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Ageing in Europe: The challenge of the century, and how to deal with it

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Ageing in Europe:
The challenge of the century, and how to deal with it

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The purpose of this thesis is to give the reader an overview of the phenomenon known as Population Ageing in Europe. It aims at defining and explaining the main root-causes of the ageing of the European population, and the impact on multiple levels that it will have, whether on our economy, our societies or our legislations.

In order to prepare for the challenges of population ageing in Europe, it is essential to understand that many interconnected aspects of society are being impacted. Therefore, a holistic view of the phenomenon is necessary. Usually, specialized literature focuses on specific aspects of the issue (medical, economic, or social), except books that have more room for deeper analysis. This thesis will use qualitative research and literature review to offer its readers a short, accessible, comprehensive, concise yet large picture of the problems our societies are facing with ageing, but also of the trends that could make old age more active and healthy.

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1 Introduction

1.1 Foreword

The 21st century presents us with many great challenges. The climate change, which already produces grave consequences around the world, provokes much heated debates and is widely discussed, both in international summits and local newspapers. The war on terror has raised many ethical questions and is constantly in the news as attacks are being carried ever closer to us. However, there is one major challenge which is not as openly discussed, even though it has already begun to cause disruptions in our European way of life, and will increasingly do so in a not so distant future: the ageing of our population.

The matter is, in fact, discussed, but often indirectly, leaving the common man unaware of the scope of the issue. Nevertheless, topics linked to ageing tend to come up regularly, especially when governments or the EU try to adapt to the new situation. For example when Finland decides to reform its pension system for 2017, twelve years only after its previous reform, it is a direct consequence of its ageing population. The website of Eläke Uudistus (Eläke Uudistus, no date, s.2), literally “Pension Reform”, offers an interesting summary of the reform in English:

- “The grounds on which pensions are determined at different ages will become more unified and the age at which pension begins to accrue will be lowered to 17.
- The retirement age will be raised by two years (to 65 years) by 2025. After that, the retirement age will be linked to life expectancy.
- A new pension type will be introduced: the years-of-service pension. People who have worked for a long time in strenuous and wearing work may be eligible for this pension.”
-

All of these points are effectively connected to issues will be discussed in this thesis. Point one is an attempt to reduce slightly the age dependency ratio, which will be explained later. Point two tackles the issue of working longer to adapt the greater life expectancy, the prime solution advocated by economists as will be discussed as well. Point three is, interestingly, more leaning on the social side of the arguments by offering a more generous pension when economists suggest to be, on the contrary, less generous in the future. All these points of view, and the struggle between a fair and decent pension system VS an economically sustainable one, are the result of the great question: How are we going to deal with the ageing of Europe? Economists and social workers have varied opinions of the matter, which we be compared and criticized if possible, later in this thesis.

1.2 Structure of the Thesis

Indeed, Europe is ageing, as, in fact, most of the developed countries are. In a few decades, and for the first time in our history, elderly people will make for more than a third of the population. Because we witness a decrease of mortality after having experienced the baby-boom's natality explosion, demographers call this "the second demographic transition" (Henkens and Schippers 2012). The implications of this phenomenon are huge, deeply impacting our society. It puts in question our entire labour market, our pension systems as we just saw, the quality of life that we enjoy as Europeans, and raises the question of the sacrifices we might agree upon to preserve it as much as possible. It carries many ethical issues about how we, as a society, treat our elders and the role they occupy in said society.

One perfect example of that is the recent back paddling of the Finnish government in its attempts to reform the health-care sector related to the elderly. In its news article on the subject, Yle (2016, para. 1-3) informs that "In a reversal of earlier plans, the government said (...) that it will keep elder care worker-to-client-ratios as they stand, at a rate of 0.5 caregivers for each client. Earlier the government had plans in the works to reduce the minimum caregiver-client ratios to 0.4 caregivers per client. The opposition parties, among others, reportedly disagreed with those plans." The Finnish government also took the decision to apply the care-worker-client ratio to both public and private elder care providers, while maintaining its target of saving 70 million Euros in public sector budgets by the year 2019. One can see that besides the pension reforms, the labour market is not only affected by the shortage of workforce, but also, if not mainly, by the shortage of funding. To achieve the Finnish government's savings target, personal quotas will have to be nailed down and the workers positions will be redefined, according to the official proposal. Will this mean once more doing more with less? Are we ready to make such sacrifices? And where should the cuts be made to achieve greater economic and social balance? This, I will try to discuss in this thesis, even though it should be noted that as a bachelor thesis, this paper will not have the scope of a more detailed research, and will focus on the general picture to find out representative trends and patterns related to population ageing in Europe.

To understand that dramatic phenomenon, I will first look back at the root-causes of the situation, with a focus brought on the European scale. We shall discuss the coming to the third age for the Baby-Boom generation of the post-war era, and how this generation benefited largely from progresses in medicine and working condition to thrive to a much older age than their predecessors. I shall also have a look at the simultaneous drop in fertility in most European countries, due to changes of mentality towards birth control, but also due to the huge changes in roles and opportunities for women in modern societies. All these factors contributed to the ageing of the population across the continent.

As our social security and pensions systems are being increasingly influenced, if not reshaped, at a European level through the European Union, and since EU funds are a big part

of the finances of its member states, it is necessary to look at the situation from a European perspective rather than to focus on individual countries. In fact, as we will see further in this thesis, data show consistent trends across the continent with some regional differences but overall quite coherent patterns. For instance, it is interesting to compare the French government's website dedicated to its own pension reform which took effect in January 2015, and notice how eerily similar the changes are to the soon-to-be implemented Finnish reform, with special pensions for difficult or very-long-term jobs in one hand and raising the minimum age to enter retirement in the other, etc. (Gouvernement 2016). The influence of EU-wide decisions is clear, this is why this thesis will keep this supra-national perspective as the EU has made us closer interlinked, and as much as we share the same challenges, we might share similar solutions to tackle it with more serenity.

After having traced back the root-causes of the ageing of Europe, I will dive into its consequences. Firstly, the economical consequences, which are the most prevalent in the national debates. Since any solution has to be funded, one way or another, it is only natural to listen to what economists have to say about the matter. Secondly, I will assess some of the social consequences of that dramatic population ageing, and see what effects this change has on our modern societies, from generational conflict to changes in our way of seeing and apprehending the "new old age", and how we integrate this shift of paradigm to our daily lives. And finally, this will bring us naturally to the ethical questions raised by transformations changes. When society changes rapidly, and especially when the factors of change are not only social but also economic, one is bound to ask oneself where to draw the line between the financial needs for the sustainability of society and the moral principles that are the very fabric of said society.

After we have drawn a broad picture of the situation in Europe and the multiple consequences of the ageing of its population, the third chapter of this thesis will look at the ways we can transform this challenge into opportunities, and see what practical solutions to the many issues raised previously can already be found in various countries, or should be implemented in the future.

This thesis is mostly aimed at giving an overview of the ageing issue to non-geriatric social service professionals, so they can understand all ramifications of the phenomenon. Indeed, the topic of ageing is often broken down into specific topics, which may have for effect to make the readers lose perspective of the scope of the issue, hence the need to take a step back and see the phenomenon of ageing population in its entirety. All factors of a healthy or unhealthy ageing are interconnected and must be taken into account with a holistic approach. By looking at trends and patterns in an increasingly integrated Europe, this thesis will attempt to map the range of consequences ageing has on our modern European societies, in order to be relevant for workers on a national and transnational level. As we will see, some solutions to the problems of ageing population can be found and they should not be

restricted to the local level only. Hopefully this paper will give its readers a good overview of the issue and key tools to help their clients reaching a healthy old age.

1.3 Methodology

As much as a wider, European perspective is required to grasp the scope of the studied phenomenon, it is important to realize that it makes it also impossible for a bachelor thesis to dive too deeply into the details of every issue raised here, nor to cover in detail the possible solutions. The European Union is much too big to be completely encompassed in this study country by country. Therefore, the focus here will be on consistent trends and patterns, to produce an synthetic yet realistic overview of the European situation, leaving the detailing of each topic for further research.

I will base most of my work on academic resources, such as peer-reviewed articles and books, mostly accessed through online databases, as well as official organizations databases and websites, such as The World Health Organization and more generally the United Nations' databases, the European Union of course, and especially Eurostat. For the more societal and ethical questions, I resolved to also use news reports in order to be grounded in our times. I have tried to restrict myself to well-established newspaper and websites, to guarantee the reliability of the information.

The chosen approach is qualitative research-based literature review, which means that I will not only compile data from other academic papers and analyze the content, but also discuss it critically. According to the Birmingham City University, literature review must contain following aspects:

- "compare and contrast different authors' views on an issue
- group authors who draw similar conclusions
- criticise aspects of methodology
- note areas in which authors are in disagreement
- highlight exemplary studies
- highlight gaps in research
- show how [the] study relates to previous studies
- show how [the] study relates to the literature in general
- conclude by summarising what the literature says"

The academic sources I should use as foundation for this thesis usually fall into two categories: social and/or medical journals, and economic journals. Both shed a certain light upon the issues of ageing population, and all have valid arguments when it comes to finding solutions. However, it is the role of the social worker to question both approaches ethically, and so will this thesis try to balance all sides, especially in chapter three. Overall I'll oppose

both perspectives in order to attempt finding a realistic middle-ground, while trying to focus on the human aspect of the matter, when the economic arguments usually prevail.

Obviously this was carried through online research, as very little physical literature on that specific topic was available to me at the time. This has proven useful to sort my sources by years of publications, allowing me to keep as much recent papers as possible in my sources. Some articles were a bit dated but when they were based on facts, such as the demographic situation of several EU-countries from the 1950's onwards, for example, I have kept them as reliable sources. However, I have come to dismiss some elements of research, or at least taken them with a heavy grain of salt, especially future projections based on the optimistic economy of pre-2008-Crisis. It should be noted, though, that even some of those pre-2008 articles speculated trends that have been confirmed by more recent publications, because the main factors of the discussed matter were not bound to financial market and economy. In those cases, I've kept them as reliable sources.

2 Definition and root-causes of Population Ageing

One cannot talk about an issue without defining it clearly and or knowing its causes. This is why I will firstly explain some concepts and ideas that could need clarifications.

2.1 Defining Ageing

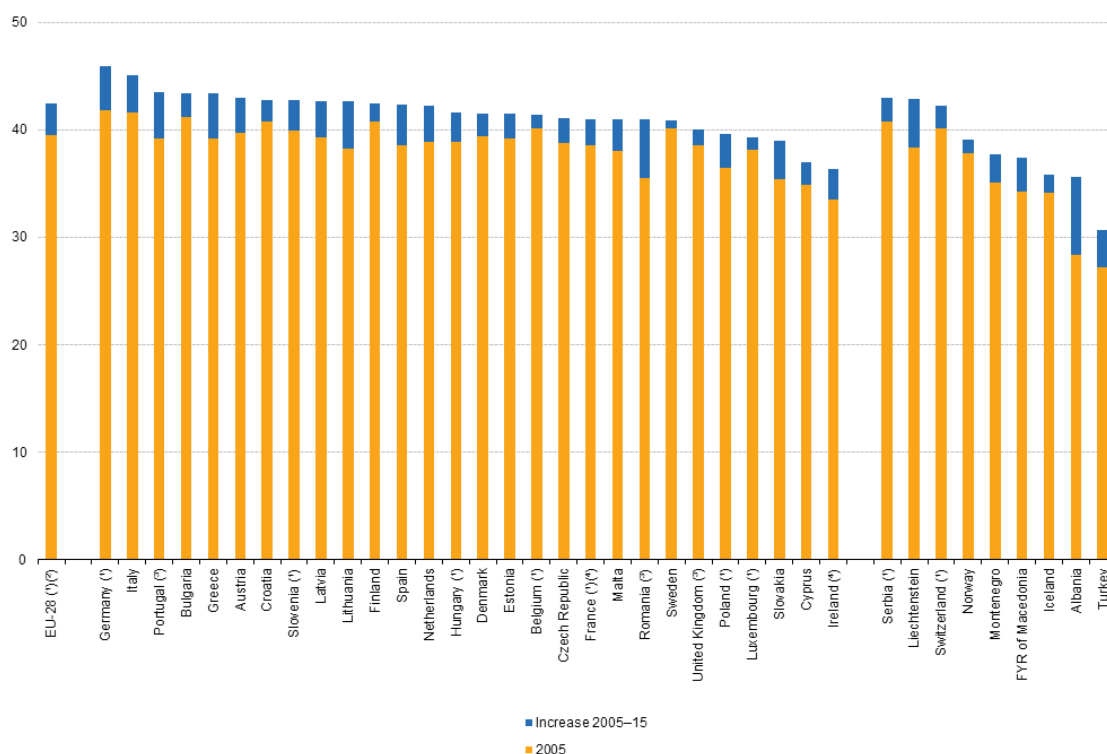
Everyone has their own idea of what it means to be "old", or at what age one can be officially counted as a senior citizen. The World Health Organization (2012) defines "older" persons those who reached 60-65 years of age because it is an average age for retirement in developed countries. According to the WHO (2012, para. 1) :

"The number of people today aged 60 and over has doubled since 1980. The number of people aged 80 years will almost quadruple to 395 million between now and 2050. Within the next five years [and for the first time in human history], the number of adults aged 65 and over will outnumber children under the age of 5. By 2050, these older adults will outnumber all children under the age of 14."

However, in order to be clear about what we're discussing in this paper, it is important to define what we call "ageing", and especially Population Ageing. According to the United Nations (2002, chap. 1 para. 8), population ageing is a "process by which older individuals become a proportionally larger share of the population", mostly under the influence of two phenomenon: low fertility rate and higher life expectancy (Diaconu 2015). This process is measured by different indicators, therefore, here are some key concepts to be clarified before further discussion: the Median Age, the Age Dependency Ratio, and the Age Pyramid.

2.1.1 Median Age

The Median Age is, quite simply, the average age of a given population. The higher the Median Age, the older the overall population. When it comes to giving a certain age to a given group of individuals, Median Age is the most simple yet effective tool. It allows for an easy look at what state the population is at a given time. For instance, we can have a look at Europe's Median Age from 2005 and 2015 (Figure 1), and see how fast the overall population has aged.



(*) Break in time series in various years between 2005 and 2015.

(*) 2015: estimate, provisional.

(*) 2015: estimate.

(*) 2015: provisional.

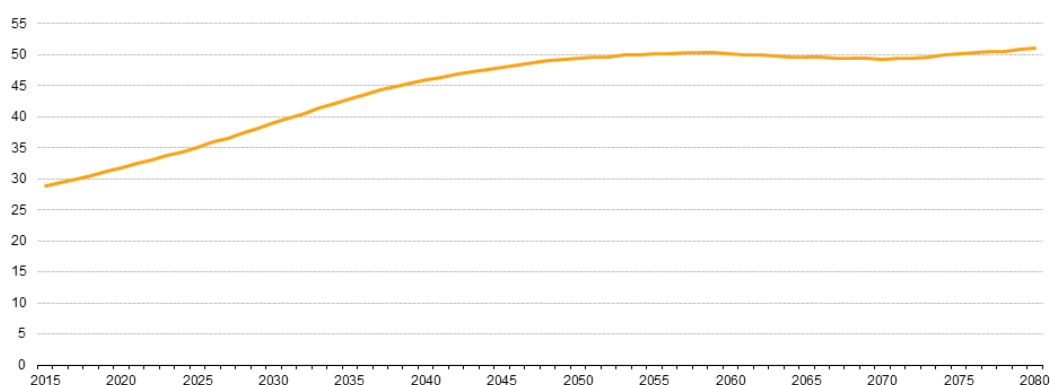
Source: Eurostat (online data code: demo_pjanind)

Figure 1 : "Median Age of population, 2005-15 (years)", (Eurostat 2016)

As we can see, all countries have aged, some significantly, like Germany, others very little, like Sweden or Finland, but all of them are above 30 years old and most are even above 40 years old, on average. The small increase of Sweden and Finland should be relativized since in 2005, their Median Age was already over 40 years old, which is relatively high to begin with. This trend will continue, as projections announce a continuous rise of the Median Age.

2.1.2 Age Dependency Ratio

According to the United Nations (2013, 22), “[t]he dependency ratio is the number of children (aged 0-14 years) and older persons (aged 65 years or over) per 100 working-age persons (aged 15-64 years)” two groups that can be divided into young age dependency ratio and old age dependency ratio. The principle is simple: society is supported by the active part of the population, i.e. the working part. As they make the economy running and finance with their taxes their government’s budget, they carry on their shoulders those who don’t work yet but have specific needs (the young that need health-care, schooling, etc.), and those who don’t work anymore but have also specific needs (health-care, housing, etc.). To be sustainable, a modern society, as it is conceived in our times, requires a solid active part of the population largely superior in numbers to the age-dependent part. Unfortunately, Europe’s old Age Dependency Ratio is not looking good (Figure2), as it increases considerably and steadily, and will continue to do so for the coming decades:



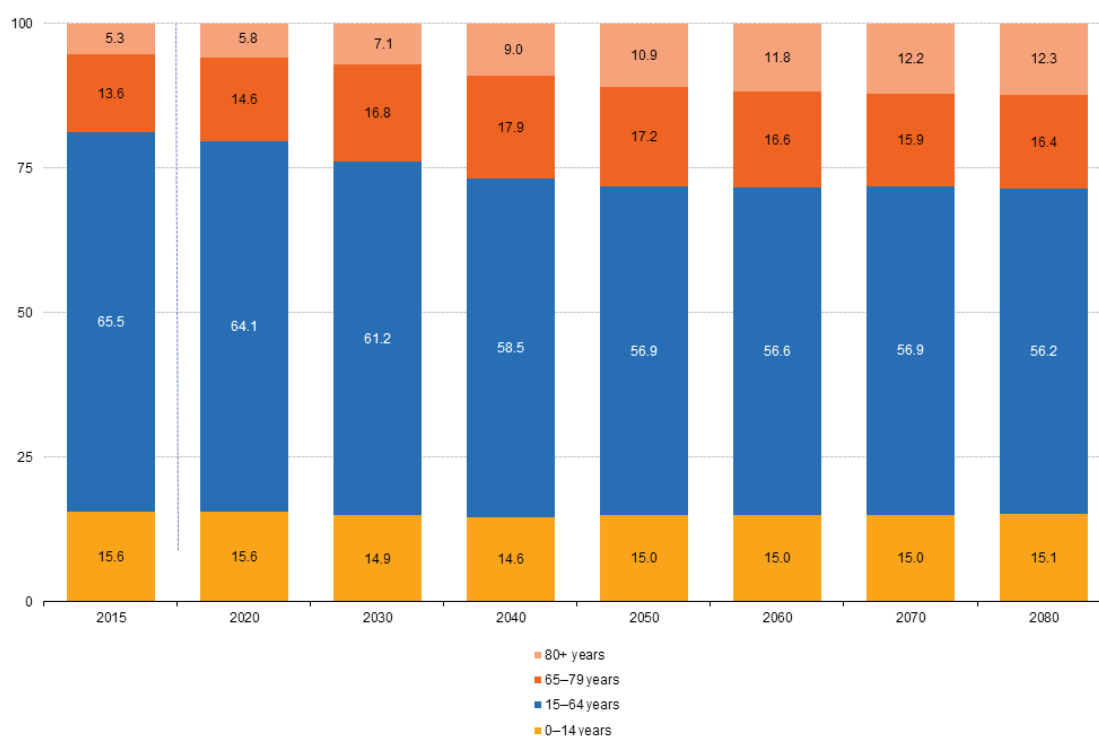
(*) 2015: provisional; estimate. 2016–80: projections (EUROPOP2013).
Source: Eurostat (online data codes: demo_pjanind and proj_13ndbims)

Figure 2 : "Projected old-age dependency ratio, EU-28, 2015-80 (*) (%)", (Eurostat 2016)

However it is important to remember that the Age Dependency Ratio is not only made of the old age dependency ratio, it also takes into account the young age dependency ratio, which encompasses the part of the population that is too young to be theoretically independant. Officially that age is between 0 and 14 years old. Therefore, the active part of the population has to sustain both the elderly and the young. We can look at Figure 3 (Eurostat 2016) to have a European perspective on the issue, as the graphic projects the evolution of the situation for all 28 Member States together from 2015 to 2080. The blue portion of the population represents the 15-64 years old, aka the active part of society. The yellow are the young 0 to 14 years old, in red the elderly. It is worth noticing how the elderly are divided into two categories, 65-79 years old, and 80+. This goes along the trend of

dividing the former "third age" into a "third" then "fourth age", which we will discuss later. Usefull to bear in mind at that point is that even though considered dependent by this graph, the 65-79 could, at least partially, still play an active role in society in the future. This projection runs until 2080, and by then, who knows what reforms regarding retirement age and labour legislation will have been put into force. Also, in Europe, it is questionable how many young people are really active starting 14 years old, especially now that longer studies have become the norm. One can therefore consider that the effective young age dependency ratio of Europe is in fact bigger than in theory, in the sense that statistics count people aged 14 to 20 as active adults, when in reality many of them, if not most of them, are likely to be non-working students dependent on student and/or social benefits.

Nevertheless, it is interesting to note that while the share of old-age dependency rises, the young-age depency remains officially relatively the same. It used to be so that young-age dependency represented the larger part of the age dependency ratio, but it has reversed in 2013 and continues now on this inverted trend (Diaconu 2015). It's important to remember that it gives an overall feeling that the active part of the population doesn't carry a too heavy burden, since it makes for "not too much more" age-dependency, but on the other hand, this also means that there is not much new blood to bring the Median Age down, therefore the population keeps ageing, slowly but surely.



(*) 2015: provisional; estimate. 2020-80: projections (EUROPOP2013).
Source: Eurostat (online data codes: demo_pjangroup and proj_13npms)

Figure 3 : "Population structure by major age groups, EU-28, 2015-80 (*) (% of total population)" (Eurostat 2016)

Considering that by 2060, the population of people over 65 is projected to double, while the population over 80 should triple, the old age dependency ratio will go up to 53,5%, which combined with the 25% of young age dependency ratio will almost double the financial pressure on each active individual. Germany and Italy are clearly the most concerned by this problem. It is also important to bear in mind that no country in the EU is expected to improve in the coming decades, quite the contrary. (Diaconu 2015)

2.1.3 The Age Pyramid

An age pyramid is a graphical representation of the population by trenches of age, starting with the younger at the bottom and the older at the top. It also splits statistics into male on one side, and female on the other. A “healthy” or “normal”, let’s say “classic” age pyramid should, as the name implies be larger at the bottom and get smaller at the top. (Eurostat 2016) With the ageing crisis that hits all developed countries, this pyramid has become inverted. To illustrate that change of paradigm, I will use Figure 4 (United Nations 2013). As one can see, less developed regions have a very classic, almost exemplary age pyramid in the 1970’s, and even though they are also clearly affected by ageing, they still maintain a sustainable age pyramid in 2013. Now, looking at more developed regions, we see how the age pyramid looks normal in the 1970’s, even if less remarkable than the exemplary model of less developed country, but the pyramid is clearly inverted in 2013, as the base is getting smaller than its center part. As years pass, the center part will move ever closer to the top, and natality will determine if the base grows larger again or remains thin as it is.

Now if we look at future projection for the EU in the form of an age pyramid (Figure 5), we can see that the huge difference between young and elderly should be reduced. Nevertheless, as predicted by the United Nations (United Nations 2002), the phenomenon of population ageing is probably going to last a long time, and the pyramid clearly shows that if the gap between younger and older population should be partially resorbed by 2080, the age pyramid would still remain inverted. Therefore projections tend to confirm that we are going to live in an older society even when the wave of Baby-Boomers has passed. This wave is clearly visible as the bordered pyramid shows the 2015 state of the situation, with that ballooned center part, while the plain color illustrates the 2080 projection.

All that being said, there are a few trends that are worth mentioning. According to Kupiszewska and Kupiszewska (2005), the phenomenon of ageing population has begun in Central and Eastern Europe, mainly in the former Soviet Union States (Baltics States, Hungary, Poland, Czech Republic, Romania) and Austria, before extending to Western Europe. Central and Eastern Europe will also be characterised by the worst old age dependency ratio cumulated to a quite bad median age. Southern Europe, led by Italy (6,3%), has a greater share of people over 80, Germany has the lowest share of young people (13,2%), when Ireland has the biggest (21,6%). (Diaconu 2015)

Population pyramids of the less and more developed regions: 1970, 2013

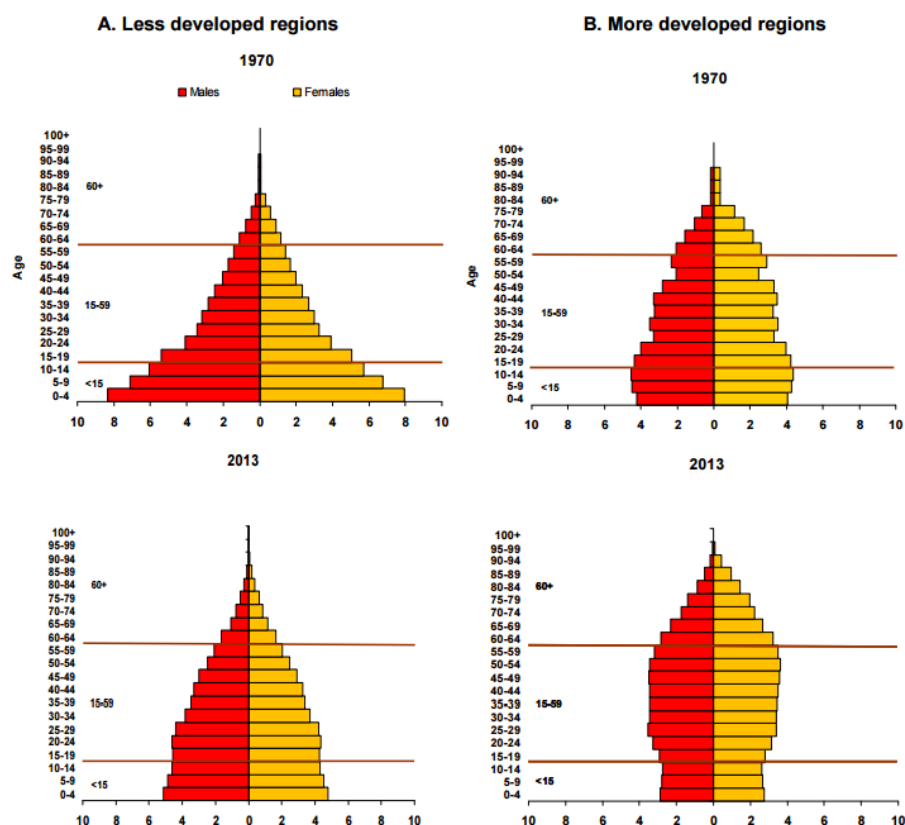
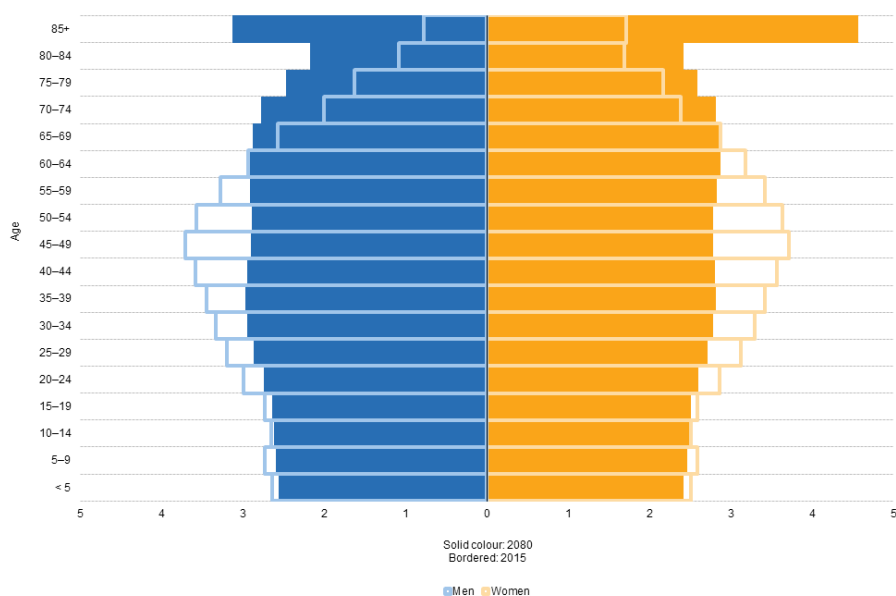


Figure 4 : Taken from "Population pyramids of the less and more developed regions 1970, 2013 and 2050" (United Nations 2013) and abridged to keep only 1970 and 2013.



(*) 2015: provisional estimate, 2080: projections (EUROPOP2013).
Source: Eurostat (online data codes: demo_pjangroup and proj_13npms)

Figure 5: "Population pyramids, EU-28, 2015 and 2080 ⁽¹⁾ (% of the total population)" (Eurostat 2016)

2.2 The 1960's Baby-Boomers

Now that we have key elements to understand what is meant when discussing Ageing Population, we can start to look for its root-causes. The first, most obvious reason for this phenomenon is simply a higher life-expectancy. People are living longer than they used to, making the number of elderly people grow every year. This is called “ageing at the top”, referring to the top of the Age Pyramid. (Eurostat 2016)

I have now mentioned a few times the term « Baby-Boomers », so let's clarify who this term refers to and why they matter. The “Baby Boom” is a spike in natality that happened post-World War II in most developed countries and lasted approximately from 1945 to 1975, especially in the 1960's (People often disagree on the exact time-frame of the Baby-Boom, for instance Christensen, Doblhammer, Rau and Vaupel (2009) consider baby-boomers those who were born between 1946 and 1966. The phenomenon can't be that clearly set in a timeframe, hence the usual reference to it as 1960's phenomenon). It's a very populous generation of people who benefited from the post-war booming economic growth which coincides with the Baby-Boom, and which French demographer Jean Fourastier coined as “Trente Glorieuses” (transl.: Thirty Glorious), otherwise known as “New Economy”. The era of the Baby-Boom was one of flourishing economy, low inflation, low interest rates and high wages, increasingly fast innovation and high productivity, and overall rapid raising of living conditions. Because of this combination of factors, the “Baby-Boomers” were not only very numerous, but they benefited from medical progress and better working conditions, allowing them to live longer. Now, in 2015, we're reaching the time when many of those baby-boomers enter - or soon will - into retirement, creating a brutal unbalance between active and dependent people. (Mantel 2001)

2.3 Lower Fertility

We have seen that the population of Europe is getting older by living longer than before, but that is only one side of the coin when it comes to population ageing. Indeed, there is another factor to be taken into account: the fertility rate. The Median Age we discussed earlier is closely linked to the fertility rate, which is the number of children an average woman will give birth to in her lifetime. During the Baby-Boom, the nowadays EU-Member States had a combined fertility rate of 15,2% (around 2,6 children per woman in 1960). In 2012, it had dropped to 10,4% (around 1,5 children per woman in 2014) (Diaconu, L. 2015), as seen on Figure 6 (World Bank 2016). This figure allows us to notice that even though there are discrepancies (Germany being considered the worst case of Europe and France amongst the best); the trend is similar for every country in the EU: a significant drop in

fertility. Finland fares relatively “well” if compared to the European median, but it is still a very low rate.

A lower fertility rate means less young people to replace the elderly as active adults, which means in turn a higher Median Age, as we have seen previously. This is called “ageing at the bottom”. (Eurostat 2016)

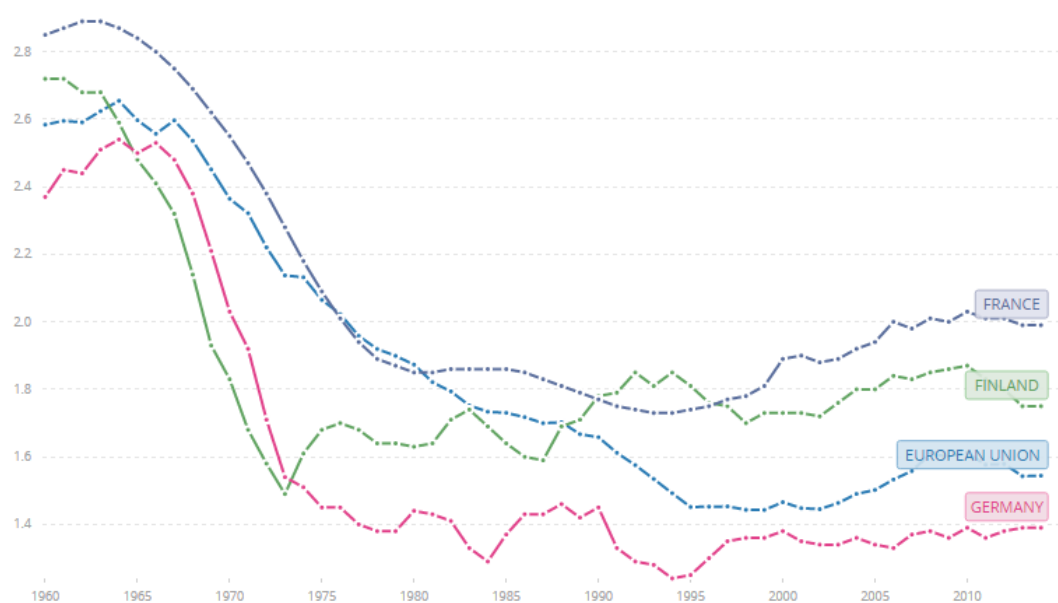


Figure 6 : “Fertility rate, total (births per woman)” from 1960 to 2014. Selected parameters were: European Union, Finland, Germany and France, from the World Bank (no date).

2.3.1 Improvement in birth-control

Europe has now, in fact, the lowest fertility rate of the world. At the beginning of the 2000’s, European women had an average of 1,4 children. Some countries had even lower rates, such as Bulgaria with 1,1 children per woman. Ulrich (2001) links, at least partially, this drop in natality in Europe to the so-called “Contraceptive Revolution”, leading to a situation where “[t]here is a common assumption that access to effective contraception is universal in Europe and that European women can successfully control if and when they get pregnant.” Ulrich (2001) provides a table of statistics showing what percentage of women use contraceptive measures in several European countries, compared with the USA and Canada (Table 1). It is quite noticeable that even though USA, and even more so Canada, have a quite high percentage of contraception use, most European countries of the table beat them by sometimes up to 10% more. Only Austria and Poland have a lesser percentage, without doing too bad, especially if one considers the highly catholic and conservative Polish society. Despite religious fervor of the time in countries like Poland, Spain or Italy, the rise of feminism in the 1960’s and 1970’s and the success of family planning campaigns has left their

mark on European women's habits concerning contraception, and that step towards women's liberation from their stereotypical social roles is to be applauded. It did, however, participate to the lowering of European fertility rate.

Country/ Year of survey	Percent of women in union using contraception
Austria, 1996	67.9
Belgium, 1992	84.2
Finland, 1990	84.0
France, 1994	89.9
Germany, 1992	84.8
Hungary, 1993	91.8
Latvia, 1995	84.9
Lithuania, 1995	65.9
Norway, 1989	80.3
Poland, 1991	75.7
Slovenia, 1995	84.4
Spain, 1995	87.2
Canada, 1995	80.2
United States*, 1995	76.4

* Currently married women ages 15 to 44

Table 1 "Contraceptive Use in Selected European Countries, 1990", from Ulrich (2001)

Ulrich (2001) also notes that the nearly universal use of contraception in Europe is a recent phenomenon that happened rapidly, in the span of only three decades. "Only one-third of European women born in the 1940s and 1950s used contraception the first time they had sex, for example, while more than two-thirds of women born in the 1970s used contraception the "first time." " (Ulrich 2001, para. 5). Considering he writes this in the early 2000's, that brings us to the end of the Baby-Boom. We see that the democratization and near-universal use of contraception coincides with the end of the high peak of natality in Europe. I won't go as far as saying that the "Contraceptive Revolution" killed the Baby-Boom,

as other factors had great influence in that matter as well (such as the declining economy, etc.), but this conjunction of two factors (an abnormally large active population and a strong reduction in natality) played a key role in the population ageing in Europe.

2.3.2 New social roles and opportunities for women

Behind the almost universal use of contraceptives lies an even greater change. This nearly is an effect of women playing a greater role in society and gaining more freedom. The “contraceptive revolution” is merely women taking back control over their bodies and having a choice on whether or not they want to have babies. This happened in a time of emancipation when women also got out of their primary role as housewives, took new roles in households and could ambition to build professional careers and work like men. But career and work are time consuming, and even if there was a rise of income for the families, often the time- and energy-consuming process of raising children became a secondary priority for many Europeans. (Ulrich 2001) (Diaconu 2015)

Of course, those are some factors that have impacted the dramatic ageing of the European population, but not all of them. This is only a bachelor thesis and can only give an overview of the topic. For further research one could point out that other factors such as longer schooling, as briefly mentioned previously, as well as early retirement plans and changes in the economic situation also had a role to play in this phenomenon and could be analysed (Diaconu 2015).

3 Consequences of an ageing European population

We have now seen the basics of what ageing population is and how it affects the demographic of most developed countries, a fortiori Europe. Now that we have a good grasp on the phenomenon, we can reflect upon its consequences for European societies. The most obvious one, and the most debated, is the economic problem, which determines how governments and supra-national organizations, such as the EU, tackle the issue, but there are also social consequences to be discussed, and because they might contradict the economic ones, it is important to ask ourselves some ethical questions about the dramatic effects of ageing on our societies and economy.

3.1 Economic consequences

One of the most recurrent issue brought up by academic papers regarding ageing, whether in social work journals or economic journals, is that this phenomenon “[increases] the public expenditure on pensions, social security and health services” (Diaconu 2015, 50),

but it also impacts “the labour market, technological change and productivity growth” (Mantel 2001, 532). Indeed, as we have seen in the chapter about the age dependency ratio, Europe has entered a period where the active, i.e. the “paying”, part of society shrinks while dependent population, especially elderly people, rises. The question everyone asks is: If less people have to support more people, who’s going to pay?

3.1.1 The issue of financing pensions

One obvious answer to question of costs is, as often when governments need to increase their expenditures, to raise taxes. (Diaconu 2015) However, it goes without saying that the working population usually loathes paying more taxes, so it’s a widely unpopular solution. It is, still, the easiest, but unless it is dramatically increased, it is insufficient according to economists (Březinová 2011).

The issue is of great importance because it questions the very functioning of our pension systems, both the pay-as-you go and the funded pensions. For the pay-as-you-go pensions, the problem is quite obvious, as its principle is that the currently active population pays for the currently retirement one, therefore a shrinkage in labour force means a shortage in income for the pension system. But the funded pension system suffers from the population ageing too, as it raises its overall costs, since “pensions need to be paid out over a longer period, larger amounts need to be accumulated and therefore contributions will need to rise over time” the same way than the public pay-as-you-go will (Mantel 2001, 531).

3.1.2 The age of retirement issue and the balance of active adults

Economists have widely advocated to raise the retirement age as a result of the longer life expectancy (Christensen et al. 2009). The idea follows a certain logic: we live longer, therefore we can work longer. Not only do we live longer, but the same economists usually emphasize that we live better, longer, thus justifying a later retirement age. (Březinová 2011) As we have briefly seen in the Introduction, this has been present in many recent pension reforms such as in Finland, where basic retirement age has been raised to 65 instead of 63, or in France, where minimum age of forced retirement has been raised to 70 (Gouvernement 2016), meaning that an employer won’t have the right to force an employee to go into retirement before he is 70 years old, encouraging people to work much longer than the minimum retirement age (which in France will be raised in 2018 from 60 to 62).

The issue is complex, as shrinkage of the labour force does not only mean a too great unbalance of the Age Dependency Ratio; it also comes with a falling of our economies’ growth rate. Growth is the sacrosanct principle of liberal economy, and the EU is highly dedicated to it through its Stability and Growth Pact (European Commission 2016), which is the blueprint or template for most European reforms in matters of economy and finances. This explains

why both French and Finnish reforms look so similar. In fact, the EU has been trying to reform all European pension systems since the early 2000's (Mantel 2001).

3.1.3 Changes in needs and consumption

Baby-Boomers have already reshaped the markets on the principle of offer and demand. Indeed, in the 1950's and 1960's, nursery services and young-age necessities boomed because of the unusual birth-rate of the time, forcing the market to adapt. Later, as Baby-Boomers grew older, the demand for schools and teachers exploded, causing "a shortage of teachers and overcrowded classrooms" (Mantel 2001, 533). Ironically, once the schools were properly staffed, the decline in birth-rates occurred and many teachers employed during the Thirty Glorious went unemployed because there were simply too much offer and a lowering demand (Mantel 2001). This shows what impact this generation has already had on our economy and society, both in good (new markets for specialized goods, therefore economic growth), and bad (teacher unemployment), and should serve as a hint for the shape of things to come.

Indeed, as they grow older, the Baby-Boomers develop new needs for goods and services, and the market obeying the law of offer and demand will adapt to those needs. Now, economists see it as a glaring opportunity to boost the sluggish economic growth of Europe by developing the "Elder Business", a market centered on the needs of elderly people (Březinová 2011) but also on their desires. Indeed, longer retirement periods are coinciding with longer, healthier lives, as I will discuss later. Therefore, elderly people will have longer active free time, and the demand for leisure and travel options specifically targeted at senior citizens is expected to rise considerably (Christensen et al. 2009). And it seems only logical, since those needs will need to be matched, why not create employment around it? As it is, Elder Business is still a niche, and therefore prices are often exaggeratedly high. Developing that sector of research and industry will be necessary to answer the exploding market of elderly people, thus creating competition and lowering the prices. This could be a win-win situation, where older people could at last afford most technological innovations, and business flourish in the market economy. One could even say that, considering the economic paradigm we live in today, this democratization of the Elder Business is a necessity to drive the prices down and offer services and goods to older people to a more decent price, especially considering that, as we've seen earlier, reducing the pension benefits are a considered option to solve the financing issue. If we give less to the people in need to support themselves, than the prices of the market should be lowered.

Besides goods, the food market will be impacted by the new trends linked to elderly needs. Because of their changing metabolism, older people must eat differently. For instance, they require less energy than in their young age, but their need for proteins increases. Body weight and muscle mass of elderly people tend to decrease with age, which

causes frailty and increased morbidity. So far, malnutrition has been a resilient risk factor for elderly people, a phenomenon not to be ignored as studies have shown that “the diet quality among EU elderly was (...) low on average”. (Giacalone, Wendin, Kremer, Bom Frøst, Bredie, Olsson, Otto, Skjoldborg and Risvik 2016) If one wants to support life-long healthy ageing, food should be an imperative. The food market will have to develop old-age-specific food the same way it has developed baby-food, not only for care-centers, but for the average supermarket customers as well. Restaurants will probably also have to follow the trend and offer “senior-adapted” menus.

3.1.4 Overall economic impact of an ageing population

Before moving on to the social consequences of the population ageing, one ought to gather some trends and issues related to the economic aspect of the phenomenon. I have covered more in detail some of the most important elements, so this will simply be an overview of the matter, in order for the reader to grasp the complexity of the problem at hand.

Mantel (2001) develops many issues related to the population ageing. For instance, he points out that, in those circumstances, the workforce decline could bring a slowdown in output growth and reduce our living standards, because “[that] output produced by that labour force would have to be shared among a larger population” (Mantel 2001, 538). Needless to say that a general lowering of living standards would have consequences on the society as a whole, not only on the elderly.

But as the workforce ages as well, it could potentially impact productivity, and growth. Interestingly, two schools of thought have different opinions on older workers. Some consider that they are beneficial because of their long-term experience, which makes them more effective and therefore productive. Others remark that younger workers are usually more educated and trained - even over-educated at times, which compensates that lack of experience; plus they might be more technology-friendly and innovative than their older counterparts, who tend to show less entrepreneurial ambitions and would therefore be less productive. (Mantel 2001) Christensen et al. (2009) argues that more and more jobs require knowledge and skills rather than physical strength, thus being much more old age-friendly, and favoring elder employment. All these points of view make valid points, and it is not simple to judge whether experience is more or less productive than education. It should also be noted that more and more elderly have been exposed to technology, at least at their workplaces, and even if they all won’t be as able to use and develop new technology as their younger colleagues, they will however increasingly understand how it works and reduce the technological gap between generations.

Speaking of innovations, some argue that the shortage of labour caused by an ageing population could stimulate technological innovation as a compensation, potentially improving

productivity. This rejoins the idea that elderly's specific needs will develop new markets and boost the industry, as we have discussed earlier.

One last potential issue worth mentioning is the savings. While active, the baby-boomers have saved money, and these savings have stimulated the asset markets and therefore the entire market economy, because "savings generate funds for investments, which generate productivity growth" (Mantel 2001, 535). However, when reaching retirement, many of them will spend their savings, especially if their pensions are diminished by drastic reforms. On one hand, it will stimulate the local economy because they will consume and use their purchasing power (i.e. the capacity to consume based on a given amount of money). On the other hand, because of the consequences on the virtual economy, economic growth is expected to slow down and asset markets to collapse (Marešová, Mohelská and Kuča 2015).

3.2 Social consequences

Behind the economists' rows and columns of numbers lies the social aspect of population ageing. Both economic and social consequences of this phenomenon are closely interlinked, especially in our modern society that is so heavily based on its economy. Nevertheless, ageing will not only be a matter of money, it will change our society from within.

3.2.1 Increasing role of the elderly and the looming generational conflict

According to "age stratification theory", "social roles and social status are allocated based on age." (Hoff et al. 2015, 12) It is the process of socialization itself that teach us what social role fits to which age cohort, based on social norms and prejudices. In the past, elderly were a minority, and associated with disease and disability. Now that paradigm is shifting, as we have seen. Elderly will soon represent more than a third of the European population, they will live longer and healthier, be more active for a longer period, and wield a greater economic power. These changes will slowly but deeply affect the norms and prejudices of society, and the social status and role of elderly will become more prevalent.

The increasing central role of the elderly in our societies will reinforce inequalities in resources distribution, and the failure of repartition of the pay-as-you-go pensions systems (Diaconu 2015) won't help diminishing the idea that Europe will become a sort of "gerontocracy", a society ruled by the elderly. Especially for the young people entering labour market that will be asked to work harder and longer to pay an "unfair" share of the costs because of a too high old-age dependency ratio, while having less decisional power. This is the perfect recipe for generational conflict. Only this time, unlike previous crisis of the sort, the young generation will actually be the minority. It's a whole new social paradigm that

shatters the old model of “Ancients and Modern” that used to drive our societies towards progress, especially considering that studies have shown elderly to display more reactionary opinions as they age (Březinová 2011). Not only that, but according to Goerres (2007), elderly tend to participate more in political election as they age, making their voice more heard in the field of politics. It is a surprising yet consistent trend, as “[o]lder people are more likely to vote—no matter when or where the surveys have been carried out. (...) In democracies that show growing numbers of older people, we can thus expect an expanding over-representation of older voters in national elections.” (Goerres 2007, 90 & 111). Could this explain the growing reactionary “vibe” felt in European elections in the past decade? As youth participation to elections declines but elderly steadily use their voting power, there could be an impact on the political color of European countries in the future. One could argue that the victory of the Brexit vote in the UK, the huge rise of the far-right populist FPÖ party in Austria or Orban’s government in Hungary are signs that this process has already begun. However, this can’t be considered the main cause, as the weak economical situation and the refugee crisis have had a strong influence on European politics in recent years.

3.2.2 Social isolation

One of the sad plagues of ageing is also seeing those you love and appreciate around you wither and die. This has social consequences, more specifically social isolation. Because friends and relatives of the same generation slowly disappear – or simply can’t come for visit anymore – the social network of elderly people is at high risk of shrinking. Especially for those afflicted with mobility disability, the social contacts of some elderly people is constituted of brief contacts with neighbours or services (postman, shop-keepers, etc.), and occasional family visits, but little meaningful relationships. Yet social relationships have been pointed out as a major factor of happiness in older age (Phellas 2013), while social participation has shown to be effective against depression. The importance of having a confident, usually a life-long partner, has been stressed, and the loss of that confident can be dramatic on the mental health and in fine on the physical as well. Depression and loneliness affect the physical status of elderly and increase the risk of early death (Croezen, Avendano, Mauricio, Burdof, van Lenthe and Frank 2013).

Finding a new job at age 50 is still difficult due to employers’ bias towards ageing (Březinová 2011). Unemployment coupled with ageing anxiety can be the perfect ground for depression and self-isolation, the same way that phenomenon hits any age-group. Only with elderly, the societal safety-net is not as large and efficient as in younger ages. In the 1960’s, some have even theorized this as the disengagement theory. According to Cumming and Henri (quoted by Hoff et al. 2015, 12), “[a]ging is an inevitable, mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system he belongs to.”

However, it is to be noted that this radical and deterministic view has been widely criticized by the scholars in social sciences who oppose it with another theory, the “active theory”, which I will discuss later. Whether one agrees with disengagement theory or not, one has to acknowledge that it not only exists but has solid arguments, therefore neglecting the potential rise in social isolation due to old age would be a grave mistake for social workers and health policy makers.

3.2.3 The medical aspect and the increasing need for specialized and long-term care

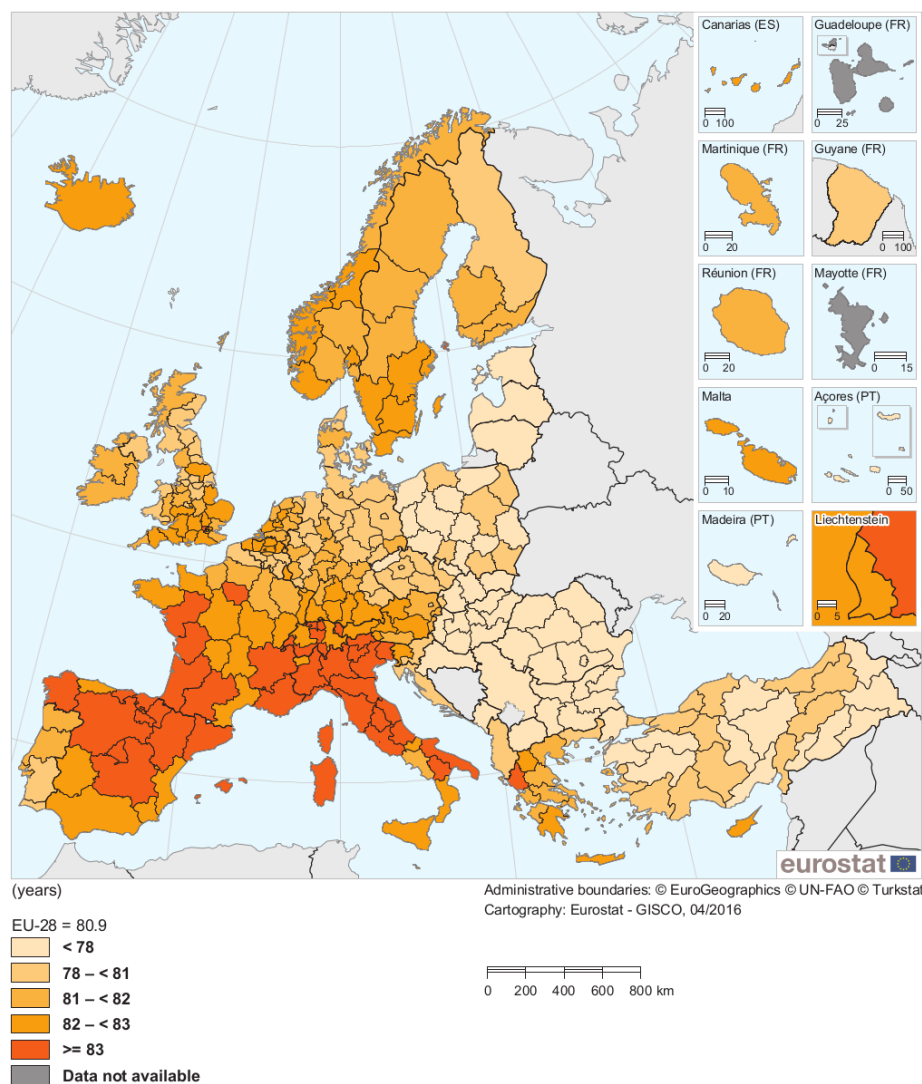
Ageing impacts our health, this is an unavoidable fact. Sooner or later, disability and morbidity will appear and lead us towards death. This is not a bright topic, but the good news is that we not only live longer, we live longer healthier. This does not mean that older people (over 65 years old) don’t need any care until very old, but the ailments of ageing have become much longer bearable thanks to better practices and medical progress.

First, I have been saying several times in this thesis that Europeans live longer, based on the different indicators detailed above. But I haven’t had a look at a very simple data: life expectancy, i.e. the average number of years an individual has left to live at birth. According to Eurostat (2016, s.1): “Over the last 50 years, life expectancy at birth has increased by about 10 years on average across the EU, due in large part to improved socio-economic and environmental conditions and better medical treatment and care.”

The map of figure 7 shows a European-wide perspective on life expectancy at birth, broken down to a regional level. It’s interesting to see discrepancies within countries. For instance the south of Finland benefits from a slightly higher life expectancy than the north. It is quite interesting because it raises the question of why? Several factors can enter into play: geographical isolation, limited access to health services, harsher living conditions, richer regions in the south, etc. Interestingly enough, something similar happens in Germany, where the two richer regions of Bavaria and Baden-Württemberg also appears to have longer life expectancies, while northern regions and especially all former East-german regions, still economically poorer, have a lower life expectancy. Nevertheless, the simple economic argument does not explain it all, as southern countries seem to have more time to live at birth than their richer northern neighbours. The factors are many and complex, but some interesting trends appear, like the strikingly lower life expectancy of former soviet countries (Central and Easter Europe), which we have already seen to be not only the first countries hit by ageing population in Europe, but also the most affected in the projections. This means that high life expectancy alone does not necessarily mean older population, thus reminding us of the importance of other factors such as fertility, or outmigration. Indeed, outmigration of the younger, active part of the population drains its workforce from a country and accelerates the ageing of its population. As Hoff and Perek-Białas (2015) claim, Central and

Eastern European countries have deeply suffered from young people massively out-migrating to find better living conditions elsewhere in Europe.

Life expectancy at birth, by NUTS 2 regions, 2014 (*)
(years)



(*) EU-28: provisional. Guyane (France): 2013. Mardin, Batman, Sirnak, Siirt (Turkey): 2011. Albania and Serbia: national data.
Source: Eurostat (online data codes: [demo_r_mlfexp](#) and [demo_mlfexp](#))

Figure 7 : "Life expectancy at birth", from Eurostat (2014)

But what are the consequences of living longer? The greatest fear for people is the deliquescence of the body and mind, and ultimately the fear of death itself. Croezen, et al. (2013, 391) add that "[l]ate life depression is one of the most common mental health problems affecting older individuals". Ageing anxiety is an important cause of depression, and might become a social issue if ignored: "[W]orries from adverse physical consequences of aging can be associated with somatic concerns, fear of future mental deterioration can be associated with manifestations of anxiety, and worries about future personal losses may lead

to depression.” (Bodner, Shrira, Bergman and Cohen-Fridel 2015, 91). There is still a strong social image associated with old age, mainly that of weakness and burden, with increased health issues and mind deterioration. This social image is in fact so strong that it actually impacts elderly people’s social status and the way society treats them. Fortunately for the field of social work, “these images are not fixed – they are influenced by social norms and values in a particular socio-historical context” (Hoff et al. 2015, 13). While we still need to prepare ourselves for a possible rise in “ageing depression”, with the rising portion of elderly in the population, this image might well change. Not only because “being old” will be a norm, but also because modern ageing is different than it used to be.

Old age used to be called “Third Age”, as a sequel to the First Age (childhood) and Second Age (adulthood). Christensen et al. (2009) argue that Third Age can now be divided in two distinct ages, the Third Age, “young old”, older yet active, and Fourth Age, which replaces the former Third Age as the time of severe disability and incapacity, or “oldest old”. In this new system, the Third Age would still be synonymous of functionality and preserved dignity, while the Fourth Age would “be characterized by vulnerability, with little identity, psychological autonomy, and personal control.” (Christensen et al. 2009, 1205) This would apply mostly to people reaching a hundred years old and plus, with expected vegetative state and poor health conditions.

Does that mean that the Third Age would be free of disease? No, not at all. In fact, diseases are expected to be increasingly prevalent in the elderly population, especially heart-diseases, blood diseases, diabetes, asthma, back problems, arthritis, cancers, etc.. However, such diseases are now much better treated and much earlier diagnosed than they used to, therefore even if the overall number of diseases rises, at the same time they become less and less incapacitating. Frail individuals with poor health or disability tend to die earlier, making statistically the biggest part of the elderly society out of the generally more robust individuals. Christensen et al. (2009, 1202-1203) point to several studies across Europe showing that “gains in life expectancy over recent decades might have added years with moderate difficulties, but not years with severe difficulties”.

Survival rates for several types of cancer have improved, and prevention has reduced smoking habits in many European Countries, leading to lower rates of lung cancers. The same principle applies with food and healthier lifestyles: prevention campaigns have managed to improve the lifestyles of entire populations, leading to a decrease of diseases and increase in quality of life.

One good example of that would be the Finnish “North Karelia Project”, which has changed the eating habits of the population of Karelia through a campaign of prevention and education, which has succeeded in reducing chronic diseases and heart diseases dramatically. The program was so successful the Finnish government implemented it nation-wide with similar and glaring success: 80% less cardio-vascular mortality rates among working age population. The North Karelia Project is now a template for successful prevention campaigns

leading to healthier lifestyles. (Puska, Vartiainen, Laatikainen, Jousilahti and Paavola 2009). It shows that prevention campaigns can and will have huge impacts on our life expectancy and overall quality of life in the future. It is interesting to notice that the younger healthier lifestyle is adopted, the longer morbidity is delayed. There is a strong connection between making healthier choice in one's prime years and enjoying a less diseased old age, as shown in Christensen et al. (2009). Combatting unhealthy diets, smoking, excessive drinking or lack of physical exercise already in active life has proved to pay-off in the long term and make ageing healthier.

Yet, as earlier discussed, chronic diseases will continue to rise among elderly people, as well as obesity which hits all parts of the population, and is connected with heart diseases, diabetes, arthritis and stroke. Other great problems coming with ageing are the rise of dementia, the increased cases of severe hearing-impairments, and vision issues, etc.. Many of elderly's ailments will be treatable for a long time, which means a growing need for specialized medical services (nurses and doctors, but also equipments). These forms of care will have to be provided over the span of several decades, which is much longer than it used to be. We can, based on what we've seen, deduce that the labour market will have to adapt and open more and more caregiver positions. This could be a new job-market to solve the impending crisis of youth unemployment which dramatically cripples Europe nowadays (a staggering 19,7% unemployed youth in the EU at the end of 2015 according to Eurostat (2016). Medical research will also be boosted by the massive demand for new treatments, and medicine or surgical operations that were until now a niche will be democratised, the same way cataract surgery has now become the most frequently done surgical procedure in developed countries (Christensen et al. 2009).

Even though many elderly will also become increasingly mobile, musculoskeletal diseases and increasing disability on a large scale will still require more and more adapted environments, such as houses, access to public spaces and workplaces, public transportations and personal transportations. New equipments will have to be developed to answer to instrumental disability which makes it difficult for people to use their hands in activities such as holding and using a phone or computer, shopping, housekeeping, cooking, doing laundry, and so on. Not only this, but many elderly will require assistance in their daily life activities due to disability, for example to get in and out of bed, feed, dress, bath, etc.. Life assistance will become more commonly needed, the same nurses and caregivers will, as we have seen previously. This assistance will be human, but also increasingly technological. (Christensen et al. 2009)

3.3 Ethical questions

At this point of the thesis it is good to reflect on what has been discussed so far, and consider it from an ethical point of view. We have seen why the population of Europe is

ageing, and have also seen what consequences this phenomenon has had on our societies. Most of the concerns raised by the demographical crisis of the century have been either social or economical, the latter being predominant to the structure of our societies itself. The European Union is – so far – a mostly economic union, and its member states share a certain economically liberal approach to society. It has served us well as long as all markers were in the green, but now we face a dramatic ageing of our population in a time of economic uncertainty. This should make us ask ourselves a few questions.

3.3.1 The question of funding: a matter of social class

So far, we have extensively analyzed the economists' proposed solutions to resolve the problems caused by ageing. Why? Because this is the doctrine governments tend to follow when they reform themselves, thus it was important to grasp the strong influence of this school of thoughts, especially for social professionals who work according to these legislations. The research for this thesis has also shown that even more socially oriented papers tend to follow the bandwagon of liberal economy, sometimes critically, sometimes not. Especially when it comes to the issue of financing the pensions schemes, and/or the health expenditures, which Mantel (2001) and Marešová et al. (2015) advocate multiple times to keep under control. The proposed and usually accepted solutions are either to make the working people pay more, or the retired people to get less. In both cases, the middle and lower class of citizens are paying one way or another. In an age when big corporate companies make billions of Euros on the European market, yet tax-evade openly as companies like Amazon, Apple, Google, Starbucks or even IKEA are being accused to do by the EU (Chew 2016), one could wonder if it is really moral to ask those who have already given to give more, instead of making those who have a lot pay their fair share? The EU has been trying to fight tax-avoidance but lobbying manages to create loopholes and hundreds of billions of Euros are lost (Reuters 2016), billions which could be put to use in our social security system and pension schemes. Instead of the economists' cherished private pensions, the money of tax-evasion alone could fund a huge part of a pan-European public pension scheme. There could be a specific solidarity pension tax for multi-billion profit companies, for instance. It would be interesting to ask oneself why this is so rarely proposed, if at all.

Interestingly, France tried to make the richer class of the country pay more to alleviate the burden on the middle and lower classes. When entering into power as a president of the French Republic, François Hollande instituted a 75% "super-tax" on earnings over 1 million euros, as promised during his campaign. The result was a huge turmoil in the French society which was highly divided on the topic. Some famous French millionaires left the country, like Gérard Depardieu, but the massive exodus of rich celebrities and industrialists that people expected didn't happen. Nevertheless, because of the popular uproar and the bad consequences for the image of France towards international investors, François Hollande

removed his super-tax after two years, before any real analysis could be conducted over the real impact of that reform. (Murphy and John 2014). This shows two things: first, for a European country, the image that markets and investors have of it primes over its citizen's welfare; second, many citizens themselves share this opinion. We are captive of our economic model and reforming it with a more social approach seems difficult, if not impossible at the moment. As a result, the middle and lower classes of society are to be expected to carry the financial burden of future reforms.

3.3.2 The place of elderly people in the European society

The question of the citizen's opinion is quite crucial. So far, the role of elderly has not been a very valuable one in the eyes of younger eyes. As earlier mentioned, the social image of an age group can be changed, and it seems now crucial to decide in which direction we, as a society, want to go with our elders. Nowadays, as stated before, elderly people tend to suffer from social isolation. But this wouldn't happen if younger generation had a greater bond to their elders. In many African or Asian cultures, the responsibility of taking care of the elders is on the family members more than on institutions or official structures. Compared to the Finnish view of elderly, in which children often don't count their grand-parents in when asked to describe their family, there is an interesting mentality gap. The reason some countries rely on family might, of course, be for economic reasons (the state does not provide quality services because it lacks funds, or services are too expensive, etc.), but even so, this would reflect that given the issue of elderly care, and given the lack of options, they still preferred sharing the "burden" rather than abandoning them. Friends and family form a strong safety-net that allows to alleviate the many problems caused by ageing when the state can't or won't help. (Sidloyi and Bomela 2016) Meanwhile in Europe, the majority of people expect the state to take care of their elders (Březinová 2011).

This stronger connection to the elders and how people see them as an integral and natural part of society, instead of a burden, could be inspirational for Europeans in the future. To not only consider them as a bigger and therefore influential market, but as the close-ones they are, as human beings that need our care and attention.

3.3.3 The choice of not ageing: euthanasia into question

According to Březinová (2011), many Czech people fear that their living conditions will get worse after they retire, and it seems to be a common trend in Europe. Uncertainty about the future of our pension schemes and the overall economy create anxiety. Coupled with the phenomenon of social exclusion and depression we have seen, as well as the wide range of disability and sickness that can plague elderly people, and it becomes easy to reach the difficult topic of those who don't want to grow ever older. An increasing number of people

express the feeling that they don't want to keep living after a certain age, whether because of fatigue, or the loss of their life-partners, etc. The question of euthanasia, or assisted suicide, is a very difficult one, and I will not develop it in this thesis, as it is worth a study on its own. So far, only some countries in Europe have legalized in one way or another assisted suicide, namely the Netherlands, Luxembourg and Belgium. Euthanasia is then reserved for extremely ill patients suffering insufferable pain, and is very strictly regulated and monitored, despite certain complex problems pointed out in Snijdewind, van Tol, Onwuteaka-Philipsen, and Willems (2014).

In Finland, assisted suicide is not legal yet, but physicians have shown increasing support for the implementation of euthanasia in certain cases, similarly to Belgian or Dutch legislation. Terkamo-Moisio, Kvist, Kangasniemi, Laitila, Ryyänen and Pietilä (2016, 1) asked their opinion to over a thousand Finnish nurses, and the results were following : "The majority (74.3%) of the participants would accept euthanasia as part of Finnish healthcare, and 61.8% considered that Finland would benefit from a law permitting euthanasia. Most of the nurses (89.9%) thought that a person must have the right to decide on his or her own death; 77.4% of them considered it likely that they would themselves make a request for euthanasia in certain situations." The study also showed the ethical conflict between the medical profession' ethos and the practice of voluntarily ending a patient's life. (Terkamo-Moisio et al. 2016) It seems that at least the Finnish medical corps sees euthanasia positively and as a realistic future implementation in the Finnish Health Care System, even though it is in direct conflict with the ethics of the profession.

Research has shown that the decision of going through the process of assisted suicide, and the process itself, obeyed a complex social mechanism that relied not only on the patient and its physician, but also with the patient's closed ones. It is not an easy decision to make and is not hastily executed. (Snijdewind et al. 2014) This proves that the issue is very sensitive and needs to be considered with care, as it goes far beyond the individual's choice of the sick elder.

However, the discussion about legalizing it in other countries is still heated, especially regarding its application criteria. It is not the author's place to decide if and how euthanasia should be employed, but to point out the growing importance that particular ethical issue will have in the future social debates and reforms regarding health legislation and ageing populations.

4 Good practices across Europe: Solutions from around the continent

Now that we have seen the root-causes of the ageing of Europe and its major consequences, we can finally have a look at practices that have spawned from this demographic crisis and innovated to tackle its challenges.

4.1 Active Ageing

Earlier on, I discussed briefly the risk of social isolation according to disengagement theory, and mentioned that the active theory had been opposed to that deterministic vision of ageing by social researchers, without explaining what that theory was about. I will now have a closer look at this concept.

4.1.1 Definition and origins of Active Ageing

Almost immediately after disengagement theory appeared, people refused that model and defended the idea that satisfaction and happiness in old age depends on steady social interaction and involvement in meaningful activities. Even though some criticize the fact that this theory ignores some socio-economic consequences on old people's choices or interests in socializing and being active, this more positive vision of old age has been widely preferred to disengagement theory by social work professionals, who used that theory as a foundation for a concrete approach they coined as "Active Ageing". (Hoff et al. 2015)

The World Health Organization defines Active Ageing as such: "Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. (...) The word "active" refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force." (WHO, no date, para. 1-3). As we can see, active is not to be interpreted solely as "economically active" but encompasses all aspects of the human life. A person that can't be active as a worker because of health issues can still be active in society. The idea of Active Ageing is enabling elderly people to stay active in all facets of their life, nurture their networks (neighbours, family, friends, colleagues, etc.), and guarantee their autonomy as long as possible, and strengthening intergenerational solidarity. This is a perfect approach to tackle two of the issues we have discussed earlier: social isolation, and generational conflict. Henkens et al. (2012, 607) point out that besides the obvious issue of workforce participation, retirement age and pensions funding (which have already been discussed), "[c]ivil society may also need these 'younger' elderly as more women are participating in the labour market and have less time for care and volunteer work, while the share in the population of 'older' elderly who need care is increasing". The role of active elderly isn't therefore restricted to paid activities, but also all the non-paid ones, such as volunteerism and social solidarity actions.

Behind Active Ageing lies the idea of empowerment. The focus is shifted from the disease and disability-oriented vision of ageing, now mostly characteristic of the Fourth Age, to a brighter, able and enthusiastic ageing, more in adequacy with the new Third Age's potential. One could still raise the question of the limits of this approach. Since prevention plays an important role, one must not shy away from the fact that in practice, it is still rather

difficult to change policies and habits to fit both the elderly and the younger generations. Again we are facing the generational gap discussed earlier, though bridges can be built based on better information, reducing biases and misconceptions. Also, Active Ageing finds its limits with people of the fourth age deeply afflicted by disability and delinquency (Green 2012). There simply is a time when optimism and healthy lifestyle is not enough anymore, and that time usually starts around 75 to 80 years of age. Active Ageing can't make us live forever in good health, but it contributes to make the best out of our longer life expectancy, reducing disability and depression to a minimum.

4.1.2 Examples of Active Ageing in practice

Intergenerational solidarity is the funding principle of the "Intergenerational Living" concept. The idea is simple: students have hard time finding affordable housing, elderly lack social network and meaningful relationships, so why not bring the two together? Intergenerational Living offers young people to be housed for free in residence they would share with elderly people, with spending a given amount time (for instance 30 hours a month) with the senior as only obligation. Several cities have implemented this concept, like Deventer in the Netherlands, Lyon in France or even Barcelona and twenty-six other Spanish cities. This both alleviates the financial burden of young students while combating the risk of social isolation and loneliness for the elderly, a win-win situation. Besides these official program, a rising trend consists of elderly people renting rooms for very attractive prices to students to share housing costs and fight loneliness. (The Global Ageing Network 2015)

Finland also has provided ideas about bringing different generations together, such as the TERHO club, where young children spend quality time with elderly, with unhurried activities revolving around playing and gaming. The project is organized by the Finnish Red Cross in different cities. The chosen locations can be in schools, libraries, family centers, etc. (Koko Suomi leikkii, no date) This is a typically ideal city project, bridging the generational gap in a playful manner, and at a relatively low cost. Children benefit from enriching socialization while elderly avoid loneliness in yet another win-win situation. This kind of example should inspire social workers working for municipalities to implement similar projects in their city if it doesn't exist yet. The planning and implementation of such programs can probably be easily financed (possible sponsors being the Red Cross, the EU Social Fund, and the municipalities) and working partners are not lacking, especially elderly centers and schools or children's clubs. There is also no reason this would not be applicable in any European country. Similarly, France's EHPADs (basically retirement homes) have protocols to invite school classes to retirement homes to spend quality time with the elderly (Ehpadeo.org, no date), but this is still more occasional than regular projects and is maybe more useful from an 'educational for the children' point of view than really socially effective for both parties. While the initiative of those visits should be saluted, they should

be more frequent, and could be considered part of the school programs, as much as school trips or other activities, maybe as a 'social class' running through the entire school years? The important factor is to make the intergenerational contacts meaningful, and too scarcely occasional visits may not serve as durable, meaningful relationships for neither age group.

4.1.3 Volunteering of elderly people

Being active does not only mean working longer, but also being socially active and participating in volunteer work. Yet, if joining an organization is easy, not everyone knows how to plan and implement one's own project or non-profit organization. In order to create knowledgeable volunteers, Germany has created the Senior Trainer Program. Its purpose is to provide elderly people the basic skills of volunteerism (socio-cultural skills, ethical mindfulness, practical skills, etc.), in order to make them Senior Trainer, "senior citizens who share their know-how / competences acquired through life experiences with other citizens, nonprofit organizations (NPO/NGO) or the local community they are living in." (Burmeister 2016, 5). The concept is that even when retired, elderly people are an unexploited well of experience and know-how that without dissemination would be lost. By making them Senior Trainer, the program gives them the tools for disseminating their knowledge to younger people in various projects. Again, we find the idea of combating intergenerational gap with solidarity and helpful projects. Some of those projects have been targeted at busy families by offering baby- and child-sitting services, some projects focused on empowering refugees by teaching them the German language, helping with administrative paperwork and getting familiar with their new life environment; other projects were IT-driven, such as Internet Café organized and hosted by senior Trainers, or destined to offer technical help to people, like the Repair Café. The Repair Café is a place where elderly with technical and technological know-how repair people's equipment, from furniture to electronic equipments. These examples demonstrate the unlimited possibilities of positively recycling older people's skills after they retire. It serves the community, while offering to those who desire it an active role after retirement. This is again a win-win situation. What makes it different from the regular volunteering is that this program aims at creating new volunteer roles for the elderly, more responsible and in charge of their own projects.

Since 2002, this local initiative by the University of Neubrandenburg, which developed the Curriculum, has been implemented nation-wide by the German government, with six more Länder using the Curriculum. 12 000 projects have been created in 135 German cities thanks to the Senior Trainer Program. Since 2006, the program has been effectively exported to Finland where its method is trademarked by Laurea University of Applied Sciences and implemented in the Helsinki Capital Region area. (Burmeister 2016) It is noteworthy that since both Finland and Germany have a strong culture of volunteerism to begin with, it should come as no surprise that this kind of initiative is effectively taking ground in those countries.

4.2 Healthy lifestyle campaigns

I have mentioned earlier that health campaigns have been effective, especially when targeted at improving healthier lifestyles and diets, as the North Karelia Project did in the 1970's. This ambitious campaign had lowered dramatically and durably heart-diseases mortality and chronic diseases afflictions, paving the way for a nation-wide campaign and inspiring the World Health Organization in further world-wide campaigns. (Puska et al. 2009) But to get a better grasp on how effective prevention is, Figure 8 actually shows the huge difference early and middle-life interventions can do to improve people's functionality and reduce disability during ageing. (Green 2012). It becomes then really clear that if healthy life choices are taken early enough in a person's life, this individual may actually go through their old age not without problems, but at least above the disability threshold. One cannot stress enough the social and financial benefits and imperative necessity of prevention campaigns about better diet, physical exercise, and overall healthier lifestyle.

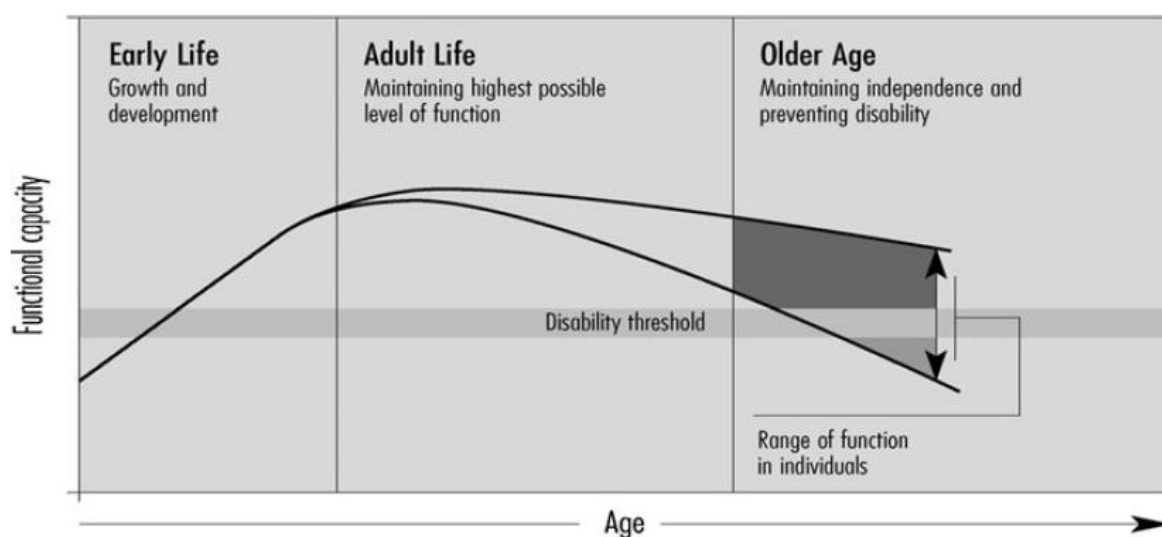


Figure 8 " Life-course approach which maintains that early and middle-life interventions can reduce levels of disability in older age", in Green (2012) citing Kalache & Kickbush (1997).

Today, new campaigns have had successes as well across Europe. One example is the CALM project (for "Counteracting Age-related loss of skeletal muscle mass through exercise and diet"), hailing from the University of Copenhagen, Denmark. Its purpose is to "[focus] on the role of protein intake and physical activity for countering sarcopenia - the age-related loss of skeletal muscle mass" (Giacalone et al. 2016, 167). Sarcopenia is a common disease that usually appears around a person's 50's, and as we have seen previously, this age will be close to the European median age in a couple of decades. The matter is, therefore, important from both a medical and a financial perspective, as people suffering from sarcopenia will ad-

up to the already high social expenditures of the states. Fortunately, physical activity and an increase in protein consumption have shown to reduce the risks of suffering from that disease. By acting before it is too late, using effective prevention and information to educate people about those two helping factors, CALM is aiming at successfully reduce the rate of sarcopenia in Denmark. (Giacalone et al. 2016) This kind of programs are many and could – or should – be broaden to all European countries as a EU program, for example, since the EU does fund health campaigns regularly.

For instance, Gibson (2014) describes a two-year project funded by the European Union PROGRESS (for Programme for Employment and Social Solidarity) between 2011 and 2013, and called Progress Towards Healthy Ageing in Europe. The transnational project involved the United-Kingdom, Spain, Germany, Italy and Denmark, and had as an objective to encourage employees of 45 to 68 years of age to adopt a healthier lifestyle in order to prepare for a healthy ageing. The idea was to raise people's awareness through their workplaces rather than the traditional health related settings. The project was based on an online programme called GetFit Health Manager™, which after a questionnaire was filled by employees would serve as a virtual coach, giving personalized advices based on people's answers. Transnational cooperation promoted sharing experiences and tips via webinars and teleconferences, as well as during three seminars in the UK, Denmark and Spain. Interestingly, during the Danish seminar, visitors from all partner countries visited innovative co-housing models “where groups of individuals and couples had engaged in long-term shared housing plans with each other to deliberately plan for the increased levels of physical dependency likely to be encountered in older age.(...) [A] preventative strategy whereby people in mid-life made conscious, deliberate plans for their future living arrangements and care and support needs with other like-minded people” (Gibson 2014, 55). Through this experience, they not only shared their results for the PROGRESS project, but also got new ideas to implement in their home countries. One can see that EU transnational programs can be useful on many levels, bringing us closer and pooling thoughts, ideas and resources to tackle a common issue together. This is a good example of why social work professionals should sometimes consider transnational projects and think outside of the local box.

4.3 Structural changes

Finally, I will consider changes that affect entire structures, whether we speak of the market or changes that should be made on a national or supra-national level, changes that affect the structures of our societies, notably the pension systems, the labour market and our approach to the immigration solution.

4.3.1 Changes in the market (the rise of specialized services and goods)

We have already discussed several times how the demand for specialized services and goods is going to rise as the population grows older. We have also seen how and why the elderly will have an increasing power over the market offer, thus dictating trends and fashions for the industries. I won't explain this again here, but rather have a brief look at some concrete examples. Of course, the range of those new services and goods is enormous and it is not for this thesis to be exhaustive.

Even though some services will only be slightly updated versions of commonalities (like specialized taxi with adapted vehicles), the biggest trend regarding this topic is that both services and goods targeted at elderly will be massively technologic. The term "gerontechnology" has even been coined to encompass all the technological development specifically designed to support older people. We can summarize the various technological aspects and their potential benefits for the elderly people by looking at Figure 9.

As we can see, the idea that technology can support or even supplement human medical care is tempting. Computer based-support is gaining momentum, especially in remote rural areas or people with impaired mobility. The concept of "Online Doctor" which offers online consultations, by e-mail or videoconference like Skype, has become more and more popular. One could wonder if the quality of service is really as good as it could be, or if this solution is more about saving money than easing the access to services for disabled or remote patients. Urban areas will most likely see a rise in human services, while rural area will increasingly be submitted to budgetary cuts, thus pushing the e-doctors to the front. (Phellas 2015).

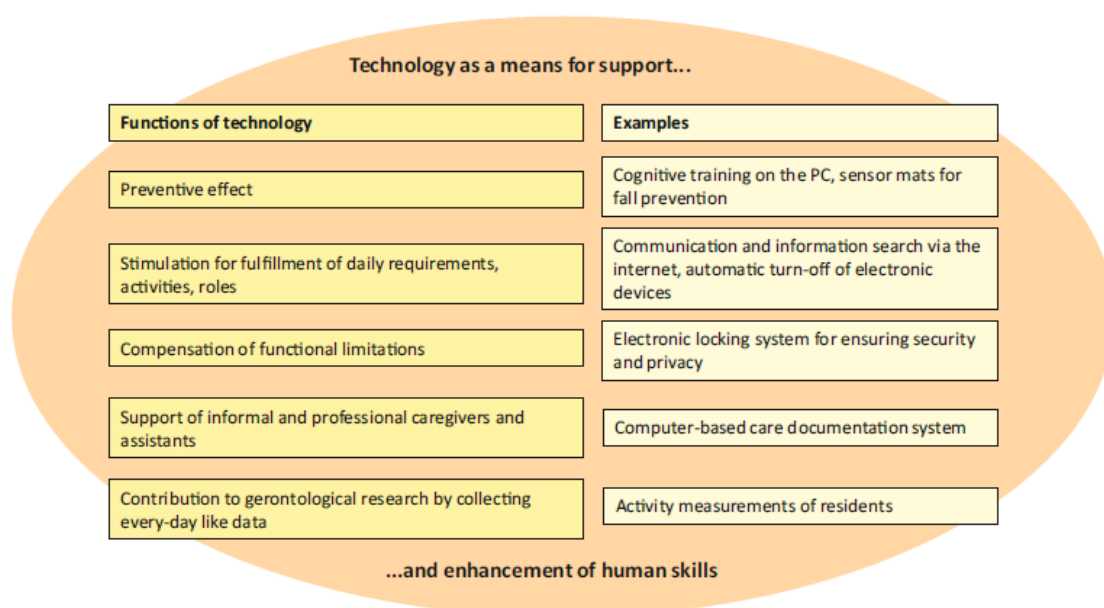


Figure 9: "Functions of Technology", Phellas (2015)

We can already see concrete examples such as the telecare in Switzerland. Telecare is a term that encompasses devices that "provide health care and enable elderly people to maintain their autonomy and allow them to live independently for a longer period of time. (...) Telecare includes technical devices and assistive technology as well as professional health care services to assist, monitor and care for people from a distance. Telecare includes a variety of services such as communication, monitoring, consultation, diagnostics and training." (SERI, no date) Swiss research has shown that the use of this technology in care-centers and private homes has dramatically improved health conditions of patients and their survival rates. There is even a European Union funded programme called Active and Assisted Living Programme (AAL), whose objective is to "[support] research into innovative and marketable technological solutions which allow older people to maintain the standard of living they are used to and continue living independently in their own homes for as long as possible." (SERI, no date) On paper it sounds like a great idea, and the trend of maintaining people in their own homes rather than institutions is quite popular in Europe nowadays (Phellas 2015). However, as social work professionals, we ought to wonder once again if keeping people at home has only positive sides, such as maintaining a familiar environment and avoiding stress, or if it doesn't carry ethical weaknesses, such as reinforcing social isolation for the sake of saving money, for instance. There is no doubt that this technology can improve physical health statuses, but we should not forget the mental impact of reducing physical contact with caretakers, especially since we've discussed the implications of loneliness.

Of course, a lot of the new products will be designed to adapt existing technology to failing physical abilities (phones with bigger, easily readable buttons, or simplified for people suffering from dementia), or to support elderly with physical disabilities: ear-pieces to help with hearing-impairment, or spoons designed to absorb the shaking and tremors of people suffering from Parkinson's disease (Liftware, no date). The designs will become simpler, more intuitive, demanding low efforts to use and manipulate. However, according the Phellas (2015, 36), "applications of ergonomics and universal design that compensate for age-associated limitations in physical and cognitive functioning will become more complex and probably shorter lived. Therefore, beyond ergonomics and universal design, the potential of gerontechnology is seen in emphasizing technological developments that support lifestyle and environmental interventions able to enrich the course of ageing."

There will be possible limitations to this technological empowerment of the elderly, though. First, many elderly may have potential bias towards electronic technology, especially high-technology. As already discussed, many would have been exposed to computers and other, at least in their workplaces, but that does not necessarily imply positive attitude towards it, nor mastering its usage. Besides, bias are nourished by experiences and bad professional experiences with IT can cause overall bias towards high-tech. However, increasingly, people reaching retirement will have had basic use of smartphones and other

electronic gadgets, making it easier and easier to accept them for the Third and Fourth Age (Phellas 2015). Once the bias against technology is out of the way, there is the question of the costs and benefits ratio, as well, of course, as the price. The Liftware spoon used previously as an example costs 195\$, plus accessories such as fork-head attachments for 34,95\$. It's rather expensive. Good practices will, for once, probably come from the law of market: the more such products will be produced, the cheaper they will get.

4.3.2 Changes in the pension system and labour market

The pension systems in Europe are now regularly reformed, or at least talks of reforms animate national parliaments. Whatever opinion one may have about the economic aspect of the ageing crisis, it is painfully obvious that the pension systems are not adapted to the way our societies exist anymore. They are built on the old socio-economic model where a large share of the population is active and the economy is well. None of this is true anymore, and no realistic prediction announces rapid economic growth and rejuvenation of the European population. Therefore, something has to be done. If one follows the economists' opinion, the basic reforms are simple: raise the retirement age by several years, raise subscriptions and reduce the public pension's generosity, as advocated by Mantel (2001) (also Christensen et al. 2009).

The first solution is quite obvious and the argument that people live healthier longer is a sound one. However, one cannot read the second argument without hearing its commercial aspect. Reducing the "generosity" of public pensions is not only a way to save tax-money, but it also means encouraging people who can afford it to rely on private pensions, which are more costly and are by definition a business. Mantel (2001, 545) even goes as far as suggesting that "mandatory private pensions might also have a positive effect on savings". When reading this suggestion, one should remember that it is published by the International Association for the Study of Insurance Economics. This is an ultra-liberal capitalistic point of view.

This very ultra-liberal approach to pensions raises some moral questions. Is it ethical to transform a mostly universal pension scheme into a private one with better schemes reserved for the wealthier, while more modest individuals have to settle for a second-rate pension? Is that not going to dig an even greater gap between modest and richer people, favoring the few to save some money? But also, do we want to depend on private businesses even more than we already have to? What guarantees do we have that private pensions won't make risky investments like the banks did prior to 2008 (and continue to do even though the crisis happened)? And if it so happens, would we as tax-payers bail-out private pensions like we did with failed banks? And if we don't, what happens to the elderly people who would have lost their pensions due to risky behaviours of their pension company?

Another question one should consider is whether cutting through the “generosity” of public pensions is really saving money. By reducing the incomes of elderly people, this toughening of the pensions system would impoverish them, reducing their market power, and possibly encouraging risky behaviours, such as neglecting to eat well, buy medicine and check the doctors, and so on, which could on the long term cost society more. Indeed, impoverishment could lead to health complications which will have to be taken care of by the social security, i. e. active adult’s tax money. This loophole is worth considering as the argument for making the system “less generous” could actually force it to pay afterwards anyway. Mantel (2001) mentions however that this could be partially avoided by raising pension contributions substantially in the public pay-as-you-go system. He also recommends reducing the over-generous early-retirement options to encourage people to work longer.

It is to be noted that Mantel (2001, 530) emphasizes that such changes would also require a labour market reform to reduce “structural unemployment and higher labour force participation rates” in order to reduce efficiently the impact of the population ageing, using the U.S. and the Netherlands as example of reformed countries where the market has naturally buffered most effects of the phenomenon. He also warns that if no reform is taken, “the gap between income and expenses will need to be carried by the state, leading to sharply increasing budget deficit” (Mantel 2001, 530). As we have seen, EU-States are bound to follow the Stability and Growth Pact which does not see favorably “budget deficit”, one of its main targets.

This is why, as we have already seen in previous chapters, many European countries including Finland and France, but also Germany, have followed that doctrine and reformed their pension systems accordingly. It’s difficult to say if that is to be considered a good practice, since as we’ve seen there are some downsides to it, but one could concede that it is reasonable from a strictly economic point of view. However, one should wonder if the Stability and Growth Pact that was designed before the 2008 crisis should still be considered the model to go for, especially now that ageing puts an increasing pressure on national expenditures (Marešová et al. 2015). Could or should the EU-countries not reassess their methods and objectives in the light of the present socio-economic situation?

To summarize the economists’ point of view on the matter, one can see that their optimistic view of the future – if “proper” reforms are implemented – is based on the assumption that everything in economy is connected. I shall quote Mantel (2001, 543) one more time, as this will sum up the economists’ approach to ageing, in their own words: “[B]udgetary reform is important, as ageing will put substantial pressure on the public retirement systems. This will undoubtedly lead to further cuts in the generosity of pension systems, leading to lower replacement rates, which will encourage (or force) people to retire later and work longer. So budgetary reform will help labour market reform and vice versa. Lower replacement rates will also encourage people to save more during working life to replace lost income. Higher savings rates should lead to higher economic growth, which again

will compensate for the negative effect of ageing. In order to make pension systems fairer, it is important that over-generous early retirement options be reduced. A reduction in early retirement benefits will not only reduce costs, but should also lead to an increase in the average retirement age and therefore in labour participation by the older population. This shows that labour market and budgetary reforms are interdependent and should be combined”.

It is quite noticeable that this is a point of view that does not really care for individual perspective and quality of life. This is an over-optimistic approach based on numbers and budgets. If it is probably very efficient from an economic point of view, it is, as we’ve seen before, quite out of touch with a more social approach, where encouraging people to work longer because they earn less is not such a great reason to rejoice about, nor where preserving the market economy and increasing the GDP is a top priority. If we need to lower our quality of life and human values in order to fit the economic system and make it prosper, maybe the problem is not population ageing, but the economic system itself.

4.3.3 Immigration

Over the years, the argument of using immigration as a way to tackle the lack of European renewal of the population has gain momentum. The logic behind is quite simple: if Europeans don’t produce enough young people to sustain society, they must “import” some. According to Laura Daconu (2015, 51), “under certain conditions, immigration leads to stationary population with a stable age structure.” Unfortunately, this promising solution requires very high numbers of immigrants, and some research has also indicated that the impact of regular immigration on the host population is too negligible to consider it a pragmatic, long-term solution. It could however be considered one option to be coupled with others, such as pension reforms and labour legislation reforms (Diaconu 2015).

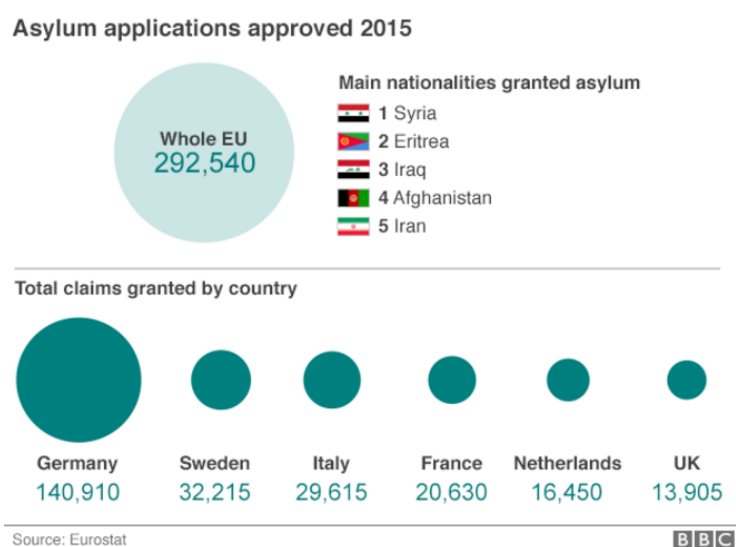


Figure 10: "Asylum applications approved 2015", BBC (2016)

The greatest problem with immigration is the reception by the host population, which usually prefers the idea of selected immigration, such as practiced by Canada or New-Zealand, while circumstances drive more economic migrants and refugees to Europe's doorstep. Some countries, like Germany and Sweden, have decided to try their chance and let a high number of those economic immigrants and refugees in, but others, like Hungary, France or the UK, have turned the cold shoulder (Figure 10). Notice that rich and largely populated countries like France (around 66 million inhabitants) or the UK (around 64 million inhabitants) take smaller shares than Sweden (around 9,5 million inhabitants), illustrating their reluctance and a radically different approach to immigration. Time will tell what impact on the German population, one of the oldest of Europe, this massive influx of refugees will have in reality, or in Sweden. Regardless, the reluctance from countries like France to take their fair share of refugees in these troubled time shows how host populations are not always prone to resolve to immigration, even when facing a phenomenal crisis such as the ageing of Europe. I asked in the Introduction what people would be ready to do to tackle the issue, and it seems that French people have no problem paying more and working longer, but can't help people in need even when it could be profitable for France as well. But that is another question, for another research.

One could simply add that if the host country is reluctant to take in immigrants but is forced to by supra-national institutions (European Union, United Nations), there is a increasing risk of seeing far-right populism on the rise. The recent development in Europe with successes of the UKIP in Britain, Perussuomalaiset in Finland, Alternative für Deutschland in Germany, Viktor Orban in Hungary or the Front National in France, are worrying signs that part of Europe is not ready nor willing. Therefore, and for wrong reasons, it is doubtful that immigration will become one of the tools chosen by most Europeans to tackle the ageing of their population.

5 Conclusion

All things are connected. The health of our society is linked to the flourishing or weakening of its economy, but the economy is dependent on the society it serves. Young generations are connected to older generations in ways they don't even suspect, and often neglect. There is plenty of research on population ageing, and during the redaction of this thesis it has become apparent that academic literature has had its eyes on the topic since the beginning of the baby-boom. However, specialized authors focus on specialized topics. Very often, papers would briefly mention the fact that ageing is happening before diving into their respective subjects, whether economic, social, political, legal, and even philosophical or ethical. This is, of course, a normal and very good thing. Topics need to be researched extensively in order for the various fields of knowledge to grow ever more accurate, offering

new orientations and ideas. However, when one wants to get a rapid yet clear picture of the roots and challenges of ageing population, one is often confronted with heavy books that don't offer the comfort of a synthesis, or very specialized articles which are a great source of information but lack perspective. This is what motivated me to approach my thesis the way I did.

I wanted to cover the topic with a holistic approach. The benefits are to offer the reader a short and comprehensible overview of the main issues raised by the studied phenomenon. The obvious downside is that, as a bachelor thesis, this paper could not take the luxury to dive deeply into each sub-topic and leaves plenty to further research. The aim of this study was to be concise, and many issues should be looked upon more in detail for a greater understanding. For instance, I didn't do entire subsections detailing the medical progress achieved by developed countries since the post-war era, or the improvement in labour legislation providing more safety rules and guarantees to the western workers, though I shortly mentioned those benefits in several chapters. If I had detailed those progresses, it would have hindered the objective of conciseness and clarity, as the topic would have been vast. It would have implied talking of the working unions's role across the continent, the rise of European regulations on harmful practices and materials, and so on, which would make a very interesting paper, but seemed off-topic for the goal I had given myself during the writing of this thesis. Likewise, many issues I mention in this paper can and should be researched more in detail by whoever is interested in the matter. It could be seen as a limitation, but this study simply serves as an overview.

The choice of Europe as a geographical, social and economic frame to the study comes, as mentioned before, from the increasing inter-connection between EU-member states and partner countries of the European space. Legislations and trends are shared across the continent more and more, states look at their neighbors, cooperate in European programs, and reform themselves through the prism of EU regulations and laws. The European Union is not only an economic alliance, it has become a social hub, and even if national identities remain strong, there is a clear pattern of European mentality that stands out even compared to other western countries, such as the USA or Canada. There is a widely discussed European Social Model, and this is why it seemed important to have this overview restricted to the European perspective. It is a compromise between showing a larger picture yet focusing on relevant data. Plenty of academic sources studied Asian ageing, especially the critical situation of Japan, but that would not have been useful or relevant because there are too many differential factors – economic but also and mostly cultural – that would not allow for a European social professional to apply to the European situation. It could be debated with other western countries, again such as the USA and Canada, or even Australia which case has also been widely approached, but research for this thesis has shown that the differences were greater in trends and patterns between those countries and Europe than between European countries themselves. However, I have decided not to dwell on those differences: there could

be an entire research on commonalities and differences between Europe and other groups such as America, Asia, or Africa, and since, once again, this thesis's goal was to be concise and Europe-centred, I leave further research in that field to others.

My own research is a literature review. I have compiled academic articles from various sources, some economy-centred, others from social-work journals, and so on, to get the holistic view I was looking for. Due to the lack of physical books at my disposal, besides Puska et al. (2009), almost all my sources were gathered by online research through various databases.

In this thesis I have first gone through the basic indicators of population ageing, in order to understand how this phenomenon occurs before one could grasp its consequences. I have detailed what the Median Age, the Age Pyramid and the Age Dependency Ratio represented, and how they were measured.

Then I analysed the causes of ageing in Europe. The post-World War II demographical explosion known as Baby-Boom has produced a very numerous generation which benefited from the economical recovery of Europe after the war. During the lifetime of this generation, medicine has improved, and so did labour regulations. Campaigns for healthier diet and lifestyle have begun to gain momentum, and technology has made hard labour easier. In the meantime, social changes occurred that gave women new roles and opportunities. Their reductive function as housewives opened, and the opportunities of building career presented to them at last. They also got encourage to take control of their bodies via the democratization of contraceptive methods. This has led to many consequences: a very large generation got to live longer and healthier, but getting many children lost its appeal for socio-economic reasons. Consequently, fertility dropped at the same time when life expectancy increased. I have discussed how this affected the European Age Pyramid negatively, inverting it in dramatic fashion, as well as increased over time the Median Age. Worse yet, the age dependency ratio of the continent rose steadily, putting more and more financial and social pressure on active adults.

This brings us to the consequences of ageing populations in Europe. I discussed both the economic and social aspects of this demographical crisis, beginning with the obvious problem of pension schemes' funding. We have seen that more people will get into retirement while less adults will be paying for their pensions, and that this issue requires changes in our legislations and policies, mainly raising contributions as well as the age of retirement, while lowering the benefits of early-retirement. The idea is that people will work longer, for probably less, but this is supposed to be compensated by the fact that people will remain active longer, and save more during that time. Speaking of savings, this thesis briefly explained how the massive wave of newly retired Baby-Boomers squandering their savings will fragilize the entire economy. The topic of the influence elderly people will have in the future on the market due to their new needs and wishes has been approached as well, and one could

see that the growing number of older people will reshape our way of consuming based on the law of offer and demand.

Overall, the chapter about the economic consequences of ageing may seem a bit impersonal and factual, but we should not forget that behind the rows of numbers, there are people. Most of the policies economists advocate to take the right run as the demography of Europe collapses seem to be made in order to save Europe from an economic point of view. One can perfectly understand such objective, from a pragmatic point of view. The neo-liberal system in which we all live is highly dependent on good scores to function relatively well. In that system, if the economy shivers, everyone must take action because an economic collapse means a social disaster. Funds and pensions are being cut, entire countries go bankrupt and poverty crawls back rapidly, like in Greece in 2008. That was an EU country that even shared the Euro as a common currency with countries like France, Germany or Finland, yet got so deeply down the economic hole that the social system nearly collapsed, giving fertile ground to political populism. This serves as a reminder that yes, the economy plays a huge role in our modern societies. Those are so rooted in the economy that a change of economic paradigm seems unlikely or impossible, while society has to "adapt". The aim of this thesis was not to develop an argument against neo-liberalism or advocate a radical approach to the social issues. Nevertheless, it should ask its reader if it is still reasonable to praise political orientations aimed at never-ending growth, when this vision has clearly found its limits in the population ageing in Europe? Should the people adapt to a potentially out-dated economic system, or should the system adapt to an already different social and demographic situation? It is not the goal this thesis to answer those questions, but they deserve a close attention and could be further researched in the future, to the benefit of all.

The economy is not the only aspect of our society that will change due to ageing. The increasing presence of active elderly will redistribute social roles in a fashion that might create intergenerational tensions. Because of the growing importance of the elderly's role in society, their influence and their decisional power, we may see the dawn of a new generational conflict, which isn't a new thing in itself, but this time with the elderly having the numbers for themselves. The social mechanism that used to be a motor for progress, this conflict between "Ancients and Moderns", will be played by new rules, and as we have discussed, could have reactionary consequences for Europe. As seen several times during this study, intergenerational dialogue and cooperation will therefore need to be at the front of our social strategies in order to avoid a fruitless and potentially toxic confrontation. It would also break the looming threat of social isolation that people face when growing old, that can lead to depression and even physical deterioration.

The objective of this thesis was not to draw a dark and depressing projection of the future. It is true that the challenges ahead can be frightening, as we are witnessing a change of societal paradigm: the way we used to grow up, work and live will be durably impacted by the demographical problems of Europe. As long as the European fertility rate will remain

below the replacement threshold, we will statistically remain on our course of slow decline, which in turn creates a vicious circle of depleting population, with all the consequences we have already discussed being amplified as time passes. On that path, the European population could virtually disappear on the (very) long term, but not after having gone through a progressive loss of its economic and political importance in the world. Those perspectives are indeed frightening. How is the future going to be for our children? How will the social work profession be affected by the ever-increasing number of clients in need of special care and the ever-lacking fundings due to a decaying economy? Will we, as a society, have to make too big concessions to our principles in order to rebalance our deeply indebted economy at the expense of our clients? And if the governments ask us to, would we do it? Would we even have a choice?

Those are dark thoughts that naturally arise from the gloomy perspective of pure statistical and economic points of view. However, this thesis is aimed at social work professionals. We need to focus on making older age as positive as it can be for all of us. We have discussed solutions being implemented all accross Europe to bridge the intergenerational gap, improve healthy and active ageing. We have seen how both the younger children and the older adults can find common grounds by sharing quality time and doing meaningful activities, strenghtening the social fabric and creating win-win programs. This is what social workers should focus on: improving our methods and approaches from the earliest age to create a society where ageing is positive.

Ageing concerns everyone at any time in one's life. We've seen how early choices of healthy lifestyles can determine greatly whether one would age with disabilities or maintain a bearable level of incommodities during old age. We have also discussed how the role of certain age-groups is determined by social conventions built in our socialization process, and how bringing a more positive attitude towards ageing to the children impacts how elderly people are perceived by society as a whole. Therefore, one could argue that healthy ageing begins in the youngest age. Even social work professionals who do not work in the geriatric field have a role to play in the shift that our society is operating under our very eyes. And not only as a form of "solidarity" between fields, but as a long-term strategy of social wellbeing. The children of today's kindergartens are the pensioneers of tomorrow's elderly homes. Everything is connected, every stage of life has an impact. We have to know why and how our society is changing, we have to accept that these changes are going to be deep and irrevocable, but we ought not to despair. We, social workers and health professionals, need to think positively about the future and focus on good practices. Because even if we can't magically curb the statistics and save Europe from the demographic challenge of the century, we can still make the best out of it.

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