Active ageing and gender equality policies

The employment and social inclusion of women and men of late working and early retirement age
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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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25 November 2010
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### Other abbreviations and acronyms

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<tr>
<td>EEA/EFTA</td>
<td>European Economic Area European Free Trade Association</td>
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<td>EU-SILC</td>
<td>European Union Statistics on Income and Living Conditions</td>
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<td>FYROM</td>
<td>former Yugoslav Republic of Macedonia</td>
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<td>LFS</td>
<td>Eurostat’s Labour Force Survey</td>
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<td>LLL</td>
<td>Lifelong learning</td>
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<td>LTC</td>
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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 and family and community life, and inter-generational 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 resource 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, inter alia, ‘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 in 2009, adopted conclusions on *Healthy and dignified ageing*, 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; in September 2010, it proposed 2012 as the European Year for Active Ageing in order to raise awareness, to boost the dissemination of good practices, and to encourage policymakers 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, the FYROM and Turkey). The programmes available on active ageing and the main policy areas addressed in these countries (such as adjusting age management in workplaces and labour markets, opening job opportunities, retaining and reinserting persons in employment, offering access to appropriate training and lifelong 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 multidimensional 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 to older workers remaining in or re-entering 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 healthcare and long-term care provisions are also crucial gender issues.

Labour market participation

Active ageing strategies have so far focused 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. While ‘passive’ programmes tend to discourage the use of early retirement schemes, ‘active’ measures favour employment retention and 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 workplaces.

The approach to active ageing has so far extensively focused 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 compensation 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 refund mechanisms for 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 lifelong 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 inter-generational 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 policymakers are promoting civil engagement and inter-generational projects for older people by funding initiatives and schemes. The creation of community centres, which can take different forms and carry out varied activities (e.g. information points, cultural and leisure centres), 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 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 from 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 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: the subsidising of urban and rural public transport charges allowing fare...
reductions, or free access, for 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 in relation 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 inter-generational cohabitation as a means to combat isolation. These services are often integrated into the provision of proximity care services.

Cross-cutting 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 cross-cutting 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 subject to discrimination on the basis of not only their age, gender and health status but, if they belong to vulnerable groups, also other counts (e.g. being migrant women, disabled, homosexual). Moreover, the current economic crisis has significant consequences for elderly women already suffering discrimination in relation to health or disability, and for their access to basic services, especially healthcare 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; healthcare and long-term care, transport 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, policymakers 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 policymaking 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 men, 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's disease), 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.

Inter-generational 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.
La population de l’Union européenne (UE) est confrontée à un vieillissement important. Les mutations démographiques actuelles, dues à de faibles taux de fécondité, à l’augmentation continue de l’espérance de vie et à l’arrivée à l’âge de la retraite de la génération 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 matières budgétaire, économique et sociale. Ce changement met sous pression 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).

Pourtant, 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.


Ce rapport aborde le sujet sous le double angle de l’égalité hommes-femmes 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 les États membres de l’UE, les pays de l’Espace économique européen (EEE) et de l’Association européenne de libre-échange (AELE) (Islande, Liechtenstein, Norvège) et trois pays candidats (Croatie, Résumé analytique
ancienne République yougoslave de 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 hommes-femmes 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.

La participation à la vie de la société ainsi que l’épanouissement de soi passent néanmoins par d’autres facteurs. Une vision pluridimensionnelle de l’inclusion sociale est incontournable. De même que l’égalité hommes-femmes 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, ce qui entraîne des répercussions sur la santé et l’espérance de vie.

La double discrimination des femmes âgées mais encore en âge de travailler provoque 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 hommes-femmes), 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 dépendance des personnes âgées 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 les programmes « passifs » tendent à décourager le recours à la préretraite, les 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 ceux des hommes. En conséquence de quoi les femmes font l'objet de discriminations multiples à un âge avancé. À titre d'exemple, les femmes sont souvent considérées, au même âge, plus «âgées» que les hommes. À cela s'ajoute le temps dédié aux descendants 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'AIELE 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 les 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 bienvenus 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/communaute**

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
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 la vie et de la dépendance des 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 milieux urbain et rural pour diverses tranches d’âge; deuxièmement, le développement de services de transport spéciaux ou adaptés assurant un accès aux services de base, notamment la santé, ou les 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 en matière de logement dédiées aux personnes âgées nécessitant des soins et de l’assistance commence à apparaître: 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.

Services de soutien

Dans de nombreux pays européens, il existe une prise de conscience croissante de la nécessité de reconnaître les différences hommes-femmes 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 spécifique portant d’ailleurs sur les soins de santé dans le monde du travail.

Comme l’ont souligné les experts de l’EGGSI, 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 cependant, il existe une certaine discrimination vis-à-vis des hommes.

Problématiques interdisciplinaires

Malgré l’attention croissante portée au changement démographique et au vieillissement actif, une stratégie politique intégrée et cohérente fait toujours défaut
La répartition inégale selon le genre des tâches familiales formelles et informelles, qui à un âge avancé aggrave les différences hommes-femmes accumulées tout au long de la vie, peut être en partie résolue par l’introduction de systèmes de congés payés et de nouvelles formes de congés payés. Les 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 hommes-femmes. L’adoption d’outils adaptés pour une évaluation des différents impacts des réformes des retraites.
sur 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 des politiques et des 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 les changements inévitables 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.

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Dieser Bericht gibt aus dem Blickwinkel der Geschlechtergleichstellung und sozialen Integration einen kurzen Überblick über die Beschäftigungs- und Erwerbssituation von Frauen und Männern in der Altersgruppe der 55- bis 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- bis 74-Jährigen in den EU-Mitgliedstaaten, den EWR-EFTA-Ländern (Island, ...

Zusätzlich zu der größeren Gefährdung von älteren Frauen gegenüber Armutsrisiken, bestehen Geschlechterunterschiede in der Lebenserwartung und der Lebensqualität. 

Um jedoch in vollem Umfang an der Gesellschaft teilzuhaben und das eigene Potenzial zu nutzen, müssen eine Reihe anderer Bedingungen erfüllt sein. 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.
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 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 älterer 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 Aufhebung des geschlechtsspezifischen Lohngefälles erhöht werden, so dass Frauen nicht weiterhin einem hohen Armutsrisiko und sozialer Ausgrenzung ausgesetzt sind.

**Berufliche Weiterbildung und lebenslanges Lernen**


**Arbeitsfreundliches Umfeld und ehrenamtliches Engagement**

Ein integratives Umfeld für ältere Menschen bietet Möglichkeiten für eine aktive Teilhabe und für generationenübergreifende Kontakte und stellt eine wesentliche Voraussetzung für eine unabhängige Teilhabe an sozialen Aktivitäten dar. Dies ist ein sehr geschlechtsspezifisches Thema, weil Frauen als Folge höherer Scheidungsraten und aufgrund ihrer höheren Lebenserwartung unter alleinstehenden Personen immer mehr überrepräsentiert sind. Witwen und alleinstehende ältere Frauen im Allgemeinen haben ein wesentlich höheres
Armutsrisko 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 Entwicklung von Solidarität beitragen.

Mehrere nationale Initiativen sensibilisieren durch Forschung und Mobilisierung von verschiedenen Interessensgruppen das Bewusstsein, während politische Entscheidungsträger das zivile Engagement älterer Menschen und generationenübergreifende 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 Generatio-

**Unterstützende Dienste**


Die Bereitstellung von Transportmöglichkeiten 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.


**Querschnittsthemen**


Die Bedeutung der Geschlechterfrage ist in vielen Bereichen der alten Gesellschaft, wie Unterschiede im Zugang zu Bildung und
Bevölkerung. Ältere Mitbürger stellen eine Quelle von wertvollen Kenntnissen, Erfahrungen und Qualifikationen am Arbeitsplatz dar und leisten als Betreuungsperson für Angehörige familiäre und gemeinnützige Unterstützungsdiensste. 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, nichtgesetzliche Maßnahmen, wie Aufklärungskampagnen zum Altern und zur Rolle der älteren Menschen in unserer Gesellschaft, zu fördern.


Aktives Altern und die politische Bedeutung


Die sozialen, wirtschaftlichen und haus haltspolitischen Herausforderungen sind im Gegensatz zu den potenziellen Chancen des aktiven Alterns viel zu oft der Schwerpunkt bei politischen Debatten zur alternden Bevölkerung. Ältere Mitbürger stellen eine Quelle von wertvollen Kenntnissen, Erfahrungen und Qualifikationen am Arbeitsplatz dar und leisten als Betreuungsperson für Angehörige familiäre und gemeinnützige Unterstützungsdiensste. 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, nichtgesetzliche Maßnahmen, wie Aufklärungskampagnen zum Altern und zur Rolle der älteren Menschen in unserer Gesellschaft, zu fördern.


Auch wenn Frauen eine höhere Lebenserwartung haben als Männer, sind geschlechts spezifische 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 rheumatoide Gelenkschmerzen, die sie abhängiger

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.


Chapter 1

INTRODUCTION

Active ageing is defined as the process of optimising 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, sociocultural 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 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(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 ageing, 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 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, the FYROM and Turkey). The programmes available on active ageing and the main policy areas addressed in these countries (such as adjusting age management in workplaces and labour markets, opening job opportunities, retaining and reinserting persons in employment, offering access to appropriate

(2) In many societies, for example, the social norms that govern marital age generally dictate older grooms and younger brides: cf. UNECE (2009a), ‘Gender equality, work and old age’, Policy Brief on Ageing, No 2, November 2009.

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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, the FYROM and Turkey). The programmes available on active ageing and the main policy areas addressed in these countries (such as adjusting age management in workplaces and labour markets, opening job opportunities, retaining and reinserting persons in employment, offering access to appropriate
training and lifelong 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, this report first reviews gender differences and inequalities in the employment and social situation of older people (Chapter 2). Then, 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) are analysed. Following this, the provision of supportive services taking a holistic view of the phenomena is considered (Chapter 6). This report concludes with some final considerations for policy developments (Chapter 7).

Under each heading, this 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, healthcare and long-term care, and covers 33 European countries, including the 27 EU Member States, three EEA-EFTA countries (Iceland, Liechtenstein and Norway) and three candidate countries (Croatia, the FYROM and Turkey)(6).

(6) Information regarding candidate countries is in boxes due to the differences in policy priorities marking these countries out from the EU Member States. This does not apply to EFTA countries.
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 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 a constant population(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 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


Explanatory note: Elaboration of 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 4–5 years. The increase in longevity, however, is not the same in all countries considered in this report: 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. The difference in life expectancy between men and women in 2060 should be 3.3 years, less than the 4.5 year difference in life expectancy at birth(9).

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<tr>
<th>Country</th>
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Note: (*) data for 2007


Explanatory note: Data not available for Bulgaria or 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 to pose a big challenge to 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, approximately 55% of men in the last decade of their working age (55–64) and 38% of women of the same age cohort were employed. As shown in Figure 2.2, European countries differ greatly 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.

Indeed, as shown in Figure 2.3, the trend between 2000 and 2009 shows growth in 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 and Sweden, as well as in Croatia and in the former Yugoslav Republic of Macedonia.

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

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Figure 2.2: Employment rate of persons of late working age (55–64), 2009


Explanatory note: Data not available for Liechtenstein. The employment rate of older workers is calculated by dividing the number of persons aged 55–64 in employment by the total population of the same age group. EU includes 27 Member States.
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 pension systems and other welfare benefits can therefore have a significant 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.


Figure 2.4: Employment rates of people of late working age (55–64) v aggregate replacement rates, 2009

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). As shown in Figure 2.4, there are considerable differences in aggregate replacement rates, which may be seen as a national average effective replacement rate, computed as the ratio of income from pensions of persons aged 65–74 years and income from work of persons aged 50–59 years.

(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 is 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 65–74 years and income from work of persons aged 50–59 years.
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.

2.2.2 The extent of inactivity among older people

Increasing labour force participation through the 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).

Across Member States, the size 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, Malta, the Netherlands and Austria. From Figure 2.5, it emerges that at EU-27 level, the proportion of older inactives among working-age inactives is slightly higher for men than for women. However, in the 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 and Finland. These are also the countries in which the inactive old-aged (both men and women) constitute a higher proportion amongst all the inactives.

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\(^{(14)}\) The OECD has calculated theoretical expected replacement rates in old-age pension systems (over a five-year period 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.
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 population currently inactive.

Within the EU, the degree of participation of older people (aged 55–64) in the labour market varies considerably 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.

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, Spain, Italy, Luxembourg, Hungary, Malta, Poland, Slovenia and Slovakia 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).

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

**Figure 2.6: Activity rates of persons of late working age (55–64), 2009**


Explanatory note: Data not available for Liechtenstein. The activity rate of older workers is calculated by dividing the labour force aged 55–64 by the population of the same age group. The labour force is the total number of people employed and unemployed. EU includes 27 Member States.
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 the low participation of women in the younger age groups.
2.2.3 Flexible working-time arrangements

Part-time employment has 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. 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.

That part-time employment is particularly widespread among women is a well-known fact; however, the historical trend among older workers over the period 2000–09 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).

This evidence, covering the whole 55–64 age range, may hide 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 even older workers (65 and over) since 2000 are considered, 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


Explanatory note: Data not available for Liechtenstein or Malta. Part-time employment rates represent persons aged 55–64 employed on a part-time basis as a percentage of the number of employed persons of the same age. EU includes 26 Member States.

the recent improvement for older workers has not been associated with increasingly precarious employment\(^{(16)}\).

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% compared to 37.8%) and within this category of workers, part-time employment was as widespread as to account for 81.4% of 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.

\(^{(16)}\) As shown in Figures A2a and A2b, Annex A, there is a significant difference in the diffusion of fixed-term contracts across age cohorts. Women of 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 Latvia, Hungary, Austria, Poland and Slovenia). By contrast, people of 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 percentage points, and Turkey where the women’s rate is more than 25 percentage points higher than the men’s. As is the case in part-time contracts, the diffusion of temporary contracts exhibits higher growth for older women than for older men in a large majority of Member States (Figure A3 in Annex A). The opposite trend (i.e. a proportion increasing more for old men) has taken place in all countries except for Austria, Croatia, the FYROM, Hungary, Latvia, Poland and Slovenia.
Figure 2.10: Educational attainments and employment rates of persons of late working age, 2009

Source: Eurostat, LFS main indicators; Eurostat, Education and training

Explanatory note: Data not available for the former Yugoslav Republic of Macedonia or Liechtenstein. The employment rate of older workers is calculated by dividing the number of persons aged 55-64 in employment by the total population of the same age group. Educational attainment is measured here 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 1997 categories: less than upper secondary education is ISCED 0-1-2; upper secondary education is ISCED 3-4 and tertiary is ISCED 5.
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 workforce, with the relevance of skill level to labour market participation more pronounced for women than for men\(^{(17)}\). This is particularly true for women of 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.

At 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 exhibited a higher average level of education than the men of the same age cohort only in Estonia, Finland, Ireland and Latvia\(^{(18)}\).

The rebalancing of the gender gap in education among older workers is mostly a consequence of younger women’s educational choices\(^{(19)}\). However, public policy can play a leading role in rebalancing older men’s and women’s skills by encouraging and developing an environment favourable to lifelong learning.

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\(^{(18)}\) However, as shown in Figure A4 in Annex A, the historical trend between 2000 and 2009 exhibits a higher increase in educational attainments for older women than for older men in most Member States, with the exceptions of Hungary, Malta, Romania and Sweden.

\(^{(19)}\) Auer and Fortuny (2000) point out that while the ‘educational upgrading’ in younger generations should provide the basis for younger cohorts to eventually enter the older age group relatively well-equipped, a 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 to 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.
As a matter of fact, continuing to update skills during one’s 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 is 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 Ireland, Latvia, Lithuania, Luxembourg, Austria, Slovenia, Finland 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 a small group (below 1%) of older workers attending courses of formal education are women the majority at EU-27 level and specifically in Denmark, Greece, France, Cyprus, Latvia, Hungary, the Netherlands, Finland, Sweden and the United Kingdom (22).

This trend contrasts to some extent with the general finding that in the working-age population women participate in education and training more than men (in all Member States except Germany, and even there only to a very small extent) (23). The historical trend between 2000 and 2009 exhibit 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

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(22) Figures A5 and A6, Annex A.

(23) Figure A7, Annex A.
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. From this perspective, gender also appears to be 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+ group (with the sole exceptions of Malta and the Netherlands) than it is in the 55–64 cohort and men’s ARPRs are higher in six countries: Belgium, Germany, Iceland, Ireland, Spain and Sweden.

and Sweden has the participation of older women increased more than that of 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. From 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.

(24) Figure A8 in Annex A.
For women, risks of poverty are more correlated to employment than for men, as shown in Figure 2.14. Thus, including more elderly women in the labour market proves critical not only for sustainability of the European welfare state systems, but also to deliver a decent standard of living to women throughout their life.
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/income_social_inclusion_living_conditions/data/database

Explanatory note: Data not available for Croatia, the former Yugoslav Republic of Macedonia, Liechtenstein or Turkey. The at-risk-of-poverty rate is 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 55–64 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 showing that 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 (Figure 2.15b) although women exhibit a higher at-risk-of-poverty rate at EU-27 level and in most Member States.

\(^{(26)}\) Cf. Horstmann, S., Hullsman, J. (2009), The Socio-Economic Impact of Pension Systems on Women, report prepared for the European Commission, Directorate-General for Employment, Social Affa irs and Equal Opportunities (http://ec.europa.eu/social/ blobServlet?docId=5001&langId=en&ei=49mdTNmjJoXHswaq3N3mDg8usQ=AF0qCNEMTLiejwjnKki_rv8S9fTS12KX5g).
A crucial determinant of the lower incidence of poverty among men is their ability to accumulate assets and pension entitlements during their working life. For instance, among homeowners, 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. By contrast, among tenants the situation is somewhat differentiated, with men exhibiting higher ARPRs in Ireland, Greece, France, Malta, the Netherlands and the United Kingdom.

(27) Figure A9, Annex A.
(28) Figure A10, Annex A.
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, in all Member States, women experience higher rates of overcrowding in the accommodation they occupy (Figure 2.16) and a higher housing cost burden as a percentage of their income(29).

Monetary poverty is clearly only one aspect of social exclusion. Within the old-age 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 everyday life.

Some of these manifold aspects may be summarised in the overarching issue of the occurrence of limitations in daily activities.

When asked for their own perception of such limitations, a gender gap emerges between the elderly, and increases with age. As shown in Table 2.2, Member States exhibit mixed evidence on late working age. In 14 countries (namely Belgium, Denmark, Greece, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Portugal, Spain and Sweden), women declared more often than men that they perceive limitations in their everyday activities. This balance may partly be the result of a historical trend between 2000 and 2008 with women’s average perception decreasing more or increasing less than men’s in 18 countries (namely Belgium, Bulgaria, Cyprus, Czech Republic, Estonia, Finland, Germany, Hungary, Iceland, Lithuania, the Netherlands, Malta, Poland, Portugal, Romania, Slovakia, Spain, Sweden and the United Kingdom). A similar balance is found among young retirees (aged 65–74), among whom women declare limitations in their daily activities more frequently.
than men in 15 countries; the list does overlap but does not exactly correspond to the previous one (Belgium, Bulgaria, Cyprus, France, Greece, Iceland, Italy, Latvia, Lithuania, Luxembourg, Norway, Portugal, Romania and Spain).

This mixed evidence eventually becomes clear-cut in the case of 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

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Source: EU-SILC, Health status

Explanatory note: Data not available for Croatia, Hungary, the former Yugoslav Republic of Macedonia, Liechtenstein or Turkey. The data presented in Table 2.2 refer to the percentage of the population perceiving limitations in activities because of health problems, for at least the last six 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 the same time, the various domains of daily life in which the elderly may face limitations, while summarising in a single measure, these different 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 different persons’ assessment of what constitutes a ‘limitation’, or even in their propensity to remember and report them.

Thus, a more objective indicator may be helpful. A relevant objective measure lies in the limitations in access to healthcare. 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 Bulgaria and Romania. Only in four countries are men aged 55–64 more disadvantaged in this respect than women (namely Austria, Germany, Estonia and Iceland). Only in three Member States do men aged 65–74 experience cost-related limitations to their ability to obtain medical examinations more frequently than women, namely Germany, Malta and Austria.
Next to its cost, a major reason for the unavailability of timely medical examinations lies in long waiting lists. Whereas the emergence of a gender gap when dealing with the issue of cost 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 from 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 except Belgium, Bulgaria, 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 Slovakia.

Finally, it is noteworthy that the indicator of self-perceived health status also 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 one’s 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 to be, 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 and the United Kingdom). As was the case with self-perceived limitations in daily life, men exhibit both the highest proportion 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, Germany, Estonia, Lithuania, Hungary, Malta, the Netherlands, Slovenia, Slovakia, Finland, Sweden and the United Kingdom), while in the age bracket 75–84, they amount to six (Austria, Bulgaria, Iceland, Latvia, the Netherlands and Sweden); only among the oldest does it rise back to 10 (Czech Republic, Denmark, Estonia, Ireland, France, Malta, Portugal, Romania, Finland and Sweden), although it appears more pronounced in this cohort that 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

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<tr>
<th>Country</th>
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<th>55–64 W</th>
<th>65–74 M</th>
<th>65–74 W</th>
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Source: EU-SILC, Health status

Explanatory note: Data not available for Croatia, the former Yugoslav Republic of Macedonia, Liechtenstein or 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. 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 in preserving economic prosperity and sustainability for the European social model, as well as — insofar 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. At first, a lack of adequate policies for work-life balance leads to gendered spells of inactivity during their working life. As a consequence, women’s employability in old age may be very low, and re-entry to 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 seen in this 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 considered in Chapter 4); firing policies; retention policies; placement policies; and 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 workers aged 55–64 leave their jobs are retirement (46%) 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 incentivised 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.

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 the application of such legislation is variable and, in general, has yet to bring about a situation

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(31) UNECE (2009a), Gender equality, work and old age, Policy Brief on Ageing, No 2, November 2009.  
of real parity. As noted in the 2009 Report of the Czech Presidency on equal opportunities for women and men(34): ‘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 stereotypical 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 progressing in their careers even in old age, earn less than their male counterparts, and encounter difficulties when seeking re-employment(37).

The other two reasons for early retirement — low demand for labour from older workers and low supply — are no less relevant. Allowing older workers real choice about 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 in 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 reconciling 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 re-integration 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 this subject.

### 3.1 Pension reforms

Pension system reforms are fundamental for retaining elderly workers at work, as they provide effective incentives and a friendly environment for both the 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).

On these issues, the EGGSI experts report three kinds of policies that are relevant from a gender perspective. Firstly, in most countries the effective retirement age is being raised by modifying statutory minimum requirements and/or by discouraging early retirement. Secondly, the level of pension entitlement is being made increasingly dependent on the cumulative amount of previous contributions. Thirdly, pension systems are being reformed with the aim of better responding to the needs

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(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., Hüllsman, J. (2009), The Socio-Economic Impact of Pension Systems on Women; report prepared for the European Commission, Directorate-General for Employment, Social Affairs and Equal Opportunities (http://ec.europa.eu/social/BlobServlet?docId=5001 &langId=en&ei=49mdTNmjJoXHswaq3N3m0gq&us g=AFqO&EMTLejwymKw_rv8S9TFs12X5g).
of a changing society. These issues will be separately considered 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-term sustainability of pay-as-you-go pension systems.

In nearly all Member States, recent reforms aim at extending working lives and reducing access to early retirement, as shown in Tables 3.1 and 3.2. With regard to the statutory retirement age, policies can be broadly classified into two categories: the first, mandating the 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 (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 Belgium, the Czech Republic, Estonia, Greece, Italy, Malta, Austria, Slovakia and the United Kingdom (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. 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.

The second category of policies aimed at extending working lives makes use of financial incentives created within pension schemes, as can also be seen in Table 3.1. A general trend in this respect is the introduction of partial or full actuarial adjustments — in other words, the adjustment of the amount of pension received by the individual on the basis of their 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 Spain, France, Italy, the Netherlands, Austria, Portugal and Finland, while similar provisions are in place in other countries (such as Belgium, Germany, Estonia, Latvia, Lithuania, Luxembourg, Hungary, Poland, Slovenia, Slovakia and Sweden).

In the case of perfect actuarial fairness, monthly payments are adjusted exactly to the amount necessary to make the total sum of pension annuity received during the pensioner’s residual life 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.

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

### Table 3.1: Statutory retirement age

<table>
<thead>
<tr>
<th>Country</th>
<th>Minimum Legal Retirement Age</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>M: 65; W: 60</td>
<td>Progressive increase in age limit for women until the same retirement age as for men (65) is reached (i.e. between 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 15 years in 2004 to 40 years of contributions by 2024. The pension level can be raised with children’s supplements, equalisation supplements, voluntary upgrading insurance, and bonuses for postponing retirement.</td>
</tr>
<tr>
<td>Belgium</td>
<td>M: 65; W: 65</td>
<td>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 September 2009, the retirement age is set at 65 for both women and men, and a full career is 45 years. In the public sector, the retirement age has always been the same for both sexes.</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>M: 63; W: 60</td>
<td>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.</td>
</tr>
<tr>
<td>Cyprus</td>
<td>M: 65; W: 65</td>
<td>Under the General Social Insurance Scheme, the retirement age is 65. However, the 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).</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>M: 65; W: (65–62)</td>
<td>There is a 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 two months for men and four 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 be 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.</td>
</tr>
<tr>
<td>Denmark</td>
<td>M: 65; W: 65</td>
<td>Postponement of the public pension retirement age from 65 to 67 years with effect from 2024.</td>
</tr>
<tr>
<td>Estonia</td>
<td>M: 63; W: 63</td>
<td>Retirement age is gradually increasing and shall be equalised for men and women by 2016 at the age of 63. In April 2010, the parliament approved a draft Act stipulating another increase in the retirement age, gradually increasing by three months a year so that by 2026, it should be 65 years for both men and women.</td>
</tr>
<tr>
<td>Finland</td>
<td>M: 65; W: 65</td>
<td>National pension (Kansaneläke): 65 years</td>
</tr>
<tr>
<td>France</td>
<td>M: 60; W: 60</td>
<td>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.</td>
</tr>
<tr>
<td>Germany</td>
<td>M: 65; W: 65</td>
<td>Retirement age for women and men will be raised in stages from 65 to 67 from 2012.</td>
</tr>
<tr>
<td>Hungary</td>
<td>M: 62; W: 62</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>M: 65; W: 65</td>
<td>Details</td>
</tr>
<tr>
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<tr>
<td>Ireland</td>
<td>Under the new national pension framework, the age at which people qualify for the State pension will increase over time from the present 65 years 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 the above increases in the 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 provisions, with pensions based on career average earnings rather than final salary, and pension age increases and post-retirement pension increases linked to retail price inflation rather than to pay.</td>
<td></td>
</tr>
<tr>
<td>Italy</td>
<td>M: 65; W: 60</td>
<td>Persons who were insured as of 1 January 1996: men 65 years; women 60 years. With the Budget Law for 2010, on 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 January 2012. Retirement is still allowed if 40 years of contributions are accumulated. Persons who were not insured as of 1 January 1996: men 65 years, women 60 years (only allowed before 65 if the resulting monthly pension payment is higher than 1.2 times the 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.</td>
</tr>
<tr>
<td>Latvia (*)</td>
<td>M: 62; W: 60.5</td>
<td>For women, 60.5 years by 1 July 2005 (gradually increasing by six months every year until it reaches 62 years).</td>
</tr>
<tr>
<td>Lithuania</td>
<td>M: 62.5; W: 60</td>
<td></td>
</tr>
<tr>
<td>Luxembourg (*)</td>
<td>M: 65; W: 65</td>
<td>As a result of the recently enacted pension reform, the effective retirement age for men increases by four years, while the postponement of retirement for women is five years.</td>
</tr>
<tr>
<td>Malta</td>
<td>M: 65; W: 65</td>
<td>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).</td>
</tr>
<tr>
<td>Poland</td>
<td>M: 65; W: 60</td>
<td>Minimum retirement age is currently 63 years and 9 months for men and 58 years and 9 months for women. The age for both men and women is set to increase to 65 years for men and 60 years for women in 2014.</td>
</tr>
<tr>
<td>Portugal</td>
<td>M: 65; W: 65</td>
<td></td>
</tr>
<tr>
<td>Romania</td>
<td>M: 65; W: 60</td>
<td>Minimum retirement age is currently 63 years and 9 months for men and 58 years and 9 months for women. The age for both men and women is set to increase to 65 years for men and 60 years for women in 2014.</td>
</tr>
<tr>
<td>Slovenia</td>
<td>M: 63; W: 61</td>
<td>The Pension and Disability Insurance Act (OG 106/1999), amended further in subsequent years, has set the full pensionable age at 63 for men and 61 for women (after 20 years of contributions); 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 contributions) (to retire early — at 60 years — 43 years of contributions are needed for men and 41 for women).</td>
</tr>
<tr>
<td>Slovakia</td>
<td>M: 62; W: 60</td>
<td>Until 2004, the 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 reached age 60 in 2004–05 and a 6–11 year transitional period for women who reached age 53–57 in 2004–09, depending on the number of children raised. In 2009, women retired at 57.5–61.5 years. After 2014, the retirement age for all women will be 62 years regardless of how many children raised. The qualifying condition for entitlement to the old-age pension (starobný dôchodok) is currently 15 years of contributions and reaching the retirement age.</td>
</tr>
<tr>
<td>Country</td>
<td>M: Age; W: Age</td>
<td></td>
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<tr>
<td>------------</td>
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<td></td>
</tr>
<tr>
<td>Spain</td>
<td>M: 65; W: 65</td>
<td></td>
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<tr>
<td>Sweden</td>
<td>M: 67; W: 67</td>
<td></td>
</tr>
<tr>
<td>Flexible retirement age from 61 to 67 years. There is the possibility to work thereafter with employer’s consent. Pensions are based on lifetime earnings: the longer someone works, the higher the pension received. A person can also choose to take out a full, three quarters, half or one quarter pension. Similarly, a person can draw different proportions of their income pension and premium pension. As long as a person has an income, they will continue to earn pension entitlements, regardless of whether they draw a pension or not. The old-age pension is liable for tax. If the individual continues to work after starting to draw a pension, new pension entitlement is earned, regardless of age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>M: 65; W: 60</td>
<td></td>
</tr>
<tr>
<td>State pension age: men: 65 years; women: 60 years (gradually rising to 65 between 2010 and 2020). The state pension age will increase from 65 to 68 between 2024 and 2046.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Croatia</td>
<td>M: 65; W: 60</td>
<td></td>
</tr>
<tr>
<td>At least 15 years of contributions are required. The new law which came into force on 1 November 2010 increases the retirement age for women to 65 by 2030.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FYROM</td>
<td>M: 64; W: 62</td>
<td></td>
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<tr>
<td>At least 15 years of work experience is required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turkey</td>
<td>M: 60; W: 58</td>
<td></td>
</tr>
<tr>
<td>After the 2006 social security reform, the 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iceland</td>
<td>M: 67; W: 67</td>
<td></td>
</tr>
<tr>
<td>Retirement age is 67, but many people enjoy a flexible termination of work at 70 and even later.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liechtenstein</td>
<td>M: 64; W: 64</td>
<td></td>
</tr>
<tr>
<td>At the end of the 1990s, women's retirement age was raised from 60 to 64 and thus equalised for both sexes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td>M:67; W: 67</td>
<td></td>
</tr>
<tr>
<td>The retirement age in the previous National Insurance Scheme Agreement was 67 years, but the pension system in Norway has recently been reformed. The 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 the retirement pension and income from employment without the pension being reduced.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 in the Czech Republic, preferences for early retirement are especially widespread among low-income workers, who stand to gain more financially\(^{(43)}\). Early retirement also used to be common practice in Western European countries (for example, France and Ireland)\(^{(44)}\), often because it was seen as a way to free jobs for young workers substituting the older ones. For example, in Spain, workers aged under 65 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\(^{(45)}\).

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 imbalance, for men are frequently over-represented among early pensioners, for example in Belgium and France, as a consequence of two widespread characteristics of early retirement schemes. Firstly, early retirement is frequently related to long records of past contributions and thus disproportionately rewards men who benefit from uninterrupted work histories. Secondly, 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\(^{(46)}\).

\(^{(41)}\) Uudeküll, K., Võrk, A. (2004), Ennetähtaegne vananduspension ja selle seisus tootnuokaldumisega Eestis, Tartu University, Tartu.
Attracting men and women in midlife 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 are 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 focusing on Europe, a recent study in the United States of America has documented that there was a smaller share of male workers in the oldest age group employed in such jobs (34.7%) than in the youngest age group (38.3%) (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), 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%) (47). Thus, further research focusing 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 to 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). Consistent 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

<table>
<thead>
<tr>
<th>Country</th>
<th>Minimum Legal Retirement Age</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>M: 61.5; W: 56.5</td>
<td>Between 2004 and 2017, the age limits for early retirement will be gradually raised from 56.5 (women) and 61.5 (men) years 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 (vorzeitige Alterspension bei langer Versicherungsdauer/&quot;Korridorpension&quot;) and a special form of early retirement available to people working in physically extremely demanding jobs.</td>
</tr>
<tr>
<td>Belgium</td>
<td>M: 58; W: 58</td>
<td>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 50–52. The early retirement age depends on the sector-specific collective labour agreement (CLA). CLAs 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).</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>M: 52/57; W: 47/52</td>
<td>Only available to certain categories of workers, early retirement is possible up to 31 December 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.</td>
</tr>
<tr>
<td>Cyprus</td>
<td>M: 63; W: 63</td>
<td></td>
</tr>
<tr>
<td>Czech Republic</td>
<td>M: 60; W: (60–57)</td>
<td>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 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 more than 720 days, as from the 721st day, the reduction in the pension is 1.5% for every 90 days.</td>
</tr>
<tr>
<td>Denmark</td>
<td></td>
<td>No retirement possible before the statutory pensionable age of 65 years.</td>
</tr>
<tr>
<td>Estonia</td>
<td>M: 60; W: 60</td>
<td>Early retirement pension (ennetähtaegne vanaduspension) is available in cases of at least 15 years of the pension qualification period, up to three 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 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 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 three or more children to retire before 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 may retire three years early, and a parent of five or more children, five years before the retirement age if they have worked for 15 years in total. Only one of the parents (or step-parents) may take early retirement.</td>
</tr>
<tr>
<td>Finland</td>
<td>M: 62; W: 62</td>
<td>National pension (Kansaneläke) and statutory earnings-related pension (Työeläke): Early old-age pension from the age of 62 (60 if born in 1944 or earlier).</td>
</tr>
<tr>
<td>France</td>
<td>M: 56; W: 56</td>
<td>General scheme for employees (Régime général d’assurance vieillesse des travailleurs salariés, RGA/RTS): from the age of 56, for the insured who started their professional activity at age 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.</td>
</tr>
<tr>
<td>Country</td>
<td>Gender</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>--------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Germany</td>
<td>M: 63; W: 63</td>
<td>From the age of 63 (or 60 for severely handicapped persons) after 35 years of pension contributions. From 60 for those born before 1952 under specific conditions.</td>
</tr>
<tr>
<td>Greece</td>
<td>M: 55; W: 55</td>
<td>Varies according to specific conditions.</td>
</tr>
<tr>
<td>Hungary</td>
<td></td>
<td>Varies according to specific conditions, but not related to any age limits.</td>
</tr>
<tr>
<td>Ireland</td>
<td></td>
<td>For the 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.</td>
</tr>
<tr>
<td>Italy</td>
<td>M: 61; W: 61</td>
<td>Early retirement pension (pensione di anzianità): retirement is allowed at any age when 40 years of contributions have 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 (pre-pensionamento), but procedures are determined individually according to the special circumstances.</td>
</tr>
<tr>
<td>Latvia (*)</td>
<td>M: 60; W: 58.5</td>
<td>Early pension available two years before standard pensionable age.</td>
</tr>
<tr>
<td>Lithuania</td>
<td>M: 57.5; W: 55</td>
<td>Persons are eligible for early retirement pension if they have made contributions for 30 years, they have been registered as unemployed for at least 12 months, and are less than five years from retirement age.</td>
</tr>
<tr>
<td>Luxembourg (*)</td>
<td>M: 57; W: 57</td>
<td>Early retirement pension (pension de vieillesse anticipée): from 60 years (on condition that 480 months of effective contributions or accumulated periods can be proven); from 57 years (on condition of 480 months of effective contributions).</td>
</tr>
<tr>
<td>Malta</td>
<td></td>
<td>No early pension.</td>
</tr>
<tr>
<td>Netherlands</td>
<td></td>
<td>Fiscal facilities for early retirement have been abolished. Early retirement systems have disappeared; some transition measures still persist, but will expire in 2015.</td>
</tr>
<tr>
<td>Poland</td>
<td>M: 60; W: 55</td>
<td>For people born after 31 December 1948 (they are under a new pension scheme) bridging pensions were implemented on 1 January 2009, replacing old early retirement rules. The new rules are more restrictive than the old ones: they require: (i) at least 15 years of employment in special conditions or of a special character; and (ii) termination of employment.</td>
</tr>
<tr>
<td>Portugal</td>
<td>M: 55; W: 55</td>
<td>The current Reform Law (Law 60/2005 December 29, amended by Law 52/31.08.2007) contemplates the possibility of early retirement. Accordingly, those aged 55 and having worked for at least 30 years have been able to apply for early retirement from 1 January 2009. However, a 4.5% penalty per year is deducted based on the legal retirement age of 65.</td>
</tr>
<tr>
<td>Romania</td>
<td>M: 60; W: 55</td>
<td>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 five years before minimum retirement age.</td>
</tr>
<tr>
<td>Slovakia</td>
<td></td>
<td>Early retirement pension (predčasný starobný dôchodok) 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 contributions; (b) who has less than two years until the statutory retirement age; and (c) if their retirement pension is greater than 1.2 times the minimum subsistence level determined by the government. The amount of an early retirement pension is calculated using a special formula, while every 30 days of early retirement are penalised with 0.5% (or 6% per year) of the calculated pension.</td>
</tr>
<tr>
<td>Slovenia</td>
<td></td>
<td>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 (men) or 38 (women) years of service.</td>
</tr>
<tr>
<td>Spain</td>
<td>M: 60; W: 60</td>
<td>60 years of age for certain persons who were insured according to the system abolished on 1 January 1967. 61 years of age for employees in certain cases.</td>
</tr>
<tr>
<td>Country</td>
<td>Early Pension Conditions</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------------</td>
<td></td>
</tr>
<tr>
<td>Sweden</td>
<td>Varies according to specific conditions, but not related to any age limits. There is an early pension if a person is disabled, sick or incapacitated.</td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>No early pension.</td>
<td></td>
</tr>
<tr>
<td>Croatia</td>
<td>M: 60; W: 55 For men, 60 years and 35 years of pension contributions; for women, 55 years and 30 years of pension contributions. 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.</td>
<td></td>
</tr>
<tr>
<td>FYROM</td>
<td>No early pension.</td>
<td></td>
</tr>
<tr>
<td>Turkey</td>
<td>After the 2006 pension reform, the minimum contribution period for women with children is shortened by up to two years (730 days) per birth, up to two births (i.e. a maximum of four years or 1460 days).</td>
<td></td>
</tr>
<tr>
<td>Iceland</td>
<td>Fishermen and pilots can retire at 60 and policemen at 65 years old.</td>
<td></td>
</tr>
<tr>
<td>Liechtenstein</td>
<td>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).</td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td>Approximately two thirds of employees working in businesses participate 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 (i.e. if the person had continued until that age in the job they were holding at the time they 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.</td>
<td></td>
</tr>
</tbody>
</table>

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 (previously discussed), 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 later career stages and the gender gap is higher in 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 by reference to lifelong earnings. The final gain or loss implied by these policies thus varies greatly between women and men of the same country, and crucially depends upon the details of the 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(49). The higher risk of poverty faced by women in old age depends primarily on their lower accumulation of pension rights during their 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(50).

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 the adequacy of benefits and the social sustainability of the system, including 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 (Box 3.1), allowing for the 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.

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(50) Horstmann, S., Hullsman, J. (2009), The Socio-Economic Impact of Pension Systems on Women, report prepared for the European Commission, Directorate-General for Employment, Social Affairs and Equal Opportunities (http://ec.europa.eu/social/BlobServlet?docId=5001&langId=en&ie=UTF8&n=49m8T1NmjV0Xw5aq3N3mDgkSug=AFqjCNEMTLjewjimKk_rvB59TF12SX5g).
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 of increasing employment amongst older people. If someone continues to work after reaching the entitlement age for a pension, for every 90 calendar days of employment, their pension increases by 1.5%, considerably faster than during the years worked before retirement age. Alternatively, anyone may opt to receive one half of their pension temporarily while carrying out gainful activities: in this case, the retirement pension is increased by 1.5% for every 180 calendar days of employment. Finally, if someone chooses to receive their full pension while carrying out gainful activities, their retirement pension will only increase by 0.4% for every 360 calendar days of gainful employment.

**Estonia**

As an incentive to work, since 1996, working pensioners have been entitled to full old-age pensions while working. 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 cases of early retirement pensions, 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. These part-time jobs are limited in number to between 25 and 75% of the full-time jobs provided 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, and 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

(52) More information about flexible retirement can be found on the Spanish Social Security website (http://www.seg-social.es/Internet_1/Trabajadores/PrestacionesPension10935/Jubilacion/RegimenGeneral/Jubilacionflexible/index.htm#35811).
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 three 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, three years before, and of five or more children, five 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 earlier retirement. In **Norway**, the current pension reform provides benefits for the time spent at home caring for small children, up to six years per child[^53]. In **Sweden**, a supplementary pension entitlement is allocated to parents of children below four 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 care of the elderly).

### 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 the 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 following chapters. Thus, while lifelong learning and continuing education (discussed in Chapter 4) are fundamental to allowing 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 (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 the employment of older workers and supporting services such as placement, retraining and provision of care services.

[^53]: Norwegian Labour Administration, Information on old-age pensions (http://www.nav.no/83230.cms).
[^54]: Social Departementet (2008), Sweden’s strategy report for social protection and social inclusion 2008–10, Stockholm, p. 34.
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. The 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 they fail to do so, a penalty of EUR 1,800 must be paid to the Federal Unemployment Benefits Agency (RVA). In 2003, it was agreed at 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. The 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 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, and refers redundant employees to an outplacement agency. An employment unit is established by a partnership between, inter alia, the Public Employment Service (PES), the employer and the outplacement agency. Employment units used to be temporary and run by the business being reorganised. 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, while 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, 58% of employees aged 45 or over (after collective dismissal) participated in outplacement support, compared to 8.8% of the under 45s.

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 evidence of volunteer work and corresponding training could be particularly important 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 ‘Active woman’ programme (Aktywna kobieta), launched in 2007, was targeted particularly at senior women aged 50 or over. Activation instruments of the programme included mainly training and re-training (especially in view of those occupations more in demand 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 transport costs related to training. In 2007, the sum of PLN 15 million (or more than EUR 3.8 million) was budgeted for the ‘Active woman’ project. In October 2008, a large and comprehensive labour market programme, ‘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. The programme sets seven specific operative goals grouped under two categories: Labour market policies and Social benefits adjustment. The former is regarded as more relevant than the latter, in terms of both the number of goals and the level of financing. Two operational goals clearly address employment of women over 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 the 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 for ensuring that older workers stay longer in employment (Box 3.2). In particular, it is largely recognised that part-time work can be a means to enhance the work-life balance and 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: 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 research 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 to be able to switch to part-time employment in order to conciliate their work and family life better. Some of the obstacles to a greater flexibility in 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 the 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 generally, 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.

(60) For example, Fagan, C. (2001), Gender, employment and working-time preferences in Europe, Office for Official Publications of the European Communities, Luxembourg.
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, the 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 in 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. Between now and 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 showing 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 of continuing to work standard hours for two and a half years and then not working at all 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 the old-age part-time scheme 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’ their working hours.

**Belgium**
From 2000 to 2007, there was 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 mostly chosen by older workers (in 2005, approximately 12% of employees aged 65–69 and 10% of those aged 60–64 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 men and 32% of 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 to gradually exit 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 work for older employees rose significantly from 26.3% in 2000 to 44% in 2007\(^{(67)}\).

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\(^{(62)}\) More detailed information on the funding of part-time work for older workers through the Public Employment Services is available online (http://www.ams.at/_temp/noe/14180.html).

\(^{(63)}\) 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 (Nachtschwerarbeitgesetz) or a civil service pension, or who are already entitled to receive one of these benefits are not eligible to participate in the scheme.


\(^{(66)}\) This promotion of part-time working for older employees by the Federal Agency for Labour terminated at the end of 2009.

Italy
At 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 regions(68) have drafted regional laws in the direction of supporting employment within an active age strategy and for the replacement of older workers. There are many agreements between regions and the INPS (the national agency for social protection) to experiment with forms of flexible work for older workers in seasonal jobs (as regulated by the Ministerial Decree of 12 March 2008), incentives for adult workers (in the Friuli, Puglia and Toscana Regions), and a framework contract agreement to recognise social benefits for older workers (Basilicata Region).

In several countries, financial incentives are offered to companies employing older workers (Box 3.4). In many countries, policies are often targeted at 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 previously mentioned, 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 labour supply offered by elderly workers, and by elderly women in particular, seems more determined by cultural factors and external constraints than by financial considerations.

In some countries, special incentives target employers going through restructuring processes, with the aim of encouraging 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 crises, 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 2005, a disproportionate 28,990 out of 32,131 recipients of this kind of financial incentive were men(70).

Source: EGGSI national reports, 2010

(68) Friuli Venezia Giulia, Lazio, Liguria, Lombardia, Marche, Sardegna and Veneto.
(70) Senato della Repubblica Italiana (2005), Documento approvato dalla 11ª Commissione Permanente a conclusione dell’indagine conoscitiva sulla condizione dei lavoratori anziani in Italia, Atti Parlamentari, Doc. XVII, n. 21, Rome.
Box 3.4: Financial incentives schemes

**Austria**
The ‘Bonus-Malus System’ offers both a positive and a negative incentive for employers. If a company employs a person above 50, 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 10 years. 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 two years. Integration subsidies are targeted at the long-term unemployed, elderly employees, women returners, or persons with disabilities. According to evaluations, women over 45 in particular were benefiting from this subsidy. In 2006, a temporary subsidised wage scheme (Kombilohn) was enacted, intending to serve as an incentive for employers and for the long-term unemployed under 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 six months will be subsidised with EUR 150 monthly for part-time jobs or EUR 300 for full-time jobs when the gross wages for these jobs are EUR 650–1 700.

**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 over, monthly earnings of EUR 170 from work are not taken into account. Furthermore, a sum of up to EUR 1 700 may be granted for training or professional equipment for the claimant or a dependant. 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 EUR 13 000 as well as the transport costs for the commuting employee. The second involves the subsidisation of 60% of the annual salary to a maximum of EUR 1 200 per month for the first six months of employment. Specific measures that target inactive women include the ‘Promotion of Flexible Forms of Employment’ (FFE) programme. During the period 2004–06, 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 single parents. Through the scheme, businesses were subsidised for a 12-month period up to 50% of the employment cost of the hired worker. In turn, each worker was subsidised for travelling costs to and from the workplace. Some 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 or over. 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 of 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 (EUR 4 010) per year introduced for pensioners and reduced employment requirements 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 (EUR 76 000). In 2008, a scheme was introduced under which people over 55 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 for up to six months.

(71) The regulation was abolished in 2010 due to the lack of sustainable effects (http://www.ams.at/_docs/Topline_3-2009.pdf).
There is also financial support for various activities that support the postponement of retirement of seniors or their return to the labour market. One such initiative is the creation of the fund to support networks for seniors aged 55–59 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 consequence(73).

**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 the unemployment benefit for older people, which had been 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-cultural minimum existence’. 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 of being 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 the structural short-time working allowance has been shortened to one year since 2005. Previously, this benefit could be claimed for up to two years when companies undertook personnel adjustment measures, in order to avoid dismissing workers. Given 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 can no longer draw unemployment benefit without being obliged to seek work. Another important measure is the integration allowance for older employees, whereby employers taking on employees aged 50 and over receive wage cost subsidies. This subsidy can be claimed for a maximum of 36 months. The number of women to whom such subsidies are paid has, however, been declining since 2002.

**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 limit for benefiting from these reductions is set at 45, rather than 55. Since 2001, the social security system has also been offering some incentives consisting in reducing by 50% social security payments for companies that retain workers over 60 who have worked for at least five 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 increased by an additional 10–20% for women over 45(74). Since a new Labour Reform effective June 2010, higher tax reductions in social security payments have applied to employers that hire unemployed women on an open-ended labour contract entered into up to 31 December 2011. They will benefit from a reduction in social security payments for three years of EUR 1 200 for workers above 45. For women workers, this reduction is raised to EUR 1 400. As the social security payments are managed by the central government, regional governments cannot reduce the payments; they can 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

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(74) A reduction of an additional 20% for unemployed women over 45 is limited to those who have been unemployed for at least 12 months.
3.3 Efforts to change age management in workplaces 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 with regard to the multiple discriminations faced by elderly women. This finding is 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, for example part-time work’.


Box 3.5: National experiences in changing age management

**Austria**

Social partners and other public institutions — the Commission for Equal Treatment and the Ombudsman for Equal Treatment — have become increasingly active in tackling workplace discrimination on the grounds of old age, especially following the implementation of anti-discrimination laws in 2004. In 2008, the social partners launched an action plan for older workers focusing 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 (Fonds de l’expérience professionnelle) has provided financial support for work experience projects to promote employment opportunities and improve the quality of working conditions or work organisation for workers aged 45 and over. This fund is a major instrument helping employers with 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, 2008–12 (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.’ 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 the Ministry of Industry and Trade in cooperation with social partners, regional and local government, and non-governmental and not-for-profit organisations.

**Germany**

In particular, it is 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 is 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. However, there are very few provisions in collective bargaining agreements on further training for older employees. Older employees are under-represented in their take-up of occupational training and qualification acquisition measures provided by the labour market policy. Finally, the number of older employees at firm 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 not taken on any older employees at all. In particular, there are no personnel strategies with a multidimensional 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 employers’ organisations was drawn up. One of the priorities of the new agreement was the aim of securing equal rights in the work environment. A few job-related initiatives have been launched, including some in cooperation with social partners and foundations. Not least, there are also a few workplace-specific initiatives looking to an innovative staffing policy to promote the employability of older people in a time of demographic shift. The National Programme of Preparation for Ageing, 2008–12 (NPPA) introduces the issue of age management into the Lithuanian 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.’ 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 the Ministry of Industry and Trade in cooperation with social partners, regional and local government, and non-governmental and not-for-profit organisations.

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(78) http://www.gleichbehandlungsanwaltschaft.at/site/6419/Default.aspx
(79) http://portal.wko.at/dok_detail_file.anglId=1&docId=8405956&conId=314816
lack of information about potential older workers for employers willing to hire pensioners.

The Netherlands

Under the heading of Sustainable Employability, a memorandum calls on social partners to include this issue in collective bargaining processes. This would include measures for education and training, including 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 supporting a wider learning culture in companies. As for age-related human resources management, the government supports this, especially in the case of SMEs, by gathering and disseminating information on good practices. Also, subsidies were available (until mid 2010) for the implementation of good human resource management 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 the European Social Fund (ESF) 2007–13. The network will exchange expertise and good practices to support effective age management measures with ESF funds (EUR 75 billion for the whole of the 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 six months for everyone over 50. 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 enterprises. 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 an increased focus on what employees with health problems and reduced working capacities can do (workability), rather than concentrating on what they cannot do. Responsibility for realising this agreement is primarily placed with enterprise employers and includes support provided by the state.

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 the default retirement age and employers have the duty to consider such requests. The 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 the 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: EGGS! national reports, 2010

(84) 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.

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 ‘NEW CHANCE’ project 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 is equal opportunities, and women make up approximately 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 (Annex B).

A primarily gender-sensitive good practice is represented by the ‘Counselling and motivational programmes for disadvantaged women in the labour market’ project 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 focused not only 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 (Annex B).

In **Hungary**, the ‘START Extra’ project was launched in July 2007 with the financial support of the TÁMOP. In this stream, employment for the elderly and unskilled is supported with financial resources. By mid 2008, 3 600 START Extra cards had been issued(86). The Government launched the START Extra programme for those long-term job-seekers who had serious difficulties finding a job and returning to the labour market due to either 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 over-represented in the target group. The association intends to facilitate workforce flexibility, and encourages lifelong learning, preservation of good health and the employability of job-seekers. 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, the 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 Work Trial 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.

reactivates economically inactive persons, upgrades their skills, and helps identify areas participants need to work on for further training (Annex B).

In parallel, the Shipyard Redeployment Scheme (SRS) seeks to promote the labour market reintegration of ex-shipyard employees at the basic wage 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 Regulation 800 of 6 August 2008, the total reimbursement can never exceed the value of half of one year’s wage cost plus National Insurance (Annex B).

In Slovakia, counselling agencies for people in early retirement age are established by NGOs and operated by women of pre-retirement and retirement age. The agencies develop databases of potential employers, create partnerships with employers and search for employment for the long-term unemployed(87). The effectiveness of such agencies has yet to be evaluated. However, the efforts made in specialised 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 professional profiles of participant women, followed by assessments 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 EUR 200 (Annex B).

In the 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 and 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 to 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 GBP 60 per week during the first year back at work full-time, or GBP 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 women to return to benefits after 26 weeks (17% versus 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 does not therefore 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

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(87) Information about the programme ‘Emplea-Te Valencia’ can be found online (http://www.valencia.es/ayuntamiento/empleo.nsf/DocumentosTitulo?opnDocument&dOrigen=ayuntamiento#2Emplea.nsf&idapoyo=&lang=1&nivel=2).

(88) Information about the programme ‘Emplea-Te Valencia’ can be found online (http://www.apzba.sk).


to request flexible work 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 at the date of application, the right to apply for flexible work and employers have the duty to consider their request seriously. This policy applies to those who care for a spouse, partner (if cohabiting), 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 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 website(93) appear highly ambivalent. For instance, the firm O2, in their personnel services, 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, Bourdarios, a firm 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 the initiative ‘Work@Albron’ on life cycle aware diversity in human resources management. The majority of the approximately 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 a sickness policy to a health policy (2004) and, step by step, was completed with working-time management in line with a life cycle approach and lifelong 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) occupationally disabled. With this initiative, the company also improved its services to people who are pleased to receive a more patient and discreet service.

(92) http://www.statistics.gov.uk
**Initiatives to strengthen social dialogue**

Surveys, conferences, campaigns focused on ensuring employability of ageing workers and combating ageism have all 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 company and national level, as well as for interested persons 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 — for example 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 (CSR) 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 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, the award may be renewed(95).

In **Slovakia**, the ‘Ageing workforce I’ and ‘Ageing workforce II’ projects(96) focus on ensuring employability and productivity for ageing workers, and developing recommendations and measures for companies to improve working conditions. The projects should also enhance social dialogue and collective bargaining in this field. Publications, workshops and a new web portal should provide a comprehensive data source for all 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 ‘PLUS Women 45+’ project(98) implemented by the Institute for Public Issues, using actual data on discriminatory labour market practices for women aged 55–64 (Annex B).

In **Scotland**, the All our Futures strategy (2007) pledged GBP 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).

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(95) http://www.bmask.gv.at/site/Soziales/CSR_Diversity/Guertesiegel_Nestor_GOLD
(96) http://www.ruzsr.sk/?pageid=14
(98) http://www.ivo.sk/4271/sk/projekty/plus-pre-zeny-45
(99) http://www.seetheperson.info
**Box 3.6: Ageing and employment in the candidate countries**

**Croatia** and the 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 harmonised 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 2009–10 (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 the FYROM, the National Strategy on Employment 2010 (NSE-2010) set the midterm objectives for the employment of women and senior workers separately.

Pension reforms are currently being 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 the FYROM in 2010 proposed a 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. The JAP is the key document concerning active ageing since it states that policymakers should (i) develop policies to support active ageing and ensure incentives for workers to stay in the labour market and, at the same time, discourage earlier retirement; (ii) review and adequately address financial incentives to employers for employment and retention of older workers; and (iii) promote access to training for older workers as part of a lifelong learning strategy.

On the basis of the JAP, in May 2009 the Croatian Government adopted the National Employment Promotion Plan 2009–10 (NEPP)\(^{(102)}\), which further developed measures identified in the JAP as key challenges and priorities. The JIM analysed the social situation in Croatia and, inter alia, pointed out the low employment rate of older workers, poverty among the elderly, and particularly among older women, the low lifelong learning rate, and unequal access to healthcare services. Therefore, the JIM acknowledged that poverty and social exclusion have a clear gender dimension. On the basis of the JIM, Croatia adopted two Implementation Plans (for 2007–08 and 2009–10) and has so far produced three implementation reports (for March 2007–June 2008, January 2008–March 2009 and 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 systems and related issues, the rules have been changed since 2009 allowing pensioners to continue to work (pensioners who work had 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 the adoption of possible measures in the near future including: discouragement of earlier retirement; an increase in the pensionable age; and the 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.

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\(^{(103)}\) All the information is available on the Ministry of Health and Social Welfare's website (http://www.mzss.hr/hr/meunarodna_suradnja/socijalna_skrbi/jim_zajednicki_memorandum_o_socijalnom_ukljucivanju_rh/zajednicki_memorandum_o_socijalnom_ukljucivanju_hr).
**FYROM**

The Ministry of Labour and Social Policy (MLSP) as the main body responsible for employment policy in the FYROM adopted, in December 2006, the National Strategy on Employment, 2010 (NSE-2010). The NSE-2010 sets the midterm objectives for employment. These objectives are harmonised with the EU strategy on employment and aim to achieve: a general employment rate of 48%; 38% employment rate for women; and 33% employment rate for older workers (55–64). The main priorities of the labour market in the 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 policies of reintegration of the older unemployed and upgrading of their competences by establishing a system for qualification and reinsertion in employment, or starting their own business. As far as elderly workers are concerned, the NSE also sets the objective of reducing 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 is 64 for men and 62 for women, with a minimum of 15 years of work.

The data show that the actual average retirement age in 2005 was 57 for women and 61.7 for men. 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, 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 2007–12 (NAPGE) 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 the 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 is 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 in 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 perspectives. Regarding gender and elderly workers, the strategy proposes a revision of the policies related to the level of pensions in order that elderly workers do not perceive retirement as a process that increases their social exclusion as state pensions are low in the country. The average old-age pension in 2005 was MKD 8 517 (EUR 139.2 per monthly)\(^{(105)}\). All the measures reviewed in the strategies and plans fail to specify the number of beneficiaries of specific age groups under consideration\(^{(106)}\). In any case, the older unemployed also fall into this category.

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\(^{(106)}\) A 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 (http://www.cea.org.mk).
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 employment rate of women in Turkey was 21.3%, while unemployment is especially high among young women. Many variables lead 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 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, and mostly working as domestic staff or carers.

Source: EGGSI national reports, 2010
Demographic ageing requires the continuous development of adult education within and outside educational systems, in terms of both 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 lifelong 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 job-seekers enrolled in adult education programmes, numerous gendered disadvantages still exist for women learners\(^\text{(107)}\). 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 at the highest educational (i.e. graduate) programmes\(^{\text{(108)}}\).

On the one hand, research has shown that women may struggle to continue or may even leave 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\(^{\text{(109)}}\). 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 acts to reinforce gender roles and stereotypes\(^{\text{(110)}}\).

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 this chapter, policy measures are seldom explicitly targeted at 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 learning, because elderly women face more serious barriers to employment than men (as shown in Chapter 3). 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 for training purposes; Formalisation of acquired competencies, skills and qualifications; and Financial incentives and support for training and lifelong learning initiatives.

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Policy framework</th>
<th>Policy description and targets</th>
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</thead>
<tbody>
<tr>
<td>Austria</td>
<td>Guidelines for a coherent lifelong learning strategy for Austria until 2010, 2006 Inter-ministerial working group and education expert</td>
<td>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.</td>
</tr>
<tr>
<td>Belgium</td>
<td>Flanders in action, Flemish Government</td>
<td>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.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Target</strong>: Participation of adults (25–64) in LLL at 15% by 2020</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>National strategy for lifelong learning 2008–13</td>
<td>A special section on lifelong learning for adults (aged 16+) with a focus on people near retirement age promotes a better use of their professional, work and life experiences while adapting to changing technologies and globalisation.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Target</strong>: Participation of adults (25–64) in LLL at 5% by 2020</td>
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<tr>
<td>Cyprus</td>
<td>Lifelong learning strategy 2007–13</td>
<td>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 those aged 50+.</td>
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<td>The 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.</td>
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<td></td>
<td>The NAP assigns the provision of non-formal continuing education aimed at all citizens over the age of 15 to Adult Education Centres of the Ministry of Education and Culture.</td>
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<td></td>
<td>The NAP recognises 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.</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>National lifelong learning strategy 2007</td>
<td>The strategy identifies factors accounting for the lesser involvement of women in informal education but does not contain concrete policies, measures or targets.</td>
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<td></td>
<td>National report on strategies for social protection and social inclusion 2008–10</td>
<td>The report recognises the necessity to further develop LLL especially for older generations in order to maintain professional potential, and to change the structure of the qualifications provided to place greater emphasis, for example, on the field of social-health services despite a lack of gender perspective.</td>
</tr>
<tr>
<td>Germany</td>
<td>Federal state equal treatment laws</td>
<td>Equality laws include measures for increasing the proportion of women participants in further training for civil servants.</td>
</tr>
<tr>
<td>Denmark</td>
<td>National strategy for lifelong learning (based on the government’s globalisation strategy) 2006</td>
<td>LLL should be ensured for all in order to sustain good job opportunities for the individual and to contribute to increased competitiveness, high employment and prosperity.</td>
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<tr>
<td>Country</td>
<td>Policy/legislation</td>
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<tr>
<td>Estonia</td>
<td>Development plan for Estonian adult education 2009–13</td>
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<td>The plan outlines the main policies for the following four years and has introduced some activities to raise awareness of the need for LLL initiatives among the population and provide information on learning opportunities (e.g. through the media or special events, making available information on training opportunities, career services for adults), setting the share of LLL participants 25–64 at 13.5% for 2013. <strong>Target:</strong> Participation of adults (25–64) in LLL at 13.5% by 2013.</td>
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<tr>
<td>Greece</td>
<td>Community support framework 2007–13</td>
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<td>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 recognising and systematising the knowledge of older workers, and (b) organising retraining programmes for older people (55+) in new vocational areas for labour market reintegration.</td>
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<tr>
<td>Finland</td>
<td>Development plan for education and research 2007–12, the Ministry of Education and Culture</td>
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<td></td>
<td>The plan mainly includes measures targeted at the education of young people, but also aims at the working-age and retired population's training/educational needs. The plan supports the reform of adult education in cooperation with the relevant ministries, labour market organisations, and educational bodies for better support of skills and knowledge update, and recognises the educational needs of those employed as well as unemployed or otherwise outside the labour market. <strong>Target:</strong> Share of working-age population participating in adult education to reach 60% by 2012.</td>
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<tr>
<td>France</td>
<td>Law of 4 May 2004</td>
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<td>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 Professionalisation period. The law also reformed vocational training by merging previous part-time training contracts into a single Professionalisation contract for the provision of certified qualification to all unemployed.</td>
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<tr>
<td>Hungary</td>
<td>National strategy on active ageing</td>
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<td></td>
<td>The strategy focuses on re-education and retraining to promote readjustment to the changing labour market. A national action plan also indicates LLL as a crucial priority.</td>
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<tr>
<td>Ireland</td>
<td>National Workplace Strategy (NWS) 2006</td>
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<td></td>
<td>The NWS is the government's blueprint to stimulate workplace change and innovation. The 'Towards 2016' programme (2006) of the NWS and the national partnership identified access to LLL as a priority, with little evidence of specific employment-oriented LLL programmes particularly targeted at older workers.</td>
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<tr>
<td>Iceland</td>
<td>Laws on further education No 80/1996</td>
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<td></td>
<td>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.</td>
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<tr>
<td>Country</td>
<td>Document/Initiative</td>
<td>Description</td>
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<tr>
<td>Italy</td>
<td>Ministry of Education Order No 455 of 29 July 1997</td>
<td>The Order set up ‘adult education centres’, defined as ‘places for interpreting needs, designing, coordinating, 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, favour their local affirmation. Under Article 5 of the Order, the activities of the adult education centres aim at providing courses not only for the attainment of educational qualifications, but also for receiving guidance, as well as primary, functional and adult literacy, acquisition of language skills, development and consolidation of basic skills and know-how, and 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.</td>
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<tr>
<td>Lithuania</td>
<td>National education strategy 2003–12</td>
<td><strong>Target:</strong> 15% of the working-age adult population should be participating in some kind of education and training yearly by 2012. In the framework of the strategy, the following policy measures have 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 improved qualifications.</td>
</tr>
<tr>
<td>Malta</td>
<td>National Reform Programme 2008–10 (NRP)</td>
<td>The 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 the traditional gendered structure of Maltese society.</td>
</tr>
<tr>
<td>Norway</td>
<td>Competence Reform</td>
<td>The Competence Reform is the latest major educational reform including a number of measures to build the skills of the adult population.</td>
</tr>
<tr>
<td>Poland</td>
<td>Strategy for the development of continuous education until 2010</td>
<td>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 (EUR 176 million/year). The strategy looks to the training needs of the disabled and unemployed, but does not approach the issues of the elderly or gender aspects. This is similar to the strategy for the development of education 2007–13. Lifelong learning programme for 2007–13</td>
</tr>
<tr>
<td>Portugal</td>
<td>National plan of action for inclusion 2008–10</td>
<td>The plan focuses on investment in training as a way to correct the weaknesses in education and in training/qualifications, with a view to achieving strategic intervention throughout the life course. The operational programme for employment, training and social development also targets the promotion of social development, seeking to maximise the social and occupational integration of disadvantaged groups, to which many of the population aged 55 and over belong.</td>
</tr>
</tbody>
</table>
**Slovenia**

Resolution on the national programme of adult education, 2004

This 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 2007–13* sets the target of the share of adults in lifelong learning at 20% and raises the goal in terms of the 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 Kingdom**

*Opportunity Age* strategy, 2005

The strategy expressed a commitment to extending learning opportunities for older people so they can stay in work.

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.

Source: EGGSI national reports, 2010

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4.2 Leave schemes for training purposes

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

The introduction of *legal rights to leave for training for employees* was launched some time ago in several countries and is coupled with compensation to employers and guarantees the retention of the employee’s job with 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\(^\text{(112)}\).

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 compensation to the employer for the cost of training (Belgium and Austria).

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Box 4.1: Examples of leave schemes for training

**Austria**
While not recognising workers’ training rights, in Austria the Public Employment Service offers compensation for educational leave for up to one year in the form 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 4 May 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*) initiated by employers and the Individual training leave (*Congé individuel de formation* (CIF)) on the initiative of employees (subject to acceptance by the employer). With the DIF, every employee may accumulate a right to 20 hours training per year for six years (up to a maximum of 120 hours) to be used for training programmes that are agreed to (or suggested) by the employer.

**The Netherlands**
For the legal mutual right to claim education and training, the Netherlands Government 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 a full employment guarantee, according to which the employee is to be reinstated in their 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 will apply to employees in any size of firm. The most important requirement is that the training will help improve business performance and the employee’s 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, organised 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 home is not taken into consideration.’

Instead, greater consideration for the recognition and formalisation 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 existing learning and non-formal acquired competencies, skills and qualifications especially through the introduction of National Qualification Frameworks according to European standards, with the aim being 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 the European Qualification Framework (EQF). In addition, employees and job-seekers 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 a worker’s qualifications. A programme dedicated to vulnerable employees (low-skilled, older workers, women coming back from parental leave, the handicapped or disabled) working on a regular employment contract was introduced with the Law of 4 May 2004, namely the Professionalisation period (Période de professionnalisation), which favours training periods leading to a certified qualification or graduation in order to help individuals maintain their job. The same law also reformed vocational training through a change in subsidised training contracts. Previous part-time training contracts were merged into a single ‘Professionalisation contract’ that aimed at providing every unemployed trainee with a certified qualification or degree. These contracts last from six to 12 (or even 24) months with a training period representing 15–25% 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 Professionalisation contracts but less than 2% were aged 45 or over (114). In a recent report, the Cour des comptes (2010) pointed out the limits of both the Professionalisation contracts and the Professionalisation 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 a (full or part) nationally recognised accreditation. Accreditations are delivered by the 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 were the majority (68%) and seniors aged 50 and over 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 sectors(115).

**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, University and Research, 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 towards 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 lifelong learning proposed by the ‘Solidarity 50+’ programme 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 European standards.

**Slovenia**
A National Vocational Qualification (NVQ) has been introduced; even though it does not specifically target older 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 to older people with limited formal education.

**The Netherlands**
In the framework of the current economic crisis, a measure to stimulate the evaluation of acquired competences in cases of threatened 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

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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 concessions or various mechanisms to refund training costs to employers or employees. Indeed, they may be 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 pressing 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 subsidised training programmes to various different vulnerable groups (women, prisoners or the 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 the Czech Republic and Hungary).


Box 4.3: Examples of financial support for 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 for their older workers and keep them at work. At an individual level, the government in Flanders has introduced a measure to share the training costs 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 EUR 250 which they pay half the sum of, while the Flemish Government pays the other half. In order to counteract selection effects, specific allowances 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 increase participation in further training through tax concessions have been provided -- businesses are able to 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 is implemented by the Federal Labour Agency with the aim of enhancing the professional skills of employees and thus preventing dismissals. The Federal Labour Agency undertakes the full cost of further training for older employees 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 less than 30%.

**Denmark**
The Danish Government set aside a pool of DKK 1 billion (EUR 137 000 million) to finance the public operational costs of: 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 bilingual people; 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 the monitoring of adult education and continuing training activities.

**France**
Subsidised targeted training programmes exist for vulnerable groups and some concern women in particular, such as actions to fight illiteracy and training sessions provided within personalised 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 participation in training.

**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 EUR 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 competences 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 would 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 must 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 should correspond at least to lower secondary school level; the courses should strengthen the participants’ motivation to learn; and the training must relate to the competence goals expressed in the framework for basic skills projects in 2009.(119).

**Sweden**
The Swedish National Council of Adult Education (Folkbildningsrådet) 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 approximately EUR 329 million from the state, approximately EUR 82 million from country councils and approximately EUR 43 million from municipalities.

**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, the ‘Bridge to education’ and ‘Challenges of rural areas’ programmes). 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 generally not specifically targeted only at older workers, although they do benefit from them.

**Slovakia**
Women and men of late working age, who are defined by law as disadvantaged job-seekers, 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 costs based on the evaluation of abilities, professional skills, education level achieved, and health capacity; refund of education costs to employers in the interests of continuing employment in the form of providing general education and specific education. Such education is provided during working time and the employee is entitled to compensatory wages amounting to average monthly earnings if, after its completion, the employer continues employing them for at least 12 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 GBP 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 to 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 programme(121) 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

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(120) http://readingroom.lsc.gov.uk/lsc/National/nat-ttglearnevaluation-may08.PDF
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 ‘Plus minus 50’ project organised by the NGO Remedium offers two courses specifically focusing on people aged 50+, one of which is especially targeted at women. It can be considered a good practice as it is readily transferable to other regions in the country, and as it is self-paid by the participants it is not dependent on any grant allocation.

In Denmark, a project supported by Arbejdsmarkedsstyrelsen (AMS) (the National Labour Market Agency) in 2006–07 focused on investigating 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 out 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 trades are often engaged in hard physical labour with the need to be flexible and deliver on time. The project developed 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 to 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.

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 INQA — Initiative Neue Qualität der Arbeit (Initiative New Quality for Labour) — project 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 lifelong learning. These, however, tend to usually concentrate on core workforces, and the classic women’s segments in the labour market play no role. With regard to the specific problem situation of older women, the ‘Perspective re-entry’ project, 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 the Internet as an important tool for providing training and learning activities.

In Austria, the website ‘safer Internet’ (122) provides the Internet user with tips, in particular for elderly persons. Recent research shows that elderly women in Vienna use the Internet mostly to maintain social contacts but also to collect information. Health impairments and the cost of infrastructure being too high for the low income situation of elderly women are considered major obstacles to the efficient use of the Internet.

In Hungary, we find several examples in the field of information and communication technologies. The Kattins rá nagyi! project (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 the 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 held in, local pensioners’ clubs. They consist of four-hour-long training sessions 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 a token EUR 6 (HUF 1 500). As there was strong demand for continuation of the training, advanced level training has been available 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 investigating senior skills among workers in the building sector, which is characterised by fluctuations in job opportunities and in recent years has also seen cutbacks.

in various international projects regarding elderly people. ‘Silvernet’ is one such programme operating in the partner countries of Slovakia and Romania. It was supported by the Soros Foundation(123). ‘Golden Age’ was another international project, 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 (http://www.millenaris.hu), others require some contribution (http://www.nagyisuli.hu).

Box 4.4: Training and lifelong learning in the candidate countries

Consistent with most of the other countries covered in this report, Croatia and the 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 (JAP) of the employment policy priorities in the Republic of Croatia(125), the Croatian Government drafted two implementation reports which deal with the promotion of access to training for older workers; in the FYROM, the National Strategy on Employment, 2010 (NSE-2010)(126) designates the objective of ‘expanding lifelong learning and non-formal education’ and sets the goal of reaching 8 -- 10 % of the adult population (25–64 age group) by 2010, while the National Employment Action Plan 2006–08 (NEAP) includes a measure for the preparation and implementation of the programme for lifelong learning for improvement in the skills of older workers (unemployed) successively elaborated in detail in the operating programmes. In the FYROM, on 15 January 2008, the parliament passed the Law on adult education which regulates the organisation, structure and financing of adult education without any provision on gender equality.

Evidence collected in the EGGSI 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 the 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 part of a lifelong 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, of whom 8 049 were women. In 2009, no further generally oriented workshops were conducted, as the education was tailored according to the need of the labour market, and included 3 025 persons, of whom 1 447 were women. In cooperation with local CES branches and NGOs, a few small-scale projects were launched such as in Križevci where IT education was offered to unemployed women over 40; in Vinkovci and Vukovar where, through the CARDS project ‘Ricochet’, 147 women of different ages successfully completed the workshop ‘My personal marketing’ and 27 of them gained qualifications for traditional crafts; and 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 were over 45 — accounted for by the need for jobs in shipbuilding, construction, or physical protection where, supposedly, the preconditions are younger age and appropriate psychophysical features. In 2008, a programme was devoted to lifelong learning for craftsmen, inside which 19 projects were supported with HRK 1.1 million (approximately EUR 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 over 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.

(124) http://www.bmknet.hu/bmkeng/index.php?option=com_content&task=view&id=194&Itemid=126
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 the CARDS 2004 and PHARE 2005 programmes, were undertaken by NGOs in cooperation with the CES and local partners. The CARDS 2004 project ran 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 the FYROM from December 2006 started 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 working on a computer’). The document further sets out to pursue these objectives through the reintegration of the ‘older unemployed and recovery of their labour market skills, through the creation of a system of training for new employment or starting one’s own business.’ In its Section 2.7 on education and training, the NSE 2010 sets the objective of ‘expanding lifelong learning and non-formal education’. The specific target set by the NSE 2010 is ‘reaching the level of 8–10% of the adult population (25–64 age group) by 2010.’ Comparing its objective to the ‘EU quantitative target of 12.5%’, 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 lifelong learning in the FYROM in 2005 as only 2.4%.

As already noted, the NSE 2010 policy guidelines are elaborated in the National Employment Action Plan 2006–08 (NEAP), which in its section on support to active ageing foresees that in order to reach the NSE 2010 target of 33% by 2010, ‘active labour market policies related to lifelong 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: (i) preparation of a plan for the integration of the unemployed from the age group 55–64 by the Agency for Employment in 2007; and (ii) preparation and implementation of a programme for lifelong learning for the improvement of the skills of older workers (unemployed). Finally, these policies are elaborated in detail in the operating plans for active programmes and measures for employment produced by the Ministry of Labour and Social Policy (MLSP), which are a 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: (i) training, retraining or additional training for a specific employer; (ii) skills training in the work clubs (English and computers); (iii) pilot training for certain skills lacking on the labour market; and (iv) business start-up education. There are no provisions on age-group eligibility or access to these measures, as noted earlier. The right to retraining is a basic worker’s right in the situation of loss of job, as provided for in the basic Law on employment and insurance in a situation of unemployment.

On 15 January 2008, parliament passed the Law on adult education which regulates the organisation, structure and financing of adult education. The goal of the legislation is to ‘provide the opportunity for adequate education to all persons and all age groups, and to allow them to acquire the 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. The report *Non-formal Education in the FYROM: Situation and Perspectives, November 2009*, states that as of that period of time there is no strategy on lifelong learning in the country. The report reads that an initiative has been submitted to the line ministry but that up to the time of publication of the report, there has been no follow-up: there is no evidence that there has been any development in this respect at the time of writing this report. Overall, except for the opportunities provided in the OPs, there is no evidence of any systematic programmes for training or lifelong learning for older workers in the country.
Turkey

Lifelong learning is not a new concept in Turkey. Since the 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 aimed 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 schools, open high schools, open vocational and technical schools, 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 organised by the Turkish Employment Organisation, an autonomous public agency affiliated to the Ministry of Labour and Social Security, have direct relevance to employment. In 2003, the responsibilities of the Turkish Employment Organisation were broadened to include active labour market policies. The Organisation is presently engaged in six different types of training: (i) labour force training courses with a guarantee of employment to enhance the employability of persons who are registered with the agency and are unemployed; (ii) vocational courses for those planning to set up their own businesses; (iii) occupation improvement courses; (iv) vocational training for the disabled; (v) vocational training for convicts; and (vi) training for unemployed persons under unemployment insurance. The Organisation offers the above mentioned training programmes to all unemployed people regardless of gender and age. However, where projects specifically for women are concerned, the Organisation is able to prepare tailor-made, women-only courses according to the demand from women workers and in accordance with the employers’ needs(127).

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 inter-generational contacts have a 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 is the most general and fundamental precondition to increasing the participation of older people in social affairs. According to the Eurobarometer survey ‘Inter-generational 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 sufficient 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 gains 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 greater 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 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

(128) http://ec.europa.eu/public_opinion/index_en.htm
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 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 to 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 from a gender perspective.

5.1 Creating an inclusive environment for older people

Creating an inclusive environment for older people effectively means tackling ageism and 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 the mobilisation of different stakeholders (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.

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(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 No 85, May 2005.
Box 5.1: National awareness-raising 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 people 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 or in the public or political debate, although it is recognised that women prevail among the providers of care for older people.

**Finland**
The 2004 report *Finland for people of all ages — 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 volunteer work among older people. According to the report, demographic change will mean not only 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 to 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 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 ‘Age as an economic factor’ initiative is aimed at the ‘silver economy’ in the area 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 eighth annual ‘Say No to Ageism Week’ took place from 24 to 30 May 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’ campaign(138) was launched in 2006 with the ambitious aim of ‘making Ireland the best place in the world to grow old’ and is 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.

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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 has not responded to the UN Madrid Action Plan on Ageing.\footnote{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 of enabling older people to play full and active roles 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 to 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, enjoy 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 on 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 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.\footnote{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 for establishing a friendly environment for elderly men and women. Community centres are relevant to increase the availability of services for elderly people as well as awareness and cohesion between generations. Since women already outnumber men among the population aged 70 and over, they are the majority of the visitors and service users at 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 the hot meals provided, bathing facilities, 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 organise the provision of care work better.

\footnote{139} Larragy, J. (2009), A Bounty not a Burden! — Submission on the National Positive Ageing Strategy, Older & Bolder (http://eprints.nuim.ie/3533).
\footnote{140} http://www.dwp.gov.uk/docs/uk-advisory-forum-070709.pdf
Box 5.2: Examples of community 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 local government and organisations for older persons or organisations promoting their interests that should be partners in policymaking 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 be not only users of services, but also resources for society as informal caregivers 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 the home. In addition, modern information technology offers excellent opportunities, 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 multifaceted 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 nationwide network of institutionalised multigenerational house projects that have been set up as service centres in every county and in the independent municipalities and cities. These house projects are intended to promote civil engagement and create meeting places (day centres) for young and old. A mix of permanent workers on a part-time and marginal basis and volunteers are available for this. These multigenerational house projects primarily offer activities in the social sphere (e.g. care and meals) and provide a link between local government activities that are already in existence (childcare, assistance for families and the elderly). The proportion of women involved in these multifunctional 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 is 17%, 15% are older than 65, 2% of these being very old. Thirty-three per cent of people between 65 and 85 and 8% of the very old use home care services(144). In addition, 140 of the 500 multigenerational houses offer day-care for people suffering from dementia and networking opportunities for their families.

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Iceland

Since the introduction of the Act on Elderly Care No 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 a social life, a place to meet friends and 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, despite the fact that 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. However, meals and discounts on services like pedicures and hairdressing only apply to people on old-age or disability pensions. Transport services at a fair price are provided for those who need them 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 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 with the prospect 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 can meet other people and get to know them). Over time, those who come regularly develop 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 need more help. They gradually learn that if they do not meet up, someone from the centre will miss them and 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 need for care increases. This holistic and long-term view is the vision on which social services for the elderly in Iceland has been based since the 1980s. From the early 1990s, home help services, which are the responsibility of local governments, have been organised and administered 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


(146) Services for elderly citizens in Reykjavik, An information pamphlet published on the Reykjavik Welfare Department’s website (http://www.reykjavik.is/Portaldata/1/Resources/velferdarsvidi/reglur_aeatlanir/thjonusta_f_eldri_borgara_i_rvk.pdf).
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 when retired, the elderly essentially represent a cost to society as a whole that may challenge the economic sustainability at a time when baby-boomers are retiring from the labour market with increasing life expectancy. Several research projects 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) carried out a European comparative study on social exclusion of the elderly (persons over 55). For this study, the SCP constructed an indicator of social participation based on the European Social Survey (ESS) data(147). On the social participation dimension — according to the report — country differences are less than 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 in other dimensions. For example, in France nearly three adults in 10 participate in volunteer activities (as in most European countries), and ageing persons may take part 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 spillover, 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 more 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 participate in 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 the positions of responsibility in associations(154).

(147) This indicator includes the following variables: number of social meetings with family and friends; is there anyone to discuss personal matters with?; taking part in social activities; being a member of (hobby, leisure …) clubs; being a 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 (Fevre and Muller, 2004). However, 46% among the (volunteer) Presidents of associations are retirees (Tchemonog, 2006).


Policymakers now pay more attention to volunteer activities, especially in view of EY2011 as the 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 Pancyprian Volunteerism Coordinative Council is a body established by law to coordinate the activities of the voluntary sector and provide support. 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.

**Denmark**’s 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 to 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. 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 aside an amount of money to support 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 maintain a social network, and tend to become lonely if they lose their spouse or partner. Another relevant gender difference in take-up in recent years has been the activities which are offered to seniors and the elderly in centres for the elderly 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.

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(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’s groups, card games, computer cafés, woodwork, pool and darts (http://www.lige.dk/Default.asp?id=435).
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 people\(^{159}\) 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 (2005–09) (Plan Estatal de Voluntariado)\(^{160}\), aims to coordinate the central government, regional governments, local councils, NGOs and universities towards wider 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 the promotion of the 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 men is 11.7%, while among women, it reaches 17.6%. Among people over 65, the participation rate of men is 10.5% and of women, 15.2%.

United Kingdom
The UK 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\(^{162}\). VITA’s final report 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

\(^{159}\) 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 online (http://www.mspss.es/politicaSocial/ongVoluntariado/premiosVoluntariado.html#p1).

\(^{161}\) 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

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, policymakers are attempting to develop strategies to promote 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 Germany and France), this policy is still a subject of public debate because it is sometimes seen as considering the elderly as instruments rather than ends, and also the 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 care for the elderly, but also as a means to support active ageing.

Many countries are now increasingly concerned with how to sustain and develop civil society activities in the volunteering sector (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 and 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’.
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 was 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 specifically for 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 exchanges 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, the network provides information about these issues to help give older women a voice. Ultimately, OWN works to bring about positive change and social inclusion of older women.

**Liechtenstein**
The Seniorenbund (Senior citizens association) was founded in 1994 and, by 2009, had more than 850 members. Its aims are representing the interests of seniors in Liechtenstein, support for seniors to ensure their quality of life, promotion of the societal, economic and legal appreciation of seniors, support for seniors with regard to their needs, competence and opportunities and assistance for 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, those over 55 — mainly women — are primarily active in volunteer work in the social area, primarily in elderly care. On the one hand, they are engaged in delivering meals to elderly people, while on the other hand, there is a long tradition of community work in churches. Again, it is mainly women who are engaged in visiting elderly people cared for at home as well as persons cared for in nursing homes, every week.

Portugal
Among people over 55, 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 are necessarily professionals, but the boards are mainly 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 around different sectors, usually not associated with management positions. The early retirement, allowed until five years ago, made it possible for many women aged 55 and over to join the voluntary body in such places 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 others within the framework of social and community volunteering are mainly women of the middle classes).

Norway
The local senior centres(166) are organisations that aim to prevent 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, they 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 those aged 80+. Socio-economic 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: EGGIS national reports, 2010

(165) The case of the teachers should be mentioned here: this professional group has always been composed mainly of women.
(166) City of Oslo Health and Welfare Agency Information about senior centres in Oslo (http://www.oslo.kommune.no/english/health_/senior_citizens).
(167) http://www.regjeringen.no/Rpub/STM/20052006/025/PDFS/STM2005200600250000DDDPDFS.pdf
5.4 Good practices

As already mentioned at the beginning of this 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, the ‘Volunteers — companions of lonely seniors’ project could be considered a good practice: it has run since 2002 in the Ostrava region, and has been transferred to other regions of the Czech Republic, for example to the Havířov and Karviná regions in 2005. 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 are insurance and training. They also have free access to the Internet in Moravian Ostrava.

In Spain, the ‘Cerca de tí’ programme by IMSERSO has 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, approximately 26% of the total 65+ population. Of these elderly people, 77% are women, showing the gender dimension of the elderly loneliness problem(171). To fulfil its aim, the ‘Cerca de tí’ programme launched several activities: 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 the elderly company; awareness of loneliness problems in society as a whole; qualitative research on the elderly loneliness problem and dissemination of its results from an awareness perspective; and training for persons who frequently work with the elderly (social workers, civil servants, private sector or NGO workers).

In Hungary, an innovative initiative, ‘Nagyi Tábor’ (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 take on the job of organising 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, 14), who have no opportunity to spend the holiday with their own grandchildren. It offers opportunities for learning, developing skills, recreation, and community work. Although not emphasised in the publications and news, it seems to be a gender-related programme with the group of ‘grandparents’ consisting of elderly women(174).

Other projects promote elderly persons’ active citizenship and an independent involvement in their communities by providing leisure activities or encouraging voluntary work. In the Czech Republic, the ‘Seniors to elderly: voluntary care for the elderly’ project 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 already be used as a good practice in other locations and also for other groups of volunteers, not just 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, a suburb of the capital, by a former journalist who decided to concentrate on people over 50, and organised many programmes not only for women, but also 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 lead 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 getting 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 now there are 53 local senior citizens’ associations with over 18 000 individual members around the country, all registered members of the National Association of Senior Citizens. The National Association takes care of the common interests of all senior citizens in Iceland, and organises and administers the formal communication processes and partnership arrangements between the senior citizens’ associations and central government and government agencies and bodies as well as specific relations in which cooperation with senior citizens’ movements in the neighbouring countries has been institutionalised.

In Ireland, there are numerous sectoral initiatives in the arts, culture, sports 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 engage older people (50+) in all levels of voluntary arts work(177) 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 actions targeted at the 55–65 age group.

(175) http://korhataa/talanul.hu
(176) National Association of Senior Citizens’ website (http://www.leb.is).
Box 5.5: Age-friendly environment and volunteer/community work in candidate countries

Croatia, the FYROM and Turkey follow different policy ideas on 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 the elderly in the system of inter-generational solidarity, 2008–10: this 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 the FYROM and Turkey, older people benefit from political attention and many initiatives aim at creating opportunities for the elderly’s 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
The development of different social services for the elderly has been among the priorities of the Ministry for Family, War Veterans and Inter-Generational Solidarity in the last few years, according to the Programme of service development for the elderly in the system of inter-generational solidarity, 2008–10, the 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 the different types of needs of older people. This includes the promotion of volunteering, and creating opportunities for maintaining social contacts. In that respect, the Ministry finances various NGO programmes targeted at the quality of life of the elderly, promotion of volunteering in the community, and promotion of solidarity toward different age groups. According to the available information, in 2009, the Ministry gave support to seven organisations in Croatia, mainly to promote volunteering, although significant funding for NGOs also comes from the National Foundation for Civil Society Development. The Ministry also promotes active age through the organisation of sport events for retired people — these brought together approximately 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 the FYROM have higher numbers of pensioners than employed persons; many families subsist partially or even entirely on the regular income of their retired members. Furthermore, elderly people (primarily retirees but not exclusively) are privileged beneficiaries of political attention as a consequence of their position as a strong and motivated (in terms of turnout) voting body. Despite the motivation issue, many initiatives aim at creating opportunities for the elderly’s 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 the organisation of sporting, recreation, cultural or educational events. Less often, projects address opportunities for volunteering or community work for older people.

Footnotes:
(178) Information about funded programmes from the National Foundation for Civil Society Development is available online (http://zaklada.civilnodrustvo.hr/frontend).
(179) For example, in the 11 municipalities of the East Region, but not including the major city of Stip, out of a population of approximately 150 000, there are 28 000 employed, 28 500 unemployed and 22 000 retired persons. In some of these municipalities, the number of retirees exceeds the number or either employed or unemployed; see, for example, ‘The East Survives on Retirees’, Dnevnik, 30 June 2010 (http://www.dnevnik.com.mk/default.asp?ItemID=4F8D1A23A5D92408AA24F10C83B7337).
(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) 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 пензиите и текстил), Utrinski vesnik, 29 May 2010.
Overall, there are indications that some (but not all) of the municipalities in the country are indeed active in creating inclusive and engaging environments 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 and who may not require the services of a residential home but may still feel excluded from society. These centres aim to support the elderly with leisure activities and promote their social interaction, helping them with daily activities, providing guidance and vocational consultancy services. These centres function through membership schemes 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 handicrafts are organised in these centres to help the elderly to make good use of their leisure time. One of the major activities of these centres is the educational programme. Various seminars and training sessions are held on subjects such as an adequate and balanced diet, healthcare training, social participation, lifelong 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 organisations, play active roles in the administration of the Centre and assume new roles in society. There are also Alzheimer’s care centres established in large cities to ensure the safety of Alzheimer’s patients, to eliminate the risks arising from living alone, to help them maintain an active physical and mental life, and to support patients’ families by undertaking the daily care Alzheimer’s patients. Entry to these centres is reserved for 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 provision and services for the elderly. Retirement homes (sometimes called rest homes) have been established, free medical care, food and fuel are provided, as is 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 organisations and NGOs more than the rest of the population. There are civil society organisations whose aims are 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), the Association of All Retired Workers, Widows and Orphans and the Association of Retired Civil Servants.

Source: EGGSI national reports, 2010

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Chapter 6
Supportive services

The adoption of comprehensive measures for ensuring the accessibility, availability and quality of public transport, 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 proven that, whereas women live on 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 mentioned in Chapter 2, approximately one in five women in the European Union are 65 or over, 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 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(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 for women. The situation changed after various legal actions culminating with a case won by a man 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 (2006–10) was launched, to make osteoporosis one of the priorities of Bulgarian health policy. The main target groups are menopausal, pregnant and breastfeeding 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 every 16 women suffers 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% of women aged 51–70 suffering from osteoporosis and 14.9% of women aged over 71. For the same age groups respectively, osteopenia is apparent in 33.8% and 49.4% 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 to promote a 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).

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 campaigns and studies have been undertaken concerning the prevention of fall accidents addressing

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(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) This is also the case for reimbursement of medication to men having breast cancer.


(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.


In Denmark, the results of both national and international research show that 30% of the elderly aged 65+ and 50% of the elderly aged 80+ fall at least once annually, and 20–30% of those who have a fall accident have injuries that limit their mobility and increase their need for support and care as well as mortality risk. Elderly people falling is estimated to be the cause of 1 000 deaths, 46 000 visits to emergency wards and 15 000 hospitalisations annually 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 an annual preventive home visit to the elderly aged 75+ living in the municipality. The visit is from a member of staff who has received training in preventive measures. The staff member discusses with the elderly person their well-being, social network, housing situation, finances, health, physical activities and functional ability during the visit. Several randomised control intervention studies have been carried out focusing 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 homes.

Government policies in healthcare: recent trends

In many European countries (such as 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 in healthcare. 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 healthcare 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 healthcare is generally still underdeveloped and, aside from reproductive care, little taken into account when offering service provisions.

Men and women in their late working or 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 and aim to support their work ability and employment retention through workplace-based health promotion schemes such as the treatment of illness, prevention of work-related health problems, healthy lifestyles, or through other preventive measures, such as courses, seminars or individual advice. In only a few countries (i.e. Germany, Iceland and Liechtenstein) are these programmes gender-sensitive (Box 6.1).

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(192) The Netherlands Emancipation Monitor 2008 describes the general state of affairs concerning the health situation of women in the Netherlands: (i) 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 pain; (ii) more women than men (12% v 8%) report psychological problems; (iii) 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; (iv) health problems lead to impaired mobility for women more often than for men (11% v 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); (v) women have more contact with primary healthcare services than men, and take medication more often; (vi) 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 (12–24 years) undertake the least physical activity, only a quarter of them take sufficient exercise; (vii) women have more negative views than average on healthcare in general, as well as on hospital care and specialists.


**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, the Fund promotes interventions and activities in the vicinity of where the employee lives and makes sure the consultancy is individualised with assessment focusing on how to increase the person’s work ability; it will meet people at their level by promoting positive influences 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 to focus on the individual’s strength and abilities and help them to figure out how to utilise them to their advantage, to increase their 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 specifically addressed group. In 2007, the Office of Public Health introduced its ‘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 workplace 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.

**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 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 there for prevention. The BZgA is also drawing up a position paper on the prevention of health problems in senior citizens at local authority level. This had made it clear that older men are still far more frequently (32.7 %) not 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 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 national reports, 2010

(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 clients 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 workplace, sickness or consequences of an injury; see the Fund’s website (http://www.virk.is/page/kynningarefni).

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 this 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 recognised 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 care assistants are permanently present. 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 between 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 15 years, European countries have brought in reforms aimed at removing inequalities in access to LTC and improving the quality of 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: (i) the role of women as informal caregivers; (ii) 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 found between formal and informal care. According to the OECD, 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)

(200) Different forms of provisions can be found all over European countries according to the institutional framework for LTC: see Corsi, M., Crepaldi, C., Samek Lodovici, M. (2009), Access to healthcare and long-term care — Equal for women and men?, report prepared by the EGSSI network (http://ec.europa.eu/social/main.jsp?catId=418&langId=en&furtherPubs=yes).
(202) According to the OECD, informal caregivers can be divided into three categories: (i) relatives, friends or volunteers that do not receive any form of compensation for their engagement; (ii) informal caregivers who receive cash benefits/allowances as part of cash benefit programmes and consumer-choice programmes — they are usually relatives or friends; and (iii) undeclared/illegal informal caregivers — caregivers who receive some form of payments by care recipients but without any form of employment contract.
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 organisations aimed at making it easier for family members to combine work and caregiving. In conformity with these definitions, the majority of LTC workers, both formal and informal, are women (Box 6.2).

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

**Belgium**
Ten per cent of men provide informal care in the age groups 45–64, 65–75, and 75+. On the other hand, women’s share varies according to the age group. On average, women provide much more informal care (16% vs 10%). However, at the age of 75 and over, women provide less informal care than men. The 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 15–20% of overall elderly care, and approximately 80% is covered by family members. Within the family, the provision is highly gendered as 70–80% of family care providers are women. As from 2007, caring family members can be remunerated through cash provision — care allowance — and also receive health and social protection benefits.

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

**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 aged 45–65, 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 18–65.

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(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 registered, on top of this payment, and 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): CZK 2 000/4 000/8 000 and 11 000 per month (equivalent to about EUR 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 initiative 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.

Norway
Approximately 25% of the 45–66 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 82% of family carers are women and more than 60% of the cared-for persons are over 65 years, mainly women. The most frequent relationship between family carers and cared-for persons is the adult daughter–mother relation. The highest number of family carers is in the age group 51–64 (47%). Only approximately 2% of informal carers are employed, and of these, 80% are women (209).

Sweden
Almost every fourth person aged 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 aged 55 and over. They give help once a week or less often and they may help a person in their own household, but the vast majority (96%) help people they do not live with. In six cases out of 10, help is given to a family member. Helpers can equally be women or men and tend to be younger rather than older. The caregivers group is the next biggest group — around 166 000 persons or around 6% of the population aged 55 and over. They give help to people outside their own household on a daily basis or several times a week. Six out of 10 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. There are around 83 000 persons who care for relatives. They give help daily or several times a week to a relative in their own household, usually aged 75–85.

Source: EGGSI 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 (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 the long-term care allowance\(^{212}\). As at 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**

There are no existing programmes promoting LTC 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 their professional and family life and integrating women in the labour market. For example, during the period 2005–08, the Social Welfare Services implemented the ‘Expansion and improvement of care services for children, the elderly, disabled persons and other dependants’ project. 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 organisations for the purposes of facilitating integration, reintegration and the maintenance of the inactive female workforce 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 approximately 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 received the APA\(^{215}\), the majority being women (70%). 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 over) 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.

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\(^{215}\) 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.

**The Netherlands**

The majority of care-receivers who have been receiving help the longest or who receive it most frequently are women and/or aged over 65 years. Half of 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 permanently or regularly bedridden.

**Norway**

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

**Sweden**

Some 156,200 persons received home help services: 68% were women and 32% men (as of 31 December 2008); women aged 65–74 constituted around 11% of all the women receiving home help services; men aged 65–74 made up almost 18% of all men receiving home help services (the higher percentage is mainly because men have a shorter life expectancy).

Source: EGGSI national reports, 2010

### Gender barriers to access to 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.

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

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Box 6.4: Main barriers to accessing LTC in European countries

**Denmark**
Generally speaking, no barriers to LTC exist in the Danish model as it is mainly based on local evaluation of needs for getting support. Depending on the municipality, there can be waiting lists for a place in a hospice, whereas for support in private homes, there is 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 suffers from regional disparities and particularly from uneven coverage of medical services and healthcare 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 who have no identity documents (i.e. many Roma and homeless), which denies them access to social health insurance or any type of healthcare (except for emergency treatment). Reduced availability of services and the lack of volunteer services deprive many elderly people living on their own of the support they need for housework (cleaning, shopping). Many people are excluded from healthcare or LTC because of the very real perception of having to pay additional costs in order to receive proper care, and in many cases, people will postpone their medical care until it becomes an emergency.

**Slovenia**
The main barriers are bureaucratic. The fact that the existing services and income are not linked in 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 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 dependent not so much on gender as 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(221).

Source: EGGSI national reports, 2010

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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:

- programmes targeting elderly people in vulnerable groups;
- programmes aimed at improving the quality of care;
- programmes to support family caregivers.

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

Programmes targeted at 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 project (in Vienna), specifically aimed at overcoming cultural barriers, the programme for the integration of elderly migrants into social centres for elderly people. The programme aims at establishing a counselling, information and social 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 any needs for LTC.

In Romania, the key point of the ‘Socio-medical assistance for disadvantaged groups’ programme is the diversification of services made available at local community level by developing social and medico-social assistance for women and men belonging to disadvantaged groups. The programme aims to develop 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, the ‘Free personal care’ programme started in 2002. Implemented only in Scotland, it provides free personal care in care homes and at home. The programme is a good practice for overcoming financial gender barriers thanks to a substantial reduction in care home fees for elderly people (especially women).

Programmes aimed at improvement of the quality of care

Improving the quality of care is crucial to 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 healthcare.

In Germany, the Federal Ministry for family affairs has introduced the ‘Modern care for the elderly’ campaign to promote the occupational field of professional care. In particular, the initiative aims at improving public awareness and promoting a high level of training for caregivers of the elderly.

In Finland, there is a local programme, the ‘Act on assessment of service needs for people over 80 (2006) and over 75 (2009)’, the objective of which is to make a broad assessment of the need for social and health services. The programme does not have a 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, the ‘Nonne-Care’ programme 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 of meeting new

(222) http://www.stm.julkaisut/nayta_julkaisu/1063089
assistance and healthcare needs in order to keep elderly women at home instead of moving into residential public care facilities, thanks to telephone and tele-assistance. The target group of the programme is elderly women (over 70 years old) who live alone and suffer from specific pathologies.

In Norway, the Dementia plan 2008–12 aims at increasing understanding, collaboration and the quality of the care of dementia patients. In particular, the programme is designed to increase the quality of care, development, research and planning, skills and knowledge, and to improve 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 caregivers, both professional and private. Another programme promoted in Norway is the ‘National strategy for specialised healthcare for the elderly 2008–12’. The main aims of the strategy are to enhance the elderly’s access to specialised healthcare, create cooperation within primary and preventive healthcare, and emphasise research and development within the area of the elderly and their needs for specialised healthcare. The programme emphasises equal treatment in specialised healthcare, 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 supporting their relatives. Primarily, the Institute of Personal Assistance was designed to support disabled persons under 65 years. As from January 2009, it has also been possible to provide personal assistance to persons over 65 years, doubling the number of recipients(223).

In Spain, there are 2 258 day care centres, which offer access to 63,446 elderly persons(224). These centres are public, private or mixed led(225) and perform a key role in care for dependent elderly people(226). In addition, in day care centres, several activities are organised 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, organised by IMSERSO with the aim of offering the elderly the chance to enjoy a leisure activity which has clear positive effects for health and long-term care(227). This programme offers accommodation in spa centres, where the elderly are guided through a medical examination towards the thermal services that they specifically need. In addition, other non-thermal activities are organised in the spas for the elderly. Finally, a key aspect of the long-term care policies in Spain is remote care. This service, organised in 1992, consists in delivering an electronic device to elderly people who live alone which allows them to contact specialised centres and then relatives or health services when needed(228). The programme works 24/7 and, in case of emergency, the service includes mobile units which attend the elderly person in their home. Considering that 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, in place since 1999, which allows the elderly to access public resources for these situations if needed(229).


(224) IMSERSO (2008), available online (http://www.imserso.es/interPresent1/groups/imserso/documents/innformaci0nppmm2008v01/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 is available on IMSERSO’s website (http://www.imsersomayores.csic.es/recursos/centrosdia/index.htm).

(227) Further information about the Thermal Activities programme of IMSERSO can be found online (http://www.imserso.es/imserso_01/envejecimiento_activo/termalismo/index.htm).

(228) The service is also available for non-elderly disabled persons: further information about remote care for the elderly can be found on IMSERSO’s website (http://www.imserso.es/imserso_01/envejecimiento_activo/remote_care_index.htm).

Programmes supporting family caregivers

As most informal carers throughout Europe are women, 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.

In **Cyprus**, the national programme ‘Expansion of and improvement of care services for children, the elderly, disabled persons and other dependents’, implemented over 2005–08 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 into 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 ‘Support in partnership 2006’ (implemented by the Municipality of Jönköping) helps relatives to care, making life easier for the carers and the cared-for, and helps ensure 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) holds 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.

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Box 6.5: Health and long-term care in candidate countries

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 healthcare and preventive health programmes have a very low coverage of the population. The Ministry of Health and Social Welfare and the Croatian Healthcare Fund introduced preventive health checks in 2004 for the 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 healthcare in the FYROM, whereas for secondary 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 services, patronage and nursing systems for elderly people affects both their health and financial situation. The government adopted several strategic documents highlighting its priorities (the reduction of inequalities in healthcare, strengthening of primary healthcare, quality in public health services, modernisation of public health providers, an improved blend of public and private health providers) but, as recorded in the Progress report of the European Commission 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 non-institutional) 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; for example, the ‘In-home assistance and care for the elderly’ and the ‘Day programme and in-home assistance for the elderly’ projects. The latter also increased the employment opportunities for women caregivers (geronto-housewives).

Long-term care in the 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; healthcare services such as home-based treatment or in specialised hospitals providing beds for the elderly; specialised homes for the elderly and other social institutions that offer long-term care fall under social assistance and not under healthcare.

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 2006–11 listed problems in the health system, such as the inadequate role of the primary healthcare, territorially unequal distribution of the secondary healthcare, very low coverage of the 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 the financial aspects of the healthcare 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 healthcare 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 study 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 Healthcare 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 2004–08 (see Table II.4.1 in Annex A, Croatia national report). 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% women and 47.8% 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 the call for the examination for breast cancer, but only 19.3% for the examination for colon cancer.

Centres for gerontology exist in Croatia and operate at both 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 the health needs and functional

(232) Turkish expert did not report about this field of policies.
abilities of older people. They also organise education for older people, promote prevention programmes as well as other healthcare programmes, and coordinate the activities of other stakeholders at the national, regional and local levels. In many cases, centres for gerontology work as units providing homes for the elderly, in line with the intention that homes for the elderly are developed as non-institutional 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 be able to meet user needs. Social care services are usually offered by homes for the elderly (both institutional and non-institutional) and various different NGOs which have projects for the elderly.

The work of NGOs is in this 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 as 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 Inter-generational Solidarity in 2004: the 'In-home assistance and care for the elderly' project. From 2004 to 2008, it was run as a pilot project and since 2008, it has been based on the government programme of service development for the elderly in the system of inter-generational solidarity from 2008 to 2010. Besides this, there is another project also run by the Ministry, the 'Day and in-home assistance for the elderly' project. Through this project, all the support and help needed by elderly people is offered through the 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 would otherwise have very low employability prospects. Nine hundred and twenty-three persons were employed in the whole of 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 consequences of war. The projects cost HRK 53.1 million in 2009 (approximately EUR 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, five regional governments, 26 NGOs, nine social care institutions, and one 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 organise 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 citizens in the area of healthcare, the rights arising from health insurance, the procedure for using healthcare, and the system and organisation of healthcare in the country. Healthcare in the FYROM is available in both the public and private sector. The health insurance of the elderly is on the basis of their pension (old-age, disability, agriculture and family).

The Strategy on demographic development 2008–15 discusses, inter alia, 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 a result of living standards and the health sector in general.

Persons over 65 receive free primary healthcare, whereas for secondary 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 services, patronage and nursing systems for elderly people affects both their health and financial situation. 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 a shortage of personnel. This conclusion is even more relevant to the elderly since there is a trend among the young population to migrate to the urban areas, whereas the older people remain in the rural areas.
The Government’s 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 healthcare, enhancement of primary healthcare, ensuring quality in public health services, modernisation of public health providers, and ensuring a better combination between public and private health providers. The national strategic plan of the Ministry of Health 2009–11 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 of the European Commission, 2009, points out that little has been done on the 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 20–65. Screening was organised in the city of Prilep as a part of a pilot project. The Strategy on demographic development 2008–15 envisions the creation of separate action plans for its implementation in the field of health and access to and availability of services for 2008–10. 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, instead 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, the long-term care needs of the elderly are met in different ways: partly through the healthcare services such as treatment at home or in specialised hospitals providing beds for the elderly. Specialised homes for the elderly and other social institutions that offer long-term care fall under social assistance and not under healthcare. 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, etc. 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 slow (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 childcare facilities and homes for the elderly. It has been assessed that the slow progress in the process of decentralisation of social protection competences is due to the low budgets at local level and a 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 four public homes for old persons and two 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 were accommodated by the Centres for Social Work (CSW) and did not have to pay for the service; the remainder (who were not accommodated by the CSW) had to pay for the services. In terms of gender, the beneficiaries of the institutional social protection care include 178 men and 336 women.

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 the homeless, home care services and the right to placement in foster families.

The Ministry of Labour and Social Policy (MLSP) addresses some of these issues through the social protection programmes for 2008 and 2010. The social protection programme for 2008 envisaged that 7 600 elderly will benefit from social protection on different bases. It also planned opening a day centre for the elderly in the capital Skopje. The programme on social protection for 2010 points out that it aims at the full decentralisation of social protection. The plan envisages the development of social services for older people, such as patronage teams in local self-government units where they have been identified as necessary. These teams will assist the elderly in fulfilling their everyday needs and ensuring medical care. The plan also foresees the extension of non-institutional care by establishing day centres for the elderly in the municipalities of Makedonski Brod and Krusevo. The programme notes that efforts will be made to enhance the public-private partnership with the aim of opening homes for the elderly.

Overall, it can be noted that the system of long-term care for older people is not unified, but is dispersed throughout the two areas of health and social protection. This has to do with the slowing down of the decentralisation of the social protection services and the lack of institutional and human capacity, as well as a lack of coordination and, sometimes, unclear mandates. Further factors such as poverty, unemployment or the 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.
6.2 Transport

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 in the opposite direction 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 journeys, and they frequently have no place in the suburbs-centres story(235). In some countries and regions, women drive less than their male counterparts, either for economic or 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 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 European countries, the promotion of transport use by the elderly actually translates into two main policy approaches: the subsidisation of urban and rural public transport charges 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 is 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 transport preferential fares for the elderly

The provision of fare reductions to the elderly is widespread on public transport at both local and national levels, as shown in Table 6.1. Preferential fare schemes on sub-urban and city transport include free access or discounts, mostly subsidised by local authorities and provided to different types of aged beneficiaries (pensioners and varied age cohorts) with no gender distinction.

(235) For example, Hamilton, K., Ryley Hoyle, S., Jenkins, L. (2005), Public Transport Gender Audit, Research Report, University of East London.
### Table 6.1: National and local fare reduction schemes

<table>
<thead>
<tr>
<th>Country</th>
<th>Provider</th>
<th>Policy description</th>
<th>Target age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>Railway federation and other regional public transport companies</td>
<td>50% reduction for an annual fee of EUR 26.90 for all railway connections: for pensioners below the equalisation supplement (EUR 10 813.60 a year), there is no annual fee.</td>
<td>Men over 65 and women over 60 years</td>
</tr>
<tr>
<td>Belgium</td>
<td></td>
<td>Access to buses and trams is free. Reduced fares are provided outside peak periods on trains.</td>
<td>65 and over</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>Municipality of Sofia and other big Bulgarian cities</td>
<td>Preferential fare rates (EUR 4 per month for 68+)</td>
<td>Retired people and people aged 68 and over</td>
</tr>
<tr>
<td>Spain (several regions and cities)</td>
<td>Andalusia Regional Government</td>
<td>50% of the charges within Andalusia region are subsidised.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Valencia metropolitan region</td>
<td>Reduced fare: EUR 18 for a yearly card (monthly card for the rest of the population is EUR 39.20).</td>
<td>65 and over</td>
</tr>
<tr>
<td></td>
<td>Madrid metropolitan region</td>
<td>Reduced fare: monthly card 23.6% of the normal fee (EUR 10.90 for the elderly).</td>
<td>65 and over</td>
</tr>
<tr>
<td>France</td>
<td>SNCF</td>
<td>SNCF one year ‘Card senior’ costs EUR 56 and gives train ticket price reductions of 25–50%.</td>
<td>Seniors aged 60+</td>
</tr>
<tr>
<td></td>
<td>RATP</td>
<td>Emeraude and Amethyste RATP cards provide handicapped adults and war veterans with ticket reductions or free trips.</td>
<td>60+ or 65+</td>
</tr>
<tr>
<td>Ireland</td>
<td>Department of Social Protection</td>
<td>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.</td>
<td>66+</td>
</tr>
<tr>
<td>Italy</td>
<td>Many Regions and Municipalities</td>
<td>Favourable rates usually tied to age and income for season tickets for elderly people to be used on public transport</td>
<td></td>
</tr>
<tr>
<td>Lithuania</td>
<td></td>
<td>50% discount on ticket price is valid on all local and national means of transport (buses, trains, etc.)</td>
<td>70+</td>
</tr>
<tr>
<td>Poland</td>
<td>Polish railways</td>
<td>50% price reduction for some train tickets assuming users buy a special pass (currently PLN 75 or PLN 150, approximately less than EUR 20 or 40).</td>
<td>60+</td>
</tr>
<tr>
<td></td>
<td>Municipality of Warsaw(237)</td>
<td>Fare reductions: ‘Senior ticket’ for PLN 40 (EUR 10) valid for local transport annually. Otherwise, older people may benefit from reduction only if they are pensioners, enjoying 40–50% discount.</td>
<td>65+ (or pensioners)</td>
</tr>
</tbody>
</table>

(237) The Municipality of Warsaw is not unique in this sense: municipalities of many major cities offer reductions but rules differ. For instance, pensioners enjoy a discount of 50% in Warsaw, Łódź, Białystok, Poznań, Bydgoszcz, Wrocław and some other cities, but 40% in Kielce and Włocławek.
<table>
<thead>
<tr>
<th>Country</th>
<th>Authority</th>
<th>Description</th>
<th>Eligible Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portugal</td>
<td>Local authorities</td>
<td>Social passes are free of charge during non-peak times, but there are minimal charges in other schedules. Also, train rates are reduced.</td>
<td>Pensioners or 65+</td>
</tr>
<tr>
<td>Sweden</td>
<td></td>
<td>Fare reductions for tickets on buses, both local and national, but not on trains.</td>
<td>Pensioners</td>
</tr>
<tr>
<td>Slovenia</td>
<td></td>
<td>Special discounts for travel with a card. A new card will also introduce additional bonuses and discounts, including with foreign railway companies.</td>
<td>Pensioners</td>
</tr>
<tr>
<td>Slovakia</td>
<td></td>
<td>Suburban and city transport free of charge, respectively for a fee (price per km) up to 2008. Discounts are 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 available depend on each provider.</td>
<td>Pensioners aged 60–70 years</td>
</tr>
<tr>
<td>United Kingdom</td>
<td></td>
<td>In 2006, free bus travel at off-peak times was initially introduced for local travel only but has subsequently been extended to bus travel across the whole of England (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.</td>
<td>60+ (England, Wales and Scotland); 65+ in Northern Ireland</td>
</tr>
</tbody>
</table>

Source: EGGSI national reports, 2010
### 6.2.2 Special transport 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 participation in active citizenship initiatives. Several initiatives at EU level recently focused on how well public transport was adapted for older people with health impairments for autonomous living conditions\(^{(238)}\).

Given the poor distribution of healthcare services in a number of countries, and in some countries between regions, access to healthcare remains problematic for elderly citizens, especially for elderly women. Thus, specific attention should also be paid to transport policy in relation to access to healthcare (hospitals and clinics, long-term care institutions, and more generally, healthcare providers). This issue may require specific attention be paid 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 and the United Kingdom) report that in these areas, public transport coverage may be limited or threatened by current fiscal austerity measures.

Older people’s access to healthcare services, especially for those living in remote areas, by means of adapted vehicles, is a key issue in most of the special transport measures. Special transport for the elderly is thus often offered to ensure access to basic services and only marginally directed at supporting active citizenship through, for example, participation in social, cultural or community activities as in Ireland and Italy (Box 6.6).

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**Box 6.6: Special transport services for older people**

**Estonia**

Some local governments provide weekly buses, which collect elderly people and 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 and in many rural areas, the provision of public services has been reduced (for instance, the post offices in the rural areas have been closed). Also, there are many special taxi services provided for disabled and elderly people. For example, special transport for disabled and elderly people is available in Tallinn and Tartu. These kinds of services are also available 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 such service of importance to rural areas is the collective and adapted taxi, frequently used by all age populations, and especially suitable for rural areas with a low population density with scant provision 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 just described, can be found in a rural area of Tenerife Island, in the Canary Islands region\(^{(240)}\).

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\(^{(238)}\) Detailed information about this programme can be found online (http://www.imserso.es/enclaverural_01/catalogo_buenas_practicas/transporte/rural_taxi_castellon/ficha_tecnica_castellon/index.htm#fanda2).

\(^{(239)}\) Information about this transport programme on Tenerife Island can be found online (http://www.imserso.es/enclaverural_01/catalogo_buenas_practicas/transporte/taxis_compartidos_candelaria/ficha_tecnica_candelaria/index.htm).

\(^{(240)}\) Information on initiatives is available on a dedicated website providing senior citizens with information and news, ‘Senior actu’ (http://www.senioractu.com/Senior-et-transports_r15.html).
France
In the town of Fondettes (10 000 inhabitants), a dedicated service has been implemented for seniors aged 65 and over: a taxi service at EUR 1 per trip. Similarly, in the city of Toulouse, a taxi bike for seniors has been introduced at the cost of EUR 5 per month for people aged 60 and over(241).

Ireland
The rural transport initiative aims to develop a nationwide community-based service in rural areas not explicitly targeting older women who are, however, the predominant users(242). 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 20% on the ground. This will only serve to worsen the situation for many vulnerable and sick older people. Bus Éireann’s 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 of non-emergency transport 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 transportation 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 is 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 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 at local level in the last few years, parallel to the increasing numbers of elderly people, the number of third-party and voluntary associations implementing this kind of support has been sharply increasing. The ‘social transport interventions’ are usually for elderly people living alone who have difficulties in reaching healthcare services (e.g. 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 started 20 years ago as a voluntary activity in two northern regions (Lombardy and Emilia Romagna) and 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 one elderly person out of 112 in the north of Italy and one elderly person out of 1 385 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 a transport 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% 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 GBP 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

(241) http://www.ppt2txt.com/r/53177b14
(242) SIKA (2009), Färdtjänst och riksfärdtjänst 2008, Östersund.
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 for 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 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 institutionalised elderly care. Thus, for example, in Estonia, the emphasis for elderly care has been on institutional care and 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 singled out as a vulnerable arrangement for elderly women, due to their high risks of poverty and/or loneliness. By contrast, home-ownership is traditionally regarded as the most suitable housing arrangement for the elderly. However, from 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 suboptimal, 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 of living costs between persons in a couple or household) cease, and women’s incomes in old age may be too low to sustain all 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. 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 with a wide range of innovative housing options or encouraging new forms of communal living and inter-generational cohabitation as a 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. Policy initiatives on housing at both national and local level predominantly focus on elderly care in their own homes through subsidies to foster adaptation, accessibility and functionality of dwellings in respect of 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 for staying at home and a number of initiatives relate to home services for the elderly (healthcare, 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 EUR 12 000. In the three year period 2005–07, 41 cases benefited with the total sum of EUR 290 406.

**Denmark**
The general policy is ‘ageing in place’, in other words, as long as possible in one’s own home. Care services and adaptations to the home are offered as part of this policy. If an elderly person has a permanent frailty, they 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 also be the best solution from the public policy perspective. To promote the 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 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**
The government ‘Staying at home: autonomy, inclusion and life project’ (vivre chez soi : autonomie, inclusion et projet de vie) initiative is in preparation to improve living and housing conditions for the elderly(249).

**Ireland**
While keeping with the policy of enabling older people to stay at home, regulations have been introduced by the Department of the Environment, Heritage and Local Government and make provision for a new framework of grant aid for older people and people with a disability. The regulations provide for three new schemes of grant aid: 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.

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(248) See the Ministry of labour and solidarity website (http://www.travail-solidarite.gouv.fr).
Portugal

The Government of Portugal through the Secretary of State for Social Security, decided to create the ‘Housing comfort for elderly people’ programme (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 included in the national plan of action for inclusion and aims to improve the basic conditions of habitability and mobility for elderly people who benefit from support services at home, with the intention of avoiding their institutionalisation and dependency. Qualification for housing covers the execution of home improvement works, as well as the purchase of furniture and household items that can improve the living conditions of seniors. The PCHI applies to individuals aged 65 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 the economic means to carry out repair/restoration work; their chances of remaining in their houses depend on subsidies. However, in the economic emergency policy measures announced in June 2010, the Portuguese State 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 their own homes for as long as possible.

Slovenia

In the Strategy of care for the elderly in Slovenia until 2010, 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

6.3.2 Communal living and inter-generational cohabitation

Housing options for older people are progressively increasing through the introduction of new forms of social and communal living, and multigenerational solutions, both often integrated with provision of proximity care services (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 needs 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 shared flats provides single rooms in a flat of six to eight persons sharing common rooms such as a living room, kitchen and bathroom. Social services can be applied for by single persons or by the whole flat community. Inter-generational cohabitation promotes various generations living 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. 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 to their tenants.

Belgium

A number of interesting inter-generational initiatives are promoted at the regional level but they are somewhat limited in terms of numbers of beneficiaries. The ‘habitat kangourou’ consists in renovating a ‘single family house’ for two families: one for elderly people and one for a young family with the young family taking it on 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 introduced 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 normal working hours. 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 personal care, assistance with personal hygiene or providing conditions for personal hygiene, the provision of meals, the provision of accommodation, contact in a 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 was 83 and of men, 77. The clients are mostly women (75%)(252). Most of the establishments are created by regional (approximately 45%) and local (approximately 35%) authorities(253). The availability of homes for seniors has been rapidly decreasing over 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.

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 present 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 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 inter-generational 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 1 000 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 4 886 age-specific apartments in Iceland classified in three categories representing the level of services attached to them: purpose-built apartments for the elderly, 1 582; activity apartments for senior citizens, 2 178; service and security apartments, 1 126. Of these units, 1 180 are rented apartments, 2 550 ownership-based apartments and 1 156 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 cooperative 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 government 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 1 000 older people but across the country, this ranges from 1.1 to 59.7 units per 1 000 older people. Roughly half of the provision is voluntary and half statutory. Outside Dublin City, most stock is in the voluntary housing sector. A 2007 report recommends a minimum provision of 25 units per 1 000 people aged 65 years (only one third of the Swedish provision of 71 per 1000)(256).

Sweden
Many municipalities are investing in special forms of housing such as 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 aged 55 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, approximately 35 000 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 units 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

(254) Reported initiatives are quoted in ‘Senior actu’ (http://www.senioractu.com/Senior-et-habitat_r14.html).
Box 6.9: Elderly housing and transport policies in the candidate countries

Transport
Two main transport policies are promoted in candidate countries, as in most of the countries covered by the report: free public transport for the elderly in the two capital cities (Zagreb and Skopje), and special transport measures in the form of adapted vehicles (easily accessible low-floor trams in the city of Zagreb) and various provisions of the National transport strategy 2007–17 of the Ministry of Transport and Communication of the former Yugoslav Republic of Macedonia (MTC).

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 transport 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 the main public transport 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 architectonical barriers to disabled people, but which also contribute to the mobility of the elderly. Free-of-charge public transport 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 which are more populated by the elderly and with long distances and difficult transport to health and other social care facilities. As already mentioned, that has been recognised 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 the 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 organised and efficient public transport drives private transport which results in higher costs and the inability of some vulnerable groups to benefit from it. The barriers related to transport are characterised 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. Organised public transport exists in only eight 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 transport strategy 2007–17. The strategy includes issues such as accessibility to transport and mobility, affirming the need for effective public transport and improved access to public premises and services, and most importantly specifically discusses the needs of the elderly and people with disabilities with regard to transport. 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 transport at the local level.\(^\text{(258)}\)

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 2009 to address and alleviate the difficult social conditions of pensioners. This allows them free transport on the city of Skopje’s public transport system once a week. This measure is not sufficient to address the specific needs of the elderly with regard to transport, since the issue requires a more integrated and structural approach.\(^\text{(259)}\)


\(^{\text{(259)}}\) Note that the reference is part of the Memorandum for Cooperation between the city of Skopje and the pensioners, direct reference pertaining to this measure could not be identified, Весник на Град Скопје, 29.5.2009 (http://www.skopje.gov.mk/images/File/vesnik%20GRAD%20SKOPJE%2005.2009%20koreg%20final%20maraton%20web%20normal.pdf).
Turkey
The 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 and who are frequently unable to afford to travel to maintain contact with family and friends. In Turkey, there are systems at local government level that facilitate free or lower cost transport for elderly people aged 60 and over. However, regulation of these services differs greatly among the many local governments. The Ministry of Transport offers certain services for people over 60, 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 60s on international passenger transport services that operate within the scope of the Balkan Railways Uniform Tariff for southeast European countries only.

Local governments are responsible for the supply of free public city transport for 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 they have has lost 40% 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 homes for the elderly. In the FYROM, a Strategy on demographic development 2008–15 has been launched, though it was not possible to identify specific action 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 construction for the elderly, particularly outside larger cities, and for encouraging people to move to new living areas as, in larger towns, the elderly tend to continue to live in large 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 a lack of housing in the FYROM. According to data from the last census, this is fixed at 345 housing places per 1,000 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 per 1,000 inhabitants (the figure had been 5 per 1,000 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. Also taking into consideration the fact that traditionally, in the country, the elderly stay within the family, it can be concluded that this affects them as well. 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 2008–15 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 the MLSP, MoH and MTC. However, the author has not been able to identify the specific action plans mentioned.

Thus, the government has not developed any new, appreciable measures for improving the substandard conditions of housing affecting parts of the population, and it has also failed to develop any structured approach to housing such as social housing. The only measure considered for some socially excluded groups (single mothers, children without parents, social assistance recipients) was the 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 neighbourhoods 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 institutionalised 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 healthcare and long-term care provisions.

This report has provided an overview of the policy landscape and available programmes on active ageing targeting women and men of late working and early retirement age in the EU-27 Member States, the EEA/EFTA countries (Iceland, Liechtenstein, Norway) and three candidate countries (Croatia, the FYROM and Turkey) according to information provided by the national experts of the EGGSI Network of experts in gender equality, social inclusion, healthcare and long-term care and across four main policy areas: labour market participation; training and life-long 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 focused 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 that of men. As has been shown, this measure places a heavier burden on women 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 to 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 seen firms take senior workers into consideration and adapt age management in workplaces. Most 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 compensation to the employers have also been introduced in many countries with the aim of fostering 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 job-seekers enrolled in adult education programmes, numerous gendered disadvantages still exist for women learners.

The goal to increase the 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 formalisation 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.

Support services

In many European countries, there is increasing awareness of the need to acknowledge gender differences in healthcare: government institutions, universities and NGOs in particular have traditionally been very active in providing specialised services to women and other disadvantaged groups with 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 from 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 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: subsidisation of urban and rural public transport charges 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, and/or leisure activities.

Age-friendly environment and volunteer/community work

An inclusive environment for older people offers opportunities for an active life and inter-generational contact 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 policymakers 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.
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.

The promotion of independent living for the elderly in their own homes seems to prevail at European level through the provision of various home care and in-house services, through subsidies to foster adaptation, accessibility and functionality of dwellings in respect of 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 inter-generational cohabitation as a means to combat isolation, often integrated with the provision of proximity care services.

**Cross-cutting 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 examined 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 cross-cutting 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 focused extensively on the employability of 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 features of female career trajectories, such as career breaks, part-time work and low pay are not taken into account, or are penalised by pension reforms. For this reason, women are much harder hit by the 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 discriminations affect older women, who are subject to discrimination not only on the basis of their age, gender and health status but, if belonging to vulnerable groups, also according to other perspectives (migrant women, the disabled, and 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 healthcare and long-term care services, due to implemented and expected budget cuts.
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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, 2000–09

Source: Eurostat, LFS main indicators

Explanatory note: Data not available for Liechtenstein. The activity rate of older workers is calculated by dividing the labour force aged 55–64 by the population of the same age group. The labour force is the total number of people employed and unemployed. EU includes 27 Member States.
Figure A.2a: Percentage of employees with fixed-term contracts among workers aged 50–64, 2009

Source: Eurostat, LFS main indicators
Explanatory note: Data not available for Estonia, Iceland, Liechtenstein, Lithuania, Luxembourg, Malta or Romania. Here, fixed-term contracts among workers represent persons aged respectively 55–64 and 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. EU includes 22 Member States.

Figure A.2b: Percentage of employees with fixed-term contracts among workers aged 65+, 2009

Source: Eurostat, LFS main indicators
Explanatory note: Data not available for Austria, Belgium, Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Norway, Portugal, Romania, Slovenia or Slovakia. Here, fixed-term contracts among workers represent persons aged respectively 55–64 and 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. EU includes 7 Member States.
Figure A.3a: Historical evolution of fixed-term employment among workers aged 50–64, 2000–09

Source: Eurostat, LFS main indicators

Explanatory note: Data not available for Estonia, Iceland, Liechtenstein, Luxembourg or Malta. Here, fixed-term employment among workers represents persons aged respectively 50–64 and 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. EU includes 24 Member States.

Figure A.3b: Historical evolution of fixed-term employment among workers aged 65+, 2000–09

Source: Eurostat, LFS main indicators

Explanatory note: Data not available for Austria, Belgium, Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, France, Ireland, Greece, Hungary, Iceland, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Norway, Portugal, Romania or Slovakia. Here, fixed-term employment among workers represents persons aged respectively 55–64 and 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. EU includes 9 Member States.
Figure A.4: Educational attainments of persons of working age, 2009

Source: Eurostat, Education and training

Explanatory note: Data not available for the former Yugoslav Republic of Macedonia or Liechtenstein. Here, educational attainment is 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 1997 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 Member States.

Figure A.5: Participation in informal training activities among old-aged workers, 2007

Source: Eurostat, Education and training

Explanatory note: Data not available for Bulgaria, the former Yugoslav Republic of Macedonia, Liechtenstein or Malta. The figure shows the percentage of the adult population aged 55–64 participating in informal training over the four weeks prior to the survey. EU includes 27 countries.
Figure A.6: Participation in formal educational activities among old-aged workers, 2007

Source: Eurostat, Education and training

Explanatory note: Data not available for Bulgaria, Croatia, the former Yugoslav Republic of Macedonia, Iceland, Ireland, Liechtenstein, Spain or 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. EU includes 24 Member States.

Figure A.7: Participation in any learning activity among old-aged workers, 2007

Source: Eurostat, Education and training

Explanatory note: Data not available for Croatia, the former Yugoslav Republic of Macedonia, Iceland, Liechtenstein or Turkey. The figure shows the percentage of the adult population aged 55–64 participating in education or training over the four weeks prior to the survey. EU includes 27 Member States.
**Figure A.8: Historical evolution of the participation in education and training among the population of working age (55–64), 2007**

![Bar chart showing the historical evolution of participation in education and training among the population of working age (55–64), 2007.](chart)

Source: Eurostat, Education and training

Explanatory note: Data not available for Croatia, Iceland, the former Yugoslav Republic of Macedonia, Liechtenstein or Turkey. The figure shows the percentage of the population aged 55–64 participating in education or training over the four weeks prior to the survey. EU includes 27 Member States.

**Figure A.9: At-risk-of-poverty rates of old persons among homeowners, 2008**

![Bar chart showing the at-risk-of-poverty rates of old persons among homeowners, 2008.](chart)

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: Data not available for Croatia, the former Yugoslav Republic of Macedonia, Liechtenstein or Turkey. The at-risk-of-poverty rate for a certain age group is 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). EU includes 27 Member States.
**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: Data not available for Bulgaria, Croatia, the former Yugoslav Republic of Macedonia, Liechtenstein, Lithuania, Romania or 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). EU includes 24 Member States.

**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: Data not available for Croatia, the former Yugoslav Republic of Macedonia, Liechtenstein or 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. EU includes 27 Member States.
Figure A.12: Historical trend of self-reported perceived limitations in daily activities, 2000–08

Source: EU-SILC, Health status.

Explanatory note: Data not available for Croatia, Denmark, the former Yugoslav Republic of Macedonia, Liechtenstein or Turkey. The data on limitation of 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 six months. EU includes 26 Member States.
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