandard conditions of housing affecting parts of the population, but it has also failed to develop any structured approach to housing such as for example social housing. The only measure considered for some socially excluded groups (single mothers, children without parents, social assistance recipients) was distribution of social apartments which was carried out on two occasions during the transition period but was accompanied by marked discontent among persons claiming that allocation was being made on a political basis.

Turkey

The construction sector is one of the most rapidly growing in Turkey. The urban housing stock ranges from luxury houses and apartments to small houses in a *gecekondu* (shanty town). In rural areas people tend to build their own houses, but there are now many efforts especially in cities such as Istanbul, Ankara and Izmir to transform these neighborhoods and move *gecekondu* dwellers into apartments. However, in this process there are no apartments or projects especially designed for older people. The tradition in Turkey is for older people to live in their own homes as long as they are able to look after themselves. When this is not possible they move in with one of their children.

The mid-1960s saw the beginning of the development of private and public retirement homes for the elderly. By 2005 there were 101 retirement homes privately owned or managed by associations and foundations, 28 operating under different ministries and municipalities and 63 homes operating under the Directorate General of Social Services and Child Protection. In total, retirement homes provide accommodation for 17,025 people.²⁶⁰ In the last few years, government policy has changed in focus from institutionalized care to care within the family. The current government has produced various documents which state that caring for the elderly in the family has many more advantages than their living in retirement homes. This move towards withdrawing social services and promoting the family care of the elderly is interpreted by some Turkish women as a way of protecting and promoting the traditional patriarchal family structure in Turkey.

Source: EGGSI national reports, 2010.

Chapter 7 - CONCLUSIONS

Older women and men throughout Europe face major challenges in living an active and dignified life due to a combination of gender-related issues: the twofold discrimination against older women based on gender and age stereotypes; women's greater vulnerability in the labour market caused by women-specific work trajectories (i.e. career breaks, part-time employment and low wage employment) and the resulting higher risk of poverty in old age; inadequate or obsolete skills as the main barriers for older workers to remain in or re-enter the labour market; the twofold role of older women as major providers and users of care services; and older people's reliance on health care and long-term care provisions.

The report has provided an overview of the policy landscape and available programmes on active ageing targeting women and men in late working and early retirement age in EU 27 Member States, the EEA/EFTA countries (Iceland, Liechtenstein, Norway) and three candidate countries (Croatia, FYROM and Turkey) according to information provided by the national experts of the EGGSI *Network of experts in gender equality, social inclusion, health care and long-term care* and across four main policy areas: labour market participation; training and lifelong learning; age-friendly environment and volunteer/community work; and supportive services (health and long-term care, transport and housing).

Labour market participation

Active ageing strategies have so far focussed in particular on increasing senior workers employment rates on the one hand by means of pension reforms, with the aim of developing incentives to retire later, and on the other hand through labour market policies. In the case of the former, a widespread trend in the EU and neighbouring countries is to extend the age of compulsory retirement for both men and women, but more for women, by gradually raising the female retirement age to equalise it that of men. As has been shown, this measure places on women a heavier burden in terms of the cost of social policy adjustment to population ageing, and thus in some countries it has been criticised by women's movements and in feminist research. However, equalising men's and women's retirement age also conveys a cultural message of gender equality and reduces the financial incentives for families to have women do all the unpaid work at home.

With regard to Active Labour Market Policies, the EGGSI experts described a number of policies enabling more flexible forms of employment and work for older persons; encouraging employment of older people through financial incentives to employers and employees. Gender is rarely a qualifying requirement for participation in these programmes, though in some cases incentives are higher if the employer hires elderly women. However, the higher unemployment and inactivity rates of elderly women suggest that such policies may benefit comparatively more women than men. Thus, it may be the case that insofar as Active Labour Market Policies effectively increase the employment of older women a reduction may occur in the provision of informal care at home, women being the prime informal carers. Such a situation may place pressure upon the public provision of care services, with a risk for older men's and women's welfare as recipients of care.

Finally, in more recent years the implementation of so-called "senior planning" in several EU countries has firms to take senior workers into consideration and to adapt age management in work places. Most of age management policies and activities are found to be gender-blind. However, an explicit gender perspective would prove relevant in the light of the multiple discrimination faced by elderly women.

Training and lifelong learning

Governments and major stakeholders in most of the EU 27 Member States and EFTA countries promote training and lifelong learning systems mainly by designing age-related policy frameworks to set guidelines, priorities and general targets for the regulation and promotion of further training internal or external to the labour market. Leave schemes or legal rights to training for employees often coupled with compensations to the employers have also been introduced in many countries with the aim to foster training activities for older people. A gender approach to adult training and lifelong learning is relevant because research has shown that while women constitute the majority of workers and jobseekers enrolled in adult education programmes, numerous gendered disadvantages still exist for women learners.

The goal to increase labour market integration of senior workers through adequate training and qualification has been pursued through the provision of financial support and incentives in the form of tax concessions or various mechanisms to refund training costs to employers or employees, and the implementation of different evaluation methods in the formalization of existent learning and non-formal acquired competencies, skills and qualifications (mostly European National Qualification Frameworks). Overall, a gender mainstreaming approach to training and lifelong learning for women and men of late working and early retirement age is lacking in most of the countries considered, although a gender approach would prove fundamental in policies for continuing education and lifelong learning, because elderly women face more serious barriers to employment than men, and there are fewer learning opportunities for women in general, and for mature women in particular, making adaptation to labour demand extremely difficult.

Age-friendly environment and volunteer/community work

An inclusive environment for older people offers opportunities for an active life and intergenerational contacts and represents a crucial precondition for independent participation in social affairs. Various national initiatives are raising awareness through research and mobilisation of the various stakeholders while policy-makers are promoting civil engagement and inter-generational projects for older people by funding initiatives and schemes. Community centres represent an important measure likely to increase the availability of services for elderly people as well as awareness and cohesion between generations. These policies are highly relevant from the gender perspective because increasingly often women are over-represented among lonely elderly persons, as a consequence of rising divorce rates and women's greater longevity, and they are thus at a greater risk of isolation and social exclusion.

Supportive Services

In many European countries there is increasing awareness of the need to acknowledge gender differences in *healthcare*: governmental institutions, universities, and the NGOs in particular have traditionally been very active in providing specialised services to women and other disadvantaged groups, a specific set of programmes addressing occupational healthcare. As highlighted by EGGSI national experts, among treatment provisions for the elderly, menopause and osteoporosis are treated as women-specific conditions in old age with, in some cases, specific treatment programmes. In other cases, discrimination against men has been reported.

Two key issues have been identified in a gender perspective with respect to the existing service provisions of *long-term care* (LTC): the majority of caregivers, both formal and informal, are women, while there is an increasing demand for and use of LTC by elderly women in the majority of the European States, considering their longer life expectancy and their reliance on

formal care, due mainly to the lack of care alternatives in their households.

The promotion of *transport* for the elderly actually translates into two main policy approaches: subsidization of the urban and rural public transports fees allowing for fare reductions or free access to an assorted range of age categories; the development of adapted or dedicated transport services to enable access to basic services, especially health, and/or leisure activities. All these policies lack a gender perspective, despite the fact that transport policy has been shown to constitute a crucial pillar of active social inclusion policy.

Promotion of independent living for the elderly in their own homes seems to prevail at the European level through the provision of various home care and in-house services, through subsidies to foster adaptation, accessibility and functionality of dwellings to elderly-specific needs. However, lone women may sometimes come up against serious difficulties living on their own. For this reason, a wide range of innovative *housing* options for the elderly in need of care and help encourages new forms of communal living and intergenerational cohabitation as means to combat isolation, often integrated with the provision of proximity care services.

Crosscutting issues

Despite the attention paid to the consequences of demographic change, and moreover despite the fact that the issue of active ageing has loomed very much larger in recent years, Member States and the other European countries explored still *lack a coherent and integrated policy strategy* for the employment and social inclusion of women and men of late working and early retirement age, *and a clear understanding of the gendered implications* of active ageing strategies.

Several crosscutting issues emerge from experts' contributions and may inspire policy improvements.

- The relevance of gender in many aspects of the ageing society, such as the differences in access to education and health, care responsibilities and participation in the labour market, and the impacts of demographic changes on gender equality are not embodied in the current active ageing strategies. Most policies and programmes are gender blind; they do not explicitly target elderly women but rather aim at the social inclusion of vulnerable groups. Nevertheless, it is the demographic characteristics of the older population rather than intentional gender mainstreaming rules that in any case translate into greater participation on the part of women.
- The approach to active ageing has so far focussed extensively on employability for senior workers, resulting in a dominant role played by pensions and social security reforms with the main aim of legislatively postponing retirement age. Measures taken for older workers in recent years are largely based on the dominant male trajectory of work and retirement, not explicitly gender mainstreamed, or largely ignore the different situations of older men and women (e.g. women are regarded as 'old' in labour-market terms from a much younger age than men and more often take on care obligations within the family). Common feature of female career trajectory, such as career breaks, part-time work and low pay, are not taken into account, or are penalised by the pension reforms. For this reason, women are much harder hit by recent restrictions in pension legislation than men – despite the fact that periods of childcare are taken into account: female pension benefit levels, which were quite low to start with, are likely to see a further decline; women benefit less frequently from 'advantageous' measures (e.g. active labour market policy measures and financial support) as these are not gender mainstreamed. Retirement deferral schemes might be a good way to promote active ageing for women but, at the same time, it is important for women's pension contributions to be boosted by crediting time spent caring, closing the gender pay gap so that women are not forced to work

beyond retirement just to avoid poverty in old age.

- Multiple discrimination affects older women, who are not only subject to discrimination on the basis of their age, gender and health status, but, if belonging to vulnerable groups, also according to other perspectives (migrant women, disables, homosexuals).
- The ongoing economic crisis has significant consequences on older women already suffering discrimination based on their state of health and disability, and on their access to basic services, especially health care and long-term care services, due to implemented and expected budget cuts.

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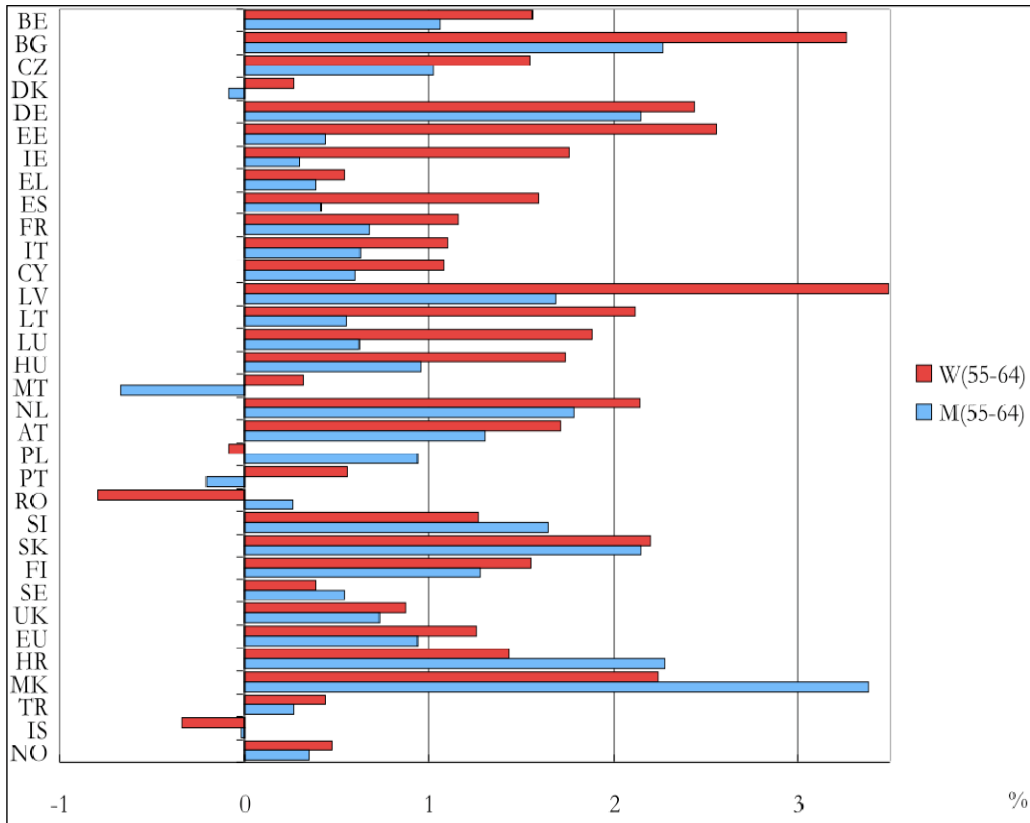
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ANNEX

Tables with selected indicators

This annex presents figures relevant to the analysis presented in the report and complementary to those already included in the main text. Figures are numbered according to the order of quotation within the text.

Figure A.1 – Historical evolution of older persons' activity rates, 2000-2009

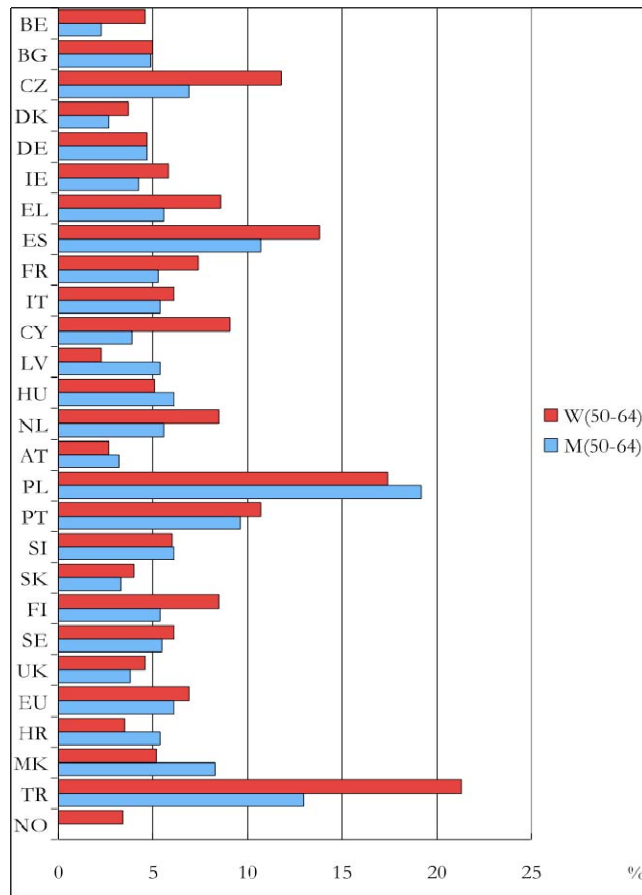


Source: Eurostat - LFS main indicators;

http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database

Explanatory note: data not available for Liechtenstein. The activity rate of older workers is calculated by dividing the the labour force aged 55 to 64 by the population of the same age group. The labour force is the total number of people employed and unemployed. The EU includes 27 countries.

Figure A.2a– Percentage of employees with fixed-term contracts among workers aged [50-64], 2009

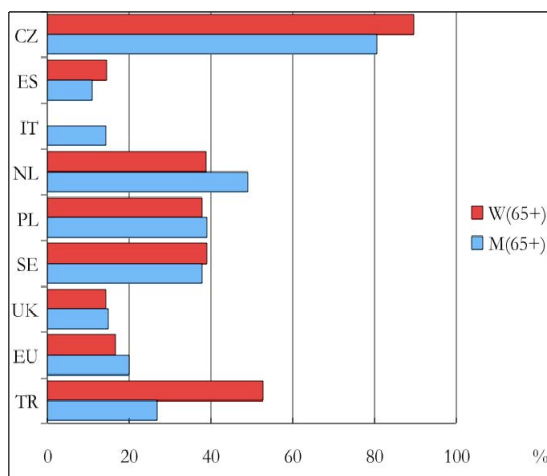


Source: Eurostat - LFS main indicators;

http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database

Explanatory note: data not available for Liechtenstein, Luxembourg and Iceland. Fixed-term employment rates represent here persons aged respectively 55 to 64 and above 65 employed on temporary contracts as a percentage of the population of the same age. Employees on temporary contracts are taken to be those who declare a fixed term employment contract or a job which will terminate if certain objective criteria are met, such as completion of an assignment or return of the employee who was temporarily replaced. The EU includes 27 countries.

Figure A.2b – Percentage of employees with fixed-term contracts among workers aged [65+], 2009

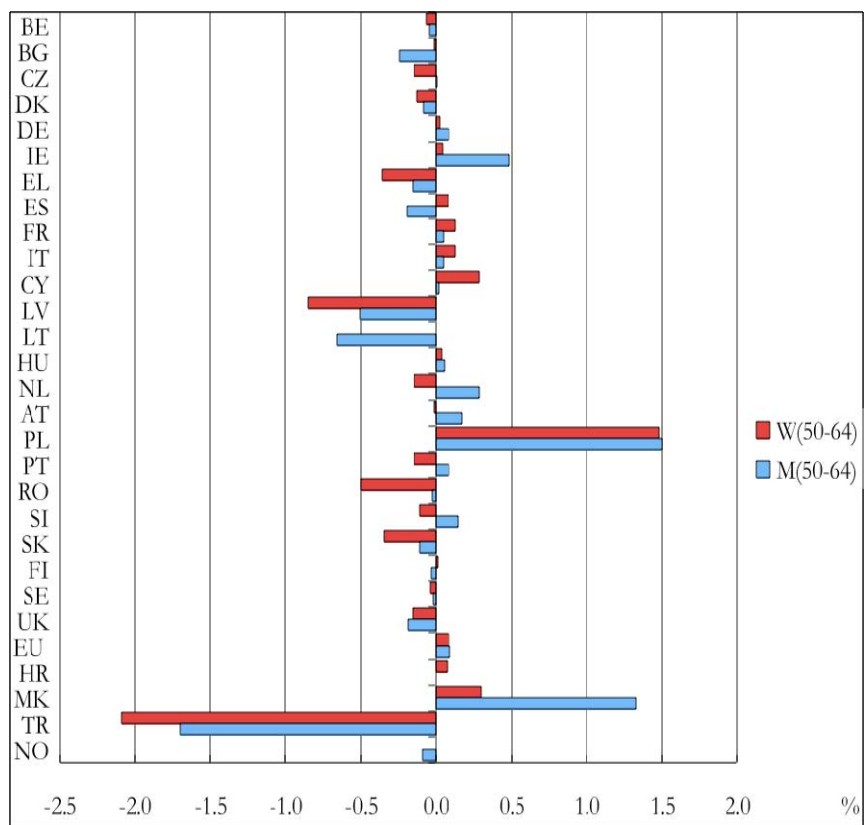


Source: Eurostat - LFS main indicators;

http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database

Explanatory note: data not available for Liechtenstein, Belgium Bulgaria Denmark Estonia, Ireland, Greece, Cyprus, Latvia, Lithuania, Luxembourg, Hungary, Malta, Austria, Portugal, Romania, Slovakia, Finland, Croatia, Iceland, Norway. Fixed-term employment rates represent here persons aged respectively 55 to 64 and above 65 employed on a temporary contract as a percentage of the population of the same age. Employees on temporary contracts are taken to be those who declare a fixed term employment contract or a job which will terminate if certain objective criteria are met, such as completion of an assignment or return of the employee who was temporarily replaced. The EU includes 27 countries.

Figure A.3a – Historical evolution of fixed-term employment among workers aged [50-64], 2000-2009

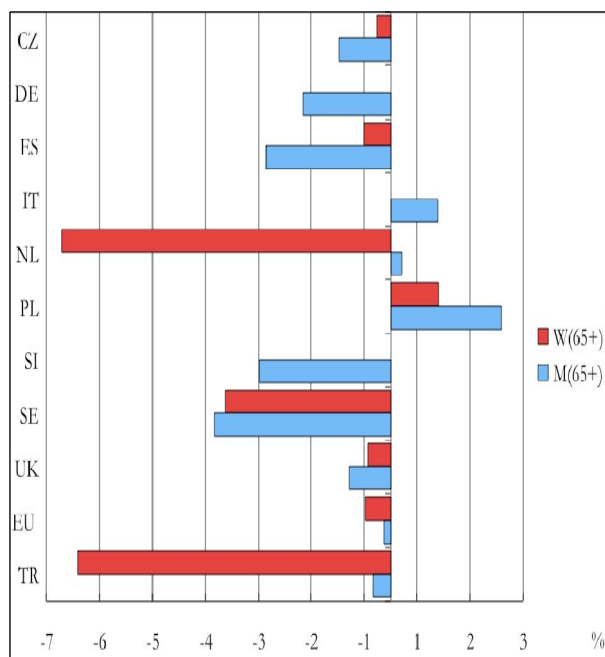


Source: Eurostat - LFS main indicators;

http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database

Explanatory note: data not available for Liechtenstein, Luxembourg and Iceland. Fixed-term employment rates represent here persons aged respectively 55 to 64 and above 65 employed on a temporary contract as a percentage of the population of the same age. Employees with temporary contracts are taken to be those who declare a fixed term employment contract or a job which will terminate if certain objective criteria are met, such as completion of an assignment or return of the employee who was temporarily replaced. The EU includes 27 countries.

Figure A.3b – Historical evolution of fixed-term employment among workers aged [65+], 2000-2009

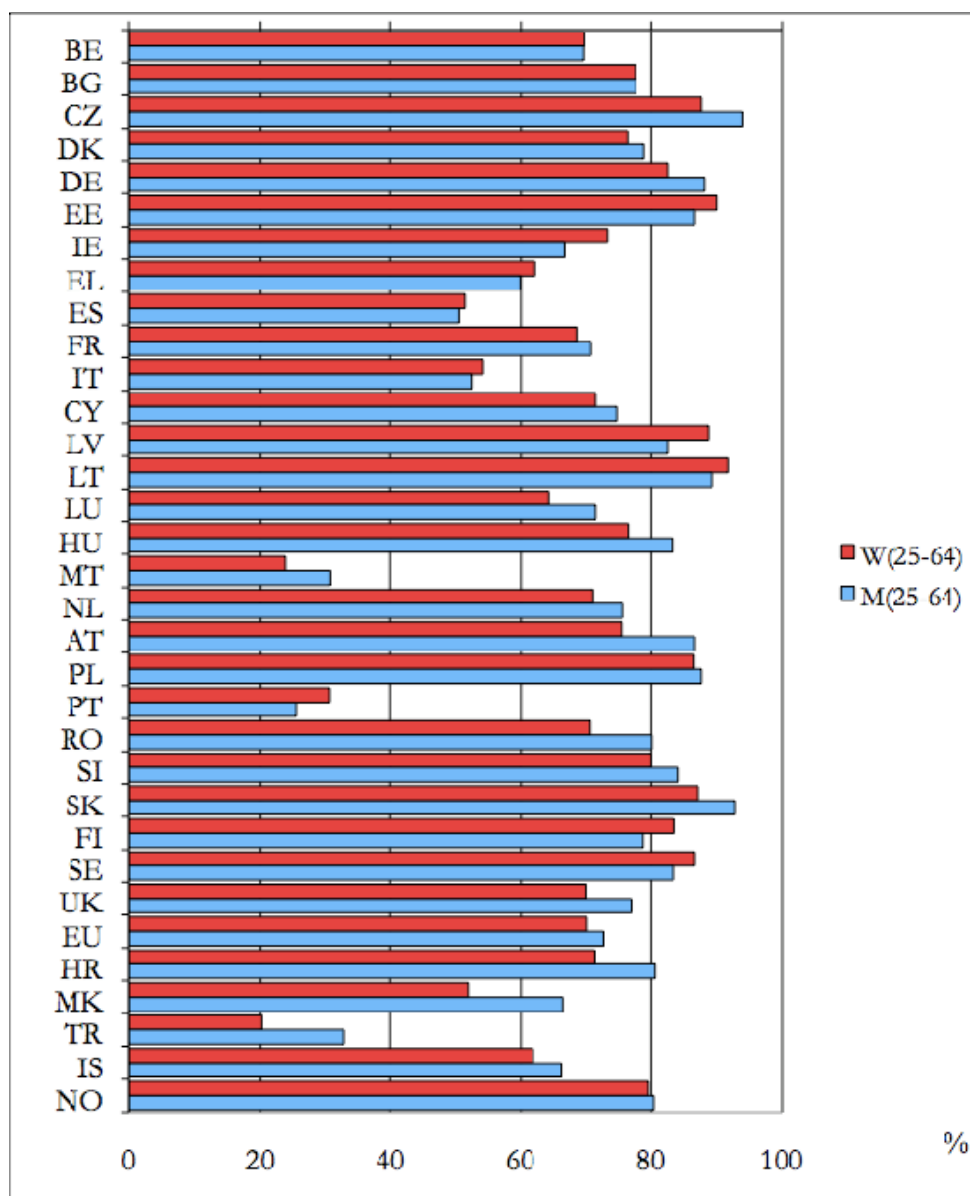


Source: Eurostat - LFS main indicators;

http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_unemployment_lfs/data/database

Explanatory note: data not available for Belgium, Bulgaria, Denmark, Estonia, Ireland, Greece, Cyprus, Latvia, Liechtenstein, Lithuania, Luxembourg, Hungary, Malta, Austria, Portugal, Romania, Slovakia, Finland, Croatia, Iceland, Norway. Fixed-term employment rates represent here persons aged respectively 55 to 64 and above 65 employed on a temporary contract as a percentage of the population of same age. Employees on temporary contracts are taken to be those who declare a fixed term employment contract or a job which will terminate if certain objective criteria are met, such as completion of an assignment or return of the employee who was temporarily replaced. The EU includes 27 countries.

Figure A.4 – Educational attainments of persons of working age, 2009

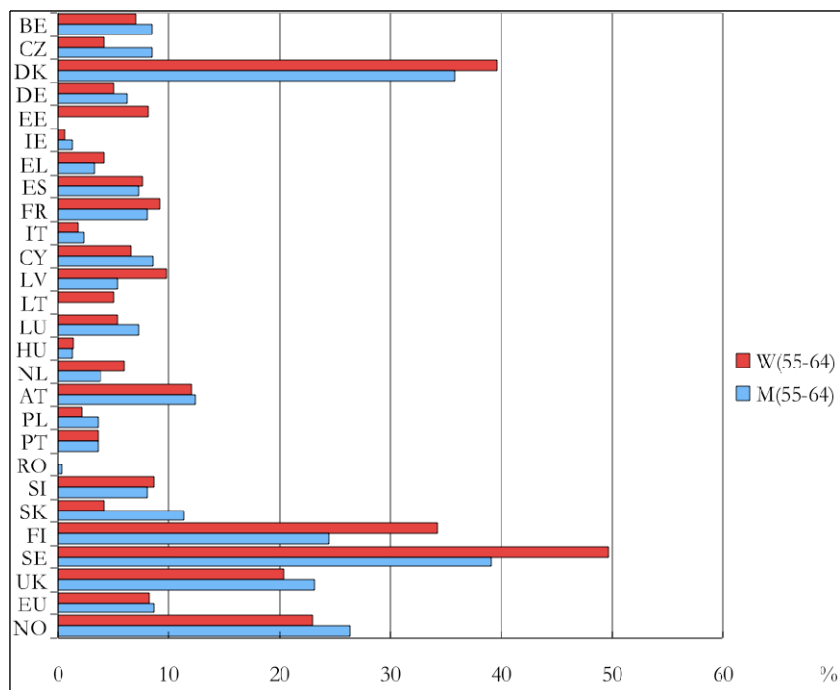


Source: Eurostat - Education and Training;

<http://epp.eurostat.ec.europa.eu/portal/page/portal/education/data/database>

Explanatory note: data not available for Liechtenstein and Former Yugoslav Republic of Macedonia. Educational attainment is here measured as the share of population in the age cohort [25-64] having successfully completed upper secondary or tertiary education. The educational classification used is the International Standard Classification of Education (ISCED 1997) coded according to the seven ISCED-97 categories. Less than upper secondary education is ISCED 0-1-2; Upper secondary education is ISCED 3-4 and Tertiary is ISCED 5.

Figure A.5 – Participation in informal training activities among old-aged workers, 2007

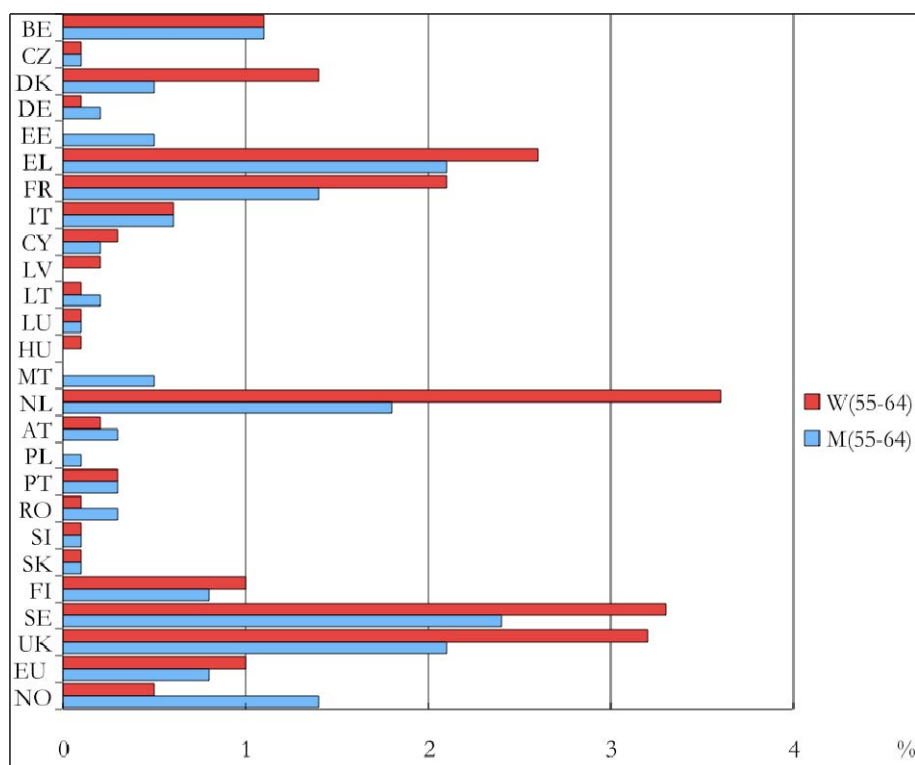


Source: Eurostat - Education and Training;

<http://epp.eurostat.ec.europa.eu/portal/page/portal/education/data/database>

Explanatory note: data not available for Liechtenstein and the Former Yugoslav Republic of Macedonia. Percentage of the adult population aged 55-64 participating in informal training over the four weeks prior to the survey. The EU includes 25 countries.

Figure A.6 – Participation in formal educational activities among old-aged workers, 2007

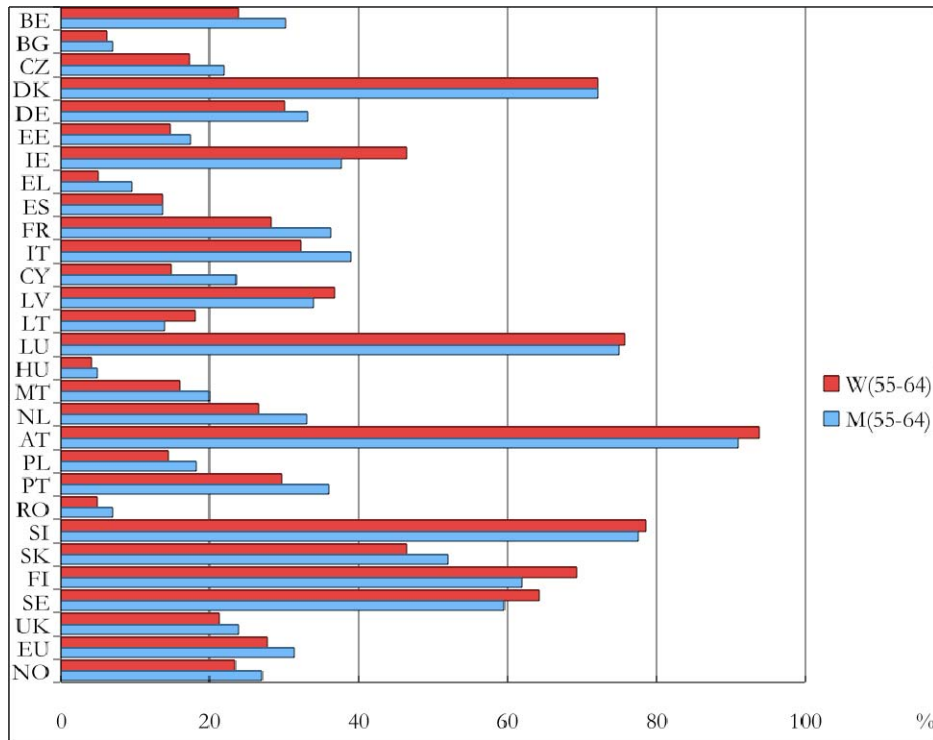


Source: Eurostat - Education and Training;

<http://epp.eurostat.ec.europa.eu/portal/page/portal/education/data/database>

Explanatory note: data not available for Liechtenstein, Bulgaria, Ireland, Spain, Malta, Croatia, Iceland, the Former Yugoslav Republic of Macedonia and Turkey. Students whose age is unknown are not taken account of in the participation rate indicators by age but are included in the total number of students. The EU includes 25 countries.

Figure A.7 – Participation in any learning activity among old-aged workers, 2007

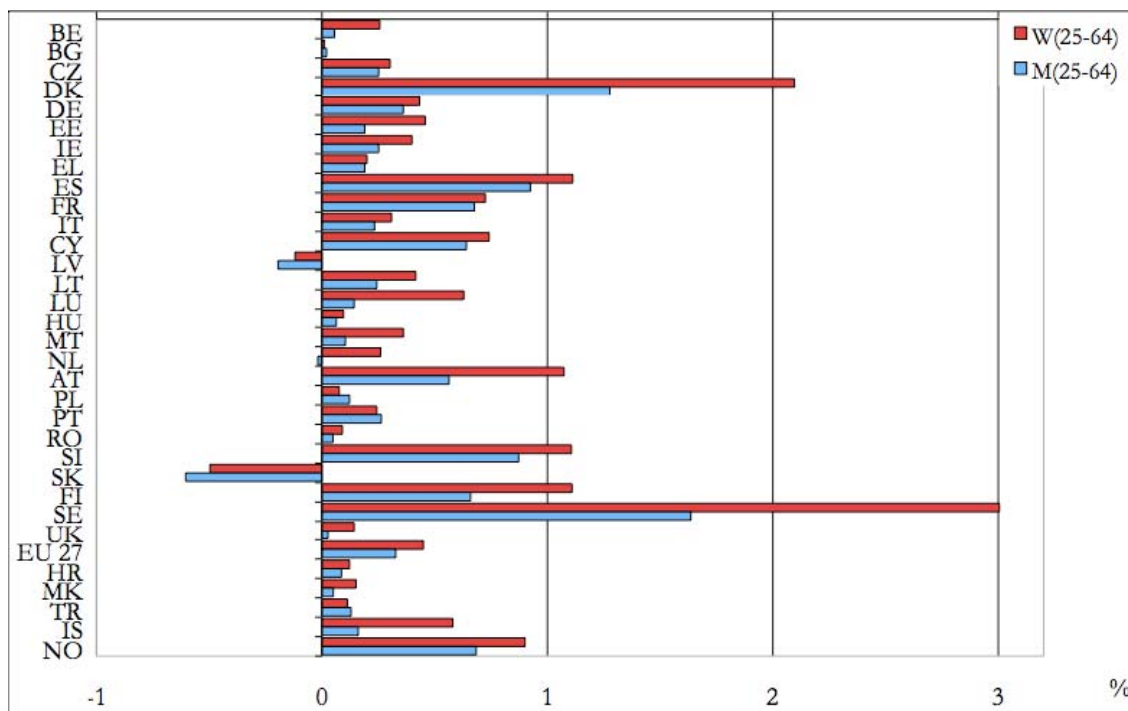


Source: Eurostat - Education and Training;

<http://epp.eurostat.ec.europa.eu/portal/page/portal/education/data/database>

Explanatory note: data not available for Liechtenstein, Croatia, Iceland, the Former Yugoslav Republic of Macedonia and Turkey. Percentage of the adult population aged 55-64 participating in education or training over the four weeks prior to the survey. The EU includes 25 countries.

Figure A.8 – Historical evolution of the participation in education and training among the population of working age (25-64), 2007

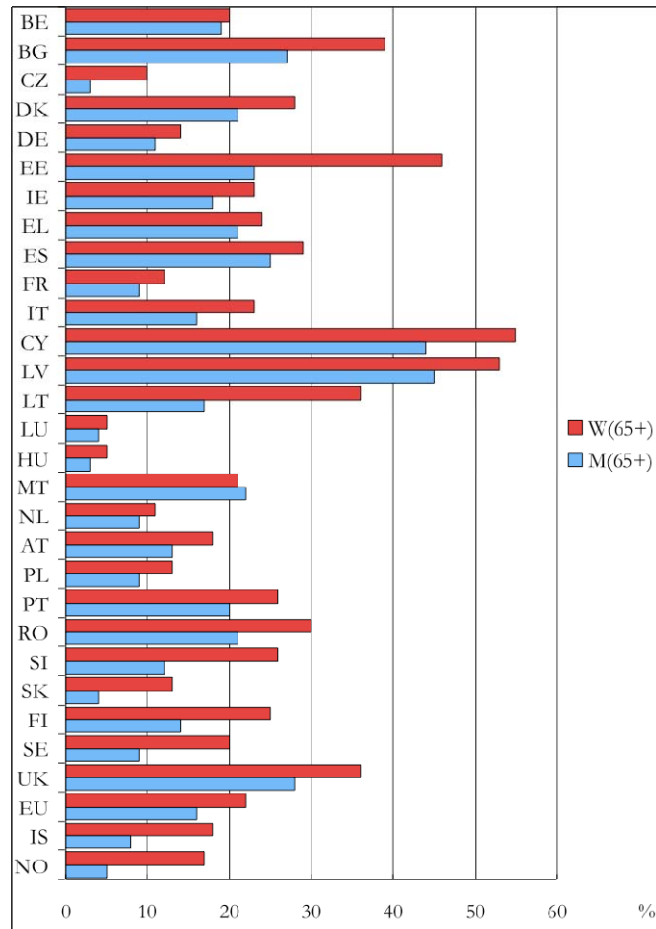


Source: Eurostat - Education and Training;

<http://epp.eurostat.ec.europa.eu/portal/page/portal/education/data/database>

Explanatory note: data not available for Liechtenstein, Croatia, Iceland, the Former Yugoslav Republic of Macedonia and Turkey. Percentage of the population aged 25-64 participating in education or training over the four weeks prior to the survey.

Figure A.9 – At-risk-of-poverty rates of old persons among home owners, 2008

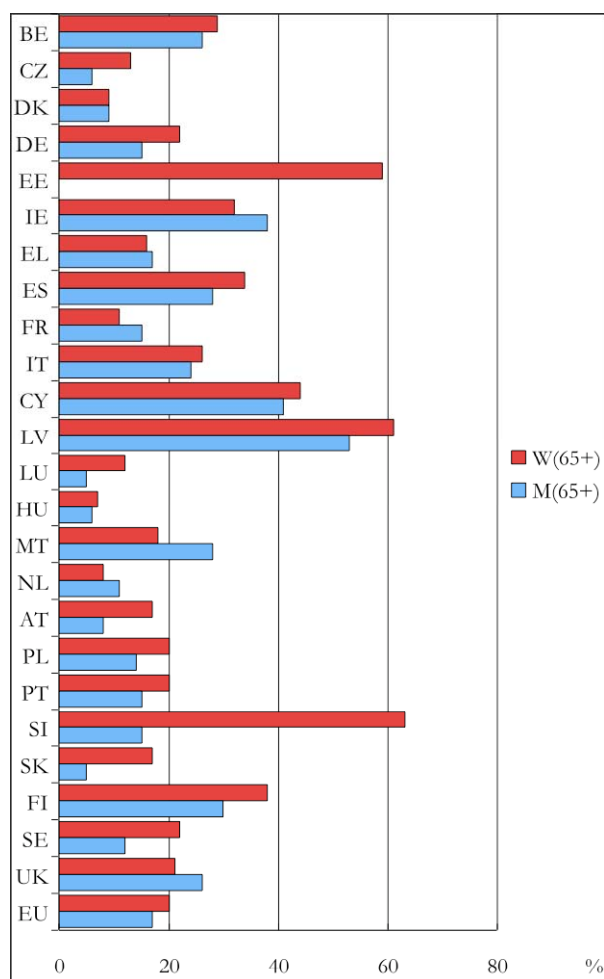


Source: EU-SILC - Living conditions and welfare (2008);

http://epp.eurostat.ec.europa.eu/portal/page/portal/income_social_inclusion_living_conditions/data/database

Explanatory note: Liechtenstein, Croatia, the Former Yugoslav Republic of Macedonia and Turkey. The at-risk-of-poverty rate for a certain age group is computed as the share of house-owners of a certain age group with an equivalised disposable income below the risk-of-poverty threshold, which is set at 60 % of the national median equivalised disposable income (after social transfers). The EU includes 27 countries.

Figure A.10 – At-risk-of-poverty rates of old persons among tenants, 2008

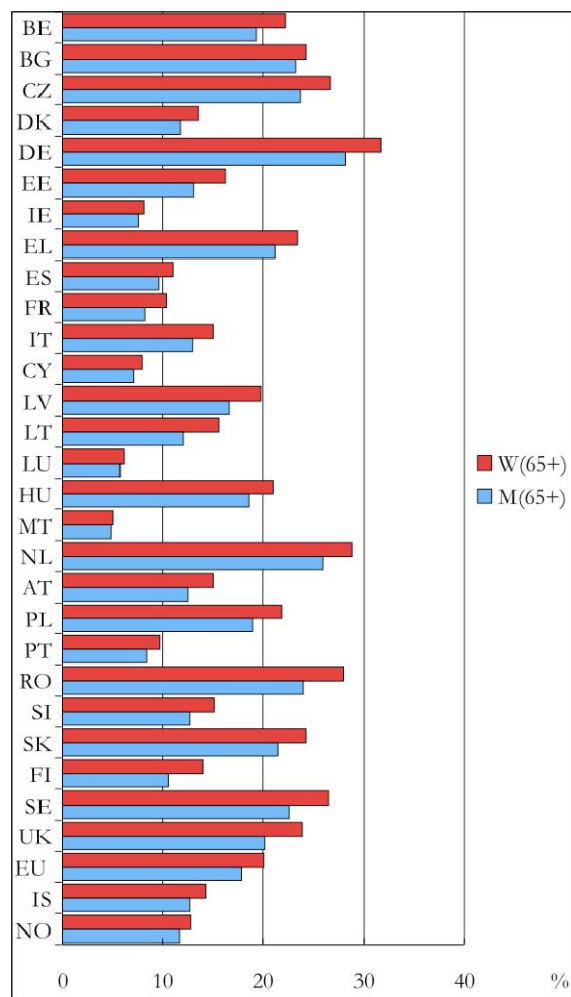


Source: EU-SILC - Living conditions and welfare (2008);

http://epp.eurostat.ec.europa.eu/portal/page/portal/income_social_inclusion_living_conditions/data/database

Explanatory note: Liechtenstein, Romania, Croatia, the Former Yugoslav Republic of Macedonia, Lithuania and Turkey. The at-risk-of-poverty rate for a certain age group is computed as the share of tenants of a certain age group with an equivalised disposable income below the risk-of-poverty threshold, which is set at 60 % of the national median equivalised disposable income (after social transfers). The EU includes 27 countries.

Figure A.11 – Median of the housing cost burden distribution for old persons, 2008

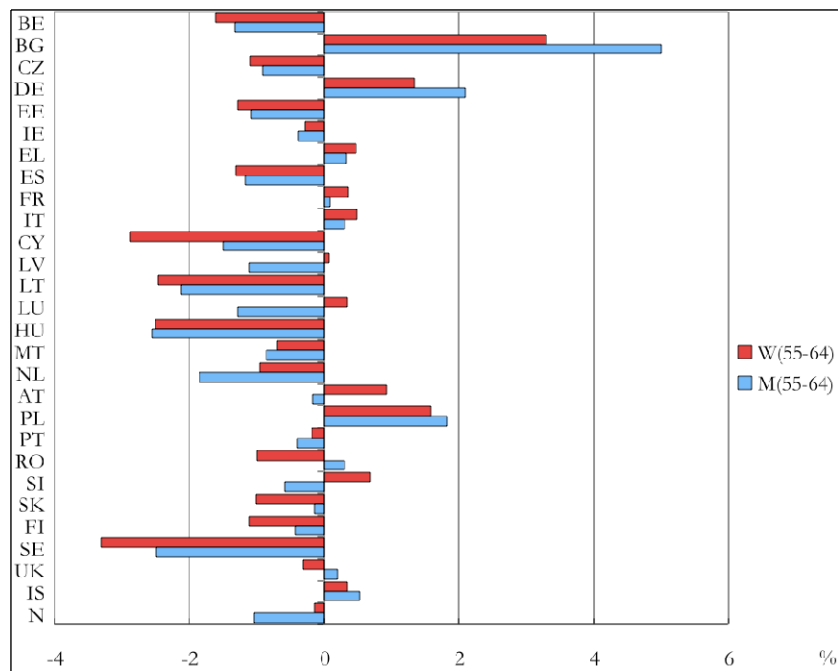


Source: EU-SILC - Living conditions and welfare (2008);

http://epp.eurostat.ec.europa.eu/portal/page/portal/income_social_inclusion_living_conditions/data/database

Explanatory note: Liechtenstein, Croatia, the Former Yugoslav Republic of Macedonia and Turkey. This indicator is defined as the median of the distribution of the share of total housing costs (net of housing allowances) in the total disposable household income (net of housing allowances) presented by age group. The EU includes 27 countries.

Figure A.12 – Historical trend of self-reported perceived limitations in daily activities, 2000-2008



Source: EU-SILC - Health status;

http://epp.eurostat.ec.europa.eu/portal/page/portal/health/public_health/database

Explanatory note: data not available for Liechtenstein, Croatia, the Former Yugoslav Republic of Macedonia and Turkey. The data on limitation in activities due to health problems refer to the respondents' self-evaluation of the extent to which they are limited in the activities people commonly perform because of health problems for at least the last 6 months. The EU includes 27 countries.

