Poverty and ageing 2008, *Brussels Health and Social Observatory*

CONCLUSIONS

This report tackles the themes of 'poverty and ageing' via two complementary angles: on the one hand poverty among the elderly (65+), and on the other hand the premature ageing of poor persons.

By way of a conclusion, we have chosen to focus on four key points: the difficulty in quantifying poverty among the elderly, the inequalities of age-related marginalisation, the problem of premature ageing among the poorest people and the need to take a preventative approach. For each of these key points, an analysis of the report's findings is followed by a number of topics for discussion intended to promote public debate.

1. What is the scale of poverty among the elderly in the Brussels Region?

It is not currently possible to estimate the number of elderly Brussels residents whose incomes fall below the at-risk-of-poverty threshold. Available data suggest that **the proportion of elderly in a precarious social situation is greater in the Brussels Region than in the country as a whole:**

- 7.5% of Brussels residents have to claim welfare benefits (GRAPA) to replace or supplement an inadequate pension; the figure for Belgium is 4.8%. It should not be forgotten, however, that for the active population (18 - 65 years), this gap is even wider: proportionally, there are 3 times more people dependant on benefits (the *revenu d'intégration sociale* (RIS) or equivalent) in the Brussels Region (4.1%) than in the country as a whole (1.5%).
- 19% of Brussels residents aged over 60 are considered vulnerable in socio-economic terms, as they have a low level of education and live as tenants.
- 29% of Brussels residents aged 65 years and over receive preferential reimbursement rates for their health care (due to low incomes).

According to data sources, one may therefore estimate the proportion of elderly Brussels residents living in poverty to be somewhere between 7.5% and 29%.

Available data do not allow for an exact quantification of the issue of poverty and social inequalities among the elderly. The report highlights the indicators' weaknesses: what do the figures for statutory pensions (which are relatively homogeneous) really mean if we have no information on other sources of income at the root of the greatest inequalities, such as supplementary pensions, income from goods or property, inheritances, etc.? How can we understand and quantify isolation?

Moreover, it can be difficult to properly define the notion of poverty among the elderly, as factors specific to ageing tend to weaken and induce signs of vulnerability, which may in turn be linked to a kind of poverty: dependence on society, difficulty in confronting problems, isolation, etc.

Topics for discussion
In order to more precisely monitor the extent of poverty among elderly Brussels residents (and the population in general), we should **continue to gather further data while analysing existing databases.** An adequate sample of Brussels residents in major surveys, like EU-SILC, would certainly provide more information. Building a partnership with Brussels-based Public Social Welfare Centre *(Centre public d'action sociale, CPAS)* should lead to clear future improvements. Processing information held by the Crossroads Bank of Social Security may also prove useful. Other sources, such as data gathered by the *Agence Intermutualiste* could also be further exploited.

2. The inequalities of age-related marginalisation

Increased vulnerability

Old age increases the risks of social marginalisation: incomes fall, health needs rise, solitude grows, etc. Not everyone, however, is equal in the face of these risks of marginalisation. Following Grundy's definition, vulnerable elderly persons are "those whose reserve capacities (whether material or immaterial reserves such as health, welfare support, etc.) fall below the threshold needed to cope successfully with the challenges they face". People accumulate varying reserves in the course of life – we are not all equal.

Financial resources available after the age of retirement depend on a number of factors: professional career (its length, consistency, type of work performed, salary), housing ownership, the savings one has been able to make, supplementary insurance, etc.

Health is also linked to one's life experience. In general, people who have lived through difficult conditions, who have pursued onerous, dangerous, or poorly protected careers, who have lived through repeated stressful events, who have lacked access to effective social support, reach a 'mature age' with a health capital that is already highly compromised on both the physical and mental levels.

Isolation is even more significant where family ties have been broken or weakened. An active participation in **social life**, helping to develop support networks and to maintain social contacts, is more difficult when one lacks financial resources, poor cultural knowledge, problems in moving around or if one lives in an area where one doesn't feel safe.

These various elements may overlap and can lead to the social exclusion of the most vulnerable elderly or ageing persons.

Society's response

In Belgium, society has put in place numerous measures to prevent ageing from becoming synonymous with marginalisation. Among other things, these involve pension allowances, access to healthcare, provision of welfare assistance where incomes are inadequate and the offer of social housing. Numerous public and private services aim to meet the needs of the elderly while taking into account their financial situation.

The figures presented and testimonials gathered show that these measures are effective, though they cannot prevent the elderly from sliding into social exclusion. In particular, the incomes of many elderly persons do not meet their needs. The proliferation of measures, initiatives and/or services, as well as ever more complex procedures, may impede access while limiting their effectiveness through a lack of coordination. In the Brussels Region, complex institutional arrangements further deepen these difficulties both for the elderly and their families as well as for professionals.

Topics for discussion

Clearly, numerous measures and initiatives would be more useful to the most vulnerable groups if improvements were made in terms of information, access to services and coordination between services and initiatives. The Brussels Region faces a number of challenges in this respect.

– **Information** needs to be improved and made more understandable and accessible to the elderly, also for those who cannot or no longer read easily, who do not speak French or Dutch fluently, who lack mobility or who are unfamiliar with new technologies.
– **Access** to services could also be improved via better communication between users and bureaucracies or public service companies (Belgacom, Electrabel, etc.): use of plain language, respect for others, clearer and more straightforward procedures. Individual support and local services seem particularly useful.
– Respect for the **independence** of elderly persons requires that they remain at the heart of coordination processes.
– **Coordination** should be strengthened between services, just like the consultation between the various Brussels institutions and relevant authorities.

Major initiatives in these fields have been rolled out in the Brussels Region (for example, the Bruxelles Social website (www.bruxellessocial.be), the home care coordination platform, proximity services, etc.). These should be further strengthened.

An increased number of **meeting places** for the elderly or for mixed generations helps to combat isolation. They also provide an opportunity for older, less wealthy residents to be more actively involved in the development of initiatives that meet their needs while taking stock of their experiences and constraints.

The large proportion of socially excluded elderly people in disadvantaged inner city areas and districts with a lot of social housing justifies an adequate supply of **proximity services** in these areas.

Moreover, though **social housing** in Brussels proportionally accommodates more elderly persons, the supply of social or similar housing still outstrips demand.

New and creative initiatives should be developed and supported to provide alternatives to rest homes for elderly persons on low incomes.

3. Ageing in poverty

Premature ageing

Chronic stress, harmful environmental effects (housing, workplace, neighbourhood), lack of sleep, accidents, poor diet, abuse of alcohol or other drugs as the only means of relaxation, etc. are just some of the factors that may contribute to damaging the body and accelerating biological ageing among those living in poverty.

Mental health is also severely tested. Having to face daily insecurity, constantly having to rebuild and starting again from scratch demands considerable energy. That's why psychological exhaustion is common among those living in abject poverty. It is therefore hardly surprising that these people may aspire to 'settling down', 'taking a breather', having a rest and relaxing.

Everyone is afraid of ageing, but for these people, who may have 'run out of steam', the future can be especially frightening. Many are unable to remain in regular contact with their children or are afraid of being a burden to their children, who may themselves be in difficulty. They receive no social recognition for all the struggles and suffering endured throughout their lives, or they have been unable to accumulate means of protection (housing for example). Their health deteriorates, as do prospects for independence and a dignified life.

This bleak picture is not, however, inevitable. Even in difficult living conditions, people, even those 'worn out before their time', can lead an active social life, work as unpaid volunteers in the service of others or gather their strength to once more rebuild a comforting social life. They rely on their family ties, associations, care homes, meeting places, etc.

Society's response

The testimonies gathered challenge society's responses to these people. Existing measures mainly focus on how to prevent marginalisation after retirement age. The phenomenon of premature ageing among the long-term poor is hardly taken into account. Most measures are linked to chronological age and so cannot apply to persons who have the same needs before they reach 65.

When we grow old, at whatever age this occurs, we need protection from worries that we are no longer able to cope with (e.g. having enough to survive on: housing, food, care). This is one just factor that may push older people into rest homes. This need is well recognised for elderly persons and it is socially acceptable 'to rest'; but the need may arise far earlier for the poorest people, and is not socially acceptable. Taking a rest in a hostel is only temporary (recharging one's battery to start again), as being unemployed is no longer acceptable because it suggests availability on the labour market.

Topics for discussion

What status can those persons claim who are prematurely exhausted and no longer physically or psychologically able to remain active on the labour market, at least under the conditions currently demanded by employers? How can the right to rest be established for these individuals?

How should the desire for work– finding work for older unemployed or homeless people, etc. – be articulated with the necessity of taking into account their physical or psychological exhaustion?

How can we reconcile the need to regain confidence and embark on future projects with the need to rest?

How should life experience be taken into account, and the real needs and abilities of each of us? For example, what alternatives could be developed to satisfy the permanent care needs of homeless people under 65, if they so desire it?

The opinions of those directly concerned should be widely sought when debating these questions.

4. Prevention

One cannot, of course, prevent the phenomenon of ageing. It is, however, possible to work towards prevention: by reducing factors that accelerate ageing, helping people to reach old age with adequate 'reserves', limiting as much as possible the challenges with which the elderly are confronted and providing them with the support necessary to help them to meet these challenges.

For the Brussels Region, the prevention challenge is particularly relevant given the socio-demographic situation. Although the population that is currently over 65 years is rather well covered on the health and welfare levels, **the population approaching this age group is in greater poverty and poorer health**. This phenomenon will only worsen in the coming years given the serious marginalisation of a not insignificant proportion of the Brussels population under 60 years, such as the immigrant population, among others.

Topics for discussion

How can the factors that speed up ageing be limited?
Countless measures to tackle poverty in a general way have the effect of reducing stress and environmental conditions which are harmful to health and which cause premature ageing. These include the improvement of housing, income and working conditions for poorly qualified individuals.

How can people be helped to **reach old age with adequate 'reserves'** – whether material, health, in social support or in skills?
Generally speaking, the Brussels Region should rise to the challenge of ensuring all its young adults have an adequate level of education.
On the material level, there should be particular focus on: access to work for younger generations, measures supporting the purchase of housing, and improving the supply of accessible and good quality housing.

Concerning health, it is crucial to develop policies that promote lifelong healthy lifestyles (physical activity, diet, etc.) – not only through campaigns that make the target audience individually responsible for their behaviour but above all through public policies that promote them: the development of public spaces, provision of supervised physical activity facilities accessible to all, interventions in the supply of nutrition, etc.

How can people be helped to '**rebuild their reserves**'?
Plans should be formulated to develop and support anything that promotes relaxation while ensuring access to all, including those on very low incomes; but this in no way implies projects 'reserved' for the poor. This means being able to go on holiday, enjoy active leisure pursuits, benefiting from adequate sleep (even when living on the streets), being able to play sport, take part in cultural activities, etc.

How should adequate **compensatory support** be offered to face up to difficulties?
Significant efforts are already being made to ensure access to care; this should be continued and strengthened with regard to access to rehabilitation and mental health care, among other things.

Informal carers play a major role in the quality of life of the elderly. They should be adequately supported, especially potential carers in disadvantaged areas who may themselves be in difficult health or social situations.
Supporting family ties was generally seen as key. All welfare policies should endeavour to preserve these ties: finding alternatives to putting children into care, avoiding the separation of families during crises, removing the financial obstacles to family life (status of co-habitants, single parent families, etc.). For the elderly in particular, efforts should be made to avoid anything that may spark or increase tensions with children and grand children, such as the issue of financial dependence.

Preventing the increased marginalisation of the ageing population can be achieved through coherent and transverse policies to combat poverty for the entire population.

An approach based solely on age categories should be avoided, instead favouring the development of policies that focus on entire life experience