

Seniors and voluntary work

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Our populations are ageing and our economies are simultaneously changing at an accelerated rate. The combination of these two realities is raising questions about the social security from which we have benefited for some time.

Initiatives are being taken on several sides to disengage States from their social preoccupations and to give priority to sectors open to worldwide competition; the result is that many social needs go unmet.

It is consequently quite easy to understand the role senior volunteers can play in civil society: Hillary Clinton told the Davos Forum in 1998 that "civil society is the very stuff of life and, regardless of the power of economies and States, nothing can work without the dynamism and vitality of civil society".

Senior volunteers have the privilege of being able to accompany persons whose fragility requires a greater quality of life, whether elderly, children, or disabled; they are thus in a position to offer families in crisis an indispensable support.

In no case should we underestimate the immense potential this availability represents for society.

When this potential is studied from the economic standpoint, one reaches the unquestionable conclusion that senior volunteers represent an extremely important advantage for the State: indeed, it is acknowledged that informal aid (i.e. provided by family) for older persons represents two thirds of total aid provided to them; this is a help to the State.

This justifies giving volunteers a genuine statute of recognition by the authorities of each of our States. This can be done at local level, or failing that, at national level, but at the present time, many States are still overcautious in this area.

And yet it is vital to understand, at all levels of power, that "those who help should be helped", as it is said in Scandinavia. And we might add without fear of error that seniors who have the good idea of making a commitment to one type of voluntary accompaniment or another will have a greater chance of ageing actively, and normally will enjoy the benefit of living in better health: voluntary work is undeniably beneficial to the senior volunteer himself or herself.

These ideas are the result of my own personal observations all over the world, but they are also basic principles acknowledged almost universally and forming part of the political theories of large international bodies.

For example, one of these principles is to "stay active while growing older", another to "age in good health". By juxtaposing these different principles, one sees that the international organisations have established over the years a genuine moral code for both individuals and officials with responsibility for old-age policy. This code should influence policy-makers and constitutes a useful guide for senior volunteer organisations.

"The elderly must be encouraged to consider themselves players in the epic of their life and in the working of society, and not simply persons living in passivity and need."

Ambassador J.T. Alvarez of the Dominican Republic (message to the United Nations on the occasion of the launch of the International Year of Older Persons)

1. THE UN

The UN's essential contribution has been to undertake considerable study of the status of older persons and to take in consideration all the problems that come with the ageing of the population worldwide, and especially the very precarious situation of many elderly people.

The UN is drawing the attention of States to the situation of older persons, who, unlike women and children, are not covered by an international convention protecting their rights.

The basic document to which we must refer is Resolution 37/51 of 1982; it contains the United Nations' 62 fundamental recommendations for assisting the elderly. It is therefore a complete foundation for building a general and integrated social policy in our societies; since they are very general, the recommendations are still often topical. This can be seen in the titles of the subjects addressed in the 51 recommendations that directly concern the elderly:

- Health and nutrition: Recommendations 1-17
- Protection of elderly consumers: Recommendation 18
- Housing and environment: Recommendations 19-24
- Family: Recommendations 25-29
- Social well-being: Recommendations 30-35
- Secure income and employment: Recommendations 36-43
- Education: Recommendations 44-51

Second, we find guidelines for a policy for the elderly in the United Nations Principles for Older Persons, adopted in Resolution 46/91 of the United Nations General Assembly of 16 December 1991.

Governments have thus been encouraged to incorporate into their national programmes the principles laid down in this text and senior citizens who deal with older persons can undeniably invoke these principles with national political officials.

United Nations Principles for Older Persons (16.12.1991)

- Independence: *being able to live at home, having sufficient income;*
- Participation: *being able to share one's knowledge, participating in the development and implementation of policies that concern them;*
- Care: *having access to care, social services, respect for human rights and fundamental freedoms;*
- Personal fulfilment: *having access to cultural and spiritual resources;*
- Dignity: *being treated with justice and respect.*

This is a very rich range indeed.

And more recently, in 1999, during the International Year of Older Persons, four main themes were highlighted; the objective of this initiative is to advocate a society for all ages.

1. Situation of older persons: *developing a positive and active concept of ageing*
2. Lifelong individual fulfilment: *promoting the ability to take initiatives*

3. Intergenerational relations: *It is a question of establishing a new dialogue between generations, based on interdependence in the family and in society, in reaction to the development of relations between the young and the elderly. The emergence of the "inverted pyramid" is a good illustration of this evolution: whereas this pyramid used to offer a wide base, representative of a large number of children, and grew smaller as it approached the summit, which represented a more limited number of adults and older persons, the pyramid is now inverted and offers the image of a family that may well include only one child, two parents, four grandparents and eight great grandparents*
4. Development and ageing of the population: *ensuring that the quality of life lends itself on the whole to exchange between generations, ensuring continuity between flats for the elderly and long-term health care establishments integrated into the community*

2. The World Health Organisation (WHO)

By selecting the theme "Active Ageing Makes the Difference" for World Health Day on 7 April 1999, the WHO chose to become involved in the International Year of Older Persons with emphasis on activity as a means of ageing well.

Dr Gro Harlem Brundtland, its Director General, stated in her remarks on this occasion that "health and the quality of life throughout a lifetime strengthen individual capacity to **be fulfilled, to build a community where the different generations live in harmony and to build a dynamic economy**".

In its world declaration on health, adopted at the 51st World Health Assembly in May 1998, the WHO stated, on behalf of the international community, that "improving the health and welfare of peoples is the ultimate goal of economic and social development. We attach importance to the moral values of equity, solidarity and social justice [...] and we recognise that to make progress in the world health situation, we must give effect to the policy of health for all in the 21st century through the implementation of appropriate regional and national policies and strategies".

WHO Europe, representing 870 million people who are nationals of 51 States, has also taken an interesting look at the need to "take care of health" throughout life as a means of ageing in good health. It is a question of the long term, the prevention of dependence and overall health as a means of remaining autonomous.

It further clarified this objective in the HEALTH 21 programme ("*Health for All in the 21st Century*") and particularly in goal no 5:

"Ageing in good health"

"Health policies should prepare individuals to age in good health, by conducting systematically planned actions for the promotion of lifelong health. The possibility of social, educational and professional fulfilment, as well as physical activity, improve the health of the elderly, their self-esteem, their independence and their active contribution to society. It is particularly important to set in place innovative programmes to enable older persons to keep their physical strength and obtain the correction of visual, hearing and mobility deficiencies before these lead to dependence. Neighbourhood health and social services should establish contact with the elderly to help them in their daily lives. We must give greater account to their needs and wishes in terms of housing, income and other factors that bolster their autonomy and social productivity."

This HEALTH 21 philosophy is based on an explicit ethic:

The three fundamental ethical values of Health 21:

1. *Health is a fundamental right of the individual*
2. *Fairness in health matters and human solidarity between countries, within countries and between inhabitants*
3. *The participation and responsibility of individuals, groups, institutions and communities for ongoing improvement of health.*

WHO Europe thus highlights in a surprising way the crucial importance of the ethical aspects of health matters. Like the WHO, it bases health policies on a specific set of values and refers explicitly to the Universal Declaration on Human Rights.

3. The Council of Europe

The Parliamentary Assembly of the Council of Europe has proposed a threefold initiative: "*Protection, Participation, Promotion*"

These three themes are inseparable because participation, for example, can only occur if older persons are relieved of the burden of threats to their situation and if they are given a feeling of dignity through a more positive self-image. The following document should be consulted in this connection: Council of Europe, Parliamentary Assembly, AS/SOC(1999,16).

One of these main themes, i.e. protection, and more specifically the theme of dependence, was the subject of a specific recommendation adopted by the Ministerial Committee of the Council of Europe on 18 September 1998.

Considering that the principle of autonomy for the dependent person must be a guiding factor in every policy concerning dependent persons; considering that cover for the contingency of dependence should be an integral part of every social protection system, the Council of Ministers recommended that governments of member countries:

- ensure that public opinion is made aware of the problem of dependence as it is presented in this recommendation;
- steer policy measures in this area according to the principles set out below;
- ensure that their legislation takes into account the general principles and measures annexed to the present recommendation or to adopt provisions in conformity with these rules when they introduce new legislation.

The Council of Europe also clarified the right of the elderly to social security:

"The right of elderly persons to social protection"

"With a view to ensuring the effective exercise of the right of elderly persons to social protection, the Parties undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular:

1. *to enable elderly persons to remain full members of society for as long as possible, by means of:*

- a. adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life;
 - b. provision of information about services and facilities available for elderly persons and their opportunities to make use of them;
2. to enable elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of:
- a. provision of housing suited to their needs and their state of health or of adequate support for adapting their housing;
 - b. the health care and the services necessitated by their state;
3. to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution."

4. The European Union

The European Commission adopted an important communication on 21 May 1999, COM(1999)221, entitled "*Towards a Europe for all ages - promoting prosperity and intergenerational solidarity*". It sets out a strategy that includes effective political measures, based on strengthened co-operation between all those involved and on intergenerational solidarity and equity.

1. The Commission wishes in particular to adapt employment policies and practices to ageing:

Ageing and employment

"One dimension is the relative decline of the population of working age and the ageing of the workforce. The next 20 years will see considerable changes. During the period 1995-2015, the 20-29 age group will fall in number by 11 million (-20%), while the age group 50-64 will increase by 16.5 million (more than 25%). This calls for a strong focus on the age aspects of human resources management, a factor that has until now been neglected. It also implies a rethinking of policies which encourage early exit from the labour market, instead of lifelong learning and new opportunities."

2. It also seeks to clarify the concept of intergenerational equity:

The imperative of intergenerational equity

"A second dimension is the pressure on pension systems and public finances stemming from a growing number of retired people and a decline in the working age population. Over the next 20 years the population above the standard retirement age, 65 years, will increase by 17 million. Within this group the very old, those over 80, will increase by 5.5 million. Intergenerational equity requires that the long-term sustainability of public finances is given due attention. A broader base for social protection systems must be secured through a higher employment rate for those of working age. Pension systems should be made less sensitive to demographic and other changes."

3. The European Commission declares that healthy ageing is the best response to health care and old age care needs. It also insists upon prevention as opposed to

cure, possibilities of re-adaptation, improved access for all to treatment, and the quality and quantity of care for the very old and fragile persons.

Need for old age care and health care

There is "a growing need for old age care and health care. The sharp growth in the number of very old people in need of care will lead to growing demand on formal care systems. These systems will have to be further developed to cope with the new situation. Simultaneously, there should be policies to curtail the growth in dependence through the promotion of healthy ageing, accident prevention and post-illness rehabilitation."

With this in mind, "the Commission will give special attention to medical and social research related to ageing in the Fifth Framework Programme for Community research. A "key action" of this programme, with a budget of EUR 190 million, specifically concerns the question of the ageing of the population and disabilities. This action will support multidisciplinary research, technological development and applications concerning: the processes leading to ageing in good health, including the biological, psychological, demographic, social and economic aspects; operations that lead to the postponement and improved control of disability; the effective distribution at the best cost of old age care and health care services, including comparative research on the financing of care and of pensions; prevention and treatment of diseases and disabilities linked to age.

4. The Commission also underlines the danger of social exclusion of older persons.

Older persons and the risk of social exclusion

There is a "growing diversity among older people in terms of resources and needs. Differences in family and housing situation, educational and health status and in income and wealth crucially determine the quality of life of older people. Fortunately, today the great majority of older persons are well provided for. Yet, that most older people enjoy better living conditions than in the past should not blind us to the continued risk of social exclusion and poverty tied to age."

Given all these encouragements to be active, senior citizens cannot remain passive: the goals have been set and they have the means of implementing the appropriate political leverage because they undeniably defend the general interest by improving the lot of older persons.

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