

## What PRIORITY for research on the needs of our AGEING SOCIETIES?

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INTRODUCTION: the ageing society

- AGEING characterised by: a growing number and percentage of senior citizens who are better educated, have a higher income, more assets, better health, more cohesive families and greater geographical mobility
  
- thus: more active, critical and selective seniors  
but also great diversity
  
- in a SOCIETY featuring: deep cultural changes  
(globalisation, multicultural society, changes of identity, risks, etc.)  
a drastic change in the concept and organisation of work (computerisation, autonomy, succession of job changes, etc.)
  
- NEEDS: in relation to pensions (social security) and medical care (and ethical problems)  
  
Emphasis must be placed on two aspects
  - the reorganisation of careers
  - long-term social assistance

### I. THE REORGANISATION OF CAREERS

- today's paradox: more education, shorter and hyper-active career, early retirement and long "fourth age" (over 75).  
Unbearable for society and a burden socially.
  
- necessity of restoring balance to training, work, care, education, free time through new initiatives and regulations without a precise hierarchy; making room for the over-55; as well as work, free time, commitment?
  
- to compensate for the lack of value generally attached to personal commitment, necessity of political initiatives (legal, taxation, in terms of expenses, etc.)  
  
information on, development and specialisation of voluntary service  
  
through new subjects and modes of working

mobilisation of those over 55

research

- description and explanation of the situation and its development
- organisation and assessment of avenues of study (variation)
- dissemination of findings

## II CARE by SENIOR CITIZENS and/or for SENIOR CITIZENS?

The general evolution of social assistance (also in the case of disability, psychiatric problems, and fourth age) shows:

- that it is provided in the person's home
  - that it is based on request, not on availability
  - that it is provided by official and commercial players.
- Consistency poses a problem.

CONSISTENCY: by whom is care provided? (not official assistance alone)  
How (rules and institutions?)

Various solutions

- greater participation and made-to-measure availability?
- a new mechanism, a "client" budget?

And in both cases, what is the role of volunteers?

How do they intervene in this new mosaic?

Validation of this commitment: fill the gaps, in human terms,  
new forms, etc.

RESEARCH: again

- description and explanation of the situation and its developments
- organisation and assessment
- dissemination of findings

CONCLUSION

Original Dutch text annexed.