



Age *Older women
in the European Union*
**becomes
her**

Age beco

ISSN 1012-1935
CC-AG-97-001-EN-C

*The Women of Europe Dossier No. 45
"Age becomes her, older women in the
European Union" is available in the
official languages of the European Union.*

Director of publication/ Editor-in-chief:

Véronique Houdart-Blazy
*Head of Section, Information for Women,
Directorate-General X - Information,
Communication, Culture and Audiovisual
Media*

Postal address:

**European Commission
Rue de la Loi 200
B-1049 Brussels**

Contact address:

**Rue de Trèves 120
B-1040 Brussels
Tel.: (32 2) 299 91 24
Fax: (32 2) 299 38 91**

Production:

**Temporary Association
BLS-CREW-SPE
Rue du Marteau 8
B-1210 Brussels**

Photographs:

© Nick Hayes
© Orla Barry (p.23)

**♻️ Printed with vegetable-
based inks on unbleached,
recycled paper.**

*The Commission does not accept legal
responsibility for the opinions expressed in
this publication. Reproduction is
authorised, except for commercial purposes,
provided the source is acknowledged.*

**The Table of Contents is
located on page two.**



Acknowledgements

by Moya Denman (author) Eurolink Age

Thanks are due to the many people who have helped

with the preparation of this dossier, particularly

Dr. Gilbert Dooghe (Centrum voor Bevolkings- en Gezinsstudien, Brussels),

Dr. Giovanni Lamura (I.N.R.C.A., Ancona),

Elizabeth Sclater of the Older Women's Network, Europe,

and my colleagues at Eurolink Age.

Useful input has also come from

Nigel Appleton (consultant on housing issues),

Dr. Mary Davies (Pre-Retirement Association),

Isabella Paoletti (coordinator of a network of researchers working on older women's issues)

Agnès Parent (European Rural Elders Network),

Ninetta Pourou-Kazantzis (Association of Women of the Mediterranean Region),

Dr. Jim Soulsby (NIACE),

Helena Scott (Age Concern Scotland, European Network on Ageing and Ethnicity),

Jean Thompson (International Committee of the Universities of the Third Age) and

Carole Ludlow (Centre for European Policy Studies).

mos her
Older women in the European Union



Table of contents

Preface	3
Introduction	4
Chapter 1	6
Women age, men mature: attitudes to later life	
Ageism	6
A variety of roles	7
Chapter 2	10
A generation bridge	
Family ties	10
The carer	11
Chapter 3	12
Leading a full life	
Paid employment	13
Voluntary work	13
Associations and social activities	14
Education in later life	15
Chapter 4	16
Customs and origins	
Cultural differences	16
Migrants	16
Chapter 5	18
Major risk factors	
Finance	18
Health	20
Living arrangements	21
Perspectives	24
Chronology of European actions to date of interest to older women	28
Contact points for more information	30
References	32

Preface

What can be more inevitable than the route to old age taken by all individuals? It is a fate common to men and women, but is subject to such diversity – it can be a period of serenity or anguish, full of hope or regret, a state of activity or inactivity, experienced in comfort or in poverty, full of emotional warmth or cold abandonment – that one wonders if the aging process is one and the same for all.

Old age is already perceived differently by women and men. Women generally consider it to be a new phase in life, one which nearly always follows a long and demanding period of family responsibilities and, increasingly, of professional commitments; a well-deserved break when the family is no longer a burden but a circle of affection; a time when choices mean giving free rein to one's tastes, one's aspirations, one's individual abilities, in short a return to a personal life (alone or with a companion) where, without guilt, one grants oneself a certain form of freedom.

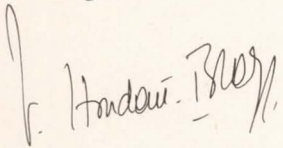
Men, on the other hand, generally associate old age with the end of their active lives. It is a door closing behind them, a curtain falling leaving them in the wings, depriving them of their symbol of social recognition and at a loss as a result of this often unwanted freedom. So, on retirement, they are less likely than women to build, make plans, achieve, be enterprising.

However, society provides them with recognition in the form of individual rights which, once they have reached the age to stop their professional activities, allows them to live globally in a decent way. The opposite is true for the majority of women who are viewed throughout their lives in relationship to other individuals, their children, their husbands. They are mothers, they are wives and if by misfortune they are widows or live alone, this gap in their existence means that discrimination against them in old age will be even greater still. As for migrant women, they suffer in addition the negative effects of the expatriation of their families, decided most often by the possibilities of employment for men.

It is paradoxical to note that older women, in effect an increasingly important portion of the population, are a real source of energy and huge potential of socio-cultural values and of solidarity which society benefits from without hesitation. But they represent an increasingly vulnerable age group in terms of their means of existence, because economic values are recognised and valued first and foremost in our western societies.

But the world is rapidly changing and this situation – outlined sketchily because it does not take account of differences in approach and policy depending on the country or its location further north or south in Europe – will in years to come be marked by upheaval due to a wide range of factors. These include demographic developments allowing us to perceive a considerable increase in this older generation likely to be of greater interest to the trade sector, an increase in life expectancy, a progression in the level of women's training and its effects on the profile of the labour force, measures taken by governments in the field of social and family protection, the impact of which could be decisive, etc.

Let's hope that Europe will focus its attention more closely on this older generation so that women and men living in the Union can have decent levels of existence until the end of their lives and that anticipated upheavals will be incorporated with wisdom, a virtue said to be the privilege of old age... ●



Véronique Houdart-Blazy

Head of Section - Information for Women

45 Age becomes her Introduction

What is significant about older women? First and foremost, their number: in the 12 European Union countries of 1992, approximately one in four females were women aged over 60. More women are living into old age, increasingly to extreme old age, so that in the future older women will be an even more important element of the population. Old age is no longer happening to a minority: it is in prospect for virtually all of us.

Older men and women have helped to produce the modern world, and their longer life expectancy is itself a product of some of their beneficial achievements, principal among them a better lifestyle: housing, heating, hygiene, balanced diets, cessation of smoking, participation in sport and regular medical checks. Women (and men) are living nearly twice as long as at the beginning of this century. In 1994, average life expectancy at birth for a woman in the EU topped 80 for the first time (80.1 years as compared with a man's 73.7 years). French women have the longest life expectancy in the European Union (81.5 years on average); France also has the greatest discrepancy between the life expectancies of women and men (8.3 years). In Portugal, women have added 11.3 years to their life expectancy over the past 30 years. Trends have, however, been converging both between northern and south-

ern Europe and to some extent between men and women in the north (Fig. 1).

The proportions of the European population aged less than 20 or more than 60 years respectively will reverse by 2025, with the crossover around 2000. Along with lower mortality rates, fertility rates in the EU have fallen, with a new postwar record low in 1995: 1.43 children per woman (population replacement rate is 2.1). The decline has been particularly steep in southern Europe and in Ireland, where fertility has dropped by more than 30% in the past 15 years. As fewer young people are born, older people make up a greater proportion of our populations. Older women of all ages and stages are becoming visible in a radically different way.

Boys outnumber girls at birth (100:95), but at every age thereafter women have a higher survival rate. In Germany and Austria, the inroads made by war into the male population are reflected in the fact that there are nearly twice as many women over 65 and three times as many over 85 as there are men at the same ages. Historical factors also affect the circumstances of older women. Poverty and hardship during the 1920s and 1930s affected the fertility of many marriages: in 1977 in the UK, one woman in three over the age of 75 had no children of her own; twenty years later, in 1996, only 10% of women were childless at 75 (current rates will leave nearly 20% childless)(Fig. 2).

The meaning of old age has changed. It can no longer be thought of as a separate, terminal phase of life. Ageing must be seen as a continuum. In 1900 a worker might be worn out at 40 and dead by 50; now his or her lifespan may be equally divided between years in work and combined years out of work (education plus retirement). For many women, the end of reproductive rather than economically productive capacity has traditionally defined the onset of old age, yet fertility treatment enabled Rosanna Dalla Corta to make history in July 1994, by giving birth to a baby boy at the age of 63; hormone replacement therapy has helped millions to mitigate the effects of the menopause. The traditional concept of "the elderly", which lumped together all pensioners, in fact comprises two quite different categories in social and economic terms:

- Retired people who are alert, in full possession of their physical and mental capacities and well integrated in the economy as consumers and as part of the informal economy (exchange of goods and services);

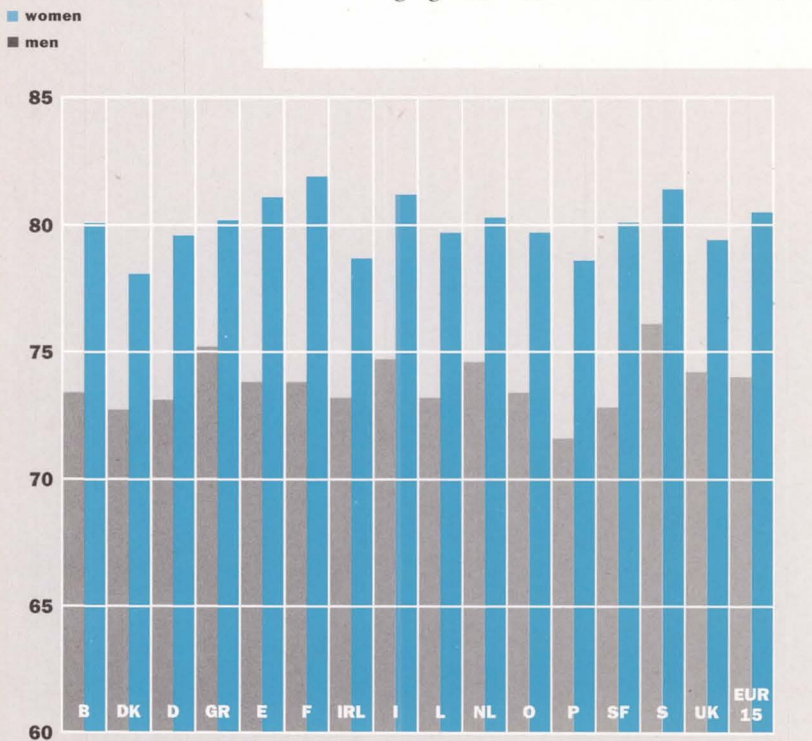
- Persons who really are "biologically aged", with reduced functional autonomy and depen-

Figure 1

Life expectancy at birth in EU Member States, 1992

A comparison between the years of life expectancy at birth for women and men. Women's life expectancy is higher than men's in every EU Member State.

Source: Women & Men in the European Union, A Statistical Portrait, 1995, Eurostat



dent on external resources in order to be able to ensure good living conditions. This category of people will probably have only a few years left to live; it includes the majority of persons aged over 80, and especially the over-90s.

As the numbers of older people increase, so their great diversity becomes more apparent. Over the course of many years, each has been formed by an individual life experience, rooted in a native culture, shaped by historical, educational and family influences. Because the generalisation of long life and its further extension have been so sudden, most very old people alive today are searching for signposts or relevant role models as they try to make the necessary adjustments to changing personal circumstances. Policymakers, too, have become aware that existing health, pension and welfare systems - created to meet the needs of a working population - must change if they are to be robust enough to meet the challenges of our ageing societies.

Older women are an important element of society. Their contributions need to be evaluated and policies changed so that, rather than being sidelined, their energies can be more constructively engaged.

For those whose later lives are more than "OK", there seems to be a dimension of involvement. However, it has been noted (*Arber & Ginn*) that the options open to older women

are strongly affected by the resources at their disposal:

- material or structural resources such as income, assets, car ownership, housing and the quality of the home environment;
- bodily resources of physical health and functional abilities of the individual;
- access to personal, supportive and health care.

In an essay entitled *Power and fragility* (1990), Jean Hamburger wrote, "Man has the power of prolonging life, doing extraordinary things, but in doing these extraordinary things, he has discovered his fragility." This *Women of Europe Dossier* looks at the situation of older women in the European Union today, the roles they play and the risks they face, and tries to draw some lines into the future. ●

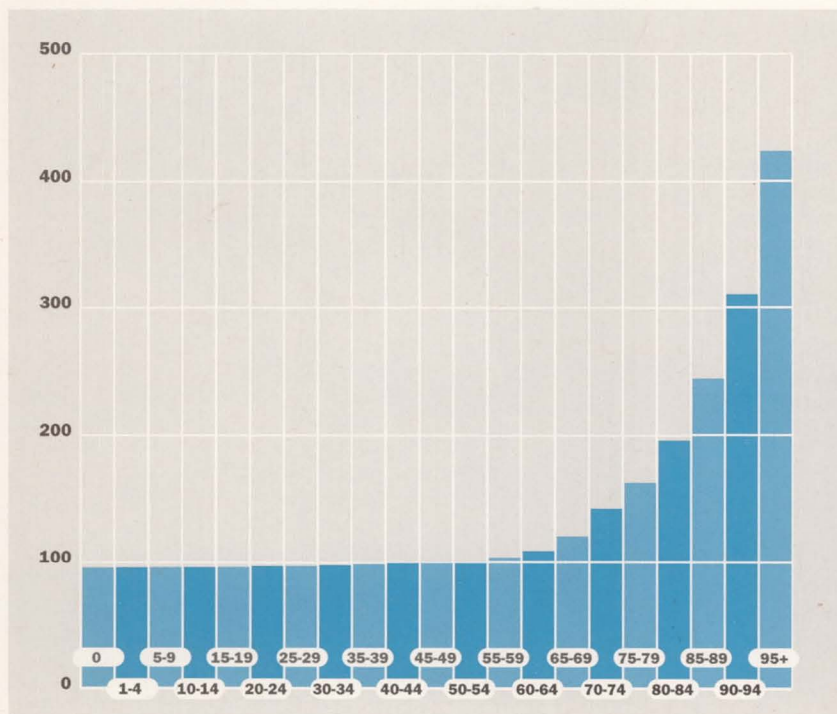


Figure 2

Women per 100 men at different ages (0 - +95 years)

More boys are born but more women survive. Relative proportions of women and men in the EU at different ages.

Source: Demographic Statistics, 1995, Eurostat

chapter Women age, men mature: atti

Until relatively recently, most writing on ageing and old age tended to be gender neutral, with old age being equated to retirement age in a male-dominated world of employment. History is silent on the subject of old age beyond the ruling classes and questions of male power. Women who are neither young and beautiful nor elderly victims of brutality are - in media terms - negligible.

Ageism

Off with the old, on with the new is the rule of thumb in our high-tech, fast developing age. Energy and dynamism are associated with younger people, and older people feel a need to be defensive. Simone de Beauvoir, in *La Vieillesse* (1977), describes the outcry when she acknowledged in print that she was on the threshold of old age: it was "tantamount to saying that old age was lying there in wait for every woman, and that it had already laid hold upon many of them. Great numbers of people, particularly old people, told me kindly or angrily but always at great length and again and again, that old age simply did not exist!"

The public image of old age is associated with dependency, sickness, loneliness, depression, and social isolation. Older people are thought to be out of touch with the problems of youth (and vice versa). Scholars interested in ageing have tended to view old age simply in terms of loss and decline. But old people themselves emphasize the continuity of the ageless self amid changes across the life span. Old people do not perceive meaning in ageing itself, so much as they perceive meaning in being themselves in old age.

Equal opportunities for older women means defeating not just sexism but also ageism and sometimes racism. Sexism and racism affect us on a more or less continuing basis throughout our lives, but ageism is different: it is the only progressive condition with which we all have to live. For women in the post-1960s feminist movement it is a struggle to recognize the significance of age. To quote Barbara Macdonald and Cynthia Rich, authors of *Look me in the Eye* (1983):

"Fear of the stigma of age, and total ignorance of its reality in the lives of old women, flow deep (...). Our society breeds ignorance and fear of both ageing and death (...). The old woman carries the burden of that stigma, and with remarkable, unrecognized, unrecorded cour-

age (...). It is unthinkable that (we as) women should continue to be indifferent to the meaning of the whole of our lives, until we are old ourselves (...).

Without a history, without a literature, without a politic, they find it impossible to reconcile their sense of themselves - as real women, whose lives are ongoing - with the new, degrading ways in which they find themselves seen (or rendered unseen) or with their own lifelong training in ageism. So they try to pass, take on qualities associated with youth and also refuse to define themselves as old (...).

Don't believe you are complimenting an older woman by letting her know that you think she is 'different from' (more fun, more gutsy, more interesting than) other older women. To accept the compliment, she has to join in your rejection of older women."



des to later life

People over 50 often say that they feel between 10 and 20 years younger than their chronological age. In their outward appearance, though, women usually show signs of age earlier than men. For those who can afford it, the ambition to retain the youthful good looks exemplified by media stars feeds the cosmetics industry and fills the plastic surgeon's waiting rooms. Fashionable young women do not imitate the dress of their seniors; they prefer clothes designed at least to give the illusion of power and freedom.

Ageism allows younger generations to see older people as different from themselves. It is manifested in the actions of corporate bodies, what is said and done by their representatives, and in the resulting views that are held by ordinary ageing people. Ageism is probably strongest in those societies where change is most rapid. In Trikkala, Greece, the women who work in the fields say that for lack of child care they must leave their children with the grandmothers, and that the grandmothers have

old ideas and do not recognise that the women are in the midst of a revolution; it takes the mothers hours each night to undo the unliberated ideas that the grandmothers have instilled during the day. The grandmothers' years of experience can also be interpreted as years of brainwashing.

Ageists view intergenerational transactions as a one-way process. But there is plenty of evidence to show give and take on both sides. In the conflict between old and new ideals of femininity, four types of older women have been distinguished: the traditional, the innovative, the expansive and the protesters, with the classification depending on their perception of the external and internal forces shaping their lives (Apter, 1995).

Midlife is a key period, when a woman may be able to refocus her energies and set course towards fulfilment in later life. Security, autonomy, independence, a sense of purpose and friendship networks are the key ingredients for a good quality of life for older women. But without adequate financial resources at their disposal, many women's choices are severely constrained. The frameworks of choice and power, which "un-poor" women can use, simply do not function among the poor, the hungry and the homeless. The fact that so many women are by themselves, running a family by themselves, supporting and disciplining children by themselves, throws a burden on them that eclipses their choices and reduces the likelihood that their energy will be effective.

A variety of roles

Although older women outnumber older men by a long way, they are much less present in public life and leadership roles: women like Simone Veil and Margaret Thatcher are few and far between. Historical factors also influence habits of political activity: Finnish women won the right to vote as early as 1906, and older Finnish women will have spent their lives in a society where they could expect to exert influence; the vote came later to women in France (1944), Italy (1946), Belgium (1949) and Greece (1958) (Fig.3). Men of those generations are generally better educated; they are more likely to have held responsible positions in working life, enabling some confidently to continue in later life patterns of activity established earlier. Older women are more likely to be restricted by personal factors, especially lack of time or lack of finance. Older women who do play a leading role are principally engaged in fields traditionally linked to women's concerns, especially social welfare activities. As a result, the



particular needs and interests of older women have low priority on the political agenda.

Nonetheless, older people have a livelier sense of the environment and civic responsibilities than any other group in the population. Sophia Loren and other older women celebrities have given a high-profile lead for the new generation of older women, some of whom have been notably active on picket lines at Dover, protesting the export of live sheep and calves to continental Europe, and on environmentally conscious demonstrations throughout the EU.

Unlike the USA, where Maggie Kuhn's *Gray Panthers* is only one among several powerful associations focussing on older women's needs, and the massive *American Association of Retired Persons* has a specific *Women's Initiative*, Europe's older women are poorly organised. It is usually older men who are leaders in pensioners' lobby groups and who sit on the committees. But change may be in the wind: in Germany, where there is an especially high proportion of older

women in the population, older women's groups have been active at least since 1978. In the Netherlands, the *Platform Women 50+* was founded in 1989. *The Older Women's Network (OWN) Europe*, was established in 1993. It grew out of a three-year European older women's project supported by the European Commission.

There are major differences between countries in the social and economic roles of older women. Traditionally women's lives were centred on the home; the work of today's women - younger and older, paid and unpaid - often extends beyond the home, but research has found married women to value family life significantly more than life at work (Fig. 4).

Women appear to adapt more easily to retirement from paid work and to view it more positively than men, even though their financial situation in retirement is often not as secure, and though single women - like men - can experience retirement as a critical rupture in their lives often resulting in an identity crisis.

Figure 3

Power, space and time

Year in which women acquired the right to vote in European countries including EU Member States and Norway, Iceland and Switzerland.

Source: Eurostat

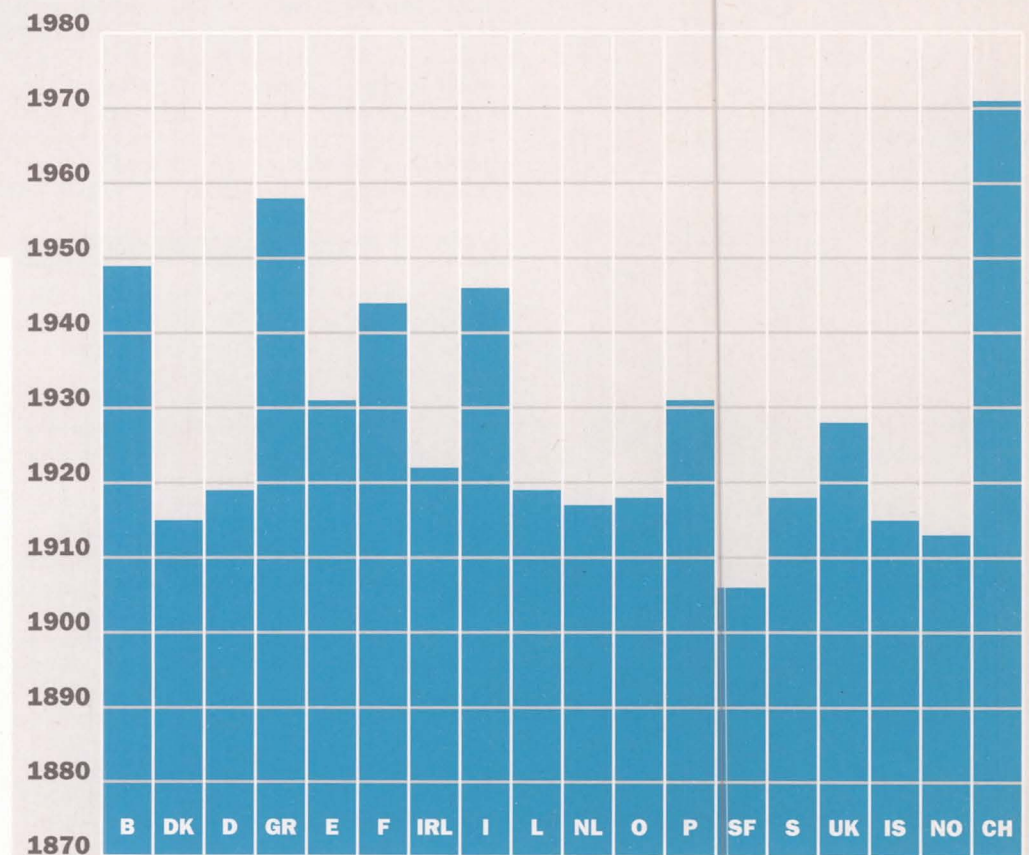


Figure 4**Hierarchy of values in the EU; responses by sex and age (%)**

Values change with age for women and men. Eurobarometer results show the increasing importance of family and decreasing emphasis on friends for both sexes. Men focus more than women on leisure activities and politics; women more than men on religion. Life as a couple seems to mean more to older men than women.

Source: Eurobarometer No 39.0.

	women					men				
	15-24 years	25-39 years	40-54 years	>55 years	Total	15-24 years	25-39 years	40-54 years	>55 years	Total
Family	93.3	96.9	97.2	97.4	96.5	93.0	93.0	96.6	96.8	94.9
Work	90.0	88.1	89.4	85.3	87.8	92.3	94.2	95.0	89.8	92.8
Friends	90.8	89.4	87.8	85.5	88.0	93.3	88.7	87.1	86.2	88.6
Leisure activities	86.7	87.5	82.5	75.0	82.0	90.1	89.3	86.3	82.6	86.9
Life as a couple	76.8	87.8	85.2	80.3	82.7	73.3	87.8	90.2	89.5	85.9
Religion	32.7	33.8	42.6	58.6	44.0	29.2	23.0	33.3	49.4	34.1
Politics	26.5	30.2	34.3	29.3	30.1	37.4	36.9	42.3	44.4	40.4

Possibly this is because a job may be only one in a series of overlapping roles they hold in the course of their lives. While men may strive to preserve their old life styles, women often view retirement as a chance to develop new activities, primarily aimed at increasing social interaction. In the northern countries, women continue to be defined by what they do, while men are defined by what they once were.

By mid-life most people have developed a certain life-style which they will cling to: it is based on past education, experience and motivation. Leisure pursuits are increasing in importance for those with the necessary resources in the new generation of older women. For vital age, a project that structures one's days and keeps alive human ties and a sense of personhood is essential. The state of mind and quality of life of those who continue to be active are markedly better than for those who do not (but then those who are healthy and in a good state of mind find it easier to remain involved than those who are not).

As the ageing process continues, people tend to reduce the actual number of activities they engage in, as well as the amount of time spent on each of these activities. Environmental and physical constraints will lead people, not to disengage, but gradually to focus on those high-priority activities where they feel they can best use their skills and to drop others which interfere. ●

Women's roles in later life are predominantly linked to their family, friends and the wider community. At mid-life, they often experience an accumulation of roles, including those of wife, mother, mother-in-law, and grandmother, as well as the daughter and daughter-in-law of ageing parents.

Family ties

For women, the amount of tension experienced in their relations with other family members, particularly their own parents, tends to increase with age while it decreases for men. It has been suggested that the best approach for maintaining family harmony and the independence of individual family members is "intimacy at a distance", when an older person lives within easy reach of offspring but does not cohabit.

A grandmother's role is undefined within the contemporary western family structure. Many of today's grandmothers never knew their own, who died before they were born. Today's grandmothers attain their status while they are still active; most are in their 50s but could be as young as 30. The relationship can easily last 30 years, even developing into great-grandmotherhood. New forms of family - with one parent families becoming increasingly common in the EU Member States - further complicate inter-generational family relationships.

The availability of grandparents can apparently influence a couple's decisions about family size. Most grandparents expect to be asked by their children to look after and provide care for their grandchildren. In Flanders (Belgium), around half of the care for grandchildren is provided within the family. In many black and ethnic minority communities, the grandmother role is more formally constructed within the extended family network. In the UK, for example, grandmothers in Afro-Caribbean families have been expected to play an active part in childcare, often enabling their daughters to work. In Asian communities, grandmothers play a significant role in maintaining cultural identity and keeping their grandchildren in touch with their mother tongue and customs. With greater numbers of mid-life and older women now involved in the labour market, this role is having to be renegotiated.

On the negative side, grandparenthood is contingent on the actions of other people. It is adult children who produce the grandchildren and control access to them. An older woman will try to keep in touch with her divorced daughter-in-law, as "the mother of my grandchildren". Where divorce results in a total rupture in intergenerational relations, the family loses its roots. Under the UK's 1989 Children

Act grandmothers can remain centrally involved in the welfare of their grandchildren following divorce. The Act empowers them to apply to the court for a share of parental responsibility and they are recognized as parties to divorce proceedings concerning children.

Marriages used to last for approximately 15 years before death brought them to an end, but "golden weddings" after 50 years are now commonplace. The evidence shows that married couples live longer, stay healthier and feel better, compared with older people no longer with partners, although the relative advantage for men is greater than for women. Even if not all long-standing marriages are ideal, they do provide stability, mutual support and a degree of companionship. A husband's retirement entails giving up his work, a clear-cut and sudden transition, and it can put great stress on both partners. It is not infrequent for a retired man, separated from his former colleagues at work, to become reliant on his wife for social contacts beyond the home.

Because women tend to live longer than men, and because a husband is usually older than his wife (as well as being more likely to remarry after death or divorce), there are far more older women than older men living alone. The loss of the partner through death, as through divorce, involves a series of losses for women: companionship; material support; a partner in a world which is couple-oriented; someone to negotiate on her behalf in a male-dominated society where women often do not acquire the skills necessary to promote their own interests.

The common response to widowhood, however - at least in northern Europe - is resilience and adaptation. For many women, widowhood brings the opportunity to do new things, such as travel. It increases the scope for social participation, particularly with other women. In some ways, friendship is even more important for older women than kinship. Kin represent continuity, a sense of identity, and caring which is not contingent on liking or approval. Friends are chosen on the basis of mutual attraction.

In Mediterranean countries, especially in Italy, the family is still the most powerful of all institutions, even if it is in a period of rapid change. The further south in Italy one travels, the more are older people captive within households, especially women after retirement. "The tight family circle was a veritable halter for some of the women I talked to, creating a form of benign oppression within semi-closed



and sometimes even cloistered, almost impassable, households.... There were moments in the interviews which picked up the sense of imprisonment of grandmothers, peering through half-opened shutters at the world outside where their husbands, male relatives and friends were enjoying the *passeggiata* (promenade), or were drinking and playing cards in the trattorie or enjoying game of *bocce*. Women

professionals (or other people from outside) and thus in accepting help. Women are more likely to find this difficult; they feel they must do their duty and tend to feel guilty the moment they think of themselves, for example by taking some time off.

Motivations to care are mixed. Duty (both moral and social) is important, but in all cases there is a desire to prevent a relative from being taken into residential care, which has negative connotations. Most caring situations develop gradually, as the capacity of the person cared for degenerates. A majority of current carers admit that they did not really understand what they were getting involved in, because neither they nor even their own mother had been in a similar situation before. When the care situation starts, some carers establish definite limits beyond which they will not go - because they do not wish to do so, or because they find themselves incapable of doing so - and yet many of them in all countries go beyond the limits just the same. Of all care situations, probably the most difficult and intolerable is looking after an elderly person suffering from senile dementia.

In Belgium, for example, more than 25% of women between 55 and 60 were found to be assisting sick, disabled or elderly persons, and almost 30% of carers over 55 were providing care for two or even more people. The period and intensity of the caring relationship varies widely, from full-time, exhausting, draining, all-encompassing, hands-on care over a period of years, through to crisis periods interspersed with longer intervals when - like the sword of Damocles - the unpredictable, looming deterioration of a parent and the sense of responsibility to provide care severely limits the options open to the carer.

Schemes for providing benefits for those caring for adults exist only in four Member States - the UK (which has the longest-standing scheme), Ireland, Finland and Germany (where social protection arrangements for long-term nursing care were introduced in April 1995). More limited provision is available in six other countries, but in Spain, Luxembourg, the Netherlands, Austria and Portugal, no provision for benefits exists at all.

Carers for elderly people are not usually in paid employment as well; across all age groups in Belgium, about one carer in four is employed. Among women carers in Ireland and Germany 16% were in work (the comparable figures for men were 42% and 32% respective-



went out occasionally to the garden of remembrance, to Sunday Mass (here the men stayed at home), to do the shopping with their daughters, or take the grandchildren for early morning or evening walks." (Giarchi, 1996)

The carer

Throughout life, women are more likely than men to be responsible for practical, hands-on caring activities. It has been estimated that a woman can spend a lifetime of care: some 17 years looking after children, 18 years caring for elderly parents, finally caring for an older husband. Most care for older people is provided by other older people: spouses, siblings, friends and neighbours.

After spouses, it is daughters and daughters-in-law who provide most care for older people. A daughter who provides care for a very old woman in her 80s or 90s is often herself an older woman. The great majority of elderly dependants being women (because women suffer more disability with age and men die sooner), the most frequent caring relationships among the elderly involve husbands and wives and mothers and daughters. Male carers have little problem in delegating various tasks to pro-

ly). The combination of work and a caring role is rarely easy, and it needs a high degree of organisation, especially when the state of dependency is a heavy one. Stress and the competition between the two activities, a feeling of doing both jobs badly, and a feeling of guilt seem to be frequent occurrences. In France, women appear to be more willing than men to abandon their career so as to take care of a family member, perhaps because early retirement is available, the job is anyway unsatisfying and/or because the demands of caring put the worker at risk of dismissal; in Germany and most other countries there are both material and non-material reasons to continue to work: the need to earn income, accumulate pension credits, maintain employment and – by no means least – because paid work is experienced as a source of satisfaction and personal enhancement, as a counterweight and a method of keeping one's distance from the care situation.

Families are held legally responsible for meeting the basic needs of older family members in Germany, Luxembourg, France and Greece. Denmark, on the other hand, has laws that explicitly absolve the younger generations of responsibility for their forebears. ●

A Eurobarometer survey in 1992 of people aged 60+ found a population of active older citizens. It was not broken down into sexes, but two out of every three people questioned declared that they are busy all day long and that they lead a full life. The preferred activities included watching TV, reading, listening to the radio/music and caring for the garden, plants or animals. It has also been found that older women are less likely than younger women (under 40) to take part in sports and physical activities, cultural activities and travelling but they are more likely to participate in community organisations. There is a strong link between the level of education attained and women's participation in the workforce. More highly educated women seem to be more motivated to become, and to continue to be economically active. In 1995, among women aged 55-59, around a third of those with no secondary education beyond compulsory schooling were economically active as compared with almost two-thirds of women with university degrees or the equivalent.



Paid employment

Outside Scandinavia, current cohorts of older women have grown up in a world where women's roles were primarily linked to the home. Women's activity rates vary more than men's with age, peaking in most countries at ages 25-30. Women in their 50s, though, are increasingly present on the labour market, with the average rate for women aged 50-54 rising from 47% to 56% between 1985 and 1995 and that for women 55-59 going up from 33.5% to 39% over the same period. Over 60, there were only 6,300,000 workers in the EU in 1994, including 2,000,000 women. Over 65, the average activity rate in the EU is as low as 2%, but in Portugal as many as 7.9% of women aged 65 and over are still economically active; 4% in Spain. Most of these are likely to be employed in agriculture or to be self-employed. Every country except Spain permits pensioners to combine work with a pension, but earnings may lead to a reduction in its level (Fig 5 - see page 14).

The disadvantages faced by women in employment are compounded with age. The view of ageing as inevitable decline constrains employers' ideas about the age limits of productive work, and constrains everyone's ideas about the limits of their own personal growth. A comparative European study of the capacity and productivity of working women between 1956 and 1965, conducted by Dr. Anne Denard-Toulet, concluded that, contrary to general belief, from the age of 40, even without any treatment and despite the effects of menopause, the capacity for resistance and work of a woman continues to grow as compared with a man of the same age, whose strength diminishes.

In most Member States of the European Union, long-term and very long-term unemployment is affecting women more than men. In the UK, Ireland and Luxembourg, more than 40% of unemployed women are seeking work after a non-active period (e.g. for a period spent on caring responsibilities). The number of women registered as unemployed falls as their age increases, but the structure of different national social protection systems affects who is registered for employment and makes direct comparisons impossible, especially where people with pre-retirement pensions are no longer eligible for work.

In 1992, in the Europe of the 12, more than 3 in 4 working women were employed in services, especially primary education, health care and domestic service. They made up a majority of clerks, service and sales workers. Women with jobs cannot relinquish their family respon-

sibilities if there is no affordable alternative available (childcare or eldercare), so they are often restricted to low paid, part-time or temporary work. Not only do women generally earn much less than men, but the spread between earnings at the top and bottom end of the range has widened considerably over the past 20 years. For such women, equal opportunities is a hollow concept, for there is no way they can hope to compete over a life time in a professional career or build up sufficient credit either towards promotion at work or adequate social protection benefits.

Furthermore, public policy measures over a number of years have encouraged older workers to reduce their activity or to retire. In consequence, there has been an increase in ageism and age discrimination at the workplace (despite legislation in Germany, France and Spain). Quite apart from any difference in retirement age, women in the EU tend to retire at younger ages than men (Fig.8 - see page 27). Patchy efforts are now being made to reverse this trend. Among successful initiatives, two brought back older nurses in an effort to meet the shortage of qualified nursing staff in Italy (*L'Incontro Cooperative*) and Belgium (the *Onze Lieve Vrouw Middelaars Hospital*). A system of annualised hours has proved to be particularly helpful to ageing workers with caring responsibilities.

There is, however, a danger of focusing policy and practice exclusively on older workers because this may stigmatise the group. Equally importantly, there are dangers in a policy which forces older people to stay in employment, either directly through raising pension ages (women's retirement ages are being levelled up to those of men in several Member States) or indirectly through stigmatising early exit. These could put undue pressure on ageing employees, particularly those suffering from ill-health.

Voluntary work

Europeans who work as volunteers give an average 21 hours a month, according to a 1993 study, *Gone Out Europe*. If 10% of the population over the age of 50 are involved in volunteering at any one time - a relatively conservative estimate - that represents 200 million hours per month in voluntary contribution to society.

The concept of voluntarism has a long history in the UK, France and Germany, but a framework is only now developing in other countries - particularly in southern Europe. Three-quarters of people who do voluntary work in retirement were involved before; in the UK and in France there are special schemes to

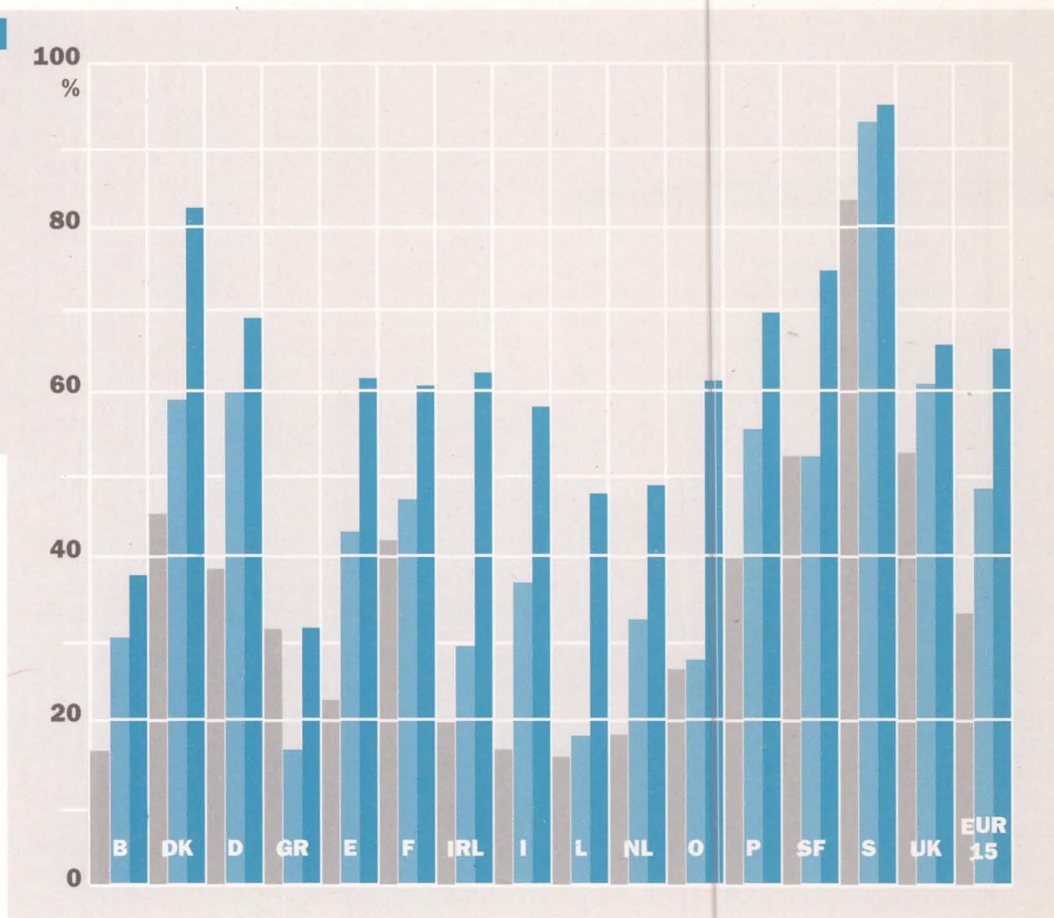
Figure 5

Participation rates of women and educational attainment, 1995

The link between different levels of education and economic activity of women in the 55-59 year age group in EU Member States.

Source: Employment in Europe, 1996, European Commission

■ Less than upper secondary level
 ■ Upper secondary level
 ■ Third level



encourage people in work to be active volunteers. The majority of retired people have no preparation to undertake such work, are hesitant at the prospect and unaware of why and how they should or could supplement the obligations of the welfare (providence) state. More people say they would be prepared to give their time if only someone would ask them.

Of the five countries involved in the study, more older women (especially housewives) than men are involved with voluntary work in Germany, the Netherlands and Italy; in the UK and France, men slightly outnumber women. Most volunteers in those countries are in their 60s, except Italy where 50% of volunteers were in their 50s. Between the ages of 50 and 59, there were twice as many women as men volunteering. A 1993 study in the UK found that 23% of volunteers were over the age of 70.

Women tend to want to help those in need, by befriending and organising events, while men look to contribute to the community by becoming involved in committees and administration. Well over half the women were involved with organisations associated with the elderly and a quarter with the local church.

Associations and social activities

People aged 55 and over are the mainstay of educational and leisure organisations, though rather more men than women. With increasing age, active participation declines both for men and for women, but so long as they can walk or get transport to social gatherings, older women show every sign of enjoying and benefiting from them. In Ireland, for instance, many events are organized by the parishes, the community associations and the voluntary agencies. These are not always confined to older people but provide a social gathering for inter-generational fun. If older men tend to be under-represented, the older women are often the life and soul of the party, exclaiming, "I could never have done this had my husband been alive."

In Finland, there are an increasing number of clubs for older people. Neighbourhood clubs are organized by the older people themselves, where people may drop in for meals, for a chat and to read the newspapers or magazines. These clubs are in effect self-help centres.

Wherever they are available, tours, outings and group tourism (including to foreign countries) are all popular, particularly with older women on their own, who find welcome companionship in such activities. Concessionary

ticket prices broaden the appeal, except apparently in Luxembourg.

Women often argue that they feel as though they have no right to "leisure" time, or that they feel guilty when giving priority to their own preferences above those of other significant people. Other reasons they give for not taking part in leisure activities are lack of a companion, family commitments, lack of information, shyness, physical constraints and lack of transport.

Education in later life

Prior education is the single best predictor of future participation in adult education. Older women are less likely than older men to have received more than primary education, and many older women in Mediterranean countries had no formal schooling and are illiterate: 81% in Greece, 27% in Spain and 12% in Italy. Ageism and age discrimination in education policy and provision affect institutions and individuals alike. Older people may feel themselves a burden on younger students (low self-esteem) or they may believe that training at their age is no longer worthwhile. Participation by older people in educational programs is very low in all countries.

There is extensive evidence that human potential and the desire for learning and personal development are not limited by age, and that with encouragement and the right environment older women enjoy and benefit from teaching and learning opportunities at all levels. A range of adult education programmes is now available - and growing rapidly - specifically to meet the needs and interests of older learners. In France, in 1973, the first University of the Third Age (U3A) was founded. They have spread rapidly across continental Europe, where they offer academic courses in association with traditional university systems, and in the United Kingdom, where they are run on less formal, largely self-help lines with a strong social element. Without specifically targeting older learners, studying for a degree from the Open University in the United Kingdom is popular with many retired people. In Ireland, the *Federation of Active Retirement Associations* organize weekly programmes of educational, cultural and sporting activities. In the Scandinavian countries there is a long-standing tradition of local workers' self-study groups which has developed into a dense patchwork of active retirement organisations, and in several EU Member States adult education institutes have a long and honourable history. 80% of students in Finnish U3As are women.

Research by the UK Open University Older Students Research Group, working with students from U3As (or equivalent) in France, Belgium and Germany, found many transnational similarities: the predominant age range of students in all countries is 60-70, but overall 6% are over 75. Many more women than men are enrolled in courses, although men are in the majority in all countries in all courses which lead to qualifications. Danish research emphasized the importance of participation in education for mental and physical functioning, especially for older women who have been widowed.

In each country, more than half the students in U3As choose humanities subjects or languages, with smaller percentages opting for social sciences and practical subjects. At another level, alphabetisation classes are especially popular with older women in southern European countries, especially Portugal. One area with great potential is computing: to judge by the explosion of seniors' networking in the USA, older people are enthusiasts for information technology once they gain access and acquire the skills.

Older women's specific educational needs have been targeted by several community-based projects in Europe. For instance, *CRIASS* in Lyon, France, offers "Adaptation to Retirement" courses which have addressed from the outset the position of women in their fifties, whose domestic role has changed as their children have left home. In the Netherlands, women's organisations have set up discussion groups in which older women can meet regularly to exchange ideas or discuss issues of their choice, helping each other to adjust to their change in role. The *Centre for Health and Retirement Education (CHRE)* in the UK has established similar work with the *National Federation of Women's Institutes*, while the *Pre-Retirement Association* encourages peer teaching through distance learning materials which have been translated and piloted in Germany, the Netherlands and Spain. It actively advocates special provision for women, designed to address distinct, gender-specific requirements. ●

Every aspect of older women's lives is shaped by the culture in which they grew up and affected by the culture in which they are now living. Over a lifetime, older women in the southern European countries have experienced much greater change in the cultural environment than those in the north. Women who have migrated to the European Union from third countries have experienced even greater culture shock in the course of their lives.

Cultural differences

Families have been fragmented when economic pressures have left the older people behind in the countryside or in the inner cities while their children and grandchildren have left to find new jobs and new ways of life elsewhere. It is hard to bridge the outlook and attitudes of the generations, particularly where cultural change has been most rapid. The consumer habits of younger people are beyond the reach of an older generation whose early adulthood was spent trying to hold on to a job during the interwar years or to keep a family together in the political upheavals of the 1930s and 1940s, and whose purchasing power is still very limited.

Dramatic differences between the northern and southern Member States were illustrated by a Eurobarometer Survey published during the *European Year of Older People and Solidarity Between Generations* (1993). The responses of young and old in Denmark showed that older people were much better integrated in society than older people in Portugal and Greece. In the Mediterranean countries (including rural southern France), the family is still the core element of an older person's existence; in northern Europe, there are more activities outside the home with which an older person can become involved, better access to newspapers and the media, better telecommunications and transport to bring people together, better pension systems and support networks. In Denmark, nearly 89% of older people said that their days were full of activity, while in Greece and Spain less than half the people questioned (men and women) had enough to occupy their day. 71% in Italy, 65% in Greece, 61% in Spain and 60% in Portugal had contact with a family member each day, while the figure in Denmark was only 14%. But less than 5% of Danes ever felt lonely, as opposed to 36% of Greeks and more than 20% of Portuguese.

Migrants

Among migrants, older women are far less significant. It is mainly men who make up each successive wave of migration. In Portugal, Germany, Italy and Austria, male non-nationals considerably outnumber their female counterparts, even in old age. The pattern in the United

Kingdom and Ireland resembles that of nationals rather more, in the UK mainly due to the presence of a high proportion of women among the Asian residents. In any case, migrant groups are very different, with a variety of nationalities and languages. Both Portugal and Greece have received a large number of repatriated immigrants; these people have few roots and no rights to social protection. Their situation is extremely precarious and marginalised.

There are also people who choose to migrate in retirement, for example northern Europeans who move to sunny Spain, Portugal or Italy, where they tend to congregate in semi-closed expatriate communities. They generally express considerable satisfaction with their choice, and the host communities have made every effort to accommodate them. Older women whose husbands die while they are living abroad can, however, face difficulties with tax and inheritance laws that they may not have anticipated.

Germany, France and the United Kingdom have the highest numbers of non-national women residents, especially from Turkey, north Africa, and from the Indian subcontinent and the islands of the Caribbean respectively. In the UK, most of the ethnic minority population are citizens, but in the other EU countries, most are not: without a vote, politicians have no incentive to represent their interests. Older women in these communities are among the most vulnerable and disadvantaged. They are more likely to need public assistance, but applying for it presents many difficulties, especially for widows who may have had little contact with officialdom during their husband's lifetime.

Many of these women came to Europe with their husbands in the 1950s and early 1960s to work, and they are now reaching retirement age. They are enterprising people whose identity, over the years, has changed as they have acquired roots and commitments in their country of adoption. For example, some Afro-Caribbeans return to their countries of origin when they retire - even more dream of returning - but most remain because their children and grandchildren are established in the UK, and within the family the grandparents play an important role. There is, however, a risk of profound depression if their dream of returning



“home” is frustrated (for financial reasons or because there are no more family or friends to return to).

Non-European immigrant communities are concentrated in large, industrial cities. For example, 40% of people of pensionable age who were born in former British colonies in Africa, Asia and the Caribbean and in Pakistan and who are now resident in the UK, live in the Greater London area. Immigrants who have been in employment will generally have held low paid jobs and will not be entitled to good pensions. However, over time these communities become well established, and the ghetto can strengthen the position of the older women

there. As a minority within a minority, these women risk being thrown onto their families for occupation and company, with even greater danger of depression, loneliness and isolation than the older women in rural Greece. Older Asian women rarely live alone; if widowed, they often move in with their deceased husband's family. They do not usually have work experience and their knowledge of the country's language is limited; intergenerational conflict can arise if they insist on claiming the family status granted them in traditional societies, or maintaining traditional manners and mores in the home while their children adapt and work in the outside world and the grandchildren flaunt the latest in teenage fashions popular at their schools.



Health and welfare service providers in the EU aim to work on an even-handed basis; the theory goes that were the services' policies to be adapted to individual groups of clients, this might be accounted discrimination. What is well intended, however, can be experienced by the users as racial discrimination and hostility. Older women whose cultural traditions make it repugnant for them to be examined by male doctors, or whose dietary requirements are not met by institutional kitchens, will be poorly served. A lifetime's experience will have established ineradicable attitudes and expectations, and it is arguable that equal treatment would be better achieved by more sensitive service. ●

within it, by preserving their sense of ethnic identity and - ideally - providing them with culturally relevant support. On the other hand, in poorer areas racist insults and violence may trap older people within their homes. Poor housing and stressful living conditions may accelerate the ageing process, but the situation is not negative for everyone. As one immigrant to Britain put it, “Comparing myself to old people in India I am much better off, because if you are poor in India you can't afford a doctor. Only thing is, the social life in India is much better, the weather here mainly stops you going out a lot.”

Other older women move to an EU country as dependants of relatives already established



More than either older men or younger people of either sex, older women are vulnerable. Their principal hazards are poverty, ill health, poor housing and social isolation, very often a combination of all four. Yet it is remarkable that older women consistently assess their situation - income, housing or health - more positively than would a younger researcher.

Finance

The greatest threats to the well-being of older women are financial. The European Observatory on Older People found that "older women, particularly widows, comprise some of the poorest and most socially excluded groups in the Community(...) - a phenomenon sometimes referred to as the feminisation of poverty in old age".

Pensions are the most important element in older people's incomes, comprising both statutory social security pensions and the occupational pensions available to some workers. Other elements are income from investments and savings and earned income. With current life expectancy, women can spend a quarter of a lifetime living on a pension. Only in the Scandinavian countries and in the Netherlands are both men and women entitled to an old age pension in their own right on the basis of being resident citizens.

Older women are in general financially much worse off than older men. There is a great disparity, however, in their situation, depending on their nationality, their marital situation and their previous work history. Each country's social protection system is unique in its composition, provisions and in the length of time it has been in existence. Except in the Scandinavian countries, pension systems are rooted in a model of male employment, stable partnerships with the (dependent) wife at home, and only few years of life in retirement before death of the breadwinner. In terms of women's own pension income:

- in Italy, women's median pension income is two-thirds of men's;
- in Britain, it is less than 60% of men's;
- in Germany, women's mean pension income is 42% of men's.

Spanish women still see the men as their "shelters" and remain dependent on their husbands' wages or pension. They are uncertain about their financial security in future. Women are nearly twice as likely as men to depend financially on their children or relatives.

Women will be at a disadvantage wherever pensions are related to length of working life

and levels of earnings. They are much more likely to have had periods out of the employment market for family reasons; moreover their work is often low paid and/or part-time, so that they are unable to earn a full pension under the rules. In Spain, Austria, Ireland, Germany and the UK, there are lower limits on earnings and/or hours worked below which people in employment are not eligible for social insurance. In the UK, 2,250,000 working women do not earn enough to pay National Insurance contributions and therefore do not qualify even for the basic State pension in their own right; until 1978, a special provision allowed married women in paid employment to pay contributions at a lower rate towards a diminished retirement pension. Only 16% of women earn a full State pension in their own right; 57% of women will receive a State pension below the poverty line.

More recently, pension schemes in Luxembourg, Austria, Belgium and Germany (since 1992) give women credit (at a reduced rate) for contributions not made during an interruption in their working career for family reasons. Years of caring can explicitly be dropped from the calculation of a pension level in the UK or Ireland. Voluntary payment of contributions by carers are allowable in Italy or Greece. None of this, however, will fully compensate for the losses incurred or help women who had retired before the reforms were implemented.

At the beginning of this century, the majority of women were not engaged in the labour market and - if they were - they stopped work, were even forced to leave their jobs when they married. In the Netherlands, the order to sack female civil servants, including primary school teachers, as soon as they married, remained in force until 1957, and until 1985 a married woman had no right to a pension on her own account under the general old-age insurance scheme. Even in Denmark, with its traditionally high levels of female employment, half the women over 80 in 1988 had been housewives most of their lives, with the rate still over one in three for women in their 70s and about one in four for women aged 60-67. In the Federal Republic of Germany before 1968 insured women were allowed to seek reimbursement of their pension insurance contributions when they married, but this terminated their entitlement to a pension (unless, after 1982, they paid them back again).

To enable pensioners to maintain their standard of living on retirement, the level of initial pensions at the full rate has risen in recent decades, and most state pensions (but not sup-

plementary occupational pensions) are now adjusted annually in line either with average wage levels or with the cost of living. Such adjustments are compounded, which means that pensioners retiring on a low pension will gradually fall further and further behind pensioners whose initial income was higher.

Supplements to their husband's pension in most countries cover older married women while he is alive (but there is no specific provision for dependent wives in Denmark, Germany, Italy, Luxembourg, Austria or Portugal). Nearly all State pensions now provide some sort of a survivor's pension after a husband's death (only since 1959 in the Netherlands, 1969 in Finland and 1970 in Portugal), usually at a reduced rate. Survivors' and other derived benefits in Denmark were abolished completely in 1987, and widows in France in 1982 were given a pension in their own right instead of their husband's pension being transferred to them.

The law is only slowly adjusting to new forms of partnership. The divorce rate in most Member States is rising (in the UK, nearly 3% of all marriages ended in divorce in 1993 alone, and of these nearly one in five had lasted 20 years or more). Divorce does not affect basic State pensions if these are paid to all resident nationals, as in the Netherlands, Denmark, Finland and Sweden (in fact, in Sweden, two individuals receive more separately than together as a couple). But in other countries divorced women will lose any derived pension rights to their husband's retirement pension or a survivor's pension unless legal provision is specifically made. Pension rights can be split to benefit a divorced wife in France, Germany (since 1977), Spain, Belgium and Italy (by court order), and pension rights must be considered in divorce settlements in the UK since 1996. In Luxembourg, Austria and the UK, there is legal provision for divorced women who have not remarried to be eligible for a widow's State pensions.

Lone older women may lose their derived pension rights if they remarry or even if they cohabit. Cohabitees' rights vary widely between countries: in the Netherlands (since 1994) and Sweden there is some equivalence between married and long-standing, unmarried couples when it comes to derived pension rights. The courts in Spain and the UK have ruled against granting widows' benefits to cohabitees - in one case after 55 years' unmarried cohabitation.

Elderly women are the main beneficiaries of non-contributory old-age pensions, but in the south of the EU they are still below subsistence

	ECU/month	% GDP per head	
Belgique/België	442.7	32	Figure 6 Social Minima (July 1992) Old Age Levels of social assistance for a single person who has reached the age of retirement with no entitlement to contributory pension and no other source of income in 12 EU Member States. (There is no formal minimum level of income support in Italy and Spain, but social assistance is available in a number of regions). Source: Social Protection in Europe, 1995, European Commission
Danmark	599.7	34	
Deutschland	506.7	29	
Ellas	49.1	10	
España	272.8	28	
France	447.5	30	
Ireland	329.3	38	
Italia	230.5	16	
Luxembourg	607.8	36	
Nederland	552.3	41	
Portugal	122.8	21	
United Kingdom	363.2	30	

level (Fig. 6). Every EU country has also made provision for social assistance (in cash and in kind) for needy older people, but their access to it depends on knowing about its availability and on a means-test, which is often felt to be demeaning. In Portugal, 76% of non-contributory pensions are paid to older women; 75% of old age pensioners in the UK claiming income support are older women; 72% of the recipients of a guaranteed income in Belgium are lone women, often widows. The risk of poverty and dependence on social assistance is directly related to being a widow, to being in advanced old age and to living in a rural area (especially in a Mediterranean country).

The introduction of special purpose benefits in some countries has brought considerable improvement in the living standards of the neediest old people. Among these are the housing allowances paid in France (the "social" rent allowance, which raises the income of a single person drawing the minimum old-age pension by about one third) and in Sweden since 1978. Constant attendance allowances in France and the UK help to cover the cost of care provided by a person who is not a member of the family. Among the most appreciated benefits available for pensioners are the travel concessions available in some areas, that enable them to afford to use public transport for shopping and to maintain contact with friends and family at a distance.

Earnings can help boost an older woman's income, but access to work is restricted by ageism and age discrimination. In Spain, com-



binning work with pension is not permitted, but a person may continue to work to build up a contribution record towards a better pension. In other countries, the pension level is likely to be reduced in proportion to the level of earnings; tax may also be payable.

Health

The physiological processes of ageing affect women more fundamentally than men. Whether the menopause is experienced as a liberation or it provokes a crisis of depression, it strikes a woman forcefully with the fact of her age and it signifies a profound change in her existence. Short of major medical intervention, never more can she have a child.

The vast majority of older people are fit and active. More than 80% of older people judge themselves to be in fair, good or excellent health; with the aid often of regular medication, they are coping with any degenerative illness. Some older women live till their late 80s and early 90s and remain fit and disease-free. Others will suffer from physical or mental, chronic, debilitating illness for many years. Yet others have periods of chronic illness and periods of fitness. There is an ever-present danger that old age will be "medicalized" and seen as a problem in itself. Much ill health in later life can be attributed to lifestyles and health practices earlier. There is a role for health promotion at all ages to inculcate virtuous health habits, such as good diet and plenty of exercise.

Among the normal effects of ageing is a reduction in height, by approximately 1 cm per decade after the early 40s, probably accelerating after 70; some deterioration in hearing and sight; a loss of skeletal muscle mass, leading to diminution in the muscle force available; reduced cardio-vascular capacity, as well as lower conduction velocity of nerve fibres. With advancing age, people become less sensitive to changes in ambient temperature, and their bodies are less efficient in compensating, putting older people at great risk of hyper- and hypo-thermia. Postmenopausal women are many times more likely than men to suffer osteoporosis: by the age of 60, 25% of British women are affected, and 50% over the age of 70. A woman aged 80 has a one in five chance

of fracturing the neck of the femur.

Women report more poor health than men, but the condition of many older women is not amenable to cure, and it may be too late for preventative measures to be effective. What they require is symptom relief in its widest sense, with attention paid to the social and psychological as well as the physical aspects. For some very old women, the "diminished sense of joint enterprise in life across the generations, of shared values, of a common project" translates into "a vague, unidentified, malaise. Illness in the sense of impaired psychic well-being has taken on for many old people an almost mystical dimension; they pester their doctor with an obscure ache which seems to have no name; and is perhaps a loss of meaning and purpose". (Stevenson, 1986)

In nine EU Member States, the entire population is covered by a national health service: access to the majority of health services is generally free. In the other six Member States (Austria, Belgium, Germany, France, Luxembourg and the Netherlands), medical coverage is guaranteed through social insurance for which premiums must be paid; it is extended as a benefit for people on very low incomes. In the UK, about half of all health service expenditure goes on people 65+; spending on women aged 65-74 is 10% less than for men, but at 75+ it is 20% higher per capita than for men.

It has been said that "women get ill, but men die". The Council of Europe expects that in

2020, when 20% of the population will be over 65, 1 in 4 older people will experience serious long-term disability. Disability has a five year "class gap": unskilled women are likely to be more disabled than higher middle-class women who are five years older. Women also tend to suffer a greater reduction in mobility than do men. The disabling conditions that most affect women and limit their mobility are musculo-skeletal problems (arthritis, osteoporosis, pain in lower back or pain in joints) and poor eyesight. They are also more liable to circulatory disease, respiratory disease and mental illness (including cognitive impairment and dementias). Dementia strikes women more than men: 20% of all people in their 80s and 40% of people in their 90s are more or less affected.

Until recently, gender differences in diseases such as cancer and heart disease, the two major causes of death for women in industrialized countries, were largely ignored, as was the differential impact of drugs for treatment of these diseases on men and women. Current systems of healthcare still focus too much on cure, with only perfunctory attempts at prevention. The British National Health Service excluded older women from its breast screening programme and only recently has extended it to cover 50-64 year-old women; women over 65 are not regularly screened for cervical cancer although 40% of all deaths from that disease occur in women over 65.

There are a number of successes of medical science which can radically affect the health, well-being and quality of life of older women. Joint replacement is one such intervention, whether hips or knees. Hormone replacement therapy for postmenopausal women, which helps to prevent osteoporosis, is another.

Living arrangements

The following statement about the housing rights of older women in Europe was adopted at the 12th International Congress of *EURAG (European Federation of the Elderly)* in May 1988:

"We affirm the right of older women to affordable housing and a safe environment, accessible by public transport. To implement this right, governments must provide or support:

- a) Sufficient housing of good quality in the non-profit sector, and control of the standards of provision in the private sector.
- b) A range of alternative living arrangements from independent housing units to various styles of communal households and sheltered

living units to avoid the social isolation of single elderly women.

- c) Representation of older women in the decision-making bodies who create the infrastructure of housing, planning, transport, etc."

For a great many older people, their housing is associated with the past and means more than just a roof over their head: it is a living memory of their life. Housing has particular importance for women at all ages, since the home is more often the focus for their activities. For older women its quality is even more significant: with longer lives than their menfolk and more disability, they are likely to find themselves spending much of their time alone within their four walls. This statement highlights some of the risks faced by older women in relation to suitable housing.

First and foremost is cost. Older women, especially older women on their own, usually have very restricted financial resources; if they have any choice of moving at all, it could only be to subsidised housing or to an institution. Subsidised housing, especially inner city apartment buildings, can be very unsafe environments for vulnerable old women, so they may become virtual prisoners in their flats, especially after dark.

Some effort has been made in recent years to increase the provision of specialised accommodation for older people (sheltered housing, rest homes, nursing homes, etc.), but mostly by for-profit developers, and mainly in northern Europe. In the Netherlands almost 10% of older people are in this form of accommodation, 8% in Denmark, but there is little in Italy, Portugal or Spain. A UK survey showed that 50% of older people would favour sheltered housing if they became unable to cope in their own homes in the future, most people preferring to rent. Interesting new projects in the Netherlands, Germany, Austria and Switzerland involve a degree of communal living by older people in groups of three or four, in flats converted from mainstream housing.

As in all other aspects of ageing, the tendency as the years go by is for people to continue as they always have done. Moving house - especially if that also involves moving to another locality - is a major decision, faced if at all only at major points of change, such as retirement or the loss of a spouse or partner. For want of volition to move (or of information as to the alternatives), older people everywhere tend to live in older buildings, with all the inconveniences that may entail; the older they are - and the less able to afford or undertake the necessary mainte-

nance or modernisation work - the worse the accommodation is likely to be. Women, who live longer and who often continue in the same dwelling after the death of their husband, generally experience worse housing conditions than other groups.

Older people are more likely to lack modern conveniences, for example, in Ireland only 67% of people over 65 have an inside WC compared with 79% of all households; even in Denmark, where housing standards are relatively high, 13% of people over 70 years of age are in houses that do not meet the minimum requirements of hot water, WC, central heating and a bathroom. There is a direct relationship between age group and living standards: in France, for instance, 10.7% of those over 75 have no washing facilities but the figure is 3.8% for the 60-64 age group. Standards also vary greatly between countries: the lack of a telephone affects 76% of people aged 65 and over in Ireland as against 10% in France.

Worst of all, their housing may be ill adapted to the physical capacity of older people. Stairs can present quite an obstacle to older women with mobility impairments, but in Spain 23% of people over 85 have to take stairs to a fourth floor flat, and more than half of people over 70 in Wales were using an outside staircase.

Depopulation of rural areas has left predominantly elderly populations isolated. 75% of peo-

ple over 65 in Portugal live in rural areas; the figure in Spain is nearer 50%. Here the housing tends to be of very poor quality (some houses even lack proper flooring). Even in welfare-conscious Finland, the older population in the remote rural areas are not so much the victim of the elements as victims of the low priority given to their needs by those who control the provision of housing and determine the infrastructure of social and health care.

More older people live in houses than apartments in all the EU countries except Italy. For many, urbanization is still a first-generation experience. They are often over-housed, that is live in a house or apartment too big for their needs, following the departure of grown up children and/or the death of their husband. The cost of adequate heating and maintenance may then be beyond their means.

Older people are more likely than younger people to be home-owners, especially in rural areas, and in southern Europe, France and Ireland. In Italy, 65.5% of households over 65 own their homes, and 21.7% live in rented accommodation. In Britain and the Netherlands fewer own their homes, although trends in Britain are upward. People can be house-rich but income-poor: the house is not an easily realisable, liquid asset. Older home-owners occasionally sell their property in return for a regular income while they go on living in it: *rente viagère* (France, Belgium) or a reverse mortgage. In rural Greece, it is the custom for parents to give their house as dowry for their daughter, moving into rented accommodation themselves; as a result they are unable to save for their old age.

Inheritance law in France and Spain gives priority to the deceased's children over his widow, so that she may find ownership of the family house passes to them on his death. Forced heirship also applies to some extent in Scotland, Jersey, Germany, Belgium, the Netherlands, Italy, Portugal, Austria and Denmark (though not in the United Kingdom outside Scotland and Jersey). In several countries, inheritance or capital transfer tax will be payable on wealth (including the value of the house). Married women need to secure their right to inherit the family home through joint ownership or provisions made in wills to which they are a party. Where divorce or separation includes the potential claimants to family property, it is particularly important that older women have safeguards against the possibility of becoming homeless.

In many European countries rents have risen towards market levels (a 1995 law in Spain, for

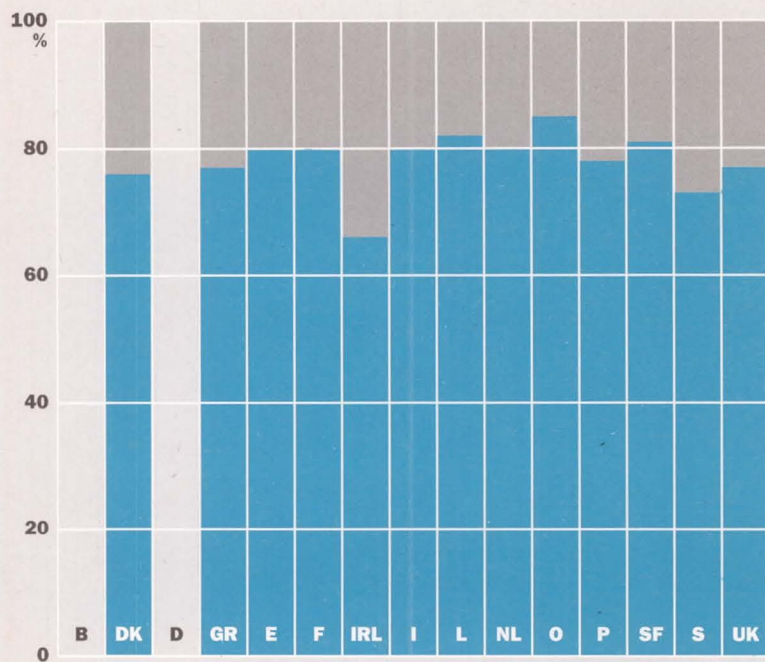
Figure 7

One-person households in the 65+ age group by sex, 1990/91

Older women (65+) are far more likely than men of the same age group to live alone in all the EU Member States (data unavailable for Belgium and Germany).

Source: Eurostat

■ women
■ men





instance, provides for "old rents" to be gradually adjusted upwards). Despite some availability of housing allowances, this poses difficulties for those on low and fixed incomes and prevents them from taking part in upgrading schemes.

Throughout the EU, the proportion of one-person households increases (or diminishes only by a small amount) over the age of 65 in all countries except Luxembourg. They are concentrated in urban environments and mainly consist of lone women, who have either never married or who have lost their partner. Living alone is quite common in Denmark at all ages, but in Spain, Greece, Portugal and Ireland single households are far less common; the majority of people living alone are over 65 years old. In the southern countries and Ireland, multi-generational households are far more common, reflecting the lack of alternative care available for dependent older people. The situation in Italy is changing very rapidly: while in 1983 one person out of four aged over 75 lived alone, by 1987 this ratio had reached one in three. In Milan, 80% of older women are living alone, mostly in small apartments, but in Naples only 15% of older people are on their own (Fig. 7).

The ability to continue to have a reasonable quality of life while living independently in frail old age depends not only on the housing but on the existence, extent and quality of the care services available. The provision of these is very variable. Among helpful modern inventions,

particularly for elderly women living alone, is tele-aid, where the old person can send out an alert in an emergency (e.g. if she falls and can't get up) and help can be sent.

In no European country do more than 10% of the population over 65 live in institutions, and in the southern countries the proportion is only 1% or 2%. The hostility to residential care is ubiquitous in Europe, and care in the community is the declared policy aim of Member States. Older people in residential care are generally older and more functionally dependent than those living in the community. They are more likely to be women, the majority over 85, especially widows and women who never married, who used to live alone and who suffer poor health. Women who enter institutions have more difficulty than men in adjusting to the strangeness of receiving care, after accumulated experience of caring for others. ●

In 1995, the first of the "baby boomers" reached 50. Over the next 20 years, this large generation will swell the numbers of the retired by some 50% to a massive 37 million people, and thereafter double or even treble the ranks of the frail elderly. This dramatic demographic development will entail considerable risks, for the people concerned and for society at large. On every front there is the threat of widening disparities, with older women being particularly vulnerable to poverty, marginalisation and ill health.

Older people have already entered the sights of the marketing men, who note the generous pensions received by the more fortunate recent pensioners; television producers are trying to hold their attention with portrayals of age combined with glamour. Policy makers on the other hand are emphasizing the need for cutbacks to improve the viability of pensions and health services.

Viewed optimistically, business' new attention to elderly people as consumers can contribute to a meaningful old age by providing those goods and services that foster autonomy and contribute to a sense of competence, without setting the elderly population apart in the process. But a misleadingly homogeneous picture of the affluent older consumer may adversely affect public policy. As low income elderly persons are rendered less visible through marketing approaches and imaging, for example, governments may find increasing justification for cutbacks in the programmes and services that are most needed by those elderly people who fail to fit the new, affluent stereotype.

The generation of women now reaching its "Third Age" has had more educational opportunities than its predecessors, and it has experienced a period of enormous change in science, technology, communications and the arts. The change is occurring within a value system dominated by materialism. Older people may never discover their creative potential, unless they are given the opportunities for reflection, review and direct enabling experience to use their dormant skills. Opportunities for learning in later life are critical. Such courses - at mid-life planning seminars and pre-retirement courses, and some adult creativity groups or classes, which provide the only safe and relevant forums for such review and "liberation" - could provide the catalyst for personal change and enhanced creative experience.

The structure of the pension systems as currently designed tends to perpetuate and accentuate in retirement the disparity in incomes experienced in working life. Differences between pensioners' and workers' incomes, and between pension incomes for men and women, are increasing. The present precariousness of employment and the often high rate of unemployment affect many people's pension entitlement conditions and could lead to major discrepancies among future pensioners.

The shape of the workforce will change fundamentally within the next 10 years: only with targeted effort (against age discrimination, in favour of appropriate retraining schemes) will it be able to adapt to include the large number of older people who are fit and able to contribute to society. The population of working age is projected to grow, but the proportions between different age groups will alter: the number of young people 15-19 will decline 5%, the numbers 20-29 will fall 17%, the 30-49 age group will increase 7%, the numbers 50-59 will grow 12%, and the 60-64 group will grow by around 1 million, giving increases of between 10% and 40% in the numbers of older workers in the Member States with the oldest population structures.

The reforms to social protection and health care systems currently under consideration are unlikely to improve the security of older women. Raising retirement ages to those of men will not find them jobs. The development of personal rights with entitlements based on their own occupational activities will not compensate for their disadvantages in employment. Reductions in benefit levels will not improve their financial situation. The traditional forms of social protection often offer the most effective guarantee of security for women who are not gainfully employed, but pressures on Member States' budgets are encouraging some policy makers to look to change the balance between basic statutory and supplementary pension systems. In the UK,



where most emphasis is placed on supplementary pensions, the basic pension earned by women is so low that large numbers need to rely on humiliating means-tested benefits.

There is respect for old age due to long tradition in the Mediterranean countries. Families expect to take responsibility for their elderly relatives. Rapid change is now coming, though at different rates in different regions. The younger women - as their counterparts in northern Europe - now have small families and are more inclined to work outside the home. This is likely to pose new strains between the generations and leave the older women more isolated and more at risk.

neighbourhoods (a tenfold increase in elderly black people living in Britain is anticipated in the next 30-40 years), risks an increase in the social exclusion of older ethnic residents.

With the decline in public transport outside inner city areas, mobility and independence depends on access to a car. Older men are more likely to be drivers than women (in the UK, it has been estimated that about 80% of men as against 30% of women aged between 60 and 69 hold driving licences), but the number of older people - especially women - who enjoy a car-dependent lifestyle, and who will want to continue driving, is forecast to rise steeply over the next 20 years.

Of fundamental importance is the existence of family, friends and service agencies (in that order), available to support people as they adapt and cope with the challenges involved in growing older. Each generational cohort has its own character. The current generation of very old people reached adulthood in a period of political tension and widespread poverty; people retiring today from working life have experienced an extraordinarily rapid transformation of working practices and explosion of prosperity. Women of the baby boomer generation have had much better schooling than their predecessors; more have taken employment; they have spent their earnings on consumer goods and services in an unprecedented fashion. That generation has also developed a variety of new family arrangements, with fewer children and a great

increase in the numbers of divorced women, trends which have been continued by the following generation.

It is unclear how these trends will work out when it comes to meeting the need for care of frail elderly people in the next century. Many women presently providing care for their elderly parents in Germany have said that they do not expect such help from their own children. Evidence from Denmark - where responsibility for care lies with public authorities, not the



Regional disparities in patterns of ageing are becoming a source of serious concern. Highly uneven distribution of ageing could completely derail the job-creation potential in the regions and increase the concentration of needs, and hence resources, relating to the infrastructure supplying specific services. Poor areas would become increasingly impoverished. The trend in many of the largest cities for "white flight" from the inner city to the suburbs, combined with the ageing of the migrant population already concentrated in the poorer city

family - seems to support the thesis that this arrangement improves the well-being of everyone concerned, with the "child" giving emotional support and outside agencies providing the needed practical support. But the Danes are willing to pay the high taxes required for their social protection system; not all Member States are as wealthy or as concerned with social solidarity, and it seems unlikely that the pattern will be transferable to any of the Mediterranean countries. Indeed, with dependency ratios worsening (the ratio between people of working age, who pay taxes and contribute to social insurance schemes, and those too young and too old to work), the cost of care will have to

ic factors but from a combination of behavioural factors (diet, smoking, sport, medical supervision), themselves strongly influenced by socio-economic status (education, type of work, income, unemployment), together with technical progress and advances in medical knowledge, the quality of the environment (exposure to harmful agents) and social progress (access to appropriate care, prevention of disease and accidents, information). These parameters reveal significant regional and social differences, creating major health disparities. Will future generations of older women reflect the fitness boom of the 1980s and 1990s or take on the couch potato habits of some inner city children?



be reduced and more efficient methods of delivering it must be found.

The rise in divorce may place pressure on mothers in particular - given the strength of female ties coupled with the tendency for women to gain custody - to provide not only emotional but also housing, financial and child-care support to adult daughters. Will those daughters return the care? Will their children in turn take over caring responsibilities for their mothers?

Health consciousness has increased, but will health promotion be able to change ingrained habits? Longer life results not only from genet-

An important question to address is whether a longer old age means a healthier old age? Can morbidity be compressed into the last few years of life, as degenerative diseases are controlled? Or will the extension of life increase an individual's years of dependency and poor health? A Danish interview-based study predicts that "the younger older people will be functioning better than today's young older people, while the total number of very old and disabled will increase. We expect more very old, single, demented, incontinent, insecure people in need of protection and care".

All aspects of social and family life risk being dominated by the needs of older people. What concessions will the elderly be prepared to make to the younger generation, and how will the latter finance pensions? What roles will be played by active older people? What will our society offer the ever-increasing numbers of very old, dependent people? There can be no doubt that the principle of solidarity between generations will emerge as a key factor in the adjustments which will have to be made. ●

Figure 8

Basic statutory pension schemes

Conditions for access to basic statutory pensions in the 15 EU Member States.

Source: Eurolink Age, 1996

	Retirement age	Minimum scheme membership for a basic pension	Contribution period for full basic pension	Pension adjustment
Belgique/België	60-65 (flexible)	None	Men: 45 years Women: 40 years	Automatically, in line with retail prices if index varies by 2%; annually in line with standard of living
Danmark	67	3 years' residence between ages 15- 67	40 years' residence between ages 15-67	Annually in line with wages
Deutschland	65 in principle	60 months' insurance	Up to 45 years	Annually in line with average net disposable income
Ellas	Men: 65 Women: 60 (65 from 1993)	4,500 days qualifying for contributions (4,200 to 1992)	7,800 days for those insured since 1992	Linked to rises in civil service pensions
España	65	Contribution record for last 15 years, including minimum 2 years in 8 immediately preceding retirement	35 years	Annually in line with anticipated changes in consumer price index
France	60	One quarter's insurance	151 quarters (increasing to 160 in 2003)	Annually in line with prices plus wages
Ireland	65 (retirement pension) 66 (old age pension)	Join before age 55; 156 weeks' contributions with average 24 weeks' p.a. (20 weeks' for old age)	Average 48 weeks p.a.	Annually
Italia	Men: 62 Women: 57 (rising to 65/60 by 1 year every 18 months)	16 years' contributions (increasing by 1 year every 2 years)	40 years	Annually in line with workers' cost of living
Luxembourg	65	120 months' insurance	40 years	Automatically in line with prices if index varies by more than 2.5%; annually in line with earnings
Nederland	65	None	50 years	Twice annually in line with average contract wages
Österreich	Men: 65 Women: 60 (rising gradually until equal with men in 2024)	15 years (180 contribution months)	45 years	Annually, linked to net wages
Portugal	Men: 65 Women: 62.5 (65 by 1999)	15 years with min. 120 days p.a.	40 years	Annually, in line with inflation
Suomi	65	3 years' residence after age 16	40 years' residence between ages 16-65	Annually, in line with cost of living index
Sverige	65	3 years' residence	Qualified residents at 65	Annually, in line with prices
United Kingdom	Men: 65 Women: 60 (increasing to 65, 2010 - 2020)	50 contributions before 1975 or 25% of working life	90% of individual's working life	At least annually, in line with general price level

Chronology of European action

1968

Non-national workers can enjoy the same pay and social benefits as nationals (Council Regulation 1612/68).

1971

The State pension rights earned by workers in any Member State of the EU can be aggregated, and the final pension can be paid to retired workers wherever they live in the EU (Council Regulation 1408/71).

1975

Equal pay for women and men (Council Directive 75/117/EEC - the Equal Pay Directive).

1976

Equal treatment for men and women as regards access to work and dismissal (Council Directive 76/207/EEC - the Equal Treatment Directive).

1978

Equal treatment for men and women in matters of social security means equal pension rights (if not yet equal pension age) (Council Directive 79/7/EEC - the Social Security Directive).

1982

Flexible retirement is recommended by EU Social Affairs Ministers (Council Recommendation 82/857).

First budget line for older people allocated in EU Budget.

1984

Intergroup on Ageing is set up by the European Parliament.

1986

The European Court of Justice rules that women cannot be made to stop work at an earlier age than men, even if the state sets different pensionable ages (Cases 152/84 Marshall and 262/84 Beets Proper).

Equal rights for men and women in occupational pensions schemes (Council Directive 86/378/EEC).

1987

Equal pension ages for men and women in State schemes is recommended (Proposal for a Council Directive (COM(87)494) completing the implementation of the principle of equal treatment of men and women in statutory and occupational social security schemes.

1989

European Seniors' Concessions Pass is recommended, to allow pensioners to benefit from concessions in culture, leisure and transport wherever they travel in the EU (Commission Recommendation of May 1989 for a European over-sixties pass).

The EC Charter of the Fundamental Social Rights of Workers (a non-binding document) calls for retired people to have enough resources to enjoy a decent standard of living; and states that even without a pension, all older people should be entitled to a minimum income and medical and social assistance specifically suited to their needs.

1990

Retired EU citizens are given limited rights to take up residence in any country of the EU under certain financial conditions (Council Directive 90/365/EEC).

The European Court of Justice rules in favour of equal treatment for men and women in early retirement benefits (Case 262/88 Barber).

First EU action programme for the elderly (1991-93) is agreed, including EU funding for a network of pilot projects.

1991

A European Observatory on Ageing is set up as part of the programme of actions, to assess and compare the impact of social and economic policies on older people within each Member State.

Official EU committees to discuss older people's issues are set up for the first time: an Advisory Group of national civil servants responsible for older people's policies and a Liaison Group of European NGOs working on behalf of older people.

1992

Recommendations are adopted for minimum standards of social benefits and medical assistance for older people, as part of the EU Social Action programme following the Social Charter (Council Recommendations 92/442/EEC on the convergence of social protection objectives and policies and 92/441/EEC on common criteria concerning sufficient resources and assistance in social protection systems).

The first European Seniors' Parliament is organised in Luxembourg, sponsored by the Socialist Group of the European Parliament.

The European Year of the Elderly and of Solidarity between Generations is proclaimed for 1993, with funding for networks and pilot projects.

1993

Flexible retirement is confirmed as a common aim of the EU in a Resolution of the Social Affairs Ministers (Council Resolution of 1 June 1993 on flexible retirement arrangements).

A second European Seniors Parliament takes place in Luxembourg, sponsored by the European Parliament as a whole.

Social Affairs Ministers agree a formal Declaration on EU policy for older people.

is to date of interest to older women

The third three-year programme of actions for disabled people, *HELIOS II*, includes older disabled people for the first time as a separate priority group.

A second EU programme of actions on behalf of older people is projected by the Commission.

A Joint Declaration by Council, Commission and European Parliament on EU policy for older people is proposed (but not issued).

1994

5.6 million ECU is allocated for measures in favour of older people in the EU annual budget for actions in 1995.

1995

The Commission submits a proposal for a Council decision on Community support for actions in favour of older people. Among its objectives is the promotion of best practice in relation to improving the situation of older women (*COM(95)53 final, OJ C 115 of 9.5.95*).

Resolution on the employment of older workers adopted by the Council of Ministers on 29 June 1995.

The Commission publishes *The future of social protection - a framework for a European debate* (*COM(95)46*)

6.5 million ECU are voted for older people's actions in 1996.

1996

The UK (supported by Germany) challenges the legality of payments by the Commission under budget lines for action against poverty and for measures to assist the elderly when the relevant action programmes have not been adopted by the Council. The European Court of Justice orders the suspension of payments pending judgement (expected end 1997).

A number of judgements by the European Court of Justice have strengthened and increased women's rights to pensions and other social protection benefits on the basis of EU Equal Opportunities and freedom of movement legislation.

The European Parliament has long shown an interest in issues of concern to older people, with reports on topics including older women's rights to social protection.

Several EU programmes recognize the significance of older people's needs, for instance:

Research: *TIDE* (*Technology Initiative for Disabled and Elderly People*) and a programme on research, technical development and demonstration in the field of biomedicine and health 1994-1998 (*Council Decision of 15 december 1994 94/913/EC*),

Health: a programme of Community action on health promotion, information, education and training within the framework for action in the field of public health 1996-2000, and actions for the prevention of cancer and Alzheimer's Disease,

Transport: accessibility to public transport for people with mobility handicaps is recognized as a major issue; the *TELSCAN* project is a telematics research project linked to older people's requirements,

Tourism: the *PHILOXENIA* programme specifically includes elderly and disabled people.

Other programmes, such as the various Equal Opportunities Programmes, some areas of the structural funds (including *NOW* and *INTEGRA*) and *LEONARDO*, do not target older people but they could be interpreted to include projects involving older women.

Regrettably, a lack of political will in Member States - especially the UK and Germany - has sapped the impetus of the valuable, path-breaking work of the first action programme in support of elderly people. The work of the Observatory has been halted, and the future of the various Networks is precarious. The mainstreaming of issues affecting older people is on the face of it attractive, until it is realised that those on the margins are already out of the mainstream and can only be drawn into it by actions specifically directed to that end. Older people, and especially older women, are not "mainstream"; they are leaving the workforce at ever earlier ages, to face up to 40 years of exclusion from the mainstream of productive employment and decision-making. If 1 in 4 of the EU's population in 2020 will be over 60, what kind of a world will that be? Support for integrating, remedial and palliative measures would seem to be essential at this stage to prevent further marginalisation. ●

Contact points for more informa

European Union

European Commission

Directorate-General V-E2
Rue de la Loi 200
B-1049 Bruxelles
Tel.: (32.2) 299 0482
Fax: (32.2) 299 0509

European Foundation for the Improvement of Living and Working Conditions

Shankill
IRL-Co. Dublin
Tel.: (353.1) 282 6888
Fax: (353.1) 282 6456

Member States

Belgique/België

Ministère de la Prévoyance sociale

Rue de la Vierge Noire 3c
B-1000 Bruxelles
Tel.: (32.2) 509 8201/02
Fax: (32.2) 509 8534

Direction Générale de l'Action sociale et de la Santé

Boulevard Léopold II 44
B-1080 Bruxelles
Tel.: (32.2) 413 3139
Fax: (32.2) 413 3211

Ministerie van de Vlaamse Gemeenschap

Markiesstraat 1
B-1000 Brussel
Tel.: (32.2) 507 3301
Fax: (32.2) 507 3419

Danmark

Socialministeriet

Holmens Kanal 22
DK-1216 København K
Tel.: (45.33) 923 377
Fax: (45.33) 932 518

Socialministeriet

Ageing Policy
Slotsholmgade, 6
DK-1216 København K
Tel.: (45.33) 924 652
Fax: (45.33) 932 518

Deutschland

Bundesministerium für Familie, Senioren, Frauen und Jugend

Godesberger Allee, 140
D-53175 Bonn
Tel.: (49.228) 930 7386
Fax: (49.228) 930 7259

Bundesministerium für Arbeit

z.Hd. Herrn Warnken
D-53145 Bonn
Fax: (49.228) 527 2965

Ellas

Ministère de l'Economie Nationale

5, Rue Nikis
GR-10180 Athina
Tel.: (30.1) 333 2743
Fax: (30.1) 333 2793

Ministère de la Santé, de la Prévoyance et de la Sécurité Sociale

Direction pour la Protection des Personnes âgées et des Personnes handicapées
17, Rue Aristotelous
GR-10187 Athina
Tel.: (30.1) 524 4875
Fax: (30.1) 523 5004

España

INSERSO

Avenida Ilustración
Ginzo de Limia 58
E-28029 Madrid
Tel.: (34.1) 347 8616
Fax: (34.1) 347 8595

INSERSO

María de Guzmán 52
E-28003 Madrid
Tel.: (34.1) 347 8517
Fax: (34.1) 347 8562

France

Ministère du Travail et des Affaires sociales

Direction Générale de la Santé
Bureau SP2
1, Place de Fontenoy
F-75700 Paris
Tel.: (33.1) 46 62 45 12
Fax: (33.1) 46 62 43 54

Ministère du Travail et des Affaires sociales

Direction Action sociale
124, Rue Sadi-Carnot
F-92170 Vanves
Tel.: (33.1) 44 36 95 31
Fax: (33.1) 44 36 97 21/22

Ireland

Department of Health

Services for the Elderly Section
Hawkins House
IRL-Dublin 2
Tel.: (353.1) 714 711
Fax: (353.1) 711 947

Department of Social Welfare

Store Street
IRL-Dublin 1
Tel.: (353.1) 704 3858
Fax: (353.1) 704 3868

Italia

Ministero del Lavoro

6, Via Flavia
I-00100 Roma
Tel.: (39.6) 46 83 42 09
Fax: (39.6) 48 24 816/
47 88 72 27

Dipartimento Affari Sociali

Via Veneto, 56
I-00187 Roma
Tel.: (39.6) 48 11 363
Fax: (39.6) 48 11 327

Luxembourg

Ministère de la Famille et de la Solidarité

14, Avenue de la Gare
L-2919 Luxembourg
Tel.: (352) 478 65 10
Fax: (352) 478 65 71

Nederland

Ministerie van Volksgezondheid, Welzijn en Sport

Postbus 3007
NL-2280 MJ Rijswijk
Tel.: (31.70) 340 55 46
Fax: (31.70) 340 53 70

Österreich

Bundesministerium für Arbeit, Gesundheit und Soziales

Stubenring 1
A-1012 Wien
Tel.: (43.1) 71100
Fax: (43.1) 71100/6591

Portugal

Comissão Nacional para a Solitica da Terceira Idade

Praça de Londres, 2-6° Sala 6
P-1000 Lisboa
Tel.: (351.1) 803 842
Fax: (351.1) 849 3005

Direcção-Geral dos Regimes de Segurança Social

Largo do Rato, 1
P-1200 Lisboa
Tel.: (351.1) 693 870/650 301
Fax: (351.1) 388 9517

Suomi

Sosiaali- ja terveystieteiden ministeriö (Ministry of Social Affairs and Health)

Bureau for International Affairs
P.O. BOX 267
SF-00171 Helsinki
Tel.: (358.9) 160 3780
Fax: (358.9) 650 422

Sverige

Socialdepartementet (Ministry of Health and Social Affairs)

S-103 33 Stockholm
Tel.: (46.8) 405 3331
Fax: (46.8) 723 1191

Socialstyrelsen (National Board of Health and Welfare)

S-106 30 Stockholm
Tel.: (46.8) 783 3261
Fax: (46.8) 783 3224

United Kingdom

Department of Social Security

The Adelphi
1-11 John Adam Street
GB-London WC2N 6HT
Tel.: (44.171) 962 86 19
Fax: (44.171) 962 87 37

Department of Health

Wellington House
Room 204
133-155 Waterloo Road
GB-London SE1 8UG
Tel.: (44.171) 972 40 36
Fax: (44.171) 972 41 32

*Liaison Group on Older
People set up by the
European Commission*

EuroLink Age

Place du Luxembourg 1
B-1050 Bruxelles
Tel.: (32.2) 512 9946
Fax: (32.2) 512 6673
E-mail:
100541.2213@compuserve.com

and

EuroLink Age

Astral House
1268 London Road
GB-London SW16 4ER
Tel.: (44.181) 679 8000
Fax: (44.181) 679 6727
E-mail: eurolink@ace.org.uk

EPSO (European Platform of Seniors' Organisations)

Rue Guillaume Tell 41
B-1060 Bruxelles
Tel.: (32.2) 538 8673
Fax: (32.2) 538 2604

EURAG (European Federation of the Elderly)

Wielandgasse 7
A-8010 Graz
Tel.: (43.316) 814 608
Fax: (43.316) 814 767

FERPA (European Federation of Pensioners & Elderly)

ETUC
Boulevard Emile Jacqmain 155
B-1210 Bruxelles
Tel.: (32.2) 224 0411
Fax: (32.2) 224 0454/55

FIAPA (Fédération interna- tionale des associations des personnes âgées)

24 Rue d'Anjou
F-75410 Paris Cedex 08
Tel.: (33.1) 44 56 84 50
Fax: (33.1) 44 56 85 35

*Networks and associations
working at European
level on issues concerning
older people*

ActiVage

EuroLink Age
Astral House
1268 London Road
GB-London SW16 4ER
Tel.: (44.181) 679 8000
Fax: (44.181) 679 6727

Ageing Well Europe

EuroLink Age
Astral House
1268 London Road
GB-London SW16 4ER
Tel.: (44.181) 679 8000
Fax: (44.181) 679 6727

Les Aînés Ruraux

24 Rue d'Anjou
F-75413 Paris
Tel.: (33.1) 44 56 84 67
Fax: (33.1) 44 56 84 84

AIUTA (Association internatio- nale des universités du troisième âge)

Secretariat
23 Rue Cronstadt
F-75015 Paris
Tel.: (33.1) 40 43 25 23
Fax: (33.1) 40 43 24 09

Association of Women of the Mediterranean Region

P0 Box 320
Limassol 3603
Cyprus
Tel.: (357.5) 37 24 97/36 29 32
Fax: (357.5) 36 84 57

European Design for Ageing Network

Royal College of Art
Kensington Gore
GB-London SW7 2EU
Tel.: (44.171) 590 4444
Fax: (44.171) 590 4500

European Network on Ageing & Ethnicity

Age Concern Scotland
113 Rose Street
GB-Edinburgh EH2 3DT
Tel.: (44.131) 229 7554
Fax: (44.131) 221 9848

European Network on Changing Attitudes to Ageing

Age and Opportunity
Marino Institute of Education
Griffith Avenue
IRL-Dublin 9
Tel.: (353.1) 837 0570
Fax: (353.1) 837 0591
E-mail: ageandop@indigo.ie

European Network on Older People in Cities

Programas Poblacionales
Departamento de Acción Social
Cáritas Española
C/ San Bernardo
99 bis - 7ª planta
Apartado de Correos 10,095
E-28015 Madrid
Tel.: (34.1) 444 1000
Fax: (34.1) 593 4882

European Network of Older Volunteers

RSVP (Retired Senior Volunteer
Programme)
237 Pentonville Road
GB-London N1 9NJ
Tel.: (44.171) 278 6601
Fax: (44.171) 833 8434

European Reminiscence Network

Age Exchange Theatre Trust
Age Exchange Reminiscence
Centre
11 Blackheath Village
GB-London SE3 9LA
Tel.: (44.181) 3189105
Fax: (44.181) 3180060

Gerocare Network

Kuratorium Deutsche Altershilfe
Wilhelmine-Lübke-Stiftung e.V
An der Pauluskirche 3
D-50677 Köln
Tel.: (49.221) 931 847-0
Fax: (49.221) 931 847-6

OWN

(Older Women's Network)
Via Del Serraglio 8
I-06073 Corciano-PG
Tel/fax: (39.75) 506 8006

Appleton, Nigel & Leather, Philip

Housing for Older People in Europe 1996.

Apter

Secret Paths: Women in the new Midlife
W.W. Norton & Co., 1995.

Arber, S. and Ginn, J.

Gender and Later Life Sage, 1991.

Bernard, Miriam & Meade, Kathy (ed.)

Women Come of Age Edward Arnold, 1993.

Blakemore, K. & Boneham, M.

Age, Race and Ethnicity
Open University Press, 1994.

Brocas, A.-M., Cailloux, A.-M., Oget, V.

Women and Social Security ILO, 1990.

Bytheway, B.

Ageism Open University Press, 1995.

Commission on Family Housing

Housing of older people: the Lisbon recommendations
Cahiers familles dans le monde, 1994.

Coopmans, M., Harrop, A., Hermans-Huiskes, M.

The Social and Economic Situation of Older Women in Europe DG V, European Commission, 1990.

DaneAge

The Situation of Older Women 1994.

de Beauvoir, Simone

Old Age (La Vieillesse) Penguin, 1970.

Dooghe, G. & N. Appleton (ed.)

Elderly Women in Europe: Choices and Challenges Centrum voor Bevolkings- en Gezinsstudies, Leuven, 1995.

Eurag

Older Women in Europe: Their Needs and Rights 1989.

Eurolink Age

The Situation of Older Women in Europe May 1985.
Older People and Education 1995.
European Community Law Relating to Older People 1995.
Pension Schemes in the EU Member States 1996.

European Commission, DG V Directorate-General for Employment, Industrial Relations and Social Affairs

Employment in Europe 1996.
Social Protection in Europe 1993 & 1995.
Living in Europe 1993.
The Demographic Situation in the European Union 1995.

Eurostat

Women and Men in the European Union: A Statistical Portrait 1995.

Giarchi, G.G.

Caring for Older Europeans Arena, 1996.

Harrop, A.

The Employment Position of Older Women in Europe Age Concern Institute of Gerontology, 1990.

Jani-Le Bris, H.

The Participation of the Elderly or Retired people in Cultural and Social Activities 1990.
Family Care of Dependent Older People in the European Community European Foundation for the Improvement of Living and Working Conditions, 1993.

Levet, M.

Vivre après 60 ans Flammarion, 1995.

Macdonald, B. and Rich, C.

Look Me in the Eye
The Women's Press, 1983.

Mestheneos, E. and Triantafillou, J.

Carers Talking European Foundation for the Improvement of Living and Working Conditions, 1993.

MISSOC

Social Protection in the Member States of the European Union 1 July 1995.

National Platform Women over 50

Elderly Women in the Netherlands: Emancipation in Motion, 1989-1991.

Nielsen, Anne Maj

Older Women in the European Community
DaneAge, 1994.

O.E.C.D.

The Transition from Work to Retirement 1995.

Parent, Agnès

Pays'Agés
DG V, European Commission, 1996.

RSVP

Gone Out Europe 1994.

Salvage, A.V.

Who Will Care? European Foundation for the Improvement of Living and Working Conditions, 1995.

Stevenson, Olive

Women in Old Age Reflections on Policy and Practice, 1986.

The European Network on Older People in Poverty in association with Eurolink Age

Behind the Statistics: Profiles of Older People in Poverty from around Europe 1992.

Walker, A., Alber, J. and Guillemard, A.-M.

Older People in Europe: Social and Economic Policies
DG V, European Commission, 1993.

Walker, A.

Age and Attitudes
DG V, European Commission, 1993.
Combating Age Barriers in Employment
European Foundation for the Improvement of Living and Working Conditions, October 1996.

Walters, Rhiannon

Health Promotion for Old Age
Eurolink Age, 1996

