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FEDERAL MINISTRY OF
LABOUR, SOCIAL AFFAIRS AND
CONSUMER PROTECTION

AGEING AND FUTURE

FEDERAL PLAN FOR SENIOR CITIZENS

In cooperation with the
Federal Senior Citizens' Advisory Council



IMPRESSUM

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Ageing and Future

Federal Plan for Senior Citizens

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FOREWORD BY THE FEDERAL MINISTER OF LABOUR, SOCIAL AFFAIRS AND CONSUMER PROTECTION

In Austria, just like in other industrialised nations, the share of senior citizens in the overall population has increased since the beginning of the 21st century and will continue to grow even more markedly in the years to come.

This increase is primarily the result of economic, social and medical progress that enables us to live longer, healthier and safer lives than ever before.

The impacts of this demographic change do not only entail new political and social challenges but also open up new perspectives and opportunities unknown to societies which are not characterised by such age structures at this stage.



Rudolf Hundstorfer

In order to prepare Austria in advance of these forthcoming profound social changes and to enable it to make the best possible use of the opportunities they bring, the Federal Senior Citizens' Advisory Council (Bundesseniorenbeirat) has worked out the Federal Plan for Senior Citizens that is based on the analysis of scientific studies.

The main goal of this Senior Citizens' Plan is to safeguard and/or to improve the quality of life of all senior citizens and/or individual groups among them. In this context, "quality of life" refers to the objective condition of people's situation of life and their subjective assessment in terms of satisfaction and well-being. The primary objective is to minimise inequalities and empower senior citizens, enabling them to lead active lives.

In fact, the plan's objective cannot be considered in isolation. It has to be seen in the context of the respective political and democratic prerequisites which are based inter alia on:

- » reinforcing the concept of solidarity and adapting it to modern requirements
- » fostering social integration (inclusion) and improving living conditions for those who, on average, tend to be less well off
- » avoiding discrimination
- » supporting peoples' independence and self-competence
- » creating conditions that enable free choice of goods and services and
- » implementing measures and activities aimed at improving the material, spatial and social infrastructure.

Policy-making must build on the resources inherent in people.

The number of senior citizens who want to participate in politics and social affairs, who live healthier, who are better educated and generally more active than previous generations is increasing. This is a huge asset, a potential that should be tapped into by providing the necessary support and assistance as well as appropriate information, opportunities and options.

Finally, I would like to thank all those who have contributed to preparing this Senior Citizens' Plan and in particular the two Presidents of the Senior Citizens' Council, the Federal Senior Citizens' Advisory Council and the scientific coordinator Dr. Amann.

FOREWORD BY THE PRESIDENTS OF THE AUSTRIAN SENIOR CITIZENS' COUNCIL



Karl Blecha



Dr. Andreas Khol

The Austrian Federal Plan for Senior Citizens is a unique document in Europe. No other country has ever before prepared an “instruction plan” of this kind that aims to develop, guarantee and raise the quality of life of senior citizens.

This paper is a lively catalogue of measures concerning the older generation, clearly linked with a long-term implementation concept and thus documented in form of a plan.

We are extremely proud that this Federal Plan was partly based on the catalogue of demands put together by the Austrian Senior Citizens' Council and presented to the Austrian public in 2007.

The plan has been worked out on a broad and dialogue-driven basis. We, the representatives of the primarily affected target group, were particularly able to take part in defining the goals and recommendations, including the setting of priorities in regard to specific measures.

Because this plan does not contain current political demands but rather indicates a direction for the country to head to, its relevance is not only restricted to present times but reaches far beyond.

The various living conditions of senior citizens and the subjective assessment of these conditions are not only presented but they are combined with concrete and implementable appeals on politics and society. It was also a conscious attempt to formulate this plan concise and easily understandable.

We thank all those who contributed to preparing this Federal Plan for Senior Citizens and in particular the Federal Ministry of Labour, Social Affairs and Consumer Protection lead by Federal Minister Rudolf Hundstorfer and of course Dr. Anton Amann, who defined the characteristic style of this plan with its focus on the key elements of self-determination and participation.

1. PURPOSE AND OBJECTIVES

The overall focus of this Plan and thus of the policy measures laid out in it is the development, safeguarding and raising of the quality of life of by all senior citizens and/or individual groups among them. Quality of life refers to the objective conditions of the living situation and their subjective assessment in terms of satisfaction and wellbeing. Quality of life is an instrument of scientific analysis and at the same time a political programme that focuses on minimising inequalities, fostering citizenship and empowerment to lead active lives.

Objectives were defined based on the overall objective of safeguarding and raising senior citizens' quality of life. The objectives defined in the Federal Plan are derived from research findings and expert opinions. These objectives are clear and unambiguous political milestones that are the focal points of reflections, decisions and measures. Together with the recommendations they are guided by the principle of achieving satisfactory solutions. In other words, they indicate what status is to be achieved or modified, what value is to be pursued by the specific objective and what preferences are striven for.

2. SYNTHESIS OF THE MOST IMPORTANT DEVELOPMENTS

2.1 Social and political participation

The guiding principle is led by the equitable political, social and cultural participation of senior citizens and it can be put into practice by mainstreaming participation and claim to co-determination as integral elements of political culture. In view of the increasing number of active senior citizens it is sensible to consider greater participation of senior citizens in terms of voluntary work and assumption of social tasks and responsibility as a form of socialisation that is in accordance with an ageing society.

2.1.1 Participation and “active ageing”

Participation is fundamental to social inclusion. As divisive differentiations that have a high potential for conflict are omnipresent in social relations, targeted integration work is of fundamental importance. Since the 1990s, participation by senior citizens in the sense of pro-active contribution to and involvement in social, cultural and political opinion-shaping and decision-making processes has thus also been a key EU concern. It is linked with the call for empowering senior citizens to fully contribute to all areas of life.

The fundamental principle thus to be achieved is “active ageing” aimed at optimising health, safety and participation in order to promote ageing citizens’ quality of life. Studies show that social participation and engaging in voluntary and charitable work are closely linked with health and well-being. Doing voluntary work, and quite generally being involved in activities that are considered useful and meaningful, enables senior citizens to gain a greater sense of their own capabilities and raises their visibility thus earning them respect and appreciation.

People who feel their own self-efficacy are more satisfied with their lives. In inter-generational contexts, like the exchange of knowledge, the provision of counselling services, when doing voluntary work or helping out in the neighbourhood or performing similar activities, the added value of this involvement becomes clearly apparent – not just to the senior citizen involved but to others as well, beyond the person’s immediate environment and own age group.

2.1.2 Leading an active life, education and quality of life

Nationwide surveys conducted in Austria illustrate a clear interrelation: voluntary/honorary work correlates with greater satisfaction with life. Assuming tasks and responsibility in society contributes without doubt to increasing senior citizens’ quality of life. Other recent findings based on research conducted in Austria show further characteristic trends, such as tendencies towards gender-specific forms of volunteering. Men, for instance, tend to become active in organised associations – often linked with gaining prestige and public recognition – while women are mainly active in more private – and thus “less conspicuous” – areas of voluntary work. Another interesting finding is that the level of voluntary work also depends on the type of community people live in. Inhabitants of smaller or medium-sized municipalities are generally more active in the field of social and/or voluntary work than people who live in larger or large cities. With 20% Vienna thus features at the very end of the scale, while such activity in the smallest municipalities (up to 2,000 inhabitants) leads the way at 32%.

In this context, it is assumed that the benefit and added-value they create with their own commitment for “the good of others” definitely plays an important role in the individual’s (subjective) perception of quality of life. Obviously those who help others indeed also tend to help themselves. Statistics show that satisfaction with life significantly increased with the number of times people helped others during the last twelve months. But there are a number of other factors which also have effects in this context. The level of satisfaction, for instance, also depends on the type of social commitment:

The correlation is clearest where help is given in a direct and personal way but less pronounced when help is given through work for non-profit or charitable associations.

Most of the surveys identified “level of (school) education” as one of the key factors in determining people’s capability and willingness to get involved. Although today’s senior generation’s readiness to commit themselves at community level is currently high, their concrete level of involvement and participation is, however, clearly lower - and particularly so in the field of political participation. It may, however, be assumed that with the emergence of the “new older generation”, characterised by a better state of health, greater physical fitness and higher average level of education, a considerable potential for greater mobilisation will emerge. It is also becoming evident in many other areas that education and the ability to use information in a targeted manner shall come to play a key role in the future.

Currently, the concept of “senior citizen” is still strongly determined by the “deficit model” that is also internalised by the older generation itself. This stereotype is, however, in stark contrast with the productive output of this section of the population. Both in the formal and informal sectors as well as on all levels of social commitment, this utterly inaccurate concept is in contrast to a level of productive performance - such as nursing older family members - that is not to be underestimated.

This clearly illustrates that it is necessary to define the term productivity in a much broader sense than is usually the case. It is thus desirable to make these services that are primarily, however not exclusively, performed in the informal sector more visible in order to promote the image of senior citizens among the public at large in a more positive way that is also more in line with reality.

In analogy to the socio-political concept of gender mainstreaming that is meanwhile taken for granted, a “mainstreaming ageing” concept should be striven for as a guiding political principle that systematically takes account of the equality of rights and status of individuals of different ages in all decision-making processes. Gender mainstreaming consists of the (re)organisation, improvement, development and evaluation of decision-making processes and aims to ensure that the players involved in shaping policies apply the principle of equality between men and women in all areas and on all levels.

2.2 Economic situation, social differentiation and inter-generational equity

Social differentiation is on the rise with regard to inequality. In a situation where older workers are at higher risk of losing their jobs, the factual retirement age is low and the working population of

the future will be older than it is today, it is imperative that comprehensive solutions are necessary. Future policies should be determined by adopting integrated bundles of measures in order to enable people to stay in active employment longer.

In addition, it is essential to avert social injustice and future deterioration of the financial situation of pensioners, which are aggravated by present developments. We all know that this requires a change in the mindset in our societies, the development of a healthy and humane working environment and the modification of existing systems to enable management of future tasks. This also includes the promotion of senior citizens' self-determination, competences and dignity in all areas of business, politics and culture in order to foster their inclusion.

2.2.1 Differentiated approach towards social situation required

The financial basis is, beside all social and cultural dimensions, indeed an essential element affecting quality of life. However, the use of data on average pension levels is, only of limited informative value when assessing the socio-economic situation, as they do not represent the overall income situation. Such assessments also have to include data on risk distribution of adverse social conditions and the risk of poverty. It does thus not suffice to address the issue of inter-generational equity merely from the fiscal point of view without considering the informal flux of benefit provision passed from senior citizens to the younger generation. Methodically reliable qualitative data on such money and benefits fluxes are, however, not available for Austria.

It is therefore necessary to adopt a different perspective when striving to deal with the concept of intergenerational equity in a more balanced manner than is generally the case. The most direct approach used to consider the general demands consists in looking at the redistribution ratio from the output point of view: the output of market distributions and the output of government transfers in the sense of material welfare for the older and the younger generations. In addition, it is necessary to also take the concept of intergenerational relations into account because it is not only about the flow of money for pensions, care, nursing and other support from the young to the old – as regulated by the welfare state – but also about the flow of benefits from the old to the young through informal channels. Research conducted in the last few years shows that part of the public transfers from the active to the no longer active population flows back to the active younger generation.

2.2.2 Poverty, inequality and exclusion

As regards the risk of poverty, research also reveals regional differences.

In Austria, the average poverty risk rate is highest in Vienna (17 %) and Vorarlberg (18.2 %) while it is lowest in Salzburg (7.8 %). Single women are especially vulnerable to the risk of poverty. In Austria, 28 % of all single female pensioners are at risk of poverty. Against this background, the European Union has launched several initiatives, such as the European Year for Combating Poverty and Social Exclusion 2010, which may also contribute to combating poverty in old age.

The differentiations among senior citizens, which have repeatedly been confirmed by empirical studies, reveal relatively stable inequality patterns:

- » women are in a less favourable position than men,
- » older senior citizens are in a less favourable position than younger senior citizens, the contrast is particularly stark between very elderly pensioners and newly retired pensioners.
- » beneficiaries of certain types of pensions are treated less favourably than beneficiaries of other types of pensions and/or are treated less favourably by insurance providers and
- » there is exclusion or lack of inclusion of certain groups of senior citizens and among senior citizens.

Relatively poorer social situations often go hand in hand with exclusion, problems in receiving care and services, reduction of participation, disability and risk of requiring nursing care. The older people get, the more striking the long-term impacts of economic situation, educational background and health are.

In order to ensure citizens may lead a fulfilled life in old age, it is necessary to also take steps against stigmatisation and exclusion of senior citizens and promote their social inclusion.

It is, however, not possible to regulate all initiatives aimed at strengthening social cohesion merely through the flow of funds. Other factors that must be considered in this context are fair distribution of resources, fighting prejudice and/or all kinds of discrimination against senior citizens and supporting socio-integrative activities and social networks.

When discussing the topic of exclusion, the following aspects should be taken into account:

- » economic exclusion and/or insufficient standard of living
- » institutional marginalisation and/or lack of access to public facilities and services

- » cultural exclusion and/or stereotyping of individual groups
- » social exclusion and/or lack of integration and participation
- » spatial exclusion and/or concentration in deprived areas

The complex interrelations of exclusion factors show that merely safeguarding economic security does not suffice when striving to guarantee that senior citizens lead an integrated life in society.

When striving to ensure intergenerational equity and a fulfilled life in old age it is thus also necessary to take steps against stigmatisation and social exclusion of the elderly.

2.3 Older workers and “work” in old age

From the macro-economic point of view, the most serious consequence of demographic change is the declining number of employees in the labour markets. As the number of consumers (and presumably also the level of consumption) will remain more or less unchanged, in future fewer – and on average older – gainfully employed people will have to produce the same, more or less unchanged, consumption bases (i.e. goods, services and information). This will, however, only be feasible through increases in productivity.

It is necessary to emphasise in this context that the proposition of negative effects of ageing workforce on production is still not scientifically proven. The minimum requirement thus is: firmly incorporating working conditions (working times, processes and types of organisation) as well as health standards in the workplace that are fair and just from an age(ing) and intergenerational point of view and ensuring these are implemented for all generations.

This also includes developing and implementing pro-active measures, such as providing services in the context of occupational secondary prevention in order to ensure senior citizens’ capacity to work and their employability as well as raising employees’ and entrepreneurs’ awareness of the important role played by a health-conducive working environment.

2.3.1 Reconsidering the concept of work

The traditional definition of the concept of work that is only limited to gainful employment has become too narrow when discussing the problems of ageing societies. It is thus necessary to use a much wider definition which not only focuses on the monetary aspects of gainful employment. Work in old age covers a broader spectrum of activities that create a wide range of added value,

both for those who work and for their social environment (for instance when doing voluntary work or caring for dependant family members).

Such a differentiated approach also needs to be pursued in discussions on the interrelation between working lifetime, retirement strategies and demographic ageing. Issues such as social integration, employment policy as well as social safety and security policies are all very closely interwoven in the context of work.

The individual differences of ageing still often tend to be overlooked. Many of the project and programme proposals aimed at continued work in older age prove to be projects aimed at an “elite” group of senior citizens. Frequently, discussions on working lifetime extensions focus exclusively on the cost burden without recognising that a healthy and pro-active retirement age also represents an achievement in society. The overall process of life is an appropriate guiding principle to be applied in the context of work in old age: at whatever age the process of ageing is presumed to start or may actually start in the individual’s personal experience, it should focus on an optimal interplay between individual and structural options.

While the employment rate among the 30 to 44 year olds has remained at a relatively stable rate of around 80 % over the last few years, it clearly declines from the age of 45 onwards. Although the demographic changes in the working world mean that work increasingly has to be carried out by older people, the majority of companies have not yet developed an adequate strategy to respond to this fact. Furthermore, traditional images of older age and prejudice make it difficult for the older generation to continue to work or re-integrate in the work process.

2.3.2 Problems faced by the older workforce and solutions

What are in fact the main difficulties faced by senior citizens when looking for a job? In most cases they struggle with social “attributes”, such as: too old, too expensive, too prone to poor health, reluctant to undergo further education and poorly qualified.

In Austria, it is particularly the high costs that make entrepreneurs reluctant to employ older workers – a fact which has been documented for many years now. The second most frequently mentioned argument voiced against older workers and/or employing older workers is lack of flexibility - in other words: their presumed lack of willingness to adapt to varying requirements in terms of time, space and sometimes also content.

This argument plays a particularly important role in companies where women make up a major share of the workforce. The relevant studies all confirm that one of the most frequently voiced arguments is that older workers are perceived as being unable to cope as well with stress and strain. An important role is also played by the period they are expected to stay in the company until they retire. This aspect of imminent retirement is very frequently stressed by Austrian companies.

From all the research conducted to date it is clear that enhanced integration of the older workforce in the working world requires an efficient bundle of measures that covers and interlinks a number of different areas.

Empirical analysis proves that focusing on the following strategies seems to be particularly effective:

1. Needs-oriented and continuing in-service training measures for the older workforce that also include sharing of knowledge of and instructions for age-appropriate health and safety in the workplace in line with the specific requirements of the older age groups. Efficient continued in-service vocational training that is tailored to the needs of the older workforce is important in promoting their employability.
2. Designing standards for workplace health and safety that meet the requirements of the individual age groups. It is only possible to fully benefit from upgraded vocational skills and qualification profiles when age-adequate working conditions prevail. Stricter legal provisions or agreements between the social partners, which are - if possible - supported financially, could contribute to substantially improving the current situation.
3. Workplace health promotion as an integrative approach. The concept of workplace health promotion covers the two aspects discussed above and aims to improve health and well-being in the workplace in their entirety. Health in the workplace is influenced by the conditions prevailing at the workplace and the employees' individual behaviour and approach in managing their health. Through the targeted sharing of health-specific knowledge and competences with both companies and employees, health promotion activities should enable employers and employees to improve health.

In order to sustainably achieve this goal stressful working conditions have to be removed as far as possible and employees have to be motivated to engage in health promoting activities.

2.4 Health promotion and health situation

Increasing life expectancy is an indicator for current developments. A continuation of this trend strongly depends inter alia on the promotion and dissemination of basic knowledge on physical, mental and emotional changes as parts of the ageing process and the structure of health-related services. Central tasks in this context are thus the permanent expansion of health promotion and geriatric preventative healthcare.

As research has extensively shown, elderly people have specific needs and problems which are not always provided for by the healthcare and social systems. This is in part attributable to a lack of adequate geriatric care training among general practitioners, specialist physicians and care and nursing personnel in the healthcare system.

2.4.1 Aging does not necessarily bring ill health

Future-oriented, forward-looking healthcare policy must go hand with social policy. The goal of health promotion is to develop those resources that relate to the social conditions of life. The achievement of this goal is guided by two programmatic principles: a marked change in the system and a societal mobilisation strategy. The overarching fundamental concept is thus based on developing individual and social resources and options that enable women and men to prepare themselves to deal with ill-health before they actually fall ill.

Old age does not necessarily bring ill health. Age-related changes do not generally impact people's capability to manage everyday challenges. It is, however, necessary to adapt the various areas of daily life to individual changes in conditions.

If older people are well-informed about these physical, mental and emotional changes they have a better understanding of their personal situation. They can better understand and manage potential complaints and their treatment. It is a matter of fact that quality of life is closely associated with health - with the latter playing an increasingly important role the older people get.

The subjective assessment of one's own state of health as being very good or good depends on people's age. The older people get, the less will they tend to consider their state of health as being very positive. In line with well-known patterns, clear differences are discernible between men and women: the number of men who describe their state of health as being very good or good is markedly higher than that of women.

It has also been recognised for many years now that the individual's social situation (class) plays a decisive role in this context: former executive officers who are still active describe their state of health most positively, while unskilled workers rate it most negatively. Even more striking is the interrelation between personal net income and subjective health. Only 50 % of those whose monthly net income remains clearly below the indicative rate for the minimum pension describe their health status as being very good or good. This percentage rate continuously increases with the income level and eventually reaches four fifths among those who have an income of at least € 1,500 per month.

Besides people's income, their level of school education also plays an essential role. The lowest rates are reported by individuals who have completed compulsory schooling while the number of those who consider their state of health as being very good or good is highest among those who completed secondary or tertiary education.

This means: the higher the level of education the higher the share of those who consider their health status as being very good or good. Regional differences also play a key role in this context. While in Vorarlberg and Tyrol the share of people aged 50 or older who rate their state of health as being very good or good amounts to 70 %, this ranges at around 65 % in Carinthia and Styria and reaches just 59 % in Burgenland and Lower Austria. In this context it was not possible to identify clear differentiations according to type and size of community people live in.

2.4.2 Empirically established connections

- » Social inequalities and thus constitutional elements affecting quality of life do not become less problematic as people age.
- » The subjective perception of one's own state of health plays an incrementally important role as age increases.
- » Mortality and morbidity figures clearly vary according to people's socio-economic status.
- » Socio-economic factors like education, profession, income and family status have a proven influence on the risk of requiring nursing care.

People's state of health in old age differs depending on their income, education, gender and the region they live in. From a sociological point of view, the most important impact is made by the environment (social and material) on the one hand and distributional aspects (social inequality), gender-related differences and biographic effects on the other hand. Individuals who suffer from dementia-related diseases represent a special problem. Their number is set to increase from

currently 90,500 to an estimated 220,000 in the next 50 years. This development faces both care-giving relatives and nursing staff with new challenges.

People's state of health is a highly important factor, which is of unprecedented relevance against the background of increasing life expectancy and the associated conditions. What is decisive in this context is whether increased life expectancy goes hand in hand with improved quality of life.

Analyses carried out in recent years show that the so-called disability-free lifetime is actually increasing for both men and women. This seems to be mainly attributable to biological characteristics along with good working conditions, good old age and health provision and education - all factors that may also be considered conditions for social inequality.

A significant role is played in this regard by gender-specific differences. Women have a higher life expectancy than men. Women perceive their health differently to men and also comment differently on it. Men more frequently give accounts of somatic diagnoses whereas women tend to refer more to psycho-somatic ailments. The increased communication of health-related knowledge and competence should thus be of major socio-political concern.

2.5 Education and lifelong learning

Infrastructure that promotes education and also provides senior citizens with easily accessible learning opportunities in the vicinity of their home towns thus encouraging the older generation's participation, is very unevenly distributed across Austria and particularly poor in rural areas and small towns and villages. In general, the number of available opportunities is very low in the fields of intergenerational projects and ICT. Access barriers and lack of age-group related services that are tailored to senior citizens' specific needs and living conditions have long been empirically established problems.

Education is the factor that plays a pivotal role in almost all areas of life, from health, social commitment and social inclusion to quality of life and interest in activities.

2.5.1 Educational disadvantages

The level of educational qualifications is on average lower among today's older generation than it is among younger generations.

In this sense, one may speak about relative educational disadvantages in old age. People who state that their highest educational qualification is completed compulsory education are described as

educationally disadvantaged and/or poor. Currently, this holds true for 55 % of women aged 65 and over and 27 % of men in the same age group.

A low level of school education has an impact on senior citizens' participation in further education. In total, some 6 % of the 60 plus generation regularly attends training events, classes, courses etc. These 6 % are mainly made up of the "young old". In other words, such courses and organised education/training events are attended by individuals who have higher educational qualifications, higher incomes, live in larger municipalities and are socially integrated.

Senior citizens who take part in further education classes and upgrade their education are more likely to get involved into volunteer activities, have more confidence in political institutions and are politically more active.

While non-formal learning, such as attending courses, declines substantially in old age, the age effect is only small in the field of informal learning – which suggests that senior citizens rather learn informally.

Informal learning is more strongly integrated in everyday life and/or leisure time. Women state that they learn more frequently through immediate informal social networks, while men state that they prefer to use books and computers as learning tools. Special educational needs in old age become apparent in connection with the "digital divide". Except for mobile phones, the older generation currently does not make much use of the "new" communication media. They either do not know how to deal properly with the tools provided by the digital world, as is illustrated by their use of the Internet for instance, nor do they have the appropriate equipment, hardware and technical support – and, on top of that, many cannot afford a computer and/or Internet access.

2.5.2 Positive effects of education

Age(ing)-related research findings show a number of positive effects resulting from participation in education. Medical findings refer to the positive effect ongoing mental stimulation has on the preservation of good health. Neurological research shows that mental training has a positive influence on intellectual capabilities by, for instance, reducing and/or reversing memory loss.

A higher level of education reduces the risk of developing dementia and also reduces mortality risk. Participation in further education moreover contributes to promoting social integration and/or adds to a positive image of old age in society, increases physical and emotional well-being, increases people's ability to anticipate, manage and cope with critical events in life and has a po-

sitive impact on commitment to civic and/or volunteer activities. Education in old age contributes to participation in society.

Education and a healthy life style keep people fit. All across Europe there is a strong interrelation between healthy lifestyle, income and education. Interviewees with a low level of educational qualification exercise much less and suffer more frequently from weight problems than their peers with a higher level of school education. Therefore education means preventive health policy.

Mental training not only enables retention of competences but also means new capabilities and skills can be added. Senior citizens may even reacquire skills and knowledge they had considered long forgotten. Tests conducted proved that 60 % of the participating 67 to 74 year olds and 50 % of the 80 year olds were able to achieve levels of performance they had reached seven years previously in four out of five disciplines.

For persons of a very advanced age (85+), education means training skills and capabilities that enable them to manage their everyday lives and addressing health and nursing issues. Against this background, the task of education consists in mitigating the consequences of increased biological vulnerability. In this context learning processes strongly depend on external stimulation. An important role is thus played by geriatric day-care centres, ergo therapy or forms of geragogic interventions.

Today, lifelong learning is not yet generally seen as an activity that is beneficial and necessary throughout the entire lifetime. Lifelong learning is still focused much too strongly on vocational qualifications. In order to enable the concept of lifelong learning to also take effect in old age, it is necessary to establish an infrastructure that is sensitive to peoples' individual stages of life, provides the respective services required and is easily accessible and barrier-free, to name but a few aspects. In terms of infrastructure, the regional differences in the range of provided services and opportunities play a major role. The existing further education opportunities for senior citizens currently reach only certain specific groups. Deficits in terms of services and opportunities provided in this respect are attributable to the lack of qualification among multipliers and individuals who work on a voluntary basis in this area. Relevant further education modules are necessary for these groups in order to enable them to offer educational opportunities for senior citizens in line with the latest scientific and didactic standards. It is necessary to develop a range of programmes directed at people with mobility problems and senior citizens with a migrant background. To this end it is also necessary, for instance, to develop structures for outreach educational activities.

2.6 Age and gender-related issues: the special situation of elderly women

A finding that is repeatedly confirmed by the relevant research is that economically disadvantaged elderly women and lower skilled elderly women are more frequently affected by poverty, isolation and ill health. Lower skilled women have lower available incomes and, if they are single, are more frequently at risk of poverty. Women are generally at a disadvantage in almost all areas of life and particularly vulnerable to the risk of poverty.

Many political and society-related areas lack structures that enable elderly women to make their voices heard. This deficit becomes most strikingly apparent with respect to the participation of elderly women in political decision-making processes at national, local and regional level.

2.6.1 Systematic discrimination of women

It is a well-known fact that in numerous situations and areas of life women are put at a disadvantage and in many respects they are deprived compared with men, which also diminishes their quality of life. This pattern is frequently aggravated as they grow older and has a very tangible impact on material levels. Key problems in this connection are available income and risk of poverty. Women's average available income is below the at-risk-of-poverty threshold. This means that retired women are much more vulnerable to poverty than other population groups.

The situation also differs between age groups. A worsening of the financial situation is discernible because on the one hand women are faced with a higher risk of poverty than men and on the other hand older age groups are at a disadvantage compared with younger age groups.

Differentiation according to levels of education shows that the risk of poverty is clearly higher among women who have completed compulsory education than it is among other groups. While the general risk-of-poverty rate for women across all age groups amounts to 13 %, the highest risk concerns women with completed compulsory education in the 75 to 79 year old age group where the risk-of-poverty rate amounts 31.5%.

According to the cumulative discrimination thesis, elderly women who are at an economic disadvantage and who are lower skilled are in general more frequently affected by poverty, isolation and ill health. Women with a lower level of education have less available income and – if they are single – are subject to a higher risk of poverty. A lower level of education and thus lower income opportunities have clearly negative impacts on women. The fact that women of the older generati-

on participated only to a smaller extent in the labour market goes hand in hand with a higher risk of poverty. A glance at women's past participation in the labour market shows that only a small number had the opportunity to acquire their own pension entitlements.

In general, it must be stated that women's contribution to the shaping of society is less visible than that of men and often assessed as being less important. This is a fundamental inconsistency. It is thus one of the most important tasks of policy to address or in fact to remedy this situation.

2.6.2 Education and gender stereotypes

It becomes apparent that education is a relevant factor in older age that on the one hand reduces poverty and on the other hand influences health. Women with a university degree, for instance, tend to have the highest life expectancy, while it is lowest among men who have completed compulsory education and have not completed an apprenticeship.

Education has an important influence on health. Better educated people, for instance, feel longer able to perform every day activities without problems. It has become apparent that in all age groups women with a university degree feel clearly less bothered by health problems in their everyday life than women who have only completed compulsory education.

Thus 34.5 % of all women who have completed compulsory education do not feel restricted by health problems in their everyday life, while for women with a university degree this share amounts to 60.4 %.

When the size of a household is used as a reference basis, the important role played by the individuals' living arrangements becomes apparent. People's housing situation is an influential factor with respect to both the risk of social isolation and the risk of poverty: in single households the risk of being affected by poverty is higher among women than among men across almost all age groups.

With respect to gender roles and the social welfare state it must be pointed out that the social situation of elderly women is strongly determined by the individual social conditions, courses of life and gender roles in earlier years. Factors such as income, level of education and state of health are characteristic of the social situation and are indicative of existing inequalities. The social welfare state's orientation that takes its bearing on a male income biography – a full time job with continuous employment over many years – means that particularly women who have not been in continuous gainful employment suffer economic disadvantages in terms of pension benefits.

2.7 Ties and relations between generations

For many years, calls have been made for an generation policy across different fields that is to contribute to shaping intergenerational relations. What becomes apparent from an empirical point of view is especially the lack of a systematic consideration of equivalence and equality of individuals of various ages in all decision-making processes. This is due to a latently poor evaluation of old age as a socially effective stereotype and which is also confirmed by research.

2.7.1 The family is a sustainable solidarity system

Public – or to be more precise, published – opinion sees the relationship between old and young mainly as being ridden with tension and conflict. At first glance this might also seem quite plausible, thinking for instance of the discussions regarding the funding of pensions and nursing care, changing values and the resulting changes in the respective generation's different mentalities and lifestyles they have brought about.

Empirical studies, however, confirm most impressively that solidarity and mutual acceptance prevail both within families and at the wider level of society.

All relevant surveys prove that, followed by friends, the family unit and first and foremost the intergenerational ties in the nuclear family (parents-children) still constitute a highly sustainable, solidarity system with family members there for each other in emergency situations, distress and situations that require help or assistance. Findings show that in Austria expectations of the family's readiness to help are not only extraordinarily high but that these optimistic expectations are indeed justified – in the vast majority of the cases help is granted when needed. Irrespective of their age, most Austrians – and in particular the older generation – regard relations with the other generations in the family as being highly positive. The majority of the population, however, believes that the mass media have a rather negative influence in this context.

2.7.2 Focus on consensus

Within families there is a high level of consensus, at least between “consecutive” generations, with respect to what might ostensibly be considered controversial issues. The topics most frequently discussed by parents and their adult children were:

- (1) attitudes towards work and job,
- (2) matters relating to handling financial affairs, dealing with money, economizing, taking on debt versus being able to afford something and
- (3) attitudes towards values like punctuality, diligence, order, discipline and cleanliness – particularly sensitive issues in the context of materialist – post-materialist controversies.

The large number of comments received on these three subjects clearly confirms the importance participants attach to them. One could easily believe that the frequent mention of these specific topics was an expression of massive conflicts: i.e. disputes over money, on people's attitude towards work, towards pleasure and enjoyment versus discipline and order.

Surprisingly, however, the contrary was the case. Except for people's behaviour towards others, these three subjects were precisely those on which parents and their adult children confirmed through their high ratings that they agreed most clearly with the respective opinion of the other generation.

Expectations of the sense of solidarity within the social, and particularly the familial and relational networks people live in are very high – across all groups and all ages.

Both in minor and in more serious cases of emergency only 1 % of all those questioned feared not having anybody they could turn to for help. There were practically no differences between the age groups, optimism prevailed - from the very young to the very elderly age groups. Even in the context of the more sensitive issue of “major financial hardship”, only 5 % assumed that nobody would help them. The very elderly participants led the field with 7 % (compared with only 3 % among the 40 year olds). Their higher percentage rate might be attributable to the fact that the network of very elderly citizens is not as dense just as well as to a potentially lower level of solidarity of the others.

The overall intergenerational relations in society also convey a largely positive picture, although the cohesive and integrative forces must be classified as being less stable than in the context of familial ties. In any case, “ageism“, i.e. hostility towards senior citizens, does definitely not play a dominant role.

The intergenerational density of communication is extremely poor outside of the family unit. Future problems in the field of intergenerational relations in society will be rooted in the increasing lack of understanding and communication between the younger and the older generations. As there is empirical proof of the repeatedly identified low communication density between age groups in the

context of intergenerational relations in overall society, promotion of intergenerational exchange and cooperation is considered particularly desirable.

2.8 Housing conditions, technology and mobility

The number of single senior citizens who live alone is on the rise. This also means that the share of people who are not able to manage everyday life alone is in all probability set to increase as well. Future solutions thus focus on new forms of housing. According to empirical findings, it is important for senior citizens to have a choice and that housing options are affordable.

In order to ensure that senior citizens continue to lead an active life and maintain their mobility, the focus must be on life phase adequate infrastructure which supports self sufficiency and independence as long as possible. It must be taken into account in this context that the discrepancy between technological developments, available technology and use of technology is particularly huge where senior citizens are concerned.

Mobility in particular plays a major role in ensuring an appropriate quality of life. It is possible to promote mobility by improving technical and physical transport conditions.

2.8.1 Traditional and new forms of housing

In advanced and most advanced age, people's home and their domicile's immediate surroundings are important living spaces. Particularly in advanced age people's homes become their hub of mobility. In old age everyday life mainly revolves around being at home. Their daily life at home and their living situation at home is, however, something people do not tend to plan with very much foresight. Four fifths of the 50 plus generation have neither adapted their home to requirements in old age nor do they plan to carry out such an adaptation.

Although the share of individuals who live in a marital relationship in old age is on the rise, the share of very old women who live alone is also increasing. By living alone they are more vulnerable to losing their self-sufficiency. They find it more difficult to maintain their independence and are more dependent on outpatient and inpatient assistance. They are more likely to live in care homes and dominate both the structure and the image of nursing institutions.

A large number of studies confirm that the majority of senior citizens prefer to stay in their own homes.

To some extent this also explains why the number of inhabitants of care homes is relatively low in Austria, although it has risen during the past 30 years. The overall increase in care home residents is primarily attributable to the rise in people who live in nursing homes.

The new institutional forms of housing also include community living. Such community housing initiatives encourage mutual assistance and support, stimulate interpersonal contacts and communication but also enable costs to be cut owing to joint budgeting and household management. On the other hand, community living is very demanding, not only as regards finding appropriate dwellings but also with respect to inhabitants' social competences. Residents are required to have a sociable community-based mindset and attitudes that go far beyond non-committal neighbourly relations and attitudes. A major problem faced by many such projects is that senior citizens are primarily interested in having a place to live and not so much in living in a community.

Self-organised projects for community living are among the most innovative housing alternatives. These include retirement apartments, housing and residential estate communities in rented, bought, custom built or converted houses. The difference between such types of housing and senior citizens' residential communities is that inhabitants live in their own, independent, fully furnished homes.

2.8.2 Problems and tasks

Elderly people's homes are frequently insufficiently equipped, which is due to the fact that homes age with their inhabitants and are thus rather outdated by the time their inhabitants have reached an advanced age. In contrast to the younger generation, senior citizens are less likely to have a dishwasher, for instance, and have markedly less access to modern communication and information technologies. Only limited use is made of supportive technologies like e-health and e-care. As elderly people tend to have lived in their homes for many years, this means that they often also live in comparably large homes.

Such situations are described by the term "passive expansion of living space". This also means that elderly people have superfluous housing space which is not used or is considered a burden (cleaning, airing the rooms, etc.).

Of the 60 to 64 year olds surveyed, 34 % live in single-person households, while 44 % of the 70 to 74 year olds and 82 % of the 85 plus age group live in single-person households. Although living alone does not necessarily mean loneliness or isolation, the share of the lonely among those living alone is significantly higher. At the same time, the risk of having to depend on external assistance if help is required is also significantly higher. The changes and the increasing diversity in housing

arrangements and supply of types of housing require new information and counselling systems as existing information services do not take sufficient account of the diversity of old age.

Their home is not only a place senior citizens retreat to when mobility and physical fitness decline, but – due to lack of adaptation – it is at the same time the most frequent site of accidents. Although the general risk of suffering an accident markedly declines after people have stopped working and retire, the risk of suffering an accident at home clearly increases with residents' age. What is more, the consequences of accidents become increasingly serious and the older people are the longer the average duration of treatment.

Many senior citizens state that they have public transport connections and a grocery store within walking distance. The picture is, however, rather different when it comes to access to medical care and banks. Another important factor is that 56 % of senior citizens who live in villages with up to 2,000 inhabitants find it difficult to walk to a grocery store or do not have a grocery store within walking distance. The same holds true for medical care. In such small villages some 70 % of those questioned do not have a pharmacy within walking distance.

When developing new types of residential housing it is essential that areas like housing, living environment, services and nursing be interlinked. When dwellings are being developed, senior citizens are not considered a target group for planning initiatives but rather become actively involved later on when designing their living conditions. Irrespective of what kind of types of residential housing are developed in the future, care must thus be taken to ensure that they promote social integration and use a community-based approach.

2.9 Nursing and new forms of care

The number of individuals who are in need of care and nursing will continue to rise and differentiation in nursing requirements will increase. The traditional forms of inpatient and mobile care no longer suffice to adequately cover requirements. Furthermore, people attach great importance to living as autonomously as possible. Demand for alternative forms of care is thus on the rise.

Currently the range of services available in the federal provinces varies considerably and is hardly comparable from a quality point of view. In the long term, this factor will come to play a major role in the context of sufficient funding for the long-term care provision, which is to be based on a largely standardised quality assurance tool.

Such a standardised tool that enables the objectified external assessment of service provision quality has already been developed for the inpatient care sector. The National Quality Certificate for Old Age and Nursing Homes in Austria (NQC) - Nationales Qualitätszertifikat für Alten- und Pflegeheime in Österreich (NQZ), focuses not only on residents' quality of life but also on workplace quality for staff. The NQC provides an objective picture of the way in which an organisation promotes "quality nursing" and takes measures in the various areas that are important for all stakeholders in order to ensure that nursing and all other services cater to residents' needs and are both optimised and efficient.

In the case of more than three quarters of people who are in need of care and nursing such assistance is currently provided by family members and relatives – and mainly by women. This figure clearly shows that nursing and care given by relatives has become an indispensable element of practical social policy and will in future require increasing support.

2.9.1 Long-term care provision is changing

The institutional structure of long-term care supply is traditionally based on two pillars: inpatient or intramural care (care homes) and mobile or extramural care (mobile services and nursing care at home) as well as mixed forms that are described as semi-inpatient or intermediary care with a very diversified service structure, such as short-term care, transitional care, day care etc. A formally re-regulated form is 24-hour care. Against the background of ensuring that care is target-oriented and cost efficient, the mixed forms outlined above have come to play an increasingly important role.

There are two professional groups active in the nursing and care segment: healthcare and nursing professions as well as health assistance and social welfare professions. This system is undergoing massive changes that frequently challenge the traditional medically-focused definition of nursing care dependency, as some qualifications seem to no longer respond to requirements. It is generally necessary to place a stronger focus on nursing and psycho-social care, which is particularly true for the rising number of people who suffer from dementia as the group of very elderly people is quickly increasing. People with disabilities fortunately also grow older. Nursing care dependency has thus evolved from a rather individual marginal phenomenon to a risk facing many members of society.

Austria was one of the first countries to address this challenge and develop a standardised long-term care provision system, which now requires some modifications. The most frequently mentioned downsides of the current system include: poor image of nursing professions, poor remuneration,

nursing bottlenecks, lack of personnel and risk of declining quality in nursing, psychological and physical stress at work.

In order to respond to the need for providing comprehensive information on managing daily nursing routines a nursing hotline was set up and in August 2006 an internet platform for care providers within the family was also established. Information is provided on nursing benefits, allowances, protection of care providers under social and labour law, 24-hour care, mobile social services, nursing aides and equipment, therapies and house calls, courses and self-help groups, financial allowances and continued inpatient nursing.

Users also learn more about services aimed at mitigating the burden on care-giving family members like holidays for care providers, short-time care and benefits to support family members who nurse relatives. Information is also given on the advice and counselling services provided by the Federal Ministry of Labour, Social Affairs and Consumer Protection, therapeutic aides and appliances, the ministry's relevant studies and publications, forms and specialist magazines dealing with the issues involved in nursing and care. The content made available on this internet platform is regularly updated.

2.9.2 Future tasks

Super-regional planning of trainee positions is necessary in order to meet the increasing demand for caregivers and nursing staff. Other important aspects are new regulations or changes in the priorities set for education and training, for instance by integrating the nursing profession in tertiary education, or a stronger focus on the psycho-social aspects of nursing education. Another important issue is further training of teaching staff. Exemplary qualification initiatives such as the initiative launched by the Vienna Employee Promotion Fund (Wiener Arbeitnehmerinnen und Arbeitnehmer Förderungsfonds) must be continued and should also be implemented in other federal provinces. Traditional and new forms of care should be supported through innovative counselling and communication networks. Existing good practice examples like "das Heim als Netzwerk" ("homes as networks") and pilot projects directed at individuals who suffer from dementia-related diseases (such as Family Community Networking and multi-professional dementia teams) must be promoted and implemented on a larger scale.

In order to ensure that a sufficient number of persons is available to be recruited in the field of healthcare provision and in order to be able to meet citizens' changed demands on the health care professions, a number of measures must be launched. An important aspect in this context

is expanding the caregivers' scope of individual responsibility, which would contribute to raising the attractiveness and autonomy of the nursing profession. In addition, it is necessary to foster interdisciplinary cooperation on an equal footing, especially in the field of social welfare and healthcare professions.

Furthermore, sustainable steps need to be taken towards countering the problem of burn out in the healthcare profession by, for instance, further developing workplace healthcare promotion in the nursing sector and focussing professional training and further training activities for nursing personnel more specifically on health promotion in the workplace (by providing information on stress prevention, for instance).

Innovative approaches are, however, also required in the field of education and further training in order to make the nursing profession more attractive. By integrating nursing in tertiary education it would be possible to improve graduates' position in the labour market. This would in all probability also have a positive impact on the length of time they remain in the profession. Integration into tertiary education would also contribute to raising the profession's standing and recognition in the social and occupational context, enabling qualified staff to extend their scope of responsibility.

In the context of further education it is necessary to tailor content more closely to the specific further training requirements of the nursing profession.

2.10 Social security, social and consumer protection

There are major differences in terms of access to social security, especially with regard to the level of services available, and senior citizens are not always able to benefit appropriately. This is clearly illustrated by risk of poverty, equalisation supplements (minimum pensions) – which mainly affect women –, eligibility to access different services under the social welfare system, etc. As social exclusion is more or less the logical consequence of being placed at such a disadvantage, the central task for the future is thus to improve social security coverage with a stronger focus on eliminating imbalances.

The more senior citizens are involved as consumers in the various markets and the more they are targeted by advertising strategies, the more it becomes necessary to protect them and adapt supply and services to their highly specific needs.

2.10.1 Stronger focus on distributional effects

An important future focus in the social security system is to what extent and in which respect redistributive effects lead to a systematic discrimination of certain groups and/or households and thus to a reduced quality of life, and what disparity-effects system-integrated regulations create in the fields of pension and healthcare insurance.

An unalterable fact that must be considered in every discussion on welfare benefit funding is that welfare benefits and/or needs-based minimum benefits have strong redistributive effects to the benefit of the lowest income levels. In Austria, the redistributive effects of taxes and duties have lessened over the last one and a half decades. In relation to incomes, the tax burden has increased more strongly for lower than for higher incomes. Although it is true that over the past twenty years social security contributions have increased relatively evenly for all income levels in Austria and that the degree of income tax progression was increased with every tax reform and the burden on lower incomes reduced, the relative share of indirect taxes on goods and services, however, rose substantially in the lower half of distribution.

Without social benefits, the incomes of 42 % of the Austrian population would remain below the risk of poverty thresholds as defined by EUROSTAT. These benefits can be considered progress in the sense of security that is based on social policy principles. In the interest of removing social inequalities, future social policy reflections must tackle institutionally-based disparities by focusing pension reforms more strongly on aspects related to the harmonisation of the individual subsystems.

2.10.2 There are many aspects to social security

For senior citizens 'social protection' encompasses a wide range of services and benefits. An essential element in this context is services required by individuals who are in need of care.

The amendment of the Federal Nursing Benefit Act (Bundespflegegeldgesetz), Federal Law Gazette I No. 69/2001, created a legal basis for a quality assurance system in the field of long-term care. It is, however, necessary to further promote and raise people's awareness of the importance of a healthy and fulfilled life, also through specific campaigns.

Geriatric prevention and rehabilitation are successful models that contribute to increasing cost-efficiency. It is necessary to free the topic of "in need of care" from taboos. Account must also be taken of the fact that geriatric prevention can only be effective when sufficient healthcare knowledge

that is relevant to people's everyday lives is shared and they are able to develop an understanding for healthcare issues and interrelations. It is thus necessary to increasingly link awareness-raising campaigns with the relevant learning modules. Need for improvement has also been identified in the field of consumer protection for senior citizens, especially as regards healthcare-related products and services.

Greater well-being in old age that is based on a change of our society's value systems, a more independent, healthier and more active life through improved competences could contribute towards compensating for, or indeed even avoid, some of the dramatic consequences of social and economic discrimination in old age.

In Austria, social security as a concept is essentially determined by traditions of welfare provision, redistribution and the respective institutional responsibilities as they have developed in the course of history. Conceptual changes aimed at taking account of current developments must thus focus increasingly on minimising inequalities and diversification.

In the context of consumer protection activities, special attention must be given to the special requirements of senior citizens. This includes counselling services for debtors, custodian legislation, rights of air passengers with disabilities and persons with restricted mobility, telecommunication (in connection with the new information and telecommunication technologies), tenancy law, product safety and consumer protection and the right to bring action. It is recommendable to consider introducing a monitoring system for senior citizens in line with and as suggested by EU directives. Well-known problems in this context are cases of senior citizens who fall victim to misinformation and being taken advantage of.

People with functional illiteracy and other groups with a low level of education are more strongly affected by problems related to deliberate or unintentional misinformation with regard to consumer goods than other senior consumers. The fact that they are generally at a disadvantage when choosing and purchasing products becomes life-threatening when they have, for example, great difficulty reading and understanding the meaning of information printed on patient information leaflets.

2.11 Ageing and the media: image in the media – media use

Old age is often inaccurately portrayed in the media and in any case not sufficiently differentiated in order to appropriately depict the realities of senior citizens' lives. Frequently, the opinions thus disseminated on the realities of life in old age are nothing but prejudice.

To date, senior citizens have relatively poor media skills. Yet it must be taken into account that not all senior citizens necessarily want to deal with new media and currently manage quite well without them.

Nevertheless, and this has long been confirmed by the relevant research, easily accessible, “low-threshold” and target-group specific advice and information opportunities are key incentives to raising senior citizens’ interest in new media.

2.11.1 Bias in the media

In proportion to their share in the population, senior citizens are clearly under-represented in the media. This holds true for both information and entertainment media. In a media society, as is currently emerging, this means that topics that are not covered in the media are assigned less social relevance and/or considered less relevant. Alongside this under-representation, a dramatization paradoxically adds to the already imbalanced picture: senior citizens are largely represented as a problem. Information and news media in particular contribute strongly to this negative mood. Positive coverage that presents senior citizens in a favourable light is not only rare but also barely effective in countering negative connotations.

Older women are more strongly affected by under-representation in the media and negative stereotypes than elderly men. Although women make up the major share of the senior population they are hardly represented in the media at all.

Older women are, however, not only (almost) invisible for the public, but when they are covered in the media at all, they are – qualitatively speaking – frequently presented in a more negative way than older men. The media tend to present older men rather as wise and physically active or in a leading position (higher social status, in executive positions, in politics, etc.). Representations of older women on the other hand tend to relate to the loss of beauty and youth (especially in advertisements). Entertainment and/or news formats frequently present older women as having a low level of education or a lower social status/position (housewife, widow or pensioner, for instance). This is a phenomenon known as “double standard of ageing”, i.e. older women are placed at a double disadvantage based on age and gender.

2.11.2 The need for a change in perception

In order to improve public discourse and the social mood between generations, it is necessary to win ‘the media’ as cooperation partners. Some tentative attempts have already been made. The

basic rules of fair social coverage are already part of journalists' education and training curricula. Media stereotypes and discrimination must be countered in a systematic manner and care has to be applied both in terms of the language used and the images conveyed. In analogy with gender mainstreaming, ageism must be avoided and the youth and beauty cults are to be confronted with balanced media coverage.

With a view to ensuring that more competent use is made of new media, senior citizens – and children – must be supported in order to promote their media literacy and thus avoid their exclusion from participatory social processes that are increasingly taking place at media level (e-government, e-help, e-shopping, ...).

Double discrimination of older women is ascertainable both in terms of media representation and the use of new media (internet, mobile phone) and is the result of more difficult access (for instance because of lack of professional experience or experience during their active life). Generation-specific media consumption is still a predominant feature: senior citizens, especially pensioners, mainly use classical media (TV, newspaper) as a source of information; compared with younger population groups, access to new media is frequently made difficult due to a lack of media socialisation and other (technical, financial) barriers.

A change of paradigms, away from stereotypical polarised media representations of age(ing), only takes place very slowly. Deficient representations or representations that idealise youth are only hesitantly replaced by more differentiated positive images of age(ing). The documentary film "Und a jeds Leben is anders" (and every life is different), which was shown in all federal provinces as part of a special series of open discussion events and is regularly used as training material for nursing and social care professions, contributes to changing perceptions and introducing a new approach.

Apart from age and gender, people's access to and use of the media also depends on the region they live in, their level of education and work background: findings show that Vienna and Vorarlberg are above the federal average and that higher education as well as professional activity have a favourable impact on media use among the 60 plus generation. The heterogeneous nature of the 60 plus age group, however, requires more differentiated learning opportunities in the fields of media and digital competence (adult education centres, e-learning).

Lack of scientific surveys on media usage, media reception, representation and coverage impede development of efficient measures and strategies aimed at promoting better use of new media by senior citizens.

2.12 Discrimination, violence and exclusion

Although there is empirical proof of the various ways in which age discrimination takes effect, the topic hardly features in public debate and its existence is in fact even doubted by some who are responsible for this issue. A similarly low level of attention is paid to violence against senior citizens.

This hushing up or disregard of such problems contributes to an increasing feeling of insecurity and a subjectively experienced unease among senior citizens – which is indeed very wide spread.

2.12.1 The many faces of discrimination

The term (negative) discrimination is used to describe any form of degradation, which means that persons and/or categories of persons are unjustifiably excluded from social participation or placed at a disadvantage in the social context because of a certain common feature (such as age, gender, ethnic background, religious belief, etc.).

While prejudice only reflects negative attitudes, discrimination always goes hand in hand with actual unfair actions and patterns of behaviour. These may be based on a very wide range of reasons and the causes given may also differ substantially, but most of the time the real reasons are covered-up in order to ensure that discrimination does not become manifest as such. “Exclusion” is the result of negative discrimination and consists in the normatively defined or actual social exclusion of a defined (based on age) category of individuals in one or several areas of life.

As the principle of equality is enshrined in Austrian legislation, the legal system does not provide for specific protection of senior citizens. In practice, however, a number of provisions prove advantageous especially for senior citizens, such as consumer protection legislation, the Residential Home Contracts Act and legislation on residents’ rights, regulations in the fields of custodian legislation, patients’ living will/advance decision and patients’ rights. Of the valid legal regulations, the distinction under social law between care dependency and case of illness has the strongest discriminatory impact.

In the media sector, the frequently stereotypical representation of old age in advertisements has discriminatory effects. The edited advertising content presented in print and electronic media frequently depicts senior citizens in dire straits, misery and infirmity and also includes a large number of pejorative statements and descriptions (linguistic “ageism“). Recent studies show that many senior citizens feel discriminated against in road traffic.

The majority of the population (57 % in the whole of Europe, 46 % in Austria) believes that age discrimination is wide spread.

It is very seldom, however, that people tend to talk about their own relevant experiences. Objective discrimination is a phenomenon in the workplace environment, for instance, where older workers are in fact discriminated against. Research confirms that changes are not only desirable but are - in fact - a must because experience and knowledge are appreciated by companies. In medicine, rehabilitation still focuses primarily on reintegration into employment.

From the economic point of view, households in which senior citizens live are more strongly affected by the process of inflation. As consumers, senior citizens are considered target groups for certain specific products only and are also faced more frequently with the risk of falling victim to unfair business practices. Another factor is that many products are either not user-friendly or not designed to cater to the needs of senior citizens.

Other kinds of discrimination senior citizens are faced with in their everyday lives relate to learning opportunities that take little account of their specific needs, lack of consideration in road traffic and existing barriers in the field of housing.

There is also widespread fear of falling victim to crimes which often leads to older people's self-isolation.

2.12.2 Subjective feeling of insecurity and violence in the immediate social environment

Criminal statistics show that, except for some exemptions (particularly handbag theft and certain types of fraud), senior citizens fall victim to criminal acts less frequently than young people.

This is, however, also attributable to the fact that - for precautionary reasons - senior citizens more or less voluntarily live in some kind of isolation and are, for instance, reluctant to go out after dark. It must not be forgotten in this context that older victims of violence suffer a special risk because injuries take longer to heal in advanced age and the probability of subsequent permanent physical and emotional damage is also higher in old age. People's assessment of their personal security with respect to, for instance, crime thus plays an important role in the context of subjective quality of life. It is, however, necessary to differentiate between their assessment of the neighbourhood they live in and their own personal experience.

The fear of falling victim to crime is very widespread among senior citizens and naturally contributes to nourishing feelings of insecurity. Such fears are much more common among the older generation – and particularly older women – than among the younger generation of senior citizens.

In total, almost half of the 70 plus generation is worried about falling victim to a potential burglary, which necessarily has a negative impact on their quality of life. The fear of falling victim to violence in the future is slightly lower. When questioned, 13 % of the overall population and almost one quarter of the 70 plus generation state that they worry about it.

According to experts, too little attention is paid to the phenomenon of violence, maltreatment and exploitation in elderly people's immediate personal vicinity (also in connection with domestic nursing relations). This is all the more worrying as studies show that this problem is widespread. Based on a secondary analysis of prevalence studies, the European Report on Preventing Elder Maltreatment, published by the WHO in 2011, thus assumes that at least 4 million people over 60 are subjected to violence in Europe. It must be taken into account that the WHO definition explicitly relates only to personal violence, which means that structural or cultural violence is only covered indirectly in the form of violence between population groups.

In recent years, the informed public has at least become increasingly aware of this issue. Austrian organisations contribute to a number of relevant EU projects that are co-funded by Austria.

A prevalence study on the topic of violence against older women that was completed in 2011 shows that in Austria 23.8 % of women over 60 (the reference basis being the previous year) have experienced at least one form of violence or maltreatment. All studies – including more recent Austrian surveys – find that the contexts in which abuse and assault against elder people take place, differ greatly in terms of structure and also compared with such acts carried out against younger people.

Studies also confirm that people affected very rarely speak about their experience and/or seek help. It is thus suggested to launch awareness-raising activities and interconnected approaches, whenever such cases are reported and further training for professional staff and occupational groups who do not provide care for older people but have frequent contacts with them.

In order to promote multi-disciplinary cooperation, a series of workshops was launched in autumn 2011. The workshops focus on all institutions that deal with senior citizens or provide assistance to victims in the respective regions, including senior citizens organisations, welfare institutions and victim assistance centres as well the medical and the law-enforcement sectors. A central contact facility for affected individuals was also established at Pro Senectute Austria.

In order to raise the general public's awareness of this issue a series of folders has been published that deal with the various aspects of violence against senior citizens. Two folders have been published to date entitled "Recognising Violence. Questions and Answers on Violence against Older People" ("Gewalt erkennen. Fragen und Antworten zu Gewalt an älteren Menschen") and "Recognising Violence. Questions and Answers on Dementia and Violence" ("Gewalt erkennen. Fragen und Antworten zu Demenz und Gewalt"). The huge demand for these folders, however, shows that the relevant activities have taken effect and that there is increasing awareness of these problems in Austria.

2.13 Older migrants

Research findings clearly show that the perception of the living conditions of older migrants is too undifferentiated and influenced by prejudice. An important dividing line that clearly illustrates differences in the social situation is the country of origin. People who have immigrated from Turkey or former Yugoslavia are, relatively speaking, in a disadvantaged situation.

The disadvantages relate first and foremost to income situation, education and housing situation. Only little information is available in Austria on the situation of older migrants who require care and/or nursing.

2.13.1 Turkey or former Yugoslavia as country of origin predetermines disadvantages

Statistical data based on general categories like "older migrants" and/or "older person of foreign origin" are not considered as being indicative of the true picture. For almost all topics and/or indicators relating to both objective and subjective living conditions, significant differences are discernible between the categories of "older person whose country of origin is former Yugoslavia or Turkey" and "older person from the EU 15" as the two ends of the scale.

For the key areas "quality of life" and "housing situation", research findings reflect the well-known picture of subjective adaptation (relatively high rate of satisfaction even if resources are low). The situation, however, differs considerably according to origin: older people from Turkey are at a disadvantage in some areas of life, particularly as regards availability of material and healthcare resources, while older people from the EU 15 are at least at the level of autochthonous (established) Austrians. In the 50 plus age group these differences between the respective country-of-origin-groups are greater still.

With respect to living conditions and quality of life, it is clear that although the overall picture is quite positive, clear differences are to be observed between the various groups of older people of non-Austrian origin. The most apparent dividing line is that between the EU 15 on the one hand and the countries former guest workers were recruited from on the other. The latter population group is not only characterised by clearly lower incomes and lower educational resources but also by disadvantages in the fields of physical and psychological quality of life and access to the outside world. There is only little research available on the areas of care and nursing dependency where interaction may reveal massive intercultural problems.

Apart from the different living conditions, the findings produced by the analyses indicate common sources for quality of life in old age: health, safety and security and the opportunity to engage in (non-professional) activities are key resources for quality of life among all groups, including older autochthonous persons.

2.13.2 Housing conditions in detail

Empirical results show the following picture: while autochthonous individuals and individuals who have immigrated from the (entire) EU area live at least in detached or semi-detached houses, this holds true for only a minority of older people from former Yugoslavia and Turkey. Major differences also become apparent in terms of the available number of square meters and rooms, with the autochthonous population enjoying the most generous amount of housing space.

Only a small minority of autochthonous immigrants and immigrants from EU countries do not live in category A apartments, older people from former Yugoslavia and especially Turkey more frequently tend to live in category B or D flats. The rental law status indicates the precarious situation: among older people from Turkey, one third of those who are main tenants have a fixed-term tenancy agreement, among those from former Yugoslavia 15 % and among the autochthonous reference group only 1 per cent. The share of owner-occupied flats is clearly lower among migrants from former Yugoslavia and Turkey (22 % and 16 % respectively) than among older people from the EU 15 and the new accession states (63 % and 60 % respectively). Despite this unfavourable situation, monthly rental expenses incurred by older labour migrants amount to 337 euro, which is clearly above that incurred by the other older migrant groups and is three times as high as that paid by autochthonous elders.

A comparative analysis of the 50 plus age group with the 40 plus age group suggests that the general housing situation improves with increasing age. This also holds true for older people from former Yugoslavia, yet not however, for those from Turkey.

It must however, be stressed that the existing data records contain only little information on the target group of older people of non-Austrian origin. Not least due to the random test problems, these data are generally not suited to close the currently existing wide gaps in the field of research.

This holds particularly true in terms of a realistic assessment of nursing requirements and nursing dependency, morbidity and mortality risks as well as the potential for leading an independent life – be it with respect to the availability of social and cultural and/or ethnic resources, images of old age and (transnational) lifestyles or in connection with the review of gender, origin and acculturation effects and/or the intersection of gender, minority status und class situation.

2.14 Safeguarding infrastructure

In the broadest sense of the term, infrastructure means the entirety of economic, social and cultural facilities that serve as starting or basic conditions for further development. The goal of functioning infrastructure for senior citizens is to ensure that competence and mobility are preserved, improved or regained in old age. In the course of the economic and social changes we have undergone over the last few years, much traditional infrastructure has been destroyed without the creation of adequate alternatives. This problem indeed affects all areas of life, from the opportunities to use transport networks to participate in health promoting activities through to aspects of cultural life.

2.14.1 The immediate environment is important

Competence may be defined in many different ways. In principle one may start from the individual's own ability that becomes more concrete as a result of this individual's relations with the environment. The ability to regulate (self-assertion) plays an especially important role in old age. It enables people to react productively to changes and to constantly adapt everyday life to age-relevant requirements. It is only possible to use all individual capabilities when they are promoted and supported by the necessary structural opportunities.

There is however, only little meaningful data available on the situation in Austria.

It is known that mobility is impaired by shortcomings in the field of infrastructure, i.e. insufficiencies in the field of public transport connections, closing of neighbourhood stores, concentration of shops in large shopping centres. These developments are generally the result of cost-cutting measures and tend to hit older people particularly hard. Nevertheless, there are no sufficiently well documented study findings dealing with such developments and their impact on senior citizens. According to empirical findings based on socio-gerontologic research, problems related to transport, urban planning and infrastructure are over-proportionally often mentioned by senior citizens when asked about the most important problems they are faced with in their neighbourhood/part of the city. Social networks and environmental issues are important sub-aspects in this context.

2.14.2 Infrastructure, mobility and use of transport

A more recent EU project to which Austria contributed focused on aspects related to personal resources (such as finances, health, etc.); living conditions such as housing conditions and neighbourhood, transport environment (social and physical), architectural features, technical aspects of their environment (space, vehicles); social conditions related to the environment like road users' behaviour and social interaction outside of their home; political, legal and cultural rules governing mobility and transport patterns/behaviour.

According to other studies and reflected by general experience, only a minority of senior citizens are massively restricted in their scope of action and depend on daily help. An 8-country sample showed this as being 9 %. Half of those questioned rated their own independence as high (without differentiations according to gender) and satisfaction with life was also high. However, the interrelation between autonomy and satisfaction with life decreases with increasing age and depends most strongly on the individual's social situation (financial resources).

In line with the multi-dimensionality of the concept, quality of life was measured based on satisfaction and autonomy, financial situation, subjective perception of safety, security and fears as well as dependency on help using a number of indicators. An interesting finding in this context is that individual environmental conditions have a highly diverse impact on quality of life.

Street lights were, for instance, considered satisfactory – just like the opportunity to find company and sit and relax in public spaces.

By contrast, senior citizens have only limited confidence in the effectiveness of speed limits, likewise they held negative views on the expansion of cycling paths and not having available funds to buy mobility aides and were particularly critical of the lack of public toilets.

Men were generally more satisfied with mobility conditions than women. The senior citizens questioned stated that overall, the measures taken to facilitate mobility are better in cities than in suburban and rural regions.

With a view to improving quality of life and autonomy in old age it is essential that there is increasing provision of learning opportunities for senior citizens along with the relevant services to enable them to make better use of such provision.

What is particularly important in this context is that senior citizens acquire knowledge, skills and guidance relevant for their everyday lives. This information must be shared with them in a target-group oriented manner. The special importance of knowledge and individual competence to act in the context of healthcare has already been emphasised.

In the context of training activities that are tailored to the needs of senior citizens, a stronger focus must be placed on communicating and enabling them to acquire key competences such as social and learning skills. Better developed social competence would contribute to maintaining and improving communication and contacts in their individual social environment, even under age-related constraints, and enable them to establish new ones.

Improved learning competence would contribute to enabling senior citizens to learn more efficiently and to respond more successfully to changing situations and manage them more easily. Increased well-being and stronger social participation, in spite of a social environment that is limited due to age-related constraints, would assist senior citizens in leading a meaningful life until in a very advanced age.

Science and research are now called upon to investigate the interrelation between learning effects and autonomy, learning effects and health as well as learning effects and quality of life in more detail.

The question of what kind of learning content promotes autonomy and what types of (alternative) communication and learning environments are most suitable for learning in old age are particularly worthy of in-depth analyses.

Furthermore, it is necessary to exactly determine the learning requirement of individual groups of older people. In this context, age-related differences must be taken into consideration as well as the special needs of specific risk groups (such as those who suffer from dementia-type diseases).

Another important aspect that must be considered is that it is increasingly important for senior citizens to have the required knowledge and skills to maintain health and appropriately deal with age-related diseases as they grow older. At the same time changes in learning abilities must also be taken into account.

To this end it is thus essential to adapt the concepts in use to actual needs and requirements. It would be advisable to focus research activities on what can be done to promote people's motivation and willingness to learn and to raise awareness of the value of learning in old age.

3. OBJECTIVES AND RECOMMENDATIONS

3.1 Social and political participation

In order to be able to properly address the changes in an ageing society it is necessary to systematically involve senior citizens. The most important focus is on inclusion, i.e. in an optimised and qualitatively enhanced integration. The guiding principle consists in ensuring that senior citizens participate on an equal footing in politics, society, economy and culture and can be realised in practice by enshrining participation and the right to be involved as an integral element of political culture.

In view of the growing number of active senior citizens, it makes sense to consider an enhanced participation of older people in volunteer work and in assuming social tasks and responsibility in society as a community approach consistent with an ageing society. Enhanced participation is an integral element of productivity in old age and is beneficial for all stakeholders.

OBJECTIVES

1. Ensuring the political, social, economic and cultural participation on an equal footing of older men and women
2. Enshrining participation of older men and women and their right to get involved as an element of political culture
3. Enhanced participation of older women and men in volunteer work and in view of assuming tasks and responsibility in society

RECOMMENDATIONS

1. Raising the value of the political participation of senior citizens' associations
2. Consideration of further target groups, especially with regard to enabling and promoting the participation of older women and men with special needs
3. Raising awareness of the performance potential of senior citizens in society, motivation of the elder to get pro-actively involved in society, and engage in activities on a voluntary/honorary basis as well as ensuring that structures for honorary/voluntary commitment are in place
4. Ensuring comprehensive documentation on participatory culture in Austria

3.2 Economic situation, social differentiation and intergenerational equity

Social differentiation based on inequality is on the rise. It is becoming clear that social inequality aggravated by current developments and a future worsening of pensioners' material situation must be averted.

Studies show that a change in the mindset of our society, the development of a healthy and humane working world and the change of existing systems are necessary to cope with and manage future tasks. This includes the promotion of self-determination, decision-making power and dignity of senior citizens in all areas of the economy, politics and culture in order to foster the older generation's inclusion.

In this context, discussions on conflicts of interests between the groups involved should increasingly focus on the fair participation of all groups.

OBJECTIVES

1. Raising the actual retirement age by remaining longer in gainful employment
2. Ensuring that older women's and men's self-determination, decision-making power, responsibility and dignity are going to be maintained in all areas of the social and healthcare system

RECOMMENDATIONS

1. Successful labour market policy instruments to raise the factual retirement age (such as reintegration assistance, qualification/skills counselling, etc.) must be retained and, if necessary, supplemented by additional measures
2. Innovative elements of longer-term services for employees at the age 40 plus, particularly those who wish to change their job for health reasons, as well as for companies that require these employees, should be taken over in the set of labour-market tools in the manner of "Senior-Pools".
3. (Non-profit) temporary work-agencies and on-the-job training as instruments of re-integration into employment after vocational rehabilitation should be implemented as elements in the job matching process.
4. When continuing to employ workers who suffer from poor health conditions employers should receive grants to compensate for reduced working capacities. Promotional opportunities for workplace adaptations should be applied in a pooled way.
5. Incentives to encourage people to carry on working longer should focus on a concentrated package of measures – from changes in attitude in society and the commitment to a healthy working environment to changes in pension and labour law

3.3 Older workers and “work” in old age

The change in age structures will lead to a new constellation in the relationship between those who are in gainful employment and those who are not. From a macro-economic point of view, the most severe consequence of demographic change is the dwindling number of gainfully employed in the labour markets. As the number of consumers will remain at more or less the same level (and consumption presumably too), in future fewer and on average older wage workers will produce the same consumption bases (i.e. goods, services and information), which will eventually only be achievable through productivity increases. The minimum requirement thus is: enshrining age(ing) appropriate and inter-generationally equitable working conditions (working times, processes and organisational forms) as well as standards governing health in the workplace in practice and for all generations. This also includes: developing and implementing pro-active measures, such as counselling services for secondary prevention in the workplace aimed at retaining the older people’s capability to work and their employability as well as raising employees’ and employers’ awareness of the importance of a working environment that is conducive to health. The hurdles that are most difficult to overcome in this context are the currently prevailing incorrect images of age which subsequently give rise to false and negative attributes being ascribed to the older workforce.

OBJECTIVES

1. Enshrining age(ing) appropriate and inter-generationally fair working conditions (working times, working processes and organisational forms) and health standards in the workplace as well as implementing them for all generations
2. Development and implementation of pro-active measures, such as counselling services relating to secondary prevention in the workplace aimed at retaining older people’s capability to work and their employability as well as raising employees’ and employers’ awareness of the importance of a working environment that is conducive to health

RECOMMENDATIONS

1. Change of mindset and/or development of a new understanding of the older population’s participation in the workforce in our society, making the strengths of the older workforce and the value of their experience more visible – older, experienced members of the workforce are a success factor that contributes to retaining and strengthening Austria’s international competitiveness.
2. Fostering of a working environment that is conducive to health through preventive healthcare, promotion of health in the workplace, standards for health in the workplace and counselling

- services to prevent premature retirement from gainful employment due to health reasons.
3. Generationally appropriate employment opportunities and revision and updating of the organisation, conditions and design of work; enshrining inter-generational human resource development in companies, especially in SMEs.
 4. Guaranteeing the relevant framework conditions for lifelong learning, enhancing further education rates in old age by improved access to on-the-job training and upskilling thus safeguarding employability of the older generation.
 5. Ensuring equal opportunities by countering potential discrimination (removing the gender-specific divide in the field of remuneration and access to the labour market, promotion of people with care-giving responsibilities) of low-skilled workers and people with a migration background in a timely manner

3.4 Health promotion and health situation

Although the individual and structural resources necessary to guarantee a healthy life are to a favourable degree available in our society, the opportunities of benefitting from them are unevenly distributed. Increasing life expectancy and the increase in the number of years spent in disability-free old age are consequently the hallmarks of current developments. A continuation of this trend depends to a large extent inter alia on the promotion and communication of basic knowledge on the physical and mental-emotional changes during the process of ageing and the structure of the healthcare services available. The ongoing expansion of health promotion and geriatric prevention are thus of pivotal importance. Research has produced sufficient proof of the older generation's special requirements and problems to which the healthcare system does not always provide the appropriate answers. This is particularly true against the background of changing care requirements as illustrated, for instance, by the increasing number of people who suffer from dementia-related disorders in advanced age.

OBJECTIVES

1. Promotion and communication of basic knowledge on the physical and mental-emotional changes in old age and preventive healthcare and healthcare provision
2. Enshrining the topic of respectful and dignified treatment of older and elderly women and men in all areas of the healthcare and social systems
3. Introduction of regulations for structures and processes in the healthcare and social system that take account of the special needs of older women and men
4. Ensuring that there are sufficient general practitioners, specialist doctors, nursing and care

staff with geriatric training in the healthcare system and implementation of the principle of interdisciplinarity

5. Specialisation of all relevant occupational groups that enable them to cater for the needs of older women and men

RECOMMENDATIONS

1. Ensuring equitable access to all social and healthcare services irrespective of age and gender
2. Strengthening healthcare provision and/or healthcare promotion by fostering healthcare education activities and implementing various prevention models
3. Promoting senior citizens' sports activities with a view to promoting health and preventing accidents
4. Better coordination of existing opportunities and services in the field of prevention and healthcare promotion and nationwide installation of care and care management

3.5 Education and lifelong learning

Education levels and opportunities for access to education are very unevenly distributed in Austria. Due to cohort effects (people born at the same time), senior citizens are actually at a disadvantage in terms of education. This also holds true for infrastructure that is aimed at promoting education and enables low-threshold participation in education of older people close to their homes. In general, opportunities in the field of inter-generational projects and services in the ICT area are not sufficiently well-developed, which is particularly true for rural areas and small cities and also in terms of general infrastructure. Access barriers and the fact that services do not really cater to the needs of the age-group or their specific situation in life have long been empirically documented. Education is the factor that plays the pivotal role in almost all areas of life, from health care to social commitment and social inclusion, quality of life and interest in being active.

OBJECTIVES

1. Development of an infrastructure that encourages education enabling older women and men to participate in low-threshold learning opportunities as close as possible to their homes, particularly in the field of intergenerational projects and expansion of ICT products and services.
2. Implementing a nationwide quality assurance system for learning opportunities and services that are directed at women and men in the post-vocational phase of life and elimination of access barriers

3. Ensuring that experts who are active in providing educational services to women and men in this age group have the necessary basic competences
4. Ensuring that older men and women have access to age-group-specific and situation-in-life-specific information and counselling services regarding relevant further learning opportunities

RECOMMENDATIONS

1. Nationwide expansion of barrier-free, low-threshold opportunities and services that are close to the homes of the target groups, that promote learning and that are directed at women and men in their post-vocation phase of life including improved access to new information technologies
2. Development and implementation of quality assured standards for learning opportunities and educational services as well as development of further and continued training opportunities for trainers and those who are responsible for education and planning of educational services
3. Design and development of low-threshold and gender-sensitive counselling opportunities that provide guidance and enable personalised educational planning as well as ensuring that such consultants have the necessary qualifications
4. Development and expansion of learning opportunities in the context of universities and adult education for women and men in their post-working life and development of new intergenerational forms of further scientific education
5. Intensification of accompanying fundamental research and improvement of the data situation
6. Promotion of an understanding for lifelong learning

3.6 Age and gender based issues: the special situation of older women

It is a long known fact that women are at a disadvantage in many areas of life. It is, however, necessary to raise awareness of the fact that this pattern manifests itself in specific ways in old age. A research result that is repeatedly reconfirmed is that older economically disadvantaged and lower skilled women are more frequently affected by poverty, isolation and illness. Less well-educated women have less income available and if they are single they are more frequently faced with the risk of poverty. Opportunities that enable older women to have their voices heard have not yet been realised in many political and social areas. This is clearly illustrated by the lack of involvement of older women in political decision-making processes at national, local and regional levels. In the context of women this may particularly be described as lifelong society-induced inequality.

OBJECTIVES

1. Abolishing existing disadvantages in all areas of life, particularly in the field of poverty risk
2. Development of adequate co-determination rights for older women in all political and social areas in line with their representative share in society
3. Involvement of older women in political decision-making processes at national, regional and local levels

RECOMMENDATIONS

1. Countering the risk of poverty by increasing available income and implementing other effective measures
2. Promoting enhanced participation in society through measures aimed at developing social networks for older women and their involvement in social processes
3. Promoting the participation of older women in interest groups and representative bodies
4. Ensuring that older women have access to lifelong learning opportunities particularly in the field of new information technologies
5. Support of groups and low-threshold initiatives that develop social networks for older women

3.7 Intergenerational ties and intergenerational relations

It is necessary to make a clear distinction between intergenerational ties and intergenerational relations. In this context, the term ties refers to interactions with family or extended family members while the term relations refers to the social structures generations are embedded in. For many years, calls have been made for an inter-disciplinary generational policy that covers all aspects and contributes to shaping relations between generations. Empirical findings show a lack of systematic consideration of equality and equal status of people of different ages in all decision-making processes. As confirmed by research, this is due to the fact that old age is latently considered to be of poorer value and the social impact of this stereotyping. Particularly in discussions on intergenerational relations it is therefore necessary to correct any such inaccurate images.

OBJECTIVES

1. Firm establishment of the concept of “Mainstreaming Ageing” as a guiding political principle aimed at the systematic consideration of equal rights and status of people of different ages in all decision-making processes
2. Development of an inter-disciplinary generational policy

RECOMMENDATIONS

1. Enhancing the visibility of the solidarity the older generation feels towards the younger generation based on relevant research and provision of information
2. Supporting and implementing integrative intergenerational initiatives and projects at all levels taking account of intergenerational equity.

3.8 Housing conditions, technology and mobility

Changes in age, household and family structures are leading to a substantial increase in single and two-person senior citizens' households. The number of single older people who also live alone is thus on the rise. This also means that the probability that these people will not be able to manage everyday life alone is also increasing. As age advances their home and their immediate surroundings increasingly become the focus of senior citizens' lives. Future solutions thus have to focus on new forms of housing.

Empirical research shows that it is important for senior citizens to have a choice and that housing opportunities need to be affordable. With a view to ensuring that older people remain active and mobile, the primary focus must thus be placed on providing infrastructure that meets phase-of-life requirements and contributes to supporting independence and self-sufficiency for as long as possible. In this context, it must not be forgotten that the discrepancy between technological developments, technological opportunities and use of technology is particularly large among the older generation.

OBJECTIVES

1. Expanding the choice available to older men and women by providing different types of housing and increasing the supply in affordable, needs-oriented housing that meets senior citizens' requirements
2. Ensuring self-sufficiency by providing good infrastructure solutions that enable daily needs to be met (local amenities)
3. Development of barrier-free public space that enables the highest possible degree of mobility
4. Ensuring that local public transport is as barrier-free as possible

RECOMMENDATIONS

1. Development and expansion of barrier-free structures, adaptation of existing public and private buildings coupled with the relevant awareness-raising efforts

2. Adaptation of existing housing to meet senior citizens' requirements and promotion of mobility and adaptation of homes and residential buildings
3. Promotion of safety at home and expansion of free-of-charge safety checks by experts
4. Support of technical developments that foster user-oriented and user-friendly technical devices in line with the "design for all" concept
5. Development of accommodation-based housing concepts where care, social contacts and mutual assistance are organised on a local small-scale basis
6. Developing the conditions and requirements for independent, self-determined participation in transport

3.9 Nursing and new forms of care

In ageing societies care and nursing especially of older and very old people are important tasks with a view to both enabling the affected individuals to lead a safe and dignified life and to making a substantial contribution to promoting integration and stability in society at large. The number of people who are dependent on care and nursing will continue to rise and nursing requirements will become increasingly diverse. As the traditional forms of in-patient and mobile care will no longer suffice and in order to adequately cover the needs, intermediary forms of care and support play an increasingly important role. The focus will be placed on those forms of care that serve as alternatives to a permanent stay in nursing homes and enable individuals who are in need of care to stay in their own homes. Currently, the opportunities and availability of care in the individual federal provinces vary greatly and can hardly be compared from a quality point of view.

In the long term, this aspect will be linked with sufficient funding of long-term provision. The Nursing Fund Act (Pflegefondsgesetz) marked a decisive step in advancing the gradual harmonisation of the nine provinces' regulation systems governing nursing and care services and funding. The changes in terms of extent and quality of the services required pose new challenges for the education and further training system.

OBJECTIVES

1. Expansion of the various forms of care in order to cover the differentiated requirements of persons in need of care and nursing and development of comparable services in all federal provinces
2. Ensuring long-term funding of the long-term care provision system
3. Introduction of standardised or at least comparable quality development and quality assurance tools in the fields of both professional care and nursing and care and nursing provided

by family members and relatives that still leave enough scope for responding to regional requirements and conditions

4. Functioning transitions between social and healthcare systems and between the individual forms of care
5. Support for care provided to older women and men within the family

RECOMMENDATIONS

1. Further development of the well-expanded Austrian long-term care provision system
2. Acceleration and standardisation of the care and attendance allowance system
3. Development of a sufficient number of information, counselling and support services for caregivers within the family
4. Measures promoting reconciliation of work with providing care to relatives
5. Further development of care and nursing services, especially short-term care, weekend and night care, “care and case management”, and day-care structures
6. Developing the prerequisites for harmonisation of supply level, quality standards, transparency and comparability of services
7. Implementation of the National Quality Certificate for Old Age and Nursing Homes in Austria (NQC)
8. Further development of social and health care professions and promotion of inter-disciplinary cooperation
9. Ensuring the supply of social and mobile services with a view to enabling men and women who are in need of care to remain in their own homes as long as possible

3.10 Social security, social and consumer protection

The Austrian social protection systems guarantee financial security in the event of sickness, need of care, disability, accident and in old age, thus making a key contribution to preventing and avoiding poverty. The goal is to improve opportunities in life, reducing risks and enabling individuals to manage crisis situations more easily.

In practice, however, access to social protection systems and especially to the various levels of service, differs greatly and elderly people are not always able to benefit appropriately. This becomes particularly manifest wherever older pensioners are placed at a disadvantage compared with younger pensioners and female pensioners are at a disadvantage compared with male pensioners. Risk of poverty, equalisation supplement (minimum pension) - mainly for women - different welfare

benefit services, etc. only serve to illustrate these differences. As social exclusion is an almost logical consequence of such disadvantages, the central task consists in improving the compensatory effects of social security. The more older people are involved as consumers in the diverse markets and become addressees of advertising strategies, the more it is necessary to protect them and adapt the supply to meet their needs. In the field of social security and consumer protection, targeted measures aimed at the inclusion of senior citizens play an increasingly important role.

OBJECTIVES

1. Guaranteeing high levels of social security protection and unrestricted access to services for all population groups
2. Preventing poverty and social exclusion of older women and men
3. Improving consumer protection

RECOMMENDATIONS

1. Ensuring that redistribution measures meet age-related requirements and preventing any form of discrimination against individual population groups
2. Initiatives and measures at European, national and regional levels to free issues related to need of nursing and functional illiteracy from taboos
3. Further development of consumer protection provisions focusing on the older generation, especially with respect to product and service safety as well as their contractual position in economic life including in the healthcare, care and nursing sectors
4. Improvement and expansion of geriatric prevention and rehabilitation
5. Harmonisation of all pension systems that have not yet been harmonised

3.11 Ageing and the media

The media have considerable power in influencing ideas, concepts, opinions and attitudes relating to age. In brief: they have the power to shape the image of old age. The presentation of old age in the media is often lacking in accuracy and is in any case not differentiated enough in order to properly reflect senior citizens' diverse realities of life. Frequently, opinions formed on the reality of life in old age are nothing but prejudice. Older people generally have a relatively low level of media and/or digital competence.

In this context, account must be taken of the fact that not all older people actually want to concern themselves with new media and can currently manage quite well without. Since a further increase in both volume and diversity of information provided through all media including via new information

technologies will in future be inevitable, it is necessary to take the relevant precautions. Research has long shown that low-threshold and target group-specific counselling and information services will come to play a pivotal role.

OBJECTIVES

1. Promotion of a modern and differentiated representation of older men and women that addresses the older generation's diverse realities of life
2. Nationwide access for older women and men to new media, provision of information on their safe use and strengthening of the older generation's media competence
3. Development of low-threshold, barrier-free, gender and target group specific learning opportunities and counselling services

RECOMMENDATIONS

1. Awareness-raising activities directed at those responsible in the media sector and journalists to modify the way in which senior citizens are currently presented in the media
2. Ensuring that older women and men have access to information on safe use of the internet and low-threshold local learning opportunities on information and communication technology (PC, internet, social media, mobile phones, ticket vending machines, etc.)
3. Implementation of barrier-free access to the internet (understandable language, easily readable typefaces, colour schemes that are rich in contrast) and facilitating contact with the authorities by using the internet and other electronic media (such as mobile phones)
4. Focus of e-learning classes on the heterogeneity of target groups
5. Taking the greatest possible account of the recommendations made by the Austrian Advertising Council on the representation of older women and men and of old age in the media

3.12 Discrimination, violence and exclusion

Although there is empirical proof that old people are discriminated against in many ways, the topic hardly features in public discussion. Likewise, little attention is given to violence against older people. The fact that these problems are hushed up and ignored contributes to a feeling of insecurity and a subjectively experienced unease among members of the older generation. The phenomena of violence, maltreatment and exploitation in their immediate surroundings (also in the context of nursing relations at home) are indeed quite widespread. Findings produced by all relevant studies show that the constellations in which assaults against older people occur are of a highly diverse structure and differ greatly from those carried out against young people. Studies

furthermore reveal that those affected very rarely report or talk about their experiences and/or seek help.

OBJECTIVES

1. Ensuring that the issue of age discrimination - and all the forms it may take - feature prominently in public discussion
2. Addressing the issue of violence against older women and men in the various areas of life and developing adequate support instruments for those affected
3. Creation, expansion and interlinking of aid structures, of differentiated intervention strategies that are adapted to the relevant context and a nationwide network of easily accessible, low-threshold consulting services

RECOMMENDATIONS

1. Awareness raising measures to illustrate that age discrimination is not a marginal problem
2. Increased information and awareness raising on the topic of domestic violence directed against older men and women
3. Promoting prevention through information and enhanced provision of care and services for older victims of violence
4. More information on geriatric service systems with a focus on reducing fears
5. Better communication of positive experiences made by the older workforce in the labour market

3.13 Older migrants

The living conditions of older people with a migration background is, regrettably, one of the issues on which there is only very little sound empirically backed knowledge available. Research findings, however, very clearly prove that the perception of older migrants' situation is too undifferentiated and fraught with prejudice. An important dividing line along which differences in social situation became particularly apparent is the individual's country of origin. People who immigrated from Turkey or former Yugoslavia are, relatively speaking, worse off and in the most disadvantaged situation.

The disadvantages suffered relate mainly to income, education and housing. Only very little information is available in Austria on the situation of older migrants. In some cases there are regulations in place that make it clearly difficult for them to have access to nursing homes.

OBJECTIVES

1. Sound knowledge on the situation of older men and women with a migration background
2. Elimination of disadvantages suffered by older migrants

RECOMMENDATIONS

1. Provision of target group oriented, differentiated services for older migrants, particularly with respect to social inclusion, healthcare promotion, safety and security, activity and mobility
2. Information and training activities that cater to the needs of older women and men with a migration background
3. Consideration of the different countries of origin and diverse backgrounds when preparing statistic surveys and systematic collection of data on older women and men of foreign origin
4. Fundamental research on older women and men with a migration background

3.14 Safeguarding infrastructure

In the broadest sense of the word, infrastructure means the entirety of all economic, social and cultural facilities that serve as the starting point and are fundamental requirements for further development. A functioning infrastructure for senior citizens should focus on maintaining, improving and regaining competences, skills and mobility in old age. The economic and social changes society has undergone over the last few years have led to the destruction of much traditional infrastructure without providing adequate alternatives. This problem actually affects all areas of life, from opportunities to use transport networks to health promotion services and issues related to cultural life.

OBJECTIVES

1. Safeguarding a functioning infrastructure in the public space, local medical services, amenities and supply of convenience goods
2. Expansion of the cultural and social infrastructure

RECOMMENDATIONS

1. Facilitating barrier-free mobility for women and men in the public space with a special focus on public transport
2. Developing educational, learning and counselling services aimed at assisting older women and men in leading a life that is as self-determined, meaningful and fulfilled as possible in old age based on the knowledge, skills and key competences thus acquired
3. Conducting regular quality of life checks for the older generation involving those affected
4. Consideration of age-relevant issues when planning and executing infrastructure measures



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