

EUROPEAN SOCIAL NETWORK

**Managing diversity in public health and
social care in the interest of all citizens**

Report III: Age

**Dr Jane Pillinger, Independent Researcher and Policy Advisor, Dublin
March 2004**

CONTENTS

CONTENTS	I
PREFACE	I
1. INTRODUCTION	2
2. MANAGING DIVERSITY AND ANTI-DISCRIMINATION: THE EUROPEAN AND NATIONAL POLICY CONTEXT	8
3. MANAGING DIVERSITY IN HEALTH AND SOCIAL SERVICE ORGANISATION.	13
4. AGE EQUALITY IN THE PROVISION OF HEALTH AND SOCIAL SERVICES	16
5. CONCLUSIONS	25
BIBLIOGRAPHY	25
APPENDIX 1: DATA ON AGEING OF THE POPULATION	27
APPENDIX 2: EUROBAROMETER POLL: DISCRIMINATION	28
APPENDIX 3: OVERVIEW OF EMPLOYMENT PROVISIONS CONCERNING AGE IN THE MEMBER STATES	29

Preface

This report is part the European Social Network project *Managing diversity in public health and social care in the interest of all citizens*. The project seeks to address three interconnected problems, namely:

1. **The experience of those representing groups subject to discrimination is that health and social care services, designed for the majority, discriminate against minorities by failing to ensure that their special needs are recognised, understood and appropriately responded to.** The result is that public services may not benefit all citizens equally in the important areas of their social and health care. This is not just a question of communication, but addresses a wider issue of accessibility, cultural sensitiveness, service responsiveness and rights.
2. **There is under representation from those groups that are the subject of discrimination within the ranks of senior professionals and managers within the public administration of health and social services.** Whilst this is not a problem which is confined to health and social services or even just to the public sector; (there are similar low levels of representation in the private sector), it is nevertheless of serious concern that those managing diversity may not include staff from groups experiencing discrimination. This is not a symbolic issue but one of equal opportunity, which would also ensure public services benefit from the richness of the communities they serve.
3. **Whilst health and social services often serve the same population, their approaches to combating discrimination are not always shared with each other.** Consumers of both services risk having to overcome further barriers to accessibility and continuity of service due to lack of co-ordination between these services. This is all the more important and timely, for in many European countries, public health and social services are now developing joint commissioning and service strategies with shared budgets and staff.

1. Introduction

Older and younger people can be disadvantaged in the labour market and in service delivery. Defining and identifying age discrimination can be difficult and in most countries there is a lack of data to determine the true extent of age discrimination in employment and in service delivery.

Older people represent a significant proportion of the population and whilst ageing itself does not necessarily mean additional services or resources, older people do often have the need for a range of public services in order to support their independence. There is now a greater awareness of the extent to which negative stereotypes, ageism and institutional practices result in discrimination against older people. This has resulted in perceptions that older people are frail, dependent and unable to participate in society. At the same time older people experience reductions in living standards, increased risk and incident of health problems and mobility problems. Particular experiences of discrimination can be found in the areas of income, employment, housing, health and social participation and in turn these can also lead to poverty.

In many cases equality for older people requires both positive action and specialist support services to enable older people to participate equally in society. Increasingly the emphasis on active ageing, the rights of older workers and intergenerational solidarity are helping to highlight the valuable contribution played by older people in society. The key objectives behind many government policies is to maintain older people in dignity and independence at home and to restore to independence at home those older people who become ill or dependent. The emphasis is also on encouraging and supporting the care of older people in their own community by family, neighbours and voluntary bodies. A further important objective is to provide high quality hospital and residential care for older people when they can no longer be maintained in dignity and independence at home.

Older people experience a range of barriers in accessing services and rarely participate in service planning and monitoring. Further barriers exist in policy implementation and in achieving equality. Barriers to implementing the equality agenda for older people include negative attitudes of services providers and age limits established for accessing services, for example, age limits exist for certain health services. Older people report negative attitudes, a lack of respect, dignity and courtesy when accessing health services. Services are generally perceived to be inadequate and fragmented. A key issue is that ageism and negative social attitudes that place a value on youth and devalue older people have implications for front line service delivery and policy making.

Population ageing

“The issues of demography and older workers go well beyond the reform of pension systems. They are a matter of social equity, not only between workers and pensioners but also between generations” (OECD, Aging Societies and the Looming Pension Crisis)

The population of Europe is ageing both in general and among the population of working age. Life expectancy is growing and mortality is increasingly concentrated in old age. Present demographic trends indicate that, in the EU over the next 10 years the proportion of the population aged 65 and over will increase by 22%, while the numbers aged 80 years and more will rise by almost 50%.

By 2015 one in three people of working age will be aged 50 and over. Combined with little growth in fertility rates these trends will be pronounced with more than 1 in 3 Europeans over 60 by 2050 and the population of over 80 year olds increasing from 3% to 10% in the same period. Currently women’s life expectancy is 6 years more than that of men, thus in the 60+ age range there will be 50% more women than men and women will make up 70% of the 75+ age group of older people.

The growth of the population over the age of 80 has been particularly marked. Between 2000 and 2010 it is predicted that that group will rise by 36%, with anticipated 50% increases in Belgium, Greece, France, Italy and Luxembourg. In contrast negligible increases are anticipated in Denmark and Sweden. Of importance to the financing of public services, and particularly health and social care, are changing dependency ratios and the problem of the percentage reductions in the numbers of working people (15–64 years) compared to the numbers of retired people. Table 4 shows that in 1998 the EU population over 65 years old was 24% of the working age population, and this will grow by 2010 (to 27%), with the largest increases anticipated in Italy (31%).

There are also implications for housing, health and social services in the light of the larger numbers of older people living alone. In the EU in 2000, 32% of people over the age of 65 live alone, 51% live with their partner, 13% live with their children, and only 4% live in a home or residential institution. Forty-five per cent of older elderly people (80 years or more) live alone; 26% of this age group live with their partners, 19% with their children, and 10% in a home or residential institution. There are big differences between Member States, particularly regarding the numbers of older elderly people living with their relatives/friends – in Spain and Portugal the figure is over 40%, whereas in Denmark and Sweden it is less than five per cent. Although it is difficult to provide precise figures on the numbers of older people who are dependent on long-term care, the European Commission estimates that around 5% of people over 65 years of age are wholly dependent on continuous social care and 15% are partly dependent; whereas those aged over 75 require higher levels of care, with 10% of them being wholly dependent and 25% partly dependent (European Commission, 2000). **See Appendix 1 for tables on population ageing.**

Table 1: Old age dependency ratio, 1998 and 2010¹ (in %)

	1998	2010
EU-15	24	27
Belgium	25	27
Denmark	22	24
Germany	23	29
Greece	24	29
Spain	42	46
France	24	25
Ireland	17	19
Italy	26	31
Luxembourg	21	23
Netherlands	20	23
Austria	23	26
Portugal	22	24
Finland	22	25

¹ EU population over the age of 65 compared to the working age population

Sweden	27	28
United Kingdom	24	25

(Source: Eurostat – Demographic Statistics)

(* the EU population over the age of 65 compared to the working age population)

Policymakers at the European level are becoming aware of the consequences of an ageing society and its likely impact on employment and social policy. As a result initiatives to address the change have grown significantly. Member States have committed themselves to work on ageing in the context of sound public finances, employment and social protection and to review their national policies accordingly. Age is also an issue covered in both the National Action Plans on Employment and the National Action Plans on Social Inclusion.

It is generally recognised that maintaining the labour supply of Europe will depend substantially on raising the activity and employment rates of women and older workers. Consequently there is now a focus on removing existing barriers to their participation and in light of the increase in older people’s numbers to encourage active and positive ageing across Europe.

2. The costs of an ageing population

A recent study by the OECD (Casey et al, 2003) addresses age-related developments and policies for a range of OECD countries and describes the expected impact of ageing on expenditure and fiscal pressures taking into account age-related policies. The report recommends that later retirement is a key policy to easing the burden of ageing and it looks at indicators of the incentives for early retirement via pension systems and other transfer programmes permitting early withdrawal from the labour market for those approaching retirement. The report discussed the different types of age-related reforms undertaken up to now and areas where further reforms appear to be needed, including policies to improve overall living standards, public expenditure and income in retirement.

Health-care costs have risen rapidly as a share of GDP in many countries and most countries have introduced measures to control costs and reforming health care systems is already a major policy concern. Spending is expected to increase further as the share of the elderly increases. This reflects the fact that the per capita consumption of health-care services by the elderly is three to five times higher than for younger groups. It is estimated that there will be an average increase in health and long-term care spending of around 3-3½ percentage points of GDP over the 2000-2050 period.

The study recommends a variety of measures to encourage the employment of older workers and policies for older people in the future including removing incentives to retire early, increasing the retirement age, reform of pension systems including retirement income from a mix of sources, greater focus on cost effectiveness in health and long term care and the need for strategic frameworks.

On the employment situation of older workers the OECD recommends that policies to increase the average age of retirement need to go hand in hand with policies that ensure employment opportunities for older workers. A number of measures affecting both the demand for older workers and their availability and skills have been suggested:

- Increasing demand for and supply of jobs for low-paid older workers through job subsidies (Australia), or lower social contributions or taxes (Finland, Hungary and Switzerland);
- Encouraging more wage flexibility for older workers (the Netherlands);
- Increasing emphasis on life-long learning or training of older workers (Australia, Korea, Italy, the Netherlands, Spain);
- Improving active labour market policies for older workers (Australia and Finland).

The measures recommended regarding improving cost-effectiveness in care services for the frail elderly are made in the light of expected increases in health care spending, particularly for the frail elderly. The OECD argues that few countries have established a framework for policy, which covers all health and long-term care services for the elderly. However, the OECD recommends that the increased costs of care should be paid for privately and based on the extension of means-testing and to include assets with subsequent recuperation of the costs of care from the individual's estate.

3. Age Discrimination

The International Plan of Action on Ageing adopted in Madrid in 2002 aims to:

“..ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights.”

This aspiration is still some way from fulfilment. Throughout Europe older people in particular are disadvantaged and face discrimination because of their age. Age discrimination is based on ageism: the use of stereotypical assumptions about the nature and capability of individuals of specific ages and about the consequences of demographic ageing. Older people are commonly viewed as disabled, dependent and difficult. These views are widely believed and thus are legitimised, justifying actions such as the removal of older workers from employment and the prioritisation of healthcare resources towards other age groups and away from older people. As an expression of power relationships, age discrimination also manifests as harassment, victimisation and elder abuse.

International Plan of Action on Ageing 2002

The United Nations *Principles for Older People* emphasise the importance of independence, participation, care, self-fulfilment and dignity as we age. The UN Plan of Action on Ageing was agreed by Governments across the world in 2002.

It requires that ageing should be mainstreamed into global development agendas and that governments should include older people in national development and social policy processes (such as poverty reduction strategies and national development plans). It also calls for improve and more coordinated health policies for older people and effective collaboration and partnership between government, civil society, international agencies and the private sector with older people and their organisations to achieve the Plan's objectives. The plan also tackles issues of work and an ageing labour force, employment opportunities for older people and issues of access to knowledge, education and training. There are also key issues concerning intergenerational solidarity, ending poverty in old age and advancing the health and well-being of everyone into older age.

The 2003 Eurobarometer Survey into discrimination and attitudes towards discrimination found that the most often cited ground for discrimination was age. (However, caution should be exercised as the survey excluded non-EU citizens from its sample which would have impacted on the findings on racial/ethnic discrimination also the survey report itself points out that people do not always know when they have been actively discriminated against or may be unwilling to admit it in some circumstances.)

In examining attitudes towards discrimination, the survey reports that after mental illness and physical disability, older people were viewed as the most disadvantaged group with regard to access to equal opportunities in employment. **See Appendix 2 for charts showing the different elements of age discrimination: discrimination experienced and discrimination witnessed.** Of interest is that age discrimination is less visible than other forms of discrimination.

There is now a greater awareness of the extent to which negative stereotypes, ageism and institutional practices can result in discrimination against older people. This has resulted in perceptions that older people are frail, dependent and unable to participate in society. At the same time older people experience reductions in living standards, increased risk and incident of health problems and mobility problems. Particular experiences of discrimination can be found in the areas of income, employment, housing, health and social participation and in turn these can also lead to poverty (Equality Authority, 2003).

In most cases the experience of discrimination is based on inappropriately delivered services and a lack of a framework for progressing equality. Often services are designed for the majority and discriminate against minorities by failing to ensure that their interests and special needs are recognised, understood and appropriately responded to. The result is that public services may not benefit all citizens equally and that certain groups experience a range of barriers that prevent equal access to services. Similarly, many older people may also have limited access to social and economic rights. According to the Council of Europe's report, Access to Social Rights in Europe, there are major problems experienced by vulnerable members of society in exercising and realising their social and economic rights (Daly, 2002).

4. The Costs of Discrimination

The OECD has also pointed out the benefits of focused involvement of older people's social and economic participation: "Population ageing requires urgent action to better mobilise under-represented groups. Unless their participation rates are increased population ageing will lead to a significant slowdown in labour force growth with adverse consequences for future growth prospects. In sum the economic and social returns to fostering greater participation are very high. (OECD 2003 Towards More and Better Jobs)

Discrimination on the grounds of age is not only disadvantageous for older people but has a serious cost for society as a whole. The lost productivity of the unemployed and inactive older workers combined with the costs of benefits and lost taxes drains the economy whilst there is increasing recognition of the longer term costs of ill-health and social exclusion. UK government figures estimate the cost of age discrimination at 23 billion euro in terms of lost productivity and from 4-7 billion euro on payment of benefits and lost taxes. Estimated costs in Denmark where progress towards inclusion of ageing workers in the labour market and preventive health strategies for older people are beginning to have effect is estimated at half a billion euro per annum (Towards Age Equality- Statement by AGE- the European Older People's Platform, October, 2003).

2. Managing diversity and anti-discrimination: the European and national policy context

Anti-Discrimination Legislation

Article 25 of the European Charter of Fundamental Rights states that "The Union recognises and respects the rights of the elderly to lead a life of dignity and independence and to participate in the social and cultural life"(Nice Treaty, 2000). Commitment to protection of older people against discrimination is enshrined in the Treaty on European Union (Amsterdam) Treaty 1997. Under Article 13 the Community can combat discrimination in employment on the basis of sex, racial and ethnic origin, religion and belief, disability, age and sexual orientation. Following from this, two Directives have been adopted: Directive 2000/78/EC prohibiting discrimination in employment on grounds of religion and belief, disability age and sexual orientation known as the Framework Directive on equal treatment in employment and occupation (Employment Directive), and Directive 2000/43/EC prohibiting racial and ethnic discrimination in employment, education, social security and healthcare, access to goods and services and housing (Race Directive). The Directives have to be followed up at national level. First, by transposing them into national law and then by implementing their provisions.

The Employment Directive

The Employment Directive requires all Member States to have legislation on "the principle of equal treatment" in effect by December 2006, which means that Member States have to introduce legislation to prohibit direct and indirect age discrimination in employment. The Directive covers both public and private sectors but does not apply to benefits or welfare payments. Member States may choose to exclude service in the armed forces and membership of pension schemes from the provisions of the implementing legislation. (The Equal Treatment Directive also requires Member States to have legislation in place against discrimination on the grounds of gender race, sexual orientation, religion and disability. Where further legislation is required, it must be in place by 2004 except in the case of disability on which legislation must be in place by 2006.)

The aim of the Directives is to harmonise the legal systems of member States insofar as possible so that the same material conditions are in force throughout. A Directive is binding on Member States as regards the overall objective to be achieved but leaves it to the national authorities to decide on how the agreed Community objective is to be incorporated into their domestic legal systems. For age discrimination and disability discrimination requests for extensions until December 2006 can be made. Those Member States that ask for an extension have to justify it by arguing for special circumstances and must report annually on the progress they are making to combat these forms of discrimination.

The current EU legislative framework has important limitations including that age discrimination is addressed only in employment and occupation, that there are significant exceptions regarding age discrimination within the provisions of the Directive and the timetable allows Member States up to three years longer to implement age and disability protections than is allowed for other grounds of discrimination in employment.

Key Points of the Employment Directive

Article 2- defines the concept of discrimination covered; direct discrimination, indirect discrimination, harassment and instruction to discriminate.

Article 4- genuine occupational requirements. This provides that different treatment can be justified if a particular characteristic is required to be able to do a job (provided that the objective is legitimate and the requirement proportionate).

Article 5- reasonable accommodation. This states that employers must provide 'reasonable accommodation' for disabled persons.

Article 6- justification of differences of treatment on grounds of age. This article allows different treatment for reasons including "legitimate employment policy, labour market and vocational training objectives". A number of examples are given but the scope is not confined to those examples.

Article 7- positive action. This makes provision for different treatment to improve the position of groups at a disadvantage.

Article 8- allows Member states to make provisions that are more advanced than those laid down in the Directive and states that the Directive can never lead to a reduction of protection against discrimination.

Articles 9&14- Involvement of NGOs. Article 9 says that legal remedies for discrimination must be available at national level and allows NGOs and other bodies to take legal action on behalf of individuals. Article 14 states that governments are to encourage dialogue with NGOs.

Transposition of the Directive: State of Play

AGE², the European Platform for Older People, has monitored the progress of transposition of the Directive with regard to the age grounds across the Member States. For many Member States combating age discrimination is a new concept and there is evidence that many governments and social partners do not yet acknowledge the reality of age discrimination and perceive it as different from the other grounds. Consequently, AGE found that there was wide ranging use of the discretionary power within Article 6 to justify differences of treatment on the grounds of age, illustrating how Member States saw the use of age as a criterion for discrimination as legitimate.

The AGE monitoring exercise also sites the lack of good practice among Member States as a reflection of the lack of understanding of the issue. For example, many

² The European Older People's Platform is a European-wide umbrella network of NGOs working in the field of ageing and anti-discrimination. It was established in January 2001 (supported through the Action Programme to Combat Discrimination) in order to give a voice to older people across the EU, promote their interests and strengthen co-operation between national representative organisations. AGE is involved in monitoring EU initiatives related to ageing and lobbies to influence policy in support of older people.

governments themselves apply a range of age limits in their own human resource management of civil servants to such an extent that Austria and Portugal have limited the transposition of the Directive to the private sector alone. **(Appendix 3 provides a more detailed breakdown of legislation and employment provisions on age in each of the Member States).**

The following shows the progress with transposition of the Directive in the Member States:

- Transposition before deadline: Ireland, Austria, France and Italy
- Transposition after deadline: Denmark, Netherlands, Greece, Finland, Germany, Luxemburg, Spain and Portugal (+/-)
- Extension of deadline: UK, Belgium and Sweden

Candidate Countries and Transposition

The new Member States also have to transpose the Directive by the date of their accession to the EU but can also request the same time extension on age and disability discrimination. Of the candidate countries, none has as yet fully implemented the requirements of the Employment Directive, although various degrees of progress have been made. Several States, Romania, Slovakia, Latvia, Lithuania and Malta have adopted legislation seeking to implement both Directives. Some of these States have excluded sexual orientation from their draft legislation with Malta excluding sexual orientation and age. All of the candidate countries possess written constitutions that include anti-discrimination requirements but none expressly cover all of the Article 13 grounds; indeed disability, age and sexual orientation are not mentioned in any constitutional equality clause.

Other European policies to support an ageing population

In response to the United Nations 'International Year of Older Persons', the European Commission produced a Communication, 'Towards a Europe for all ages' (COM (1999) 221 final). The Communication concentrates on approaches to supporting an ageing working population and the related need to ensure pension and social protections systems. It also encourages mobilising the full potential of people of all ages through active ageing policies and practices and the involvement of all stakeholders in their implementation.

Much of the EU emphasis is on active and healthy ageing through Active Ageing policies and practices which support; life long learning, extending the period of working life, gradual and later retirement options, health and capacity-building. These policies comprise a longer-term strategy the aim of which is to create an environment and culture in which living longer can be experienced in the most positive, healthy and fulfilling ways. The EU urges that the long term objective of national policies should be to ensure that good health and well being accompany extended longevity and that the policy environment enhances social participation, care, self-fulfilment and dignity of older people. (Europe's response to World Ageing: Promoting economic and social Progress in an ageing world)

The Social Protection Committee and the Economic Policy Committee of the Gothenburg European Council (2001) produced a report considering the challenges in the field of healthcare and care for the elderly in an ageing society. The report concluded that present health care and long term care systems in the EU focus on access for all regardless of income or wealth; a high level of quality of care; and

financial sustainability of care systems (European Commission, 2001, (COM (2001) 723 final).

Older people are also a subject of both the National Action Plans on Employment and the National Action Plans on Social Inclusion. Concerns have been raised about the Common Outline of the National Actions Plans on Social Inclusion (NAPS Inclusion), which identifies only one sub group of older people - those living alone. Very few Member States specifically target older people and few measures are identified to address the specific situation of older people with regard to: low incomes, mobility, increased need of health and care services or the risks faced from isolation, loneliness, alcohol and pharmaceutical abuse and violence.

AGE (2003), the European Platform for Older People have identified the following as needed to combat social exclusion among older people:

- An adequate income for everyone in their old age
- Qualitative and affordable healthcare for people over 65
- Increased awareness of the value of older people to today's society
- Measures to promote health ageing and independent living
- Tele assistance
- Use of new technologies
- An older- people friendly urban environment
- Accessible, affordable services of general interest of good quality to meet the needs of an ageing society
- Financial and logistic support for informal carers
- Socially-orientated education and training possibilities

Progressing equality for older people: example from Ireland

Age is a ground under the Irish Equality legislation that covers both employment equality and equality in the delivery of services. The Equality Authority in Ireland is the body charged with responsibility for the elimination of discrimination and the promotion of equality of opportunity. It was established under the Employment Equality Act 1998, which covers all of the nine grounds defined in the Employment Directive. However, the Equal Status Act 2000 was introduced which extends equality of access to all nine grounds in the provision of goods and services.

In 2003 the Equality Authority published a report 'Implementing Equality for Older People in which sets out the need for an equality strategy in Ireland for older people and seventy two recommendations are made for the implementation of equality of opportunity for older people in the areas of policy-making, employment, income levels, health and community services and lifelong learning. The report was drawn up by a committee representing the key social partners and representatives of NGOs working in the field of older people's rights.

The recommendations concerned:

- Age proofing and assessing the impact of decisions on older people
- Positive action to address the exclusion of older people
- Participation of older people and their organisations in decisions that affect them
- Age awareness training and combating ageism
- Entitlements and access to services

Specific recommendations are made concerning introduction of policies and services for older people in health and social services through community, hospital and residential care services and for the involvement of older people in planning health and social service.

In response to the Equality Authority's report on older people, the National Economic and Social Forum issued a report, *Implementing Equality for Older People* (2002), in order to progress the recommendations contained outlined by the Equality Authority. This includes:

- Seeking the political commitment to implement resource-sensitive recommendations, for example, in the areas of health and pensions.
- To undertake ongoing monitoring and evaluation of progress to achieving equality for older people across government departments. Suggestions are made for government departments, state agencies and public sector providers to publish Equality Plans and annual statements, equality reviews and more monitoring of equality in departmental annual reports.
- Address ageism through age awareness training and in mainstreaming equality across government departments. This includes training of front-line staff dealing with the public, ongoing training for civil servants and of those responsible for developing policy affecting older people.
- Improving coordination in services including joint collaboration, nomination of lead agencies, and more coordinated information.
- Support older people to stay in the community and their own homes as a core value and in accessing health and other support services.
- Improve data, evidence and research, particularly research that which consulted with older people, in order to support policy development. This includes the age proofing of data and research, and age proofing policies and programmes in the content of equality proofing across departments.

Managing diversity in health and social service organisations.

Over the next twenty years the number of Europeans aged 20-29 years will fall by 20%, while the 50-64 age group will increase by 25%. At the same time the cohorts reaching pension age will be substantially bigger than their predecessors. Ultimately, Europe is faced with an ageing and shrinking workforce. Against this backdrop, the European Commission has identified older workers as a “valuable labour supply that has been under-utilised” stressing the urgency for “changes in the present practices of age management in workplaces and labour markets” by putting in place “policies and practices to enable and motivate older workers” (European Commission, 2002).

Some national governments have taken action already, for example Finland has anti-discrimination legislation and a national programme for ageing workers running from 1998-2002; Ireland introduced anti-age discrimination legislation and special measures for older workers in October 1999; the Netherlands proposed a ban on age discrimination in employment in 1999 and in 2000, a special Task Force on Age and Employment was established by the Minister of Social affairs to implement a national action programme to promote labour participation of older workers; and the UK has operated a Code of Practice for Age Diversity in Employment since 1999.

Finnish Programme for Ageing Workers 1998-2002

With the slogan, “Experience is National Capital” a National Programme for Ageing Workers led by the ministries of social affairs and health, labour, education and trade and industry was initiated in Finland. The main responsibility for the initiative rested with the Ministry of Social Affairs and Health. Its aims were to:

- a) increase the numbers of older unemployed people who find jobs
- b) ensure that those active in working life could continue to work longer
- c) improve the quality of life after retirement by ensuring that both employed and unemployed older people remain healthy and maintain their physical abilities.

The Programme Management Committee included local authorities, labour organisations, health agencies, employers’ bodies and social insurance and pension institutes, but not older people representatives.

Forty different measures were devised to further the aims of the programme. As a result of the importance placed on monitoring and evaluation a wide range of research accompanied the programme providing much needed data on the employment patterns of the ageing and aged, the improvement of workability measures and the professional skills available within the age groups targeted.

The Programme’s integrated approach to policy led to a number of far-reaching interventions including changes in labour legislation, national information campaigns, education programmes, measures for labour protection, reforms of the pension system and increased funding for research and demonstration projects.

Information Campaigns

Information and awareness raising campaigns such as that contained in the Finnish National Programme for Ageing Workers have been found to have most impact where they are targeted at specific employers and sectoral organisations. These result in

focused consideration of specific needs and issues concerning different groups of employers and in educating key actors in the labour market such as official employment services. In Finland, the campaign was able to identify the problem of the ageing teacher population as a particular problem to be addressed. However, outside of Finland and the UK approaches to integrate public policy to tackle age and employment are fragmented and of questionable success.

Maintaining the working capacity and employability of older workers

National measures identified by the European Commission to encourage the retention and or reinsertion of older workers within the workforce are aimed at raising the quality and attractiveness of work. These include correcting the balance of financial incentives to work with regard to tax and benefit systems, tackling the gender pay gap and the gender inequity in labour market access, promoting the participation of carers especially women into the workforce, social partnership initiatives to retain workers longer in employment by focusing on training, promotion of adaptability and improving the quality of work. These measures translate at local level to improved training opportunities for older workers, improved health and safety measures, adjustments to workplace design and job design, the introduction of work facilitating technology and new working time arrangements.

Research on *Combating Age Barriers in Employment* by the European Foundation in the early nineties found that there are five areas of management within organisations that if addressed positively will enhance the retention of older workers in the workplace

1. Job recruitment and exit: actions to ensure either special or equal access to jobs and the elimination of job discrimination through the dropping of age ranges in job advertisements.
2. Training, development and promotion: not neglecting older workers in training and career development. Promoting lifelong learning and adapting training to older workers' needs.
3. Flexible working practices: allowing greater flexibility in the choice of hours of work or in the timing and nature of retirement.
4. Ergonomics/Job Design: assuring preventive measures or /and measures to compensate for physical decline.
5. Changing attitudes to ageing workers in organisations: demonstrating the benefits of employing and training older workers.

Good practice principles involve backing from senior management, a supportive human resource environment, commitment, participation and consultation of older workers in the scheme and careful and flexible implementation of the initiatives (European Foundation for the Improvement of Living and Working Conditions, 1977).

Code of Practice on Age Diversity

UK Government Code of Practice on Age Diversity in Employment

In 1999 the UK Government introduced a voluntary Code of Practice on *Age Diversity in the Employment*. According to the Government "age discrimination is both unfair and wasteful, and makes no economic sense. Overall the economic cost is high ... the waste in human terms is equally high" (Department of Education and Employment, 1999). The Code of Practice was introduced in 1999 following consultation on the issues surrounding age discrimination and how best to tackle it. The Code was developed in co-operation with relevant organisations including the Confederation of British Industry (CBI), the Employers' Forum on Age (EFA) and the Recruitment and

Employment Confederation. The Code is geared to helping employers to improve personnel management in their organisations in six aspects of the employment cycle: recruitment, selection, promotion, training and development, redundancy and retirement. The Code is accompanied by guidance and good practice case studies. An important part of the Code is to set out the business case in favour of age diversity in the workplace. The Code states that:

"...employers need people with skills and abilities which add value to their organisation. In an increasingly competitive marketplace for products and services, employees are one of an organisation's most valuable resources. A growing number of employers have already found that combining effective business policies with effective people policies gives them a competitive edge ... Employers who replace unnecessary age criteria with objective, job-related ones will: have a wider choice of applicants from which to recruit to get the best person for the job; manage resources more effectively by minimising staff turnover; be better able to build a more flexible, multi-skilled workforce; have access to a wider range of experience and expertise to provide business solutions that meet market needs; develop a better motivated workforce which feels valued and is willing to contribute to business success; reduce costs through increased productivity and reduced levels of absenteeism".

To measure the effectiveness of the Code of Practice, the Department for Education and Employment (DfEE) commissioned a programme of research and found that the proportion of companies using age discrimination as a selection criterion fell by almost 50 per cent in the six months following the introduction of the Code. (Department for Education and Employment (2000) *Age Diversity in Employment: Encouraging Age Diversity: A Code of Practice*).

Draft European Code of Practice on Age Discrimination

As part of a European Project carried out by the European Commission, involving Germany, Spain, France, Italy, the Netherlands, Finland, Sweden and the UK, a draft Code of Good Practice for use throughout Europe is currently being considered (Eurolink Age, 2003).

The EU Draft Code of Good Practice is a set of good practice guidelines intended as advice and not as an alternative to legislation. It provides guidelines on how to avoid age discrimination and as such complements anti-discrimination legislation. It is directed at employment and human resource organisations, employers and trade unions and is designed to help organisations adjust to the ageing of their workforces and to avoid unnecessary exclusion. It is also designed to assist employees to take advantage of all opportunities for employment and training. It applies to SMEs as well as large organisations, public and private sector, NGOs and professional bodies.

However, it has also been emphasised that the economic need for older people to remain in the labour market does not necessarily coincide with the true interests, wishes and preferences of older people. The European Commission has stressed that despite the economic importance of maintaining older workers in employment and active ageism strategies must not be used as an excuse to diminish or fail to develop adequate support services and pensions for older people.

4. Age equality in the provision of health and social Services

Older people experience a range of barriers in accessing services and rarely participate in service planning and monitoring. Barriers to implementing the equality agenda for older people include negative attitudes of services providers and age limits established for accessing services, for example, age limits exist for certain health services or discriminatory assumptions when rationing services. Older people also report negative attitudes, a lack of respect, dignity and courtesy when accessing health services. A key issue is that ageism and negative social attitudes that place a value on youth and devalue older people have implications for front line service delivery and policy making. Significant barriers also exist in accessing information and in the coordination of services.

Population ageing has highlighted the need for active ageing strategies, improvements in the quality of care for older dependent people, and services that are delivered in more effective and coordinated ways. According to the European Commission ‘...these changes are occurring so rapidly that they can have significant effects in terms of generating new social needs and impacting upon the supply of social services’ (European Commission, 2000).

The policy objective of most governments is to maintain the well-being of the elderly, their economic independence, personal autonomy and social integration regarding health, social care and pensions. This is enshrined in legislation and/or strategic government policy papers in a number of European countries, with the highest levels of provision found in Finland, Sweden and Denmark and the lowest in Italy, Spain, Portugal and Greece. Nevertheless, there are similar strategies across Europe to shift resources from residential to home-based care, to develop new networks of home care services where these have not existed before, and to enhance the autonomy, rights and independence of older people.

Government strategies in some northern European countries aim to promote integrated and coordinated policies. For example:

- In Finland, the 1996–2001 *Policy Relating to the Elderly* stresses the role of care policies for the elderly in maintaining the capacity for work and health, maintaining living standards, developing services to meet needs, integration of the care system, continuity of care and greater equality in society for elderly people.
- In Sweden there is a *Commission on Response to the Elderly*, and a national action plan to improve services based on the principles of security, self-determination and dignity; increased funding for elder care; and innovative projects to improve the quality of care in more coordinated ways.
- In Austria, the introduction of needs’ assessments and development plans to be implemented by the governments of the *Länder* by 2011 have been put in place alongside new legislation covering residential care, home care and training, the introduction of new organisational structures and quality standards, and improved coordination between the institutions providing care and assistance. For example, the Viennese care and welfare strategy places an emphasis on identifying individual needs for care through coordinated local services.

In contrast, the south of Europe is marked by sharp regional differences in care provision. In Portugal and Greece old age is relatively under-protected within a rudimentary welfare state model that is based on a traditional pattern of care provision by families, charities and churches. Concerns about the potential breakdown of family systems of care since more women have entered the labour market have led to measures to enhance the role of family care and/or volunteers in order to provide more coordinated and comprehensive home-based services. In Italy, the *network* structure of Italian families has led to the idea of *time swaps* between the generations, which in some way recognise the role that older people can play as a resource and an opportunity, rather than a burden.

Service provision in all Member States is typified by more active user involvement, decentralisation of services to local levels, deinstitutionalisation, a greater diversity in the delivery of services, and integrated and coordinated services. Concerns about the financing of long-term care have led to charges for home care services in an increasing number of countries, and more diversification and differentiation in care systems away from service provision to cash support. Since the bulk of care across Europe continues to take place within families, government policies have increasingly highlighted and made visible the role played by informal carers, resulting in improved support and respite care for informal carers. In most countries the personalisation and targeting of services and the establishment of home care services for dependent elderly people are increasingly designed to meet needs in more comprehensive ways.

In Denmark, decentralisation facilitated the development of comprehensive home care services and deinstitutionalisation in the 1970s. Danish policy is based on the principle that every individual citizen has the right to receive public services with an emphasis on prevention, activation, security and continuity, self-determination, quality and user influence. Recent financial pressures facing these services has led to the outsourcing of services to cut costs and improve quality. Other countries had more limited residential care provision. For example in France, a policy of social integration through home care services from the 1960s was principally based on cost-free family care. In the UK, decentralisation of the delivery of social services, albeit within a framework of centrally managed resources to local government, was introduced under 1990 legislation. It placed an emphasis on the purchase of local services from the for-profit private sector and the non-profit voluntary sector, along with increased support to family carers, as resources were shifted from institutional care (funded by the health service) to community-based care (funded by the social services). This shifted policy towards care by the community, which had important consequences for families and particularly for women (Lewis, 1998). The decentralisation of services has been particularly important for the delivery of integrated care services and has enabled new systems of multi-agency care management systems and inter-agency assessment and guidance units to develop in a number of countries.

The direct participation of older people in decision-making processes and the emergence of pensioner's organisations across Europe have influenced the development of policies for older people. For example, pensioners' councils can be found in most Swedish, Danish and Dutch municipalities; there is a strong emphasis on the community involvement of older people through pension organisations in Belgium; active pensioners' federations exist in Luxembourg; elderly people's associations have been the main providers of day and other home care services in Portugal; older people are well organised through trade unions and associated local partnership structures in Italy; and in Ireland and the UK, pensioners' organisations have been formed to lobby governments for improved services and pensions. In contrast, in France and Greece, older people have played a more limited role in influencing and participating in service delivery.

In the UK central and local governments agreed a number of shared priorities, one of which is improving the quality of life of older people (ADSS/LGA, 2000). This is on the basis that:

“...If we are to make real, significant and sustainable improvements in the quality of life of older people, we will need to take radical steps, rather than tinkering round the edges. Fundamental changes are needed in the way we think about ageing and older people. The way in which public services operate and are organised will need to be radically revised (ADSS/LGA, 2000:1).

These include the following principles:

- Living longer and healthier lives – including protection from abuse and exploitation.
- Better quality of life, enhanced lifestyles – better access to leisure, social activities and lifelong learning.
- Further opportunities for employment – more older people having the opportunity to work or having access to other income generating opportunities.
- Reduced poverty – elimination of poverty in old age and greater financial independence.
- More independence and interdependence – relationships based on reciprocity rather than dependence.
- Better informed – increased access to information and advice so that older people can take action for themselves.
- More involved in decision making – fully able to influence the development of key policy areas including the governance, implementation and shaping of services and to exercise their democratic rights as citizens of their communities.
- Greater control and autonomy – more choice and control over the services provided to them.
- No discrimination – Ageism, stereotyping and other types of discrimination against older people confronted and stopped. How we set a new direction to achieve these outcomes is the theme for the remainder of this document.

In addition, a major quality initiative in social services has been introduced through Joint Reviews of Local Authorities in England and Wales, carried out by the Social Services Inspectorate and the Audit Commission, with links to health service performance areas in order to promote the coordination of services. The objective of the Joint Reviews is that they assess and evaluate how a local authority provides services to citizens and how these services can be improved as a basis for performance assessment. It has had a significant impact on the quality agenda in social welfare and requires the auditing of services and user surveys.

Knowsley Social Services Policy for Older People

The policy applies to all Knowsley residents over the age of sixty and is delivered in conjunction with all related agencies in the area. The policy aims address older people in general by acknowledging that:

- healthy ageing and quality of life issues can be improved by looking at environmental factors,
- reduction of poverty
- reduction of poor housing
- valuing the contribution of older people in their communities.

It goes on to address the specific needs of those who require particular support as:

- ensuring that older people can stay in their own homes and neighbourhoods as long as possible,
- sustaining families and carers ability to care,
- facilitating older people to make social contact with people of all ages
- helping older people to live as active a life as possible.

The policy spells out the priorities of Knowsley Social Services in meeting those most in need and how those needs will be met stressing the need for co-operation, co-ordination and integration amongst agencies to maximise contributions within a comprehensive range of services.

Healthcare Systems

Population ageing constitutes a particularly important challenge to all EU health care systems. Despite the diversity in how health care systems are organised, regulated, financed, delivered and utilised, securing access for all to high quality sustainable health and long term care is generally perceived as the common goal.

Health improvement in later life is about adding life to years as well as adding years to life. The challenge for health and social care systems is to maintain health and quality of life in the ageing population. It is therefore essential to distinguish between a) a strategy to promote healthy ageing in the population and b) a strategy to improve the health of those who are already old.

Health care systems will need to adjust to the increasing importance of geriatric medicine and care for chronic diseases and formal health care systems may need to prepare for a substantial increase in their care provision as the role of families as care providers shrinks. While over time the share of the very old in need of long-term care may fall as a result of improved health and less disability, the absolute number is still likely to increase.

Already in many EU states there are problems with recruitment and retention of medical personnel due to demanding working conditions, moderate pay and high staff turn over. These difficulties will increase as the existing workforce in line with general trends, becomes older. The recruitment of immigrants to fill shortages in the sector is set to continue and grow in importance.

There is a need to pay greater attention to the issue of immigration in this field and many Member States lack an appreciation of the particularly vulnerable position of older people from these groups and cultural attitudes to older people and family care within some ethnic minorities.

Carers

As the age of the population increases overall, so too will the age of carers. Their needs and supports will be of central importance if healthcare systems are to meet the challenge of increased long-term care provision. The gender implications of care must be adequately addressed as ageing trends show clearly that the majority of both carers and those requiring care will be women.

Currently 6% of Europeans spend a large part of their time providing informal long-term care for older people or working age adults who are sick and disabled. The future ability of families to provide long term care will be affected by the developments in women's labour activity rates and increasing instability of family structures as all Member States show a trend towards a reduction in household size and a growth in the number of people working alone (European Commission, 2003).

There is great diversity between countries in terms of traditions and ideologies of care for the elderly in particular with regard to family care. In Denmark it has been primarily the public sector that cares for elderly people. In the UK, families have no legal obligation to care for elderly relatives but community care policies aimed at enabling people to continue to live in their own homes assume high levels of family input. In Belgium, parents have a "maintenance obligation" to their children, spouses to one another and children to their parents. Southern European attitudes towards family care are much more marked. In Greece, care of elderly relatives is seen as an extension of normal family roles whilst in rural Spain tradition dictates that daughters

and daughters in law are the primary carers for aging parents and parents in law. Even in urban areas of Spain it is assumed that younger daughters (single or widowed) will care for their parents. Over a decade of studies into the role of carers and the needs of the elderly in member states have reached a number of similar conclusions namely that there is a need for social policies for the elderly which include measures for family carers in order to ensure family-based policies for the elderly, and that the optimum method of service delivery for older people is a flexible, accessible, choice utilising combinations of family care, formal community care, residential care and where possible networks of informal provision by neighbours.

The Joint Report of the Commission and Council, "Supporting National Strategies for the future of health care and care for the elderly" based upon responses from Member States to a survey indicates that co-ordination is a key element of successful provision of elder care. It points out that dependent people usually need a range of medical and non-medical support requiring good co-operation between families, professional carers and medical staff.

The key service providers that support older people to maintain a reasonable quality of independent living are acknowledged and integral to efforts being made in the UK towards a national, strategic, co-ordinated planning and delivery of related services to older people. The National service framework for Older People 2001 sets standards for the care of older people across health and social services with reference to the role and place of housing and housing services across these standards. The NSF standards cover rooting out discrimination, person-centred care, intermediate care, general hospital care, stroke, falls, mental health and older people, and promoting an active and healthy life. The implementation arrangements bring together all the health, social care and housing agencies, including those in the independent sector and wider partners to ensure that older people, the diversity of communities and carers are represented in the deliberations. Implementation of the National Services Framework is overseen by the National Health Service Modernisation Board and by the Older People's Task Force.

Long-Term Care

Long-term care consists of assistance to persons who are unable to live autonomously and are therefore dependant on the help of others in their everyday lives. Assisted needs range from facilitating mobility, shopping, meals and other household tasks to washing and feeding at the extreme end of the range. This kind of care does not necessarily require medical skills and is usually done by relatives, a spouse or adult child.

Changing demographics and women's greater participation in the labour market are some of the reasons why relatives can no longer be expected to care to the same extent as they used to. Increasingly, frail elderly people are coming to depend on professional carers who may deliver care in the dependent person's home or in specialised institutions. Hence the cost of long-term care very often exceeds the current income of the person in need of care and so there is a need for social protection mechanisms.

There are a variety of different mechanisms for the financing of long-term care across the Member States. In some countries, families remain responsible for providing or financing care with social assistance only intervening where there is no family support or where it can no longer be provided. In other countries where there is no legal obligation on adult children with regard to elderly parents, the financial risk may still be borne by individuals who have to pay for their care needs from their own incomes. The majority of countries opt for a broader sharing of the risks through

direct provision of care services via insurance mechanisms; through statutory health insurance schemes or social insurance based contributions, which usually funds public provision under the responsibility of local authorities often in partnership with non-profit organisations. The financing of direct provision is typically through taxation. Long-term care can be provided in different ways and social protection mechanisms will effect the way that care is provided.

Some Member States have tried to make their social protection mechanisms neutral with regard to the method in which care is provided. In particular, offering support to informal carers through benefits in kind and or cash grants that can be used to for family carers. Informal care can be encouraged through tax advantages, pension and insurance entitlements for care givers, training and the right to leave entitlement from employment to undertake care duties, the provision of respite care for periods via day centres and at other times by individual care professionals. The rights and duties of carers may even be defined in contracts. Support for carers has the advantage of being cost effective and of allowing care to be provided by a trusted and familiar caregiver, whilst also enabling the dependant person to remain at home.

Integration and Standard Setting in Long Term Care Services

Across Member States, the long-term care sector tends to operate in a very decentralised way with local and regional authorities having a wide degree of discretion in the standards they apply. The most common problems of decentralisation are; poorly targeted programmes, uneven monitoring and lack of quality improvement initiatives. The UK government has taken back responsibility for standards at national level by establishing the National Care Standards Commission (NCSC) to regulate social care and home care standards in provision of services for children, people with disabilities and older people. The Commission was established under the Care Standards Act 2000 as a non-departmental government body to regulate a wide range of social care and private and voluntary healthcare services. From April 2002, the Commission took over inspection and regulation duties from local authorities and health authorities. It was established to provide a national system under which service providers could be confident that registration, inspection, complaints investigation and enforcement will be carried out to consistent standards across the country, with private, voluntary and public sector services treated the same way. In applying the standards, the omission looks for evidence that facilities, resources, policies, workforce, services and activities offered by providers lead to positive outcomes and experiences for service users. It is accountable to the Secretary of State for Health.

It is essential that the twin priorities of adequate funding and quality systems in care be to the fore in the development of long term care policies. If they are not, there is a very real danger that long term care in residential settings in particular becomes simply a means of warehousing vulnerable elderly people.

Supporting Independent Living

The vast majority of the European Union's older population are fit, active and able to live independently (European Commission, 2003). However, disability and dependency do increase with advanced age. With increasing life expectancy, there is a prevalence of visual and hearing impairments and also an increase in the risk of neurological disorders such as Alzheimer's disease and dementia. These disabilities and illnesses in advanced age can impact on the degree of independence experienced.

The type, quality and location of elderly people's housing also have a significant impact upon their capacity for independent living. Accommodation occupied by older people varies not only within Member States but also between them. Elderly people are especially likely to live in homes, which are difficult and/or expensive to maintain because they are likely to have occupied their homes for longer than younger people. Demands on elder care services will depend to a considerable extent on the housing policies of various Member States and the level of provision of purpose built or specially adapted housing for elderly people with disabilities.

The importance of access to suitable housing and a decent quality of life through appropriate social housing policies as a prerequisite for access to other rights has been identified for specialist focus by the European Committee for Social Cohesion (CDSC 2003, 38 revised). The CDSC advises closer scrutiny of town planning policies from the point of view of their integration into anti-poverty and anti-exclusion policies and the overall integration of vulnerable groups vis-à-vis housing. They also advocate the proper co-ordination of housing policies with other social policies as a means of ensuring fundamental rights to: the infrastructure and means of transport, access to social and other public services, information on housing related social rights and the means of activating those rights.

In addition, the availability and promotion of assistive technology has the potential to make it easier for elderly people to remain in their homes. Devices such as home security/alert alarms, telephone links, low vision aids, low hearing aids, manipulative devices and mobility aids all increase older people's confidence in continuing to live independently.

Older People's Participation in Decision-making

In most European Union countries, real choice of care does not exist. When it comes to decision-making about care provision, studies suggest strongly that are the least likely of all groups to be consulted and to have the least influence in decision-making. The Equality Authority's Irish Report on Implementing Equality for Older People stresses the involvement of Older People's representative organisations and as individuals in the negotiation, development and design of all health and community services. Community Services are defined by the report as including housing, transport services and formal and informal networks established by or for individual older people. The report emphasises the need for service delivery structures to include structures for user participation both by service recipients and carers. Examples of consultative mechanisms that have been put in place in Ireland are the VOICE and CHOICE programmes for involving older people in services in the North Western Health Board.

In the UK, Better Government for Older People (BGOP) is a UK wide partnership in which older people are the key partners. It is comprised of the Older People's Advisory Group, Key Partners and Strategic Alliances. Key Partners include government departments, representative organisations of older people, directly elected older people from regional support groups and national representative bodies of local authorities. Strategic alliances include educational institutions, research organisations, housing associations and the national body of Directors of Social services amongst others. The aim of the Better Government for Older People initiative is to ensure that older people are engaged as citizens at all levels of decision-making and shaping the development of strategies and services for an ageing population.

5. Conclusions

Equality for older people requires both positive action and specialist support services to enable older people to participate equally in society. Increasingly the emphasis on active ageing, the rights of older workers and intergenerational solidarity are helping to highlight the valuable contribution played by older people in society. In the provision of health and social care the key objectives of national policy in European member states are to maintain older people in dignity and independence at home and to restore to independence at home those older people who become ill or dependent. In most countries the emphasis is also on encouraging and supporting the care of older people in their own community by family, neighbours and voluntary bodies. A further important objective is to provide high quality hospital and residential care for older people when they can no longer be maintained in dignity and independence at home.

In employment a major emphasis is now placed on age diversity and combating age discrimination in employment. The Employment Directive has allowed for an extended deadline for transposition of the Directive with regard to age and disability has allowed several Member States to delay implementation. As with the disability ground, the Directive is weaker in its instructions to Member States. This has given rise to a perception that the age ground is of less importance and therefore age discrimination has some claim to legitimacy. There is also an overarching need to engage older people and their representative organisations in the design and development of policies with regard to employment practices and service provision.

The retention and reinsertion of older workers into the labour force is vital to Europe's future economic wealth. The increase in workers over 50 years throughout the member states in the next decade makes it essential that social partners address this issue at national levels to devise strategies which ensure that older workers are not penalised financially by returning to employment and develop age-proofing mechanisms in employment policies that enhance older people's participation in the workforce. Governments in conjunction with trade unions and employers should be devising codes of practice to set standards for non-ageist approaches to human resource management in employment.

Bibliography

- ADSS / LGA (2003) *All Our Tomorrows: Inverting the Triangle of Care, A Joint Discussion Document on the Future of Services for Older People*, ADSS /LGA
- AGE (2003) *AGE: EU Framework directive on Employment, Occupation and Training: Summary of progress towards transposition by Member States, December 2003* www.age-platform.org
- AGE (2003) *AGE: comments on NAPSIncl* www.age-platform.org
- Bernard Casey, Howard Oxley, Edward Whitehouse, Pablo Antolin, Romain Duval and Willi Leibfritz (2003) *Policies for an Ageing Society: Recent Measures and Areas for Further Reform*, Economic Department Working Paper, OECD: Paris
- Council Directive 2000/78/EC establishing a general framework for equal treatment in employment and occupation (27/11/00)

- Department for Education and Employment (2002) *Age Diversity in Employment: Encouraging Age Diversity: A Code of Practice*, Key Indicators for June 2000, <http://www.dfee.gov.uk/agediversity/index.htm>.
- Equality Authority (2002b) *Implementing Equality for Older people*. Dublin: Equality Authority
- Eurolink AGE (2003) *Ageism in Employment, A proposal for- A European Code of Good Practice*
- European Charter of Fundamental Rights
- European Commission (1999) *Towards a Europe for All Ages-promoting prosperity and intergenerational solidarity*, Communication, COM (1999) 221 final, 21 May 1999 http://europa.eu.int/comm/employment_social/soc-prot/ageing_en.htm
- European Commission (2001) *The future of health care and care for the elderly: guaranteeing accessibility, quality and financial viability*, (COM (2001) 723 final)
- European Commission (2002) *Communication on "Europe's Response to World Ageing-promoting economic and social progress in an ageing world. A contribution of the European Commission to the 2nd World Assembly on Ageing* COM (2002) 143 final
- European Commission (2002) *Europe's Response to World Ageing: Promoting economic and social progress in an ageing world*. (Comm (2002) 143 final)
- European Commission (2003) *Joint Report of the Commission and Council, Supporting National Strategies for the future of health care and care for the elderly*
- European Commission (2003) *The Social Situation in the European Union 2003*, Office for Official Publications of the European Communities, Luxembourg
- European Foundation (1993) *Family Care of Dependent Older People in the European Community* European Foundation for the Improvement of Living and Working Conditions: Dublin
- European Foundation (1995) *Future prospects for family care of older people in the European Union*, European Foundation: Dublin
- European Foundation for the Improvement of Living and Working Conditions (1997) *Combating Age Barriers in Employment*, European Foundation for the Improvement of Living and Working Conditions: Dublin
- European Foundation for the Improvement of Living and Working Conditions
http://europa.eu.int/comm/employment_social/fundamental_rights/fundam/fundamri_en.htm
- National Economic and Social Forum (2002) *A Strategic Policy Framework for Equality Issues*, NESF: Dublin
- National Economic and Social Forum (2003) *Implementing Equality for Older People*, NESF: Dublin
- Pillinger, J (2001) *Quality of Social Public Services: European Synthesis Report*, European Foundation: Dublin
- United Nations (2002) *Madrid International Plan of Action on Ageing adopted at Second World Assembly on Ageing*, Madrid, 8-12 2002
<http://www.un.org/esa/socdev/ageing/waa>

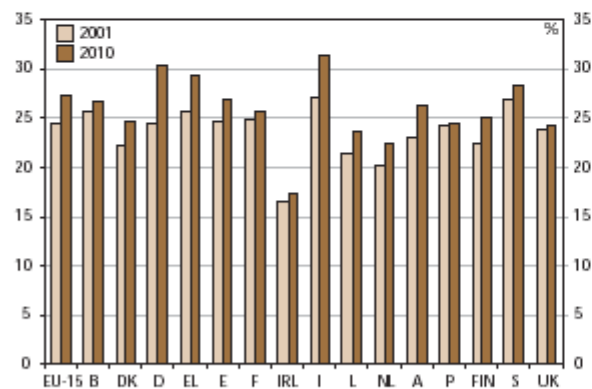
Appendix 1: Data on Ageing of the Population

Key indicator

	EU 15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK
Old age dependency ratio (Population aged 65 and over as a percentage of the working age population (15-64) on 1st January)																
1990	21.6	22.1	23.2	21.6	20.4	20.2	21.1	18.6	21.5	19.3	18.6	22.1	20.0	19.8	27.7	24.0
1995	23.0	23.8	22.7	22.5	22.8	22.3	23.0	17.8	24.1	20.6	19.3	22.4	21.6	21.1	27.4	24.3
2000	24.3	25.5	22.2	23.9	25.6	24.6	24.6	16.8	26.6	21.4	20.0	22.9	23.8	22.2	26.9	23.9
2001	:	25.7	22.2	24.5	:	24.7	24.8	16.6	27.1	21.5	20.1	22.9	24.2	22.4	26.8	:
2010	27.3	26.7	24.6	30.3	29.2	26.8	25.5	17.3	31.3	23.6	22.3	26.3	24.5	24.9	28.1	24.2

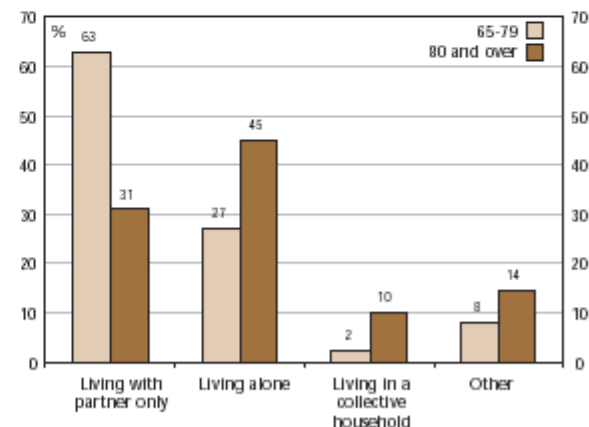
Source: Eurostat - Demographic Statistics.

Graph 6 Old age dependency ratio 2001 and 2010



Source: Eurostat - Demographic Statistics. EU-15, EL and UK 2000 data.

Graph 7 Elderly population by household situation and age, EU-15, 2010



Source: Eurostat - 1995-based (baseline) household projections

Source: European Commission (2003) *The Social Situation in the European Union 2003*

Appendix 2: Eurobarometer Poll (2003): Discrimination

Figure 1

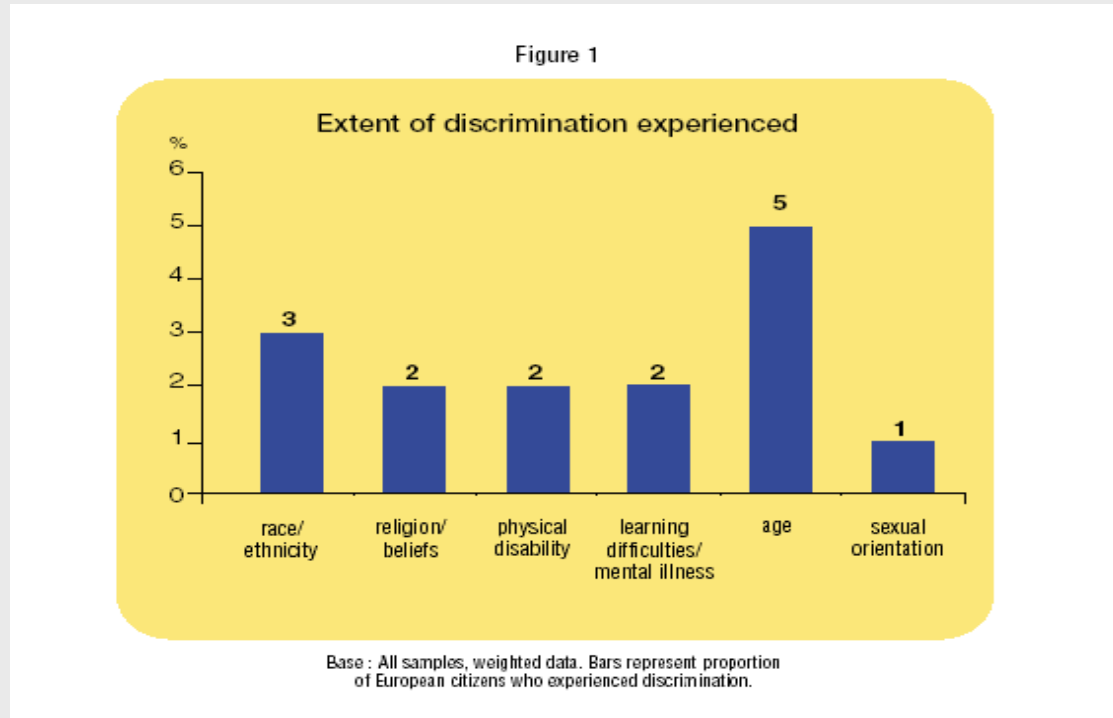
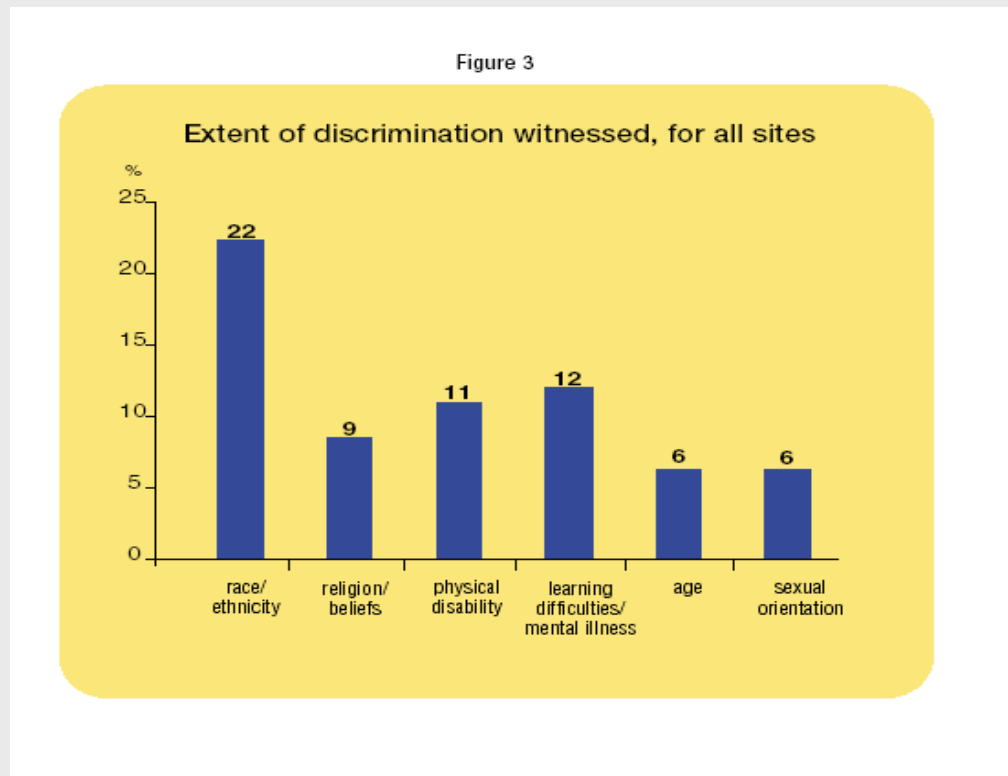


Figure 2



Appendix 3: Overview of employment provisions concerning age in the Member States

AUSTRIA

The ministry of economy and employment has submitted draft legislation in Parliament on equal treatment, consisting of three parts: Gender equality, discrimination in the field of employment, and racial discrimination in other areas, such as access to goods and services. The law copies many of the articles of the directives into the national law, such as the definitions of direct and indirect discrimination and the instruction to discriminate. The law also provides a similar scope of application as the scope of the directives: Exceptions are proposed for employers in areas such as legitimate employment policies, genuine occupational requirements and differences of treatment in social protection schemes.

There are some concerns about the conformity of transposition: the effectiveness of the sanctions, the definition on the burden of proof, the 'independence' of the independent body and the absence of the right of NGOs to defend victims in legal proceedings.

The general rules on protection against dismissal under the Employment Regulatory Act provide for a dismissal decision by an employer to be contested if it is socially unjustified. In assessing whether a dismissal is socially unjustified, the law provides for particular consideration to be given to the fact that older workers have spent a long uninterrupted period of employment with the firm and that their age makes it difficult for them to find another position.

BELGIUM

The act of February 25, 2003 forbids all direct and indirect discrimination on the basis of age in the access to and participation in an economic, social, cultural or political activity accessible to the public. This goes beyond employment and even beyond the provision of goods or services. However, Belgium has now asked for the three year delay in order to implement its proposals on age discrimination.

The most important body responsible for the promotion of equality and implementation of anti-discrimination action is the Centre for Equal Opportunities.

A collective agreement states that any employer who is recruiting must treat applicants in a non-discriminatory way. It spells out explicitly that an employer cannot in principle make any distinction between applicants based on, inter alia, age. The Act of 13 February 1998 on Employment Promotion should also be mentioned. Article 3 of that Act prohibits imposing a maximum age when recruiting employees. This covers both implicit and explicit references to age.

FRANCE

The new article L.122-45 broadens the field of prohibited forms of discrimination. The age criterion was also added, with the exception of article 6 of the employment directive

which provides employers with justifications for discrimination in employment policy, labour market and vocational training objectives.

The Ombudsman of the French Republic, Mr Stasi, was asked by the Prime Minister to draft a bill that will establish an independent administrative authority and to consult on the composition and tasks of such a body. Questions remain about which forms of discrimination will be dealt with by this authority.

With the exception of the rules setting a minimum age for entry into employment (currently 16) or imposing restrictions on the performance of work by young people under the age of 18, any discrimination on the basis of age is theoretically a violation of freedom of labour which is a recognised universal right. Nevertheless, measures are often directed at young people. In addition, other measures provide incentives for older workers to leave employment, for instance early retirement schemes. However, in recent years the policy has shifted in order to promote better protection for older employees. The Government has taken measures to encourage the employment of older workers and restricting early retirement schemes.

GREECE

The new General Labour Directorate, Directorate of Employment set up a Department of Social Protection which, in co-operation with an Equal Opportunities body, will be responsible for the design and implementation of a complete package of measures and action for the different grounds of discrimination. There is already in existence a unified text for a law, apparently submitted to the Ministry of Justice for elaboration so it can be designed for implementation and enforcement. This proposal was submitted to Parliament in November 2003. It is anticipated that the Greek government may decide on a unitary approach to enforcement with the Ombudsman's Office as the enforcing body.

Under Greek labour market legislation, the level of redundancy payment is based on years of service. The legislation contains the removal of the upper limit of 46 for entry to rapid training courses and plans to provide health insurance coverage for older unemployed people aged 55 and over.

GERMANY

The government has not transposed the Employment Directive yet. They plan to introduce anti-discrimination legislative proposals in the summer of 2004. The German Minister for seniors foresees to ask for the additional period of three years to transpose the directive for the grounds of age.

Within the scope of the Protection against dismissal Act, 1969 older employees who have served the company for longer receive greater protection than younger workers who have served for a shorter time when it comes to applying "social" criteria for business-related redundancies. The measures in the Code of Social Law (SGB) can also be seen as positive discrimination in favour of older people. SGB provides for bonuses for hiring unemployed people aged 55 years or older. Moreover, all the reintegration facilities provided for in SGB III (help in finding employment, counselling, work procurement measures, structural adaptation measures, further training) are available for the reintegration of older unemployed people into the labour market. Pursuant to the

Works Constitution Act the works council has the duty to promote the employment of older workers in the establishment. The employer must supply comprehensive information to the works council in good time to enable it to discharge its duties. The works council must, if it so requests, be granted access at any time to adequate documentation

The establishment of an independent body is uncertain, as the Chancellor himself has stated that he wants to avoid the creation of a 'bureaucratic monster' that would be a hindrance to business. The Ministry responsible for senior citizens has announced the establishment of a national body for all article 13 grounds of discrimination. The organisation and responsibilities of such an organisation remain unclear.

DENMARK

The Government has so far introduced a bill on equal rights covering ethnicity, religion and political opinion referring to EU directive 78/2000, but this bill was rejected. According to the Government, two new proposals - one on age and disability and a second one on ethnicity, religion and political opinion - will be introduced and are scheduled to be passed before the end of 2004. The establishment of an independent body is still uncertain. Many NGOs are denied access to the consultation that is being organized by the Danish government, among others older people's organisations.

The Public Employment Service has implemented some measures in relation to older unemployed persons. Examples of such measures are job rotation programmes initiated for unemployed and employed older workers, training and competence tools developed for older workers and a special senior consultancy scheme under which interested enterprises may obtain free assistance to start developing a senior staff policy.

Measures have also been taken to change attitudes in this field. A senior policy initiative committee has been set up with representatives of the social partners. This committee is to advise the Minister of Labour, increase the exchange of experience and take initiatives in this field.

FINLAND

After the introduction of the antidiscrimination clause in the Employment Contracts Act, a government proposal for an Act on Equality was submitted in Parliament in December 2002. It is planned that the Act will come in force in December 2003.

There is no indication that the government will establish an independent body with powers to act on age discrimination.

In accordance with the Constitution of Finland no one should, without acceptable grounds, be afforded a different status on account of, among other grounds, age. The Contracts of Employment Act and the Penal Code also provide protection against age discrimination. The labour market organisations are strongly involved in the implementation of the National Age Programme. This Programme incorporates the objective of preventing age discrimination in the employment market. The labour market organisations are also discussing procedures and possible legislative amendments, which could be used to promote a longer working life for the oldest workers.

ITALY

The Employment directive was transposed by a legislative decree of 9 July 2003. The decree translates into national law many of the provisions of the Directive, but there are some key areas which it does not address. The decree does not go as far as the Directive in shifting the burden of proof and only trade unions can represent and defend the rights of victims of discriminations in courts. Associations with a legitimate interest are not allowed to take this kind of action by the decree. There has been no social dialogue and no dissemination of information.

There is no intention to establish an independent enforcement body.

The Government intends to put forward measures for employment of older people in socially useful activities. The Italian Government authorities are also making great efforts to use opportunities offered by the EU Structural Funds (particularly European Social Fund) for the development of lifelong learning for employees.

IRELAND

Under the Unfair Dismissals Act 1977 to 1993, a dismissal is deemed to be unfair if it is based on age. Age is also one of the discriminatory grounds covered by the Employment Equality Act, 1998. The material scope of the Act includes access to employment, working conditions, vocational training and dismissal. The definition of discrimination is consistent with the Community *acquis* concerning sex discrimination. There are a number of important exceptions to its scope as regards the age ground.

The Equal Status Act, 2000, also covers discrimination on the grounds of age, in the case of persons aged 18 or over. Section 3 (3) of the Act states "Treating a person who has not attained the age of 18 years less favourably or more favourably than another, whatever that other person's age, shall not be regarded as discrimination on the age ground." Furthermore, the Act exempts certain preferential treatment and the imposition of reasonable preferential admission and similar fees or charges for persons in a specific age group.

The Equality legislation is currently being updated to bring them into line with relevant aspects of the Directive. The Equality Authority is the independent body set up under the Employment Equality Act 1998. The aims of the Equality Authority are to promote and defend the rights established in equality legislation and to provide leadership in building a commitment to addressing equality issues in practice, creating a wider awareness of equality issues and mainstreaming equality considerations across all sectors.

LUXEMBOURG

The Ministry of Labour is currently finalising a bill to transpose the Directive by prohibiting various forms of discrimination in employment. The bill was presented to the cabinet in early autumn 2003 and it is expected that the law should be finalised within a year. There seems to be little interest for the issues covered by the employment directive, as there are very few older people remaining in employment as a result of the existence of several early retirement schemes which apply from age 57 and upwards. The government itself has a maximum recruitment age for the civil service, which was raised to 45 in 2003.

The Act of 23 July 1993 concerning various employment-promotion measures provides for assistance to be given in placing older unemployed persons and the long-term unemployed in a job.

The Employment Fund reimburses both the employer's and insured person's share of social insurance contributions to private-sector employers, provided that they take on older, long-term unemployed persons, irrespective of whether they receive benefits. The maximum period for which social insurance contributions are reimbursed is thus 7 years for an unemployed person aged over 50 who has been registered with the Employment Service for at least one month.

THE NETHERLANDS

Age discrimination legislation for the labour market was in preparation in the Netherlands prior to the agreement of the Employment Directive. The agreement of the national law was held back pending the Directive and has been reviewed to bring it into line. The Dutch transposition provides for a range of exemptions and possible areas of justification compared to the established grounds like race or gender. The transposition should be finalised in the first half of 2004.

The Netherlands has an equal treatment commission that can make judgements on the basis of the Equal Treatment Acts. After the new legislation will be in force, the Equal Treatment Commission will play the same role for age and disability as it does now for the other grounds.

PORTUGAL

The directive has been transposed for the private sector by an amendment to the Labour Code that will enter into force by December 1st. The usual national procedures for adopting social regulations were followed and there was consultation with the social partners and civil society. There is no indication that the government will establish an independent body with powers to act on age discrimination.

In Portugal, dismissal on grounds contrary to the employee's fundamental rights is prohibited by law and dismissals on grounds of age are included.

SPAIN

A multidisciplinary expert group was set up on July 5th 2002 in order to reflect on the necessary measures to be taken to comply with the Employment and Race Directive and the Directive on equal treatment for men and women (2002/73/EC). A draft bill emerged from this consultation. And the government plans to present a legislative proposal aimed at transposing most aspects of the framework directive by the end of this year. According to the government, Spain already has a great deal of legislation on non-discrimination on the grounds covered by the Directive. In its opinion, implementation of the Directive means the modernisation of the existing legislation and the specific regulation of those areas of discrimination that are not expressly dealt with at present and they are

therefore looking at: the possibility of adopting positive action measures for certain groups; fostering equal treatment in collective bargaining; shifting the burden of proof; and formulating general principles of non-discrimination on the grounds laid down in the

Directive in the area of trade union activity. The trade unions are positive, but they think collective agreements should further implement the provisions of the Directive. The older people follow the same line.

The provisions prohibiting discrimination in the Workers Statute covers discrimination on grounds of age.

The Government recently introduced a scheme whereby an employer who recruits an older worker, particularly if he or she has been unemployed for more than one year, receives a subsidy and an allowance worth 50 per cent of their social security contribution for the duration of the employment contract.

SWEDEN

Sweden has set up a number of parliamentary working groups that will have a close look at how the Employment Directive can be transposed. One of those parliamentary groups is called SENIOR 2005 and looks at the challenges of an ageing society in general and at age discrimination in particular. The Swedish government will ask for an extension of the deadline to 2006.

There is an established and well-functioning system of ombudsmen promoting enforcement. Currently there is one for gender, one for ethnicity, one for disability and one for sexual orientation. It remains to be seen whether an 'age' ombudsman will be added to that system.

Neither the Constitution nor the specific anti-discrimination Acts provisions deal explicitly with age discrimination. However, there are other provisions that can be applied to prevent age discrimination in certain areas.

Firstly there is the Constitution's regulation of public employment. Employees within the public sector should be appointed exclusively on objective criteria, such as merit and competence. Age is normally not considered to be an objective criterion. This is accepted to ensure that age does not influence a person's chances of employment within the public sector. Secondly, under the Employment Protection Act, age is normally not accepted as an objective criterion for dismissal. Thirdly, it follows from the general principle of "good practice", which is upheld by the Courts, that an employer cannot treat employees in an improper (unethical) way. Age discrimination is generally accepted to be unethical and thus in conflict with this principle.

Unemployed people aged 45 and over are under-represented in the labour market programme. Until now, younger people have been given priority, although older people may be given more assistance in the future. On 1 November 1996 Sweden introduced a new programme of temporary public-service jobs. The programme targeted the 15 000 people, aged 54 years or over, who have been registered at job centres for more than two years.

UNITED KINGDOM

Two consultations have been held on the age element of the Directive. A wide-ranging and general consultation last year was undertaken on all three parts of the employment directive and also on the transposition of the race directive. This year a specific consultation on the age issues was completed in October. The UK will ask for an extension of the deadline to October 2006.

The British government is also consulting separately on the machinery to handle advice, guidance and compliance and have announced that they intend to create an Equality and Human Rights Commission with powers on all six strands and this is also expected in 2006.

The Government has created an Advisory Group drawing from a range of stakeholders to advise on the Directive and a Task Force to advise on the creation of the Equality and Human Rights Commission. The work of these bodies complements the Government's Age Positive campaign which is promoting positive attitudes to age amongst employers.

A non-statutory Code of Practice was launched on 14 June 1999. The code covers all employers in private and public sectors, self employment and employment agencies. Since this is a non-statutory Code of Practice, it will encourage and enable, through good practical guidance, the adoption of non- ageist employment practices, covering recruitment, selection, promotion, training and development, redundancy and retirement. The impact of the code will be evaluated. Under the Northern Ireland Act 1998, a public authority carrying out its functions relating to Northern Ireland is obliged to have regard to the need to promote equality of opportunity between persons of different ages. The Government will be reviewing the experience in Northern Ireland. The New Deal 50 plus is an important national package of back-to-work help launched in 2000. It includes a cash employment credit of £ 60 (€ 97) per week paid for up to a year to those people or their dependent partners entering full-time employment (£ 40 (€ 65) for part-time work) who are aged 50 or over and have been out of work and on benefits for more than six months. It also offers employment guidance from a personal adviser, jobsearch help and an in-work training grant. The package also applies to self-employment.

Source: AGE (2003), European Commission (various), national governments (various)