Parliamentary Assembly
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COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Resolution 1008 (1993)[1]

Social policies for elderly persons and their self-reliance

Parliamentary Assembly

1. The European Community has declared 1993 European Year of the Elderly and of Solidarity between Generations. In the Council of Europe member states, over 60 million people out of a total population of 480 million are in the elderly category, and the proportion is growing constantly. In view of the increasing ageing of society, the current economic recession with its repercussions on social welfare budgets, and the new geopolitical situation in Europe, it is time to reconsider the thrust of European social policy.

2. These three trends have a particular impact on the very concepts of social policy for the elderly because they affect the whole of Europe and thus call for a redefinition of social protection in order to guarantee social cohesion.

3. Social protection for the elderly must counter the effects of functional inequality which are caused by ageing, and secure to the elderly a high degree of independence. However, the various European social security systems are in many cases unequal to these complex demands.

4. In eastern Europe, the general transformation taking place is also affecting the social field. This uncertain period of economic transition renders social security provision for the entire population inadequate or even non-existent, and the elderly suffer especially from this state of affairs. Consequently, financial and administrative assistance from international organisations to the east European states undergoing reform should also place emphasis on social protection.

5. The Assembly considers that the time is ripe to call upon governments and the competent authorities in its member states to take the following action:

a. re-define or initiate policies which promote self-reliance for the elderly, with due regard to their rights and with their participation;

b. ensure that the elderly receive an adequate pension which enables them to live independently, and that individual choice between retirement and continued employment is possible;

c. in order to maintain an elderly person's quality of life and independence, and to postpone admission to an institution, make it possible for all people to have accommodation suiting their wishes and requirements and allowing for various types of housing as well as for support measures; and encourage the existence or retention of local shops;

d. commit themselves to the provision of appropriate forms of assistance, irrespective of the beneficiaries' financial means, by way of:

support for the elderly in their efforts to help themselves (telephone networks, emergency radio systems);

financial and logistic support for families looking after elderly people (holiday beds in retirement homes to provide temporary welfare services during relatives' absence on holiday; greater sharing of work between men and women in family care for the elderly);

1. See Doc. 6857, report of the Social, Health and Family Affairs Committee, Rapporteurs: Miss Özver and Mr Schwimmer. Text adopted by the Standing Committee, acting on behalf of the Assembly, on 3 September 1993.

incentives to charitable organisations providing voluntary assistance (including tax deductibility of donations to charities);

e. adjust current arrangements as necessary under existing social security systems with a view to improving the use of resources and to recognising the social risk of dependence;

f. guarantee that old people who are sick and in need of care receive medical treatment in keeping with their needs, a strict distinction being drawn in the public health system between old people who are chronically ill and those who have an acute illness and are in need of care; these guarantees to include:

intensive hospital care for old people with chronic illnesses;

special departments for the elderly in all hospitals;

more use of psychiatrists with geriatric skills so as to ensure a carefully personalised blend of psychotherapy and pharmacotherapy, modified as appropriate during treatment;

specialised medical staff, for example for regular and highly qualified gerontological consultations in homes and institutions;

development of domiciliary care;

promotion of rehabilitation opportunities for the elderly (rehabilitation must be available to the elderly as of right, irrespective of the consideration whether or not intensive efforts are still worthwhile);

g. support all arrangements conducive to more open and humane attitudes between the generations, for example care of the elderly by the family;

h. foster greater opportunities for senior citizens to join together in political organisations and self-help groups, defend their interests and uphold their civic rights, and in the event of infringement of such rights, provide remedies through institutions such as an "ombudsman" or "parliamentary commissioner"; and thus ensure that older people are represented in decision processes on rules and standards which shape their ways of life and choices of lifestyle;

i. aim at fuller application of the subsidiarity principle, so that social welfare administration and local authorities' operating services shall be more accessible to the citizen with a better supply to the elderly of information about the help available;

j. ratify and implement the Additional Protocol to the European Social Charter, Article 4 of which is concerned with social protection for elderly persons;

k. encourage continuous education facilities for the elderly.