

Ageing across the globe

Strand organizer: Nele van der Wielen (University of Southampton)

Informal & formal care – Monday 9 September, 1.30pm

The long-term care system and the consciousness of duty of supporting older parents: The case of Japan

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The purpose of this paper is to examine the impact of the public long-term care (LTC) system on children's consciousness of duty to look after their older parents. Since the Second World War, the role of family has been continuously reviewed in many welfare capitalist countries. In Japan, public universal coverage of pensions was established in 1961. It reduced the financial burden for each family of supporting older parents, while the role of family as caregiver was maintained strongly especially for women. Since the economic bubble burst in 1990, dual-earner households have increased. This has made it difficult for families to supply unpaid work, that is, caring for older parents informally. In response to this change in social conditions, public LTC insurance was introduced to reduce the burden for families as caregivers and to stimulate labour participation for women. However, we still find it is mainly women who are forced to leave their work due to caring for older parents with this sense of duty. In this paper we use ISSP2017 data. Firstly, we analyse the situation of caregivers in Japan. Secondly, to find out whether the Japanese case is heterogenous or not, we investigate the relationship between the consciousness of duty and the institutional characteristics of the LTC system, while considering individual socio-economic status, using multilevel analysis. The study finds no significant impacts of the public LTC system on the consciousness of the duty, yet it implies the necessity of combining the LTC with other family policies to develop a sustainable LTC system.

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Pathways into informal care provision

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In England informal care is pivotal to the care provision system. Population ageing contributes to growing demands for social care, in addition to the rising cost of healthcare. The patterns of informal care provision, carers' characteristics and the impact of care provision have been studied to a large extent; nevertheless, little is known about the dynamic pathways into informal care provision, which is a central part of ensuring future care provision. This research used multivariate longitudinal statistical analysis of the English Longitudinal Study of Ageing (ELSA), Waves 4 (2009) to 7 (2015), and aimed to explore the pathways into informal care by individuals aged 50 and over, in order to better understand possible predictors of transitions into the caring role. The results showed a high short-term turnover of carers entering and leaving the caring role. Analysis of longer-term transitions found almost 40% of the 'repeating carers' had transitioned between caring for different care recipients. Carers had better self-reported health prior to initiating the role compared with non-carers, which points to evidence of a 'healthy carer effect'. This evidence adds to our understanding of dynamic caring patterns and the

effects of caring. Policymakers are recommended to take a holistic approach to policies supporting carers, taking into consideration the initial stage of care provision, as well as those discontinuing the caring role.

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Caring in later working life

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An ageing UK population means more people may take on caring responsibilities, particularly at older working ages. One in five people aged 50–69 are informal carers, and caring responsibilities are one of the main barriers to work at these ages. However, as our population ages there is a need for people to stay in the workforce for longer. This study analyses ELSA data to explore the characteristics of people who combine working and caring responsibilities in later working life. We look at the differences between men and women who work and care, and how who is being cared for drives the number of hours a carer provides and their ability to work. There is a societal expectation for women to take on caring roles and for men to work full-time. Most carers are women, who are likely to be working part-time, while men who care tend to continue working full-time or drop out of work altogether. Most of the care that men provide is to their spouse or parents, whereas women are more likely to provide care to a broader range of people including non-relatives. In the future more older workers may need to take on caring responsibilities, particularly for a parent. In this study we show that being a carer does not always impact on the caregiver's ability to work. Almost two-thirds of people caring for parents are also in work.

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'Who else will do?': Motivations and challenges to caring for ageing relations in Tamil Nadu, India

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India's population is ageing rapidly. Older dependent Indians are highly reliant on the will and ability of their relatives to provide financial and practical support, as support from formal sources is limited. To understand how the availability of family-based support might change alongside India's changing society, we explore what motivates people to care for their ageing relations, and what challenges they experience. In 2018 we conducted 12 focus group discussions and 26 semi-structured interviews (N = 114) in urban and rural sites of Tamil Nadu. We used a purposive maximum variation sampling strategy, which recruited men and women with experience of supporting an older relative, and of varying ages (20–64), socio-economic status, caste, and religion. The transcripts have been analysed using a thematic analysis approach. Preliminary results indicate that individuals are primarily motivated to care for their ageing relations because they deem it to be morally right (duty), which is itself a result of a need for reciprocity and a view that family are best – 'R: We would provide care with love and affection. Outsiders may not be able to do that with love but just for the sake they would do that.' Other motivations include a lack of alternatives, inheritance, and to guarantee own support. The main challenge is role conflict, particularly for women, as they attempt to work, raise children and support their parents (in-law). Our findings demonstrate a strong resolve to care alongside significant challenges and emotional and financial burdens. Interventions to support families might be necessary to maintain support for India's older population and to alleviate the corresponding burden for their relations.

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Active ageing in India: An analysis of time use patterns

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Active ageing refers to the ability to participate in social, economic, cultural, spiritual and civic affairs. In this study we analyse records of time use patterns to estimate the extent of active ageing in India, and examine whether there are gender differences in active ageing. The study is based on a time use survey of aged persons in the capital cities of three East Indian states: Kolkata (West Bengal), Bhubaneswar (Orissa), and Ranchi (Jharkhand). The activities undertaken in the last two normal working days were recorded from the time the respondents woke to the time they went to bed at night. They are divided into four categories: economic activities, household chores, socializing, and personal activities, of which the first three are components of active ageing. Predictably, male respondents spend greater time on economic activities, compared with female respondents. In the case of household activities, the opposite is observed. Results also reveal that the external exposure of elderly males is higher, and they tend to socialize significantly more than the female respondents. On average, respondents spend about one-third of their daily time 'actively', with male respondents being significantly more active than females (6 hours 30 minutes for males; about 5 hours for females; $t = 37.1$). The gender gap in active ageing is lower among backward castes, vis-à-vis forward castes. There is no clear pattern in active ageing across wealth quintile classes or educational groups. While active ageing decreases with age, the gender gap in general widens with age.

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Going regional: Ageing and active ageing in 'Italy one and a thousand'

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The paper focuses on Italy and investigates active ageing by analysing the Active Ageing Index (AAI), which includes 22 indicators grouped into four domains and measured separately for men and women in order to detect gender gaps in active ageing. While maintaining the core of the methodology of the AAI, our purpose is threefold. Firstly, we aim to verify the AAI index at regional level by comparing AAI results and identifying explanatory factors. Secondly, we intend to analyse the AAI results at regional level according to education, given that this is a key factor in influencing individuals' life course and outcomes in terms of well-being in later life. Thirdly, we aim to examine different groups of older individuals by focusing on migration, since it is the second major phenomenon that shapes population structure and challenges Western society's policies. Most of the indicators are calculated by using the EU Survey of Income and Living Conditions (EU-SILC) and EU Labour Force Survey (EU-LFS). However, in our paper, data come also from official statistics produced by the Italian National Institute of Statistics (ISTAT). Very preliminary results show that the differences in some indicators by education vary by region, and suggest that even the best performing regions for migrants can further improve, both in terms of single indicators and in terms of the overall index. The analysis of the AAI at regional level in Italy can help with targeting the regional political strategies in terms of active ageing.

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Rethinking how we measure socio-economic position among the population aged ≥65 years

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New Zealand's population aged ≥65 years represents 14% of the total population, and is expected to increase significantly over the next 50 years. In many studies of health inequalities among the population aged ≥65, researchers typically use conventional measures of socio-economic position such as income, occupational class and/or educational attainment, or area-level deprivation indices, to represent the social circumstances of their population. However, there is growing consensus that these measures fail to represent the socio-economic conditions experienced by older people. We used NZ's Integrated Data Infrastructure (IDI) – a large research database containing microdata about people and households, maintained by Statistics New Zealand – to capture socio-economic indicators of relevance to those aged ≥65. We identified 33 person-specific indicators of socio-economic position from more than ten data sources including the 2013 Census, the Ministry of Social Development, the NZ Transport Association and Inland Revenue, and various spatial data providers. Here, we describe how the indicators were grouped into domains, weighted, and combined to create a deprivation score for individuals aged ≥65 (the Older Person's Index of Multiple Deprivation (OPIMD)). We explore associations between the OPIMD and health outcomes, comparing these with the Index of Multiple Deprivation (IMD), before outlining the policy implications of this new tool.

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Understanding the impact and targeting efficiency of Kenya's older persons cash transfer programme

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The 2030 Agenda for Sustainable Development sets a goal of leaving no one behind in efforts to end poverty. With the number of older people in sub-Saharan Africa growing rapidly, and with the majority entering old age in poverty, many countries in the region have introduced non-contributory pension schemes targeted at the poorest. Kenya's older persons cash transfer programme (OPCTP), targeted at the poorest, uses a two-stage targeting process to identify beneficiaries, combining community-based selection with a proxy means test. The programme was first piloted in 2007 and has since expanded to reach over 343,751 beneficiaries in 2017. This paper provides evidence on the impact of the OPCTP on monetary poverty, measuring the impact of the OPCTP on the incidence of poverty and inequality among its beneficiary households in comparison to non-beneficiary households. Secondly, the paper examines the targeting accuracy of the Kenyan OPCTP against its national eligibility criteria. The results show that the OPCTP targeting mechanism performed inadequately. The OPCTP hybrid targeting approach resulted in high errors of inclusion and exclusion. This confirms the findings of other cash transfer programmes in Kenya. Secondly, the paper finds that the OPCTP was successful in reducing poverty. These results also match those observed in earlier studies in South Africa, showing that old age cash transfers have a positive effect on monetary poverty reduction.

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Projecting health trajectories in Europe using microsimulation

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This paper describes a microsimulation model aiming to project the health of the elderly and a set of risk factors, for a selection of European countries, and presents some preliminary examples of possible analytical scenarios. The microsimulation model developed, called ATHLOS-Mic, uses data from the Survey of Health, Ageing and Retirement in Europe, standardized on the ATHLOS-Dataset, which includes a health index built using a Bayesian multilevel Item Response Theory approach. ATHLOS-Mic uses socio-demographic characteristics and a set of behavioural and biological factors – namely smoking, depression, obesity, arterial hypertension, and physical activity – to project this health index of cohorts born before 1961 for a selection of European countries for the horizon 2040. Risk factors are first modelled using parameters from autoregressive distributed lag models, and their predicted values are then used to model changes in the health index using parameters from linear regression models. The predicted value of this health index is finally used to modulate probabilities of survival, which also vary according to age, sex, and educational attainment. In addition to a baseline scenario that forecasts the health of the population, alternative scenarios are built to measure the impact of change in risk factors on the future health of the elderly and on the total number of person-years lost.

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Projections of demand for care among older people: A microsimulation approach

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The increasing number and share of elderly people that come with population ageing can be considered as a challenge for care arrangements in the future. Requests for care needs by seniors are related to their health status above all, while their household composition provides an indication of informal care resources. The goal of the study is to prepare a dynamic microsimulation projection model to extend traditional population projections with health and living arrangements statuses. The projected changes in the numbers of people in the selected health and living arrangement states may be a useful estimate of future demand for care among older people. In the first step, health and living arrangement intensities are estimated with multistate survival models using EU-SILC micro-level panel data. Health is measured as the presence of long-standing activity limitation due to health problems (GALI). Living arrangements distinguish between living alone and living with others. In the second step, a microsimulation model generates a sample of individual life histories representing the future evolution of the state occupancies. The microsimulation approach allows us to integrate health and living arrangement dimensions into official Eurostat population projections. The results for Poland up to the year 2030 suggest that we can expect a substantial increase in the proportion of unhealthy older adults living alone, especially males and 75+ age groups. We can also see relatively more unhealthy women and men living with others in 2030. The projection results are believed to be informative for social policy development.

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Can immigration offset the challenges of an ageing population?

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The UK's ageing population has long been a source of significant policy concern, especially with regards to how the dependent adult population is supported economically by the independent population. Traditional measures of old-age dependency, such as the Old-Age Dependency Ratio (OADR), fail to recognize the changing patterns of economic activity by age group and puts an age threshold of dependency at state pension age (currently age 65). Age is becoming less associated with dependency, as retirement ages rise and economic activity becomes a more prominent feature of life for older people. In place of the OADR, this paper puts forward a measure of adult economic dependency, which gives a ratio of the adult population of economically inactive people per 1,000 population economically active. This replacement measure, stylized here as the Active Dependency Ratio (ADR), is used to examine the extent population ageing has affected adult economic dependency since 1992. Furthermore, this paper examines possible future scenarios of the ADR in the context of both international migration and age-specific economic activity. We find that UK adult economic dependency has decreased between 1995 and 2016. The increasing numbers of economically active older people have had an important role in decreasing the ADR throughout recent decades. The future trend of the ADR will primarily be determined by the shift of age-specific economic activity rates to older ages. Future levels of immigration have a weak effect on determining adult economic dependency.

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The politics of ageing and retirement: Evidence from Swiss referenda

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Ageing creates financial troubles for pay-as-you-go (PAYG) pension systems, since the share of retirees to workers increases. An often-advocated policy response is to increase retirement age. Ironically, however, the political support for this policy may actually be hindered by population ageing. This paper provides an empirical assessment of the electoral support for postponing retirement age in Switzerland, and quantifies how this support is affected by population ageing. Switzerland is an ideal scenario for evaluating the political effects of ageing on postponing retirement, since its pension system has been subject to several reforms of the retirement age and these reforms have been voted upon in referenda. The policy response to the demographic dynamics began in 1995, with the 10th revision of the pension system, which, for the first time, increased the retirement age – and specifically for women. This policy reform was subject to two popular referenda, in 1995 and 1998. A more recent reform proposal to increase the retirement age, again for women, was also subject to a popular referendum, in 2017. We use administrative voting data in referenda at municipal level and survey data on individual voting behaviour to show that, in all referenda (1995, 1998 and 2017), municipalities with higher shares of women in their fifties were less likely to support the reform policy. Finally, we find that the electoral support for postponing retirement for women drops more (from 1995 or 1998 to 2017) in municipalities that had a larger increase in the share of women in their fifties.

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