



BULLETIN ON AGEING

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Introduction



This double issue of the Bulletin on Ageing is devoted to an expert group meeting that took place in Addis Ababa from 2 to 5 May 2000. The topic was "Sustainable social structures in a society for all ages". The meeting was organized by the United Nations programme on ageing of the Department of Economic and Social Affairs, with the substantive support of the non-governmental organization HelpAge International and the financial support of the Department for International Development of the United Kingdom of Great Britain and Northern Ireland.

Recently, a trend towards a convergence of social policy measures on ageing around the world has been observed, with many developing countries venturing into limited formal systems of pensions and age care, while developed countries are generally moving towards more emphasis on individual and family responsibility for the economic and social support of older persons. The starting point in developing the concept for the meeting was that the experience of developing countries with their informal family and community practices in support of older persons could yield important lessons and ideas in the formulation of future effective and sustainable policies in the developed world. In addition, the experiences of developed countries could also serve as a caution to those wishing to rush into similar policies that have not proved to be economical and/or sustainable.

During the course of the meeting, however, it became apparent that the Governments of developing countries, as well as donor organizations, often need to be reminded of the value of retaining and supporting the traditional coping mechanisms of family and community. Where those mechanisms have collapsed and no viable replacement structures exist, the detrimental effect on older persons can already be seen.

The meeting was particularly interesting for the United Nations programme on ageing since it was an opportunity to focus on a topic that is of great importance to developing countries and is becoming more so for developed countries. By the time the meeting took place, Member States had decided to convene a Second World Assembly on Ageing in 2002 to focus in particular on ageing in developing countries. The World Assembly will review the outcome of the first World Assembly on Ageing, held in 1982, and consider a revised International Plan of Action on Ageing and long-term strategy. An added bonus from the meeting was thus the valuable information gathered for the upcoming revision of the International Plan of Action on Ageing.

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Experts from western and eastern Europe, Asia, Africa and Latin America came together with observers and representatives of the United Nations system for 3 1/2 days of intensive and fruitful discussions before approving a series of recommendations. The report of the meeting has been submitted to all Member States and interested parties and is available on the web site of the Department of Economic and Social Affairs (<http://www.un.org/esa/socdev/ageing>). In addition, expert and background papers will also be included in a future United Nations publication.

This issue of the *Bulletin* contains the background paper written by the Deputy Executive Director of HelpAge International, which helped formulate the framework for discussion at the meeting and its final report and recommendations.

Sustainable social structures in a society for all ages: exchanging experience between the developed and the developing world

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The theme of the International Year of Older Persons, “Towards a society for all ages”, reflects a growing concern to identify development approaches that promote age-integration. The importance of multigenerational relationships is reflected in its selection as one of the four key dimensions of the theme. Closely linked to this dimension is that of life-long individual development. The interplay of individual and collective responsibilities across the life course, together with relationships between the generations is a central concept of a society for all ages. Sustainable structures that support such interplay need to be identified and shared. Global demographic change in the twentieth century gives a sharper focus to this need, which adds a life course perspective to the developmental aspiration expressed at the World Summit for Social Development, held in 1995, on achieving a society for all.

A global demographic revolution, an unprecedented transition from a state of high birth and death rates to one characterized by low rates of fertility and mortality, has taken place over the twentieth century. Starting in Europe and North America at the end of the last century, this demographic shift has now become a worldwide phenomenon. At the heart of the transition has been the growth in the numbers and proportions of older people. In 1950 there were about 200 million people over 60 years of age throughout the world. By 2025 there will be 1.2 billion, representing nearly 15 per cent of the world’s population. By 2050 older people will represent over 20 per cent of the world’s population, and by 2150 nearly one person in three will be over 60.¹

The ageing of the world’s populations displays elements of both diversity and convergence. The nature of the demographic shift has differed in different parts of the world. In developed countries the notable feature has been the growing proportions of older people in populations. In developing countries of the South the speed of the transition and the rapidly growing numbers of older people have been its major features. The countries with economies in transition display a more mixed picture of accelerated ageing, with consequently high proportions of older people in many countries, but also some cases where longevity is falling in the face of economic and social dislocation.

There is also diversity in the socio-economic conditions in which ageing is taking place. In the developed world, for example, greater longevity resulted from rising affluence, reflected in better health, housing and sanitary conditions. In the developing world, technical advances in medicine have far outrun socio-economic development, meaning that old age for many in these countries is experienced as a time of chronic ill-health and poverty.

Convergences are also visible in the global ageing situation. For example, as regards social policy, there is an increasing emphasis in some developing countries on formal systems of social security/social insurance and social/health care, modelled on developed world practice. Factors such as a decline in

(formal) labour force participation by older people as industrialization and urbanization grow and the perceived decline of informal family support systems have motivated this. At the same time, developed countries, fearing for the sustainability of publicly provided welfare structures, have increased their emphasis on individual, family and community responsibilities for care and support throughout the life course. Thus there exists an opportunity to explore practices at the family and community levels in developing countries in situations where state support has never been a significant factor.

Notwithstanding these flows of diversity and convergence, the demographic transition means that we are moving to a time when nearly one third of the world's population will be aged 60 or over. Old age will no longer be exceptional, even in developing countries. However, population ageing is a development that has been largely unexpected and unplanned. Patterns of socio-economic organization in many countries, in particular in the developed world, still reflect very different age structures, emphasizing early education, adult employment and a retirement phase that has been assumed to be relatively brief. Culturally, the past half century has seen an increasing emphasis on youth. By contrast, in many parts of the non-industrialized world, social roles remain more important than chronology and age-structured institutions such as retirement do not exist.

The question thus arises as to what restructuring will be necessary in institutions of employment, production and consumption, education and, for individuals, in family and community to reflect a world with a substantial number of older people? Is it possible to exchange experiences between different societies in the developed and developing worlds that point the way to new balances of individual and collective needs? In particular, how can the twin principles of age-integration and reciprocity be deployed at the family and community levels so as to foster sustainable development for all ages?

Meanings: ageing, family and community

In approaching these questions it is important to consider meanings in relation to the key elements of

the social structures under consideration. These meanings need to be explored as part of the process of understanding how informal social structures work at the micro level. It is not the purpose of this paper to offer final definitions, but to provide a basis for discussion.

For all societies, the meaning of ageing is determined not only by physiological, but also by socially constructed factors. The ageing process is of course a biological reality, which, despite medical interventions, has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. These social constructions take many forms. In the developed world chronological time (the age of education, working age, retirement age) plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries, is thought of as the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are significant, such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline that is significant in defining old age in these societies.

Although this paper focuses on chronological age, it recognizes the importance attached to other definitions, from which much can be learned in assigning positive rather than negative attributes to old age.

The concept of family is likewise subject to socially assigned meanings. It is common for a distinction to be made between developing countries, where the extended or joint family is said to be the norm, and the nuclear family structure of the developed world. These simple formulations tend to overlook the real complexities of family structures, organized as they are in all societies to provide care and support throughout the life course. However, it is again the socially constructed meanings assigned to the concept of family that are important, since in all societies the family is seen as *a*—perhaps *the*—foundation of social and cultural values.

Families are seen here as varying forms of networks bound by ties of proximity and affection as

well as kinship. The changing structures of families over time, and the different roles and meanings assigned to them, are of primary interest in understanding their place in sustainable social structures.

Community is the third of the key elements whose meaning needs to be considered. Again different societies construct the meaning of community in different ways. The word “community” has been assigned a range of meanings. At one end of the spectrum is the community of locality and neighbourhood. At the other are communities of interest, which transcend locality and are linked by common intellectual, social, economic and other interests. It is suggested here that for older people, both in the developed and the developing world, the primary focal point is the sense of place in a physical community. This is the neighbourhood or other locality, which for many may be an extension of, or substitute for, the family.

It is in this sense that the word “community” is used in this paper.

Age-integration in families and communities in developed and developing countries

For old people in all societies family and community have powerful psychological as well as material importance. “Growing old in one’s own home among kith and kin and in one’s own community is the overwhelming preference for most people.”² In all societies the family, however defined, is seen uniquely as a basic building block of society and caregiving at all ages is viewed as a special task assigned to families. Thus for old people family support has a profoundly important role. In Cambodia, family support has been described as “the most widely used survival strategy”.³ For most older people a sense of community, of lifelong friendships in a familiar environment, imparts an equally strong sense of meaning. For such meanings to be experienced in a positive way by older people, the ties that bind them to others need to be strong. In this paper the concept of age-integration is used to express the positive pole of these relationships, especially between generations. Age-integration here

indicates the means by which the generations interact in mutually supportive relationships.

Systems of age-integration in both the developed and developing worlds exhibit wide diversity. The basis of all these informal systems, whether at family or community levels, is that of reciprocity, a recognition of the interdependence of different generations. Indeed, in this sense age-integration and reciprocal relationships are complementary terms. There are, however, some differences between developed and developing world societies regarding the ways in which reciprocity between generations is displayed. In developed world societies with complex divisions of labour, periods of dependency are structured by socio-economic requirements. For example, both childhood and old age are periods of dependency, with costs borne by the family and the State. Childhood education is seen as necessary to develop a skilled workforce, and old age retirement to permit the absorption of younger workers into the labour market.⁴

In parts of the developing world similar patterns have begun to emerge. However, the absence of comprehensive state intervention (for example, through the provision of pensions) means that informal systems of age-integration continue to play a critical role for most people. Age-integration or reciprocity is an aspect of the integration between family life and work that is the life course experience of older people in developing countries. These links have been maintained from the time of first entry into working life, probably in childhood. As family and community members people in the non-industrialized parts of developing countries live in a world of making and receiving contributions—in terms of work, material resources, psychological support and so on. This continuity of contribution is characterized by shifts from more to less demanding work as old age encroaches. Thus, in contrast to the chronological milestones that mark life stages in the developed world (school age, working age, retirement age), old age in many developing countries is seen to begin at the point when an active contribution is no longer possible.

We have noted the diversity of informal systems of age-integration. A shared feature of many,

however, is their derivation from deeply experienced feelings of filial loyalty. This is the case, for example, in south and south-east Asian societies. In China, filial piety has been a cultural foundation that has survived even the impact of the communist revolution and subsequent socio-economic and cultural changes. Indeed, its tenets are inscribed in the 1954 Constitution, which perfectly summarizes the concept of age-integration by saying that “parents have the duty to rear and educate their minor children and the children who have come to age have the duty to support and assist their parents”.⁵ There is also evidence that filial piety remains a strong bulwark supporting age-integration in a Confucian society, even in conditions of rapid change. A study of the epidemiology of Alzheimer’s disease in Shanghai, for example, found evidence of strong continuity rather than breakdown in filial piety.⁶ In Thailand, the view that declining co-residence between older parents and their children was evidence of changing norms regarding filial obligation has also been questioned. Family support systems still appear to function, despite some decline in co-residence. Daily contact is maintained, as old people live near their children. It has also been pointed out that it is important to separate the function of family relationships from the form of living arrangements, since declining co-residence is not in itself evidence of declining willingness to offer support.⁷

In the Indian subcontinent there is also a long history of filial responsibility for taking care of ageing parents. Again, as in south-east Asia, this is founded in part on the notion of reciprocity. Care for parents who become dependent is predicated on the knowledge that the caregivers will themselves one day be in need of the care of their children. It is also exchanged for material security through inheritance of the property controlled by parents and through choice of an appropriate marriage partner. This said, it is important to note that what acts in support of age-integration can also have the opposite effect. Inter-generational family stress can result in disruption or breakdown of relationships. Cases of abuse of older parents by children are being given increasing publicity in India, for

example. However, it is very difficult to say whether this phenomenon—and that of abusive parents-in-law mistreating their caregiving daughters-in-law—is on the increase or simply being more widely reported.

African family support systems add further dimensions to the concept of age-integration. Extended family structures in African societies can be very far-reaching, encompassing, for example, a highly flexible definition of children. Adoption or other caring arrangements mean that not only siblings’ children but also the offspring of more distant relatives are included in the family definition. The phenomenon of ageing parents caring for their children’s children and looking towards eventually receiving care from them has been common for generations. The HIV/AIDS pandemic has added a new dimension to these practices: the caregiving burden for both people with AIDS and their eventually orphaned children has fallen heavily on the grandparent generation throughout the continent.

The slower pace of industrialization and urbanization in Africa means that rural life still predominates in most countries, with three quarters or more of African populations living in rural areas. In such communities, as already noted, it is more possible to maintain the connections between family life and work through the changing lifetime contributions made to household economies by all members. The strength of kinship, clan and other community ties also fosters continuity in reciprocal inter-generational relationships. However, one should beware of assuming that urbanization automatically implies a breakdown of such reciprocal relationships, since in many cases there is evidence of continuity in inter-generational exchanges. A study of “doorstep trading” in Accra, for example, found that older women traders often “gifted” their businesses to younger relatives in exchange for continued economic and social support in later life. The study notes that this career structure provided the ageing woman with a strong economic and social definition among her kin and facilitated her economic and social integration into the household unit.⁸

In Latin America and the Caribbean, despite a number of features that differentiate these regions from Africa and Asia, means of age-integration also show many similarities. The demographic transition began earlier in Latin America than elsewhere, although its impact has been uneven. Urbanization and industrialization in Latin America also developed earlier than in other parts of the developing world, as did large-scale migration, both into and out of the region. Finally, formal support systems such as pensions and health programmes are relatively well developed in a number of Latin American and Caribbean countries.

Nevertheless, and particularly among poorer families and communities, there remain strong indications of the importance of reciprocity in family relations. A study of old people and family relations in poor areas of Buenos Aires indicates that inter-generational relations should not assume a simple one-directional flow of support from active younger people to passive older relatives. In many families, for example, financial resources were pooled, with pension income taking on an important role. All generations agreed as to the importance of prioritizing support to children.

A review of inter-generational relationships and age-integration in the societies of the developed world reveals remarkable patterns of similarity as well as contrast. The importance of inter-generational relationships, of transfers of material and emotional support, appears to be as great in the family relationships of the developed world as in developing countries. The greatest contrasts seem to derive from the influence of social and economic policies on family structures and relations.

The extent to which extended family households existed in pre-industrial Europe and North America is questionable; so too is the evidence that automatic responsibility was taken for older relatives. Mutual advantage was far more likely to be the basis for relationships—for example the exchange of material resources for support. In these households as in those of the contemporary developing world, older people who could make a contribution to family economies, by child care or housework, were also more likely to be received into a relative's

household. One should therefore be as wary of treating this period as a “golden age” for older people as of unduly romanticizing kinship support in developing countries.

Rapid socio-economic change in the last 100 years has, however, clearly had an impact on age relationships. The transition to industrialized societies led to increasing state control over family and community organization. The introduction of retirement and pension systems, for example, had the effect of excluding older people from work forces and increasing their dependence on state rather than family support. The demographic transition of the twentieth century has likewise had a profound impact on inter-generational relationships. Whereas in the pre-industrial past high mortality rates meant that relatively few reached old age, now the expectation for most in the developed world is that they will not only reach old age but that for significant numbers a quarter of their lives still lies ahead of them at the age of 60. This means that inter-generational relationships are significantly more common today than they ever were in the past. The twentieth century has been the first time in which grandparents could expect to live to see all their grandchildren.

The evidence is that, far from being exceptional, inter-generational relationships are a normal and important aspect of older people's lives and that of their families. Material support, including financial and housing provision, tends to flow from older to younger generations, culminating in inheritance. In exchange, personal care is offered by younger generations to older during the latter part of the older generation's life. Practical support is likely to be transferred from older to younger generations, with, for example, a significant amount of child care being undertaken by grandparents on behalf of working-age parents. Many of these exchanges of practical care and support are likely to be highly “gendered”, the assistance being exchanged between mothers and daughters. The picture of age-integration in families in the developed world is thus likely to be far more supportive than is sometimes suggested.⁹

At the community level, old age is, as noted above, conceived of as a time of dependency. Older

people are not productive in the work force and are reliant on pensions for their income. The State also provides free health care and in some cases a range of social services, and thus effectively replaces the family as the principal support framework for the age-integration of older people. The capacity of the State to continue to provide these welfare services to increasing numbers of older people has in the late twentieth century become a major concern in many developed societies. There is a danger that these fears will undermine age-integration, creating resentment among younger, working-age populations at the financial burdens they believe they are carrying to support older people.

The impact of rapid economic change on family and community structures in the developing world

The second half of the twentieth century has been an era of rapid socio-economic change, which has had an impact on every society. The most notable feature of this change has been the extent to which economies have converged into global markets. Finance, trade, the service sector, information and even labour have all become increasingly international markets. This era has also been one of economic instability. The post-1945 boom, at least for developed countries, came to an end with the oil price shock of 1973. The late 1990s have seen further economic crises, calling into question the sustainability of the growth of south-east Asian economies. Indeed, because of the globalization of economic activity, economic instability in one region rapidly affects others, leading to the prospect of world recession at the end of the century.

For many countries of the developing world a primary feature of economic globalization has been the burden of debt they have been carrying, in some cases for several decades, as a result of loans from western financial institutions. Such loans, which were not converted into productive investment in many cases, have left a legacy of enormous interest-servicing payments, to the long-term detriment of attempts to initiate sustainable development programmes.

Economic change at the global level is reflected in the individual lives of the citizens of all countries. At the family and community levels in the developing world the instability of markets mean that work and income are increasingly unpredictable. The result is that there is a strong incentive to seek work elsewhere, resulting in the large-scale migrations, from rural areas to cities, from one region of a country to another and across national borders, that have been such a major feature of the late twentieth century. Poverty is a major driving force for migrants, but both for those who stay and those who leave, if they live in poor communities, the likelihood is that they will also be deprived of such basic facilities as health and sanitation and education services. In the longer term, economic instability, uncertainty of employment, ill-health and poverty mean that “lifelong preparation for old age” is an irrelevant concept for those who can only plan from day to day.

Times of profound economic change thus have an inevitable impact on family and community living arrangements, the more so for those whose poverty exposes them most to sudden upheavals. This is the case for those most marginalized in developing countries. The young, the disabled, women and the old are groups who are particularly exposed and much of what is said about the old in this paper could equally apply to other groups.

The family and community situation in countries with economies in transition

There is no historical precedent for the problems faced by the countries of eastern and central Europe as they undergo the transition from centrally planned economies and societies to ones that are pluralist and market-oriented. A decade on from the revolutionary changes that removed communist Governments from power, these countries still face enormous problems in trying to provide adequately for all their citizens. Firstly, it is now accepted that social policy was already failing before 1989 in many countries. In addition, the transition to a market economy has compounded these emerging problems as inflation and unemployment have

soared against a background of sharply reduced state intervention in social welfare.¹⁰

Older people have been particularly vulnerable to the rapid changes that have taken place. Even before 1989 the well-being of older people depended on maintaining a combination of assets. These included, notably, income from a state-provided pension, family support and their own productive activities. Involvement with the family and inter-generational transfers has always been of critical importance. In all the countries with economies in transition higher proportions of older people live with their families than is the case in the European Union. In Hungary in 1984 nearly one third of those over 65 lived with their children, compared with 6 per cent in Sweden.¹¹ A decade later economic hardship and lack of opportunities have meant that large numbers of older people still lived with their younger relatives. In Latvia in 1995 29 per cent of those over retirement age (55 for women, 60 for men) lived in extended families.¹² Despite the importance of family care for older people, the policies of most Governments in the region have focused predominantly on the needs of families with children. This is a continuation of the situation inherited from the communist States, which were prepared to intervene to provide support for the families of working mothers, but took for granted the family care of older people. In some States legal codes required families to maintain dependent older relatives, but provided no support to facilitate such caregiving. Today such benefits as are available to carers are very difficult to obtain and offer only limited financial assistance. Indeed it has been proposed that a major non-governmental organizations in the region is to act as advocates for older people trying to obtain state benefits.¹³

Economic changes have brought increasing stress in family situations. High unemployment and inflation mean that many families are unable to provide adequate support to all their members, young or old. Migration in search of work may only compound problems, as those moving from rural areas to the cities to seek work face acute housing shortages. The result is that many families share extremely overcrowded accommodation. In Albania,

for example, urban migration has been such that two-bedroom apartments in Tirana are often occupied by as many as 15 people.¹⁴ In such circumstances pressures on family life and the capacity to care adequately are extreme. Sudden shocks such as the collapse in August 1998 of the rouble against the dollar have plunged families already facing profound hardship into economic crisis.

In the light of these circumstances it is particularly important to recognize that age-integration is not simply a matter of transfers from younger to older family members. We have already noted that older people are important socio-economic resources in many different situations and the countries with economies in transition are no exception to this. It is often difficult to understand the extent of older people's contributions at the family and community levels, since their labours often go unrecognized and unrecorded. Nevertheless, evidence exists that older people make valuable contributions to family and other local economies. For example, older people often take on time-consuming tasks to free other family members for paid work. A survey in the Russian Federation in 1992 found that on average people over 60 spent 20 hours a week queuing in shops. Similar findings are reported for Romania, where other informal household activities such as care of children or of other older people were important tasks undertaken by older people.¹⁵ Additionally, informal employment has always been an important source of income for some older people, though it has been men who have tended to have more access to such opportunities. However, the increasing competition for jobs of all kinds in recent years has meant that older people are increasingly marginalized from all employment opportunities, whether in the formal or informal sector.

These problems are all compounded for the increasing numbers of older people living alone, often reliant on an increasingly inadequate state pension in order to survive. The pension system inherited from the communist States was in most cases earnings-related, with a safety net minimum. Typically workers retired from state enterprises with

40-50 per cent of the average wage. This was much lower for workers in rural areas and for women. Retirement ages also tended to be early, with many workers leaving employment in their fifties. Low inflation, price stability and state provision of other health and welfare services protected older people's standards of living. During the last decade, the freeing of prices, rising inflation and lack of linkage between pensions and prices have rapidly eroded the value of pensions across the region. In Latvia a pension equivalent to \$63 in 1996 was calculated to be less than half of the minimum necessary for basic existence.¹⁶

For those older people living without family support, other assistance is also scarce. Most Governments in the region express a commitment to enabling older people to remain in their own homes and communities for as long as possible. However, there is a dearth of support services available to facilitate this. Certainly the smaller proportion of older people living alone in the countries with economies in transition as compared, for example, with the European Union would presuppose a lower level of support services offered to this group. However, the evidence that exists implies that services are scanty in many countries. Community services—both those offered on a group basis and those in the individual's home—are insufficient, leading the World Bank to comment of Hungary that there is a vast unmet need for social welfare services, particularly for the elderly.¹⁷

At the end of the first decade of the transition, the family and community situation of older people in the region is thus fraught with problems. It is therefore not surprising that there are widespread reports of older people suffering from anxiety and depression, with feelings of alienation both from their families and society at large. Reports that older people feel abandoned by their societies, that they do not want to burden their children and that they feel there is a lack of interest in their plight from the younger generation are common. So too are reports of a sense of loneliness and isolation, rising depression and an increase in the number of suicides among older people.¹⁸ However, there is also evidence that Governments are taking increasingly

seriously the issues of older people in families and communities and seeking new policy directions to respond to them. Slovenia, for example, is drafting a national strategy for social protection, covering both principles and practice.¹⁹ However, the needs of older people still remain low on policy agendas of the countries with economies in transition.

Transferring experience of sustainable social structures between societies

Questions were raised above concerning the need to restructure social institutions to respond to a world with substantially increased numbers of older people. The potential for exchanging experiences between different societies across conventional boundaries of developed and developing worlds was also raised. In particular, the importance of fostering age-integration and reciprocity as tools for sustainable development in older societies was also emphasized.

To achieve the full participation of all generations in the process of their own and wider development, there needs to be an understanding of how age-integration and reciprocity act to foster systems of social support. Yet many contributions, offered and received in the form of mutual exchanges across the life course, take place in informal "micro" settings (the family, the local community) and go largely unrecorded and unnoticed. However, a body of knowledge and experience about these contributions is now beginning to grow, albeit in a fragmentary and uncoordinated way.

Report of the Meeting on Sustainable Social Structures in a Society for All Ages, held in Addis Ababa from 2 to 5 May 2000

The objectives of the meeting were:

- To identify major challenges of ageing in the family and community for both individuals and society;
- To identify best practices to address challenges of ageing in the family and community;

- To suggest public policy to support sustainable responses to ageing in the family and community;
- To contribute to the development of a long-term strategy on ageing and the revised International Plan of Action on Ageing.

The main task of the meeting was, therefore, to consider the role and capacity of family and kin arrangements, as well as community in supporting the needs and capabilities of older persons and the opportunities available to them in the context of greater longevity. The experts recognized that, given the limited time available, they were able to focus only on selected issues relating to the theme of the meeting. Therefore, they felt that follow-up action needed to be taken to address other issues relating to the theme of older persons in the family and community.

The group looked at the challenges facing societal structures and shared best practice from both developed and developing countries. On the basis of the discussions, a set of recommendations for public policy formulation was adopted.

Ageing in family and community: public policy recommendations

Policies should be developed in the light of the following key principles:

- Family and kin arrangements as well as community structures are complex and changing and must be properly understood.
- Older persons must be seen as the best advocates for their own empowerment and should be actively involved in the development and implementation of all policies and programmes that affect them.
- Issues related to older persons must be mainstreamed in economic, social, political and humanitarian policies.
- The lives of older persons are bound to those of all other age groups and their needs cannot be separated or considered in isolation.
- The positive contribution of older persons to all areas of life must be fully recognized and recorded in national accounts.
- Policies should foster and maintain positive images of older persons and of inter-generational relationships.

- Frameworks need to be developed for implementing the rights of older persons.
- All policies must be informed by research, which is multidisciplinary, participatory and action-oriented and involves older persons in the identification of priorities.
- There are many good practices in different parts of the world involving family and community working with older persons, which should be considered by policy makers.

Policy recommendations

Empowerment

- Community-based programmes are a vehicle for empowerment for older persons to take responsibility for their own welfare.

Recommendations

- Greater attention should be paid to developing and implementing policies relating to the rights of older persons, including such issues as empowerment, abuse and freedom of choice.
- Within the context of an increasingly information-based society, older persons should have equal opportunities in training and re-training to ensure inter-generational participation and economic and social integration.
- Policies should promote dissemination of information and training regarding institutional and organizational management that raise awareness about the rights of older persons that encourage them to be partners in the public decision-making process.
- Policy makers must be sensitized to various manifestations of elder abuse. Special efforts must be made to prevent and deal with abuse and to promote awareness of the problem. Specific interventions must be designed and implemented to assist abused individuals.
- Policy makers should promote the personal identity and social integration of older persons through appropriate community programmes that contribute to identity and solidarity with other older persons and between the generations.
- The State itself should promote and facilitate the establishment and functioning of associations

of older persons or support the same by non-governmental organizations.

- Policy makers should recognize and encourage the utilization of older persons' skills, as well as target various information media, including youth-oriented media outlets to enhance their coverage of older persons and multigenerational issues.
- Policy makers should look into local possibilities of promoting forms of service schemes where older persons are involved or their skills made available to the community.

Sustainable livelihoods and social security

- Policy should recognize that the establishment of effective infrastructures of income support for later life requires decades of development. It is therefore important for individuals to put in place appropriate mechanisms as soon as possible. These mechanisms will vary according to context and may involve multiple agencies. However, it is necessary for the State to provide an effective regulatory framework to ensure strong sustainable financial institutions based on principles of good governance.
- Policies should recognize the diversity of income sources and strategies of older persons in both developed and developing countries. Pension programmes constitute only one element of such strategies.
- Pensions make an important contribution to the well-being of the whole family and/or community. Governments should consider whether they can afford not to initiate pension schemes.

Recommendations

- Policies should seek to identify and maximize complementarities between pension provision, inter-generational exchange and the quality of life of older people within families and communities.
- Policies should seek to create an environment that is conducive for individuals to make provision for income maintenance in later life. Further, it should be recognized that making such provision is often difficult, if not impossible, for poor individuals in low-income countries.

- Particular efforts should be made to devise appropriate strategies of income maintenance for those employed in the urban and rural informal sectors.
- There is an immediate need for Governments to provide appropriate forms of income support for unprotected populations. Strategies may include the creation of safety nets through social assistance, poverty prevention and the extension of social protection.
- At the community level, income-generation programmes should be supported and expanded, in particular through the provision of start-up capital from different sources, in order for older persons either to continue or to engage in their economic activity in areas corresponding to their skills, in particular in the informal sector.
- Family- and community-based inter-generational models in areas such as income support and income generation should be promoted.

Poverty and development

- In developing countries, the rapid growth in numbers of older persons is outstripping the capacity of countries to provide resources for socio-economic development.
- The needs and priorities of older persons in conflict and refugee situations differ greatly from those of older persons in relatively secure and stable situations. Dislocation of family and community structures as a result of destabilizing processes can cause increased problems for older persons.
- The positive role of older persons in averting conflict, supporting peace-building and undertaking humanitarian relief measures should be recognized.
- A large percentage of older persons live in poverty. War, famine and other natural and man-made disasters, including HIV/AIDS epidemics, have exacerbated this situation.

Recommendations

- The analysis of inter-generational relationships and the situation of older persons should be included in all poverty-reduction strategies,

including debt-reduction and sectoral reform programmes at the national and international levels.

- When macro-economic policies are developed, their possible negative impact on older persons should be taken into account.
- All development policies and interventions should incorporate ageing concerns.
- Particular attention should also be paid to the increasing poverty of older persons in economies in transition.
- Policy makers should support local initiatives that encourage inter-generational linkages and incorporate ageing issues into school curricula, in particular through inputs made by older persons themselves, from the pre-school level to the tertiary level of education, for example, drama and other forms of expression that affirm the worth of elders and the reality of interdependence among generations.

Health

- Poor health need not be an inevitable consequence of later life and the rights of older persons to good health are as fundamental and important as those of other groups.
- The health and well-being of older persons and their relations within the family and community are interdependent.
- Family and community provision does not replace the need for public health and social welfare systems that meet the needs of older persons in a comprehensive way.

Recommendations

- Access of older persons to primary health care and appropriate specialized health care should be ensured.
- Health education and training for health providers should recognize and address the needs of older persons.
- Family- and community-based programmes for prevention of frailty in old age should be established.
- Programmes to support and further train older persons in informal health care provision should be

encouraged, keeping in mind the economic and social desirability of such programmes and recognizing the existing skills and knowledge of older persons in this field.

- Policy makers should promote public educational programmes that prepare middle-aged people for self-care in old age and promote a life-style that prevents disability in old age.

Care

- Policies should support and strengthen appropriate local forms of care in each community.

Recommendations

- Policy makers should employ locally acceptable strategies of identifying, supporting and rewarding those members of the family who care for their elders.
- Policy makers should encourage intermediaries and community structures to provide surrogate carers or crisis intervention services during periods when the family cannot provide care.
- Given that family care tends to rest mainly with middle-generation women, policy makers should find means of reducing the sole responsibility and workload of these care providers within their home settings.
- Families should be assisted by the State and other entities in their provision of long-term domiciliary care for frail older persons, in order to prevent unnecessary institutionalization of these persons.
- Given the pressures on the family in providing care for older persons, policy makers should develop intermediary systems of support between state-care and care provided by family members and the community. The systems should target those older persons especially at risk and those without family.

Housing and living arrangements

Recommendation

- Independent and interdependent housing and living environment programmes should be promoted as preferred alternatives to institutional

care to enable older persons to live in the larger community.

Research and dissemination

- Key areas of research that relate to family and community structures need to be identified. Such research should be multidisciplinary, participatory and action-oriented, and should involve older people in the identification of priorities.

Recommendations

- To ensure that policies and programmes for older persons are based on local realities rather than myths, policy makers should foster research to identify:

The nature and extent of care provided by the family and community;

Forms of care the family and community are not able to provide; and

Desirable interventions.

- Research should be aimed at developing more sensitive and realistic age-relevant social indicators, such as poverty indicators and abuse indicators. The Human Development Index, as well as other indexes, should be made age-sensitive. Key demographic and health indicators should include older persons. Unrealistic assumptions of dependency ratio indices should be revised.
- Research should target the spiritual, economic and social dimensions of care at the local level and should study the norms within communities that support and strengthen specific forms of care for older persons.
- Policy should encourage and develop research that evaluates and compares best practices and models on the basis of their sustainability and replicability within different cultural contexts. Intergovernmental organizations, including the United Nations, should help to disseminate good practice models by developing minimal guidelines, while bearing in mind different contexts in different countries.
- Comparative research and dissemination regarding different policies and programmes related to ageing should be fostered. Researchers

should be sensitive to the specificity of the contexts in which these policies and programmes have been developed.

Summary of the discussion

Putting the family and community in context

There is a tendency to mythologize family and community and their capacity to care for older persons and to ignore the complex, culturally varied and changing nature of such societal structures. Some policy makers see family and community as panaceas and assume that they will provide comprehensive support to older persons, without any involvement of the State. A dichotomization of State and family/community should be avoided in the provision of care; instead, efforts are required to develop intermediary support institutions between family/community arrangements and the State.

Assumptions are often made that the role of the family in supporting older persons in developing countries is greater than in developed ones. In all cases, however, the strength and capacity of the family and community must be understood in relation to other entities, including the State, and within a wide social and economic framework.

The concept of individual ageing must be applied in designing policy responses to ageing in family and community. Individual ageing must be understood as a process within a framework of life-long development, which can bring new capabilities as well as diminish existing ones. Family and community, the immediate social micro-environment of individual development, must in turn be regarded as developing entities as they adjust to macro-societal changes. Within this framework, policy interventions should enhance and sustain the capabilities of all age groups, including older persons, by supporting family and community.

The uneven and often negative impact of globalization, increasing poverty, conflict and other major issues such as the HIV/AIDS epidemic must be taken into consideration. In many countries, poorly designed structural adjustment programmes have damaged the support capacity of family and

community and have had a negative impact on their functions, including the provision of health. For policies to be effective, realities and the nature of the adaptations and changes in family and community need to be understood.

The role of the State, including its constraints, in addressing issues of ageing in family and community should be clearly defined. In this regard, relationships between and the responsibilities of family, community and State must be clarified. A potential problem exists where policy action on ageing is shifted from the welfare State back to the family, when the family can no longer play the same role it did in a pre-industrial society.

An important related issue is the “legitimacy” of the State to intervene in matters related to ageing in the family and community. Positive ways to support the interaction of family and State, with policies aimed at nurturing inter-generational relationships, are of particular importance. Family has to play the primary role in addressing the needs of older persons, with the State providing the necessary support. For example, the health and well-being of older persons is often dependent upon relations within the family and between the family, community and formal health care system. In many cases older people provide health care to other family and community members, but this cannot replace the functioning basic health care system, which should meet the comprehensive needs of older persons.

Ideally, the relationship between public policy and family-community action should be participatory, with government playing a supportive role. This can be achieved, inter alia, by devolution of responsibilities to the local (community) level, while at the same time recognizing that there is no universal definition of community.

Ageing in the family and community: challenges

The needs of older persons must be assessed in a wider social context of rapidly changing societies. Numerous factors must be taken into consideration, including different forms of family relationships resulting from migration, as well as the

disadvantage suffered by older persons through a lack of access to knowledge valued in a global society. The societal changes have often had a negative effect on both the economic and social status of older persons.

Greater recognition by Governments of the economic and non-economic contributions of both older men and women is a starting point for policy intervention. Meaningful social indicators are needed to assess the new and “traditional” roles of the family and its members, including indicators of productivity, health, abuse and so on, with the recognition of different values and cultural contexts.

Many development programmes have tended to marginalize older persons by omitting them from projects and programmes. The current challenge is how to bring older persons into the mainstream of society.

Policy related to ageing in family and community should go beyond focusing mainly on care and should be based on a balance between developmental and care approaches. Correspondingly, the needs of older persons in the family and community within a context of poverty should be addressed in a wider context of national development and poverty eradication policies. This includes targeting the members of society most in need and providing support for caregivers. Indicators may be required to evaluate the vulnerability of family members for targeted interventions. For example, there is a need to highlight consideration of the stability and capacity of family and community, in particular, in cases of national disasters such as war and famine. The great majority of older persons in low- and middle-income countries have no, or very little, formal income maintenance provision for later life. It is almost a universal pattern: the poorer an older person is, the less likely it is that he or she will be entitled to a pension and social health insurance. Policies for poor older people must take this into account.

Equally important is recognition of the heterogeneity of older persons, family arrangements and communities, as well as the great diversity of situations across continents and cultures. It is particularly necessary to distinguish between older

people who have the potential capacity to contribute to their own well-being and that of others, such as highly vulnerable older people with serious mental and physical health problems. The second group is expanding rapidly and requires specific policy interventions. The needs and priorities of older persons in conflict situations also differ greatly from those of older persons in relatively secure and stable environments.

It is important to assess the ability and willingness of family to provide care in order to address the identified deficiencies. The reduced availability of kin support raises the question of care responsibilities within the family structure. Renegotiation of family-kinship responsibilities is necessary in many societies to ensure reciprocity among family members.

Closely related is the issue of the feminization of old-age care and the need to ensure that women do not bear the full burden, which has both social and economic costs to them. Besides the challenge of improving the quality of care to older persons, the inevitable increase in its quantity is also a looming issue.

While the family as an institution is unlikely to disappear, it is sometimes emerging in new forms, where, for example, caregiving may involve older persons looking after other older persons. Caregiving rendered by older persons also extends to support of children and grandchildren affected by economic change and major shocks such as the HIV/AIDS pandemic.

How to sustain inter-generational relationships is an important area of consideration. It includes fighting negative stereotypes of older persons, promoting inter-generational contacts, preventing age-segregation and sustaining the relevance of the knowledge that older people hold for younger generations. A major challenge is sustaining social relationships between generations as an alternative to “buying” care.

At the same time, in the now popular policy push to promote inter-generational relationships and family care, policy makers should recognize that co-residence with family is not necessarily a panacea for all older people. Some people make a positive

choice to live independently. In this regard, there is a tendency to define older persons only in the context of the family, but it is essential to recognize the value of life outside family structures.

Relationships between older persons and family and community are strongly gendered. There is a need to distinguish, for example, between the concept of the feminization of ageing and gender differences in the accumulation of social and economic capital during the life course.

The new realities of population ageing with an increasing number of older persons and a smaller number of children have to be addressed in positive rather than pessimistic terms by Governments to avoid transmitting a sense of foreboding.

Ageing in the family and community: responses (best practices)

The expert group considered a number of best practices within the areas of support, care and empowerment, illustrating key themes related to older persons in family and community. It was agreed that recording and disseminating best practices in these areas was an important future development. Participants agreed that an extended version of this section should be included in the planned publication of the deliberations of the meeting.

An overall approach to the selection of best practices is their capacity to enable policy makers to understand the nature of changing structures and function of family and community regarding ageing. It is a particular challenge to incorporate the many examples of best practice into the process of policy development and programmes related to ageing.

Best practices are not necessarily universally applicable. Nor should they be seen as a substitute for addressing systemic problems. There is also a danger in using them to advocate “quick fix” solutions rather than tackling wider issues. It is important to view best practices in context. For example, in South Africa and Zimbabwe, similar shelter schemes exist for older persons, but one is in the context of a universal pension system, thus giving residents the financial means to pay for shelter, while the other is not. In addition, many best

practices are small-scale and/or pilot programmes and their successful replication and “scaling up” in different situations is unclear.

It is essential to recognize that older persons are not empowered from the outside, but empower themselves. Best practice initiatives can create an environment conducive to older persons’ playing a positive role and having a voice. Examples given by experts included health promotion groups for older persons (Cuba) and involvement of older persons as community health workers (Philippines). Both examples demonstrate the point that many health needs of older persons may be addressed by older persons themselves at the community level.

There is also a need to develop intermediate support links between family/community and state care. In many instances bridges need to be built between formal and informal structures. This could be done through, for example, joint-financing schemes. There are examples of communities themselves identifying, monitoring and supporting very vulnerable older people.

Income-generating and micro-credit schemes can have a particular support function for older persons who lack family and community support. However, these schemes have a limited outreach and are not necessarily appropriate for the more vulnerable and frail older persons. A number of examples of such schemes were described, including the importation of the Grameen Bank concept to the Philippines and African mutual aid societies.

Small amounts of financial help to older persons, if properly targeted, can have a significant impact on their well-being. Again, the context is important as there may be, for example, differences between supporting schemes in urban and in rural settings.

There are best practices that enable older persons to establish and maintain an identity outside the family and home, including community centres, in a number of Latin American countries and South Africa, and the use of “expert banks” of older persons in Cuba. Best-practice schemes making use of skills of older persons are an important means of combating negative stereotypes.

An example of this in the Dominican Republic involves community-based groups of older persons providing child-minding facilities. These groups have a social support function and enable younger women to go out to work. The advantages are also the low cost of the project and the fact that it is relatively easy to organize. With minimal guidelines, such an example could be replicated elsewhere in similar situations. Other inter-generational projects include a model in Latin America, for example, where street children and older persons in Latin America live together in housing schemes.

The St. George’s Church Mighare Senai (Welfare Association) programme in Ethiopia operates two projects, the first of which assists poor older people in the parish through donations of food and clothing as well as free medical aid. Those who can work are encouraged to do so through the provision of small loans to start an informal business. In the second project, located in a rural setting away from the church, poor older persons have pooled together their small plots of land, which they plough for the common good. They live, eat and work together. Those who cannot work and are too old to care for themselves are looked after by the others. Here, in addition to the help of a social worker, at least 50 per cent of their expenses are covered by the Association. In both programmes, there is scope for collaboration between the State, non-governmental organizations and individuals.

Some developing countries provide excellent health care for patients from developed countries at a lower cost than in their home country. In those cases where government-run hospitals and clinics are involved, the Government could utilize a percentage of the fees generated to fund health care for poor older citizens. The Government of Cuba utilizes this source of extra funding for health care (although not specifically for the health care of older persons).

In the Republic of Korea, an agency run by a non-governmental organization (NGO) markets the skills of older persons for employment. In the Philippines, developers of low-cost housing have donated a unit as a “group home” for formerly institutionalized older persons who wanted to live

independently in a group. In return for their support, they perform services for the wider community such as child care. Also in the Philippines, a scheme matches street children and older persons to live together in a family-like atmosphere, with the older person serving as a surrogate parent and supplying affection—and discipline—and the children supplying enthusiasm and household assistance.

In Cape Town, South Africa, the Neighbourhood Old Age Homes project provides safe and affordable accommodation for older persons in areas they want to live in. There are 18 homes in the area. Each house is run by the residents, who pool part of their government-provided pensions to pay bills. Residents who become too frail to cope with activities of daily living and need care are moved to an “extra care” home in the community, which is run by a housemother assisted by groups of volunteers who are likely to be residents of the other homes. This helps to keep frail older persons in the community. The project has also instituted community centres in the area for residents and non-residents, with activities such as exercise classes, a shop, sewing and knitting groups and so on. The project is also a teaching site for medical students in geriatrics and other related disciplines at the University of Cape Town.

Also in South Africa, the luncheon club programme has been very successful in contributing to the social integration of older persons, in particular those in the townships. The clubs offer a hot meal and opportunities for social interaction through service centres run by NGOs. Members pay a small annual or monthly fee and a small amount for lunch. Clubs often organize income-generating activities and larger ones offer health-screening clinics and health education, meals-on-wheels services for the homebound and other activities.

The Melfort Farm Project in Zimbabwe is a cooperative offering community living for destitute older Zimbabweans. Many of the residents are refugees and almost all are of foreign origin with no families. Some are able-bodied, but most are frail. The project survives on a government grant, donations and some income generation. Members' public assistance provided by the Government is pooled to pay bills and churches and charities also make donations. The residents generally prepare food and eat together and all contribute to the running of the cooperative. Unlike an institution, most decisions at the project are made by the residents, who thus have a greater sense of independence.

Notes

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