

OLDER WOMEN AND SOCIAL EXCLUSION

ISSUES / EMPOWERMENT / ACTION

EUROPEAN CONFERENCE REPORT

EGMOND AAN ZEE, THE NETHERLANDS
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FOREWORD

ELIZABETH SCLATER

We are indebted to the European Commission’s *Programme on Preparatory Measures to Combat Social Exclusion* for the opportunity to bring together older women from member states to set a European agenda for age and gender. We were also joined by delegates from Azerbaijan, Russia, Costa Rica, Surinam and Zimbabwe who provided additional perspectives from countries in transition and development.

Our delegates worked hard and their commitment is reflected in the conference report. The report can only give a flavour of the generosity, celebration and sense of fun present throughout the three days.

Creativity sessions were an integral part of our activities — in line with the holistic approach of the *Older Women’s Network, Europe* (OWN, Europe). Good use was made of the computer room available throughout the conference, and evenings were full of informal and spontaneous entertainment.

The choice of venue was inspired with delegates able to make use of the leisure facilities or take brisk walks along the sea shore despite icy winds.

Special thanks are due to all our partners whose work over the year contributed to the successful outcome of the conference. Particular thanks are also due to the Wemos Foundation as project coordinator: Trudy van Ommeren and her dedicated team of young people worked late every night to ensure a smooth running event. We were assisted by able workshop facilitators drawn from member states across Europe as well as patient and committed interpreters who worked well beyond their contacted hours.

We hope you enjoy reading this report and find the resolution useful to lobby for the social inclusion of older women in all aspects of society.

WELCOME

ALVY DERKS - TAI A PIN

Alvy Derks-Tai A Pin — Dutch board member of OWN, Europe — opened the conference by welcoming the 175 delegates, then read a message of support from the *Women’s Society for a Better Ageing Japan*.

She said the exchange of experience and knowledge through the OWN, Europe network — plus its recognition of the social contribution made by older women — helped to break through negative stereotypes and age barriers. Now the conference would address the substantial theme of *Older Women and Social Exclusion*. The potential of older women and their contributions to society would be explored in a series of workshops.

Alvy Derks concluded her welcome by underlining that, with increasing numbers of older women and greater solidarity with younger people’s organisations, there was a wonderful opportunity to improve the quality of life for *all* of society. The conference would prepare a resolution for submission to the European Union (EU), its institutions and national governments. This could become an effective agenda for age and gender equality for older people in the 21st century.

1

"OLDER WOMEN STILL HAVE A WORLD TO WIN"

PROFESSOR ELS BORST

DUTCH MINISTER OF HEALTH

2

Professor Els Borst — Dutch Minister of Health and one of The Netherlands two deputy Prime Ministers — is, at the age of 67, a self confessed role model for older women. She told the conference that older women “still have a world to win” to play an equal role in society.

In The Netherlands, women accounted for only four per cent of professors and one in four politicians. In her own career as a doctor, Professor Borst had started late after raising three children but felt no discrimination working in a hospital with women well represented among nursing and medical staff. It was not until she sat on the management board as the only woman and the chairman would begin meetings with “Madam and Gentlemen” that she noticed something was wrong.

Though women are under-represented in the management of social organisations, Professor Borst argued this imbalance could be rectified. For example, every year *Katholieke Bond voor Ouderen* (KBO), the Dutch Catholic association of older people, checks the proportion of women on its management, working groups and committees. As a consequence, it was near to achieving a 50/50 representation.

Professor Borst urged that the potential of older women be recognised. “Older women can be strong, active and valuable members of society. Their knowledge, skills and experience ought to be harnessed”. She also pointed out that regular research by the Social and Cultural Planning Office (SCP) gave a picture of ‘Grey Power’ with large numbers of over 65 year-olds involved in voluntary work, filling gaps in the labour market and attending courses through older people’s unions on subjects such as information technology. Older people were also involved in lobbying: a recent successful campaign to keep ticket counters open in railway stations.

The SCP had also identified vulnerable groups such as widows, who had become isolated through living alone, immigrant older women who had not properly integrated into Dutch society and older women who had suffered from a poor education. There were also older women who suffered a double burden, both going out to work and caring for elderly relatives at home. A ‘solution’ meant working part-time or giving up work altogether which would, in turn, mean less income and a lower pension.



Dutch Minister of Health, Professor Els Borst, being thanked by Alvy Derks (Chair of the Conference) and Anita Harting (WOUW, Amsterdam) after her presentation

For reasons such as these the government had adopted a policy of actively promoting the position of older women through funding projects and undertaking research. One project that gained international attention was *Grey Your Own Way*. This promoted the welfare of older women by means such as providing health information. Another project — *Intermediairen or Pendula* — endeavoured to bridge the gap between older immigrant women and the “often unknown world outside” with the help of younger women in their community.

Professor Borst suggested that the conference use these good examples of self-help projects in their recommendations to the EU so as to share the fruits of such initiatives with other countries. Recommendations should also take account of the role played by voluntary carers such as partners, friends and neighbours in looking after older people.

Professor Els Borst reminded the conference that the Dutch government had drawn up an equal opportunities policy which specified that women who reached the third phase of their lives must be allowed self-determination of their strengths and talents to make their personal and social position stronger and build up their defences. “These goals link up seamlessly with those of your conference, empowerment and action”, she concluded.

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EUROPEAN UNION: THE PERSPECTIVE FROM BRUSSELS

CHRISTINE MARKING
EUROLINK AGE

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Christine Marking — director of *Eurolink Age*, an organisation that promotes the inclusion of older people's issues in EU policy — trained as a psycho- and social-gerontologist before working on the European Commission's policy on ageing. She said it was an important fact that women often did not undertake paid work, therefore they were excluded as EU policies relate predominantly to work. She stressed that the EU remained, first and foremost, an economic community. Nevertheless, equality was one of the founding principles in the Treaty of Rome and policies against sex discrimination at work had been promoted more recently in Treaties of Maastricht and Amsterdam. Even so social considerations still took second place to financial ones and laws on equality remained in their infancy.

Although women make up 51 per cent of the European population, discrimination in the workplace was still common place despite better education, and women are more likely to experience unemployment and poverty.

However the EU had worked towards banning sex discrimination at work in such areas as equal pay for work of equal value, equal opportunities regarding promotion, job applications and professional training. Positive measures to promote women's employment, such as providing nursery facilities, were also encouraged. Yet in spite of these measures it is estimated that women earn between 10 and 35 per cent less than men.

In EU laws related to combining work and care, Christine said that her organisation regretted the fact that there were rules on maternity and paternity leave to care for children but none yet related to care for elderly relatives. "More and more women are taking time off to care for elderly sick relatives, but there are no rules for this", she stressed. The latest jargon in EU policy-

making circles in Brussels is "mainstreaming" which means including equal opportunities issues in all policies (that is, in the 'mainstream' of policy). While this sounded good, Christine was concerned that it should not result in the abolition of policies specifically directed towards women. Also while the Amsterdam Treaty had included an anti-discrimination clause and had established equal opportunities as a basic principle, these were once again restricted to measures relating to employment.

The Amsterdam Treaty had created some opportunities but policy relating to older people was still being built up slowly from virtually nothing. There were proposals but no budget for an action programme. Still *Eurolink Age* remained optimistic about the "positive political signals" coming out of the European Commission.

To conclude, Christine informed the conference that there was "no specific EU policy for older women" as they fell outside the realm of equal opportunities geared towards working women and child care. Policy for older people had scarcely been developed though there was a recognition among all the EU member states of the challenges ahead.

Discrimination and social inequality remained, especially for older women, but equal opportunities was high on the EU agenda and the Amsterdam Treaty offered a foundation to build upon. Christine Marking suggested that the conference should strongly recommend that:

- 'mainstreaming' must not threaten to replace specific programmes aimed at women;
- programmes for women are expanded and address issues in addition to paid work; and
- equal opportunities social exclusion programmes must include a specific reference to older women.

AGE DISCRIMINATION

ANNELIES DE VRIES
LANDELIJK BUREAU LEEFTIJDSDISCRIMINATIE

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"When in 1996 *Landelijk Bureau Leeftijdsdiscriminatie* (LBL), The Netherlands' national office for age discrimination, set up a telephone complaints line for a day, the switchboard was swamped", LBL's Annelies de Vries told the conference. Up to 20,000 people tried to report their experiences of age discrimination. LBL, which campaigns in The Netherlands against age discrimination especially towards older women, had to conclude the reporting day was "sadly a success: age discrimination is an everyday occurrence in Dutch society".

Apart from opening the eyes of politicians and policy-makers, the day also aimed to highlight the frequency and diversity of discrimination reported in attitudes to work, healthcare, insurance and sport.

Unfortunately, three years later, Annelies reported that little had improved. It has become clear that gender and ethnicity are extra risk factors in age discrimination. Moreover, increasingly younger people (down to the age of 40) experienced such discrimination.

She said that traditional role patterns meant older women were especially sensitive to age discrimination in the labour market. Most women currently aged 55 and over did not have an independent income, therefore they were unable to build up their own pension and were, therefore, vulnerable to poverty.

Changes in role patterns were slowly working through society and employment, but remained a factor in social exclusion, in addition to age. Stereotyping and negative images of older age, especially in the labour market, meant that, once over 40, the chances of finding new work fell and few private companies invested in staff over 45.

The image of those over 65 was often one of pathetic, old and needy individuals, whereas the reality is that older people were living and remaining active longer. To combat these negative images, discussions were taking place with smaller and medium-size companies to ensure that people over 40 were viewed as serious candidates for vacancies.

Age discrimination in healthcare may not appear in formal policy but did exist in practice according to research by the Council of Europe, Annelies told the conference. She gave examples such as the fixed age limits for screening for breast cancer and in-vitro fertilisation. Moreover, she stressed that new drugs were tested mostly on younger men though older people, especially women, were more likely to be prescribed the drugs and may react differently. She argued that the starting point for healthcare should be an honest and open discussion with the patient "regardless of age and their sex".

Finally, Annelies explained to the conference that the LBL was strongly in support of a law that was being drafted in The Netherlands to ban age discrimination in the labour market, while her organisation also supported moves within Europe through the Amsterdam Treaty to prevent discrimination.

“WE NEED TO ADJUST TO AN AGEING SOCIETY”

IRENE HOSKINS

WORLD HEALTH ORGANISATION

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Irene Hoskins — formerly of the *American Association of Retired Persons* and now working for the *Ageing and Health Programme* of the World Health Organisation (WHO) — told the conference; “We are living in an ageing society and we, and policy makers, need to adjust to that fact”.

She demonstrated this with statistics: for example, the average life expectancy in Africa (the youngest continent had risen from 38 in 1950 and was likely to be nearer 70 by 2030. At the same time, fertility rates were declining so that, by 2000, there would be 68 countries below replacement level. By the year 2025, bar graphs of the world’s population would no longer resemble a pyramid but look more like a dome or cylinder with the same number of births but far more people in their 50s and 60s.

She outlined WHO’s policy on ageing, in particular from a woman’s perspective, pointing out that as long ago as the 1982 in the *International Plan of Action on Ageing* signed in Vienna, WHO recognised that women tend to live longer, are poorer and have more disabilities than men.

Irene also challenged common myths about ageing including those stating that most older people:

- lived in developed countries
- were the same
- were frail
- did not contribute to society, and
- men and women aged the same.

The facts conveyed a different picture. By 2025, three quarters of the 1.2 billion people over 60 will live in the developing world. Women over 80 will outnumber similarly aged men by 2 to 1.

Good news has emerged from research in the United States of America revealing that a predicted increase in disability rates from 1982 had not materialised and disability had actually declined. Now similar trends were seen in developed countries within the *Organisation for Economic Co-operation and Development*. It has also been shown that the risk of mortality is reduced as much by ‘social and productive activities’ that involve no ‘enhancement of fitness’ as by fitness activities alone. Irene explained: “It is just as important to be actively involved in society as members of clubs and associations than to be out taking exercise”.

The enormous social changes created by ageing has led WHO’s *Active Ageing Programme* to develop a new strategy. It addresses all the factors influencing older people’s health — including social, economic, cultural and gender — rather than just a narrow focus on an individual disease. As examples, Irene mentioned the cultural and gender questions that arise in Muslim countries like Kuwait where she had recently attended a conference. There, she explained, it is more difficult for women to simply put on their tennis shoes and go out jogging. Therefore, culturally appropriate alternatives have to be available to keep active at older ages.

The programme aimed to promote affordable primary care and training health staff in geriatrics. This will also contribute towards maintaining older people’s ‘functional capacity’ above a ‘disability threshold’ so they can stay healthy and active longer.

Irene Hoskins ended with an appeal to the conference that delegates to recognise their ‘fundamental importance’ as ‘leaders in an older women’s network at a European level’. “Women still have half of their adult lives to live after the onset of the menopause. How well they will live could depend on how well all of you here lead the way with OWN, Europe to help them prepare for that second half”.

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CAPTURED MOMENTS FROM THE CONFERENCE

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A

A General view of the main conference hall with the interpreters' booths at the back for simultaneous translations.



B

B The computer room was used both by novices and experienced delegates throughout the conference.



C

C Women from Surinam perform traditional songs from their country.



D

D The delegation from Ireland taking time out from the main proceedings.

E Trudy van Ommeren of the Wemos Foundation briefing some of her team of young helpers.

F Jhudeska Zimmerman leads a singalong at an evening social.

WORKSHOP REPORTS

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The conference was designed to enable maximum participation of delegates. To this end, six workshops were identified during the planning stage to address some of the key issues affecting the social exclusion of older women. Participants in each workshop were asked to put forward recommendations and strategies to promote social *inclusion*.

The recommendations — set out in this section and incorporated into the conference resolution in the next section — contribute to the gender and age agenda for the European Union, its member states and institutions.

Workshop 1:
Empowerment, capacity building and leadership

Workshop 2:
Your health, wellbeing and independence

Workshop 3:
Influencing the quality of residential care

Workshop 4:
Social protection

Workshop 5:
Working with new technology: Who's afraid of the big bad box?

Workshop 6:
Research by, with and for older women



E



F

EMPOWERMENT, CAPACITY BUILDING AND LEADERSHIP

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The workshop series was designed to explore the way in which older women find a voice both personally and in organisations, to consider if the voice of older women is being heard at present and make recommendations to the committee that was to prepare the conference resolution.

To this end the first workshop, entitled *The joys and sorrows of older women finding a voice*, gave participants the opportunity to record their responses to the question on flip charts: How did you find your voice personally and/or politically across the decades? Responses dated back to before the 1930s.

The participants then broke into groups to consider the following questions:

Why do older women need to find a voice?

The following were the groups' responses:

- For personal development and the ability to find power from within, policy makers need to know that we mean business and to change policies.
- To have our own rights in society, to help democracy so that all voices — including small invisible voices — are heard.



- Because in the past some of us have been silent or when we have spoken we have not been heard. Also women can prevent each other from finding a voice, so now it is necessary to find a collective voice.

- The knowledge and experience of older women are resources to be drawn on.
- Older women have a role in transferring knowledge, values and norms to the next generation. Also the work of older women is not valued.

- Older women themselves have rebelled against stereotypes that need to be challenged.

What is your experience of finding a voice and encouraging older women's groups to find a voice?

- Many different experiences were described, some of which had been difficult.
- Knowledge, education and creative expression are necessary for finding a voice.
- Part of finding a voice is looking at our own attitudes and personal experience.
- It is important to encourage self-worth and greater confidence.
- Time is needed to think things out and to be clear about what we want.
- Issues of class, women's discontinuous lives and women setting aside their own lives means that older women often need to find themselves later in life.
- Need to have a platform for voicing opinions.
- Realise it is a long-term campaign that may take years.
- Need to be clear about what the issue is, prioritise the issue and focus on it.
- Lack of funding need not be a barrier.
- Specific activities are needed for women.

- Some issues are 'taboo' and there is a need to find ways round this.

A second workshop explored examples of networks where older women had already found a voice. This involved two presentations from Ireland: one on the development and growth of the national network (OWN Ireland), the other on the recently developed cross-border initiative. The Irish experience was followed by a formal presentation of the Dutch experience. Informal presentations were then made by Finnish and German participants.

The third and fourth workshops considered the principles that should underpin policies to redress the social exclusion of older women, suggested policy areas to be considered and made a recommendation on immediate action. The following summarises the three areas considered:

PRINCIPLES

- There should be a specific policy for older women.
- In upholding the principles of equality, proper value should be given to difference and all principles in relation to older women should be proofed / audited to ensure no discrimination relating to gender, age, race, sexuality, disability or class.
- Women and men operate differently and women's skills and perspectives need to be recognised and valued.
- It should be recognised that economic and social Europe are interdependent and that the informal economy should be an important part of what is officially recognised as the 'economy'.

POLICY RECOMMENDATIONS

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- That the EU should ensure that all European countries that have declared commitment to implementing the UN Beijing *Platform for Action* have done so by June 2000.

- Unpaid work should be valued to increase social inclusion.

- As older women we recommend that the scope of EU education and training programmes be extended to meet the needs and aspirations of older women and that such training be effective in decision-making at local, national and international levels. This takes forward the *Convention for the Elimination of all Discrimination Against Women (CEDAW)*.

- On-going research into the needs and aspirations of older women.

- The funding of strong consultative mechanisms like OWN to enable networking as well as capacity building.

- A convention for the elimination of all discrimination against women.

- Access to free education for all.

- Access to information for older women on all levels.

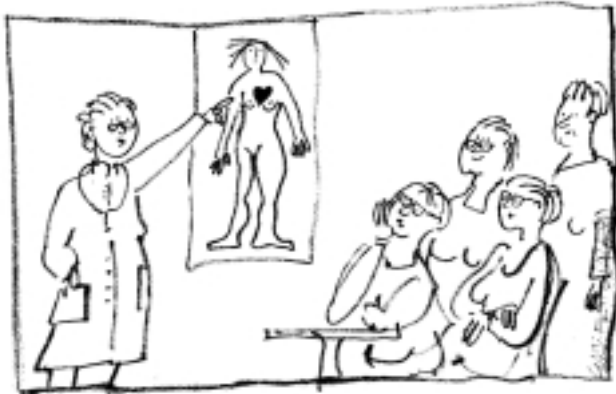
- Opportunities for older women to have a platform to speak out and work together.

ACTION

Specific long-term funding for OWN, Europe to help disseminate and evaluate outcomes after the conference.

YOUR HEALTH, WELLBEING AND INDEPENDENCE

The 'keys to good health' lie as much in social and psychological aspects as in taking exercise and eating a healthy diet, according to the workshop participants who were each asked to choose three keys to good health. The debates emphasised the WHO approach to health as being not just about the absence of disease but also about 'social and mental wellbeing'.



The discussions followed this holistic approach stressing the importance of self esteem, of the damaging effect of powerlessness on health, and the role of the mind over the body. This included such subjects as the importance of relationships with family and friends, of confidence gained through being active in your community, and of financial security, allowing you to make choices in your health and so escape from the damaging effects of poverty on older women's health. Financial difficulties are in themselves a significant factor in depression, the workshop agreed.

Such an approach required a bridge to be built between women's personal health, and the social and political aspects which influence it. It was emphasised that a healthy older population, just like a young population, was good for the whole of society.

The recommendations stressed that good health in old age needed to take account of socio-economic developments such as education and integration as these were powerful determinants of health.

The ultimate goal was to increase healthy life expectancy and delay the onset of disability. They also underlined that poverty is the greatest enemy of good health and

that security of income should be examined especially from a gender perspective. Finally, older women should become their own advocates and lobby their governments on health issues.

RECOMMENDATIONS

1 According to the World Health Organisation, health is not only the absence of disease but also the state of physical, social and mental wellbeing. Ageing is a lifelong process and to achieve good health in old age requires an holistic approach that takes into account factors such as socio-economic development, education and integration into society, as well as healthy lifestyles. These are powerful determinants of health at older ages.

Effective health systems should include health promotion, health prevention and health maintenance, in addition to a curative approach. Rehabilitation should be used to restore functional capacity as much as possible. Health facilitators, sensitive to culture and ethnicity, can play an important role in ensuring that vulnerable women have access to health promotion and the health

care system. The ultimate goal is to increase healthy life expectancy and delay, or prevent, the onset of disability.

2 Poverty is the greatest enemy of good health. Therefore men and women, particularly those who are disadvantaged, should have access to appropriate security of income to maintain a decent standard of living and access to health care at older ages. Income security and health policies should be re-examined from a gender perspective and policy adjustments made on the basis of such an analysis.

3 It is vital to build a capacity within older women's groups to raise awareness of the health issues that affect them, so that they can become their own advocates. Training in media relations is particularly effective to produce women leaders in health and to support them. Moreover, older women's groups should be able to lobby their own government, taking into account the need to work towards a healthy society for all ages.



Delegates in some of the workshops during their deliberations and between sessions

INFLUENCING THE QUALITY OF RESIDENTIAL CARE

Workshop members produced this statement of principles after hearing of experiences of residential care from countries including Belgium, Finland, The Netherlands, the United Kingdom, Surinam and Zimbabwe. These experiences sometimes failed to meet the standards sought due to lack of resources, inadequate provision or older people simply being placed in the wrong home.

The workshop recognised that the majority of people in residential / nursing home care are older women. Older women are not homogeneous and their different needs must be taken into account. It was also important to recognise the different needs of older male residents.

Focusing on the idea of individuality, which is sometimes lost in residential care, participants took part in an exercise where they shut their eyes and imagined an object which is “uniquely yours”, an “essence of themselves” — something “you can take with you wherever you go”. Participants chose items such as a skirt, book or doll.

This idea of individual self-determination was reflected in the list of priorities which formed the workshop’s recommendations for residential care.

STATEMENT OF PRINCIPLES

When she needs it, every woman has the right to good quality care, and to be treated with dignity and respect, free from discrimination.

We have a right to self-determination, autonomy and informed choice in a safe, secure and attractive environment, independent of our financial circumstances.

We want to stay involved as full members of society. The Home that we live in is both a resource to our community and ourselves.

PRIORITIES AND RECOMMENDATIONS

- We have a right to choice and self-determination in all matters concerning our lives. This includes choosing what food we eat and when to take meals; when to get up and when to go to bed; the right to choose our own clothes and personal requirements. Wherever possible, we should be enabled to visit shops, hairdressers, etc outside the Home.
- We require privacy and should not be asked to share a room unless we so chose. We need space to pursue our hobbies and interests, and the facilities that will enable us to welcome and entertain our visitors.



- We have the right to determine for ourselves the way in which care is provided. For example, if we need help with bathing, we must be able to say when we need that help and to what extent.
- We want residential care to meet our needs and to be situated in attractive surroundings.
- There must be the possibility for us to take part in activities and community events outside of the Home.
- We wish to see mechanisms and structures in place, which enable and encourage community involvement. We wish to remain connected with all generations.
- We want our Home to be welcoming to people in the community including young people. These might include facilities such as a large lounge that community groups might use for events, a restaurant open to the community, and sharing space for a crèche or day nursery.
- We must have access to a clear and easily accessible complaints procedure, without fear of retribution.

We have a right to access independent advocates who will help us to gain the information we need in order to make informed choices. The independent advocate will articulate our needs, wishes and preferences, whenever we are unable to express ourselves effectively.

We need to participate in the management and running of the Home including input into planning, finance, staffing issues, and the evaluation of all aspects of Home life.

At every level there must be trained, professional staff who feel valued and who are well paid. They should be required to regularly upgrade skills. Older people should be involved in the training of staff.

Mechanisms and structures must be developed so that residential care is made available to those older people who wish to use it without placing undue burdens on the next generation.

Note: Participants wished to emphasise that what is good for older women is good for everyone!

SOCIAL PROTECTION

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The experience of older women reliant on inadequate state pensions was one of a loss of dignity and of independence, as well as of shame at being poor and a burden on the state. The effect of the system on older women was described as feeling like “being undressed several times”. The workshop asked why it was that older women had less money than older men — the gender gap. One answer was that family care responsibilities reduce the hours women can work and, therefore, their pension entitlement.



Older women also relied more on state pensions and were, consequently, more vulnerable to governments’ tendency to cut back on public pensions and replace them with some kind of private provision as well as the move towards means testing.

An income from a pension should not merely cover food, clothes and a house, but also include money “to go out” and “buy your grandchildren presents”.

Themes emphasised in the workshop included a pension should be equitable, simple and without rules that discriminate against older women. The attitude towards older people should emphasise their contribution to society, not just their cost. Also a search for a new pension system must produce results *now*, not in 40 year’s time.

The workshop recommended universal basic pensions, uprated annually, for all citizens irrespective of employment and marital status. Means testing should be seen as an unacceptable mechanism to allocate income to older women and public pensions should be designed to ensure those spending time caring for families are able to acquire an independent income comparable to those engaged in paid work.

RECOMMENDATIONS

1 To ensure the full social inclusion of older women, there should be a universal basic public pension for all citizens, payable at state pension age, irrespective of employment record and marital status.

The amount should be adequate to live on and similar to the national minimum wage, uprated annually to reflect changing living standards.

2 Means tested benefits — where intrusive investigations are used to decide entitlement to income supplements — are an unacceptable mechanism to allocate income to older women.

3 Public pensions must be designed to ensure that those who have spent time caring for families are able to acquire an independent income comparable with those who have engaged in paid work.

WORKING WITH NEW TECHNOLOGY: WHO’S AFRAID OF THE BIG BAD BOX?

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Participants of the workshop on computer technology reported that they had not resorted to “pulling out the plug” but were able to show how the technology can be a means of ‘social inclusion’ for many older women.

Dozens of older women had been able to make use of the experimental computer room set up for the conference. For some, it meant using a keyboard for the first time; for others used to computers, it meant they could send e-mails and ‘visit’ websites.



The workshop heard how, drawing on experience in the United States, The Netherlands now had its own *SeniorWeb*. This independent non-governmental organisation had 250 volunteers offering older people advice and demonstrations as well as a website which enjoyed on average 400 ‘user-sessions’ a day. OWN, Europe’s website — www.own-europe.org — had also been surfed by the whole group, while it was shown how the Network’s ‘Help Desk’, created during the project, drew from the experience of partners, in particular their comments and suggestions when using the ‘chat room’ throughout the duration of the project itself. It was learned that a *Seniorweb* has also been set up by GEFAS in Austria, and there were plans to set up a *European Seniorweb*.

It was felt that computer courses and technological developments in many EU countries were often aimed at younger people while the high cost of buying new computers excluded many older people. Yet, in many ways, the technology was tailor-made for older people; for some dis-

abled older people it could offer a vital link to the outside world.

Members of the workshop urged that computers should become an ordinary facility for older people just like a telephone: “Whether we like it or not, computers are part of our lives. It is best to be positive and make sure older people understand them and can be part of it”.

It urged international institutions, national governments and local authorities to organise information campaigns targeted especially at less affluent and less educated older women. *Generazioni*, the Italian partner in developing this conference has launched a project to encourage older women living in rural areas to participate more in community life through access to information and communication technology — ICT. Discussion on this topic will be developed in OWN, Europe’s website ‘chat room’.

Workshop members felt that research was necessary into the needs of older women as users of information technology. More general introductory courses were needed, while access to information and computer technology should be regarded as a basic requirement of a good quality of life for older women.

RESEARCH BY, WITH AND FOR OLDER WOMEN

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Despite making up the majority of older people, older women were often not specifically addressed in research, so argued the workshop participants. This failure to address gender issues in older populations resulted in the ‘invisibility’ of older women. That is, in itself, a form of social exclusion.

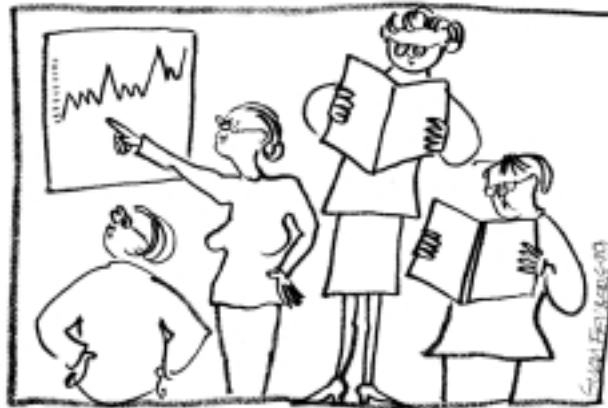
Yet the workshop heard of many links in the situations facing older women in different European countries in areas such as housing and mental health.

The workshop urged that more research should be directed at older women in order to understand their position properly before action could be taken and money spent appropriately. This research needed to highlight gender and cultural differences. More action research projects were needed which involved older women directly.

Available information needs to be made more widely accessible through libraries and by harnessing information technology.

Among its general recommendations, workshop participants noted that older women “have lived in reflected light”. They stated: “We have to work in order to allow an older woman to live ‘her own’ life, expressing her entire potential which she has never been able to set free creatively beforehand”.

RECOMMENDATIONS



1 Increase research activities to enhance understanding and improve visibility of the position of older women:

- (a) to create a base on which action can be undertaken;
- (b) to ensure that resources are used correctly.

2 Recognise the importance of conducting quantitative and qualitative

research that highlights differences relating to gender and age.

3 Increase studies using qualitative methodologies to highlight the cultural particular that make gender differences relevant.

4 Increase action research projects in which older women are directly involved with local services, public institutions and non-governmental organisations.

5 Stimulate better use of available information by making it accessible through libraries and up-to-date information and communication technologies.

CONFERENCE RESOLUTION

19

Participants from the *Older Women and Social Exclusion* conference drew on the presentations and workshop debates to agree a resolution to be submitted to the European Union and its institutions. This could build on the momentum created from the three days in The Netherlands. It was “not just a piece of paper” but the distillation of the views, experience, current research and conference conclusions: as such, it has political value. Past experience has shown that such a resolution can bring policy development and change.

Delegates highlighted a number of particular concerns before the resolution was agreed. For example, ‘lifelong learning’ should be promoted to encourage empowerment through better education. Research should be encouraged into the specific effect of medication on older people. Flexible retirement policies should be developed to allow women to remain longer in the labour market. Women’s and older women’s unwaged work should be included in the gross national products of all member states. Finally, a timetable should be set to prevent the resolution being sidelined.

It was felt that particular events within the EU’s calendar should be grasped to highlight the resolution and that the resolution and report should not simply “be sent by post”; meetings and discussions should take place with officials in Brussels to argue the case for older women.



Top: Members of the Associazione Italiana delle Donne Anziane/Attive (AIDA) Choir from Italy in full flow during one of their performances

Middle: Irene Hoskins, guest speaker from the World Health Organisation, joins members of the workshop on older women’s health issues

Bottom: Delegates enjoy a creative dance session, keeping bodies as well as minds active

RESOLUTION

TO THE EUROPEAN PARLIAMENT,
COUNCIL OF MINISTERS
AND EUROPEAN COMMISSION

FROM PARTICIPANTS AT
THE EUROPEAN CONFERENCE
*OLDER WOMEN AND SOCIAL EXCLUSION:
ISSUES/EMPOWERMENT/ACTION*

EGMOND AAN ZEE,
THE NETHERLANDS
20 - 24 OCTOBER 1999

Participants at the European conference *Older Women and Social Exclusion: Issues/Empowerment/Action* wish to affirm the contribution older women make to their families, communities and society. They also wish to affirm the right of older women to participate fully in all aspects of society and have a voice in decision-making at all levels of government.

From older women's experience and current research, it can generally be concluded that:

□ The majority of older people in all member states of the European Union are women, the proportion increasing with increasing age.

□ Three main resource factors have a decisive influence on the situation of older women, namely resources related to the individual (income, family, children), the local environment, and the size and form of social welfare provision.

□ Women have (and have had) different roles from those of men. In particular, women have been responsible — and still are in older age — for the provision of care to their families, partners, friends and neighbours, a task for which they are not remunerated.

□ The majority of older women are productively active in older age and are not a burden on society. They are major taxpayers, consumers and volunteers.

□ In no member state have women had the same opportunities as men to decide to be economically active outside the home and, at the same time, to have a family. Women have always been, and continue to be, more disadvantaged than men in access to the labour market.

□ Older women, to a greater extent than older men, are totally dependent on minimum social welfare benefits. Thus they are particularly disadvantaged in other income-related areas such as housing and leisure activities. This is mainly because pension schemes are socially determined by men to suit male patterns of employment that are not applicable to the majority of women.

□ Older women have few opportunities to participate in the information society, which reinforces their social exclusion.

□ Older women experience age discrimination in traditional models of health care. They are more likely to suffer chronic health conditions that are rarely susceptible to a curative approach.

□ When older women need care, there are unacceptable variations in standards, quality and charges.

□ There is insufficient research on gender and ageing to inform policy development.

As a consequence, the majority of women experience a range of disadvantages in old age: low income, poor housing, poor health and care, lack of access to information and communication technology as well as to educational opportunities. These disadvantages are clearly the consequence of life-long inequality and have a major impact, contributing to the social exclusion of older women.

Against this background of older women's experience, current research and conclusions of the conference, delegates unanimously called on the European Parliament, Council of Ministers and European Commission — through current programmes and in the development of all relevant policies and action — to:

1 Give value to the contribution older women make to the economy, their communities and society.

2 Re-examine all policies and programmes from a gender and lifetime perspective with particular attention to income security and health at older ages.

3 Encourage national governments to develop policies that recognise women's contribution, to entitlement and adequate universal public pension, irrespective of employment record or marital status.

4 Develop programmes to develop the capacity of older women as advocates of their own interests.

5 Ensure that older women can exercise their right to full citizenship and to participate in public life and decision-making in national and local policy such as transport, housing and the environment.

6 Promote positive action to challenge the discrimination against minority ethnic older women and other particularly disadvantaged groups.

7 Promote action and programmes to facilitate the equal distribution of caring responsibilities between women and men.

8 Promote standards in residential and nursing care that include those set by older people themselves guaranteeing dignity, autonomy and choice, irrespective of financial circumstances.

9 Promote the participation of older women in the information society by awareness campaigns, training initiatives and ensuring access to affordable technology, with particular emphasis on socially excluded older women.

10 Promote action to challenge age and gender discrimination in health care, and to encourage governments to promote a holistic approach including health promotion, prevention, maintenance, rehabilitation, in addition to the curative model.

11 Promote action research involving older women; quantitative research analysed and reported by gender and age; qualitative studies highlighting gender and cultural differences to make a significant contribution to the planning and development of better targeted services.

12 Ensure that development co-operation with countries in the South takes account of older women's needs.

13 Ensure that governments give attention to the interests and concerns of older women in the implementation of the Beijing *Global Platform for Action*.