

Promoting Participation, Social Inclusion and Non-Discrimination of Older Persons

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Population ageing has a profound impact on societies. It affects educational institutions, labour markets, social security, health care, long-term care and the relationship between generations. Active ageing is a central political concept that takes in not only the challenges, but also the opportunities of long-living societies. This includes opportunities for older people to continue working, to stay healthy longer and to contribute to society, for example through volunteering. The current paper discusses some factors which influences participation in old age and policies on active ageing that intended to foster active participation, social inclusion, and non-discrimination of older persons. Five propositions form the basis for the argument of this paper:

1. Although interventions for active ageing are most efficient when taking place early in the life-course, they are also effective and meaningful later in life.
2. Diversity in ageing processes should be reflected in interventions for promoting participation, social inclusion and non-discrimination.
3. Transition into retirement is an important gateway for active ageing.
4. Active participation in later life is based on opportunities for involvement and volunteering in organizations and in the community.
5. Images of ageing frame opportunities for active ageing and access to social and health services for older persons.

1. Although interventions for active ageing are most efficient when taking place early in the life-course, they are also effective and meaningful later in life.

Active ageing embraces both individual processes and societal opportunity structures for health, participation and integration. The goal of interventions for active ageing is the enhancement of quality of life as people age. The World Health Organisation (WHO) and the UNECE use the term "active ageing" in such a way to include different ageing trajectories and diverse groups of older people. Moreover, it is emphasized that opportunities for health, participation and security have to be optimized in order to enhance quality of life as people age. Participation and security are understood in the broadest sense including social, economic and political participation, social inclusion and integration and intergenerational relationships.

Active ageing must begin with investments early in life (e.g. education, health behaviour, volunteering in childhood and adolescence, see Tesch-Römer, 2012). The diversity in ageing trajectories shows that good health, stable social integration, and societal participation do not occur "naturally" in old age. While some people experience a good health status up to very old age, other people suffer from chronic diseases and may die prematurely. The existence of different trajectories indicate that certain factors may change the course of ageing – and that knowledge about these

factors could be used in interventions (Berkman, Ertel, & Glymour, 2011). With respect to health, for instance, it has been argued, that individuals who start to perform physical activities early in life and maintain this over the life course will likely have better functional health throughout the lifespan, although a decline in late life is inevitable (Manini & Pahor, 2009). Early life experiences, especially education, yield positive effects which will be visible in old age.

Policies on active ageing should rely on measures which foster successful development in earlier phases in life. Providing learning opportunities over the life span has long lasting positive effects on active ageing. However, even in middle and late adulthood investments in active ageing are effective (e.g. changing health behaviour, vitalizing social integration, stimulating volunteer activities).

Intervention studies demonstrate that changes in health, social integration, and participation are possible up to late adulthood. It should be emphasized, however, that the efficiency of interventions decreases with advancing age. The state and other stakeholders need to provide the basis for life-long health education and promotion, including also health promotion for older people. Relevant stakeholders should also provide adequate environment for people of all ages. The central arena for investments in active ageing is the local and regional context (e.g. age-friendly cities).

2. Diversity in ageing processes should be reflected in interventions for promoting participation, social inclusion and non-discrimination.

In gerontology, the process of ageing and the phase of old age is seen as part of the life course (Elder & Giele, 2009). Although there might be disruptive events in old age (like the onset of dementia), biographical trajectories through childhood, adolescence and adulthood shape the “third” and “fourth” phase in life. Hence, the cornerstones of active ageing are already laid in early phases of life. One should keep in mind that ageing individuals follow diverse developmental trajectories and that this diversity tends to increase with age. Among the factors which contribute to diversity in old age, e.g. gender, level of income and wealth, ethnicity, living with/out handicap, educational status gained in childhood, adolescence, and young adulthood stands out as it is highly influential for development over the life course.

Developmental research has generated a tremendous amount of evidence for the long-lasting impact of the conditions in early childhood and adolescence on adult development (e.g. Britton, Shipley, Singh-Mannoux, & Marmot, 2008). Children living in advantaged families will achieve a higher educational status, work in less strenuous jobs, and will earn more life-time income (Dannefer, 2011). Hence, education – the acquisition of knowledge and skills – constitutes a gateway for occupational career which opens up other opportunities as well. Cumulative inequality theory points out that risks and opportunities connected to educational status accumulate over the life-course.

Educational status accounts for differences in health, social integration, and societal participation even in middle and late adulthood. Hence, interventions for promoting participation, social inclusion and non-discrimination should take into account diverse life-course histories of skill and knowledge acquisition.

3. Transition into retirement is an important gateway for active ageing.

Retirement is a critical life event which marks the beginning of the "third phase of life". Leaving the labor force is a salient transition with diverse developmental trajectories and outcomes. Retirement may be experienced as a developmental gain. The obligations of employment fade away and a period of "late freedom" may begin which can be filled with a variety of activities. In this case, retirees enjoy the fact that retirement lowers obligations, increases free time, and offers opportunities for recuperation from work related stress. In contrast, retirement may be experienced as a developmental loss. Many retirees have to cope with a decrease in income as well as losses in social status and social roles. Retirement may also diminish opportunities for mental stimulation and endanger a sense of meaning in life. Finally, it may be that retirement has differential effects which depend on pre-retirement resources like social status, income, wealth, competence and skills as well as richness of life goals.

Empirical research has shown that developmental retirement trajectories are highly diverse, depending on socio-demographic factors, like education, conditions at former workplaces, modes of transition, and differences in pre-retirement health (e.g., Fasang, 2010; Lowis, Edwards, & Burton, 2009). Retirement is not a uniform transition for all people experiencing this transition. Retirees who have a larger pool of resources at their disposal are less likely to experience an overall change in life satisfaction when retiring (Pinquart & Schindler, 2007). This contrasts with retirees who have been unemployed before retirement (short-term increase, but long-term decrease in life satisfaction) or retirees for whom the cut in income results in problems to make ends meet (short-term decrease, but long-term stabilization in life satisfaction). It should be noted, that the influence of educational resources are visible before retirement already: Individuals with higher educational status have a higher probability of gainful employment during the last decade before retirement than individuals with lower educational status.

Hence, it is decisive to take the individual form of retirement trajectory into account when planning interventions for active participation in later life. Not all retirees experience the transition into retirement as the pathway to "late freedom", and not all of those who do feel this way decide to actively participate in society. In addition to trajectories into retirement it is necessary to provide meaningful opportunities for active participation.

4. Active participation in later life is based on opportunities for involvement and volunteering in organizations and in the community.

One important aspect of active participation in late adulthood is volunteering, i.e. "activities or work that some people willingly do without pay to promote a cause or help someone outside of their household or immediate family" (International Labour Organization, 2007). Volunteering has important effects, e.g. increased social inclusion, opportunities for education, and enhancement of quality of life. In addition, volunteering has high potential for the community. Volunteer work is a crucial resource for social and environmental problem-solving and increases the social capital of neighbourhoods and communities. Finally, volunteer work creates significant economic value for the society as a whole. However, it should be emphasized that time and effort of volunteering must not exceed the capabilities of a person in order to have positive effects on the person (Windsor, Anstey, & Rodgers, 2008).

One of the main questions in this context concerns the problem of recruiting volunteers, especially from those groups who do not have a life-long history of volunteering. Clearly, organizations have to pay attention to the individual situation of potential older volunteers. A highly successful example for recruiting and retaining volunteers is the "Experience Corps Baltimore", an intervention which involves older volunteers in public schools with the dual goal of supporting students and of health promotion for older volunteers (Tan, Xue, Li, Carlson, & Fried, 2006). Apparently, the combination of a detailed screening process and positive effects of participation resulted in high retention rates between 80 and 90 percent (Martinez et al., 2006). Choice of voluntary activities and the ability to plan one's own time table are highly important for motivating volunteers. People with a low income (and mostly also a lower educational status) emphasize institutional facilitators of engagement, like compensation for the activity (Tang, Morrow-Howell, & Hong, 2009).

Volunteering rates in middle and late adulthood vary between educational groups. Individuals with higher educational status more often undertake voluntary service than individuals with lower educational status. In the European study "Survey on Health, Ageing, and Retirement in Europe" (SHARE) it was shown that across countries, the rate of volunteer work, defined as active engagement in voluntary or charity work during the month before the interview, was on average about 6 percent in individuals with low education, about 11 percent in the middle educational group, and about 18 percent in the group with a high level of education (Erlinghagen & Hank, 2006). Analyses based on the "German Ageing Survey" (DEAS) show that although volunteering decreases with age, the educational gradient is steeper than the age gradient: Differences in the rates of volunteering between groups with different levels of education are by far greater than differences

between age groups in the age range of 40 to 85 years (Naumann & Romeu Gordo, 2010). Similar results concerning educational status can be found in the United States (Kaskie, Imhof, Cavanaugh, & Culp, 2008). Finally, it should be taken into account that motives for volunteering change over time (and may differ between cohorts). For instance, it has been suggested that the cohorts of the “Baby Boomers” (cohorts born between 1945 and 1965, with different peaks in the US and Europe) are motivated to volunteer in youth focused activities or activities that are connected with their local community (Prisuta, 2003).

Given the positive impact volunteering has on the individual, community and society and considering the diversity between different groups of older people, one urgent question concerns the mechanisms and factors which may positively influence active participation and increase the rate of volunteering in the older population. On the level of organizations it is decisive to match the needs of voluntary organizations and the interests of volunteers, especially those of younger birth cohorts as norms, values and preference underlie generational change. On the level of the municipality, the several features of "age-friendly cities" have been identified. Physical accessibility, service proximity, security, affordability, and inclusiveness increase active ageing (Plouffe & Kalache, 2010). Local policies which intend to increase the rates of productive participation of older people seem to have a complex effect: While some of these measures, e.g. extended information about volunteering activities, increase inhabitants with lower education, they have no or even slightly negative effects on inhabitants with higher education (Traunmüller, Stadelmann-Steffen, Achermann, & Freitag, 2012). On the societal macro-level, the extent of democratic participation, but also the provision of welfare state services influence the rates of productive participation of older people positively (Hank & Erlinghagen, 2011).

5. Images of ageing frame opportunities for active ageing and access to social and health services for older persons.

Images of ageing play an important role in promoting participation, social inclusion and non-discrimination of older persons. There is growing body of empirical evidence showing the consequences of images of ageing for the ageing person (e.g. effects on health, performance in memory tasks, and activities; Wurm, Tomasik, & Tesch-Römer, 2010) and for professionals (e.g. implicit ageism in professional decision making; Levy & Banaji, 2002). It has been shown that images of ageing are more positive in individuals with higher educational status. Depending on the relationship quality, more frequent contact with older people in childhood can also lead to more positive images of ageing.

Strategies for changing images of ageing may include direct intervention measures, like school curricula, community programmes for inter-generational exchange, and media interventions for a realistic portrayal of older persons. However, the empirical research on effectiveness and efficiency of these interventions is very sparse so no conclusive recommendations can be formulated yet. In general, anti-discrimination laws may be helpful in changing images of ageing or, at least, limiting the impact of negative age stereotypes.

Societal and individual conceptions of ageing influence developmental trajectories over the life span. Using the potentials of active ageing is influenced by societal images of ageing. Bringing new “images of ageing” into the mass media and into the consciousness of the general public might show that older people are a potential societal resource. It should be noted, however, that purely positive images of ageing do not do justice to frail older people in need of care. Hence, images of ageing should be inclusive and embrace both potentials and risks of old age when striving to promote participation, social inclusion and non-discrimination of older persons.

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