



Conference Proceedings

HelpAge Asia-Pacific Regional Conference 2018

Family, Community and State in Ageing Societies

23–25 October 2018
Tehran, I.R. Iran



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About the conference and theme

These are proceedings from the 2018 HelpAge Asia-Pacific Regional Conference, which was held in Tehran, I.R. Iran, from 23–25 October 2018. It was co-hosted by the State Welfare Organization of the Ministry of Cooperatives, Labour and Social Welfare of the Islamic Republic of Iran; the United Nations Population Fund (UNFPA); and HelpAge International. Additional support was provided by Age International; the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP); and the Asian Forum of Parliamentarians on Population and Development (AFPPD).

A total of 334 people participated from 26 countries and included representatives from governments, UN and other international bodies, civil society organisations and academia. Participants from Iran represented 21 organisations.

Conference participants	Female	Male	Total
International participants	52	62	114
Participants from Iran	99	121	220
Total	151	183	334

The conference examined the theme of *Family, Community and State in Ageing Societies*. Throughout history, responsibility for older persons was assumed to lie with the family. Reflecting this shared human experience, many ageing and population policies in Asia have been based on the concept of families as the fundamental source of support in old age. The community or – as last resort – the government was expected to intervene only in cases of extreme neglect and deprivation.

This arrangement has always resulted in gaps and dilemmas, and now those gaps threaten to become wider as populations age at unprecedented speed. The shifting demographic context is affecting families, and Asian governments are struggling to understand how best to respond. Fertility has declined sharply and people are living longer. Families are becoming nuclear, smaller and, with migration, more scattered. Women form the majority of older populations, particularly in the oldest age groups. Women increasingly join the labour force, yet expectations of continued unpaid caregiving intensify the pressure on female family members.

In addition, the older individual as actor – presumed to be dependent on others – was largely absent from past policy discussions. Now, with life expectancy extending, older people are spending more active years in relative independence and taking increased responsibility for their own care and affairs. The dynamics between older people and their families are evolving, along with ideas on how one should live the later years of life.

The challenges and solutions in responding to this new context were explored during the conference. These observations were repeatedly highlighted:

- The demographic transition is bringing rapid changes to families and household structures. Governments need to anticipate these changes by assuming a greater role to supplement and support the traditional responsibility of the family towards older people.
- National strategies and investments in income security, long-term care and social inclusion reinforce each other and will enable older people, especially women, to make active contributions to societies as longevity expands.
- Greater evidence is needed particularly on social inclusion in old age, including the nuanced dimensions of gender and living arrangements.
- At individual and societal levels, investment in youth and prime working-age is crucial to counter the accumulation of inequalities over the life cycle and ensure future older persons will be able to live with independence and dignity.

Opening remarks from the Government of I.R. Iran

Opening speeches:

- H.E. Dr Eshaq Jahangiri, First Vice President
- H.E. Dr Hassan Ghazizadeh Hashemi, Minister of Health and Medical Education

Welcome remarks:

H.E. Dr Mohseni Bandpey, Acting Minister of Cooperatives, Labour and Social Welfare

I.R. Iran is among the countries in Asia experiencing rapid population ageing. Iran has already launched several initiatives related to ageing and older people, but the senior representatives of the host government emphasised the importance of expanding action, especially in light of the country's rapid demographic change. The costs of an ageing society, including health care costs, must be understood and anticipated. But at the same time, society must take advantage of the potential of older people. It is critical to promote the empowerment of older people, and the role of families in empowering them must be acknowledged and supported. As H.E. Dr Eshaq Jahangiri noted, Iran needs to plan for the dignity of the elderly linked with social health and the development of the country. National development plans must include a separate chapter on older persons and ageing. The policies and programmes should help empower older persons and promote physical, social and psychological wellbeing.



High-level panel discussion

This panel discussion was an initial reflection on the theme of the conference from the perspective of senior policy-makers and decision-makers. There was a clear recognition among the Iranian Government representatives that the country is facing major challenges with population ageing. Ms Farideh Oladaghobad MP said that Iran's approach is keeping older people within the family as much as possible, and incentives to families support this approach. Iran now needs to develop the infrastructure for population ageing: policy, legislation and multi-sectoral responses. Health care was a recurring theme in the panel discussion. Dr Alireza Raeisi noted that increasing life expectancy in Iran is a major achievement, although life expectancy with good health remains

Panellists:

- Ms Farideh Oladaghobad, Member of Parliament, Head of Women Faction of Parliament, I.R. Iran
- Dr Ahmad Meidari, Deputy Minister of Social Welfare, Ministry of Cooperatives, Labour and Social Welfare, I.R. Iran
- Dr Alireza Raeisi, Deputy Minister of Health, Ministry of Health and Medical Education, I.R. Iran
- Justin Derbyshire, Chief Executive, HelpAge International
- Björn Andersson, Regional Director, UNFPA

Moderator:

Jomo Kwame Sundaram, Member, Council of Eminent Persons, Malaysia



Sending financial remittances and paying for care, instead of the provision of direct personal care, have become modern expressions of filial duty.



Speakers:

- Du Peng, Professor, Institute of Gerontology, Renmin University of China
- Mohammad-Jalal Abbasi Shavazi, Professor, President of Population Association of Iran

a challenge. Government programmes support women's empowerment starting at middle age, which will support their health in later life. Regarding income security, Dr Ahmed Meidari noted that the Ministry of Labour successfully expanded pension coverage among workers to ensure income security in older ages. Near one million construction workers were recently covered by insurance in Iran. However, half of older people receive no pension, which needs serious attention. There is government policy in favour of female labour force participation, but implementation on the ground is often a struggle.

According to Justin Derbyshire, HelpAge finds that when older people are central, truly engaged and their voices heard, ageing initiatives at community, national and international levels are more likely to be successful. At the international level, HelpAge promotes a UN Convention on the Rights of Older Persons. Björn Andersson of UNFPA stressed that life cycle and intergenerational approaches could mitigate the challenges, and preparation for later life starts with safe pregnancies and health care at all ages. Government policies can help women to combine career and family life.

How is demographic change affecting older people and their families?

The presentation on *regional* demographic changes explained how household living arrangements are evolving in the rapidly ageing populations of Asia. Particularly in East Asia, average household sizes are shrinking, and many older people live alone. Culture and social attitudes are also changing. Although increasingly healthy and independent, older people are often stereotyped as frail or burdensome. Aside from sending financial remittances, expressions of filial duty especially in providing daily care support is a growing dilemma because of distance. Traditional family models of care are therefore unlikely to be sustainable, so we need to find ways to compensate. In this context, rising risks in later life include poverty, health inequality, gender inequality, loneliness and isolation.

Regarding the context in *Iran*, rapid demographic transition, declining fertility and family changes have become apparent in recent decades. Most of the older population now live in urban areas, but those in rural areas are less privileged. Average household size in both rural and urban areas has declined to around 3.5, and nuclear families are now dominant. Population ageing can present many opportunities for society, but Iran needs to prepare with more research, infrastructure, legal underpinnings, and improved collaboration and coordination.

How can older people stay at the centre of the discussion?

Two speakers expressed their view that older people themselves should be central to the discussion. Eva Sabdono of Indonesia noted that in earlier times, many people saw senior persons as frail, always on the receiving end. But now we see that older persons can and should be active contributors. Even when they become ill or frail and turn to others, they want support based on their specific needs. Please consider older people as persons with independence, with capacity to contribute and the right to decide how to live life, supported by family, friends and communities. Seyed Mohammad Fadaki of I.R. Iran noted that reaching older ages is a gift from God. He encouraged older people to benefit from this gift, maintain their dignity, and contribute to their families, communities and societies. He encouraged young people to learn from the experience of older people in their lives.



- Eva Sabdono, Executive Director, Yayasan Emong Lansia, Indonesia
- Seyed Mohammad Fadaki, Former Acting Head of Retirement Foundation of Iran Air



Eduardo Klien, Regional Director, HelpAge International

Framing the conference

Over the course of 18 HelpAge regional conferences, the world has changed. People are living longer, but the nature of old age itself has also changed. Older people are now better educated and have expanded life options. We all grew up in the understanding that there is an intergenerational reciprocity. But what if families are reducing in size and becoming older, and younger generations are migrating away from their household places? What are the implications for income security, long-term care and social inclusion in old age?

The conference theme of **Family, Community and State in Ageing Societies** has three perspectives: (1) income security in old age, (2) long-term care and (3) social inclusion.

Income security

Plenary day 1: How will income sources in old age expand as societies age?

Speaker:

- Giang Thanh Long, Associate Professor, National Economics University, Vietnam

Discussants:

- Tengku Aizan Hamid, Director, Malaysian Research Institute on Ageing
- Jomo Kwame Sundaram, Member, Council of Eminent Persons, Malaysia
- Majid Kousheshi, Assistant Professor, Head of Demography Department, University of Tehran, I.R. Iran

Moderator: Michael Herrmann, Senior Adviser, Economics and Demography, UNFPA

The opening presentation noted that older people have four sources of income: (1) work and income-generating activities, (2) assets and savings, (3) social protection and (4) family support and informal transfers. With population ageing and migration, family structures have been shaped in various ways, and these evolving dynamics influence income security for older people. Limited coverage of social protection programmes means heavier responsibility for income security in old age increasingly falls upon the younger generations, but this support is increasingly unstable or even reduced. We expect future older people to be wealthier and healthier, and thus they will be more economically independent. Expansion of social protection schemes – particularly pensions and health care – will help achieve this aim, reduce dependence and help maintain secure incomes both for older people and their families.

The panel discussion noted that to be ready for an ageing society, we have to prepare now, reflecting on the future of work and the future of living arrangements. Currently, older people are still receiving support from family but in future they may receive less. We therefore need to take a life cycle perspective and plan for the whole population, so that young people will be better off and more independent in old age. This means striving for healthier and better educated older generations of the future in order to take advantage of contributions in later life. Individuals should prepare for their old age, meaning greater savings, financial education and creative approaches to work. Social protection should expand and low benefit levels increase, but this also implies new reflections on how to raise government revenue for that purpose. In general, we should move away from negative perspectives on ageing and view longevity as a gift and older people as a resource, not a burden on society. At a fundamental level, we need to redesign our societies to reflect what we truly value and what gives meaning, not only measuring value in terms of income. This means honouring the dignity of work and lifetime experience, including recognising care work especially by women.

We need to redesign our societies to reflect what we truly value and what gives meaning.



Parallel sessions day 2

Income-1: What trends in family transfers and personal income in old age will we see with population ageing?

Presenters:

- *Jinanggoon Rojananan, Senior Adviser, Policy and Planning, Office of the National Economic and Social Development Board, Thailand*
- *Majid Kousheshi, Assistant Professor, Head of Demography Department, University of Tehran, I.R. Iran*

Discussant:

Michael Herrmann, Senior Adviser, Economics and Demography, UNFPA

Moderator:

Mathew Cherian, Chief Executive of HelpAge India

The two country presentations in this session illustrated opportunities and challenges in providing income for old age. In Thailand, two-thirds of older people (age 60+) have no savings for retirement. Most older people live with family, and support from adult children and work each account for about a third of older people's income. But they find it difficult to get jobs, and only a small minority work in the formal sector. Older people are also net receivers of public (government) transfers.

In Iran, pensions plus self-employment account for about 70 per cent of older people's income. Households with older people are more likely to be below the poverty line, and they rely heavily on inter-household income. Along with making policies to ensure the economic wellbeing of the elderly, Iran needs initiatives to empower them. These include policies providing institutional incentives to postpone age of leaving the labour market.

The session discussion examined the concept of the life cycle deficit, which shows how we are consuming throughout our lives. The presentation and discussion drew on the National Transfer Accounts approach, which can assess how that deficit is being financed. There are many options for financing life cycle deficits. Iran, for example, needs to take advantage of having more literate and educated men and women, which could gradually lead to more savings for old age. Policies can also encourage older people to work, but that work has to be related to the experience and capabilities of the person. Women face special challenges because they tend to work in the informal sector, characterised by lower incomes. Not only older persons, but also families are affected, as the prime-age population has to take care of its children and also its parents. There is a need for a stronger support system for families across generations.



Income-2: How can community organisations facilitate work in later life in ageing societies?

Presenters:

- *Le Minh Giang, Head of the Office, Vietnam National Committee on Ageing*
- *Prakash Tyagi, Executive Director, Gramin Vikas Vigyan Samiti, India*

Discussant: Florita Villar, Undersecretary of Policy and Plans Group, Department of Social Welfare and Development, Philippines

Moderator: Cherian Mathews, Director of Global Impact and Resourcing, HelpAge International

This session began with presentations from Vietnam and India. In Vietnam, support from family is the largest source of income in old age but is decreasing. Intergenerational Self Help Clubs (ISHCs, a type of older people's association) help older people gain access to age-friendly livelihoods training, loans and technical support. Expanding the number of ISHCs has now become a national government target. Preconditions for large-scale expansion include having an attractive model, reasonable costs, national replication policies and guidelines, a clear funding source and committed stakeholders. Government has an important role to play by opening up funding sources for replication and putting policy support in place.

In India, the organisation Gramin Vikas Vigyan Samiti (GRAVIS) works on drought mitigation, rural livelihoods and community health in arid zones such as the Thar Desert. It does this by strengthening the leadership of community-based organisations including older people's associations (OPAs) and older women-led self help groups. Impacts include enhanced water and food security, improved water quality, increased incomes and better health. The initiative has demonstrated that older people can be knowledge leaders in the region, which is prone to natural disasters such as droughts. The Philippines also has strong older people's associations, from village level to national level. Senior citizen's associations assist members in activities such as health, livelihoods and recreation. The government provides financial support, technical assistance and information to these associations.

The discussion highlighted the important role of governments in supporting the expansion of sustainable, multi-functional OPAs. The first challenge is funding for scale-up, and the second challenge is capacity building. The government can play a role in supporting training of OPAs, and local government can approve funding for OPAs. There is an important role for NGOs in serving as a bridge between the government and the people and generating resources, but the government needs to help these NGOs to perform this role.



Income-3: How can ageing societies reach universal pensions coverage and reduce overreliance on household income in old age?

Presenters:

- *Giang Thanh Long, Associate Professor, National Economics University, Vietnam*
- *Usa Khiewrord, Regional Programme Adviser, HelpAge International on behalf of Bazlul Khondker, Professor, Department of Economics, University of Dhaka, Bangladesh*

Discussant:

Shahram Ghafari, Head of Social Security Research Institute, I.R. Iran

Moderator:

Eduardo Klien, Regional Director, HelpAge International

Two presentations introduced the experience of Vietnam and Bangladesh, and a discussant explained the situation in Iran. For the Asia-Pacific region as a whole, the percentage of the population above pensionable age receiving a pension is 55 per cent, according to the ILO. There is a large “missing middle” – between the middle class who receive social security and the poor who receive social assistance. For example, about 50 per cent of Vietnamese older people are not covered by any pension benefits. Every older person should enjoy at least a minimum level of social security, and all countries should establish social protection floors. For Vietnam, a universal social pension is affordable: it would cost about 1.25 per cent of GDP by 2050.

In Iran, a large proportion of people are covered by the pension system, and about half of people who are receiving a pension are less than 60 years old. In Bangladesh, by contrast, only 3.3 per cent of the older population receive a civil service pension, while 30 per cent of the older population receive the means-tested Old Age Allowance (OAA). However, the OAA scheme is not pro-poor, as more than half of the beneficiaries are non-poor. In addition, the OAA often does not even reach older people: in one-third of recipient households there is no person above the age of eligibility. A universal, more generous OAA in Bangladesh is possible; but perhaps a pragmatic step would be an approach between universal coverage and poor relief targeting.

The discussion highlighted that due to changes in family structure, older persons may receive less family support than before. Income security must be seen in light of the various sources of income in old age. Promoting social pensions is one way to achieve greater income security and gender equality in old age. Raising women’s labour participation is a complementary way to tackle the gender disparities. Learning from international experience, each country must find political will and address the challenge of income security in old age with its own mix of solutions.



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There is a large “missing middle” – between the middle class who receive social security and the poor who receive social assistance.

Long-term care

Plenary day 1: How will the long-term care context evolve as families change?

Presenter:

Reiko Hayashi, Director, Department of International Research and Cooperation, National Institute of Population and Social Security Research, Japan

Discussants:

- Xiao Caiwei, Vice-President, China National Committee on Ageing
- Pungky Sumadi, Deputy Minister for Population and Labor, Ministry of National Development Planning, Indonesia
- Ruthe Isden, Head of Health and Care, Age UK

Moderator:

Chris Roles, Managing Director, Age International, UK

The opening presentation pointed out that not only is the elderly population rising, but the percentage of older people living alone and the rate of internal migration are also increasing. Despite the changing dynamics, family remains the main caregiver. However, in Japan, care by family *only* is declining, and professional caregiving has rapidly expanded, partly because of the complexity of care required. The profile of family caregivers is also changing. Family caregivers are also getting older; and while the majority of them are women, the gender ratio has changed steadily in Japan. Unlike in Japan, in many parts of Asia the social sector workforce is very small in relation to the health care workforce, although women classified as domestic workers (maids) are also a source of caregiving. Now there is decreasing demand for maids, which could, represent an opportunity for these workers to shift increasingly to caregiving. Japan is also promoting expanded Asian cross-country migration to supplement its own caregiving workforce. To support family caregivers, governments can provide various forms of assistance, including improved leave benefits for people providing care, transport concessions, devices, and a range of home and community-based care services.

The panel discussion agreed that traditional care for older people by family, which is still the main approach in Asia, faces great challenges for several reasons. The need for care will grow because of longevity and population ageing, associated with higher rates of disability. Yet the supply of informal care will remain constrained because of changes in family structure and rapid migration. Families want to be close to their older relatives, but government and society will be expected to play a more active role in filling the gaps. Relying heavily on informal caregiving only will be unsustainable because of the growing complexity of care and the longer periods of care required – sometimes years of full-time care. Families need the support of government and community partnerships to deal with the growing intensity of care needs. Addressing both social and health needs in an integrated way is critical, through collaboration among all stakeholders. Although we tend to focus on the many challenges arising, long-term care could also represent an opportunity for job creation and new industry development including demand for devices and equipment for care provision.

We now have multiple diseases yet live longer and, in many cases, still live well.



Brayden Howie/HelpAge International

Parallel sessions day 2

Care-1: How will trends in family care for older people change in the future?

Presenter:

Farshad Sharifi, Professor of Geriatric and Epidemiology, Scientific Coordinator of Elderly Health Research Center, Tehran University of Medical Science, I.R. Iran

Discussants:

- Reiko Hayashi, Director, Department of International Research and Cooperation, National Institute of Population and Social Security Research, Japan
- Du Peng, Professor, Director of Institute of Gerontology, Renmin University of China
- Cho Hyunse, President, HelpAge Korea, Republic of Korea

Moderator:

Hooman Mohammadi, Acting Head of the Secretariat of National Council of Older People, I.R. Iran

The presentation from Iran noted that although 87 per cent of older people are independent in terms of Activities of Daily Living (ADL), demand for care in old age is rising. But the future response is under stress because of trends in social support and changes in women's labour market and educational participation. In addition, family sizes are becoming smaller: average household size in Iran decreased from 5 to 3.3 between 1976 and 2016. Responses to the widening care gap include prevention of disability by raising the awareness of family members, building social networks of caregiver families, extending new technologies to support caregiving, and expanding elderly daycare.

The discussion noted that we need social services and technology, but they cannot necessarily replace the family. Some governments still consider long-term care a personal and family issue, to be the woman's role, and some policymakers overlook the issue as a priority. Japan has seen changing roles of family caregivers and faced the struggle of how to transfer the obligation of family to the social care sector. Japan succeeded with this via long-term care (LTC) insurance. But many countries do not have the infrastructure for public or private LTC services. Even if services are available, the family may not be able to afford them. So, family may be the first line, but society and governments need to find ways to support the family. We can also promote healthy ageing and prevention against rising rates of non-communicable diseases (NCDs) in particular. We now have multiple diseases yet live longer and, in many cases, still live well.

There was discussion of residential care vs community care. China's plan 5–6 years ago was focused on institutional care – 3 per cent of older people who need a lot of care to be based in residential institutions. But two years ago, China's five-year plan emphasised quality of care and community care including small scale multi-functional daycare centres. Integrated care between community and hospital is essential, and all systems should work together. Older people's associations (OPAs), supported by NGOs with government assistance, have also provided some community-based care services in ASEAN countries.



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Some governments still consider long-term care a personal and family issue, to be the woman's role, and some policymakers still overlook the issue as a priority.

Care-2: What are the future drivers of expanding community-based care – civil society, market, government?

Presenters:

- Ng Wai Chong, Medical Director for the Hua Mei Centre for Successful Ageing, Tsao Foundation, Singapore
- Ruthe Isden, Head of Health and Care, Age UK

Discussants:

- Maraym Hazrati, Deputy Minister of Nursing, Ministry of Health and Medical Education, I.R. Iran
- Mohammad-Reza Shahbazi, Senior Advisor to the Deputy of Rehabilitation, State Welfare Organization, I.R. Iran

Moderator:

Jia Guoping, Programme Specialist, Population and Development, UNFPA China

Two presenters provided experience from Singapore and England. Singapore has various services under the streams of community-based LTC and residential LTC, but the bulk of the cost is shouldered by informal caregivers at home. Singapore's approach to LTC promotes self-reliance; the family as first line of support; a 'Many Helping Hands approach'; gate-keeping for government support; and the use of co-payments to safeguard against over-consumption. Civil society plays a crucial role in delivery of services and as a knowledge base. Pressure on hospital beds has shifted the focus from clinical excellence to population health and ageing. Integration of social and health services gained momentum after community-based LTC came under the purview of the Ministry of Health. With better financing of LTC, the private market started to develop.

In England, informal care massively outweighs formal care provision. Successful community support must be seen as network of partnerships enabling people to stay as healthy and active as possible. Older people, families, their communities and voluntary groups have essential assets but they do not have unlimited capacity. The State needs to take an active role by providing a framework for developing community-based services; building partnership between government, civil society and communities; and investing in community capacity and infrastructure. A lesson from England is that institutions are visible and popular but they should not draw attention away from investing in community services.

Discussion of Iran's situation noted that the community's role is smaller compared to the family, while the government plays the smallest role. Health services and care services in Iran are handled by two different ministries. The discussion noted that perceptions of LTC across the region are changing in part because concepts and expectations of ageing are changing. Now, most older people expect active ageing, participation and being part of the community, rather than dissociated from it. Community support must therefore help people to stay as active as possible and promote functional independence. We should put the person at the centre, so the title of the conference should be the role of older people, family and government.



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Institutions providing care are visible and popular but they should not draw attention away from investing in community services.

Care-3: What are the most effective ways for government to support when long-term care is provided informally?

Presenter:

Ruthe Isden, Head of Health and Care, Age UK

Discussants:

- *Nguyen Ngoc Quynh, Social Protection Analyst, UNFPA Vietnam*
- *Maliki, Director of Population Planning and Social Protection Ministry of National Development Planning, Indonesia*
- *Sayed Hamed Barakati, Director General Department for Population, Family and School Health, Ministry of Health and Medical Education, I.R. Iran*
- *Cho Hyunse, President, HelpAge Korea, Republic of Korea*
- *Ng Wai Chong, Medical Director for the Hua Mei Centre for Successful Ageing, Tsao Foundation, Singapore*

Moderator:

Ann Keeling, Chair, Age International, UK

This session had an opening presentation and multiple discussants. Informal care (unpaid and informally arranged care, such as by family or friends) often impacts family employment and earnings, as well as physical and mental wellbeing of the caregiver. UK experience suggests four categories of potential responses. (1) Employment – this includes flexible working arrangements and carers leave. (2) Earnings and finances – such as income protection for carers and financial support for families. (3) Health and wellbeing – including health-related support for carers; respite care; and age-friendly communities. (4) Training and practical support.

One topic of the discussion was the gender dimensions of informal care. The traditional care model assigns men as breadwinners and women to provide care. Women provide care to children and older people, and often have employment duties as well. They are often middle-age women, and a life-course perspective reminds us that caregivers are also ageing. A second topic was the use of volunteers. For example, Iran has 140,000 trained volunteers throughout country, who act as a bridge between formal and informal care. The Republic of Korea also introduced in ASEAN countries a model of community-based trained volunteers for ADL, emotional support and escorting. But one challenge is that volunteers do not have the skills to meet the full needs of older people who need intensive, complex care. Another topic discussed was the use of cash benefits. In Singapore, the LTC insurance policy is to pay cash to the older person or their family, rather than to service providers. In the Republic of Korea cash is provided to younger family caregivers, but the challenge is how to monitor that care. In Vietnam, discussion on cash support to family caregivers is taking place now.

With demographic and family trends, a redistribution of care responsibility between men and women, community, and national and local government is necessary. The government should not simply put the full burden on family – although Singapore, for example, aims for the existing system of family care providers to remain intact, even as government extends support. Governments should provide policies and infrastructure that makes it easy for older people to move around in the community, as well as mobile health services. It is imperative for countries to develop strategies to expand affordable options for LTC and view it as long-term investment.



Social inclusion

Plenary day 1: How can social connections beyond the older people's family flourish in ageing societies?

Presenter:

Asghar Zaidi, Visiting Professor at Centre for Analysis of Social Exclusion, London School of Economics

Discussants:

- *Kazi Reazul Hoque, Chairman, National Human Rights Commission, Bangladesh*
- *Meimanat Hosseini-Chavoshi, Research Fellow Melbourne School of Population and Global Health, University of Melbourne*
- *Wassana Im-em, Assistant Representative, UNFPA Thailand*

Moderator:

Vanessa Steinmeyer, Population Affairs Officer, Social Development Division, ESCAP

The opening presentation noted that to promote social inclusion, policies should enable older people to participate in the multiple social domains of life (e.g. family, friends, community, work) and experience a sense of belonging and contribution. The benefits of social connections come via social support, social influence, social attachment and access to material resources. Some groups are more at risk: these include women affected by cumulative life disadvantages; those with contracting social networks e.g. due to the death of a spouse; older people without informal carers; those affected by geographic disadvantages such as poor access to transport; and those with physical and mental ill health. Changing living arrangements are escalating the challenges. Policy responses at the macro level include universal, adequate pensions; long-term care systems; human rights protections; lifelong learning; and better public transport. Community-level responses include promoting networks of older persons; local voluntary initiatives; cultural activities; and involving older persons in local planning. Stronger capacity to produce better evidence to support policy responses is essential.

Several of the discussants reinforced the call for greater evidence to put this rising issue on the agenda of policy makers, in light of the rights of older people and the SDGs aim of leaving no one behind. National censuses are insufficient; we need additional studies with more detail, and conducted regularly, to capture the nuance by context. Migration is clearly changing household size and dynamics. In some communities of Iran, for example, up to 45 per cent of the population is older persons, who must rely on neighbours, friends and extended relations. Many older people choose to live independently, so living alone might not be a clear indicator of isolation and exclusion. Older people can be excluded even within the family. We also need to understand the gender dimensions of inclusion more clearly. Older women are indeed a high-risk group, but many have stronger social connections and capacity than men. Beyond the family, community connections among older people are important, and community self-help groups and community facilities such as schools and houses of worship can enable these interactions. Income insecurity can worsen exclusion in old age, so policies need to address the problem that informal sector workers are normally not included in the formal pension system.



Parallel sessions day 2

Inclusion-1: What triggers exclusion and isolation in old age and how may these grow in the future?

Presenters:

- *Meimanat Hosseini-Chavoshi, Research Fellow, Melbourne School of Population and Global Health, University of Melbourne*
- *Bondan Sikoki, Researcher, SurveyMETER, Indonesia*

Discussant:

Paul Kowal, Independent Expert, Myanmar

Moderator:

Vappu Taipale, Board of Trustees, HelpAge International

Presentations from Iran and Indonesia started the discussion. The Iran presentation drew on the 2014 Elderly Health Survey in selected provinces. Risks for lack of social participation were highest among the oldest-old and women, along with those with no pensions and their own income, living with children and not owning their own house. Workforce engagement is not same for older women as for men, and thus the isolation risks and patterns differ by sex. There are various conclusions from the research: health status has a big impact on exclusion; women and people in rural areas are more likely to be disadvantaged; religious activities are important in supporting inclusion; the elderly may feel lonely even when living with children; and the environment is often a barrier to inclusion.

The Indonesian case study drew on the Indonesian Family Life Survey (IFLS) for 2000, 2007 and 2014. Exclusion was defined in terms of financial deprivation, social isolation and lack of political/civil participation. Findings show that women report higher exclusion than men, but that exclusion between urban and rural areas has become more balanced over this period. Exclusion in terms of financial deprivation and social isolation have declined since 2000, but exclusion in political/civil participation has increased. Recommendations include making cities age friendly; improving civil participation of the older person, including availability of official identification; expanding political rights; and bringing older people's voice into policy making.

The discussion noted that social exclusion is triggered by personal circumstances, personal characteristics, and health and disability. Older men and women living with family may still live with loneliness because they lack freedom of choice. Addressing mental health and disease is an important response for promoting greater inclusion. Technology can be used in some ways to promote inclusion, such as effective delivery of pensions. But at the household level in many countries, families themselves often do not use new technology. The discussion also highlighted the gaps in evidence and the poor quality of data related to social inclusion.



Inclusion-2: How can age-friendly communities prevent social isolation in later life?

Presenters:

- *Reza Fadayeveatan, Associate Professor, Head of Ageing Department, University of Social Welfare and Rehabilitation Sciences, I.R. Iran*
- *Mathew Cherian, Chief Executive, HelpAge India*

Discussants:

- *Richard Makalew, Programme Specialist - Population and Development, UNPFA Indonesia*
- *Mohsen Salmanezhad, Head of Secretariat of National Council of Older Persons, I.R. Iran*

Moderator:

Chris Roles, Managing Director, Age International, UK

This session featured opening presentations from Iran and India. The Iran presentation was about a project focusing on age-friendly initiatives in Tehran, which has been renovating streets and pavements; providing special bus routes and stops; reviewing needs for elevators, ramps, sport clubs and places for social interaction; supporting more than 374 elderly social clubs; providing ID cards for free use of public facilities; and allocating reserved seating in public transport. Among the challenges are influencing private investors, builders and policy makers, as well as insufficient budget for adaptations.

The presentation from India was about “Age Friendly Kerala”, involving multiple government and non-government stakeholders. As health in old age is influenced not only by individual characteristics but also environment, the initiative fosters age-friendly environments across sectors: work, nutrition, urban planning, social welfare, health, transport and housing. A World Bank funded innovation project is also using data to create maps showing geographies of exclusion and marginalisation – who is unable to access which services and resources and why.

The discussion highlighted that an age-friendly city is not only for older people. Creating spaces only for older people could even be seen as discriminatory. But the design is universal and is for everyone’s benefit including mothers, youth and other groups. At the same time, the varying needs of older persons need to be considered in those spaces. An age-friendly community has many components: parkways, shopping centres, homes, lighting and so forth. Because of this complexity, it is important for community and government to work together. For the Kerala initiative, for example, funding came from national, state and local governments, while capacity building and training were from NGOs. In Tehran, municipalities and NGOs are engaged. Transport is key and networking is also important. Although some older people face challenges with technology, e-networking in Tehran has connected the elderly in areas such as employment and tourism.



Inclusion-3: What are the most effective ways for government to reduce loneliness in later life as populations age?

Presenter:

- *Justin Derbyshire, Chief Executive, HelpAge International*

Discussants:

- *Yadollah Abolfathi Momtaz, Professor of Gerontology, University of Social Welfare and Rehabilitation Sciences, I.R. Iran*
- *Soon Ting Kueh, President, National Council for the Senior Citizens Organisations of Malaysia*
- *Patricia Conboy, Head of Global Advocacy and Ageing, HelpAge International*

Moderator:

Christophe Lefranc, Technical Advisor on Population and Development (Data and Census), UNFPA Asia Pacific Regional Office

The opening presentation noted that loneliness has a range of interconnected social, psychological and physical causes. Loneliness is more common for those who are widowed, in poor health, feel they don't belong in their neighbourhood, are in unsupportive family circumstances, have insufficient money, or live alone. Loneliness represents a hidden public health challenge including greater risk of cognitive decline and dementia, heart disease and stroke, and early admission to residential care. The response must be, first, to acknowledge the importance of loneliness and address it through a life-course approach. Cross-government action includes strengthening related healthcare provisions; expanding flexible retirement programmes; and reviewing transport and age-friendly environments. Older people want to be integrated and connected to family. They should not move away from other parts of society (younger generations). For ageing populations, loneliness is an emerging risk that has implications for personal, economic and societal wellbeing. If not addressed, loneliness will detach older people from society.

The discussion noted that loneliness and social isolation are becoming key issues in Asia and are expected to become more common. Depending on their role within the family, old and young and male and female all have different perspectives on loneliness. Certain myths persist, such as that loneliness is a normal part of ageing; that it is synonymous with depression; and that it cannot occur if you live with others. Loneliness is a predictor of functional decline and death, and it may be more distressing than other conditions that affect our health. In addition to health care responses, we can promote improved income security, senior citizen centres with social and cultural activities, and use of social media. When policies are being developed, they need to consider older people's perspectives, their autonomy and right to make their own decisions and choices.



Loneliness is an emerging risk that has implications for personal, economic and societal wellbeing. If not addressed, loneliness will detach older people from society.

Afternoon plenary session

Panel discussion: Drawing some conclusions

Panellists:

- H.E. Dr Mohseni Bandpey, Acting Minister of Cooperatives, Labour and Social Welfare, I.R. Iran
- H.E. Dr Ali-Akbar Haghdoost, Deputy Minister of Strategic Planning and Coordination, Ministry of Health and Medical Education, I.R. Iran
- Dr Natalia Kanem, Executive Director, UNFPA
- Justin Derbyshire, Chief Executive, HelpAge International

Moderator:

Eduardo Klien, Regional Director, HelpAge International

The panel discussion reiterated that all countries face a demographic transition and that the roles of family, community and States, across all domains, are crucial. H.E. Dr Mohseni Bandpey highlighted the importance of evidence and sharing experience in relation to income security, long-term care, safety, older women and inter-generational collaboration. Government also needs to create space for civil society, which will in turn lessen the burden on the State. Regarding health, H.E. Dr Haghdoost noted that the change in patterns of disease present a significant challenge, in particular the economic burden associated with the increase of non-communicable diseases. But healthy ageing can reduce the impact of NCDs, so we need to address changing lifestyles and risk factors of the middle-aged. The potential for care at home is weakening as family size declines, thereby raising risks of isolation and loneliness. To address care gaps, we will need more care provision in the community – outside the hospital network – and to take advantage of innovations and new technologies. We have insufficient resources and infrastructure for conventional approaches, so they need to be re-examined.



Natalia Kanem of UNFPA specifically highlighted that we need to consider gender using a life cycle approach. The power of choice is a key message. As countries develop, fertility goes down and that transition can support a longevity dividend. Older women's huge contributions need to be recognised, but also quantified and even monetised. In later life, give older persons a voice and make sure their rights are respected. A final message is that inequality needs to be tackled, including inequality between women and men. HelpAge agrees with the message about voice, that the best solutions involve listening to older people, according to Justin Derbyshire. Governments need to realise the urgency of population ageing, and the response should be cross-departmental. At the international level, first, HelpAge advocates for practical steps to ensure inclusion of “all ages” across all SDGs, in line with the leave no-one behind vision. Second is the adoption of a UN Convention on the Rights of Older Persons to ensure their rights are protected.

In summary, families need to be supported. We need to prepare now, using evidence-based solutions and a comprehensive approach with many collaborations. The gender dimension is critical, and we must listen to the voices, experiences and expectations of older people. We need to look towards the future with a fresh perspective.

Closing speeches

Closing speeches:

- H.E. Dr Masoume Ebtekar, Vice President for Women Affairs, I.R. Iran
- H.E. Dr Mohseni Bandpey, Acting Minister of Cooperatives, Labour and Social Welfare, I.R. Iran
- Dr Natalia Kanem, Executive Director, UNFPA

In closing, Natalia Kanem stressed that population ageing is a fact, and ignoring it is no longer an option. We must anticipate and plan, and consider it an opportunity and not a threat. Living longer is one of humanity's greatest achievements. The question is how to make it productive. Spending on education, health care and social protection is investment in human capital. UNFPA's State of World Population 2018 report calls on family, communities, societies, nations and the global community to expand choice. Choice enables women to have children without compromising their work life. Let us work together for a positive and fair future for people of all ages.

H.E. Dr Masoume Ebtekar noted that the elderly today expect respect, they expect to be heard. One of the major services performed by family is providing care to children and to the elderly. Under the theme of social inclusion, maintaining family bonds is important. Iran is promoting the initiative of "National Family Dialogue", which aims to empower family. We need to strengthen our communication skills, so that members of families properly communicate with each other – to learn tolerance and respect. Iran has a second initiative called "Intergenerational Dialogue". The elderly sometimes feel that they have not been heard, and the same message comes from youth. So we are dealing with these communication disorders, and this dialogue can be a remedy.

Speaking on behalf of the government and many parties involved in the conference, H.E. Dr Mohseni Bandpey closed the event with words of thanks to participants and organisers. These important discussions should be continued to lay evidence-based foundations for a response to population ageing and the changing roles of family, community and State.

The elderly today expect respect, they expect to be heard.



HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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UNFPA is the United Nations sexual and reproductive health agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

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