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# Active ageing in Europe

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## Executive summary

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### I. Origin of the study

The study *Active ageing in Europe* was undertaken for the 2002 programme of work of the European Population Committee (CAHP) of the Council of Europe. The origin of the study lies in the CAHP decision to address ageing as the process that will continue to shape Europe's future.

In drafting this report the consultants have considered the Terms of Reference and recommendations of the members of the Working Group on Active Ageing chaired by Mr. Richard Gisser.

### II. The research baseline

The increasing share of the elderly in Europe's population may be viewed as a successful outcome of improved health and living conditions and effective health and social policies. It may also be viewed as the obvious outcome of ongoing demographic changes that are taking place, such as low fertility and increased life expectancy.

The main focus of this report is the study of the interweaving between population ageing as a demographic process that requires policy and institutional adaptations with ageing of individuals as a chronological development that ought to be associated with an active way of life of people as they grow old.

### III. The structure of the report

The authors first set the stage by addressing the key features of the demographic and social processes underpinning population ageing and activity status of elderly people in Europe and by reviewing standard-setting principles of the current mainstream discourse on active ageing. They go on to identify the demographic communalities and differences among European countries as they relate to changes in the age structure and old age dependency. In the third section answers are pursued to the question how do public policies and individual strategies impact on elderly people regarding paid labour, retirement, domestic activities, self-care, care for others and active and passive leisure. Conclusions and policy implications are identified at two levels: consequences for society and consequences for elderly people themselves of the present (low) level of activation of older people.

#### IV. The key findings and policy implications

Our analysis leads to the conclusion that active ageing stands for a set of values and norms generally acknowledged in standard-setting documents at international and national level but is yet to be translated into integrated knowledge-based public policies and accepted as a way of life by the bulk of elderly people. Lack of policies, measures and services to effectively activate the elderly populations is in sharp contrast with the demographic ageing that has already occurred and which is expected to accelerate in the next 50 years or so.

Life expectancy has been increasing throughout the 20<sup>th</sup> century and the causes of death have largely shifted from infectious disease to senescent deterioration. As a consequence, younger elderly people aged between 65 and 75 years today reach the third age in relatively good health and the bulk of elderly live under conditions of income security. The health and socio-economic profile of the oldest old is less favourable as a consequence of the individual ageing process and disparities in life chances of the oldest generations.

Statutory age at retirement has, meanwhile, remained unchanged in most European countries while *de facto* age at retirement has even been declining for men throughout the 1970s, 1980s and 1990s. Effective age at retirement has been increasing for women although it is still considerably below statutory retirement age and economic inactivity is still very high among elderly women in many European countries.

Research shows that only a small minority of people spend their retirement years as years of active engagement in continuous labour market participation, active contribution to domestic tasks and provision of care for others or active participation in community life through voluntary activities and active leisure.

Gradual retirement is not yet very common. On the whole, the proportion of people working beyond the standard retirement age is very low in all European countries.

Time-use studies show that home-centred leisure activities predominate among the elderly and that the additionally freed time after retirement is not used actively. Data illustrate that self-care that includes personal care, sleep or rest and (passive) leisure, mainly TV watching, takes the bulk of people's life at higher age.

There is not yet a clear shift to greater gender equality among elderly, more particularly regarding housework.

In the next fifteen years the European population will enter into a new phase of population ageing characterized not only by the increase in proportions and numbers of elderly people but also by the decrease in size of both the youth and the working age populations. Ageing will also be reflected in changes in the relative weights of broad age groups.

At the turn of the 21<sup>st</sup> century population ageing is the dominant demographic process in Europe. However, current and expected pace of ageing in individual European countries varies considerably. It reflects very diverse demographic settings determined by the different onset of the demographic transition and changes in the weight of ageing determinants in the 20<sup>th</sup> century.

Neither the advanced market economies in Europe nor countries in transition are homogeneous groups. Remarkable between-country differences exist, both regarding social protection and demography.

Prevalence of women among elderly is expected to persist in all countries as a result of excess male mortality. However, differences in the extent of female prevalence between countries exist and reflect the magnitude of the excess male mortality.

Main policy implications may be summarised as follows:

All European countries, be it advanced market economies or countries in transition, share the main features of the demographic future. Namely, population ageing will continue with accelerating pace in the next decades and a growing number of people will spend an increasing number of years living alone. Both trends will require some considerable societal adaptations regarding work, family life and social protection. If active ageing is to be pursued as a coherent public policy with a view to enhancing the social role and the capacity for autonomy in old age, as well as the quality of life of all citizens in ageing societies, the reinforcement of the mediating role of the state, rather than the disengagement of public authorities, may be a desirable way forward towards more population-friendly policies and practices.

High standards of welfare provisions have so far been needed to lift large numbers of elderly people out of income poverty and also help reduce generational disparities in life chances. The invisible hand of the labour market

has, to date, proved an insufficient provider of a “minimum acceptable way of life”<sup>1</sup> for the entirety of elderly people.

The trend towards early retirement well below the statutory limit has coincided with such factors as the disenchantment of older people with work, the self-interest of employers in removing from the labour market the elderly who are less skilled or more expensive than younger workers, and the needs of families to use the pool of early retired relatives to provide informal care both to (grand) children and elderly parents.

Old age is a phase in the life course of individuals. The living circumstances depend largely on the individual’s history which is a mix of chances and choices regarding health, education, work, family life, personality features and socio-cultural environment in which opportunities have been enhanced or limited. Thus, more effective ways are needed of spreading the risks associated with competition in the labour market, the low-income/high needs nexus, stress at work, and high demands on time in the workplace and family over the entire life-course.

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<sup>1</sup> In 1984 the Council of Ministers of the European Union defined the poor as “persons, families and groups of persons whose resources (material, cultural and social) are so limited as to exclude them from the minimum acceptable way of life in the member State in which they live”.