

REPORT FROM THE CONFERENCE “AGEING IN EUROPE: TOWARDS MORE INCLUSIVE SOCIETIES, RESEARCH AND POLICY”

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The Research Network on Ageing in Europe (RN01) of the European Sociological Association organised the 6th Midterm Conference of the network in Vienna from 13-15 July 2022. The conference was opened by Liat Ayalon’s keynote speech, which discussed the concept of ageism with illustrations from several fields such as long-term care, the relationship between older people and everyday technology and climate change policy, etc. Ageism is defined as stereotypes, prejudice, or discrimination against people based on their chronological age. Most concern is raised by practices of ageism that discriminate against a specific age group, but ageism can also mean positive discrimination and can be directed towards people of any age. The keynote lecture highlighted that the Covid pandemic has exacerbated ageism. Older people were depicted as vulnerable groups and as a burden to society. In terms of long-term care, research has found that residents’ voices in US nursing homes were excluded in reporting about the pandemic. Ageist practices have also surfaced in the area of health-care triage decisions and vaccination policies.

One of the main topics covered by the conference was the labour market position of older people. Several studies discussed in particular the risks and challenges faced by the older generation on the labour market. Gülin Öylü and her colleagues (Susanne Kelfve and Andreas Motel-Klingebie) drew attention to the role of employers in the timing of older workers’ exit from the labour market. Using Swedish registry data, their study investigated how the sector and the scale of the company affect its likelihood of hiring and terminating the employment of older employees. They found that older employees’ likelihood of entry and exit differed among companies in different sectors and with different age and education compositions. This increases inequality among

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groups structurally distributed in different sectors or types of companies in late working life. Their results regarding the role of employers resonate with the findings of Anna Urbaniak and her co-authors (Natalia Krygowska Nowak and Jolanta Perek Białas), who emphasized that the attitude of managers has a strong impact on the labour market activity of older people. They presented the main factors that contribute to supportive and unsupportive working environments from the perspective of older workers employed in different sectors in Poland. According to their investigation, older workers working in the public sector felt less satisfied with the financial aspects of employment. They were more liable to describe the practice of employers pushing people who reach retirement age out of the company.

Besides employers' attitudes, employment history also strongly impacts Late Working Life (LWL). Wiebke Schmitz and her colleagues (Laura Naegele, Frerich Frerichs, and Lea Ellward) used SHARE (Survey of Health, Ageing, and Retirement in Europe) data to reveal the gender differences in the impact of previous labour history on the labour prospects of older people. They revealed that men's LWL is shaped by full-time work, and women's LWL is characterized by part-time and domestic work – especially in liberal regimes. Based on their findings, they suggested that policymakers needed gender-specific strategies to integrate workers into LWL to prevent these social inequalities in early life, as gender-specific family risks tend to accumulate over the life course.

Another group of interesting studies analysed the gender-specific impact of the COVID-19 pandemic on the elderly. While older people have been in the spotlight, researcher Andrea Schmidt (with her co-author Sophie Stumpfl) claimed that gender differences were largely ignored in public discourse, and differentiation between the younger old and the oldest old hardly took place. Using SHARE data, they found that almost half of all women in the age group 55-64 years old in Austria experienced changes in employment status, compared to a third of men. Most men in this age group had reduced their voluntary engagement during the crisis, while four out of ten women had increased it. In the age group 65-79 years old, half of the women and half of the men had reduced their volunteering activities during the first year of the pandemic. Other aspects of COVID-19's impacts on older people were exposed in detail at the conference. Valera Bordone and her colleagues (Bruno Arpino and Giorgio Di Gessa) drew attention to the fact that while family relationships may be responsible for more physical contact and thus a higher infection risk, partners and children might exert both a controlling and a supporting role in relation to the adoption of precautionary behaviours and being vaccinated. Using the SHARE Corona Survey, the latter investigated the role of family members in being protected against COVID-19 and found that kin positively impact

precautionary behaviours and vaccine acceptance among older people. Thus, policymakers and practitioners may be advised to differently address kinless individuals when promoting public policy measures.

The role of social relations during the pandemic was also addressed by Elizaveta Pronkine and her co-authors (Inés Berniell, Anne Laferrère, Pedro Mira) but in a different context. They raised the question whether Robinson Crusoe would have been less or more depressed during the pandemic. To make the scenario more precise: they investigated the role of living arrangements and housing conditions on mental well-being, measuring the latter using three indicators; namely, depression, loneliness, and trouble sleeping. Their results indicate that the mental well-being of those who lived only with a spouse declined relative to the general population aged 50+. In relation, there was a protective impact for parents of (adult) children in the same building, as opposed to children, however close in proximity, who were not co-residing. Finally, living in cities and in multi-unit housing also decreased mental well-being relative to that of the general population aged 50+. Inequalities in vulnerability during the pandemic can also be revealed in other dimensions. The growing number of older people with cognitive impairment faced serious challenges due to the crisis's direct and indirect effects. A study by Brian Beach and his colleague (Paola Zaninotto) explored the experiences of people categorized into three cognitive function groups (no impairment, mild impairment, and dementia) concerning social and health impacts and inequalities during the COVID-19 pandemic, using data from two waves of the English Longitudinal Study of Ageing (ELSA). They found that differences among cognitive function groups varied according to both outcomes (shielding and self-isolation, access to health services, lifestyle behaviour changes, mental health impacts, etc.) and timing. For example, people with dementia were around 2.4 times as likely to be shielded in June/July than those without impairment, but no difference was found for November/December. Further, around one-third of people living with dementia reported disruption in access to healthcare services.

The decline in cognitive skills in older age was also addressed in a presentation by Andrea Paiva. With her colleagues (Cláudia Cunha, Alice Delerue Matos, Paula Rodrigues, and Gina Voss), she examined the relationship between social participation and the probability of cognitive impairment in older age. Using SHARE data, their study aimed to assess the independent association of formal social participation and social connectedness with cognitive function over time and also to longitudinally investigate how the latter interrelationship acts on cognition. The results show that middle-aged and older adults participating in formal social activities have less pronounced cognitive decline than their peers. Mental health and caring issues were the focus of the presentation of Melanie

Zirves too. She claimed that by 2035 the shortage of nursing staff is expected to exceed 300,000 in Germany considering the rapid increase in the population aged over 80, as well as the growing number of people with dementia. But this is just one of the many issues that policymakers need to address to maintain or improve living standards for older people. Although there have been some improvements in access to digitalization, there is a lot to do to reduce inequalities in this area. Using the German Ageing Survey, Miriam Grates explored the impact of health on internet access and its regular usage for social and informational purposes among older adults before and during the COVID-19 pandemic. The good news is that internet access rates and the frequency of internet usage for social and informational purposes increased in 2020 compared to 2017. But, on the other hand, poor and average self-rated health was significantly associated with a smaller likelihood of internet access.

Some of the presentations at the conference took a methodological approach to the ageing process. Ruth Bartlet (with her colleague Ingebjørg Haughen) presented comprehensive insights into the features of the walking/go along interview, which is increasingly used in qualitative research studies to explore various phenomena, including the experience of disability. The method involves a researcher walking or traveling alongside a participant in their local neighbourhood and asking questions along the way. It enables researchers to generate data about a person's relationship with themselves and others and the place in which they live. This kind of participation can create new dimensions for information gathering. Men, for example, tend to open up more and share more personal experiences during walking/go-along interviews than during face-to-face conversations. The novelty of the work of Justyna Stypinska (and her colleagues Annette Franke and Clary Krekula) is in applying the theoretical concept of life course cube to empirical data. The cube is a heuristic model for analysing multilevel and multidimensional processes, in which the axes represent the three dimensions of time, domains, and levels. The researchers revealed how the cube model effectively reviews the totality and complexity of life-course transitions and might deeply enrich the research paradigm in life-course studies. In addition, they drew attention to the shortcomings of the model in terms of qualitative data. Sticking with the shortcomings, Daniel Thompson drew attention to an important bias that exists when gauging inequalities. He investigated income inequality among the older population in the United States, focusing on how measurement error derived from survey data as compared to data from administrative records affects retirement income estimates and its impact on summary measures of inequality. Thompson found systematic, nonclassical measurement error in survey-reported retirement income, particularly in relation to pensions and retirement accounts. Due to these

patterns of measurement error, income inequality estimates are considerably higher when using administrative records instead of survey-reported data. As the researcher emphasized in his conclusion, this downward bias associated with measuring income inequality among older Americans could worsen in the future, given the shift from defined-benefit to defined-contribution retirement plans.

Another important strand of the conference investigated issues regarding elderly care. Ricardo Rodrigues delivered a keynote speech entitled “Unequal care (still): Adding a time dimension to inequalities in care across time”. In his lecture, Rodrigues argued for an approach that takes into account the factor of time in research into inequalities in care. Time is not only important because age and care needs are interrelated. A second consideration is that caring relationships take time to develop, and care can be considered an “experience good”. Time is also crucial in the measurement of the quality of care: is care supplied with the right timing? And what is the intensity of care received or supplied? Time is certainly of relevance, but research often does not take it into account, because there is a lack of data. Time diaries are a very expensive method of data collection, while stylized questions are easier to implement but create bias that favours the reporting of more easily remembered care tasks.

Research carried out by Rodrigues and co-authors analysed whether societal trends such as the increasing labour participation of women, changing marriage patterns, and changing gender norms contribute to a decline in informal caregiving, and whether the same factors can lead to a decline in the gender inequality of care. Using panel data from five waves of the Survey of Health, Ageing and Retirement in Europe (SHARE), the former analysed informal care trajectories across cohorts for care inside and outside the household. The results show that the care gap declines in the case of care inside the household as men take up more such activities, but not in case of care outside the household.

In addition to the keynote lecture, three sessions of the conference were devoted to issues of long-term care. Two sessions included studies on national and local policies and practices of care. Shaen Ying and co-authors (Mariska van der Horst, Theo G. van Tilburg) studied the impact of the number and sex composition of children on the likelihood of receiving help from them using data from the 2018 China Health and Retirement Longitudinal Study. They found that most older parents with care needs had no child caregivers, especially married older parents. Widowed parents who had more children had more child caregivers, but this relationship was weak, and is connected to having children who live geographically closer. The authors found no support for the greater role of daughters as caregivers as compared to sons. According to the authors, the findings suggest that stronger public care systems and support systems for

family care are needed in China. In a qualitative study, Jurate Charenkova studied the decision of adult children to provide care for ageing relatives by themselves or to use formal care services in three countries with different long-term care regimes: Lithuania, Finland, and Italy. The author found that family caregivers' decisions are influenced by societal expectations about family care and the limitations of the national social services system. Additionally, due to the negative image of formal care institutions, caregivers are willing to avoid formal care for as long as possible, even if they struggle with providing care.

In the session on vulnerability in care, two presentations raised issues about ageist practices in care. The study by Tove Harnett and Håkan Jönson investigated two special eldercare facilities in Sweden for people with substance-use problems that have a lower age-limit of 50 years. The study explored how residents and staff members understood and interpreted the meaning of this age-limit. The interviewees identified four motives for the age-limit: 1) premature ageing, 2) age as a lifestyle marker, 3) age as a proxy for inability to change, and 4) age as an administrative principle. Jointly, these motives constructed an ideal-type version of the life-course of the "older addict" that justified existing arrangements. In their presentation Elisabeth Carlstedt, Tove Harnett, and Jönson, Håkan investigated older people's views about a proposed reform of the Swedish eldercare system which would guarantee the right to move into a nursing home to people over 85 regardless of their needs. The aim of the qualitative study (11 peer group interviews with 27 older individuals) was to learn about their general assessment of the reform and whether they think that the age limit communicates an image of older people that devalues them. Although some interviewees took the view that access to a nursing home should depend on needs, not age, according to others the age limit is acceptable because age is a proxy for needs, while some respondents believed that access to a nursing home should be a right above a certain age. The notion that such a guarantee might constitute ageism was not considered relevant by the interviewees, while difficulties with obtaining access to care were reported to be the real form of discrimination.