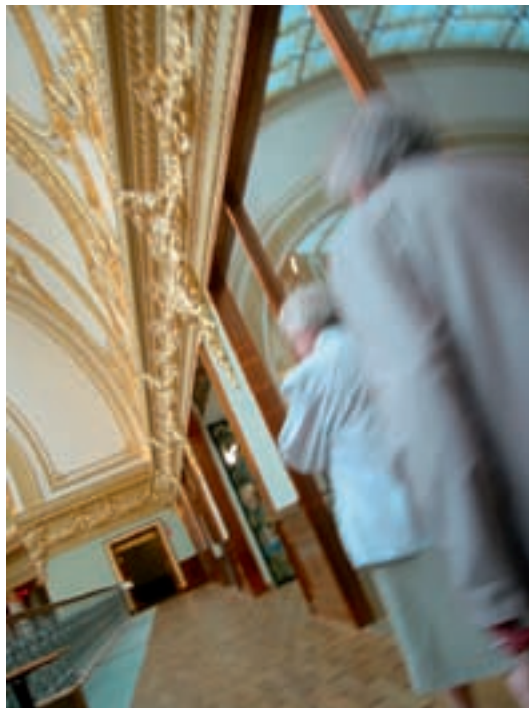


A Question of Caring?

Population Ageing in Flanders and the Netherlands

52

[MARIA BOUVENNE-DEBIE]



The issue of population ageing is receiving a great deal of attention internationally. In 2002 the United Nations produced an action plan with three key priorities: first, concern for the elderly and the development of this, embracing themes such as employment, urbanisation, solidarity between generations and combating poverty; second, the promotion of health and welfare in later life; third, guaranteeing a stimulating and supportive environment for older people in areas such as housing, education, volunteer services and mobility. In common with other countries, Flanders and the Netherlands have developed specific policies aimed at addressing the consequences of population ageing.

Population ageing, dejuvenation and active integration

The term 'population ageing' refers to the increasing proportion of older people in the population. In Flanders, approximately 18% of the population are currently aged over 65; the figure for the Netherlands is 15%. These percentages are expected to continue to rise sharply in the years ahead, which causes considerable financial headaches as well. As early as in 2001 Belgium set up the so-called Silver Fund, with the object of setting aside money to meet the future



costs of population ageing. Initially the Fund was financed out of non-fiscal and one-off revenue (e.g. the sale of buildings). Later it was agreed that the Fund's financing should be changed so that it received the annual budget surplus; in 2007 and 2008, however, there were ominous reports that the Fund was close to running dry.

There are several factors driving population ageing, the main ones being increased life expectancy, the declining birth rate and external and internal migration. Consequently, the number of older people in the population can vary widely depending on where they live: for example, the large cities attract a high

Photo by
Stephan Vanfleteren.

proportion of young people and immigrants, so that there the ageing trend is weaker. Population ageing thus refers not only to the growing number of older people in society, but above all to a change in the relative size of the different age groups within a given context. In societies like Flanders and the Netherlands, which are based heavily on participation in the labour market, population ageing leads to an increase in the 'dependency ratio' – the ratio between the economically inactive and economically active population. This increase puts pressure on the established care arrangements, and this in turn impacts on the way in which ageing affects the lives of the population. Increasing the proportion of the older population in employment, as well as adapting the health-care system and supporting and democratising old age pensions, are key focus areas here. All this suggests that population ageing in Flanders and the Netherlands cannot be seen in isolation from another trend, namely 'dejuvenation': the accelerating decline in the number of young people in society that parallels the growing number of elderly people. Government policy on the elderly has a number of things in common with the policy on youth – for example, promoting independence and the means of achieving it form the central plank of government policy for both age groups. Where government policy for young people is aimed mainly at entry to the labour market, however, the policy on the elderly is the mirror image of this, being focused mainly on the exit side. On both sides of the equation the primary focus of the policy is on activating the responsibility of individuals for their own and others' well-being. Core concepts in the active integration policy are prevention, participation (including in the labour market) and responsible citizenship. The government seeks to realise these through a 'demand-driven' policy. Historically, social provisions for young and old in both Flanders and the Netherlands have developed out of the care and educational practices originally provided by private initiatives, which later gradually came to be recognised and funded by the government. In recent decades this supply-driven development has been shifting increasingly towards an attempt to tailor the policy to the situation of the citizen as a consumer (and thus a customer) of the services available. This 'commercialisation' is reflected in the introduction of new concepts within government policy, such as social infrastructure and social quality. The reasoning is that social policy should take responsibility for the social quality of society, and that a good social infrastructure is a precondition for achieving that. The social infrastructure embraces both the public infrastructure and the personal networks and social competences of individual citizens. A demand-driven approach means that provisions are not viewed in isolation, but are regarded as part of a joined-up network of coordinated provisions and services. In this approach social quality is understood as the ability of individuals and groups to look after themselves and accept social responsibility, i.e. the willingness to care for each other, be self-reliant and participate in society. In this respect population ageing also means a different perception and experience of old age, starting with a 'dynamic policy on the elderly'.

Perceptions of the elderly

Describing demographic shifts in terms of population ageing and dejuvenation is in line with the abstract idea of an age-based structuring of life through youth, adulthood and old age, in which young people prepare for the labour market



and the elderly take a well-earned rest from their labours. According to this view, greater chronological age is accompanied by social ageing: while youth is associated with increasing development opportunities, old age is characterised by a decline in possibilities. In Western society youth has become the cultural ideal: the message is 'stay young as long as possible'. This has led to growing older being regarded as a problem for the individual concerned, and increasingly – as a result of population ageing – for society: old age as a cause for concern. The present active integration policy to some extent questions this problematisation. In addition to the traditional, uniformly passive image of the older population, other images are now being put forward, ranging from a shift towards a homogeneous 'active image' to approaches which put the main emphasis on continuity of life. These latter approaches assume that older people either have more opportunity (and time) to participate in society in areas other than employment, or are able to remain active, and continuing to work, because they compensate for their declining capabilities with, for example, greater experience. However they may differ, these social perceptions of 'old' versus 'young' have one feature in common: they all imply a different positioning of the young and the elderly with regard to the labour market. In the present climate, however, both entry to and exit from the labour market are increasingly unpredictable, and both carry an increasing risk of exclusion. For older people this leads to the paradoxical situation that, with their life expectancy increasing and the growing pressure to remain young for as long as possible, there is at the

same time the strong possibility that, measured by participation in the labour market, they will be classed as 'elderly' at an ever younger age.

Older people – like the young – are a diverse group; the age limits used to define them vary depending on the policy area concerned and, as the example of paid employment shows, even within one and the same policy area. There are also wide differences within age groups, for example as regards gender (population ageing goes hand-in-hand with an increase in the proportion of women), economic activity, relationship with a partner, philosophical persuasion, relations with children and friends, income level, health, interests and scope for participation. This diversity means that population ageing has to be approached as a factual process which impacts differently on particular individual situations, and on the way in which people experience those situations. A study carried out in 2004 on how the Dutch perceive population ageing showed that roughly half regard it as a problem; interestingly, there was no difference between younger and older people in their views on this. Population ageing is generally seen as a problem by people who regard material or social advancement as important; those who are more conservative or more concerned with enjoying life find it less of a problem. These differences in value patterns partly reflect differences in education: the more highly educated are more likely to regard ageing as a problem than people with a lower level of education. The list of anticipated problems includes deficiencies in care provision, increased health costs, a shortage of help from the voluntary sector, unemployment, economic decline and a lack of fellow-feeling between young and old. Attitudes to the active integration policy also vary depending on the policy area: for example, trying to force people into employment is more controversial than encouraging them to live independently for as long as possible. In Flanders data from a number of needs surveys have been brought together in a 'monitor of local policy on the elderly'. The data were collected using a system of peer research, i.e. by people in the same age group as the respondents. The survey itself used a standardised questionnaire in which respondents were presented with a number of statements. A large majority of respondents aged over 60 agreed with the statement that older people should have a bigger say in matters affecting the elderly; the statements that 'older people no longer count' and 'older people are disadvantaged compared with other groups' received less support.

Participation as a quality label

The active integration policy is aimed at enabling older people to play a bigger part in the life of society in all policy areas. Responsibility for implementing the policy on participation by older people lies mainly at local level. Awareness of the huge diversity of the older age-group is key here: where one section of the elderly population regards being of 'non-working age' as offering the pleasant prospect of a life of leisure, others find themselves trying to make ends meet on a small or even quite inadequate pension. These differences are exacerbated by factors such as illness, but also by the 'Mattheus effects' inherent in social policy – the phenomenon whereby the benefits of social policy tend to accrue disproportionately more to the higher than the lower social classes. Poverty is today still mainly a problem of the young (especially those from single-parent

families) and the elderly; this applies particularly to older people on a pension, women and those who live alone. At the same time, the fact that poverty problems are concentrated within certain districts and neighbourhoods tends to exacerbate the problem. The differences in demographic profile between cities and smaller municipalities mean that the imperatives driving social policy also vary. When devising a social policy, therefore, it is important to achieve a rap-



port between supra-local and local administrative levels, and when implementing the policy to balance solidarity between income groups and between generations.

Developing a policy with the participation of those concerned is seen as something of a 'mark of quality' for good social policy, not least at local level. Such participation in policy-making is important: where policy is formulated by people other than those directly affected by it, there is a considerable risk that the latter group's interests will receive only limited attention and/or be a secondary rather than a central focus of the policy. In this regard, too, the situation of the elderly is a mirror image of that of the young. An over-specified approach, in which the interests of the elderly are set against those of children and young people, can have a negative effect on the social relationship between different age groups. This being so, it is essential not to restrict the idea of participation to active involvement in the policy-making process; a passive presence in that process is also important, i.e. policy must specifically set out

to promote each individual's scope for development, based on a radical principle of non-discrimination. This approach also reveals that the concerns of different age groups are often similar: a healthy living environment; good, affordable housing; adequate services; mobility; opportunities for voluntary work; culture, sport and recreation – all of these are important elements in policy both for the elderly and the young. At the same time, similar 'Mattheus effects' are to be found in both policy areas.

The organisation of care for the elderly

Care forms an essential part of the policy on the elderly. In both Flanders and the Netherlands care for the elderly is organised at different administrative levels, with a clear trend towards a greater emphasis on the local level. Since the passing of a decree on local social policy in 2004 local authorities in Flanders have been required to draw up a local social policy plan, in which they must ensure the maximum accessibility of social services. In the Netherlands, since the introduction of the Social Support Act (WMO) in 2007 local authorities have been given explicit responsibility for developing a policy to make it easier for vulnerable citizens (including the elderly) to take part in society. A key principle behind the organisation of care in both Flanders and the Netherlands is cooperation between the different services and coordination of these diverse and specialised provisions to create a 'continuum of care'. In practice this means that the target groups are less likely to be defined primarily by age when devising care policy. This trend is more marked in Flanders than the Netherlands. Most provisions in Flanders are aimed at all age categories, though a number of them are used more intensively by specific age groups. Services taken up mainly by older people include accommodation, home care and home care support. Accommodation provisions include sheltered housing, residential homes and combined residential and nursing homes. The difference between them is that in sheltered housing and residential homes the emphasis is on the residential function, while combined residential and nursing homes are explicitly intended for older people with long-term medical conditions who need a high level of care. These combined homes are aimed mainly at the very elderly; on average, residents are almost 80 years old on admission, and the majority of them are women. A residential home is a form of collective living; sheltered housing is an intermediate form between living by oneself at home and collective living. A day-care centre, short-stay and/or night-care facilities may be attached to a residential home. Home care includes various forms of assistance and services designed to support people in their own homes, such as assistance with personal care, domestic help and support within the home. This covers a wide range of services such as preparing meals, shopping, personal alarm systems or help with mobility. Home nursing means nursing care provided in the patient's home by a trained nurse. Logistical help and supplementary home care includes help with cleaning, doing odd jobs, providing company and monitoring the individual's condition. The latter two can also be provided by charitable organisations, which are mainly staffed by volunteers. Home care support services, as their name suggests, are designed to support the provision of home care; among other things they provide recreation, education and information as well as, for example, meals.

This lavish array of care provisions and services presents a picture of an older generation which is well cared for. In reality, however, this picture does not hold true; for many older people the cost of care is so high that they are forced to apply for social security benefit, while the accessibility of social provisions and the wide range of help and services available often comes at the price of long waiting lists.

A question of caring

Studies and policy documents often start from the question whether population ageing should be seen as a problem or an opportunity. Approaching population ageing as a factual process shows that its impact varies depending on the specific situation of the older people concerned and the attention that policy-makers can and/or do devote to it. Existing social dividing lines – between old and young, between rich and poor, between the well-educated and poorly educated – are reflected and reinforced in the debate on population ageing. This observation suggests that any policy on population ageing must take account of the ultimate aim of the social policy and the choices made regarding solidarity. Population ageing raises questions about care and care provisions, but first and foremost it is also a matter of ensuring there is a good social policy. ■



Translated by Julian Ross

BIBLIOGRAPHY

- J. Baars, *Het nieuwe ouder worden. Paradoxen en perspectieven van leven in de tijd*. Utrecht: SWP, 2007.
- M. Bouverne-De Bie & H. Van Ewijk (eds.), *Sociaal werk in Vlaanderen en Nederland. Een begrip-penkader*. Mechelen/Brussels: Kluwer/Commissie Cultureel Verdrag Vlaanderen-Nederland, 2008.
- M. Capelle & L. Van Lindt (eds.), *Vitaal ouderenbeleid. Bouwstenen voor een nieuwe legislatuur*. Brussels: vvsG, 2006.
- J. Mostinckx & F. Deven (eds.), *Welzijn en zorg in Vlaanderen. Wegwijzer voor de sociale sector*. Mechelen: Wolters Kluwer, 2008.
- E. Pelfrene, *Ontgroening en vergrijzing in Vlaanderen 1990-2050. Verkenningen op basis van de NIS-bevolkingsvooruitzichten*. Brussels: Ministry of the Flemish Community, 2005.
- D. Verté, N. De Witte & L. De Donder, *Schaakmat of aan zet? Monitor voor lokaal ouderenbeleid in Vlaanderen*. Bruges: Vanden Broele, 2007.
- D. Verzijden & J. Franssen, *Vergrijzing in Nederland*. Amsterdam: Veldkamp, 2004.

Published in *The Low Countries* 2009, no. 17
See www.onserfdeel.be or
www.onserfdeel.nl