

Ensuring a society for all ages: Promoting quality of life and active ageing

19 - 20 September 2012, Vienna

REPORT ON THE PROCEEDINGS OF THE SECOND MINISTERIAL PANEL

The second ministerial panel continued in the morning discussion of

ENSURING A SOCIETY FOR ALL AGES

The presentations fully covered both the themes.

All speakers attached great importance to the five and ten year reviews of the activities to implement the Madrid International Plan of Action on Ageing (MIPAA) and supported the idea to continue in the reviews. The Turkish speaker invited UNECE to organize the next review in Istanbul.

It was evident from all the presentations that the countries have in last 5 years moved from words to deeds. In all the countries new legislation was passed, policies were changing and strategies, programs, plans and projects were adopted and are being gradually implemented.

All the speakers stressed that in their country life expectancy has increased E.g. in Russia life expectancy in period 2006-2011 increased by 5 years for the total population.

Higher life expectancy calls for important changes in attitudes and social systems. The discussion followed up that of the first panel and called for recognizing the fact that older men and women continue to make important contributions to their communities in various ways, including continued employment, performing non-paid caring of younger and older family members, participating in volunteering as well as cash and in-kind transfers to benefit younger members of their families and communities.

Some delegates pronounced additional views on issues discussed in the morning, e.g. the Swedish speaker stated that the prolongation of working life and abundance of age discrimination are a priority for his government. The government appointed an inquiry into pension-related age limits and into possibilities to prolong active participation in the labour market. Similar inquiries took place in other countries.

The discussion in the second panel in the afternoon mostly focussed on:

1. Promoting quality of life and active aging, and
2. Creating an enabling environment for health, independency and ageing in dignity.

1. PROMOTING QUALITY OF LIFE AND ACTIVE AGING

The issues on which the discussion primarily focussed upon can be summed under three headings:

- (1) dialogue between generations and combating discrimination
- (2) solidarity among generations and
- (3) learning

1.1. PROMOTING DIALOGUE BETWEEN GENERATIONS

Some delegates provided examples of good practices in promoting and strengthening multigenerational dialogue and of improving cooperation between youth organisations and older persons' organisations.

Measures aimed at, *inter alia*, combating any form of prejudice, neglect, abuse and discrimination and promoting intergenerational activities are the main issues on which e.g. the German strategy is focussed.

In some presentations intergenerational learning by all stake-holders, including governments, non-governmental organisations, the private sector, the media and the general public were stressed as conditionality for improving the dialogue between generations and overcoming some prejudices.

In some countries the elderly are still being abused by the younger generations. The German delegate elaborated on this problem. The participant also highlighted that the aging women in many respects have problems different from men and that the governmental policies should act to avoid unintentional discrimination.

1.2. SOLIDARITY AMONG GENERATIONS

Some delegates stress the idea that solidarity between generations meant adequate and sustainable social protection of older persons. Families in some of the countries are encouraged to support their aged members in a sustainable manner. Solidarity is being effectively promoted through support of nongovernmental organizations and volunteer work. E.g. in Germany the Government based its strategy of inclusion on a report produced by an independent committee in which all ages were represented; the report now lies before the Parliament for further action.

Volunteering of all generation is efficiently supported by many governments. In some countries the value of joint volunteering of people of all ages was recognized.

Intergenerational volunteering is effectively complemented by intra-generational volunteering of the aged e.g. in Germany where 20% of the volunteers are over 50 years of age; they provide support to other aged as well as perform in favour of families with small children.

Good examples were provided of developing and implementing socially responsible, financially sound and sustainable strategies encompassing the needs, capacities and expectations of current and future generations and promoting equal opportunities for their self-determination. E.g. in Germany the governmental report to Parliament revealed that over 60% of the German population supports in some manner activities in favour of seniors; the value of the support has been estimated to represent 11 billion Euros annually. Russia has a multi-functional public system of social services for the older persons in which younger generations participate. Good practices were also reported by other speakers.

1.3. LEARNING

The delegates drew the attention to the problem that most of the population does not prepare for aging, does not learn new competencies necessary for prolonged employment. Yet many delegates in their presentations provided examples of effective educational campaigns that enabled the prolongation of active participation in the labour market. E.g. in Russia public employment services conduct special training programs for the elderly. In Belgium and Germany life-long learning has been effectively promoted.

Some delegates drew the attention to teaching, on the one hand, the elderly about healthy, active ageing and, on the other hand, introducing this theme into the curricula of all educational institutions.

The success of universities of the 3rd age was stressed in connection with fruitful activities to promote activity of the aged. One delegate introduced the idea that these universities could promote employment of the aged. This idea was waved as these universities copy regular programs and do not train people for the labour market.

2. CREATING AN ENABLING ENVIRONMENT FOR HEALTH, INDEPENDENCE AND AGING IN DIGNITY

The issues on which the discussion primarily focussed upon can be summed under three headings:

- (1) Enhancing sovereign life of the elderly
- (2) Health and care promotion – prevention and protection
- (3) Community and family life

2.1. ENHANCING SOVEREIGN LIFE OF THE ELDERLY

Practically all delegates focussed on the new trend in social policy aimed to enable older persons to continue living for as long as possible in their own environment and community. Apart from the support of families to care for their aging family members, this included promoting housing facilities. E.g. in Belgium effective housing programs were developed, which promoted innovative housing design aimed at adapting to the changing needs and functional abilities of persons as they age. In the USA Community Living Initiative was launched by the Secretary of Health and Human Services; the authority just created a new public organization - the Administration for Community Living. In Russia housing is being solved in a special manner with respect to all war veterans and widows of fallen soldiers. In Lichtenstein the government intends to unite all the care providers who focus aged persons and to develop support from public budgets to institutions providing care for the aged.

Great attention in the presentations was given to self-help arrangements of older persons for independent or assisted living. The US delegate mentioned hours of volunteer service. The Belgium and Dutch speakers mentioned increasing participation of the elderly in management of care systems and institutions.

Most delegates mentioned good practices in affordable, high-quality welfare, ranging from arrangements for primary and community-based care to various forms of institutional care. USA plans to further enhance integration of acute care, long-term care and community-based services.

In Sweden the government appointed a National Coordinator for Elderly care. In Lichtenstein an independent council was created and financially supported by the government to provide information and support to ageing persons on their request.

2.2. HEALTH PROMOTION – CARE AND PROTECTION

Measures of health promotion, care and protection to ensure independent living, as well as active participation were mentioned by practically all the speakers. The US delegate mentioned new legislation in this respect e.g. the Affordable Care Act (2010) and additional protections offered by the Age Discrimination Act, the Age Discrimination in Employment Act, the Americans with Disabilities Act, and most recently, the Elder Justice Act. Medicare is the national social insurance program in the USA that guarantees access to health insurance for Americans ages 65 and older and for younger people with disabilities. In Russia in 2012 a new federal law to promote health protection in the Russian Federation was adopted.

Some delegates mentioned preventive measures, early diagnosis and to the treatment, care, especially with regard to long-term care.

Dignity as principal attitude in nursing and medical practice, including long-term and palliative care, was mentioned. In Sweden dignity was incorporated as a core value in the Social Services Act. In the USA a National Alzheimer's Project Act was developed. The problem of non-respect to dignity in providing health and social intuitions was also highlighted by other speakers.

The Lichtenstein speaker stressed the need to enhance the right of the elderly to choose the manner in which their needs will be met. The free choice principle was introduced in Sweden in 2009; some 100 out of 290 municipalities have introduced the free choice system, in which some 900 providers participate, and another 60 are planning to do so. Some providers offer different languages and some cultural and religious competence.

Some delegates mentioned that the needs of the elderly will require more trained staff. In Sweden a 4 year training program was launched and the government has included in the next years budget support to 3 year training for leaders in elderly care. In Germany by 2030 there will be 3.3 million people needing care and there will not be sufficient professional staff to provide it.

2.3. COMMUNITY AND FAMILY LIFE

Some speakers mentioned the improving situation of informal and formal carers, through training and dignified working conditions including adequate remuneration; this attracted migrant carers.

Social consequences for the aged caused by emigration and immigration were discussed. The Moldovan speaker drew the attention problems caused to the elderly population by emigration of the young; such emigration speeds up their dependency on government support. On the other hand the German and Belgium speakers

mentioned the problems connected with ageing migrants that have not imported with them from their country of origin sufficient means for their protection in old age.

The issue of affordable and effective high-quality goods and services and improving mobility through age-friendly environment were mentioned. The German delegate mentioned that important development was achieved also in developing elderly-friendly marketing, which supports sovereignty in an important manner. Innovative and user-friendly technical support to general needs of the aged was also mentioned by the Swedish speaker.

Recognizing and supporting family carers, Sweden and the Netherlands have developed effective system to support families caring for their elderly. In Germany the government promoted legislation to harmonize family care with employment: employees may draw part-time leave for two years with 70% of wages it being understood that after the two years the employee will be working full-time with 75% wages until the debt, developed in the two-year part-time leave was compensated.