



Expert Group Meeting in preparation for the 30th anniversary of the International Year of Family, 2024

Population ageing and family well-being in Europe

Torun, 29-30 May 2023

Report of the Meeting

The Regional Expert Group Meeting for Europe was organized as part of the preparations for the 30th anniversary of the International Year of the Family, 2024 to explore demographic trends in Europe, focus on population ageing and offer recommendations. It was organised by the International Federation for Family Development in cooperation with the Region Kujawsko-Pomorskie of Poland and the Focal Point on the Family, DISD/DESA, and took place in Torun, Poland.

Ageing and the Demographic Transition

Despite concerns about the economic consequences of population growth, historical increases in population did not result in major economic challenges and changes in population age structure led to increased prosperity. Population growth rates have been higher in less developed regions, and a significant portion of the projected population increase will still occur in the least developed countries. The urban share of the global population has been increasing from 30 per cent in 1950 and is projected to reach 68 per cent by 2050. Although urbanization can contribute to economic growth through economies of scale, it also poses challenges to sustainable development such as pressure on limited resources.

The demographic transition framework explains the process of a transition from a slow population growth to a transient phase characterised by a rapidly growing population and back to a population that grows only slowly or even shrinks. It illustrates a stylised development, explaining the transition from high

fertility and mortality rates to low fertility and mortality rates, resulting in slow population growth.

The first demographic transition in Europe during the 19th century brought about a gradual shift from a state of equilibrium with high mortality and fertility to a new equilibrium with low mortality and low fertility. The process of fertility decline was reinforced by the positive impact of child survival on low fertility. In turn, lower fertility rates led to improvements in child survival and well-being, as parents allocated more resources to each child in smaller families.

Population growth patterns in Europe show a steady increase in life expectancy from 1950 to 2019. Fertility rate in Europe stabilized with declines since 2010. A sudden drop in life expectancy occurred in 2020 but returned to the ascending path thereafter. This temporary setback was due to the Covid-19 pandemic. As the pandemic mostly affected people with pre-existing diseases who would have had a higher probability to die in the following years in the absence of Covid-19, it is therefore possible that life expectancy will increase even more in subsequent years because the deaths of those with the highest risks were brought forward.¹

Gender gap in life expectancy continues with women living 5 years longer than men. However, there are challenges with healthy life expectancy after 65. The pandemic had a big impact on mental health with significant strain on mental health services. Increased rates of stress, anxiety, and depression were observed, especially among young people and those in lower-income groups. To manage the situation, grants have been established to provide financial support from the European Commission and support was given for the implementation of good practices.

Ageing population

¹ The COVID-19 pandemic resulted in significant reductions in life expectancy with significant national variations. For instance, the biggest reductions occurred in Spain and Sweden, the lowest in Bulgaria & Romania the lowest, with no change in Luxemburg. Malta and Switzerland had marginal reduction in life expectancy; with higher mortality rate in central and eastern European countries. The pandemic widened the gap among countries and previous gains in life expectancy were erased in many countries.

Over one-third of the European's Union population are people aged 55 and older. The needs of older population have not been adequately addressed as there is a lack of social infrastructure, especially in Eastern Europe.

The ageing population in Europe has resulted in an increasing demand for long-term care workers who can provide essential support to older persons and individuals requiring assistance with daily activities. Presently, approximately six million individuals are employed in this sector. However, projections indicate that the European Union will need an additional 1.6 million care workers by the year 2050 to meet the growing needs of the population.

In European countries, the availability of timely and adequate end-of-life care, known as palliative care, is insufficient. Less than 40 per cent of those in need of palliative care receive it, despite experiencing symptoms associated with terminal illnesses such as pain, breathlessness, and distress. It is noteworthy that although many individuals express a preference to pass away at home, approximately half of the deaths occur in hospitals due to limited in-home and community-based support.

Apart from population growth, the demographic transition also brings about **changes in population age structure**. The initial decline in mortality rates primarily benefits infants and children, resulting in a "baby boom" generation that lasts until fertility rates decrease. The demographic transition has a major impact on the age structure of the population, which is significant for analysing the effect of population change on economic growth, as well as for understanding the concept of the demographic dividend.

Dependency ratio is the ratio of the young age group from zero to 24 years divided by the working age group from 25 to 64 years, and the old age dependency ratio is the ratio of the old age group from 65 years onwards divided by the working age group. The sum of the two gives the total dependency ratio. Initially, the youth dependency declined due to the decline in overall fertility, while the old age dependency ratio increased only slowly. Later, the youth dependency remained low, but due to increases in life expectancy and ageing of the baby boom cohorts, the old age dependency increased significantly.

Changes in working age population, net migration and cohort turnover,

In Europe, working age population group is getting smaller, increasing only in Ireland and some Scandinavian regions. Old age dependency ratio with those

above age 64, is increasing everywhere, but Ireland and Scandinavia are less affected. South of Europe is more affected by ageing, but migration mitigates ageing.

Currently, an increase in fertility, possibly due to effective reforms in family policies, would not affect the evolution of the old age dependency for the next 25 years, because only then will the additional newborns enter the working age population between the ages of 25 to 64. Still, the youth dependency will increase for the next 25 years due to the increase in fertility. Consequently, the total dependency ratio will increase and it will take more than 25 years for the effects of the family policy reforms to have a positive impact on the total dependency. Therefore, investments in family policies are based on very long-term decisions that go far beyond the usual planning periods.

The positive effects of increasing fertility pay off in the long run. The challenge is to get today's policymakers and taxpayers to accept temporary increase in dependency ratios for the benefit of future generations. Besides that, one should keep in mind that the burden of the youth dependency is mostly individualised, i.e., despite publicly funded family benefits the burden is mostly carried by families, while the burden of the old age dependency is mostly institutionalised.

In the short and medium term, controlled and managed migration can be a partial solution to reduce the dependency ratios in Europe. As the countries of origin of migration into Europe are not yet affected by population ageing, this will not have any significant impact on in-migration into European countries. Apart from that, ageing will have an impact on out-migration from European countries and, in particular, on return migration since these components of migration have their origin in societies that have already entered the phase of pronounced but still accelerating ageing.

Older persons increasingly, however, need specialized care so training of carers is key. Social and cultural integration of migrants are big issues. A successful migration strategy must take into consideration the characteristics and needs of the migrants and of the resident population. The professional qualifications of the migrants and their compatibility with the culture of the host society are key requirements for their successful integration into the society and

into the labour market. Finally, improvements and targeted integration policies can further support the integrations process.

Active retirement is a good option for older persons who want to continue working, here policies such as continuing working and getting half of the pension (Spain,) and even continuing working with full pension (Hungary) are examples of good practices.

In the case of ageing in Poland, in the 1990 older persons accounted for 9.95 per cent of population while in 2020 they accounted for 18.22 per cent. Professional homecare service is not very common in CEE countries, including Poland, where currently only 2.3 per cent of people 65 or older use such services. Around 20 per cent of the total population declared to be informal caregivers; however, close to 36 per cent of older persons above the age of 65 declare the lack of assistance in need of help with personal care. National programmes and policies for older persons are slowly being developed. Recently, Care 75 plus - care and residential centres have been introduced. In some regions daycare homes for older people with dementia have opened, as well as centers of support informal caregivers.

Demographic change and families

From the mid-1960s onwards a decline in fertility accompanied by a striking change in marriage behaviour as well as in family structures and lifestyles could be observed in all Western countries. First, the post-war baby boom came to an end and the birth rate declined. Secondly, the trend towards earlier first marriages ended and the age of marriage rose again. Thirdly, new ways of living spread, especially among the younger generations (premarital and non-marital cohabitation). Fourthly, the frequency of divorce increased.

These shifts and changes since the mid-1960s led to the concept of a second demographic transition. In contrast to the first demographic transition, the second demographic transition is based not only on changes in fertility and mortality but above all on a change in values. Society is turning towards post-materialistic and individualistic values. The influence of secular and ecclesiastical authorities is declining.

In the family, the focus is no longer on the children alone, but also on the couple. Individualisation manifests itself in an increasing diversity of family forms and life courses. Educational expansion and a higher importance of individual self-fulfillment lead to a higher age at marriage, a higher age at the birth of the first child and, consequently, to an overall lower fertility.

An alternative explanatory approach to demographic is based exclusively on microeconomic considerations. According to these considerations, individuals optimise their utility through specialisation and trade, which increases the opportunity costs of having children. This purely microeconomic approach can explain the demographic developments since the mid of the 20th century just as well as the concept of the second demographic transition, although the assumed causes are contrary.

The role of families

Family, health and care provision are interconnected. Families play crucial roles in individuals' well-being and therefore in the overall functioning of society. They often provide essential support systems for individuals in terms of physical, emotional, and financial assistance. Families act as primary caregivers and contribute to maintaining good health by offering care during illness, promoting healthy behaviors, and providing social and emotional support.

The importance of family time and personal well-being is well pronounced in Europe thanks to policies such as parental leave, flexible working arrangements, and childcare all aiming to promote the well-being of families and enable individuals to balance their work and family responsibilities effectively.

In terms of mental health, efforts to reduce stigma and increase awareness along with the development of mental health services and support systems is growing. Families play a vital role in supporting individuals with mental health challenges and seeking appropriate care. Health education and promotion campaigns are prevalent in Europe, aiming to raise awareness about healthy lifestyles, disease prevention, and the importance of regular health check-ups. Governments, healthcare providers, and community organizations work together to educate families and individuals about maintaining good health.

It is important to recognize that almost 90 per cent of the formal care workforce are women, 7.7 million of women do not work because of unpair care

responsibilities. Investing in care can generate an additional 13.6 million jobs in the European Union by 2030. Around one third of households with long-term needs do not use home care services because they cannot afford them.

Goals of family policies in Europe

Explicit policy aiming at increasing fertility is rarely put forward in Europe. The main goal of family policy in Europe is rather to prevent social exclusion and child poverty and making sure that families have the number of children they desire. Another goal is to equalize chances through equal opportunities via an optimum policy mix, spending for instance on education, daycare, etc. Although there is a temptation to increase the level of education to increase productivity, in the case of childbearing, the big challenge is late maternal age as women access high education. Efficiency of education systems is key as well. A mix of cash allowances and services is advisable as cash alone is not sufficient. For instance, in Poland there are large cash child benefits but fertility is still low. In Hungary, fertility increased from 1.25 to 1.6 thanks to a combination of family supports including tax breaks.

As surveys indicate that women desire more children than they have, it is important to support families' desire of the number of children they want (addressing the fertility gap), including those that do not desire children. There is a lot of research indicating that women lose several years of labour market participation and high fertility is linked to patriarchy.

Family benefits

On average, OECD countries allocate 2.3 per cent of their GDP to family benefits with significant differences among nations. France and Sweden lead in public spending on family benefits, devoting approximately 3.5 per cent of their GDP to this area. However, several countries in Europe, such as Spain allocate less than 1.5 per cent of their GDP to family benefits.

Spending differs across cash benefits, services, and tax measures. While most OECD countries spend more on cash benefits than services or tax breaks for families with children, some countries, including Denmark, Finland, Iceland, Norway and Sweden allocate over half of their family benefits expenditure to

services. On the other hand, France, Germany, and Hungary invest more than 0.5 per cent of their GDP in tax breaks for families.

Work and family life from a behavioural perspective

It can be observed that the dominance of work obligations limits fertility. When we consider career, most women career is limited to professional life while motherhood is not considered a career. Still, there are different approaches to life, and work is not the only area to consider. There are new insights from constantly evolving behavioural research offering behavioural insights (which can be defined as approaches that use evidence of the conscious and nonconscious drivers of human behaviour to address practical issues). The concept of behavioural insights is based on evidence about behaviours followed by robust evaluation and practical application and policy focus.

For instance, less intervention seems to be better for fertility outcomes and we must rethink how to create interventions, considering not only people's desires and prepare so called choice architecture, and making people more aware of their choices and needs. It is also important to keep in mind that intentions, such as those relating to fertility, may not necessarily lead to specific behaviours so policies are needed to encourage intended behavioural outcomes.

Strengthening care across generations: mitigating risks of family separation through recognition

Care work in the family continued to be undervalued, is of low social prestige and subject to little or no pay, in the face of increasing austerity policies. Still there is a growing recognition of care contributions in the frame of the 'care economy', e.g., as noted in the European Care Strategy for Caregivers and Care Receivers, 2022. The issue at stake is how to better recognize, protect and value the informal care contributions of families and which dimensions of 'recognition' are lacking and in need of strengthening.

According to EUROSTAT, 95.4 million of people across EU-27 are affected by poverty and social exclusion, especially those caring for older family members or children. In 2019, 7.7 million of women were unable to work due to caring responsibilities. Shame, stigma and humiliation are prevalent among those who are experiencing family poverty and can exacerbate poverty and poor mental

health further. What's more, public discourse can worsen stigma experiences with terms such as underclass or welfare dependents. There are also barriers to seeking social support with large percentage of families not seeking support under stress (e.g., survey in Austria indicates that 71 per cent of those in need of support do not seek it).

There are two types of barriers to accessing and seeking social support. Physical barriers include insufficient information about available support; limited availability of low-threshold community-based family support services and bureaucratic obstacles in accessing various types of support. Among social barriers to seeking support are prioritization of funding towards crisis services, stigma around being 'bad parents' and the fact that service users often feel judged and not adequately supported by social care staff. What's more, untreated risks are more likely to lead to family separation.

Surveys asking for children's opinion indicate that children would their families and other families in their community to receive support in multiple areas of their lives, from financial support, to enhancing their capabilities.

The **multisectoral approach to family support services** is needed with **primary/universal** approach, such as social protection targeting entire population providing support before problems occur, through social assistance, social insurance, childcare, child care allowances, parental leave; community based daycare, early intervention services, and after school services especially in low-income neighbourhoods) **secondary**, programmes targeting families at risk of child-family separation to alleviate identified problems and prevent escalation, such as psychosocial support and mental health services, crisis shelters to protect from violence and abuse) and **tertiary** (specialized interventions for children and families experiencing acute crisis.)

It is also important to change negative stereotypes of care provision through awareness raising or social marketing campaigns for professionals and members of the public counteracting shaming and negative stereotypes related to class, gender, disability, old age and minorities.

Care services for older persons

With age, risks of diseases increases and more investments are needed in raising awareness about healthy ageing. Such work can be carried out by professionals, community workers, public campaigns and through work with special target groups. Cooperation between different sectors is crucial with important factors such as motivation, communication, flexibility, availability & accessibility and reaching high-risk groups.

The European Care Strategy

The European Care Strategy was introduced in 2022 to ensure quality, affordable, and accessible care services throughout the European Union. This strategy aims to enhance the well-being of both care recipients and their caregivers, both professional and informal. Accompanying the strategy are two recommendations for Member States, focusing on the revision of the Barcelona targets concerning early childhood education and care, as well as access to affordable, high-quality long-term care.

The Commission advises Member States to develop national action plans that enhance the availability, accessibility, and quality of care services across the EU. Furthermore, the Commission encourages Member States to take measures to attract a greater number of individuals, particularly men, to the care sector. These efforts are aimed at improving the overall care landscape and promoting equal opportunities for all. The Strategy focuses on *providing high-quality care services for all; increasing the number of accessible and affordable services and strengthening an EU-wide and comprehensive approach*; which offers support to Member States at the starting position in restructuring and reforming their care systems. Further, the Strategy affirms the right to care and the role of persons in need of care to be in the driver's seat of how they receive care. It underlines that the design, implementation, and evaluation of care systems at all levels must go hand in hand with stakeholders: persons in need of care, informal carers, workers' representatives, and care providers. It reminds Member States of their responsibility to better support informal carers with income and services by implementing and upgrading the provisions of the EU Work-Life Balance Directive. It emphasizes the need to integrate and coordinate health and social care, to invest in innovative digital and non-digital solutions to improve care, to improve working conditions and invest in skills of the care workforce, to attract third-country nationals to tackle the workforce shortage in the field, the importance of prevention to reduce the rate of increase of long-term care needs and other points. It is important to note that the European Union lacks legislative power in

this domain, and therefore, there are no obligatory actions imposed on Member States.

Divorce in older age

Divorce in older age is more difficult than at other age, especially for women, due to economic reasons. There has been an increase in divorce in later life in Sweden, France, United States and Australia. It is a relatively unexplored area in Sweden and other countries with some research indicating that increased family complexity drives divorces in later life. Such complexity stems, for instance, from previous marriages resulting in having children. In other words, women with such 'baggage' are more likely to divorce.

Although older cohorts have lower risk of divorce overall, the risk is higher when they accumulate more income. Divorced women have different income trajectory compared to married and remarried women. Divorced women retire later, have lower pensions and have the highest share of living in old-age poverty, especially among 80+ years old. Although older women have a greater economic barrier to divorce, they still decide to divorce. Moreover, family complexity seems to matter, for instance, bringing in children from previous unions increase the risk of divorce after 60, also when it comes to grandchildren. Divorce women tend to move out from joint home and are less likely to own their home after divorce.

When there are more low-income women who divorce a low-income man, there is a risk that they have not accumulated any wealth, own a house or other types of investments that often are split after a divorce. This also implies that these women may have lower social capital, and thus may have a smaller network and lower living standard. Increasing earnings at retirement is challenging for most retirees, however, it may be even more difficult for these low-income women.

This disadvantaged situation has policy implications, e.g., relating to the issue on how the care burden can be compensated. Policies that facilitate more female employment; ensure more support for single households and support adequate pensions system are key here.

Conclusions

Population ageing on a societal level is seen as a challenge. Above all, the entry of the baby boomers (people born in the 1960s) into retirement age is a major societal challenge in Europe for the coming decades as a decreasing proportion of working-age people will have to finance or support an increasing proportion of non-working-age people.

Raising the retirement age, the future financial viability of pensions and the health care system as well as the increasing need for care relating to diseases such as dementia or Alzheimer's disease are being widely discussed in Europe. Other issues related to population ageing of concern are infrastructural planning (for instance, fewer schools and kindergartens, more facilities for older people in need of care and stairways for persons with disabilities) as well as the age composition of voters and their voting behaviour.

After witnessing the violations and disregard for the rights of older persons during the initial waves of the Covid-19 pandemic, and discovering that approximately half of its victims the first year occurred in residential long-term care facilities, it became imperative to advocate for the right of every individual in need of care to have access to services that promote their independence and well-being.

Moreover, the COVID-19 pandemic has exposed the challenges faced by overwhelmed health systems in providing end-of-life care. This crisis has underscored the critical need for healthcare systems to be scalable and adaptable to effectively address emergencies and ensure the provision of adequate end-of-life care.

Families, ageing, equality, and care are interconnected issues that have significant relevance in Europe. European societies have experienced shifts in family structures, including an increase in single-parent families, cohabitation, and same-sex partnerships. These changes have implications for care arrangements and support systems.

There is a burden for women in societies, it has a lot to do with care. Unpaid care work is part of family life and is often remains overlooked in policy agenda despite its significance for overall wellbeing.

The responsibility of **caregiving**, including caring for children and older family members, mostly falls on individuals within families, especially women.

Balancing caregiving responsibilities with work can be challenging, particularly for women, who tend to take on a larger share of caregiving roles. This can impact career progression and gender equality in the workforce.

Recognizing the invaluable role of informal caregivers and implementing programs to support them is crucial. Informal caregivers play a vital role in providing essential care and support for their family members, often sacrificing their own well-being in the process. However, their contributions often go unrecognized and unsupported, leading to challenges such as burnout, financial strain, and limited access to resources.

While institutional care is important and necessary for certain individuals, it is equally essential to establish a diverse range of services that prolong the agency and independence of older persons and support family caregiving. This ensures that older persons have all the opportunities to stay in their preferred living environments of their choice. By offering comprehensive support services, including home-based care, respite care, caregiver training, and financial assistance, we can empower both informal caregivers and older individuals to navigate the challenges of long-term care while maintaining dignity, choice, and quality of life.

Family, health and care provision are closely intertwined in Europe, with families serving as important support systems for individuals' health and well-being. European countries have implemented various policies and systems to support families and prioritize access to healthcare, contributing to improved health outcomes for individuals and communities.

European countries have adopted various approaches to **long-term care**, including a mix of formal and informal care arrangements. Policies aim to support caregivers, enhance home-based care options, and ensure the availability and quality of long-term care services for older adults and individuals with disabilities.

Achieving **gender equality** is an important aspect of care and family policies in Europe. Efforts are being made to promote equal sharing of caregiving responsibilities between men and women, support work-life balance through family-friendly policies, and address gender-based inequalities in access to care services.

To ensure European care strategy it is essential to provide high quality care services for all; increase the number of accessible and affordable services, strengthen EU-wide and comprehensive approach. Accompanying this strategy are two recommendations for Member States: revisions of the Barcelona targets in early childhood education and access to affordable, high quality long-term care

European countries have **social protection and welfare systems** that provide financial support and social services to individuals and families. These systems aim to alleviate poverty, provide healthcare, and support families in need, including those with children, older adults, and individuals with disabilities.

Promoting **intergenerational solidarity** is a key principle in European care and family policies. This involves fostering cooperation and understanding between different generations, encouraging support networks, and recognizing the contributions of older adults to society.

Importantly, policies and approaches may vary across European countries due to cultural, social, and economic factors. Each country has its strategies and initiatives to address the challenges and promote the well-being of families, ageing populations, equality, and care.

The goal of family policy should be overall family wellbeing, attending to family needs with a view to avoiding social exclusion and not leaving any family behind. It is especially important to identify who the most vulnerable families are and what their needs are.

Childcare needs are predictable but older persons care needs are less predictable, so support has to be targeted to specific needs. As there is low awareness of possible needs and care solutions, better awareness and information for families on how to prepare for care, where to look for help, including more targeted support for caregivers also in the context of place of living (cities and rural areas) is key.