



A Panorama of Swiss Society 2024

Ageing and Old Age in Contemporary Society



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1 Introduction: New life situations and continuities in ageing

Monica Budowski, Jürg Furrer, and Christian Suter

1.1 Current situation and objectives

The *Panorama of Swiss Society* series is jointly published by the Federal Statistical Office, the Universities of Neuchâtel and Fribourg and the Swiss Academy of Humanities and Social Sciences. It follows the tradition of the *Social Report* that has been published every four years on different topics since 2000. The aim of the *Panorama* is to make the results of social science research and public statistics on socio-politically relevant topics and social change in Switzerland accessible to a broad, interested public. The first issue in 2020 dealt with the topic of migration. The current issue is dedicated to the ageing of society. Like migration, demographic change and an ageing society are considered to be megatrends. Ageing as a megatrend refers both to individual development up to old age and to the dynamics of institutions and structures and societal developments, attitudes and challenges. Conventional perceptions of old age are no longer applicable. This has led to novel ageing concepts in science and politics. The traditional image of ageing as a process of gradual withdrawal and loss of skills and abilities and the appearance of deficiencies is being replaced by new concepts of successful, active or healthy ageing (WHO 2020a; see also Section 1.3). Demographic change has meant that more people are currently retiring in Switzerland than ever before. This is initially the result of the baby boomers (of the late 1950s and early 1960s), who are reaching retirement age—a trend that will only begin to slow down again from 2030 onwards (as a result of the fall in births between 1965 and 1974 that coincided with uptake of the contraceptive pill). The term ‘demographic ageing’ is used “...when the proportion of children and young people decreases and that of older people in the population increases” (FSO 2022a, 37; freely translated). The age pyramid depicts this development (see Graphic G1.1).

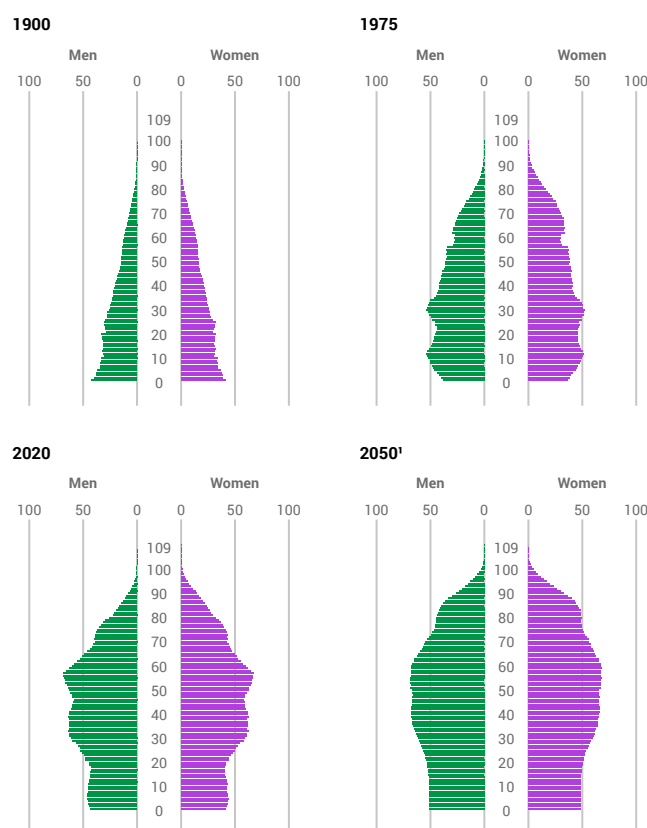
According to the population scenarios of the Federal Statistical Office (FSO), this trend will continue (FSO 2022b). The proportion of the older population is set to increase further in absolute and relative terms and the old-age dependency ratio—the numerical ratio between the population of retirement age and the working-age population—will rise as a result.¹ Demographic ageing is a global challenge not limited to Switzerland and has therefore become a key issue in politics, public administration, science and official statistics.

¹ A dynamic representation of the development of the age pyramid from 1860 to 2050 is available on the FSO website <https://www.bfs.admin.ch/bfs/en/home/statistics/population/population-projections/national-projections.assetdetail.32229843.html> (last accessed on 20.06.2024).

Population pyramid by age and sex

G1.1

Number of people in 1000s



¹ according to scenario A-00-2020

Source: FSO – ESPOP, FPC, SCENARIO, STATPOP

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The aim of this *Panorama* is to explore selected topics relating to ageing in greater depth. The publication thus paints a differentiated, multi-layered picture of various aspects and dimensions of ageing in Switzerland. It excludes the topics of housing, inter-generational relationships and the end of life that are covered in detail in other formats already (e.g. in the publications of the Age Foundation or the programmes of the Swiss National Science Foundation) (see Sections 1.2.2 and 1.4.1).

In this publication, the following aspects of ageing and old age are examined in the nine chapters (see Table T 1.1).

Overview of the chapters T 1.1

Chapter	Authors	Title
Chapter 1	Monica Budowski, Jürg Furrer, and Christian Suter	Introduction: New life situations and continuities in ageing
Chapter 2	François Höpflinger	Life situations of older people—observations and trends
Chapter 3	Martina Guggisberg, Stephan Häni, Caterina Modetta, Dominique Oehrli, and Michaël Papinutto	Financial situation of the retirement-age population
Chapter 4	Alexander Seifert and Mike Martin	Social participation and exclusion in today's ageing society
Chapter 5	Adrian Fischer, Markus Lamprecht, Hanspeter Stamm, and Nicole Schöbi	Voluntary work by and for older people
Chapter 6	Mihaela Nedelcu and Laura Ravazzini	Ageing in place, abroad, or across borders
Chapter 7	Sonia Pellegrini	Developments in long-term care
Chapter 8	Monica Budowski and Ivo Staub	Planning and preparation for ageing and old age
Chapter 9	Sabina Misoch	Demographic transition and very old age by international comparison

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This introductory chapter deals with the most important new aspects of ageing that we summarise with the term ‘new quality of ageing’—and with simultaneous ‘continuities of social inequalities’. What does this ‘new quality of ageing’ consist of? And where are there ‘continuities of social inequalities’? These questions are addressed in Sections 1.2 and 1.3 below, while Section 1.4 presents an inventory of existing social reporting, policy initiatives, data and indicators.

1.2 The new quality of ageing

Demographic change is altering the numerical relationship between younger and older people. However, it is not only the increasing quantitative weight of the older population and the associated institutional, economic, social and political challenges that are important. There are also relevant qualitative changes in the life situation of older people that point to a ‘new quality’ of ageing and old age. Today’s senior citizens not only have a longer life expectancy, they are also generally well educated and the majority has sufficient financial security. Most people of retirement age also remain healthy for a relatively long time. According to calculations by the FSO, women could expect to live a further 14.9 years or men a further 14.4 years from the age of 65 in good health in 2022. Many older people are personally or socially active. They therefore no longer conform to the conventional deficit-based image of ageing, which is associated with a decline in physical and cognitive abilities, inactivity, social

withdrawal, loneliness, need and dependency. However, longer life expectancy does not protect against illness and physical limitations. In addition, individual biographical events as well as social advantages and disadvantages systematically accumulate over the entire life course for certain population groups according to gender, social and ethnic origin. Ageing is therefore characterised by increasing diversity and differentiation of life situations, as well as by greater leeway and persistent social inequalities.

1.2.1 New life situations of ageing

The most important aspects of the ‘new quality’ of individual and social ageing are dealt with in detail in the various chapters of this *Panorama*:

- (1) *Heterogeneity and greater diversity of individual ageing processes*: The life situation of today’s senior citizens is extremely diverse. This pronounced heterogeneity and increasing diversity of individual ageing is described by François Höpflinger in Chapter 2. Growing differentiation within the older population is reflected, for example, in a greater variety of living arrangements and household forms, considerable differences in health, the extent to which people are affected by dementia, depression and loneliness, and differences in life expectancy. Individuals actively organising their post-work phase of life in both the private and public spheres—in addition to any partial continuation of their professional activity—also contribute to increased differentiation. In addition, people of retirement age are more likely to have fewer close relatives nearby—due to general mobility, fewer children and international migration. On the one hand, the different ageing processes take place against the background of individual biographies and life events. On the other hand, they result from accumulated economic and social advantages and disadvantages over a person’s lifetime.
- (2) *A new ‘third’ and ‘fourth’ age*: As Chapter 2 explains, a new ‘third’ age (between 65 and 80) has emerged over the last few decades (after the ‘first’ age of childhood and youth and the ‘second’ age of adulthood with partnership, family and employment). The ‘third’ age refers to the majority of older people that are still active and healthy. In contrast, there is the ‘fourth age’ or very old age (over 80), in which older people become increasingly dependent and frail—in line with the traditional image of ageing. In Chapter 9, Sabina Misoch points out that it is precisely this population group of very old people that is growing the fastest. The discrepancy between the new active third phase of life and the negative social image of ageing in the sense of becoming dependent or frail is reflected in the discrepancy between biological age and perceived age. Chapter 2 shows that there is an increasing gap between actual and subjectively perceived age and that the perception of ‘being old’ has increased considerably, especially among older people—from an average of 69 years in the 1990s to around 80 years at present. However, the rather good health situation in general conceals some large differences in health within the group of older people. The risk of chronic illness increases considerably with age and the fourth age is characterised by multimorbidity. Adrian Fischer, Markus Lamprecht,

Hanspeter Stamm, and Nicole Schöbi show in Chapter 5 that 65–74 year olds are particularly active in unpaid voluntary activities. A considerable proportion of organised voluntary work (in associations and organisations) is carried out by people in the third age group. Just under a quarter of 65–74 year olds and a tenth of over 74 year olds are involved in organised voluntary work in associations and institutions, while the figures for informal voluntary work are around 40% and 20% respectively. Volunteering is often done for other older people or informally for the care of (grand)children.

- (3) *New planning and preparation for a longer third and fourth age:* The extension of the lifespan and change in life situations confront individuals with the question of how to organise themselves for this future period of life. They deal with society's ideas about ageing and assess their future situation—a process that begins even before they actually reach retirement age. In Chapter 8 Monica Budowski and Ivo Staub analyse qualitative interviews to show how people in middle age (i.e. before retirement) plan their future after retirement. Four different planning patterns can be identified, ranging from 'planning avoidance' to 'planning of planning' and 'selective planning' (particularly as concerns adapting to reduced financial possibilities) to 'detailed planning', whereby these different forms vary not only over time and according to population groups, but also with regard to the planning topic (finances, housing, health, activities, end of life, etc.). Society is also required to replan and prepare itself. It has enabled older people to live longer with a better quality of life and with the necessary resources. The present day challenge is to identify what services older people need, what services society can and wants to provide and which options should be open to them.
- (4) *New, mostly good financial security:* Many people who retire have relatively good financial security, as Martina Guggisberg, Stephan Häni, Caterina Modetta, Dominique Oehrli, and Michaël Papinutto show in Chapter 3. Although people of retirement age have lower incomes on average than people of working age, they spend a lower proportion of their income on compulsory expenditure than younger age groups. Presently, older people are more likely to have financial reserves and assess their financial situation more favourably on average than younger age groups. In addition to income, assets also play an important role for many households. Such assets currently tend to increase in retirement age, for example due to capital payments from pension schemes or inheritances. This also applies to many households in the lower three income quintiles: Of the population aged 65 and older, between a fifth and a third of single-person households and between half and two thirds of couple households own their own home. However, there are very large differences within the older population in terms of income and wealth.
- (5) *Social participation:* In addition to the health and financial situation, well-being also depends on social participation and integration into social networks. People who are retired have opportunities to reorganise their everyday lives, for example through voluntary work or other forms of social participation. Alexander Seifert and Mike Martin show in Chapter 4 that the social relationships of older people are becoming more

selective and are focused on fewer people. Nevertheless, most older people are socially integrated in networks in a variety of ways: in their partnerships and families, among friends and acquaintances, in the neighbourhood, and in associations and informal groups. The use of digital forms of contact by older people has also increased in recent years, not least as a result of the COVID-19 pandemic, although these 'digital' senior citizens differ significantly in terms of age, level of education, income and interest in technology. Feelings of loneliness, depression and social isolation only affect a minority of older people, as the authors of Chapters 2 and 4 show. Older, sick and disabled (e.g. visually or hearing-impaired people), single, low-income and less-educated older people, in particular, suffer from loneliness. Chapter 5 shows that a large proportion of older people are involved in unpaid voluntary activities. This voluntary work is experienced by older people as meaningful and positive. People who volunteer before retirement are also more likely to do so after retirement. People who are about to retire are particularly interested in voluntary activities; this is a time when they are preparing for the new phase of their lives.

- (6) *Increasing mobility and migration in old age:* The greater heterogeneity and diversity of the living situations of older people is also a consequence of increasing mobility in a globalised world. Based on two new surveys, Mihaela Nedelcu and Laura Ravazzini show in Chapter 6 that increasing mobility opens up new opportunities when deciding where and how to live after retirement. International mobility and migration behaviour is influenced by various factors, e.g. cost of living, home ownership, leisure time and climate—both for people with and without a migration background. Not surprisingly, family motives often play a role for migrants. Pensioners who emigrate permanently for economic reasons often manage to maintain their accustomed standard of living. For people who commute between two countries (transnational lifestyle), on the other hand, economic reasons are of secondary importance, whereby this lifestyle is more likely to be open to financially well-off than disadvantaged people.
- (7) *New forms of long-term care:* Against the backdrop of rising life expectancy and the increasing diversity of individual ageing, long-term care for older people has changed considerably in recent years. In Chapter 7 Sonia Pellegrini describes that institutional care (old-age and nursing homes) is declining, outpatient care and intermediate structures (day care, night care, short stays in old-age and nursing homes, retirement housing, etc.) are increasing in scope, and the boundaries between inpatient care and remaining at home are becoming blurred. Although this development is general, there are major differences between regions and cantons. The trend away from institutional care is reflected, among other things, in the fact that retirement housing forms are increasingly seen as alternatives to residential care homes. The age of admission to an old-age or nursing home is increasing, but this also increases the need for care. The number of hospitalisations for elderly people living at home is higher in cantons with a strong outpatient focus. In addition to the search for new, modern models of long-term care and the better use of synergies between existing structures, numerous other questions and challenges are currently arising, including, in

particular, the shortage of skilled workers and the cost of care. Chapter 9 uses Japan as a case study to explore what ageing could look like in the future and how to meet the challenges of a shortage of skilled workers and the emergence of new technologies (robotics, AI).

1.2.2 The continuities of ageing: Social inequalities

The current situation of older people has become much more heterogeneous compared to the middle of the last century. Nevertheless, significant continuities remain.

- (1) *Poverty in old age*: Poverty in old age, a central challenge for Swiss social policy in the 1950s, 60s and 70s, is likely to persist as a critical issue today and into the future. As Chapter 3 explains, income poverty is significantly higher among people of retirement age than among people of working age. The most important factor here is the level of old-age pensions from the first and second pillars.² In particular, people whose income consists mainly of first-pillar benefits (Old-age and Survivors' Insurance (OASI) and, where applicable, supplementary benefits) are often in a poor financial position. They are often income-poor and have an above-average rate of material and social deprivation. Other characteristics of poverty in old age, which have already characterised the 'traditional' old-age poverty of the 20th century, are gender, age, partnership, nationality, level of education—i.e. women, very old people, single people, people without a Swiss passport and without post-compulsory education are particularly affected by poverty.
- (2) *Health inequalities*: The differences in the health situation of older people, for example in terms of life expectancy, risk of illness or health restrictions, are considerable. As Chapter 2 shows, education-related differences in healthy life expectancy have tended to increase in Switzerland in recent decades. As older people with a lower level of education and fewer financial resources visit a doctor less frequently and are less well informed about their state of health, health inequalities in old age are further exacerbated. 'Poor people die earlier'—this is how Künzler and Knöpfel summarise this situation (Künzler and Knöpfel 2002; Meuli and Knöpfel 2021). Studies by the Federal Office of Public Health (FOPH) show that the level of education, income, migration experience and social isolation are important factors that influence the state of health in old age (FOPH et al. 2023a and 2023b; Höglinger et al. 2019). It is important to consider the combined effects of several of these factors, which reinforce each other (interaction effects) and influence both health and life chances (Budowski and Hadjar 2023). In addition to a person's current situation, accumulation of structural disadvantages and personal experiences can have a lifelong impact in terms of health disparities (illnesses, functional limitations, life expectancy, and mortality).

- (3) *Persistent social inequalities in 'active' and 'healthy' ageing*: Remaining active in old age and participating in social or, where appropriate, professional life, as envisaged by the World Health Organisation's (WHO) concept of 'healthy ageing', is proving beneficial for older people themselves as well as for authorities, administrations and organisations, and for society as a whole (FOPH et al. 2023a). Even though the range of opportunities for participation has increased, many of these activities, such as further education, continuing professional activities, physical and sporting activities, involvement in unpaid organised and informal volunteer work, political participation or digital activities, are closely linked to educational level and income as well as other inequality factors (see Chapters 2, 4, 5, 8). Many of these social inequalities, which have already characterised the earlier life course of older people, persist and continue to shape the individual's room for manoeuvre in old age.
- (4) *New generational conflict or old class conflicts?* Inequalities and conflicts between the younger and older generations have been increasingly discussed recently, both in the public and political debate, as well as in academia. However, generational inequalities and conflicts are nothing new. As described in previous generational reports (Perrig-Chiello et al. 2009; Bühlmann et al. 2012), the relationship between the younger and older generations in Switzerland has so far been more of a 'side-by-side' than a conflictive 'against each other' (or a collaborative 'with each other'). Indeed, traditional social inequalities are concealed behind generational inequalities and conflicts. In ageing societies, in particular, the traditional so-called 'vertical' inequalities (social class, education, income) seem to be intensifying. According to Kohli (2023, 83), such a traditional 'class conflict' is often wrongly interpreted as a generational conflict. This can be seen in current debates about 'unequal' welfare state benefits and allocations to different age groups. Because all people age, a different allocation of public benefits to different age groups is not fundamentally problematic, as "each individual successively benefits from the different benefits" (Kohli 2023, 86; freely translated). However, Kohli identifies a serious problem, namely that "not all people live the same length of time" (Kohli 2023, 87; freely translated) and the different lifespans are largely due to vertical social inequality factors. The results of the popular vote on 3 March 2024 on the 13th OASI pension (corresponding to a 13th monthly payment) can be interpreted against the backdrop of the old or reinvigorated 'class conflict': Almost two thirds of the people who took part in the vote were over fifty years old and the majority of them were in favour of increasing the OASI pension. However, the follow-up survey to the popular initiative shows that age was only one of several factors that had an impact on the decision to vote. Income and level of education were equally important (GfS Bern 2024). Political attitude (left-right orientation, party sympathy) was also significantly more important than age. This indicates that it was not so much the generational conflict, but rather traditional political-economic conflicts and interests that were decisive for the outcome of the vote.

² For the structure of the 3-pillar pension system in Switzerland, see e.g. <https://www.bsv.admin.ch/bsv/fr/home/assurances-sociales/ueberblick/dreisaehulensystem.html> (last accessed on 20.06.2024).

1.3 New concepts of ageing

1.3.1 Ageing concepts in science

The changes and new qualities of ageing described above have led to a lively discussion about previous concepts of ageing. Since the 1960s, new terms such as ‘healthy ageing’, ‘active ageing’, ‘ageing well’ and ‘successful ageing’ have emerged. They reflect an attempt to capture the changing aspirations of older people themselves and their new role in society. These new concepts in gerontology, medicine, social sciences and social policy have helped to better reflect the changing reality and improved situation of today’s older population and, to some extent, their heterogeneity in relation to the ageing process throughout the course of life. However, the different concepts are often used synonymously with no precise definition. This applies, for example, to ‘successful’, ‘active’ and ‘healthy ageing’.

‘Successful ageing’ was first defined more than 60 years ago as follows: “A theory of successful ageing is an explanation of the conditions of individual and social life under which the individual achieves maximum satisfaction and happiness and society maintains an appropriate balance between the satisfaction of the various groups of which it is composed—old, middle-aged and young people, men and women, etc.” (Havighurst 1961, 8). Rowe and Kahn (1987) put a slightly different emphasis on this. Drawing on the dominant medical perspective of the time, they argue that ‘successful ageing’ is ‘healthy ageing’ because it differs from ‘normal ageing’ with an increased risk of disease and from ‘pathological ageing’, i.e. ageing with disease and disability. They add psychosocial factors and behavioural aspects that are not sufficiently taken into account for the concept of ‘successful ageing’. As ‘healthy ageing’ is hardly possible into very old age, ‘successful ageing’—according to Baltes and Baltes (1990)—is primarily about dealing with it. People must continuously adapt to their possibilities and compensate for their age-related physical, cognitive and social losses. Planning and foresight, i.e. proactive ageing, is therefore conducive to ‘successful ageing’ (Kahana et al. 2012; see also Chapter 8). What constitutes ‘successful’ or ‘good’ ageing varies according to context and is further influenced by a range of cultural factors (Keith et al. 1994). The terms ‘successful’, ‘healthy’ or ‘good’ ageing were followed by other terms such as ‘active’, ‘productive’ or ‘positive’ ageing. Most of them were used to emphasise the positive components of ageing, to take account of the heterogeneity of the older population and to show the older population and society how it is possible to live longer with satisfaction, dignity and a sense of purpose. However, the terms also resonate with the active role that the older population would like to play in society and that society expects of them.

Depending on the scientific discipline, certain concepts are more likely to be used. Biomedical sciences favour the concept of ‘healthy ageing’ or ‘successful ageing’ and refer to the absence of disease, physical and cognitive limitations. The psychosocial literature focuses on psychological adaptability, resources, stressors and social relationships. The sociological literature includes individual life satisfaction, well-being, opportunities for social integration, and social status and emphasises the social, economic and political environment.

Various overview studies (Cosco et al. 2014; Menassa et al. 2023; Urtamo et al. 2019; Fernández-Ballesteros 2019) sort the individual ageing concepts and relate them to each other. Most overview studies neglect social conditions and focus on the individual. This focus on the individual shifts the responsibility for one’s own health and ageing onto the shoulders of the individual and does not take into account their social circumstances or the economic, cultural and social conditions in which they grew up (Foster and Walker 2021).

1.3.2 Ageing concepts of international organisations

Concepts of ageing implicitly or explicitly include possible social policy approaches. If, for example, a concept such as ‘healthy ageing’ is used, preventive behavioural approaches or access to adequate healthcare are guiding principles. The promotion of ‘active ageing’ would require an environment that gives ageing people the opportunity to remain active and get involved in society. In this context, the two WHO concepts are important as they specify the framework conditions for ageing that can be influenced by political measures: ‘active ageing’ and ‘healthy ageing’. In fact, the UN and its sub-organisations already addressed the topic at the first ‘World Conference on Ageing’ in Vienna in 1982. In 2002, the Political Declaration and Madrid International Plan of Action on Ageing was drawn up, specifying three priorities 1) Older persons and development, 2) Advancing health and well-being into old age and 3) Ensuring enabling and supportive environments (UN 2002; see also Table T 1.2 in the Appendix). The United Nations Economic Commission for Europe (UNECE) reviews the implementation of the regional implementation strategy of the Madrid Action Plan every five years within the framework of a ministerial conference, in conjunction with the signing of a ministerial declaration and the setting of priorities for the next five years.³

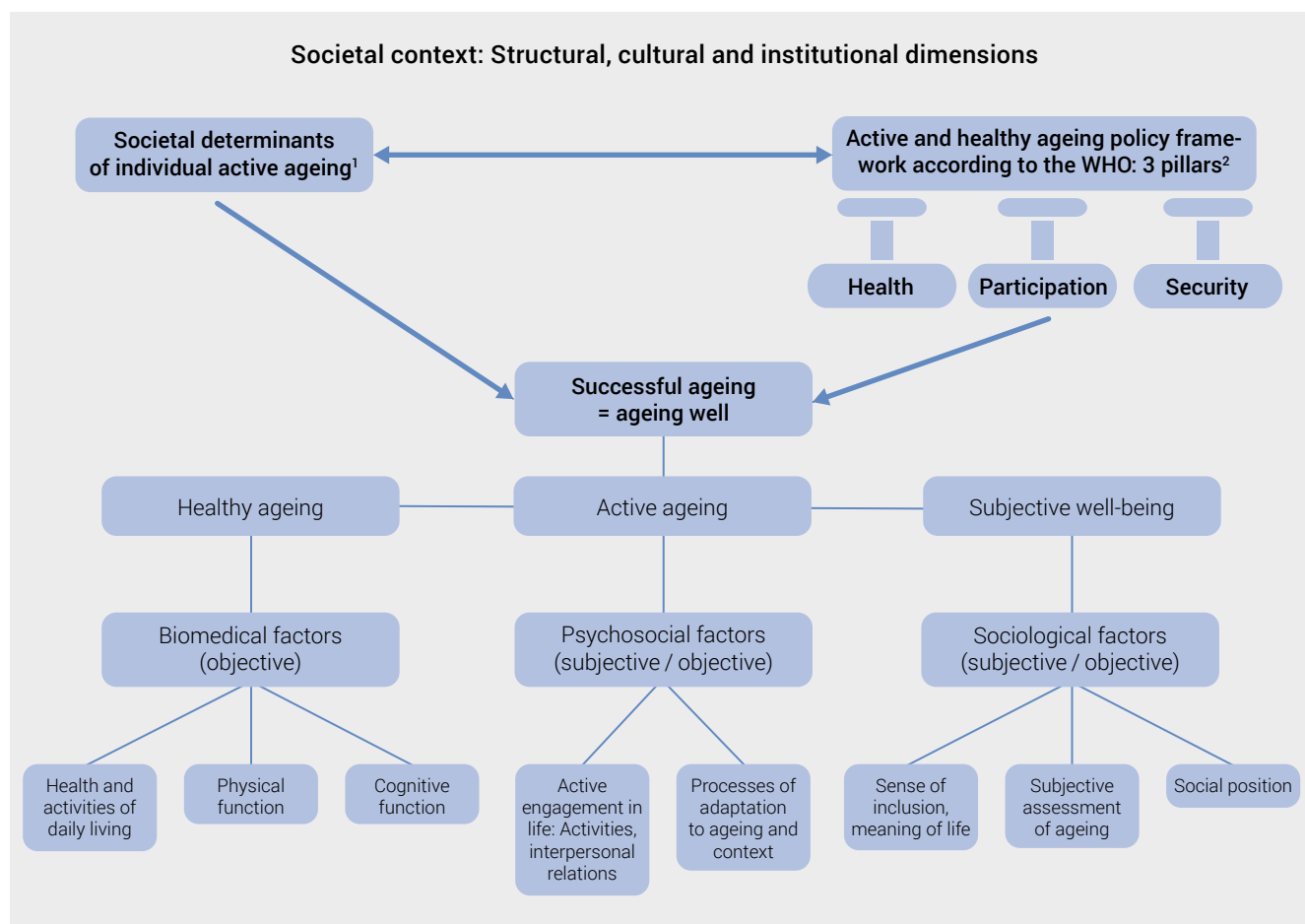
The concept of ‘active ageing’ introduced by the WHO in 2002 is defined as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO 2002, 12). Ageing is considered over the entire life course and refers to both individuals and population groups. The WHO concept has been adopted by the European Union (EU) as a guideline for political measures in a reduced form. Emphasis is placed on good conditions for continued employment (and other unpaid productive activities such as caring for family members and volunteering) (Eurofound 2018; European Centre Vienna 2013); the time dimension and further environmental factors are largely ignored (Foster and Walker 2021 and 2015; van Dyk et al. 2013).

As the concept of ‘active ageing’ has made little progress in the healthcare system to date, the WHO replaced it with the concept of ‘healthy ageing’ in 2015. ‘Healthy ageing’ is understood as “the process of developing and maintaining the functional ability that enables well-being in older age” (WHO 2015, 28). The WHO proposes a ‘two-pronged approach’ for health policy that—in line with EU initiatives—emphasises the need for both healthy

³ <https://unece.org/population/ageing> (last accessed on 20.06.2024)

Overview of different age concepts

G1.2



Remarks:

¹ Determinants of active ageing and their interactions: (i) personal, behavioural, biographical and social network determinants, (ii) health and social services, economic and social determinants, (iii) physical environment (context) and (iv) interactions of these determinants over the life course.

² The active ageing policy framework refers to policies and programmes in the three pillars that aim at enabling the active ageing of individuals and groups by influencing the determinants of active ageing (WHO 2002, 45–46).

Source: Graph adapted from Urtamo et al. (2019), WHO (2015 and 2002), Baltes and Baltes (1990), Rowe and Kahn (1987), Havighurst (1961)

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and active ageing (WHO 2015). However, studies show that the WHO's focus is based more on a medical-orientated perspective (Menassa et al. 2023). This is also reflected in the action plan.

In 2017, the WHO's 'Global Strategy and Action Plan on Ageing and Health' followed as the basis and framework to support the 'Decade of Healthy Ageing' (2020–2030) (WHO 2017). This strategy defines five objectives: 1) Commitment to action on Healthy Ageing in every country, 2) Developing age-friendly environments, 3) Aligning health systems to the needs of older populations, 4) Developing sustainable and equitable systems for long-term care, 5) Improving measurement, monitoring and research on Healthy Ageing (see also Table T.1.2). The plan of action finalised in 2020 is aligned with the UN 2030 Agenda for Sustainable Development and its goals (WHO 2020b). The strategy and plan of action also form the basis for the activities of the Swiss Academy of

Humanities and Social Sciences (SAHS), which is supporting the implementation of the WHO strategy in Switzerland through its a+ Swiss Platform Ageing Society.⁴

The various new concepts of ageing are summarised in Graphic G1.2. The WHO concepts (WHO 2015 and 2002) identify the social environment based around three pillars that enable active and healthy ageing, while various scientific disciplines introduce differentiated concepts that focus mainly on the individual. The concept of 'active ageing' refers to possible measures in various areas that go beyond a health perspective, while the concept of 'healthy ageing' refers to measures in various areas from the (narrower) perspective of health promotion, health maintenance and health improvement. However, whether 'healthy' or 'active' ageing can be achieved, resulting in 'good' or 'successful' ageing for individuals and society, depends not only on the individual, but also on societal, i.e. structural, cultural

⁴ <https://ageingsociety.ch/en> (last accessed on 20.06.2024)

and institutional dimensions that define the individual's scope for action. Graphic G1.2 illustrates the relationship between the different concepts, supplemented by the societal framework encompassing the individual concepts.

1.4 Reporting, political initiatives, data and indicators

The social significance of the topic of ageing is reflected in a large number of political activities, ageing reports, indicators and statistics—both nationally and internationally. The new concepts of ageing described in the previous section play a key role in this. Some important activities are highlighted and briefly outlined below.

1.4.1 Reporting

At a national level, the topic of old age and ageing dates back several years. As early as 1966, the Commission on Ageing drew up a report on old age in Switzerland. A second report followed in 1973. The most recent report to date (apart from reports in response to parliamentary initiatives, which are discussed in Section 1.4.2) is the third Federal Commission's report entitled 'Altern in der Schweiz—Bilanz und Perspektiven' (Ageing in Switzerland—Review and Prospects) (1995). This report shows that some current trends were already apparent in the 1990s. It states that "the current life course and the inequality of opportunities at the beginning of life not only place a heavy burden on the present, but also on future life expectancy and quality of life" (Federal Commission 1995, 678f.; freely translated). However, other aspects of ageing have changed since then. In 1995, for example, it was stated that the majority of people withdraw from public life after retirement and devote themselves to their private and family life as well as their leisure time (Federal Commission 1995, 681f.). What has remained the same, however, is the political activity, in particular voting and electing by the older population. In this context, the Swiss Atlas of the Older Population, which was published in 1998 by Christian Lalive d'Epinay, the chairman of the commission that compiled the 1995 Ageing Report, is also relevant (Lalive d'Epinay et al. 1998).

From the field of research, the National Research Programme 'Ageing' (NRP 32) initiated at the beginning of the 1990s, investigated the consequences of demographic ageing. It comprised 28 research projects on the topics of activities, health, care, transitions into the post-work phase and the economic situation (Höpflinger and Stuckelberger 1999; see also Table T1.2 in the Appendix). Important aspects of ageing were explored in greater depth in other research programmes, such as intergenerational relationships in national research programme 52 ('Childhood, Youth and Intergenerational Relationships in a Changing Society'), the most important results of which are summarised in the first Swiss Generations Report by Perrig-Chiello et al. (2009). Generational reporting was continued with the Swiss Social Report 2012, which dealt with issues of generational change, intergenerational dynamics and relationships between young

and old (Bühlmann et al. 2012). The topic of the last stage of life and dying was examined in the National Research Programme 67 ('End of Life') through 33 research projects with different disciplinary focuses (SNSF 2017).⁵

As mentioned in the previous section, the Swiss Academy of Humanities and Social Sciences (SAHS) has been operating a+ Swiss Platform Ageing Society 2024 for a few years now.⁶ The purpose is to network the various stakeholders from academia and practice, politics as well as civil society, to promote cooperation and the exchange of information between them, to develop and implement projects and to integrate international initiatives. The SAHS is guided by the WHO's Global Strategy and Action Plan on Ageing and Health (WHO 2017), to the implementation of which the platform is intended to make an important contribution.

The Age Foundation deals with social issues relating to ageing. Since 2004, it has published the Age Report every five years, which focuses primarily on the housing of the older population. The data is based on the Age Report survey 'Living in Old Age'. The next report will be published in autumn 2024 (Hugentobler and Seifert 2024, forthcoming). The Swiss Health Observatory (Obsan) also publishes regularly on the topics of old age and long-term care.

Reporting on the topic of old age in Switzerland's neighbouring countries paints the following picture. In Germany, work is currently underway on the ninth ageing report, commissioned by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.⁷ The first report was published in 1993. In connection with the UN World Conference on Ageing in Madrid 2002, the 'National Report Austria—Fourth Review and Appraisal of the Implementation of the Madrid International Plan of Action on Ageing 2002 and the Regional Implementation Strategy 2018–2022' was published in Austria in 2021 (Bundesministerium 2021). The responsibility lies with the Federal Ministry of Social Affairs, Health, Care and Consumer Protection. In France, the *Haut-commissariat au Plan* has published the report '*Viellissement de la société française*' (Haut-Commissariat au Plan 2023). At the level of international organisations, the World Social Report 'Leaving No One Behind in an Ageing World' by the United Nations Department of Economic and Social Affairs is particularly noteworthy. This report, published in 2023, also follows on from the Madrid 2002 Action Plan and is set in the context of achieving the Sustainable Development Goals (UN 2023).

⁵ Other relevant research programmes on special topics relating to ageing include NRP 27 'Efficiency of Governmental Actions', NRP 29 'Changes of Life Style and Social Security', NRP 45 'Future Problems of the Welfare State' and NRP 78 'Covid-19'. There are also various research networks that deal with aspects of ageing, in particular the NCCR LIVES, CIGEV (Centre interfacultaire de gérontologie et d'études des vulnérabilités, Geneva), NCCR on the move. Finally, there is also the Leenaards foundation that supports projects in the field of ageing and society (âges & société) (<https://www.leenaards.ch>; last accessed on 20.06.2024).

⁶ <https://ageingsociety.ch/en> (last accessed on 20.06.2024)

⁷ <https://www.bmfsfj.de/bmfsfj/themen/aeltere-menschen/aktiv-im-alter/altersberichte-der-bundesregierung> (last accessed on 20.06.2024)

1.4.2 Political activities

In Switzerland, in recent years various parliamentary procedural requests at federal level have focused on old age, some of them in connection with the general topic of migration or demographic change. Since 2000, the following requests have been presented.

Postulate 03.3541 Leutenegger Oberholzer: 'Old-age policy. Strategy development' was submitted in 2003. In its postulate report from 2007, the Federal Council states that the situation of the older population is good overall (Federal Council 2007). There are two main thrusts to the strategy outlined in this report. The first focuses on the resources and potential presented by an ageing population in connection with increased participation and self-determination in the sense of the WHO concept of 'active ageing'. The second focuses on addressing the needs of the older population to allow them a dignified last stage of life. The options for action concern the financing of long-term care, labour market participation by older employees, the safeguarding of the Old-age and Survivors' Insurance (OASI) state pension, the strategy for the use of public transport and the strategy for the information society. In June 2024, the Council of States adopted the postulate 24.3085 'Revising and updating the national ageing policy', submitted by Member of the Council of States Simon Stocker. It aims to review and update the 2007 strategy, particularly in light of the WHO's Decade of Healthy Ageing.

Postulate 13.3697 Schneider-Schneiter: 'An overview of demographic strategy' is not only concerned with the aspect of ageing, but also with the increasing number of inhabitants as such, the different regional distribution of ageing and growth and the increasing cultural diversity of the population. The most important political field of action with regard to age concerns the "long-term financial security of the social security network and maintaining the intergenerational contract" (Federal Council 2016, 69; freely translated).⁸

Postulate 20.4257 Würth: 'Demographic change and cohesion in Switzerland' is also only partially related to age. In its report, the Federal Council primarily points out the different effects of demographic change on the cantons and their financial situation. In particular, it shows that expenditure on long-term care for older people—especially in cantons with high demographic ageing—will rise sharply (Federal Council 2023).

The 2023–2027 legislative plan, in which the Federal Council sets out its most important guidelines and objectives for the next four years, considers the area of old age primarily from the perspective of a balanced federal budget and a stable financial system (Objective 7) as well as sustainable financing of the social security system (OASI, supplementary benefits and second pillar; Objective 12) (Federal Council 2024). In Goal 9 'Strengthening the domestic labour force potential', the Federal Council formulates its intention to increase the average age at which people leave the labour market. With regard to the topic of care for the elderly, the Federal Council refers to its Health Policy Strategy 2020–2030.

In Goal 3, it postulates that care, especially long-term care, must be guaranteed and its financing secured. Goal 4 calls for the healthiest possible life and healthy ageing (Federal Council 2019).

With expenditure of CHF 50 billion, the OASI state pension scheme recorded a surplus of CHF 1.2 billion in 2023 (with capital gains: CHF 2.9 billion).⁹ In the popular vote on 3 March 2024, the initiative for a 13th monthly OASI pension payment was adopted. According to the Federal Social Insurance Office (FSIO), without the 13th OASI pension payment, the OASI accounts will be balanced until the early 2030s, after which there will be a deficit.¹⁰ Parliament therefore instructed the Federal Council in 2021 to draw up a proposal for OASI reform for the years 2030–2040 (Motion 21.3462). The introduction of the 13th OASI pension will increase annual expenditure by more than CHF 4 billion. As a result, the OASI will slide into deficit some years earlier. The Federal Council is proposing two options for additional financing, which include an increase in insured and employers' contributions and VAT (as at 10.07.2024).

Demographic ageing is also a decisive factor for the long-term prospects of the Federal Department of Finance up to 2060. Demographic-related expenditure at all levels of government will increase from 17.2% to 19.8% of GDP between 2021 and 2060, with the Confederation and social insurance schemes being particularly affected. The main cost drivers are expenditure on OASI and supplementary benefits. The largest increase is expected by 2040, after which the lower birth rate cohorts will enter retirement age (FDF 2024).

The conversion rate and the minimum interest rate play a key role in the second pillar, occupational pension insurance, which has been mandatory since 1985.¹¹ A falling conversion rate means that future pensions will be lower. The minimum interest rate has shown a downward trend in recent years but has risen again this year. With regard to the security of pensions, the coverage ratio of pension funds is also important. According to a study commissioned by the FSIO, the stability of occupational pensions is fundamentally guaranteed even in the current phase of low interest rates (Fournier et al. 2022). The popular vote on the occupational pension reform will take place on 22 September 2024. The measures concern a reduction in the conversion rate from 6.8 to 6.0 per cent, an increase in the insured salary and a pension supplement for the transitional generation as compensatory measures, the improvement of pension provision for low incomes and part-time work (by lowering the minimum wage for entry into the second pillar), as well as lower savings contributions for older employees (FSIO 2024).

There are various ageing policies at cantonal and communal level in Switzerland. A somewhat older overview of old-age policy in the cantons is provided by an analysis by Martin et. al. (2010), which was commissioned by the FSIO; this was also carried out

⁸ National Councillor Schneider-Schneiter submitted a Motion in 2022 (22.4355 Mo Schneider-Schneiter: 'Megatrend Demography. Update of the fields of action at federal level') that has been adopted by the National Council in April 2024.

⁹ <https://www.bsv.admin.ch/bsv/en/home/social-insurance/ahv/finanzen-ahv.html> (last accessed on 10.07.2024)

¹⁰ <https://www.bsv.admin.ch/bsv/fr/home/assurances-sociales/ahv/reformes-et-revisions/umsetzung-13-ahv-rente.html> (last accessed on 10.07.2024)

¹¹ The conversion rate is currently 6.8% and the minimum interest rate is 1.25%. However, these values only apply to the BVG mandatory scheme (upper limit of the maximum eligible BVG salary: CHF 88 200 (as at 2024)).

as part of the aforementioned Leutenegger Oberholzer postulate (03.3541). The FSIO has published two further studies on the topic, namely on the organisation of old-age assistance in the cantons (Stettler et al. 2020) and on care in old age (Stettler et al. 2023). In 2014, the Swiss Association of Cities commissioned a study to analyse the ageing policy of cities (Ecoplan 2014).¹² 55% of the cities surveyed stated that their policy on ageing was underpinned by a strategy: 77% in German-speaking Switzerland and 16% in French- and Italian-speaking Switzerland. French- and Italian-speaking cities frequently stated that ageing policy is the responsibility of the canton. The 'Swiss Network of Age-Friendly Cities' was founded in 2012 and has been a commission of the Association of Cities since 2015.¹³ It should also be mentioned that municipalities such as Belp and Flims have drawn up reports or strategies on ageing.¹⁴

1.4.3 Statistical activities, data and indicators¹⁵

In order to understand the topic of ageing in all its diversity and to develop strategies and perspectives to foster positive perspectives on ageing for individuals and society, statistical data is required in addition to indicators that can be used to identify temporal trends. A great deal of data is available on the subject of ageing, but there are also important data gaps, for example in the area of care, intermediary structures, family carers and care at home, which are insufficiently detailed.

In 2012, the UNECE—together with two other partners¹⁶—developed the Active Ageing Index (AAI).¹⁷ The index is made up of a total of 22 indicators, which are divided into four areas (see Table T 1.3 in the Appendix). The aim of this index is to measure the untapped potential of the older population for active and healthy ageing in an international comparison.¹⁸ The UNECE published a report with recommendations for statistics on ageing in 2016 (UNECE 2016). Many indicators are proposed there, including all active ageing indicators.

The FSO has summarised information on the topic of old age on its webpage 'Ageing in Switzerland'.¹⁹ Structured according to six topics, various indicators are presented, such as the population pyramid, average age upon leaving the labour market, self-perceived state of health, care for grandchildren, the poverty rate, etc.²⁰ These indicators are based on data sources such as the Swiss Labour Force Survey (SLFS), the Statistics on Income and Living Conditions (SILC), Household Budget Survey (HBS), New Pensions Statistics (NRS), Population and Households Statistics (STATPOP), Swiss Health Survey (SGB) and the Statistics of the Socio-Medical Institutions (SOMED). Table T 1.3 in the Appendix presents a comparison of the FSO indicators with the AAI indicators and the Ageing Europe indicators from Eurostat and the WHO Ageing Data Portal.

The Survey of Health, Ageing and Retirement in Europe (SHARE) forms an important data basis.²¹ The survey collects panel microdata on the financial, social and health situation of people aged 50 and over in 27 European countries and Israel. Since 2004, 530 000 interviews have been conducted with 140 000 people in 8 waves to date. Finally, various panel surveys should be mentioned, such as SILC or the Swiss Household Panel (SHP), which are not specifically geared towards older people, but whose data can be used for analyses of older people due to the large sample or the possibility of combining different survey waves.

1.5 Conclusion and outlook

'From pyramid to onion to urn shape'—this description captures how demographic ageing is changing the shape of the population pyramid in Switzerland and abroad. Never in history have people in Switzerland lived as long as they do today, and never—despite all the justified objections and forecast uncertainties—has there been such a good chance that life expectancy will continue to rise. This has important implications both for individuals and for society as a whole. This volume highlights the following main aspects:

- *Growing heterogeneity, diversity and inequality in old age:* The 'new' ageing is characterised, in particular, by pronounced heterogeneity and a greater diversity of individual life situations, in terms of finances as well as lifestyles and activities. This can be seen, for example, in the differentiation of the 'third' and 'fourth' ages and a further phase of life that may emerge in the future, that of 100-year-olds and older.²² There are also widening disparities with regard to health among the older

¹² For example, the ageing policy in the two largest cities in Switzerland: Zurich: https://www.stadt-zuerich.ch/gud/de/index/departement/strategie_politik/alterspolitik-2035/altersstrategie-2035.html (last accessed on 20.06.2024); Geneva: <https://www.geneve.ch/publication/politique-longue-vie-2024-2030-ville-geneve-brochure> (last accessed on 20.09.2024).

¹³ <https://altersfreundlich.net> (last accessed on 20.06.2024)

¹⁴ Flims: <https://www.yumpu.com/de/document/view/8484728/altersbericht-gemeinde-flims> (last accessed on 20.06.2024); Belp: <https://www.belp.ch/de/verwaltung/dienstleistungen/detail/detail.php?i=147> (last accessed on 20.06.2024).

¹⁵ See also Appendix in Chapter 9.

¹⁶ The European Commission's Directorate-General for Employment, Social Affairs and Inclusion (DG EMPL) and the European Centre for Social Welfare Policy and Research in Vienna were also involved.

¹⁷ See UNECE-Webpage: <https://unece.org/population/active-ageing-index> (last accessed on 20.06.2024) as well as FSO (2018).

¹⁸ Accordingly, an active ageing index (AAI) is designed for this focus: "Active ageing refers to the situation where people continue to participate in the formal labour market as well as engage in other unpaid productive activities (such as care provision to family members and volunteering) and live healthy, independent and secure lives as they age." (European Centre Vienna 2013, 6, Box 2).

¹⁹ <https://www.bfs.admin.ch/bfs/en/home/statistics/cross-sectional-topics/ageing-switzerland.html> (last accessed on 20.06.2024)

²⁰ Instead of the old-age dependency ratio (number of people aged 65 and over per 100 people aged 20 to 64), the indicator 'Number of persons aged 65 and older per 100 economically active persons aged 20 to 64' is used.

²¹ <https://share-eric.eu/> (last accessed on 20.06.2024)

²² There are more and more studies on people 100-year-old and older, such as the 'Swiss100' study at the University of Lausanne for Switzerland (<https://wp.unil.ch/swiss100>; last accessed on 20.06.2024) or in Germany the Berlin Centenarian Study (<https://medizinsoziologie-reha-wissenschaft.charite.de/forschung/altersforschung/hundertjaehrigenstudie/>; last accessed on 20.06.2024).

population. This growing heterogeneity and diversity is closely linked to social inequalities that accumulate over a lifetime and intensify in old age.

- *Individual longevity dividend*: In principle, people today can expect to live a long time after retirement and benefit from an ‘individual longevity dividend’, i.e. to enjoy a happy, meaningful and comfortable life in old age. The current ageing population (especially those in their third age) has many skills and resources. As a result of the expansion of education, they are well educated and, thanks to the introduction of the compulsory second pillar (1985), the majority of them are also relatively financially secure. However, this age is also characterised by losses or reductions in social status, health, social integration and connections, but also in wealth. Planning and preparation throughout the ageing process help individuals to effectively manage the challenges of ageing.
- *Societal longevity dividend*: Society has enabled many people to live longer in old age. However, it is also called upon to integrate older people into society in a meaningful way and to ensure social cohesion between the generations. Many aspects of ageing have changed at a societal level. However, progress is slow with regard to some structures and institutions, for example dated attitudes towards ageing and long-term care and care work. The major social challenge is to adjust our systems and attitudes to accommodate the changing population and new perceptions of ageing. This will entail changes to infrastructures (e.g. improving access to services), institutions (e.g. rethinking the boundaries between work, retirement and caregiving) and cultural norms (changing our views on ageing and social inclusion). In view of the accumulation of beneficial and disadvantageous life situations and social inequalities, measures are also required that start in earlier phases of life.
- *Flexibilisation or blurring of boundaries?* Demographic change is increasingly blurring traditional lines and social categories. For example, the clear distinction between working and retirement age is becoming less defined as it becomes possible for people in certain occupations to retire earlier or later. Removing these age limits would not only make it easier for older people to continue working (e.g. in the form of part-time employment), but could also have a lasting effect on the labour market for younger people, for example by creating more part-time jobs or relaxing the norm of full-time employment. Increased part-time employment for both older and younger people would in turn open up new opportunities for the (re)distribution of work: of paid and unpaid work (between generations and genders), of employment vs. care work, education with a view to paid employment or general further education for increased quality of life and autonomy. A trend towards flexibilisation and the blurring of boundaries can also be seen in the use of new technologies—robotics, artificial intelligence. This concerns the relationship between humans and machines and is currently the subject of intense debate, particularly with regard to care. Such developments raise numerous questions, both from an economic perspective ((limited) availability of human and financial resources), and also, importantly, from the perspective of ethics, human rights and human dignity.

Flexibilisation and the blurring of boundaries also raise many questions regarding the division and distribution of labour, self-determination and personal responsibility, the risks that individuals can (or should) shoulder and those that individuals cannot (or do not want to) shoulder. At the same time, policy-makers and society must address how to restructure and adapt existing systems to meet new challenges. The extent to which flexibilisation and the removal of boundaries strengthens or weakens social cohesion and defuses or accentuates potential distribution issues and conflicts, such as those between young and old, men and women, economically active and economically inactive persons, is an open question.

As this *Panorama* demonstrates, individuals and society will continue to age under the influence of a complex interplay of factors. Consequently, future generations of older people will likely face a different set of demographic, social and economic circumstances—and thus opportunities, limitations and challenges.

Appendix

Overview of the topics of various political and scientific reports and activities

T1.2

Topics	Reports/Strategies				
	Swiss Report on Ageing (1995)	Swiss National Science Foundation: National Research Programme 32 'Ageing' (1999)	Strategy for a Swiss Ageing Policy of the Confederation (2007)	UN Madrid International Plan of Action on Ageing (2002) ¹	WHO Global Strategy and Action Plan on Ageing and Health (2017) ²
Demographics and general environment	Older people in the population statistics		Demographic development		
Health	Health	Health in old age Personality, well-being and resources	Health and healthcare provision	Health promotion and well-being throughout life (II.1) Universal and equal access to health-care services (II.2) Older persons and HIV/AIDS (II.3) Training of care providers and health professionals (II.4) Mental health needs of older persons (II.5) Older persons and disabilities (II.6)	Orient health systems around intrinsic capacity and functional ability (3.1) Develop and ensure affordable access to quality older person-centred and integrated clinical care (3.2) Ensure a sustainable and appropriately trained, deployed and managed health workforce (3.3)
Care	The ageing person and life context The gerontological professions	Treatment and care programmes for the elderly		Care and support for caregivers (III.2)	Establish and continually improve a sustainable and equitable long-term-care system (4.1) Build workforce capacity and support caregivers (4.2) Ensure the quality of person-centred and integrated long-term care (4.3)
Financial situation	Financial and economic situation of the elderly population and Swiss ageing policy	Economic and social situation of older people	Economic situation of old-age pensioners	Eradication of poverty (I.6) Income security, social protection/social security and poverty prevention (I.7)	
Participation, inclusion/exclusion and voluntary work	Family and social relationships	The position and activities of older people in our society	Involvement and social participation (including in the information society)	Active participation in society and development (I.1) Access to knowledge, education and training (I.4)	Foster older people's autonomy (2.1) Enable older people's engagement (2.2)
Work and transition to retirement	The transition to retirement	Retirement and transition to the post-professional phase of life	Work and transition to retirement	Work and the ageing labour force (I.2)	
Housing and mobility	Housing conditions and service networks		Housing and mobility	Housing and the living environment (III.1)	
Violence against older people; vulnerability; protection; dignity				Emergency situations (I.8) Neglect, abuse and violence (III.3)	
Further topics	The last phase of life (ageing and death)			Rural development, migration and urbanization (I.3) Intergenerational solidarity (I.5) Images of ageing (III.4)	Promote multisectoral action (2.3) Agree on ways to measure, analyse, describe and monitor Healthy Ageing (5.1) Strengthen research capacities and incentives for innovation (5.2) Research and synthesize evidence on Healthy Ageing (5.3)

¹ In brackets: Issue number. The first digit refers to the three priority directions: I) Older persons and development, II) Advancing health and well-being into old age and III) Ensuring enabling and supportive environments.

² In brackets: Number of strategic objectives. The strategic objectives for objective 1 'Commitment to action on Healthy Ageing in every country' are not listed here.

Source: Swiss Report on Ageing (1995): Federal Commission (1995); NRP 32 Ageing (1999): Höpflinger and Stuckelberger (1999); Strategy for a Swiss Ageing Policy of the Confederation (2007): Federal Council (2007); Madrid International Plan of Action on Ageing (2002): UN (2002); Global Strategy and Action Plan on Ageing and Health (2017): WHO (2017).

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Overview of indicators on the subject of ageing

T1.3

Topics	Indicator sets			
	FSO-Webpage 'Ageing in Switzerland' ¹	UNECE Active Ageing Index* (AAI) ²	Eurostat-Webpage Ageing Europe ³	The WHO Ageing Data Portal ⁴
Demographics and general environment	Ageing of the population Indicators: – Population pyramid by age and sex – Centenarians by sex, canton and marital status	Capacity and enabling environment for active ageing Indicators: – Remaining life expectancy at age 55 (4.1) – Share of healthy life expectancy at age 55 (4.2) – Mental well-being (4.3) – <i>Use of ICT (4.4)</i> – <i>Social connectedness (4.5)</i> – Educational attainment (4.6)	Population Indicators: – Share of elderly population (65+): Development and Projections (until 2100) – Population by age group 2020 and 2100 – Old-age dependency ratio – Ratio of women to men aged 65 to 74 years – Regional distribution of the elderly population Living conditions Indicators: – Type of household – People living in dwellings considered over-crowded – Elderly people unable to keep their home adequately warm	Demographics Indicators: – Number of persons aged over 60 years or over – Percentage of total population aged 60 years or over / 80 years or over – Percentage of older people aged 60 or over living in rural and urban areas Healthy life expectancy Indicators: – Healthy life expectancy at age 60 – Life expectancy at age 60 Healthy ageing (2 indicators on surveys and data)
Health	Health of older persons Indicators: – Self-perceived health – Care due to health reasons – Causes of death	Independent, healthy and secure living Indicators: – Physical exercise (3.1) – Access to health services (3.2) – Independent living (3.3) – <i>Financial security (3.4–3.6)</i> – <i>Physical safety (3.7)</i> – Lifelong learning (3.8)	Health Indicators: – Life expectancy at the age of 65 – Self-perceived health	Mortality/causes of death Indicators: – All-cause mortality rate in older people – Mortality ranking in older people—top 10 causes / top 20 causes – Suicide mortality rate among older people Morbidity Indicators: – Incidence rate of tuberculosis / of acute hepatitis B in older people – Years of healthy life lost due to disability – Prevalence of hearing impairments / of vision impairments in older people Risk factors Indicators: – Mean Body Mass Index – Prevalence of insufficient physical activity in older people aged 70 or over
Care	Indicators: – Home care services – Nursing homes – Hospitalisations			Integrated care for older people (10 indicators) Long-term care for older people (7 indicators)

* In brackets: Number of the AAI-indicator. Domains and indicators that appear under several topics are in italics.

¹ <https://www.bfs.admin.ch/bfs/en/home/statistics/cross-sectional-topics/ageing-switzerland.html> (last accessed on 20.06.2024)

² <https://unece.org/population/active-ageing-index> (last accessed on 20.06.2024)

³ <https://ec.europa.eu/eurostat/cache/digpub/ageing> (last accessed on 20.06.2024). Further indicators are provided in the Eurostat publication 'Ageing Europe—Looking at the lives of older people in the EU' (Eurostat 2020).

⁴ <https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/ageing-data> (last accessed on 20.06.2024)

Overview of indicators on the subject of ageing (continued)

T1.3

Topics	Indicator sets			
	FSO-Webpage 'Ageing in Switzerland' ¹	UNECE Active Ageing Index* (AAI) ²	Eurostat-Webpage Ageing Europe ³	The WHO Ageing Data Portal ⁴
Financial situation	Financial situation of the older population Indicators: – Poverty rate – Material and social deprivation rate – Max. CHF 10 000 liquid resources – Lack of financial resources to face unexpected expenses – Problems in making ends meet Old-age provision reports Indicators: – Persons who have received a new retirement benefit – Median monthly new old age pension – Median lump-sum withdrawal for retirement – Pension recipients by gender and type of benefit – Average annual pensions from the old-age provision system – New recipients of a retirement benefit, by combination of benefits (pension funds only)	<i>Independent, healthy and secure living</i> Indicators: <i>Three indicators of financial security:</i> – <i>Relative median income (3.4)</i> – <i>No poverty risk (3.5)</i> – <i>No severe material deprivation (3.6)</i>	Income and expenditure Indicators: – Pension expenditure – Total at-risk-of-poverty rate	
Participation, inclusion/exclusion and voluntary work	Care of grandchildren and other voluntary activities by older persons and quality of life Indicators: – Frequency of care of grandchildren – Household production satellite account – Voluntary work – Quality of life in old age	Participation in society Indicators: – Voluntary activities (2.1) – Care to children, grandchildren (2.2) – Care to older adults (2.3) – Political participation (2.4) <i>Capacity and enabling environment for active ageing</i> Indicators: – <i>Use of ICT (4.4)</i> – <i>Social connectedness (4.5)</i>	Social life Indicators: – Share of elderly people who do at least 3 hours physical activity – Share of elderly people who use social networks or shop online – Digital skills	
Work and transition to retirement	Employment and retirement Indicators: – Activity rate and employment status of 50–74 year olds – Average age on leaving the labour market – Early retirement rate – Number of persons aged 65 and older per 100 economically active persons aged 20 to 64	Employment Indicators: – Employment rate for the age group 55–59 (1.1) – Employment rate for the age group 60–64 (1.2) – Employment rate for the age group 65–69 (1.3) – Employment rate for the age group 70–74 (1.4)	Working life Indicators: – Expected duration of working life – Employment rate by age group	
Housing and mobility				Age-friendly cities and communities (5 indicators)
Violence against older people; vulnerability; protection; dignity		<i>Independent, healthy and secure living</i> Indicator: – <i>Physical safety (3.7)</i>		Ageism (4 indicators)
Further topics				National commitments (27 indicators)

* In brackets: Number of the AAI-indicator. Domains and indicators that appear under several topics are in italics.

¹ <https://www.bfs.admin.ch/bfs/en/home/statistics/cross-sectional-topics/ageing-switzerland.html> (last accessed on 20.06.2024)

² <https://unece.org/population/active-ageing-index> (last accessed on 20.06.2024)

³ <https://ec.europa.eu/eurostat/cache/digpub/ageing> (last accessed on 20.06.2024). Further indicators are provided in the Eurostat publication 'Ageing Europe—Looking at the lives of older people in the EU' (Eurostat 2020).

⁴ <https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/ageing-data> (last accessed on 20.06.2024)

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2 Life situations of older people—observations and trends

François Höpflinger

Abstract

Population ageing in Switzerland is taking place against a backdrop of marked changes in the life situations and attitudes of new generations of older adults. Not only are more people living longer, they often also enjoy more healthy years after retirement. A large majority live in one- or two-person households, where living alone due to widowhood primarily affects women. The opportunities to lead an active yet independent life in old age have significantly increased. This is why a growing number of older people do not consider themselves 'old'. There is thus increasing divergence between chronological and perceived age. However, in Switzerland, too, the opportunities to enjoy more healthy years of life are subject to social disparities, and a characteristic of modern ageing is the marked heterogeneity of life after retirement depending on educational background, financial situation and previous life history.

2.1 Introduction

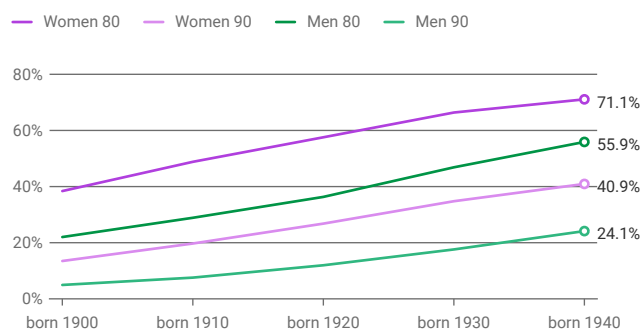
The number of older people is rising rapidly. This process is known as population ageing. At the same time, significant qualitative changes are arising in the life situations of older people. On the one hand, new generations of older people are living more active lives after retirement than previous generations. On the other, social and medical advancements have improved people's chances of living longer in good health.

2.2 Demographic backdrop and evolution of life expectancy

Switzerland's current demographic ageing is driven by the ageing of the baby boomer generation who had fewer children than their parents' generation. Since 1972, Switzerland's birth rate has been much lower than the rate needed to sustain the population in the long term (replacement level). Depending on birth rate trends, immigration and emigration levels, and life expectancy, the share of 65- to 79-year olds in the population is set to rise from 13.5% to 15.4% or even 16.5% by 2040. The anticipated increase in people aged 80 or over is even more marked. Their share of the population is likely to rise from 5.3% to 8.5% by 2040.

A central change in recent decades has been the steady increase in life expectancy. Only the COVID-19 pandemic temporarily contributed to a slight decline in life expectancy (men 2019: 81.9, 2020: 81.0, 2021: 81.6, 2022: 81.6; women 2019: 85.6, 2020: 85.1, 2021: 85.7, 2022: 85.4). This means that over time firstly the length of retirement has increased and secondly more and more people are living longer (see Graphic G2.1). The percentage of men who reached their 90th birthday rose from 2% to 18% between the 1900 and 1930 birth cohorts. For women, this figure increased from 13% to 35%. Up until the mid-20th century, a 100th birthday was an exceptional occurrence. In recent decades, the number of centenarians and older people has risen sharply (1960: 23, 1980: 277, 2000: 787 and 2023: 2086, of whom 1708 were women)

Reached 80th and 90th birthday by birth cohort G2.1



Percentages of women/men born in 1940 reaching age 90 are based on extrapolation.

Data as on: 05.12.2023

Source: FSO – ESPOP, BEVNAT, STATPOP

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The question of how life expectancy will develop is the subject of contentious debate. On the one hand, medical advances (in particular to treat cardiovascular diseases and cancer) may lead to a further increase in life expectancy. On the other, negative health trends are emerging in some population groups, such as increased overweight. The COVID-19 pandemic highlighted the fact that infectious diseases also continue to pose a significant risk. Likewise, climate-related factors—such as heatwaves and cold snaps—can contribute to increased mortality, particularly in older people (Lerch and Oris 2018; Schrijver et al. 2022). In general, however, life expectancy is expected to continue to rise in prosperous regions with well-developed health and social care systems (Kontis et al. 2017). In its population scenarios for

Switzerland, published in 2020, the Federal Statistical Office also anticipates that average life expectancy will continue to increase (FSO 2020a, 17). Depending on the scenario, it assumes that average life expectancy for men could rise to 85.5 or as high as 88.8 years by 2050. For women, it expects an increase to between 88.4 and 91.0 years by 2050.

As both socio-economic living conditions and individual behaviour determine life expectancy, significant social disparities arise in the length of retirement.

A striking phenomenon of modern societies is higher life expectancy for women compared with men, even though the gender-based differences in life expectancy in Switzerland have decreased in recent decades, from 6.7 years in 1980 to 3.8 years in 2022. The observation that differences in life expectancy (at birth and in old age) between men and women vary over time leads us to the conclusion that differences in how long people live are primarily influenced by social, economic, cultural and socio-political factors (Luy 2011). For example, differences in risk behaviour—as well as differences in work and leisure activities—result in women being less likely to be involved in fatal occupational or leisure-related accidents than men. While women tend to develop depressive symptoms in response to psychological problems, men are more likely to exhibit self-aggressive behaviour (suicide or addiction). Suicide rates are therefore higher in men than in women at all ages. In later life, above all gender-specific differences in cardiovascular diseases contribute to differences in life expectancy.

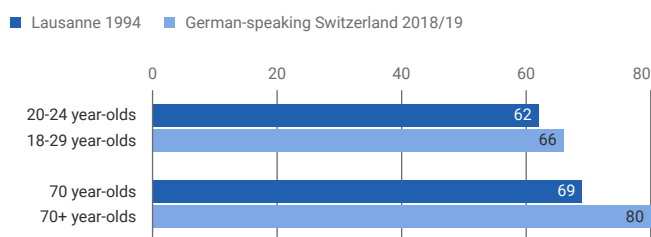
Generally speaking, the higher a person's social status, the longer their life expectancy. Poverty, low educational attainment, low status and social marginalisation are associated with a significantly increased risk of premature death (Klotz et al. 2021). Educational differences are particularly significant, whereby the shorter retirement lifespans in groups with low education is currently mainly caused by economic resources (poverty), regular tobacco use and frequent overweight (Mackenbach et al. 2019; Mestral et al. 2019).

2.3 Notions of age—increasing divergence between chronological and perceived age

Until the 1980s, the focus was on deficit-oriented theories of ageing, which only underscored the negative ageing processes. These were then increasingly supplemented by competence-oriented theories of active and healthy ageing (Klott 2014). The new visions of old age—such as 'successful ageing' or the opportunities of the 'third phase of life'—were quickly picked up on by the media although the deficit-oriented view of old age persisted. Depending on the topic or the celebrity of a person, positive and negative images of ageing are combined in different ways. Media depictions often feature negative general notions about loneliness in old age or signs of physical and cognitive decline. Additionally, positive individual descriptions of older people are made, with active forms of ageing largely being presented through older men and women in the public eye.

The dominant change of recent decades has been less about deficit-based images of ageing disappearing, and more about an upward shift in public perceptions of when old age begins, particularly among older people themselves (see Graphic G2.2). While in a research study conducted in Lausanne in the mid-1990s (Roux et al. 1994), older respondents defined the beginning of old age as 69 on average, in 2018/19 the corresponding age had risen to 80. Younger respondents tend to perceive the start of old age earlier and to place greater emphasis than older people on negative aspects such as loneliness in old age.

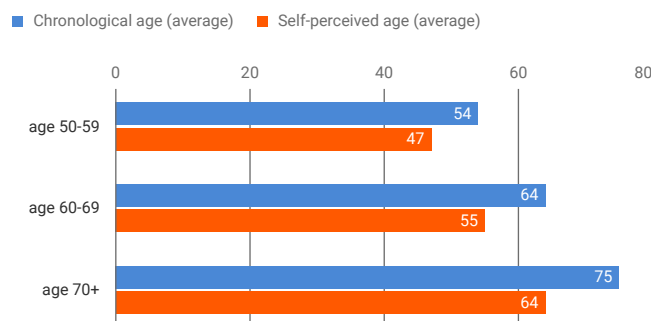
Start of old age years G2.2



Lausanne: N=477
German-speaking Switzerland: N=8798

Source: Roux et al. 1994, Berner Generationenhaus 2019
gr-e-00.00-2015-2400-02.02 © FSO 2024

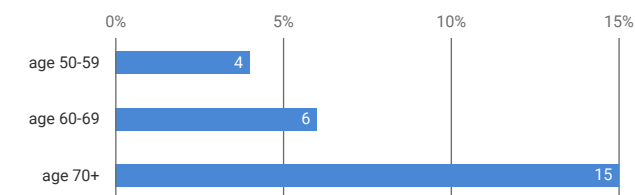
Chronological and self-perceived age 2018/19 G2.3a



N=8798

Source: Berner Generationenhaus 2019
gr-e-00.00-2015-2400-02.03a © FSO 2024

Describe themselves as 'old' G2.3b



N=8798

Source: Berner Generationenhaus 2019
gr-e-00.00-2015-2400-02.03b © FSO 2024

As they grow older, people increasingly respond to negative stereotypes of ageing by not considering themselves as 'old'. Negative views of ageing are not challenged; instead, people deny that ageing affects them personally. A growing number of older people consider themselves younger than their chronological age (Wettstein et al. 2023). In a survey conducted in 2014, the vast majority of 60- to 70-year-olds surveyed said they felt younger than their actual age (Samochowiec et al. 2015). A survey conducted in late 2017 among people aged 50 or over (median age of respondents: 68) in the cantons of Basel-Stadt, Basel-Landschaft, Aargau and Solothurn confirmed this observation, with only a fifth saying they felt their real age. Nearly 70% said they felt younger. Only 5% felt subjectively older than their chronological age (Schicka and Uggowitzer 2017). The survey conducted by the Berner Generationenhaus (2019) on attitudes to ageing in German-speaking Switzerland highlighted the trend towards a disconnect between chronological and perceived age (see Graphics G2.3a and b). Meanwhile, a study conducted in late 2021 on people aged 80 or over showed that the majority of even this group (57%) felt younger than their actual age (Borkowsky 2022, 99).

2.4 Household and living conditions in old age—a trend towards small households

Recent decades have been characterised by a trend towards small households, and, according to the scenarios drawn up by the Federal Statistical Office (FSO 2021), this is set to continue in the coming decades. According to statistics on households from 2021, 32% of people aged 65 or over who lived at home lived in a one-person household and 56% in a couple household. Larger household types were less common (9.3% in households with three or more people, 1.1% in multi-family households (households with at least two independent family units)). Only 1.3% lived with non-relatives, in so-called non-family households (which also include shared senior housing). A survey conducted in late 2021 on people aged 80 or over yielded similarly low numbers and only 2% of respondents lived in households comprising three or more people (Borkowsky 2022, 8).

People are often living as a couple when they retire and decisions on retirement planning are often made as a couple (Métrailier 2018). When people need assistance or care, their partner—if they have one—acts as carer, sometimes alone or sometimes with other relatives or professionals. Unsurprisingly, living longer means an increased risk of widowhood. Accordingly, the proportion of married women and men decreases with age.¹

It is striking, however, that the proportion of older couples has increased in recent decades (see Table T2.1). For example, in 1970, only 52% of 80- to 84-year-old men were married, while in 2020 that figure had risen to 72%. And among women of the same age, the proportion who were married increased from 14% to 37%. On the one hand, this reflects the impact of increased life expectancy, whereby people are more likely to grow old together. On the other, women and men born in the years from

Married persons in old age by gender, 1970 to 2020

In per cent

T2.1

Gender	Age group					
	65–69	70–74	75–79	80–84	85–89	90+
Women						
1970	49.2	36.9	24.9	14.2	7.0	3.1
1990	56.8	45.4	32.8	20.8	10.7	4.0
2010	62.3	55.9	44.9	30.7	16.9	6.2
2020	59.3	56.4	49.3	37.1	22.4	8.7
Men						
1970	79.1	73.0	64.3	52.1	37.0	24.6
1990	81.9	78.5	72.7	63.9	51.2	34.7
2010	77.2	78.2	76.7	72.0	62.8	45.6
2020	70.7	72.8	73.8	71.8	64.5	49.1

From 2012 married people incl. registered partnerships

Source: FSO – Federal Population Census, STATPOP

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1930 to 1945—most of whom started their families in the post-war decades—belong to the most pro-marriage and pro-family birth cohorts.

Later generations of older people will be less likely to be married. This is partly because of increased divorce rates even in old age and because younger generations of older men and women are more likely to cohabit than earlier generations. The share of older people who are part of a couple but who do not live together, is also on the rise.

Conversely, thanks to increased life expectancy, the proportion of people affected by early widowhood has decreased (see Graphic G2.4). What has not changed, however, are the gender-based differences, with widowhood and the loss of a partner in old age mainly affecting women. This is due to two factors: Firstly, women have a higher life expectancy than men (which means they are more likely to outlive their partner). Secondly, men usually marry younger women and a big age gap between husband and wife increases a woman's risk of outliving her spouse. In addition, even in old age, men are more likely to re-marry than women of the same age.

The death of a spouse usually means the end of a long relationship with all the personal consequences that come with the loss of a close and intimate partnership and joint household for the surviving partner. Widowhood is therefore considered a critical life event with a negative mental health and social impact. The early phase of widowhood in particular is characterised by greater susceptibility to physical and mental illnesses (Perrig-Chiello and Margelisch 2015).

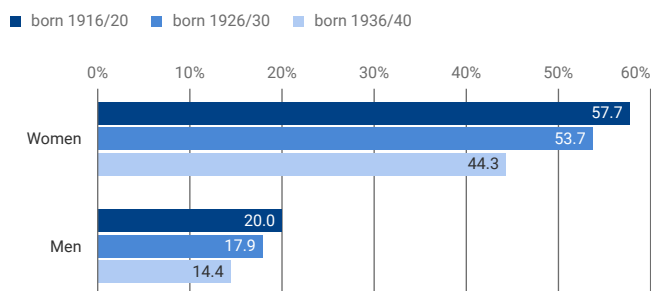
From 1970 to the mid-1990s, institutionalised care for the elderly was expanded in many parts of Switzerland.² As a result, the proportion of people aged 80 or over living in institutionalised

¹ See also Chapter 4.2.1.

² See Chapter 7.

Widowed at the age of 80-84

G2.4



Source: FSO – FPC, BEVNAT

gr-e-00.00-2015-2400-02.04
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forms of housing rose from 18% in 1979 to almost 22% in 1990. From the mid-1990s, and particularly after 2000, home care structures (Spitex) were promoted. At the same time, more age-appropriate and barrier-free dwellings were built. This has led to a decline in the proportion of older people living in retirement and nursing homes in recent decades (see Table T2.2). Between 2000 and 2022, the share of people aged 80 or over living in nursing homes decreased from 20.5% to 13.6%. The COVID-19 pandemic further accentuated this trend, with 4% fewer people living in nursing homes in 2020 than in 2019.

As women are less likely to be able to rely on care from a partner in old age—e.g. due to widowhood—they are more likely than men to live in nursing homes. At the same time, in old age women are more likely than men to suffer from chronic conditions that make it difficult or impossible to live independently but are not immediately fatal (e.g. heart failure rather than heart attack).

The expansion of outpatient care facilities will further push up the age of entry to a nursing home and further reduce the length of stay. Meanwhile, the classic dichotomy of ‘at home versus care home’ is increasingly disappearing. Various intermediate arrangements and flexible care structures are becoming more important, such as decentralised assisted living facilities and short-term stays/respite care in nursing homes (short stay after surgery before moving back home) (Werner et al. 2021). Sheltered or supported housing (housing with services) is also becoming more common (Kraft et al. 2023).

2.5 Healthy life expectancy and physical health in old age—wide variations

Nowadays, people generally not only live longer, but also have more years in relatively good health and without major limitations in their daily lives. According to an international comparative analysis, average healthy life expectancy in Switzerland rose from 67.9 to 72.1 between 1995 and 2017, and is expected to reach 73.4 by 2025 (Cao et al. 2020).³ The length of healthy retirement has therefore significantly increased. Nevertheless, averages

³ According to the FSO, life expectancy in good health was 70.8 years for women or 69.8 years for men in 2017 and 71.2 years for women or 70.8 years for men in 2022 (FSO 2024).

Share of people in nursing homes by age and birth cohort, from 2000

In per cent

T2.2

Cohort	Age group			
	80–84	85–89	90–94	95–99
Women				
1906/10	–	–	45.5	52.7
1916/20	13.1	25.7	42.5	56.3
1926/30	10.6	22.0	35.0	–
1936/40	8.2	–	–	–
Men				
1906/10	–	–	31.0	39.8
1916/20	7.9	15.7	26.9	39.0
1926/30	6.2	12.9	20.5	–
1936/40	5.0	–	–	–

People in homes: Long and short-term residence but excluding day visits (e.g. for lunch or events, etc.)

Source: FSO – ESPOP, Federal Population Census, SOMED, STATPOP

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conceal huge differences in people's state of health in retirement because physical ageing processes proceed at different rates. In Switzerland, too, differences in healthy life expectancy by education level have widened in recent decades. While highly educated people have been able to enjoy rising healthy life expectancy, for men with only compulsory schooling in particular, healthy life expectancy has not risen at all since 2000 (Remund and Cullati 2022).

Living longer means a greater risk of chronic disease. According to an international study conducted in 2021 in people aged 65 or over, in Switzerland, too, high blood pressure was the most commonly diagnosed disease in old age, particularly among people with a low level of education. In second place were limb pain and arthritic conditions, with women more likely to be affected than men (Pahud 2021). Less common but not rare is medically diagnosed diabetes, in particular among poorer people. However, undiagnosed cases of this disease are common (Fürst and Probst-Hensch 2020). Meanwhile, older people with a low level of education and few financial resources are less likely to consult a doctor and are not as well informed about their state of health as people with tertiary level education or their financially secure peers. Financial deprivation and a lack of social support lead to reduced health literacy (De Gani et al. 2021). Social differences in risk of disease in old age are therefore amplified by social disparities in medical care and chances of recovery.

Many people suffer from more than one diagnosed disease or condition in old age (see Table T2.3). Multimorbidity is particularly common in later old age (those aged 80+). For example, 58% of people surveyed aged 80 or over and living at home were affected by two or more chronic diseases. This in turn is associated with greater use of medication (Pahud 2021).

Multimorbidity and polypharmacy in older people living at home, 2021

In per cent

T2.3

	Age group				Level of education ³ (persons aged 65+)		
	65–69	70–74	75–79	80+	low	medium	high
% Multimorbidity ¹	34.6	45.3	52.2	57.5	50.7	46.4	42.2
% Polypharmacy ²	19.5	24.8	35.9	39.2	30.6	28.8	27.8

¹ Two or more chronic health conditions mentioned.² Four or more prescription medicines taken routinely.³ low: compulsory education only, medium: upper secondary level, high: tertiary level

Source: Pahud 2021

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‘Functional health’ in particular is key to quality of life and independence in old age; in other words the ability to carry out day-to-day tasks independently.

When asked in general about long-standing health-related limitations in daily life, those aged 85 or over in particular are more likely to consider themselves severely limited (see Graphic G2.5). In this age group it is about one in nine (2022), although the only reason the figure is not higher is because older people with severe functional limitations are more likely to be looked after in a nursing home.

Time comparisons show that walking ability has improved, at least among older people living at home—an important aspect of functional independence (see Graphic G2.6). Nowadays, more

people aged 80 or over can walk at least 200 metres unaided without difficulty than they could in previous decades. This is due in part to more hip and knee replacement operations.

Limitations in everyday activities in old age can also occur due to a hearing or visual impairment. Hearing problems put a strain on social interactions and can contribute to social isolation. The proportion of people with hearing impairments increases with age, and among those aged 90 or over, more than 70% suffer from hearing-related communication problems (Borkowsky 2022, 31). Nevertheless, the percentage of older people with a functional hearing impairment is in decline thanks to greater use of hearing aids (Höglinger et al. 2022).

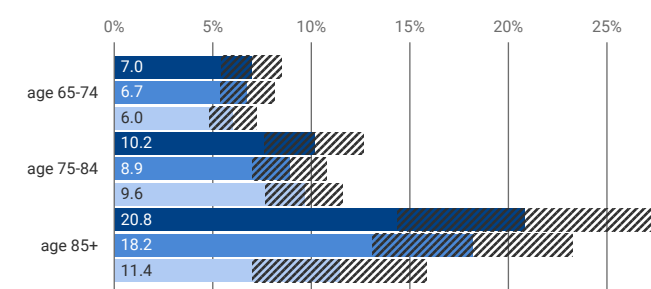
Age-related visual impairments also increase with age, with the likelihood of suffering from an uncorrectable visual impairment particularly increasing after the age of 80. Among those aged 95 or over, 51% were affected by a visual impairment or blindness in 2019 (Spring 2019). Visual impairments in old age increase the risk of depressed mood, feelings of loneliness and memory problems. Severe visual impairments in old age may require a person to move to a care home or nursing home, with people affected by late-life blindness needing adjusted architectural structures and specific care and support (Heussler et al. 2016).

Old age is associated with increased physical risks. At the same time, the chances of a long, disability-free life expectancy have massively increased. More and more people are remaining functionally independent until 80/85 or even 90; a process that—owing to medical progress—will continue to be decisive in the coming decades. As the length of healthy/disability-free retirement depends on many factors (e.g. financial security, previous occupational stress, exercise and dietary habits, social support and biological-genetic dispositions), marked differences in physical ageing processes are emerging—and will probably increase.

People living at home: severely limited in everyday activities due to health problems

G2.5

■ 2014 ■ 2019 ■ 2022 ▨ Confidence interval (95%)



Data as on: 20.12.2023 / 23.03.2023

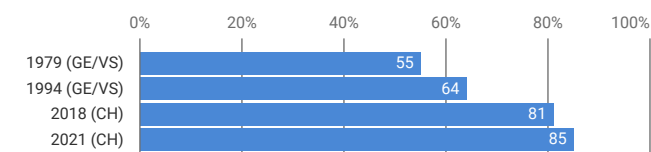
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Source: FSO – Statistics on Income and Living Conditions (SILC)

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People aged 80 or over living at home who can walk at least 200 metres unaided without difficulty

G2.6



Source: Lalive d'Épinay et al. 2000 (GE/VS), Höpflinger et al. 2019 (CH 2018), Borkowsky 2022 (CH 2021)

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2.6 Dementia-type illnesses—societal perspectives

Dementia is a generic term for various brain disorders with different causes. Dementia is characterised by memory loss, often combined with other cognitive disorders (such as problems with speech, movement or recognition) (Monsch et al. 2012). These deficits prevent those affected from living an autonomous life and result in limitations in everyday activities. Dementia usually progresses in different phases, with each phase of the disease giving rise to specific requirements (e.g. targeted support services for patients and their caregivers).

The prevalence of dementia in the population is largely age-related. While dementia in persons under the age of 65 is rare, there is a rapid increase in prevalence from the age of 65, from 3% in those aged 65 to 74, to 11% in those aged 75 to 84, and to 30% in those aged 80 to 94. Of those who are currently over 94, around 45% suffer from dementia, which is often the main reason for moving to a care or nursing home (FOPH 2019). Fear of dementia is currently one of the biggest worries associated with ageing. According to the 2018 Dementia Barometer, 25% (2012: 19%) of adults in Switzerland said they would rather not

continue living if they were diagnosed with Alzheimer's disease. When asked whether they had any understanding for people with Alzheimer's who wished to end their lives by means of assisted suicide, 48% of respondents had a great deal of understanding and 32% some understanding (Seifert and Schelling 2019).

Dementia-type illness led to a rapid increase in costs for family or professional caregivers—particularly in the later stages. The total cost to society of dementia-type illnesses was estimated at CHF 11.8 bn for Switzerland in 2019. Of the total costs, institutional care costs (stays in nursing homes) accounted for just under 47%. A further 47% of dementia costs—based on market cost calculations—went on unpaid family carers. Other significant dementia costs were outpatient services (Spitex) (4%) and hospital costs (2%) (Alzheimer Switzerland 2019).

If there is no change to the age-related dementia risk, the number of older people with dementia is likely to rise rapidly due to population ageing. However, in view of recent developments, linear projections are problematic as more recent generations of older people experience different cognitive developments and ageing processes compared with past generations (Clouston et al. 2021). Longitudinal studies from the US and Europe indicate falling dementia incidence rates (Wolters et al. 2020). Two main factors were behind the reduced risk of dementia. Firstly, rising levels of education and vocational training of the population are significant. Investment in education and training not only improves quality of life, but also cognitive abilities. Another factor is a reduced risk of severe strokes and other cardiovascular risks, whether through prevention or better treatment (Skoog et al. 2017). But even if things are developing in the right direction, the number of people with dementia is expected to rise—at least in the coming decades—especially as the baby boomer cohorts reach the riskier years of old age.

2.7 Psychological wellbeing—life satisfaction versus depressive symptoms and loneliness

Psychological wellbeing and mental health are determined by both individual characteristics and social circumstances (Peter et al. 2023). It is often assumed that people have lower psychological wellbeing in old age and are more likely to suffer mental illness than younger people. However, a generally high level of life satisfaction was already observed in older people in Switzerland in the late 1980s and early 1990s. There were no indications that reported life satisfaction deteriorated after retirement or that general life satisfaction decreased with age (Höpflinger 2003; Leu et al. 1997). Indeed, even today, about half of older people report very high levels of life satisfaction (see Table T2.4). While the COVID-19 pandemic and its social implications affected young people's life satisfaction, it had less of an impact on the older population. That being said, social circumstances, such as a precarious financial situation, poor (functional) health, little social interaction, or a low level of activity, also contribute to lower life satisfaction in older adults, as shown by a survey of people aged 80 or over conducted in 2021 (Borkowsky 2022).

When interpreting satisfaction levels in older people, it should be noted, however, that older adults whose health-related quality of life is impaired and people with symptoms of depression are more likely to live in a care home or nursing home (Schuler and Burla 2012). A high reported level of life satisfaction can also be reached in old age through a reduction in the demands of life (people feel satisfied because they have adapted to the limited life opportunities in old age).

Like in younger people, symptoms of depression are among the most common mental illnesses in old age, too (and they are often chronic). Among the older population, depression often occurs alongside physical ailments or other mental illnesses (e.g. affective psychosis). Depression symptoms are also more common in older people with low levels of education or in precarious financial situations (Schuler et al. 2020). Of the people aged 80 or over living at home, 7–8% mentioned diagnosed depression/anxiety (Merçay 2017; Pahud 2021). On top of this come the

People living at home with very high level of life satisfaction¹

In per cent

T2.4

	Age group									
	18–24	+/- ²	25–49	+/- ²	50–64	+/- ²	65–74	+/- ²	75+	+/- ²
2014	33.6	2.8	33.5	1.2	39.4	1.8	50.8	2.8	53.0	3.7
2017	33.1	2.6	32.0	1.3	36.8	1.7	49.6	2.5	49.9	3.1
2019	38.2	3.1	34.0	1.5	39.6	2.0	51.8	2.6	52.6	3.0
2021 (Covid-19)	26.3	2.8	31.8	1.5	37.4	1.9	48.4	2.6	51.0	2.9
2022	27.5	2.7	33.0	1.6	37.8	1.9	53.0	2.6	51.1	3.1

¹ Satisfaction with life at present (9–10 on a scale of 0–10)

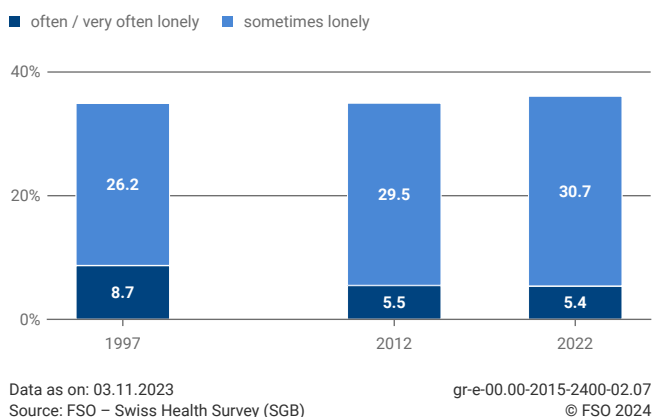
² Limits of the 95% confidence interval

Source: FSO – Statistics on Income and Living Conditions (SILC)

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People aged 75 or over living at home: expressed feelings of loneliness

G2.7



undiagnosed cases of depression. More than one in five people living in a nursing home suffers from symptoms of depression. This is less a case of care home admission leading to depression, and more that pronounced symptoms of depression contribute to people needing inpatient care in the first place (Höpflinger 2016).

Loneliness is a common theme within the deficit-based views of ageing, with younger people in particular citing an increased risk of loneliness in old age.⁴ Older respondents are less likely to attach importance to the issue (Berner Generationenhaus 2019). Determining whether loneliness has become more or less common in older adults in recent decades is difficult. First, responses on feelings of loneliness depend on the way the question is asked and the possible categories for answering. Second, it seems that socially isolated and withdrawn older people are more likely to refuse to take part in a survey than their socially well integrated peers.

On the whole, in more recent surveys, about 5.5% of older people say they often feel lonely (see Graphic G2.7). They are more likely to say they “sometimes feel isolated”. The main complaint of older people is the loss of companions of their own age (Borkowsky 2022, 53). Loneliness also varies in old age according to circumstances. Older adults who are sick, on a low income and with a low level of education are more likely to be lonely than their healthy, well-off and well-educated peers.

By and large, the vast majority of older people report a high level of life satisfaction. However, a minority suffer from symptoms of depression and loneliness. There is very little clear evidence that loneliness and depression in old age have become significantly more widespread in recent decades. However, as the number of older people has grown as a result of demographic trends, unchanged percentages of people mean that the number of lonely and/or depressed older people has risen.

⁴ See also Chapter 4.2.3.

2.8 Activities in retirement—physical, cultural, social

Social engagement, continuing education, adequate physical activity and cultural or creative activities increase quality of life in retirement. They also help to significantly delay age-related deficits. However, the forms of social, cultural and sporting activities popular with older people have changed over time, as they have for younger people, too. For example, traditional church-based and religious activities (like attending church services) have become less important among recent generations of older people (Stolz and Senn 2021). On the other hand, sport and physical activity levels have increased among retired people. This is a key influencing factor for a long and healthy old age (Miko et al. 2020). According to the 2020 Sport Monitor, 73% of 65- to 74-year-olds and 63% of those surveyed aged 75+ regularly practise a sporting activity (Lamprecht et al. 2020a). Popular sports include hiking and endurance sports (such as swimming and cycling).

The majority of Switzerland’s population actively participates in a cultural activity, and this also applies to people of retirement age (FSO 2020b).⁵ The interests of older people are spread over various forms of cultural activities. The most frequently-cited cultural activity was singing, either alone, in groups or in a choir. Playing a musical instrument is also a common creative pursuit in retirement. In second place—among retired men—is photography. Generally speaking, older men are more likely than older women to engage in technical activities, such as creative work on the computer. Meanwhile, in second place among older women is writing (such as a diary or stories). Drawing and painting are also commonly practised cultural activities among pensioners nowadays. However, in old age, too, cultural activities also depend on one’s social milieu, and creative pursuits are mostly—though not exclusively—confined to people with a high level of education. In addition, health-related factors (functional health) also have a role to play and in old age people often give up cultural activities they used to partake in. When asked what age-related obstacles prevented them accessing cultural facilities, those aged 74 or over in particular were more likely to mention poor health or general difficulty accessing cultural facilities or cultural events (FSO 2020b).

While there has only been a slight trend towards continued work after the age of 65 up to now, a considerable proportion of older men and women engage in unpaid activities after they retire. Depending on the survey, between 40% and 50% of 65- to 74-year-olds have been involved in voluntary activity in recent decades (Höpflinger 2022; Lamprecht et al. 2020b).⁶ Retired people play an important integration and support role in society through their (unpaid) activities. (Healthy) retired people are therefore increasingly perceived as important target groups for civil society initiatives. At the same time, volunteering is considered an important activity for men and women after retirement. This is because it allows people to engage in meaningful activities or pursuits that contribute to social integration in retirement (Haunberger et al. 2022).

⁵ See also Chapter 4.

⁶ See more detail in Chapter 5.

A summary of past and anticipated trends

T2.5

	Past trend	Anticipated trend
Epidemiological/health dimensions		
Disability-free life expectancy	increasing slightly	increasing
Dementia risk 80+	tendency to decline	declining
Walking ability 80+	improving slightly	improving
Severe care dependency 80+	declining slightly	declining slightly
Life situation		
Proportion of people living alone 80+	increasing	increasing
Proportion of people 80+ in nursing homes	declining	declining
Proportion of people 80+ in sheltered accommodation	increasing slightly	increasing
Risk of loneliness in old age	no change	no change, perhaps increasing
Activities in retirement		
Voluntary work	no change	no change, perhaps declining
Sport/physical activities	increasing	increasing
Cultural activities	increasing	no change
Continuing education rates	no change	increasing

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On the whole, there is a trend towards more older people enjoying an active retirement. However, the way people spend their later life varies widely, and differs according to social milieu. While some people are involved in public activities (e.g. in sports clubs, political parties, senior citizens groups, or generational projects), others prefer to engage in private pursuits (e.g. gardening, looking after grandchildren, meeting friends). This increases the diversity of activities pursued in retirement and also the heterogeneity of individual ageing processes.

2.9 Conclusion

Demographic ageing is happening in combination with significant generational and structural changes in the life situations and activities of older adults. The opportunities to enjoy a long and healthy old age have grown and will continue to do so. This has two significant implications for society: Firstly, observations about people who are currently elderly are only of limited relevance to assess the future of ageing (see Table T2.5). Secondly, economic and social inequalities mean that ageing processes are very different from one individual to the next. The quantitative demographic change (more older people) is therefore taking place against the backdrop of marked heterogeneity and diversity of life situations and forms of activity in older adults. At the same time, it is becoming ever clearer that an ageing society cannot function without a targeted social policy to utilise the resources and skills of retired people. If people remain socially engaged in old age (e.g. as grandparents, in voluntary activities or simply by politically supporting the interests of future generations), ageing societies can benefit from a ‘demographic dividend’ (Fried 2016).

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3 Financial situation of the retirement-age population

Martina Guggisberg, Stephan Häni, Caterina Modetta, Dominique Oehrli, and Michaël Papinutto

Abstract

The composition of the household budget changes as people age. On average, people of retirement age have lower incomes than those of working age. However, as their expenditure is also lower and older people are more likely to have financial reserves, most of those aged 65 or over take a more positive view of their financial position than younger people do. Nevertheless, there are large differences within the older age group. People for whom first pillar benefits (OASI/IV pensions including any supplementary benefits) represent the majority of household income are often among the most disadvantaged. The likelihood that financial resources will be low or inadequate in old age rises for people living alone, those without post-compulsory education and foreign nationals in particular.

3.1 Introduction

Switzerland's population composition has changed considerably over the past few decades (see Chapters 2 and 9). As the various articles in this publication illustrate, the demographic ageing of Switzerland's population is impacting many areas of life. The resulting social policy debates consistently raise questions about the financial situation of older people. This topic is also addressed in various research reports and publications of the FSO exploring the major changes in income, expenditure and wealth that often arise upon retirement (e.g. Braun-Dubler et al. 2022; FSO 2020a, 2018a, 2014b and 2012; Knöpfel et al. 2020; Meuli and Knöpfel 2021; Wanner and Gerber 2022).

This chapter also describes the financial situation of people aged 65 or over. It seeks to answer the following questions using updated analyses and new findings: What financial resources do retirement-age people in Switzerland have, and what do they spend those resources on? What is the relationship between the financial situation of retirement-age people and their living conditions?

The financial situation of Switzerland's retirement-age population is primarily assessed by comparing their situation with that of younger people. However, account is also taken of the fact that the older population is not one homogeneous group. The analysis therefore also considers various factors that could explain differences within this population.

Box 3.1: Data sets

Various data sets of the Federal Statistical Office were used and quantitatively evaluated to arrive at the description of the financial situation of the older population. The main sources used in the analysis were data from the Household Budget Survey (HBS) and the Statistics on Income and Living Conditions (SILC).

The Household Budget Survey (HBS) gathers detailed information on the income and expenditure of around 3300 private households annually. The analyses presented in this article combine the data from the years 2015 to 2019. Expanding the sample to some 16 500 households in this way enables detailed and nuanced insights into the income and expenditure of the older population to be gained.

The Statistics on Income and Living Conditions (SILC) survey is conducted across more than 30 European countries. In Switzerland, each year, it surveys around 8500 private households representing more than 18 000 people. Its purpose is to investigate poverty, social exclusion and living conditions, applying consistent indicators across Europe. The SILC analysis in this article draws largely on the data for 2021. The income data in the SILC 2021 relates to the year 2020. Some rounds of the SILC survey in Switzerland also included an experimental module on household wealth. This publication presents some results of that module, which was conducted in 2020.

As collective households such as nursing homes are not captured by either the HBS sample or the SILC survey, residents of such homes are outside the scope of this article.

3.2 Household budget

The composition of the household budget changes as people age, on both the income and expenditure sides (FSO 2012). These changes are explored in greater depth below, by comparing the income and expenditure situations of households with and without members aged 65 or over.¹ This is based on the data from the Household Budget Survey (HBS; see Box 3.1). As the household budget is also greatly influenced by the composition of the household, and as people of retirement age mainly live in single-person or couple households (see also Chapter 2), the results presented relate to those two categories.² 92.1% of those aged 65 or over live in a couple or single-person household. In the interests of gender mainstreaming, single-person households are broken down by gender where useful. It should be noted that the gender balance within the single-person household category varies greatly according to age group. Additional analyses of data from the Household Budget Survey show that women represent 70.2% of people of retirement age living alone, but just 45.7% of under 65s living alone.

3.2.1 Level and composition of gross income

Gross income is the sum of all income that a household receives before deduction of compulsory expenditure. In addition to income from employment, and investment and rental income, it also includes pensions and social security benefits, and financial transfer income from other households (see Table T3.1).

The average gross income of Swiss households in 2015–2019 (combined data, see Box 3.1) was CHF 9420 per month. That includes the income from all household members, with the average household in Switzerland consisting of 2.1 people. Incomes are generally lower for single-person households than for multi-person households because the latter have more potential income contributors. In 2015–2019, the average gross income for couple households aged under 65 was CHF 12 621 per month, and thus well above the average for the country as a whole. Conversely, couple households aged 65 or over had an average gross income that was more than CHF 1000 below the national average, at CHF 8358. Over the same period, people aged 65 or over living in single-person households had an average gross income of CHF 4628, compared with a figure of CHF 6521 for single-person households under the age of 65.

For single-person and couple households alike, gross income in 2015–2019 was highest for the 45–54 age group and then decreased significantly with age (see Graphic G3.1). Asset depletion, which many retirement-age households use to make up at least in part for the loss of income, is not reflected in gross income (see also Section 3.3). However, the disparity between the

different income groups is considerable in this age group too: For people aged 65 or over living alone, gross incomes in the highest income group are 3.8 times higher than in the lowest group, while for couple households the equivalent figure is four times higher. Women aged 65 or over who live alone also have significantly lower gross incomes than their male counterparts.

Overview of income components and income levels

T3.1

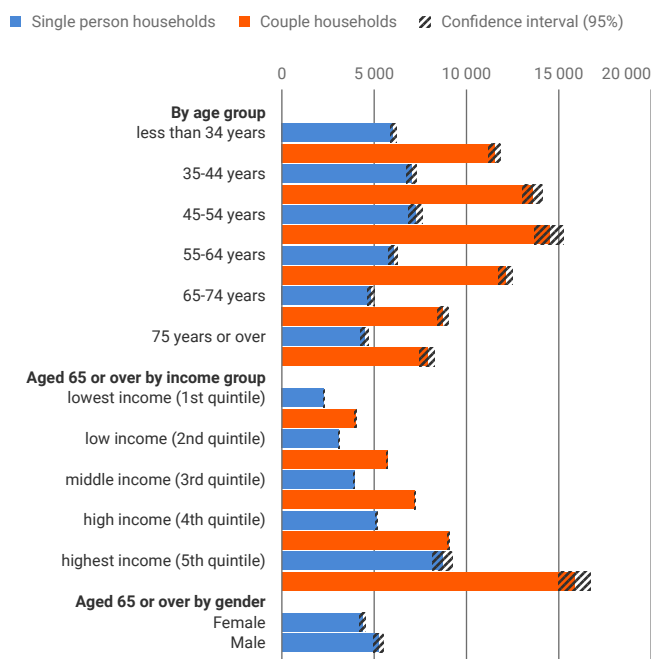
+ Income from employment	
+ Investment and rental income	
= Primary income	Income before transfers
+ Pensions and social security benefits	} Transfer income
+ Financial transfer income from other households (e.g. alimony payments)	
= Gross income	
– Compulsory transfer expenditure (e.g. social security contributions, taxes, basic health insurance)	} Transfer expenditure
– Financial transfer expenditure to other households (e.g. alimony payments)	
= Disposable income	Income after transfers
– Other insurances, fees and transfers	
– Consumption expenditure	
+ Sporadic income (e.g. insurance reimbursements, sales, etc.)	
= Savings	

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Gross income of single-person or couple households, 2015–2019

G3.1

Average monthly values, in CHF



Quintile allocation based on gross household income of 65+ single-person or couple households.

Data as on: 20.02.2023
Source: FSO – Household Budget Survey (HBS)

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¹ Further overview tables by year and by various socio-demographic characteristics can be found on the Federal Statistical Office (FSO) website's statistics portal, at <https://www.bfs.admin.ch/bfs/en/home/statistics/economic-social-situation-population/income-consumption-wealth/household-budget.html> (last accessed on 20.06.2024).

² Couple households are classified into age groups based on the age of the older person. People who do not live in a couple or single-person household (such as those in family households) are not captured in the analyses below.

Box 3.2: Differences between first pillar (OASI) and second pillar (occupational) pensions

The aim of the state old-age and survivors' insurance (OASI) is to cover basic needs. It is based on principles of solidarity and redistribution, and is mandatory for anyone living or working in Switzerland. Consequently, there are very few pensioners of statutory retirement age who are not (yet) drawing an OASI old-age pension. The aims and principles of the old-age pension system are also reflected in the institutional rules about the size of individual pensions, with upper and lower limits applying.

By contrast, only employed workers earning above a certain amount are compulsorily insured under the second pillar. This has the result that only around two-thirds of pensioners aged 65 or over draw an occupational pension.

Gross incomes of households containing members of retirement age vary not only in their level, but also in the significance of different income components compared with younger age groups. As Graphics G3.2 and G3.3 show, working age people's income primarily consists of income from employment. However, once people enter retirement age, the main source of income shifts in particular to pensions from the old-age and survivors' insurance (OASI) including any associated supplementary benefits (first pillar).

The share represented by the first pillar varies depending on household composition: For single-person households aged 65 or over it represents nearly 48% of gross income, compared with 38% for couple households in the same age group. The significance of first pillar income increases further with age when the two oldest age groups are separated out, rising to 50.7% of gross income for single-person households aged 75 or over, and 43.5% for couple households.

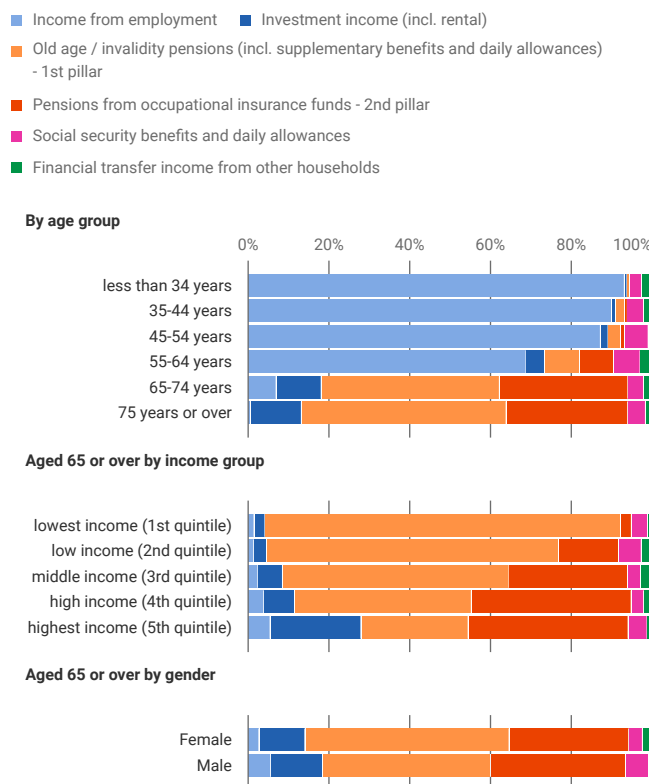
Occupational (second pillar) pensions also represent an important source of income for retirement-age households (just under one-third of gross income in both types of household). Their relative significance varies, however, according to income level: The share deriving from the first pillar decreases considerably as incomes rise, while the share from the second pillar increases sharply (see explanation in Box 3.2). Broken down by gender, the share from the first pillar is much higher, and the share from the second pillar is lower for women aged 65 or over living alone than for men in the same age group living alone (see also Box 3.4).

Another important source of income is investment and rental income, whose share rises markedly with age, even before retirement age. Here too, the share is higher where total incomes are higher. Within single-person households aged 65 or over, there is minimal difference between genders in this respect.

The final observation from the graphics is that the proportion of gross income deriving from employment starts to decrease substantially from the age of 55, but that this source continues to account for a slice of budgets in households containing people aged 65 or over. With increasing age, this share decreases

Composition of single-person households' gross income, 2015–2019

G3.2



Quintile allocation based on gross household income of 65+ single-person or couple households.

Data as on: 20.02.23

Source: FSO – Household Budget Survey (HBS)

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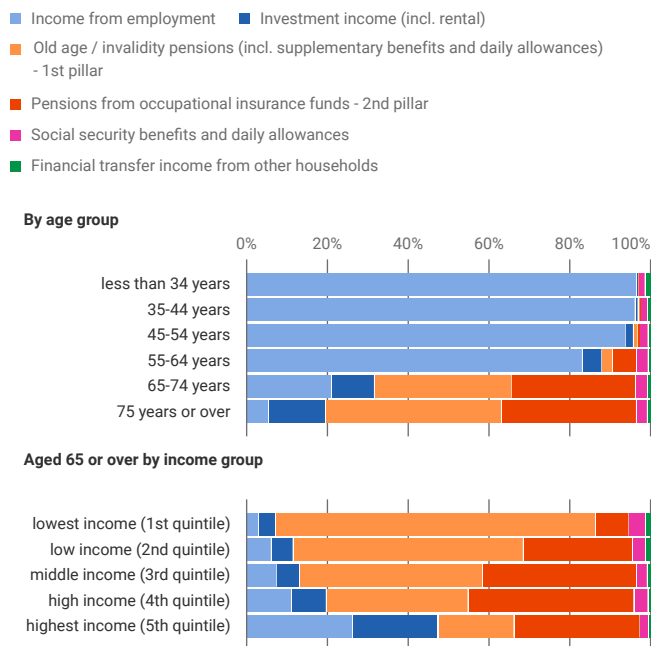
further. However, the breakdown by income class also reveal that even beyond the age of 65, this income can still make a sizeable contribution to improving a household's financial situation.

Additional analysis by the FSO reveals that around 25% of 65–74 year-olds living alone, and around 10% of those aged 75 or over living alone still earn an income from paid employment, regardless of the amount of hours worked. This may only represent a small additional income. There are no statistically significant differences between men and women in this respect. However, the share rises with income class: The figure of more than one-fifth (20.8%) in the highest-income single-person household group aged 65 or over is almost twice as high as in the lowest-income group (11.4%), which is significant. This suggests that enjoyment of work rather than financial considerations alone may often be a major motivating force to keep working.³ Around 70% of people aged 65 or over who are working derive their

³ This also corroborates the findings of the social security module of the 2019 Swiss Labour Force Survey (SLFS), in which around 54% of women aged 64–69 and around 61% of men aged 65–70 who were still working reported that "they do so because they enjoy their work. By contrast, 20% of the people surveyed said that they continued to work beyond statutory retirement age on financial grounds." (See press release at <https://www.bfs.admin.ch/asset/en/13127741>, freely translated (last accessed on 20.06.2024)).

Composition of couple households' gross income, 2015–2019

G3.3



Quintile allocation based on gross household income of 65+ single-person or couple households.

Data as on: 20.02.23

Source: FSO – Household Budget Survey (HBS)

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income from self-employment. Like employees, they are able to bring in more money or, in the absence of an adequate financial buffer, to plug any gaps in their pension provision (particularly occupational pensions).

Lastly, financial transfers and assistance from other private households can also contribute to financing the budget, particularly for single-person households.

3.2.2 From gross to disposable income: Compulsory expenditure

Across all age groups, compulsory expenditure in 2015–2019 was CHF 1755 per month for single-person households, or 30.0% of their gross income, and CHF 3323 per month (30.9%) for couple households. The biggest item within these categories was taxes, at an average of 12.3% of gross income for single-person households or 13.8% for couple households. Compulsory expenditure also includes social security contributions, such as old-age (OASI) and occupational pension contributions, compulsory health insurance premiums⁴ and financial transfers to other households (e.g. alimony).

⁴ The gross premiums are stated. Premium reductions are recognised under income, in the 'Social security benefits and daily allowances' section of 'Pensions and social security benefits'.

For both single-person and couple households aged 65 or over, compulsory expenditure in 2015–2019 represented a slightly smaller burden than in the two younger age groups (aged 45 and over). Social security contributions are negligible for retirement-age households, meaning that taxes and health insurance premiums account for larger percentage shares.

The higher the income level, the greater the significance of taxes for retirement-age households. Single-person and couple households in the lowest income quintile are an exception to this rule, presumably because they use assets and home ownership not captured here to fund part of their household budget, which would explain the relatively high taxes they pay (see also Graphic G3.4).

The remainder of gross income, i.e. disposable income, is what is left for consumption and any savings after deducting other insurance premiums and fees. For single-person households in both the 65–74 and 75+ age groups, disposable income as a share of gross income was about 72% in 2015–2019, somewhat higher than in all age groups under 65. The difference was a little smaller (69% in each case) for couple households aged 65 or over. In working-age households, disposable income as a share of gross income decreases steadily in both types of household until the 45–54 age group is reached.

Despite accounting for a slightly smaller share of gross income, disposable income is in absolute terms almost four times higher in the top income quintile than in the lowest quintile for both single-person and couple households aged 65 or over.

3.2.3 Consumption expenditure and consumer goods

Consumption shows what income is spent on and what the standard of living is, i.e. which of the material possibilities that the income opens up are actually realised. Single-person households aged 65 or over spent an average of CHF 3080 per month, or 66.6% of their gross income, on consumption expenditure. For couple households aged 65 or over, that figure was CHF 5190 (62.1%). The absolute figures are higher in the under-65 comparison groups. In view of their higher average gross income, however, this expenditure represents a significantly smaller proportion of their gross income (54.6% for single-person households and 47.4% for couple households).

As with all private households, the largest items in the budgets of retirement-age households are housing and energy costs, which include regular outgoings such as rent, mortgage payments and ancillary costs (see Graphic G3.5).⁵ People of retirement age spend less on these expenses than under 65s do. That is true of single-person and couple households and is linked in part to the fact that older people are more likely to own their own home (see Graphic G3.4) and on average live in a property

⁵ In addition to net rents or mortgage interest, the 'Housing and energy' section encompasses various ancillary costs and spending on energy and small repairs, both for households' main residences and for any other residential properties, although only a little over 5% of households have these (see FSO 2022). Imputed rents are not counted here. Repayments of mortgage capital, any major home renovation or extension works, and property purchases are also not recognised in these items; they are instead considered investments in accordance with international standards.

Box 3.3: Premiums for compulsory and supplementary health insurance

Premiums for compulsory health insurance pursuant to the Federal Health Insurance Act (HIA) appear in the Household Budget Survey under compulsory transfer payments, whereas those for supplementary health insurance pursuant to the Insurance Policies Act (IPA) can be found under 'Other insurances, fees and transfers' and not under transfer expenditure (see Table T3.1). 78.8% of people living alone aged 65 or over had supplementary insurance in 2015–2019 (under 65s: 74.7%). The proportion of people who have supplementary insurance does not change much with age; however in those living alone aged 65 or over it does rise with income, and it is also higher among women than men in this age group (81.0% versus 73.6%).

Compulsory insurance premiums accounted for an average of 79.1% of the total health insurance premiums (HIA and IPA) among people living alone aged 65 or over in 2015–2019 (under 65s: 83.7%). As incomes rise, this proportion decreases as supplementary insurance premiums rise. There are no statistically significant differences between men and women in this age group.

for longer, which often results in lower rents. Conversely, older people do not necessarily live in smaller homes than the under 65s (FSO 2018b).

Other major items include spending on transport, food and non-alcoholic beverages, entertainment, recreation and culture, and restaurants and hotels.⁶ Expenditure on transport and on restaurants and hotels was also lower among people living alone aged 65 or over than in younger comparison groups in 2015–2019 (see Graphics G3.5 and G3.6). It is not until the 75 or over age group is reached that spending on the entertainment, recreation and culture category decreases. Unlike spending on restaurants and hotels, expenditure on food and non-alcoholic beverages rises with age, peaking at 65–74 among those living alone.

The same observations largely apply to couple households.⁷ Spending on food, restaurants and hotels, and clothing and shoes is around twice as high as in single-person households. That applies across retirement-age and younger households, suggesting that there are no significant economies of scale in relation to food or clothing, i.e. household members do not save money by pooling their resources in these areas. Couple households also spend about twice as much as single-person households on transport and leisure.

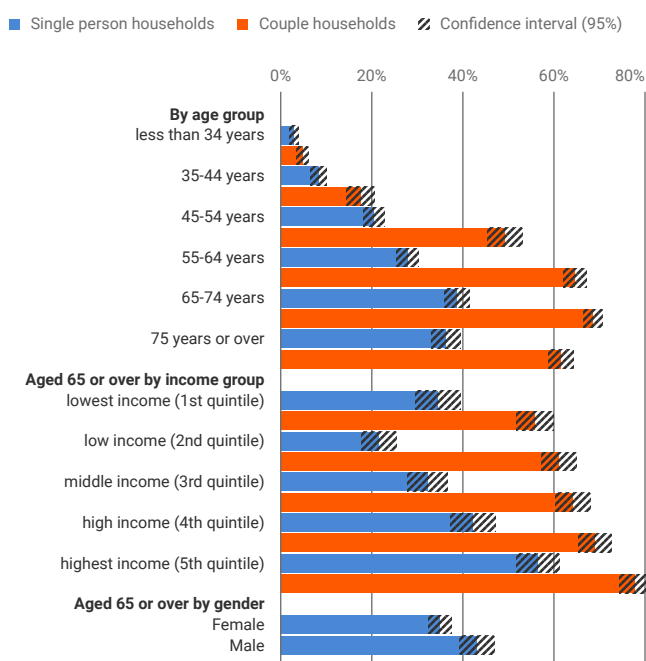
In other areas, however—particularly in the housing expenditure described above—such economies of scale are certainly observable. In this respect, couple households spend far less than double the expenditure of single-person households.

The structure of consumption expenditure varies substantially according to income level; this is true of the older population as well as younger people. In less well-off single-person households, expenditure to cover basic material needs, such as food and housing costs, accounts for a disproportionately large share of the budget; these costs represent a much smaller percentage for the top income group. The wealthiest group accordingly have a larger proportion left available for other needs such as entertainment, recreation, culture, transport, eating out and overnight accommodation.

As can be seen in Graphic G3.6, this trend is particularly striking in relation to entertainment, recreation and culture, where those in the highest income quintile spend more than three times as much as those in the lowest quintile; the same is true of travel expenditure.

There were some notable differences between men and women in the older population in 2015–2019, above all in transport, and restaurant and hotel expenditure. Men spent much more than women in these areas, whereas women spent rather more on clothes and shoes.

Share of home owner households, 2015–2019 G3.4



Quintile allocation based on gross household income of 65+ single-person or couple households.

Data as on: 20.02.2023

Source: FSO – Household Budget Survey (HBS)

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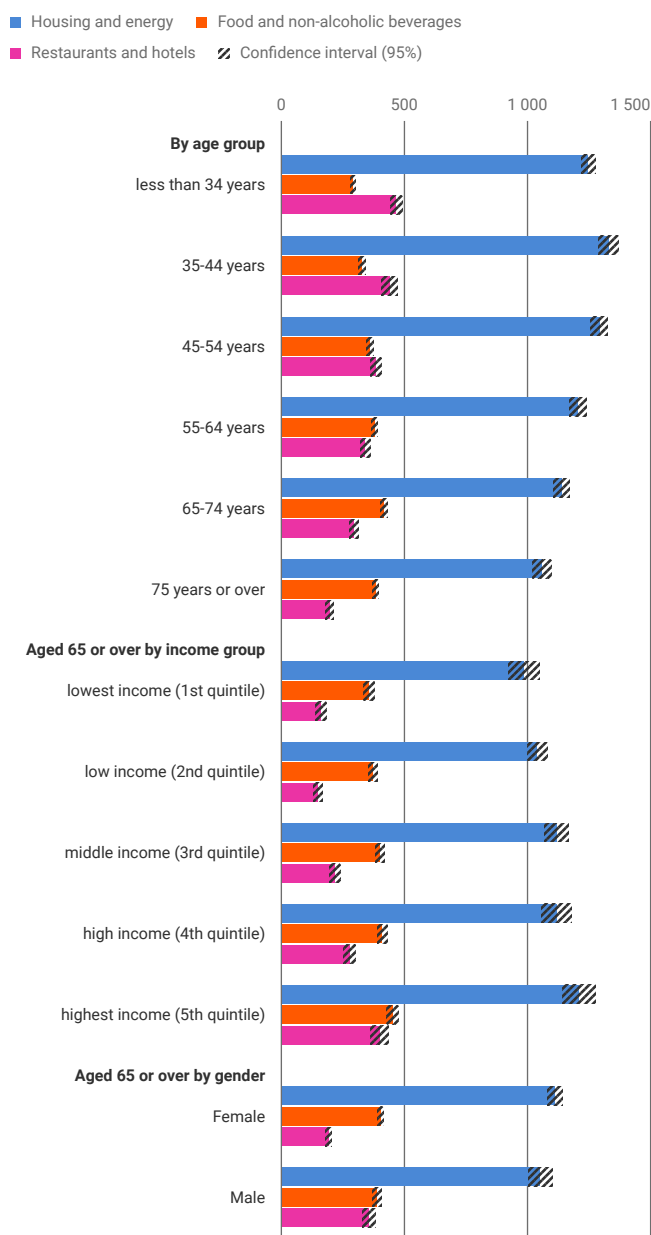
⁶ Expenditure on healthcare is not explored in any greater detail here. At the time of writing, an extensive review of healthcare spending and reimbursements was in progress (see Analysis of the revision: www.bfs.admin.ch/asset/de/29425878 (last accessed on 20.06.2024)).

⁷ Detailed data by type of household and year can be found in the Federal Statistical Office (FSO)'s statistics portal: <https://www.bfs.admin.ch/bfs/en/home/statistics/economic-social-situation-population/income-consumption-wealth/household-budget.html> (last accessed on 20.06.2024).

Selected consumer expenditure of single-person households, 2015–2019

Average monthly values, in CHF

G3.5



Quintile allocation based on gross household income of 65+ single-person or couple households.

Data as on: 20.02.2023

Source: FSO – Household Budget Survey (HBS)

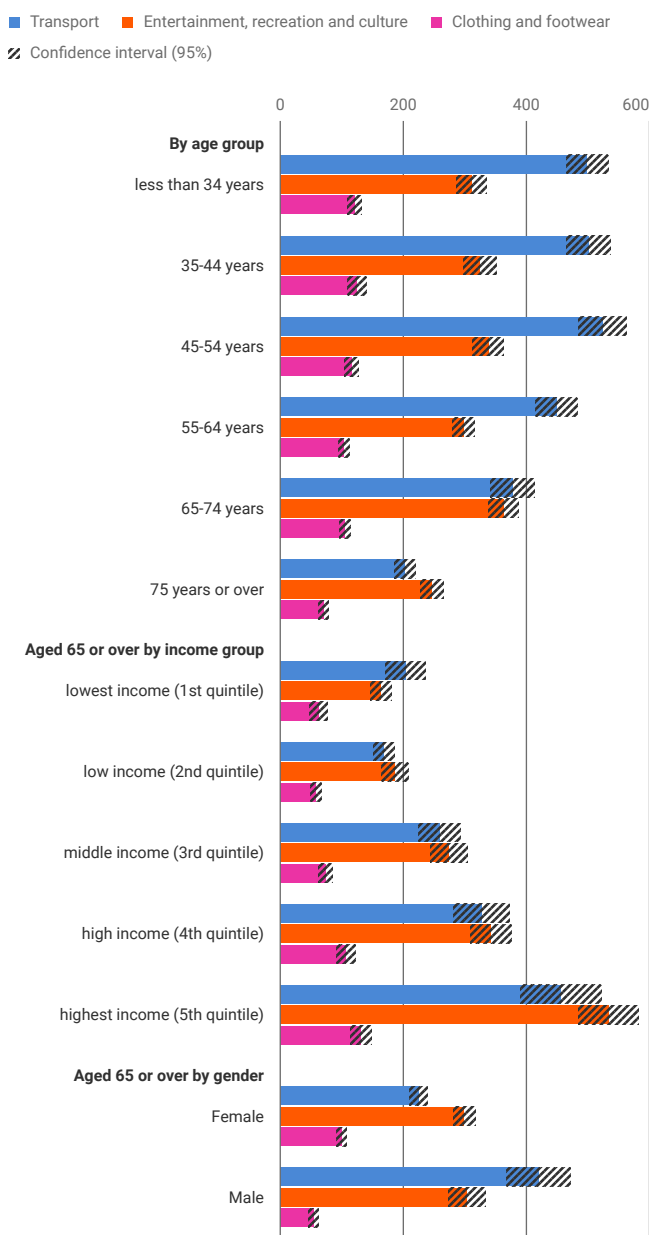
gr-e-00.00-2015-2400-03.05

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Selected consumer expenditure of single-person households, 2015–2019

Average monthly values, in CHF

G3.6



Quintile allocation based on gross household income of 65+ single-person or couple households.

Data as on: 20.02.2023

Source: FSO – Household Budget Survey (HBS)

gr-e-00.00-2015-2400-03.06

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3.2.4 Availability of consumer goods

As well as looking at expenditure, the availability within households of goods in the transport and communication categories is also analysed in this section (see Tables T3.2 and T3.3).

Mobile phone ownership had become established across almost all age groups in 2015–2019, at rates of between 92% and 98% for single-person households aged below 75 and consistently above 98% for couple households. For both types of household, the proportion without at least one mobile phone only drops in the oldest section of the population (aged 75 or over; see also Chapter 4).

Availability of consumer goods in single-person households, 2015–2019

Share of households with at least one consumer good, in %

T 3.2

	Mobile phone	+/- ¹	PC	+/- ¹	Car	+/- ¹	Bicycle	+/- ¹
By age group								
less than 34 years	98.5	0.8	91.6	2.0	53.3	3.5	58.5	3.5
35–44 years	96.5	1.7	89.2	2.9	58.8	4.2	63.8	4.1
45–54 years	96.7	1.2	86.5	2.5	68.8	3.3	64.4	3.4
55–64 years	94.5	1.5	81.8	2.7	64.4	3.3	46.3	3.2
65–74 years	92.5	1.6	76.7	2.6	66.1	2.9	42.4	3.0
75 years or over	80.1	3.2	42.7	3.8	44.1	3.8	16.9	2.7
Aged 65 or over by income group								
lowest income (1st quintile)	75.7	5.2	41.5	5.6	47.4	5.7	21.0	4.5
low income (2nd quintile)	85.7	4.2	55.6	5.5	48.1	5.5	22.8	4.4
middle income (3rd quintile)	91.6	3.1	60.7	5.6	52.4	5.5	33.8	4.9
high income (4th quintile)	89.1	3.7	58.0	5.8	53.6	5.8	31.3	5.1
highest income (5th quintile)	88.2	4.1	78.6	4.9	71.4	5.2	36.3	4.9
Aged 65 or over by gender								
Female	84.5	2.4	54.5	3.1	49.3	3.0	21.6	2.3
Male	89.3	2.7	68.6	4.2	67.0	4.3	46.6	4.3

¹ Limits of the 95% confidence interval

Source: FSO – Household Budget Survey (HBS)

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Availability of consumer goods in couple households, 2015–2019

Share of households with at least one consumer good, in %

T 3.3

	Mobile phone	+/- ¹	PC	+/- ¹	Car	+/- ¹	Bicycle	+/- ¹
By age group								
less than 34 years	98.7	1.1	98.0	1.2	77.8	3.4	80.0	3.5
35–44 years	99.1	0.9	98.1	1.3	84.7	3.8	79.5	4.1
45–54 years	98.7	0.9	98.4	1.0	89.7	3.0	77.0	3.6
55–64 years	98.5	0.7	97.2	1.0	92.1	1.6	74.6	2.5
65–74 years	98.8	0.5	94.3	1.3	94.2	1.2	70.1	2.3
75 years or over	92.8	1.7	77.4	2.8	86.1	2.3	43.7	3.1
Aged 65 or over by income group								
lowest income (1st quintile)	92.5	2.4	70.3	4.5	88.6	3.2	47.2	4.6
low income (2nd quintile)	94.4	2.4	81.7	3.6	88.3	3.1	59.6	4.3
middle income (3rd quintile)	98.3	1.1	91.0	2.6	91.4	2.3	61.4	4.3
high income (4th quintile)	97.9	1.3	95.8	1.9	93.1	2.1	62.3	4.3
highest income (5th quintile)	98.4	1.1	97.3	1.4	92.5	2.3	64.5	4.3

¹ Limits of the 95% confidence interval

Source: FSO – Household Budget Survey (HBS)

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The pattern for computer ownership is similar, although at a somewhat lower level. After decreasing slightly but steadily with age, the proportion of people living alone who own at least one computer falls dramatically from 76.7% among 65–75 year olds to 42.7% among those aged 75 or over. This trend is less pronounced for couple households (see also Chapter 4).

Vehicle ownership also only starts to drop off steeply from the age of 75: In age groups below 75, between 53% and 69% of single-person households own a car, falling to 44.1% in those aged 75 or over. This figure is higher for couple households across all age groups and rises steadily with age, from just under 78% for the youngest group to more than 94% for those aged 65–74. It then falls to 86.1% for the group aged 75 or over.

Rates of bicycle ownership in 2015–19 were considerably lower than for the goods discussed above. For couple households, this proportion holds relatively steady with age considering the confidence interval, only dropping steeply from 70.1% to 43.7% from the age of 75. For single-person households, that fall starts earlier, from 55.

Income level has a marked influence on ownership of all the goods studied. This effect is particularly striking in relation to computers and bicycles for all households aged 65 or over, and in relation to car ownership for single-person households.

Broken down by gender, we see that among older people living alone, men were more likely to own consumer goods, particularly vehicles.

3.2.5 How much is left over?

After deducting all the expenditure set out above, we arrive at the savings that households can on average put aside (see Graphic G3.7). Given the indirect method used, the accuracy of these estimates is not particularly high, as the confidence intervals show. Nevertheless, they do enable a comparison to be drawn between different household groups.

The savings amount varies according to age and income group. On average, retirement-age households are able to put less money aside than their younger counterparts. Whereas people living alone aged 65 or over saved an amount close to zero on average in 2015–2019, the average figure for those under 65 was positive.

Within the retirement-age population, there is a sharp divide by income group. For both single-person and couple households, those with the lowest incomes on average spend more than they receive. For retirement-age households, a negative savings amount does not necessarily mean that they are getting into debt. Instead, this can simply be asset depletion, which many pensioners use to part-fund their household budget and which is not captured by the Household Budget Survey (see also the explanations in Sections 3.3 and 3.4.2). By contrast, the highest income group of single-person households save around CHF 1200 per month (couple households: around CHF 1750), a strongly positive figure. Such households can continue to put away savings during retirement.

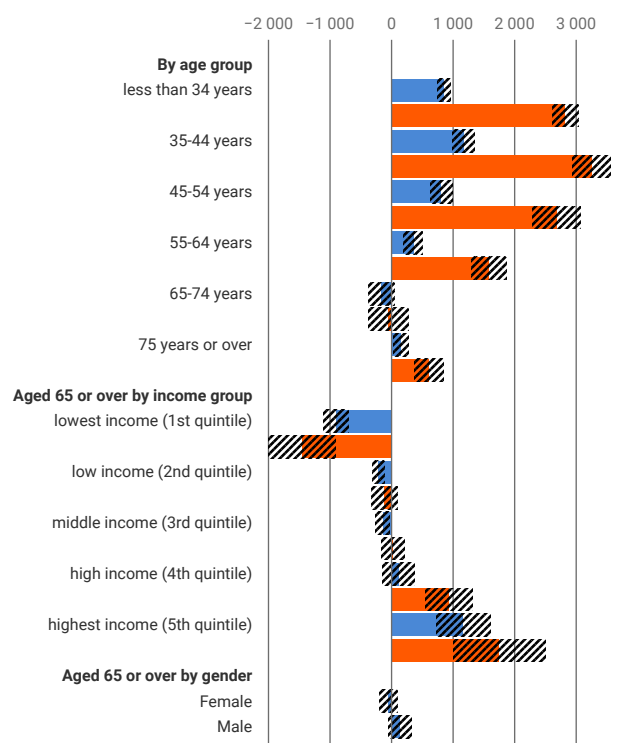
Although women tend to save slightly less, the differences between the sexes are not statistically significant.

Average savings, 2015–2019

G3.7

In CHF per month

■ Single person households ■ Couple households ■ Confidence interval (95%)



Quintile allocation based on gross household income of 65+ single-person or couple households.

Data as on: 20.02.2023

Source: FSO – Household Budget Survey (HBS)

gr-e-00.00-2015-2400-03.07

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3.3 Wealth

To be able to fully analyse households' financial situations, account must also be taken of the assets they own. Private households can accumulate assets in a number of ways, notably through savings, inheritance or gifts, but also through investment returns on securities, property, etc.

In Switzerland, assets play a major role in meeting subsistence needs in old age, not least through the ability to take second and third pillar old-age benefits in the form of lump-sum capital withdrawals.⁸

As there is not yet any comprehensive, nationwide microdata on assets, analyses of assets held by the Swiss population are still a rarity.⁹ The results presented here are based on a module of the Statistics on Income and Living Conditions (SILC) survey, which was conducted for the fourth time in 2020. It should be noted that the concept behind the SILC's wealth module is not designed for the purposes of compiling comprehensive statistics

⁸ The FSO publishes assorted information on capital withdrawals on its 'Old-age provision reports' web page (FSO 2023a).

⁹ The Federal Tax Administration (FTA) publishes regular evaluations of households' wealth (e.g. FTA 2023), but these are only produced in aggregated form and do not include any socio-economic information about the people covered.

on wealth.¹⁰ In order not to overwhelm respondents, the number of questions on assets held and the level of detail have been deliberately limited. When conducting surveys, it should also be expected that it will be hard to capture the extremes at the upper end of the wealth scale. As extremely wealthy households are rare, they are not often represented in a random sample (non-observation). The absence of their data tends to result in assets being underestimated.¹¹

Nevertheless, the data enables experimental analyses to be performed that can be used to draw conclusions about assets. The analyses presented here are based on net household worth. This is calculated by adding together all the assets held by a household and deducting the liabilities from this total. Specifically, all mortgages, debts and payment arrears are deducted from gross wealth, which consist of the following:

- all bank or post office account balances (excluding third pillar)
- total value of all equities, bonds and investment fund units
- total value of all valuable items, such as jewellery, vehicles, artworks and collections
- value of main residence¹²
- value of all other properties, land and land rights

Second and third pillar assets are only included in net worth where they are taken in the form of a lump sum. Pension annuity income, by contrast, feeds into income.

Graphic G3.8 shows that net worth is heavily concentrated in the older population. For single-person households, net worth only starts to rise sharply after the age of 55. For couple households, that rise begins sooner and tends to continue even in retirement age. The net worth of single-person households peaks between 65 and 74 and then remains stable.

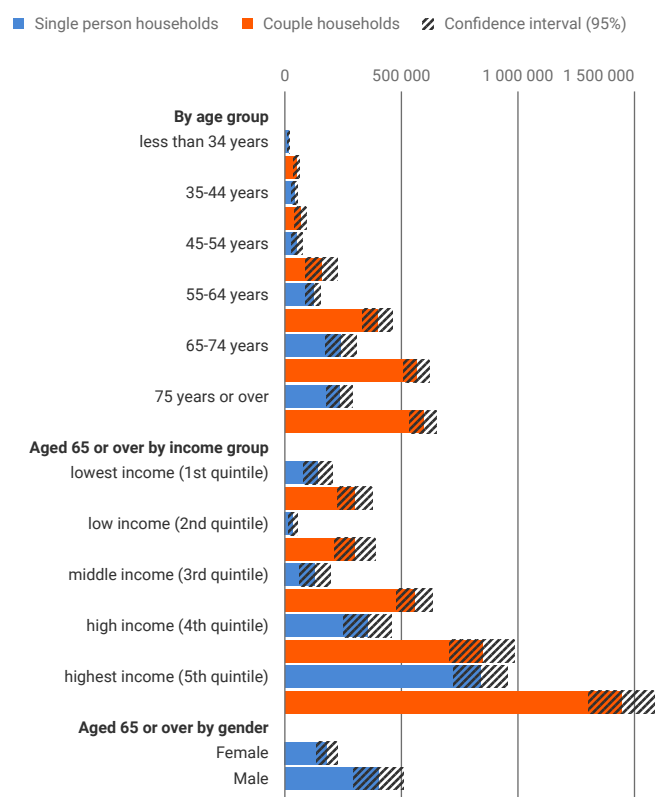
These results are also borne out by the SILC 21 findings on the subjective assessment of one's own financial situation, in which 40% of people aged 65 or over said that they lived in a household that put money aside, 40% that they lived in a household where income and outgoings were equivalent, and the remaining 20% that they lived in a household that was eating into its assets or reserves (18.2%) or getting into debt (0.6%).¹³

There are various reasons why wealth tends not to decline even in retirement age. The first is that in this age group, assets may be accumulated through inheritances¹⁴ and lump-sum pay-

Median net worth of single-person and couple households, 2020

G3.8

In CHF



Quintile allocation based on gross household income of 65+ single-person or couple households.

Data as on: 25.11.2022

gr-e-00.00-2015-2400-03.08

Source: FSO – Statistics on Income and Living Conditions (SILC), experimental wealth data

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ments from pension schemes. The composition of spending also changes, with people spending less on housing, restaurants and hotels, and transport as they age (see Section 3.2).

The distribution of net worth across retirement-age households is very unequal. There is a strong correlation with gross household income: The highest income group have net worth that is around five times higher than those in the lowest income group. Interestingly, however, net worth in the second income quintile is not higher than in the first quintile. For single-person households, we can even observe a significant reduction in net worth between the first and second quintiles. A clue to this can be found in Graphic G3.4, which shows that the proportion of people living alone who are homeowners varies by income quintile. The proportion of homeowners among single-person households is significantly lower in the second quintile than in the first.

Broken down by gender, the imbalance seen in gross income for those aged 65 or over continues, as expected, with the result that women living alone have significantly lower net worth than men in the same position.

¹⁰ As part of the national data management (NaDB) programme, the FSO and FTA are pursuing a project to eventually gather from the cantons tax data that will provide detailed information on the income and wealth of individuals living in Switzerland. Data from the national tax data survey can be expected in 2026 at the earliest.

¹¹ The data quality of the first CH-SILC wealth module in 2011 was evaluated in detail by Ecoplan (FSO 2014a).

¹² By default, respondents are asked to provide the market value for properties. However, in the interests of increasing the response rate, they can state the tax value, purchase price or a hybrid valuation.

¹³ <https://www.bfs.admin.ch/bfs/en/home/statistics/economic-social-situation-population/economic-and-social-situation-of-the-population/subjective-well-being-living-conditions/subjective-assessment-financial-situation.assetdetail.26905672.html> (last accessed on 20.06.2024).

¹⁴ Rising life expectancy means that the average age at which people inherit is steadily increasing. Hofmann and Tanner (2023) put the age at which most inheritances are received at between 60 and 70.

3.4 Poverty, deprivation and subjective evaluation

So what does the household income, consumption and asset situation outlined above mean for the living conditions of the older population? In order to answer this question, additional indicators were added to the existing analyses. They cover poverty, material and social deprivation, and households' subjective assessment of their financial situation, and are based on data from the Statistics on Income and Living Conditions (SILC) 2021 survey (see Box 3.1).

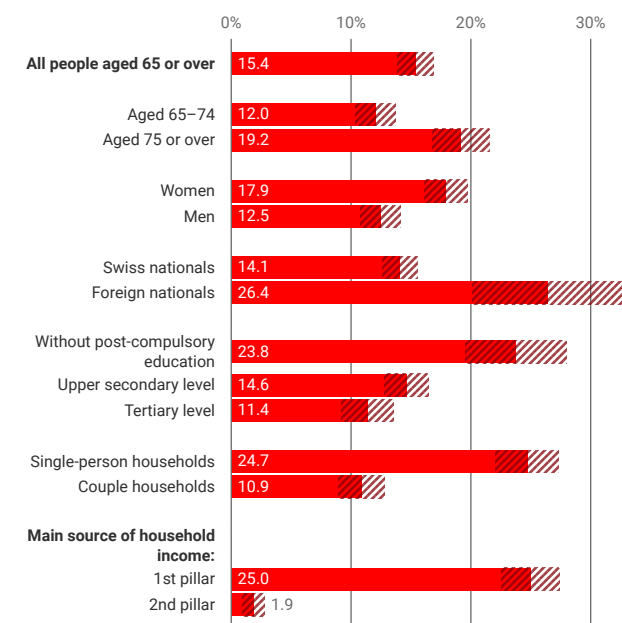
3.4.1 Income poverty

The poverty rate describes the proportion of people whose household income is below the poverty line, meaning that it is not sufficient to meet basic needs and allow for a minimum level of social participation.¹⁵

Poverty rate, 2021

G3.9

As a percentage of the resident population aged 65 or over in private households



The poverty rate is based on income and does not take into account any financial assets.

Data as on: 17.04.2023

gr-e-00.00-2015-2400-03.09

Source: FSO – Statistics on Income and Living Conditions (SILC)

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Box 3.4: Gender pension gap

The gender pension gap represents the difference between the average old-age pensions received by men and women, i.e. the individual pension income of retirement-age people (including any survivors' pensions, OASI helplessness allowances and supplementary benefits to OASI). FSO figures for 2021 show a 32.8% gender pension gap in Switzerland in favour of men: The average pension for women in Switzerland that year was CHF 35 442, compared with CHF 52 735 for men. By European standards, Switzerland has a relatively high gender pension gap. The European average for 2020 was 27.6%.

This gender gap varies by pillar: On average, women actually receive a slightly higher OASI (first pillar) pension than men. The second pillar is a very different story: Women are much less likely to receive a second pillar pension than men (49.4% compared with 69.8% in 2021), and when they do it is on average some 46% lower.

Alongside institutional factors, the gender pension gap reflects differences in workforce participation, the impact of family and lifestyle models, and pay gaps between genders over an extended period. For today's pensioners, the root causes often go back many years. A University of Liechtenstein study (Kirn and Baumann 2021) indicates that the gender pension gap in Switzerland is set to shrink over the coming decades. The actual extent of this narrowing will depend heavily on the equalisation of part-time work rates in men and women and on the persistence of gender pay gaps (Kirn and Baumann 2021, 48–49).

As described above, people of retirement age on average have lower incomes than those of working age. Consequently, the poverty rate among people aged 65 or over is considerably higher than in the working-age population, at 15.4% versus 6.9% (FSO 2023b).¹⁶ Graphic G3.9 also shows sizeable differences in poverty rates within the population aged 65 or over.

As outlined in Section 3.1 above, the more was paid into occupational pensions, the better the income situation in old age. This is also reflected in levels of poverty in old age: People for whom the first pillar pension (including supplementary benefits) is their main source of income are especially likely to be classed as income poor (poverty rate of 25%). Conversely, households where income is predominantly from second pillar pensions have a low poverty rate (1.9%).

Differences can also be identified in relation to other characteristics: People aged 75 or over are more often income poor than those aged 65–74 (19.2% versus 12.0%). The 75 or over age group contains a larger proportion of people without post-compulsory education than the 65–74 group. A lack of post-compulsory education is often associated with lower income while of working age, with the consequence that old-age benefits are

¹⁵ The poverty line used to calculate the poverty rate is derived from the guidelines issued by the Swiss Conference for Social Welfare (SKOS), which are widely used in Switzerland as the assessment basis for social assistance. It consists of a fixed amount to cover living expenses, individual housing costs, and CHF 100 per month, per person aged 16 or over for additional expenses. If a household's disposable income is below the poverty line, all of its members are classed as poor.

¹⁶ There were no statistically significant differences in poverty rates by age group within the working-age population in 2021. See also FSO 2023b.

also lower and entitlement to second pillar benefits is rarer. Older people without post-compulsory education are therefore much more likely than people with a tertiary qualification to derive their income mainly from a first pillar pension.

As people age, the probability of their partner moving to a care home or dying also increases, meaning that those aged 75 or over more frequently live alone (in 2018, this figure was around 40%, compared with 28% for the 65–74 age group) (see also Chapter 2). Senior citizens living alone are more than twice as likely as those in couple households to be income poor (24.7% versus 10.9%).

Graphic G3.9 also shows that the poverty rate is higher in women aged 65 or over than in men of the same age (17.9% versus 12.5%). Part of the explanation behind this gender imbalance is probably to do with access to the second pillar (see Box 3.4). Women are also more likely to live alone in old age than men.

At 26.4%, older foreign nationals are also much more likely than Swiss nationals (14.1%) to be living in poverty.

3.4.2 Poverty rate integrating wealth

As is general practice, the FSO currently determines poverty based on private households' income. However, conceptually, the FSO relies on a definition of poverty according to which "people are considered to be poor if they do not have the financial means to buy goods and services that are necessary for a socially integrated life" (FSO 2018c, 2). This means that the FSO's understanding of poverty includes both income and assets. The literature has also for some time pointed out that it would be desirable to consider income and assets together in poverty measurement (see e.g. Weisbrod and Hansen 1968; Stiglitz et al. 2009; Ravazzini et al. 2017; Brulé et al. 2022).

The intention is to add another indicator to the FSO's poverty statistics in future, capturing households' entire financial resources (income and assets). Analysis using the experimental SILC wealth module (FSO 2023c; FSO 2020b) confirms that people aged 65 or over are most likely to be in a position to finance their needs from the assets they own over an extended period. Around three-quarters of people in this category could live for a year or longer with no income and still have liquid assets available at the end of that period. Financial reserves play a large role in meeting day-to-day needs even for older people who are income poor. Experimental analyses by the FSO (2023e) show a significant reduction in the poverty rate of people aged 65 and over when both income and liquid reserves are taken into account. For age groups below 50, by contrast, factoring in reserves does not significantly reduce the poverty rate. A reduction is in evidence between 50 and 64, but the difference in the poverty rates including and excluding reserves is much smaller than among those aged 65 plus.

3.4.3 Material and social deprivation

This section analyses in greater depth the ways in which retirement-age people often go without important goods, services and social activities and the extent to which this is caused by their financial situation.

The information about deprivation shows whether someone is lacking in areas that most people in Europe would consider desirable or even essential for a decent standard of living. In concrete terms, someone is considered materially and socially deprived if for financial reasons they go without in at least five of 13 areas of everyday life (European Commission 2017). These 13 areas are set out in Graphic G3.10.

The proportion of deprived people decreases sharply after retirement age, falling from an average of 5.5% of working-age people to 2.9% of those aged 65 or over (see FSO 2023d).¹⁷ Falls can also be seen in certain areas of deprivation. For example, people aged 65 or over are much less likely to be in payment arrears and less likely to have difficulties paying an unexpected bill within one month than working-age people (see dark bar in Graphic G3.10).

In both the working-age and retirement-age populations, the areas where the greatest levels of deprivation on financial grounds were identified were inability to cover unexpected expenses of CHF 2500 within one month (19.3% and 10.3%) and inability to replace worn-out furniture (10.5% and 7.9%). The order of the other areas of deprivation varies by age group. The lower rates of deprivation in the older population are probably linked to the fact that they are more likely to have access to financial reserves (see Section 3.3). However, it cannot necessarily be concluded that older people are better equipped with goods and services than younger age groups.

In this regard, it is interesting to also consider a lack of certain resources on non-financial grounds (see light-coloured bar in Graphic G3.10).¹⁸ This shows that people of retirement age are more likely to go without for 'other reasons' in many areas, particularly in relation to regular leisure activities, car ownership, meeting up with friends or family and having an internet connection at home.

This reflects the decrease in ownership, e.g. of cars, with age, as described in Section 3.2.2. A lack of certain resources for 'other reasons' can simply be a matter of personal preference, but it can also reflect involuntary restrictions such as health problems or lack of social contact.

Within the retirement-age population, certain socio-demographic groups are particularly affected by material and social deprivation. As is borne out by FSO figures (FSO 2023c), this applies in particular to foreign nationals, people living alone, people without post-compulsory education and people in households whose main source of income is an OASI/IV pension.

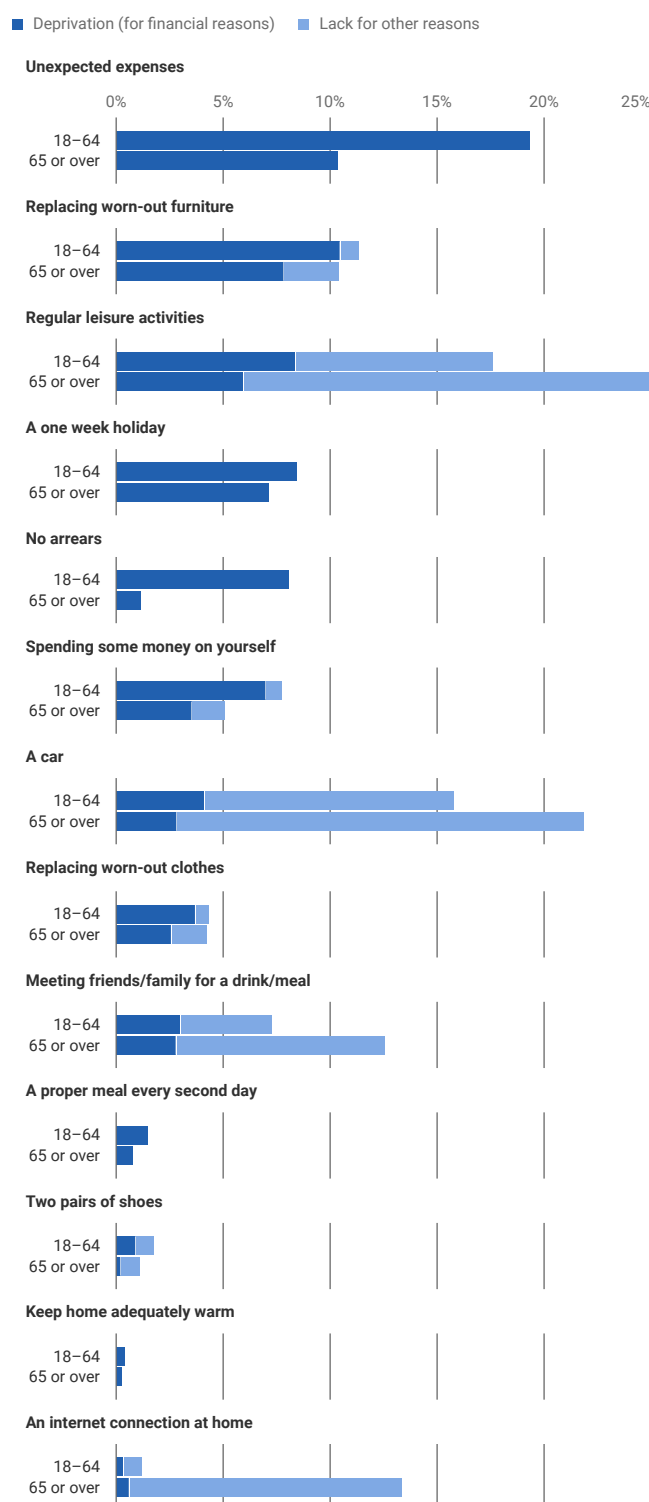
¹⁷ There were no statistically significant differences in material and social deprivation rates by age group within the working-age population in 2021. See also FSO 2023d.

¹⁸ In most aspects of deprivation, a distinction can be drawn between people going without on financial grounds or for other reasons. However, that is not possible for the following: 'keeping home adequately warm', 'a proper meal every second day', 'no arrears', 'one week's holiday' or 'unexpected expenses'.

Deprivation by area, reason and age group, 2021

G3.10

As a percentage of the resident population in private households



Data as on: 17.04.2023

Source: FSO – Statistics on Income and Living Conditions (SILC)

gr-e-00.00-2015-2400-03.10

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3.4.4 Subjective assessment of one's own financial situation

Respondents' own perceptions can be incorporated into the analysis by asking them to assess their financial situation. These subjective assessments are affected not just by income and any assets held, but also by the standard of living they are striving for.

Of all age groups, people of retirement age are most likely to describe themselves as very satisfied with their household's financial situation. In FSO analyses for 2021, 55.8% of those aged 65 or over rated themselves at 9 or more on a scale of 0 to 10, where 0 is wholly unsatisfied and 10 is wholly satisfied. The equivalent figure for those aged 18–64 was 35.3%. People of retirement age are also much more positive about their household's ability to pay the most critical expenditure. 68.2% of the older population said that they could 'easily' or 'very easily' make ends meet, compared with just 56.3% of the working-age population. That contrasts with 6.4% of older people and 9.6% of the 18–64 age group who said they would struggle.

Some sizeable differences are once again discernible within the older population (see Graphic G3.11). In 2021, people living alone were well over twice as likely to have trouble making ends meet as senior citizens in couple households (9.1% vs. 3.8%). People for whom the first pillar is their main source of income, people without post-compulsory education and income poor people were also more likely to take a less favourable view of their financial situation. However, the most negative assessment was made by older people who do not hold a Swiss passport, 18.9% of whom said that they struggle to get by.

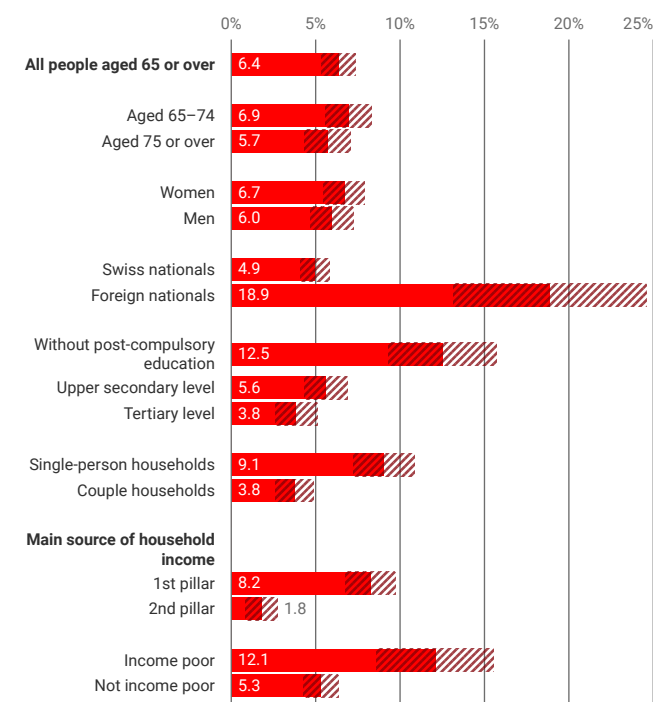
3.5 Conclusion

Incomes of households containing members of retirement age vary from those of younger age groups not only in the significance of different income components but also in their absolute level. On average, people of retirement age have lower incomes than those of working age. One consequence is that people aged 65 or over are also more likely to experience income poverty. However, the analyses set out in this chapter also show that single-person and couple households aged 65 or over spend slightly less of their gross incomes on compulsory expenditure than those in younger age groups do. Older people are also more likely to have financial reserves and to rate their financial situation more positively than younger people. Furthermore, rates of material and social deprivation are also significantly lower among people of retirement age than in younger generations. Overall, the results confirm that the majority of retirement-age people are relatively financially secure. However, this is not true of all sections of the older population. For example, 15.4% of people aged 65 or over have scant financial reserves, 6.4% report difficulties making ends meet, and 10.3% would be unable to face an unexpected expense of CHF 2500.

Difficulty making ends meet, 2021

G3.11

As a percentage of the resident population aged 65 or over in private households



Data as on: 17.04.2023

gr-e-00.00-2015-2400-03.11

Source: FSO – Statistics on Income and Living Conditions (SILC)

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The analyses presented in this article also reveal some fault lines within the 65 and over age group. Breaking down the results shows that there remain some sizeable differences between the sexes. These are apparent not least in the comparisons of gross income and net worth of single-person households, with women aged 65 or over receiving considerably less than men.

However, there are also other factors besides gender in play. People for whom first pillar benefits (OASI/IV pensions including any supplementary benefits) represent the majority of household income are often among the most disadvantaged. They are often classed as income poor, have disproportionately high rates of material and social deprivation, and rate their own financial situation more negatively than the average for the older population. The likelihood that financial resources will be low or inadequate in old age is also higher for people living alone, those without post-compulsory education and foreign nationals. Given that the different factors can compound each other, it can be concluded that significant restrictions in their financial situation represent a problem for sections of today's retirement-age population.

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4 Social participation and exclusion in today's ageing society

Alexander Seifert and Mike Martin

Abstract

This chapter examines how and to what extent older adults in Switzerland are socially active. Old age and the social activities in which older people take part are diverse. However, for many older people, retirement means the end of social contacts in the context of working life, so private social contacts become even more important, especially in phases marked by loss (e.g. death of the partner). This chapter examines these aspects based on data on social contacts, neighbourhood contacts, participation in educational programmes, participation in today's digital everyday world, and participation in cultural and political activities. The results show that older people are socially active, and that it is important for them to maintain the level and quality of social activities, even if social contacts are increasingly digital (e.g. via the internet). To enable healthy ageing—even with limitations—it is important to promote these societal activities and create opportunities for social exchange.

4.1 Introduction

Older people form a group with heterogeneous characteristics whose diversity is set to increase. However, many share the ability and willingness to actively participate in and contribute to social life. Social participation, i.e. involvement in social networks, leisure-oriented activities and civic engagement, is a key indicator of quality of life in old age (Levasseur et al. 2004).¹ Nevertheless, social participation is still an unclear concept. The Disability Creation Process (DCP), an explanatory model of the consequences of disease, trauma and other disorders, conceptualises social participation using the concept of 'life habits'. These are the daily activities and social roles that ensure the survival and development of a person in society (Fougeyrollas et al. 1998). Accordingly, social participation is the result of the interaction between the individual's characteristics (personal factors such as age) and components of their life milieu (environmental factors) that modulate the accomplishment of activities valued by the individual.

Social participation is also central to research on ageing. When people enter old age, social participation changes because of life cycle transitions (e.g. retirement, death of friends, or addition of

family members such as grandchildren), and it can be expected to change again because of declining individual capacities (physical and mental health) (Bukov et al. 2002).

There is both an internal and external perception of social participation. Individuals can evaluate their participation as positive or negative, thus feeling a part or not of a community. However, the external perception can also vary in that other people see an older person as included or excluded (isolated). In general, 'social exclusion' refers to the separation of individuals and groups from mainstream society (Walsh et al. 2017). Feeling a sense of belonging to groups and society is a basic human need (Baumeister and Leary 1995). When this is not met, it leads to emotional distress (Twenge et al. 2002). In a comprehensive understanding, social exclusion is characterised by reduced social participation and opportunities and the subjective perception of exclusion (Kronauer and Häußermann 2017). Here, exclusion is linked to people actually feeling they do not belong and no longer seeing themselves on the 'inside' of society but on the 'outside'.

Types of social participation can be distinguished based on the resources shared: collective, productive and political participation (Bukov et al. 2002). Collective social participation activities are the common actions of group members, whereby the intention is directed at the group itself, not at reaching an outside goal. The main resource shared among the group members is time. Productive social participation is the rendering of services, goods and benefits for others. The intention is oriented towards other individuals or groups. Besides time, other resources, such as special abilities and skills, are shared (e.g. caregiving, voluntary work). Political participation involves acts of decision-making about social groups and the allocation of resources.

In this chapter, we present findings and data on collective and political participation, with a focus on the collective. The aspect of productive social participation, for example, voluntary work, is covered in Chapter 5. To begin, our main focus is collective social participation: the social contacts of older adults with others. Then, we describe aspects of the social participation of older people. Here, we focus on important and current examples of participation in today's ageing society, namely participation in educational programmes, participation in today's digital everyday world, and participation in cultural and political activities.

¹ See also Chapters 2.7 and 5.

4.2 Social contacts and help

In their convoy model of social relations, Kahn and Antonucci (1980) proposed that from childhood to old age, individuals are surrounded by several people with whom they regularly interact and exchange instrumental and emotional support. These social relationships focus on fewer individuals and become more selective in old age. The convoys vary by personal, situational and contextual characteristics and have important implications for well-being (Antonucci et al. 2010). Data from Europe show that older European adults are generally socially connected and family ties are prevalent in their lives and significant for their well-being (Litwin and Stoeckel 2013).

4.2.1 Social networks and contacts

Different groups of persons are important for older adults:

Life partner: For older adults, the partner is an important contact person. In the event that help is needed, the partner often takes over care services, alone or together with other relatives or professional experts (Höpflinger and Hugentobler 2005). In old age, practical help in partnerships may decrease because the partner can also experience age-related limitations. Furthermore, with increasing age, the likelihood of the partner dying and of older adults at least temporarily living alone increases. The loss of a partner is a major stressor undermining an individual's mental health, especially in old age (Gumà and Fernández-Carro 2021). Because of gender differences in life expectancy (women live longer than men) and gender-specific marriage behaviour (men often marry a younger woman), women are more likely to be affected by widowhood (FSO 2022a). Women also usually provide care for their male partners in their households and, thus, are particularly challenged (FSO 2021).²

Children: Children are important components of an older adult's social network. European data show that older adults with children are more likely to have frequent social interactions than those older people without; the number of children does not affect the frequency of social contact (Baranowska-Rataj and Abramowska-Kmon 2019). Childlessness is a relatively common phenomenon in Switzerland—around a quarter of women and men aged between 50 and 80 have no biological or adopted children (FSO 2021).

Grandchildren: Nearly 4 out of 10 people (38%) aged 50 to 80 years have one or more grandchildren. This proportion increases with age—a third (32%) of people aged 70 to 80 have four or more grandchildren (FSO 2021). Two-thirds of grandparents have contact (in person and online) with one or more grandchildren at least once a week, with grandmothers staying in touch slightly more often than grandfathers (FSO 2021). Most grandparents with grandchildren under 13 years old look after them regularly or occasionally (72%); only 28% never look after their grandchildren. Grandmothers look after their grandchildren

more often than grandfathers (FSO 2021). Care by grandparents makes up a considerable part of extra-family childcare, and is an important source of developing new social contacts in old age.

Relatives: The proportion of older people with siblings still alive is relatively high (FSO 2021). However, this masks a cohort effect because many individuals in the current old-age population come from families with many children. But the proportion of persons without siblings will increase in future generations. Especially after the death of parents, siblings sometimes assume (again) an important position. On the one hand, siblings have a common familial origin; on the other hand, siblings are confronted with the same issues of ageing because they usually belong to the same generation. If siblings exist, they maintain lively contact with each other and are emotionally strongly connected (Engstler and Klaus 2020).

Friends: Nonfamilial confidants, such as friends, can compensate for a lack of family caregivers for older people living alone or without children. However, friendships can also be significant for older people integrated into a family. Two examples are when close friends make it possible to discuss family problems or when significant experiences from one's past are kept alive when being together with friends (Huxhold et al. 2020). Close friendships are often characterised by common interests and need to be maintained (Höpflinger 2019). As friendships are voluntary connections, their form and duration can vary at will and be defined differently by the people involved (Teichert 2023). Although the affective-emotional significance of friendships is generally emphasised, friends can also be helpful in practical terms—that is, by providing small everyday help, such as accompanying a friend when shopping (Huxhold et al. 2014).

Neighbours: The exchange of support among neighbours can positively affect older adults' social capital, helping people master their everyday activities (Redshaw and Ingham 2018). Shaw (2005) demonstrated that the expectation of support from neighbours is strongest among older adults, primarily because they have more frequent contact with their neighbours and more residential stability than younger adults. This expectation of neighbourhood support becomes critical in times of declining fertility rates and smaller and more distant families (Isengard and Szydlík 2012). Although help from family members might be limited, help from friends or neighbours is more accessible and, thus, may be more important.

4.2.2 Neighbourhood involvement and mutual help

In the following paragraph, the relationship with the neighbours is described as an often neglected but important example of daily social interaction in old age. People live in neighbourhoods, and their interactions with their neighbours are shaped by social contacts and support. Hamm (1973) defined neighbours as social groups whose members interact because of their place of residence. Mutual support is not automatically provided; however, neighbourhoods are community-building locations characterised by social, functional and cultural elements (Chaskin 1997). The neighbourhood has proved to be an arena suitable for social exchange because of the factors of proximity, continuity and place

² See also Chapters 2 and 5.

attachment, which promote the development of social contacts in old age (Oswald et al. 2005). According to Keller (1968), the concept of neighbourhoods can be categorised into the following elements: neighbour, neighbouring and neighbourhood. The term 'neighbour' defines a person's role and attitudes, expectations and negotiations deriving from the resulting interactions. 'Neighbouring' refers to the social activities pursued by neighbours, and 'neighbourhood' describes a spatial area physically and symbolically different from the greater environment.

The core component of the concept of 'neighbouring' is people's consideration of contact and help exchange within a given neighbourhood; this is mostly informal neighbourhood support through private contact and help—not something organised through third parties. Help exchange can take different forms, including emotional or instrumental support. Because neighbourly assistance is not unidirectional, a mutual dimension is important. Social exchange theory assumes that people maintain a balance among support exchanges, known as the norm of reciprocity (Gouldner 1960): Individuals prefer relationships in which they receive and give a more or less equal amount of support. The less support exchanged, the greater the chance that relationships will end or become peripheral. In terms of importance, neighbours rank lower than family members and close friends. Nevertheless, if family members or friends do not live close by or are not readily available, neighbours may provide important support to help individuals cope with everyday life. Having ties to neighbours facilitates access to informal aid, reducing the sense of isolation, which can lessen everyday problems during old age and poor health (Naumann and Oswald 2020).

A study of the Survey of Health, Ageing and Retirement in Europe (SHARE), which included data from Switzerland, showed that 6% of all respondents aged 50 years and older provided neighbourhood help, and 4% received it (Seifert and König 2019), showing a high degree of reciprocity in giving and receiving neighbourhood help. The study also highlighted that the provision and receipt of help were driven by personal characteristics (age, sex, education, income, and retirement), health resources (subjective health, activities of daily living and instrumental activities of daily living), living situation (home ownership and length of time in a neighbourhood), and social factors (marital status, partner, parents and children). Nevertheless, participation in a neighbourhood is not limited by age, and older adults are not only beneficiaries but also important providers of social support.

4.2.3 Social contacts during the COVID-19 pandemic

The COVID-19 pandemic and the ensuing governmental recommendations created a pattern of social distancing worldwide, particularly for adults aged 65 or older. Millions were quarantined in their homes when countries implemented physical distancing measures. A recent study with data from SHARE showed that help from children to parents strongly increased in the first phase of the pandemic, while the opposite (parents helping their children) decreased; however, this dynamic changed as the crisis evolved (Bergmann et al. 2022).

During the pandemic, social isolation led to feelings of loneliness, which, if prolonged, could be detrimental to mental well-being (Banerjee and Rai 2020). Loneliness is a complex psychosocial concept generally defined as "the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively" (Perlman and Peplau 1981, 31).³ Therefore, loneliness can be considered a subjective feeling of lacking social contact. However, socially isolated people are not necessarily lonely, and lonely people are not necessarily socially isolated. Age is not a valid predictor of loneliness; nevertheless, meaningful social contacts are important for healthy ageing (Holmén and Furukawa 2002).

During the COVID-19 pandemic, older adults were confronted with social isolation and the stress of not seeing family or friends. The analysis of a Swiss survey of 1990 older adults aged 65–95 living in private households whose data were collected before and after Switzerland's first confirmed COVID-19 case revealed that loneliness increased after the Swiss government recommended physical distancing and slightly decreased after the Federal Council decided to ease these measures (Seifert and Hassler 2020); women, lower-income individuals, individuals living alone, individuals with no children and individuals unsatisfied with their contact with neighbours were more likely to report greater loneliness during the pandemic. These results suggest that the pandemic affected older adults' subjective evaluations of their loneliness. Furthermore, another Swiss survey showed that older adults reported more feelings linked to negative self-perception of their own ageing during the first phase of the pandemic than prior to it (Seifert 2021). These findings indicate that the pandemic changed older adults' subjective views of their ageing. According to a third Swiss survey (Seifert et al. 2022), 43% of adults aged 50 and older often felt that they were unable to spend enough time with the people they cared about during pandemic-related restrictions, even though they used the telephone or the internet more frequently.

4.3 Inclusion and exclusion in today's digital society

Information and communication technology (ICT) consists of the everyday tools used for seeking and communicating information, such as the internet, smartphones, tablets and many more contemporary media forms. The digital transformation brought about by ICT offers opportunities to support daily life situations in old age; however, successfully participating in a digital society requires individuals to adapt to evolving technical innovations and possess the knowledge needed to perform activities digitally (Seifert and Cotten 2021). Not all groups are familiar with or have adequate access to modern ICT.⁴

³ See also Chapter 2.7.

⁴ See also Chapter 3.2.4.

4.3.1 Digital divide between age groups

The 'digital divide' between those who have access to such technologies and those who do not is a global phenomenon (Warschauer 2004). Alongside socio-demographic characteristics (e.g. age, gender, education and income) and personal factors such as health, attitudes and technological anxiety, there are environmental factors shaping this gap, such as ICT infrastructure and regional wealth (König and Seifert 2020). Globally, younger people are more familiar with the newest technologies than older people (defined here as those aged 65 or older). However, there are differences in ICT use within the older age group. For example, very old people (over 80 years of age) and those living in long-term care facilities make little use of ICT (Seifert and Cotten 2021).

In Switzerland, data from the Federal Statistical Office (FSO 2024) show that in 2021, 89% of people aged 65 years and older had access to the internet compared with 96% to 99% of people younger than 65. Even though internet use at least once a week increased in Switzerland among both younger and older adults between 2014 and 2023, the latter still lag behind the former (see Graphic G 4.1).

In addition to the digital divide between older and younger people, digital inequality also exists within the older age group. Use and non-use are structured along the lines of social position. For example, older people who have lower education levels and show poorer health are less likely to effectively use and have appropriate access to ICT compared with their better-educated and healthier counterparts (Mitzner et al. 2019). Moreover, even when older adults do use a certain digital technology, they often struggle with issues such as software updates and technical problems, for which they lack support. Therefore, being an ICT user does not necessarily mean being digitally savvy.

4.3.2 Technology use among older Swiss adults

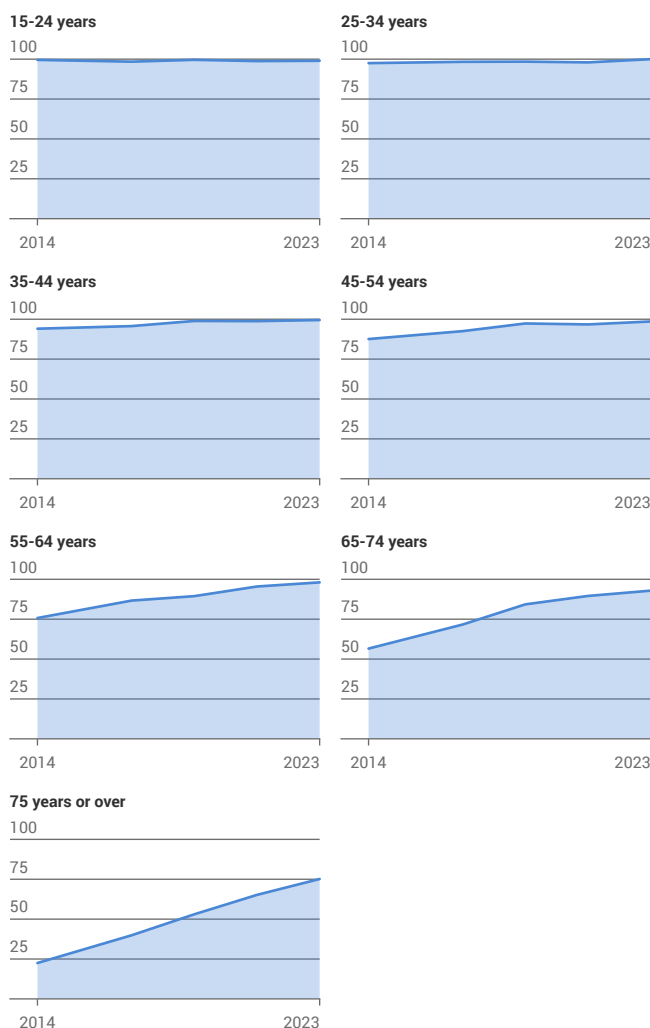
The Swiss Digital Seniors 2020 study (Seifert et al. 2020) showed that smartphone and tablet use rose sharply since 2014, reaching 63.7% and 40.0%, respectively, in the 2020 survey. However, there was still a discernible difference between younger and older people. For example, while 75.2% of people aged 65–79 owned a smartphone and 47.3% owned a tablet, only 34.6% and 21.9% of those aged 80 or over did so, respectively.

The first iteration of this study, carried out in 2010, showed that 37.8% of older people used the internet; in 2020, the number was 74.2% (see Graphic G 4.2). Nevertheless, a difference between the younger (65–79 years) and older (80+ years) age groups is evident: Although 85.8% of younger older people used the internet, only 45.0% of those aged 80 and above did so. The 2020 study also showed that not all online users (people who use the internet) were online every day; only 58.5% were daily users. Conventional uses, such as searching for information, writing emails and accessing timetables, continue to be predominant. However, other applications, such as internet banking and reading newspapers online, are gaining traction. Still, less than half of the sample used the internet to buy something or visited social networking websites, for example.

Regular Internet use in Switzerland (at least once a week), 2014–2023

G 4.1

In % of the total population aged 15-88 and among different age groups



Source: FSO – Omnibus ICT

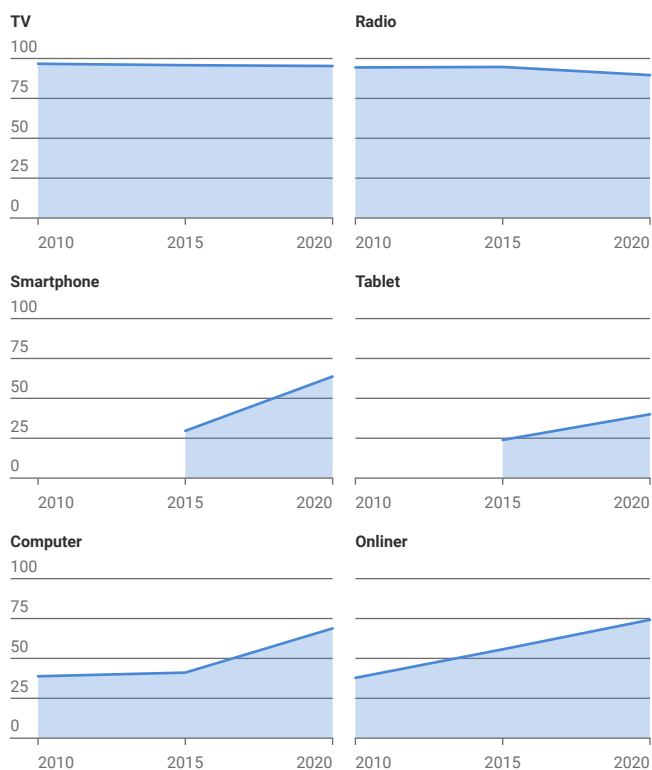
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The study on Swiss digital seniors interviewed offline users (people who do not use the internet) about their reasons. Those with consistently high ratings were complexity, security concerns and the effort of learning. The costs were less important. Furthermore, the internet was often not used because someone else retrieved information from the internet for the older person. In the survey, the predictors for being an online user or an offline user were age, education, income and interest in technology. Therefore, people aged 80 or older were less likely to be online. The same applies to people with lower educational status and lower incomes. People with a greater interest in technology were more likely to belong to the online group than to the offline group. No effect of gender or subjective health was found for general internet use (Seifert et al. 2020). Apart from age, education and income, a considerable interest in technology predicted the use of digital services. For this reason, it is important to explain the advantages of each technology appropriately rather than simply saying that one must use new technologies.

ICT use among people aged 65 and older

G4.2

Comparison between three different years of the survey



No data existed in 2010 for smartphones and tablets.

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Source: Seifert 2022

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4.3.3 Feelings of digital exclusion

For a long time, non-use or low-use of digital technology did not preclude individuals from fulfilling their needs and interests (or did so only partially) because these could be achieved through widely available analogue means. However, with digitalisation becoming predominant, there is 'social pressure' for older adults to use the newest technologies. According to a Swiss survey, older adults (65–98 years) tended to have stronger feelings of digital exclusion compared with younger adults (18–64 years) (Seifert 2023). If inclusion in contemporary society means active participation in the digital world, then older adults who do not own a smartphone or are not active on the internet are at risk of social exclusion. Hence, a form of social pressure exists among the older population concerning internet use, and as more service providers begin to offer specific information and services on an online-only basis (or charge extra for offline services), older citizens could become increasingly disadvantaged. The COVID-19 pandemic has fostered discussions about the positive and negative outcomes of using technology during a time of physical distancing. Older adults without an online presence struggled with the double burden of social exclusion (Seifert, Cotten, and Xie 2021). Difficulties with online participation influence whether older adults can access online services and content, such as health information, digital social events, social networking and

online shopping, when digital solutions could compensate for lost physical interactions. In summary, ICT can help older adults maintain social interaction, but it might create a feeling of social exclusion among those who lack the skills and equipment to be part of this digital society.

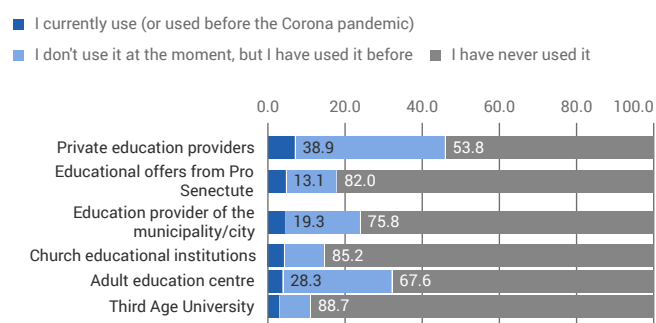
4.4 Participation in educational programmes

Education is an important resource for quality of life in old age and feelings of being part of society (Iller and Schmidt-Hertha 2020). Recently, the participation of retired people in education has increased, meaning that the demand for relevant educational offers is also growing (Wiest et al. 2018). Lifelong learning—the idea that people learn throughout their lifespan, especially shortly before or after retirement—takes place at different educational institutions and, increasingly, by using digital technologies. Education in all life phases is becoming ever more important, not least because of the demands created by the digitalisation of society and a general desire to promote and maintain health in the sense of enabling a self-determined life in old age. The current United Nations Decade of Healthy Ageing (WHO 2020) emphasised that learning is an elementary instrument to enable older people to lead healthy and independent lives. A recent Swiss study (Seifert, Perrig-Chiello, and Martin 2021) with a sample of 1004 people aged 60 or older showed that 18% of the interviewees were currently actively participating in one or more educational programmes (or had done so shortly before the pandemic). These older adults mainly visited private education providers or adult education centres; however, 11% also had experience of attending a third age university (see Graphic G4.3).

This Swiss study also showed that on-site courses with audience participation (e.g. excursions and lectures with discussions) were desired the most, followed by small group work and project work; in contrast, there was little appetite for classic frontal teaching. Regarding the reason for participation, the most common was to broaden general knowledge, followed by the desire to keep mentally fit. Furthermore, many respondents said that they enjoyed learning and continuing their education or that participation in educational offers was a meaningful leisure activity

Use of education institutions among people aged 60 and older, 2020

G4.3



Source: Seifert et al. 2021

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helping them cope with everyday life. Only rarely were extrinsic motivations (reasons coming from outside) given as a reason for participating. Hence, the age group in question had mainly intrinsic motives, especially regarding the possibly of greater freedom to decide about educational opportunities after working life (Seifert, Perrig-Chiello, and Martin 2021).

As reasons for not participating in education, in addition to COVID-19 infection, the respondents mentioned a lack of time or interest. Although financial aspects played a rather minor role, those who did not participate in lifelong learning said that the courses were too expensive or that the journey to the educational programs took too long or was too tedious.

4.5 Political and cultural participation

4.5.1 Political participation

Switzerland is a direct democracy. In addition to the right to elect, Swiss citizens have the right to vote on substantive issues. Thus, the Swiss political system relies on the people's voting behaviour and on active participation in political discourse (e.g. in the form of political or civil society engagement). Regarding the first aspect, it can be asked whether older people show different voting behaviour than younger population groups. The increasing number and proportion of older adults leads, on the one hand, to financial problems that imply disadvantages regarding the social security of future cohorts compared with present ones, and, on the other hand, to an increase in their political power with respect to political elections, for example, regarding questions about social security laws (Künemund 2004). There are debates about the financing of sustainable and good care in old age, which concerns not only the older adults depending on care, but is a social task for all generations (Knöpfel et al. 2020).

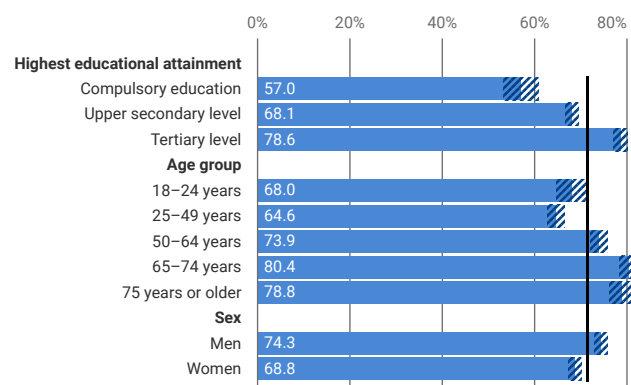
Looking at the data from the Swiss Volunteering Survey 2020 (Lamprecht et al. 2020), interest in political issues in Switzerland was rather high: On a scale of 0 (not at all interested in politics) to 10 (very interested in politics), the Swiss population showed an average value of 5.9. Here, 47% had a high level of interest (7–10), 33% a medium level of interest (4–6) and 20% only slight interest or none at all in politics (0–3). Older people were more interested in politics than younger people. Younger people are not fundamentally less politically active compared with older voting citizens, but they tend to go to the polls less often or only for selected issues (GfS Bern 2022). Average voter turnout generally increases with age (Rothenbühler and Kissau 2013), as for example shown by an evaluation from the city of St Gallen (Dermont and Stadelmann-Steffen 2014). In particular, it is worth mentioning the difference in voter turnout between the youngest group of people and the 66- to 75-year-olds, who are twice as likely to participate politically in a popular vote than young adults. Voting participation also increased in the other age groups compared with the next youngest. Analyses from the referendums of the Federal Statistical Office (FSO 2022b) confirmed this, showing that retired people participated more frequently in referendums (see Graphic G 4.4).

Percentage of Swiss population participating frequently in federal popular votes, 2022

G 4.4

Swiss nationals aged 18 and over

■ Total Population ■ Confidence interval (95%)



Frequent participation: people who replied they participated in at least 8 out of 10 federal popular votes

Source: FSO – Statistics on Income and Living Conditions (SILC)

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The proportion of voters in elections for the Swiss political parties⁵ did not differ markedly between the over 65s and the younger age groups, but more older voters than younger ones voted for the traditional Swiss parties, the Centre (an alliance of the Christian Democrat People's Party and the Conservative Democratic Party) and the Liberals (FDP). The Centre's vote share was 1.5 times larger among people over 65 than among people under 45. The picture was the opposite for the Greens. The party has retained its appeal to young voter segments, having almost three times as many voters under 30 than of retirement age. However, the Swiss People's Party (SVP) and the Swiss Social Democratic Party (SP), for example, had relatively balanced voter segments in the different age groups. For the SVP, however, the tendency was towards people over 30, whereas the SP was able to gain ground among 18–29 year-olds (Hermann et al. 2023).

The political issues bringing people to the ballot box can also differ according to age (Hermann et al. 2023): Young adults will feel the effects of climate change because of their age. This impacts their perception of the problem. Here, 48% of 18- to 35-year-olds ranked climate change among the greatest challenges facing Switzerland. However, among the over-65s, only 34% shared this view. Health insurance premiums were considered a priority by this age group. Among the younger ones, this topic was less in the foreground, as were relations with the EU. It was mainly the older people who are concerned about good relations with the EU today.

⁵ For an overview of the political parties in Switzerland see e.g. <https://www.eda.admin.ch/aboutswitzerland/en/home/politik-geschichte/politisches-system/politische-parteien.html> (last accessed on 10.06.2024)

4.5.2 Cultural participation

Social life participation also takes the form of cultural events or cultural activities.⁶ Cultural lifestyles can also be shaped by the age of the person or the phase of life in which a person finds themselves. The general extent of cultural engagement is increasingly shaped by the level of education, while highly cultural activities depend more on age (Weingartner and Rössel 2022). In 2014, a comprehensive survey on cultural behaviour was conducted in Switzerland, and repeated in 2019 (FSO 2020). According to these surveys, a significant majority of people aged 60–74 were culturally active, and among the over 74s, it was still a slight majority. The greatest differences regarding cultural self-activities in retirement age were found in educational background: Of the 65-year-olds and older with the lowest educational status, only 39% were culturally active in 2014, in contrast to 65% of 65-year-olds and older with tertiary educational backgrounds. Cultural activities were also milieu-specific in older age: People with a higher education level use higher-cultural activities. Nevertheless, differences between the generations could be seen: Young people went much more than those over 60 years old to a club, to large city festivals or to sporting events, whereas older people also engaged in joint activities in choirs or sports clubs, as well as attending concerts and operas.

When asked what age-related obstacles hindered access to cultural institutions, the over 74-year-olds more often mentioned poor health or difficult access to cultural institutions and events (e.g. no barrier-free access or unable to get to the event location) (FSO 2020). The COVID-19 pandemic led to massive restrictions on activities outside the home. The lockdowns particularly affected active retired women and men who could no longer engage in voluntary activities or who had to forego self-organised cultural and social activities. Some of the cancelled extracurricular activities were resumed after the pandemic.

4.6 Conclusion

This chapter has examined how socially active older adults in Switzerland are, showing a diverse picture of the social participation of older adults. The review showed that social relationships tend to focus on fewer individuals, which become more selective in old age. Furthermore, the data from Switzerland showed that older adults were generally socially connected and that family ties were still quite prevalent in their lives and significant for their well-being. Besides the partner and family members, older adults tended to maintain contact with friends, acquaintances, and neighbours, as well as social groups, for example, a sports club or choir, thus forming a combination of strong and weak ties. The importance of neighbourhood—not only during the COVID-19 pandemic—was highlighted, and it was shown that neighbours can be important resources in the everyday lives of older people. Because neighbourly assistance was not unidirectional, the mutual dimension was important, meaning that older adults were not only recipients of help, but also important providers of help

and social exchange. In terms of importance, neighbours ranked lower than family members and close friends. Nevertheless, if family members or friends do not live close by or are not readily available, neighbours may provide important support that is needed to help individuals cope with everyday life. Having ties to neighbours facilitates access to informal aid, reducing the sense of isolation, which can lessen everyday problems during old age. This aspect was shown in the latest pandemic, where older adults with a reduction of social contact more often felt lonely and socially excluded.

During the COVID-19 pandemic, more meetings took place online. This situation has fostered discussions about the positive and negative outcomes of using technology during a time of physical distancing. Older adults without an online presence (or with poor technical skills) struggled with the double burden of social exclusion and physical distancing. The data showed that not all older people—especially those over 80—were digital savvy, as shown in the example of internet use. Difficulties with online participation influence whether older adults can access online services and content, such as health information, digital social events, social networking and online shopping at a time when digital solutions could compensate for lost in-person interactions. Therefore, technology use (e.g. internet use, mobile device use, smart home technologies) can help older adults maintain social interaction, but it might create a feeling of social exclusion among those lacking the skills and equipment to be part of this digital society.

During the pandemic, social activities such as visits in person, cultural activities, political events or educational programmes were limited. However, the current data from Switzerland showed that older adults—before and after the pandemic—were broadly positioned in terms of passive and active use of diverse social participation opportunities and that participation in cultural, educational and political activities was an important resource for quality of life in old age and feelings of being part of society. Here, it is important to see older people not only as passive users of social activities and services, but also as active stakeholders of these activities and important actors in shaping a civil society.

In summary, older adults are socially active and the co-designers of social activities (e.g. neighbourhood help, engagement in voluntary work) and are therefore important for the cohesion of society. The present contribution suggests that older people should be supported by the public authorities in two areas: in the maintenance of social contacts important to them (e.g. through the establishment of public and accessible meeting places and the promotion of social associations to support older people) and in enabling them to offer social services to other people themselves (e.g. organised neighbourhood help, participation in political activities). Thus, older people should not only be seen as beneficiaries of social activities and services, but also as important pillars of social cohesion.

⁶ See also Chapter 2.8.

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5 Voluntary work by and for older people

Adrian Fischer, Markus Lamprecht, Hanspeter Stamm, and Nicole Schöbi

Abstract

Volunteering is an important way for older people to participate in society. It brings social benefits and has a meaningful and vital importance to older volunteers themselves. Many older people volunteer in associations and organisations and even more carry out informal voluntary work for friends and family. The number of older volunteers has risen slightly in recent decades, although the COVID-19 pandemic brought about a significant decline. There are major social disparities in voluntary work. Much voluntary work for older people is done by older people.

5.1 Introduction

Increased life expectancy and gains in healthy years of life open up the opportunity for a growing proportion of the older population to spend some of their available time in retirement on voluntary activities for the benefit of others.

Taking on voluntary activities is often described as an aspect of ‘active ageing’ and is seen as positive in many respects. On the one hand, older people provide important services to society through voluntary work. It helps create a vibrant and sustainable community and contributes to social and economic prosperity (Haunberger et al. 2022). Through involvement in associations and nonprofit organisations, services can be performed for a wide variety of groups, and through informal volunteering, older people can support and relieve pressure on close friends and family, for example by looking after grandchildren or supporting neighbours. On the other, carrying out voluntary work is important for older people themselves. It involves regular social contact, promotes recognition and self-worth and contributes to well-being, quality of life, and to the mental and physical health of older people. Volunteering can slow mental and functional decline.¹

Not only the increase in available time, but also a higher average level of education than in previous generations, changed ideas about ageing, and increased expectations and experiences of active contribution and self-fulfilment, suggest that older

people are more likely to volunteer than in the past. However, the life situations and living conditions of the older population differ not only in terms of health but also regarding various socio-economic factors (education, income, etc.). The requirements and opportunities to participate in voluntary work vary accordingly.

Older people not only provide services to the community and society through volunteering, they also benefit from the voluntary work of others. Some formal voluntary work is primarily aimed at older people and many younger people look after older adults from outside their household on an informal basis.

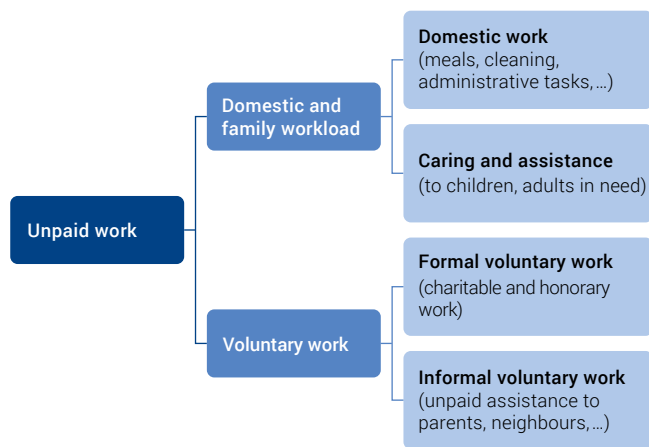
While Chapter 4 presented findings on social and political participation, this chapter takes a closer look at voluntary work performed by and for older adults. After clarifying some of the concepts (Section 5.2), the report examines voluntary work carried out by the older population in associations and organisations (formal voluntary work) and informal voluntary work, and looks at social and regional (by language region) differences (Section 5.3). It also considers the reasons and motivations of older volunteers and looks at what prevents older people from volunteering in associations and organisations. Section 5.4 takes a closer look at voluntary work for older people, and here again a distinction is drawn between formal and informal voluntary work.

5.2 Definition and scope of voluntary work

There is some dispute among experts about the terminology and the question of how voluntary work and volunteering should be precisely defined and classified. The choice of terminology and definitions involves political and programmatic positioning: There are different linguistic-territorial and national traditions as well as different strands of research and discourses (Priller 2011). While some approaches focus on the unpaid work aspect and the time spent, others place greater emphasis on playing an active part in the community (Nadai 2004, 16). One of the former is the Swiss Labour Market Survey (SLFS) with its ‘unpaid work’ module. Unpaid work is defined as “[...] productive work that while not remunerated, could in theory be contracted out to a third party (third party criterion)” (FSO 2008; freely translated). The third-party criterion separates unpaid work from other unpaid activities that are carried out for enjoyment, for relaxation or for one’s own benefit. While domestic and family work is carried out for the benefit of members of one’s own household, the beneficiaries of voluntary work live outside of one’s own household. They may be relatives or non-relatives.

¹ The positive correlations between voluntary work, well-being and various aspects of health are well documented (e.g. Haski-Leventhal 2009; von Bonsdorff and Rantanen 2011). In 2002 the WHO introduced the concept of ‘active ageing’ internationally in a bid to improve the quality of life of older people so that they can participate in society for longer. Participation in society includes participation in the labour market, in activities and volunteering in associations and organisations, political participation and participation in family life (WHO 2002; FSO 2018).

Forms of unpaid work in the Swiss Labour Force Survey (SLFS) G5.1



Source: FSO – Swiss Labour Market Survey (SLFS)

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In the Swiss Volunteering Survey, volunteering is defined as “any activity in which time or money is given freely for the benefit of individuals, a group, or an organisation” (Stadelmann-Steffen et al. 2007, 29; freely translated). Voluntary work primarily involves spending (working) time, while donating primarily involves money. Although donating is considered and recorded in the Volunteering Survey, the focus is clearly on voluntary work.

Both the SLFS and the Volunteering Survey draw a distinction between voluntary activities that take place within an association or organisation, and informal activities outside of an organisation (Graphic G5.1). For the former, both the SLFS and the Volunteering Survey use the term ‘formal voluntary work’. The Volunteering Survey focuses more strongly than the SLFS on activities in and for informal groups (e.g. assisting at events and festive occasions) under informal voluntary work.

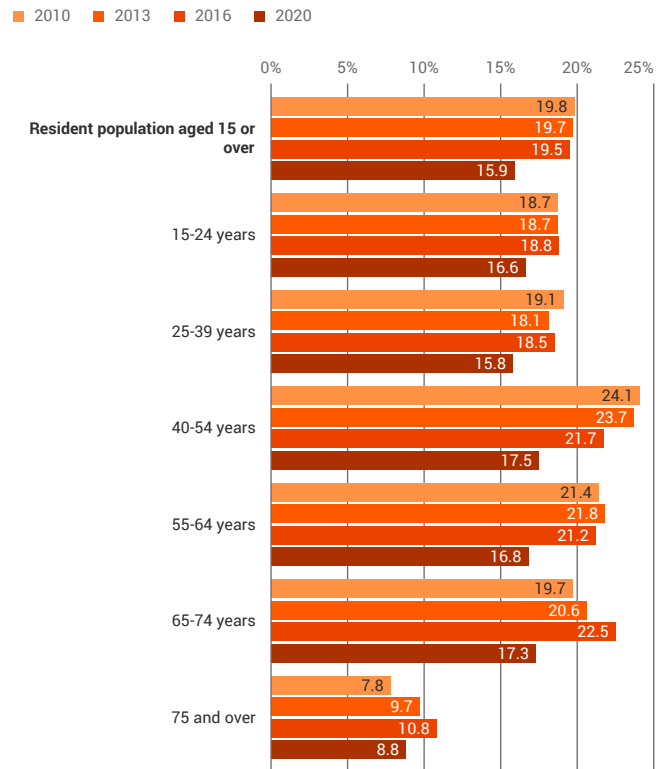
5.3 Voluntary work by older people

5.3.1 Formal voluntary work in associations and organisations

In 2016, around one in every six people aged 65 or over volunteered in an association or organisation in Switzerland. Among ‘younger elderly’ people (aged 65–74) almost a quarter carried out formal voluntary work, while in those aged 74 or over that figure was around one in ten (Graphic G5.2). As people get older, they stop volunteering as a result of life transitions, health problems, or social factors (e.g. no more people of their own age in the association) and interest in getting involved in an association or organisation again significantly wanes (see Section 5.3.6).

In the years before the COVID-19 pandemic, the share of people aged 65 or over volunteering in associations or organisations rose slightly, while in younger age groups there was no change or even a slight downward trend. An increase in the participation rate among the older population was also observed in Germany.

Participation in formal voluntary work by age, 2010 to 2020 G5.2



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Source: FSO – Swiss Labour Force Survey (SLFS)

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Younger cohorts are more likely to volunteer in old age, and the age at which they step back from volunteering is rising (Künemund and Vogel 2022).

Owing to the public health measures and restrictions put in place to tackle COVID-19, participation in formal voluntary work was significantly lower in 2020 than in previous years (Table T5.1). These restrictions affected all age groups, not just those aged 65 or over.

Men are slightly more likely than women to be involved in associations and organisations (FSO 2021) and are more likely to perform management tasks, while women are proportionately more likely to carry out basic tasks. This applies both to the younger and older population groups. In the 65 or over age

Participation in formal voluntary work by people aged 65 or over, by sex and age, 2016 and 2020 T5.1

In per cent

	2016		2020	
	Men	Women	Men	Women
Persons aged 65 or over	19.8	14.9	16.3	10.6
65–74 years	25.5	19.8	20.8	14.2
75 and over	12.4	9.6	10.9	7.2

Source: FSO – Swiss Labour Force Survey (SLFS)

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group, just under a fifth of men and 15% of women volunteered in an association or organisation in 2016. Women accounted for 30% of volunteers entrusted with management tasks, and 55% of those carrying out basic tasks in 2016. These discrepancies reflect historical gender roles, where management tasks were assigned to men and support tasks to women.

Both in the general population and among people of retirement age, the gender gap in participation in formal voluntary work narrowed between the turn of the millennium and 2013, only to later re-emerge, in particular during the COVID-19 pandemic. This is probably related to the fact that basic tasks could not be continued as easily during the pandemic as management tasks.

Those who volunteer in associations or organisations in Switzerland spend on average over 3 hours a week on it. People who are retired have on average one hour more to spend on volunteering than people of working age. Extrapolated data show that people aged 65 or over carried out 54 million hours of voluntary work in associations and organisations in 2016, while in 2020—i.e. during the COVID-19 pandemic—that figure was 36 million hours due to the various restrictions on social contact and gatherings. Twenty-four per cent of formal voluntary work in Switzerland was performed by people of retirement age in 2016.²

Older people get involved in a broad range of organisations. They are particularly likely to be involved in social or charitable organisations, church organisations, cultural associations, and sports clubs (Table T5.2). Social, charitable and church organisations are gaining in importance among older volunteers

compared with younger age groups. Age and cohort effects are probably coming into play here. As younger cohorts reach retirement age, volunteering in 'expressive' areas of culture, leisure and sport is likely to become more important.

While proportionately more women volunteer in social, charitable, and church organisations or in self-help groups, men are more likely to volunteer in game, hobby and leisure associations, political parties and in pressure groups. Here, too, traditional roles have an effect. Sport and political activities were mainly the preserve of men until well into the 20th century, and support activities and caregiving were primarily that of women.

Volunteering in the social and charitable sector and in political or public bodies tends to be particularly time-consuming.

5.3.2 Informal voluntary work

Besides formal voluntary work, older people do a great deal of informal voluntary work outside of associations and organisations (Graphic G5.3). This includes looking after or caring for people, but also helping friends and neighbours. In 2016, 33.6% of those aged 65 or over carried out informal voluntary work, providing different support and assistance to people outside of their household. In 2020, the percentage of people aged 65 or over carrying out informal voluntary work was slightly lower, at 28.9%, while in the younger age groups it was higher. The restrictions on social contact imposed or recommended for older people, in particular

Formal voluntary work by people aged 65 or over by organisation type: Participation, proportion of women and average time spent on the activity

T5.2

	Participation (in %)	Proportion of women (in %)	Ø time spent (h per week)
Social or charitable organisations	14.3	58	4.0
Church organisations	12.3	63	2.3
Cultural associations	12.0	49	2.9
Sports club or associations	9.6	25	2.2
Game, hobby, leisure associations	8.8	41	2.7
Community, local, neighbourhood associations	6.4	43	2.1
Environmental and animal welfare organisations	4.4	(51)	(2.4)
Political parties	3.6	(21)	(1.3)
Pressure groups	3.5	(32)	(2.7)
Self-help groups	2.8	(60)	(2.5)
Political or public agencies	2.7	(32)	(4.1)
Public service	1.7	(50)	(2.5)
Human rights organisations	1.6	(47)	(3.4)

N.B.: For case numbers with fewer than 50 people, the values are in brackets and should be interpreted with caution.

Source: SSCG – Swiss Volunteering Survey 2020

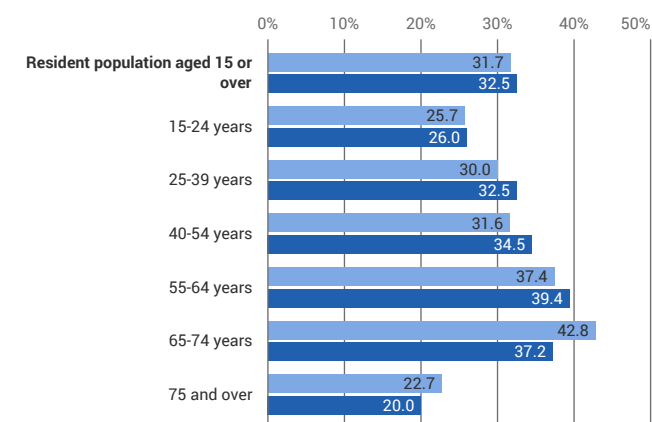
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² People aged 65 or over made up 18% of the permanent resident population in 2016.

Participation in informal voluntary work by age, 2016 and 2020

G 5.3

■ 2016 ■ 2020



Source: FSO – Swiss Labour Force Survey (SLFS) gr-e-00.00-2015-2400-05.03 © FSO 2024

to protect them from COVID-19, reduced the proportion of people doing informal voluntary work—particularly looking after (grand) children.

Men are slightly more likely than women to volunteer in associations and organisations, while women are slightly more likely to perform informal voluntary work for friends (Table T 5.3). In the first ten years after retirement, the differences between men and women are even greater. In later years, men and women do about the same amount of informal voluntary work.

As is the case with formal voluntary work, people of retirement age, who engage in informal voluntary work have more time to dedicate to it than people of working age. In 2016, they carried out an average of 5.8 hours a week of informal voluntary work, which, when extrapolated, amounts to 152 million hours, or just under a third of all informal voluntary work. In 2020, this figure was 144 million hours. As Table T 5.4 shows, a lot of time is spent on looking after children—often grandchildren. This is also the area in which older people are more likely to engage in informal voluntary work. In addition, looking after and caring for elderly people—in some cases their own parents—and providing help and assistance to others (e.g. neighbours) play an important role.

In over 90% of cases, the children looked after are close relatives i.e. the volunteers' own grandchildren (Table T 5.5). In some cases, the elderly, sick or disabled people looked after or cared for are also relatives, but in most cases, they are supported voluntarily by non-relatives. If we summarise the relationships to beneficiaries in all areas of informal voluntary work, the work is exclusively for relatives in just over a third (36%) of cases, in 29% it benefits both relatives and non-relatives, and in another third (35%) it benefits non-relatives only. Older people are proportionately more likely to provide informal care and assistance to family and relatives than younger people.

Participation in informal voluntary work by people aged 65 or over, by sex and age, 2016 and 2020

In per cent

T 5.3

	2016		2020	
	Men	Women	Men	Women
Persons aged 65 or over	32.4	34.5	27.2	30.2
65–74 years	38.8	46.3	33.9	40.1
75 and over	24.0	21.9	19.2	20.6

Source: FSO – Swiss Labour Force Survey (SLFS)

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5.3.3 Social and regional differences

There has been a good deal of research into the social and regional differences in voluntary work carried out by the Swiss population (e.g. Freitag et al. 2016; Lamprecht et al. 2020; FSO 2021). There are also various publications on the differences in older people's commitments to voluntary work (Höpflinger 2022; Schicka 2022; Potluka et al. 2022).

As the SLFS data show, people aged 65 or over who carry out formal and informal voluntary work are much more likely to have a higher educational level and income (Graphic G 5.4). People with tertiary level education are three times more likely than those with lower secondary education to carry out formal voluntary work. And those with a tertiary qualification are almost twice as likely as those who completed compulsory education to engage in informal voluntary work. Swiss nationals and people from German-speaking Switzerland and from rural, less densely populated areas carry out more voluntary work. All these differences are also found in the younger age groups. However, the influence of education is less marked in the younger age groups than in the older ones. The findings show that resources such as a comfortable livelihood, skills related to educational level and nationality, self-perception, networks (cultural and social capital) and the structures and traditions of (language) regions play a key role in participation in voluntary work in old age.

The higher participation in formal and informal voluntary work in sparsely-populated, rural areas can be partly explained by a greater concentration of associations in these regions (Kriesi and Baglioni 2003) and a higher degree of professionalisation of municipal tasks, social services, care provision and sport and leisure facilities in urban areas (Ladner and Haus 2021; Bürgi et al. 2023). The reasons behind higher participation in voluntary work in German-speaking Switzerland are a more developed participatory political context in that part of the country (Kriesi 2004), differences in people's understanding and expectations of the State and of their social environment (Freitag et al. 2016, 71; Lamprecht et al. 2020, 114), as well as the greater reliance of social services on volunteers in the German-speaking cantons (Helmig et al. 2010, 192). In French- and Italian-speaking Switzerland, people in the general population and those aged 65 or over are proportionately much less likely to be involved in social or charitable organisations than people in German-speaking Switzerland.

Informal voluntary work by people aged 65 or over by area: Participation, proportion of women, and average time spent on the activity

T 5.4

	Participation (in %)	Proportion of women (in %)	Ø time spent (h per week)
Looking after children	27.4	58	6.6
Looking after/caring for elderly people	13.5	59	2.7
Looking after/caring for disabled people	4.5	(54)	(2.9)
Looking after/caring for sick people	3.9	(56)	(3.9)
Helping others	18.4	48	1.8
Assisting at events and festive occasions	9.6	34	2.0
Assisting with charitable projects and activities	2.7	(54)	(1.8)
Other informal voluntary activities	5.7	54	2.7

N.B.: For case numbers with fewer than 50 people, the values are in brackets and should be interpreted with caution.

Source: SSCG – Swiss Volunteering Survey 2020

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Type of relationship to the recipients of informal work carried out by people aged 65 or over

Share of all volunteers in the corresponding area, in per cent

T 5.5

Looking after/caring for people			
	Close relatives*	Other relatives	Other non-relatives
Looking after children	92	3	13
Looking after/caring for elderly people	27	14	71
Looking after/caring for disabled people	(18)	(11)	(75)
Looking after/caring for sick people	(24)	(14)	(71)
Other forms of informal work			
	Relatives	Acquaintances	Strangers
Helping others	36	82	13
Assisting at events and festive occasions	15	78	24
Assisting with charitable projects and activities	(11)	(72)	(32)
Other informal voluntary activities	40	70	17

N.B.: For case numbers with fewer than 50 people, the values are in brackets and should be interpreted with caution.

* In the survey, children, parents and grandchildren are indicated as 'close relatives'.

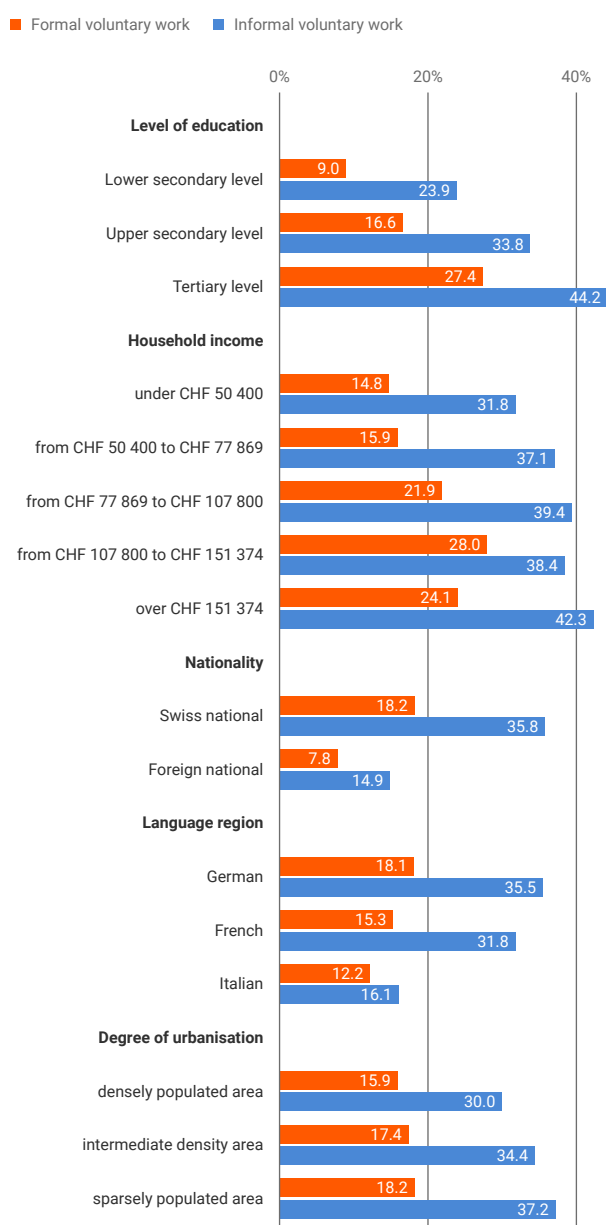
Source: SSCG – Swiss Volunteering Survey 2020

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The education and income effects are much more pronounced in formal voluntary work than informal voluntary work. This result can also be seen in the general population (Lamprecht et al. 2020). For informal voluntary work, regional and local contextual factors (e.g. school systems, care provision, forms of settlement, housing and living conditions, etc.) play a more important role (Höpflinger 2022, 42).

Participation in formal and informal voluntary work by people aged 65 or over, by socio-demographic characteristics, 2016

G 5.4



For household income, a distinction is made between the quintiles of the total population.

Source: FSO – Swiss Labour Force Survey (SLFS)

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5.3.4 How Switzerland compares with other countries

There are only a small number of studies that compare voluntary work by older people in different countries and that include data from Switzerland. A comparison on the basis of the Survey of Health, Ageing and Retirement in Europe (SHARE) shows that participation in formal voluntary work by people aged 50 or over is above average in Switzerland compared with the participating European countries. The participation rate is significantly higher than in the southern and eastern European countries, slightly higher than in Germany and France, but lower than in Denmark, Sweden and the Netherlands (Erlinghagen and Hank 2009). Informal voluntary work in the form of assistance for family members, friends and neighbours largely follows the same pattern as formal voluntary work. Here, too, Switzerland's participation rate is above the average of all participating European countries (Erlinghagen and Hank 2009).

The differences between countries observed for the older population are similar on the whole to the differences that can be observed in the general population (Hank and Erlinghagen 2008). They can be explained, among other things, by an uneven distribution of individual characteristics (e.g. education) and by country-specific cultural and institutional parameters (Erlinghagen et al. 2006; Enjolras 2021). The welfare mix—different types of welfare regime and the varying configurations of stakeholders in the production of welfare (between the State, the market, families and charitable organisations)—plays an important role here (see also Box 5.1).

Box 5.1: Welfare mix and voluntary work

The relationship between the welfare mix and volunteering is complex and is measured in different ways (Jensen et al. 2014). The Johns Hopkins Comparative Nonprofit Sector Project (CNP) draws a distinction for the nonprofit sector between 'expressive' fields (e.g. activities in the fields of culture, leisure and sport) and service fields (e.g. activities in social or charitable organisations, in health and education). High participation rates in voluntary work are mainly found in the social democratic model type, where the expressive fields predominate due to a comprehensive State welfare service, while in the liberal model type, the service fields predominate. In the corporatist model type characterised by close links between the State and nonprofit organisations, the amount of volunteering is moderate with a stronger focus on services (Salamon and Sokolowski 2003; Salamon et al. 2017; Gmür et al. 2010). In a qualified sense, Switzerland is counted as 'borderline' to the liberal model, but one that has moved towards the corporatist and social democratic model (Helmig et al. 2011). Participation in voluntary work in Switzerland is higher than in corporatist regimes and lower than in social democratic regimes. Expressive activities predominate if we only consider voluntary work. If we consider both volunteers and paid workers in the non-profit sector, service activities are slightly in the majority.

5.3.5 Motives for volunteering

Older people volunteer because they enjoy the activity in question and want to help others (Graphic G5.5). Social motives—inter-generational contact, getting together with others, and feeling needed—also play an important role.³ Social and religious motives are emphasised slightly more strongly by those aged 65 or over than by younger age groups. However, instrumental motives—such as pursuing own interests or being able to network—become less important in old age. In informal voluntary work, wanting to help is an even more important motive for older people than in formal voluntary work. Occasionally people say that those around them expect them to volunteer.

Strictly speaking, voluntary work is unpaid. However, in both the SLFS and the Swiss Volunteering Survey, expense allowances and minimal, symbolic payments are allowed.⁴ The forms of recognition and compensation are many and varied. In many associations and organisations, volunteers receive recognition in the form of annual dinners or similar events. The expenses incurred by a fifth of retired volunteers are covered by the organisation in question. If we combine fees and minimal payments, flat-rate allowances and attendance fees, just under a fifth of volunteers (18%) receive payment for their work that goes beyond covering expenses. Men are more likely to receive such payments (21%) than women (14%).

Compensation in the form of time credits, as used for example in the St Gallen time bank scheme and in the KISS local neighbourhood assistance programme, is relatively rare. Not only in those aged 65 or over, but also in younger age groups, it makes up no more than 2%. However, different time banking models can be found at the boundary between formal and informal voluntary work. For the latter, data on forms of compensation or recognition were not collected in the Swiss Volunteering Survey.

5.3.6 Interest in future voluntary work and obstacles

In the Swiss Volunteering Survey, people who at the time of the survey did not volunteer in associations or organisations were asked whether they would be interested in doing so in future. Of these persons aged 65 or over, 3% said they would definitely want to volunteer, 29% said maybe, and 68% said they would not. While 42% of those aged between 65 and 74 could still envisage volunteering, only 16% of those aged 75 or over could (Table T5.6). A finer age breakdown shows that there is a high level of willingness to carry out formal voluntary work immediately before retirement. Among 60- to 64-year-olds, who do not engage in formal voluntary work, 68% say they would be interested in doing so; after retirement in the 65- to 69-year-age group, this figure is only half.

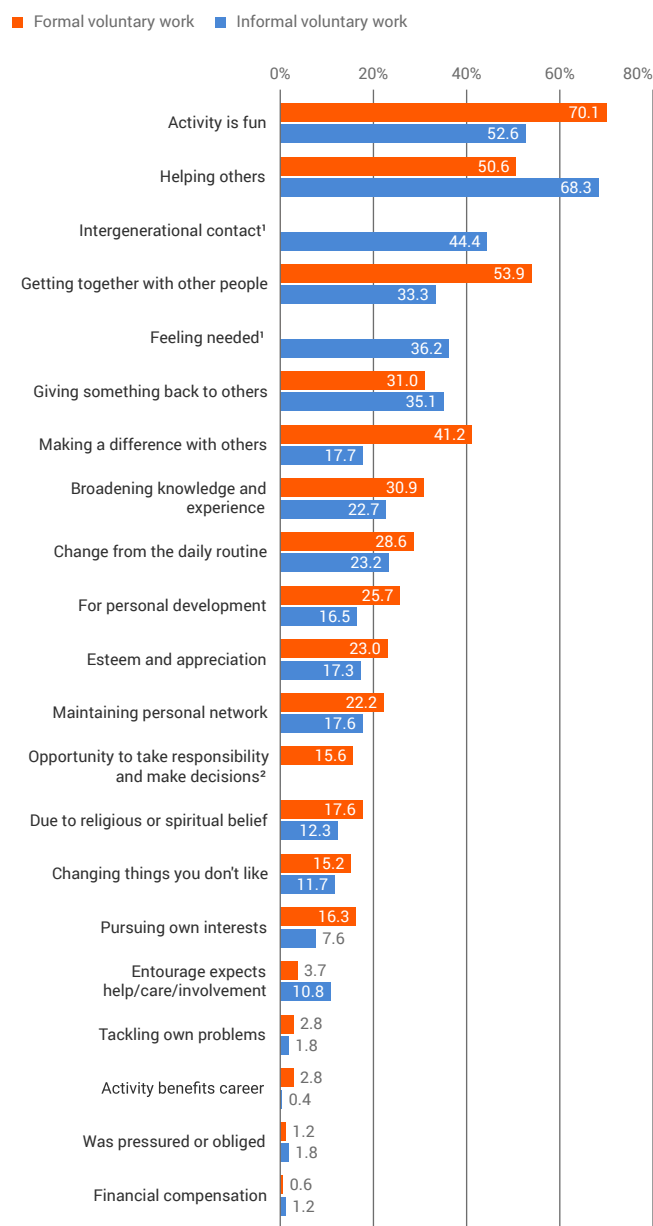
³ The COVID-19 pandemic clearly showed the crucial importance of the social aspect and the integration function of voluntary work. Volunteering lends structure to everyday life and is associated with regular social contact. It helps prevent social isolation in retirement (Repetti et al. 2022).

⁴ This is also in line with the Labour Statistics Convention of the International Labour Organization (ILO).

Motives for volunteering in people aged 65 or over, 2019

G5.5

Share of volunteers in each type to whom the motive in question applies, multiple answers possible



¹ only collected for informal voluntary work

² only collected for formal voluntary work

Source: SSCG – Swiss Volunteering Survey 2020

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Level of interest of those who do not volunteer in associations or organisations in such voluntary work, by age

Share of the corresponding answer in per cent

T 5.6

	Definitely interested	Potentially interested	Not interested
15–39 years	24	56	20
40–64 years	15	56	29
65–74 years	5	37	58
75 and over	1	15	84

Source: SSCG – Swiss Volunteering Survey 2020

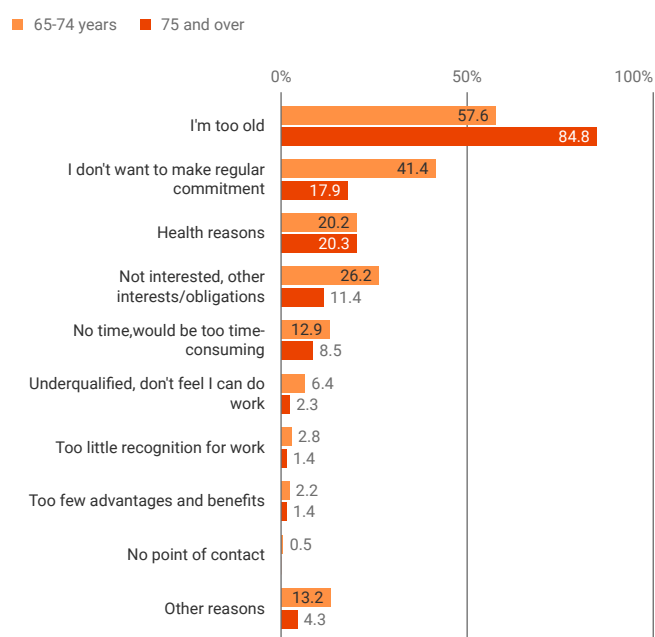
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Among both those aged 65 to 74 and those aged 75 or older, age is the most common obstacle cited preventing people from doing voluntary work (Graphic G5.6). Among the 'young elderly' in particular, there is a larger group who do not want to commit to regular volunteering or who prioritise other interests and commitments.

Reasons for lack of interest in volunteering in associations or organisations, by age, 2019

G 5.6

Share of respondents citing the reason in question, multiple answers possible



Source: SSCG – Swiss Volunteering Survey 2020

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5.4 Voluntary work for older people

While the previous section looked at volunteering by older people, the following section examines voluntary work performed for older people.

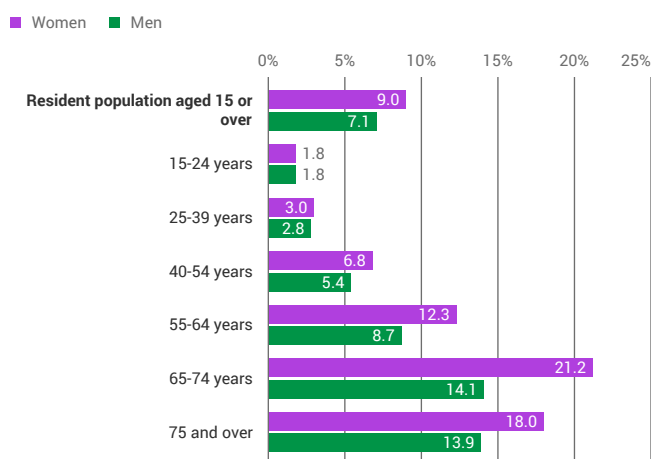
5.4.1 Voluntary work for older people in associations and organisations

In the Swiss Volunteering Survey, those who volunteer in associations and organisations were asked about the persons or target groups the activity was aimed at.⁵ The voluntary work is most likely to be aimed at children and young people (39% of all persons performing formal voluntary work) or the public in general without a specific target group (38%). A fifth of volunteers (21%) carry out formal voluntary work that specifically concerns older people. If we relate these figures to the resident population, around 8% of people carry out formal voluntary work that involves older people (Graphic G5.7). The proportion of volunteers who carry out an activity aimed at older people also increases with age. A great deal of voluntary work for older people is therefore voluntary work by older people. As a rough estimate around 45% of formal voluntary work for older people is carried out by people aged 65 or over.

Women are slightly more likely than men to do voluntary work involving older people. While a quarter of women volunteering in associations and organisations cite this target group, just under a fifth (18%) of men do so.

Participation in formal voluntary work aimed at or for the benefit of older adults, by sex and age, 2019

G 5.7



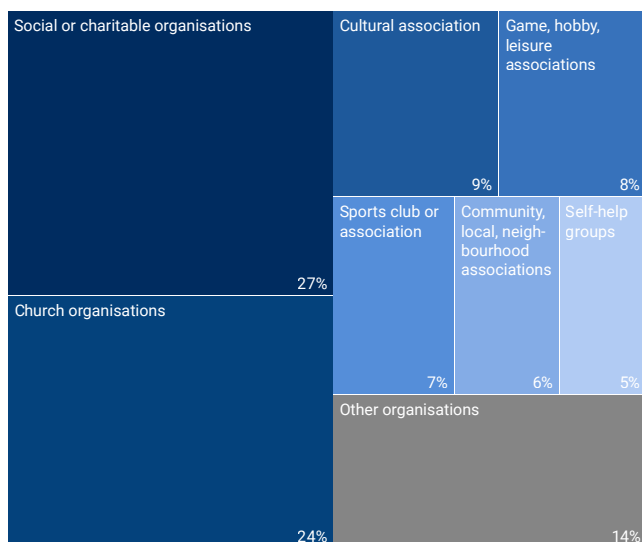
Source: SSCG – Swiss Volunteering Survey 2020

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⁵ If they were involved in more than one organisation, only the target group of the most important/most time-consuming volunteering activity was recorded. A total of 13 different circles or target groups were collected; multiple answers were permitted.

Voluntary activities in social or charitable organisations—e.g. voluntary work within the framework of Pro Senectute—and in church organisations are particularly likely to be aimed at older people (Graphic G5.8). Taken together, half of people engaged in voluntary work aimed at older people are involved in these two types of organisation.

Organisations for which people perform voluntary work aimed at or involving older people **G5.8**



Source: SSCG – Swiss Volunteering Survey 2020

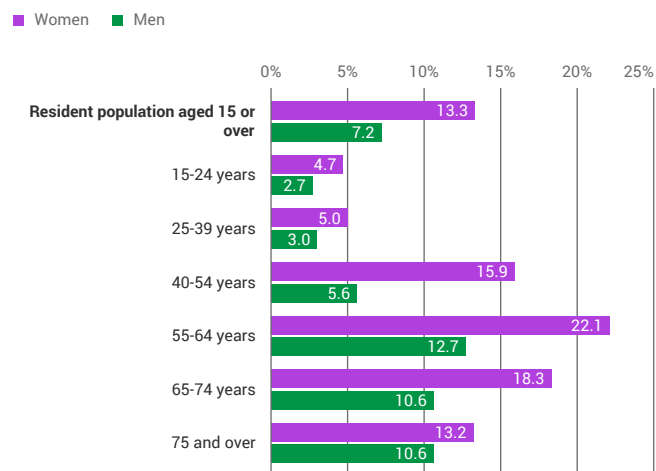
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5.4.2 Informal voluntary work for older people

Some of the support and care of older people is performed as informal voluntary work by family and friends. According to the Swiss Volunteering Survey 2020, 10% of the population care for or look after elderly people who live outside of their household. This sort of voluntary work is most widespread in the 55 to 64 age group, but many people who are already retired themselves look after other older adults (Graphic G5.9). In all age groups, women are more likely than men to look after older people. It is interesting to note that among 40- to 54-year-olds, women are much more likely to look after older people—often their own parents or in-laws.

While in the younger age groups, the voluntary work usually benefits close or other relatives, in the 65 or over age group the work usually benefits non-relatives (Table T5.7). Friends and neighbours provide a great deal of support.

Informal care and support for elderly people, by sex and age, 2019 **G5.9**



Source: SSCG – Swiss Volunteering Survey 2020

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Type of relationship to the older people being looked after or cared for

In per cent, multiple answers possible

T5.7

	Close relatives*	Other relatives	Other non-relatives
All persons performing informal voluntary work in this area aged 15 or over	57	14	42
15-39 years	69	13	27
40-64 years	69	15	33
65 and over	27	14	71

N.B.: *In the survey, children, parents and grandchildren are indicated as 'close relatives'.

Source: SSCG – Swiss Volunteering Survey 2020

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5.5 Conclusion

The health, social and economic benefits of volunteering for older people are well documented. Carrying out voluntary work allows them to contribute to a lively and sustainable community, to support and take the pressure off younger generations (e.g. by looking after grandchildren) and take care of people their own age or from the generation of their (aged) parents. Older people themselves have an extremely positive experience of volunteering. The volunteers enjoy their activities; these allow them to get together and socialise with others, to interact with other generations, and bring variety to everyday life.

The share of people aged 65 or over who volunteer with an association or organisation increased between 2010 and 2016. Although the increase was moderate and volunteering by older people often had to be abandoned or scaled back during the COVID-19 pandemic, the trend suggests that the gains in healthy lifespan and the changes in educational qualifications have contributed to an increase in volunteering. It is unclear whether a changed general framework, e.g. support measures and specific efforts and offers from associations, nonprofit organisations, and the public sector, have contributed to a higher rate of volunteering in the older population. A closer examination of potential age, cohort, and period effects is a challenge (Künemund and Vogel 2022) and has yet to be done for Switzerland.

Studies using panel data show that people often volunteer if they already did so when they were younger (e.g. Erlinghagen et al. 2008), and continuity theory approaches highlight the fact that retirement often changes less than we might think (Höpflinger 2022). Nevertheless, the transition to retirement can be considered a sensitive phase. Willingness to step up or take on a new voluntary commitment is high before retirement and in the years immediately after, and then steadily decreases with advancing age. Flexible forms of volunteering (tasks that can be broken down flexibly or temporary assignments) make it easier for people who are interested to get started (Lamprecht et al. 2020).

Older people are even more likely to engage in informal voluntary work than in voluntary work in associations and organisations. The most common and the most time-consuming is looking after (grand)children. Many older people also look after other older adults, those who are sick or who have a disability, or they provide assistance to neighbours and friends. While the children looked after are usually their own grandchildren, the adults receiving care or support are usually non-relatives. On the whole, older people provide more informal help and assistance to family members and relatives. However, cultural change, and geographical and social mobility can lead to differences between generations that are not easy to overcome (see also Chapter 6). Voluntary support and assistance are not a matter of course and are becoming more challenging.

There are significant social disparities in terms of participation in informal and formal voluntary work. In this respect, voluntary work almost appears to be a privilege (Rameder 2015; Potluka et al. 2022). The influence of education—which is even more marked in older age groups than in younger ones—is particularly striking. Cultural capital and social integration encourage volunteering, even in old age. Besides the socio-economic factors, regional

(language) differences play a role, and this is more marked in informal than in formal voluntary work. When recruiting and supporting volunteers, the heterogeneous nature of their life situations, life experiences and their different views, motives and expectations of the voluntary work should be considered. Associations and nonprofit organisations need a certain degree of sensitivity, expertise, and well-established volunteer management (mission statements, segmented offerings, volunteer induction and support etc.) (Höpflinger and Hugentobler 2007, 261; Steiner et al. 2022). In the case of informal voluntary work, places and opportunities for encounter, as well as motivation and support from gatekeepers can facilitate access (Johner-Kobi and Baumeister 2022).

A great deal of formal and informal voluntary work for older people is carried out by older people. In view of the demographic trend, this could increase in future. To ensure that younger generations continue to carry out voluntary work for older people, favourable conditions are needed to reconcile work, family, and voluntary work.

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6 Ageing in place, abroad, or across borders

Mihaela Nedelcu and Laura Ravazzini

Abstract

On the basis of two new surveys on transnational ageing conducted within the framework of the nccr—on the move National Centre of Competence in Research, this chapter presents a comparative analysis of three types of post-retirement (im)mobility: remaining in the country of residence, moving abroad, or spending at least three months a year in another country. While analysing the characteristics and reasons behind these forms of (im)mobility in retirees with and without a migration background, we observed many similarities, but also some differences. This study therefore shows that transnational ageing is a social phenomenon that concerns a broader population than just older migrants. It also highlights the need to conduct longitudinal surveys, which would make it possible to track the dynamics of post-retirement mobility.

6.1 Introduction

Population ageing and increased international migration are radically transforming contemporary societies. In a globalised world, the intersection of these two processes is giving rise to social trends that are being studied intensively within the new research field of 'age and migration', which has been developed and consolidated over the past three decades at the interface between the social sciences and gerontology (Ciobanu et al. 2020).

This chapter examines the link between ageing and international migration through the prism of (im)mobility. It starts by briefly considering the diversity of studies looking at this nexus, in the case of different categories of 'older migrants' (Ciobanu et al. 2020). Next, based on the empirical results from the two original surveys on transnational ageing¹ (looking at Switzerland's permanent resident population and Swiss nationals living abroad aged 55 or over), we will analyse the international mobility practices of retired people. We will then conduct a comparative analysis of the socio-demographic characteristics, motivations, and mobility aspirations of three groups of respondents: retirees

residing in Switzerland who stay living there; Swiss nationals who move abroad after retirement; and Swiss and non-Swiss retired people who spend at least three months a year abroad.

We show that various factors (e.g. family, friends, material assets, cost of living) are associated in different ways with the life choices and transnational (im)mobility practices of these three groups. In conclusion, transnational ageing observed through a mobility lens is of importance to increasing numbers of retirees, regardless of their origin or migration experience during their working life.

6.2 Ageing and migration: Current state of knowledge

Switzerland welcomed a large wave of migrant workers in the 1960s, particularly from southern Europe (Italy, Spain, Portugal) to meet its labour market needs (Piguët 2004). In 2021, 28.7% of the population with a migration background was aged 55 or over (FSO 2022a). At the same time, in 2020, 22.5% of Swiss nationals living abroad (often referred to as 'the Fifth Switzerland') were aged 65 or over; this percentage has been steadily increasing for several years and is rising faster than Swiss expatriates in other age groups² (FSO 2023a). Echoing this reality, the existing studies have mainly focused on two categories of older migrants: ageing migrant workers who vacillate between choosing to stay in Switzerland or returning to their home country; and retired Swiss nationals without a migration background who move abroad when they retire. Meanwhile, more recent scholarship also highlights the fact that post-retirement mobility does not only take the form of permanent (re)migration, and that it is not limited to a population of older migrants.

6.2.1 Ageing in place

Many studies have looked at immigrants who arrived in Switzerland at a young age and stay to 'age in place' (Bolzman et al. 2006; Bolzman et al. 2017; Bolzman and Vagni 2017; Ciobanu et al. 2017; Ciobanu 2019).

¹ This study was funded by the Swiss National Science Foundation (grant number 51NF40-182897). The two surveys were conducted as part of the research project 'Transnational Ageing: Post-Retirement Mobilities, Transnational Lifestyles and Care Configurations' carried out in the second phase (2018–2022) of the National Centre of Competence in Research nccr-on the move. For more information: <https://nccr-onthemove.ch/projects/transnational-ageing-post-retirement-mobilities-transnational-lifestyles-and-care-configurations/> (last accessed on 10.06.2024).

² The Fifth Switzerland represents the equivalent of Switzerland's third-biggest canton (Vaud) and is growing faster than the permanent resident population in Switzerland.

This low-skilled migration often comes with a certain vulnerability (Ciobanu et al. 2017), influenced by migration regimes, social policies and healthcare systems in the host country (Coldron and Ackers 2009). In Switzerland, the situation of these 'guest workers' was influenced by a political will to keep immigration reversible and temporary (Piguet 2004), with rudimentary social protection measures (Kuhn 1978). In addition, this category of migrant workers often accumulates pension entitlements in several countries without reaching a full pension in any country (Dwyer and Papadimitriou 2006). The low socio-professional status and educational level, poor language skills (Paparusso 2019) and limited financial resources (Ravazzini et al. 2020) of these migrants make them more vulnerable and more impoverished than residents without a migration background. Their economic insecurity is accentuated by the fact that wives who accompanied these migrants to Switzerland were often unable to work in this country due to poor language skills or a lack of recognition of the qualifications obtained in their home country (Fischer and Dahinden 2016).

Often employed in sectors with difficult working conditions, these migrants tend to grow old in poor health (Lanari and Bussini 2012). If spouses or other family members were unable to join them in Switzerland, they also find themselves without the safety net of informal care provided by relatives (Wu and Penning 2015). Nonetheless, Bolzman and Vagni (2017) showed that particularly in these situations, use of public health services by older migrants from Italy, Spain and Portugal does not significantly differ from that of their Swiss peers. At the same time, research into how diversity is taken into account in end-of-life care in nursing homes in Switzerland has shown the utility, but also the challenges, of meeting the specific needs of these former 'guest workers' (Hunter and Soom Amman 2016; Soom Amman et al. 2016 and 2019).

In short, the existing studies highlight in particular the specific needs related to the vulnerability of older migrants who 'age in place'.

6.2.2 Realising a planned return to the home country

The migration policies put in place by western countries in the post-war years to attract 'guest workers' counted on these migrants returning to their country of origin once they left the labour market (Piguet 2004; Zimmermann 2005). However, Bolzman and Bridji (2019) show that this expectation, which is based on a neoclassical economic perspective that emphasises the rational choice of returning to a country where the immigrant would have greater purchasing power, is in reality unfounded. In fact, only a small minority of these migrants—between 2% and 18% depending on their nationality (Bolzman et al. 2017)—decides to return. Around retirement age, these migrants re-evaluate their initial plans, and their intentions swing between staying in the host country, returning to the country of origin, or travelling back and forth between the two (Bolzman and Bridji 2019).

As highlighted by Ciobanu and Ramos (2016), the decision and the possibility of returning to the home country depend on many socio-economic factors, but also aspects related to

family, culture and health. Insufficient financial resources to live a decent life in the host country, but also home ownership or regular remittances to the home country are some of the aspects that migrants consider when making their decision (Wessendorf 2007; de Coulon and Wolff 2010; Ciobanu and Ramos 2016). Yet economic aspects are not necessarily the deciding factor in migrants' choices (Bolzman and Bridji 2019). The existence of a transnational social network, as well as the presence of a spouse, children or grandchildren living in the home country are clear pull factors encouraging migrants to return (Gualda and Escrivá 2014). Younger retirees, who are generally in better health, express stronger intentions to return home (Bolzman and Bridji 2019). However, the geographic distribution of members of their personal network who are able to provide informal care, as well as the perceived quality and accessibility of formal care in the country of origin and destination, also influence whether this intention is realised (Hunter 2011; Soom Amman and van Holten 2013). Besides access to the healthcare system, people's decisions to stay or leave are also influenced by other factors such as old-age pension entitlements, access to other social security benefits, restrictions on the portability of these rights (for example supplementary benefits, see Budowski et al. 2020), and restrictions on international mobility linked to residence permits (Bolzman et al. 2006). In addition, the question of citizenship acquisition in the host country also has an impact on the realisation of return plans. So, for example, naturalised Italian and Spanish migrants are more likely to abandon their plans to return, as they consider themselves fully recognised as citizens in Switzerland. On the other hand, many non-naturalised Portuguese immigrants still plan to retire to their home country where they hope to recover full citizenship and a rewarding level of social recognition (Bolzman and Bridji 2019).

These examples show that ultimately older migrants' return intentions are characterised by ambivalence and that they can change over the life course and vary according to objective and subjective factors (Bolzman and Bridji 2019).

6.2.3 Retiring abroad

Since the 1990s, a growing number of pensioners without a migration background have also chosen to settle in another country in search of a better quality of life (King et al. 1998). The first studies on international retirement migration (or lifestyle migration) from the Global North to the Global South looked at 'snowbirds', i.e. migrants moving seasonally from North America to Mexico to escape the harsh winter and enjoy the more temperate climate in the south (King et al. 1998; Coates et al. 2002). The reasons behind this migration vary, however, with retirees also seeking greater purchasing power (Bolzman et al. 2021), the possibility of homeownership (Crespo et al. 2022), or of enjoying high-quality healthcare at lower costs (Bender et al. 2017).

This type of migration demonstrates the ability of retirees to take advantage of inequality gaps between countries in order to avoid precariousness when they stop working (Repetti et al. 2018; Repetti and Schilliger 2021). According to the analyses presented in Chapter 3, in Switzerland, retirees see a significant decline in

income when they retire. Indeed, the at-risk-of-poverty-rate in terms of income is higher for those aged 65 or over than for other age groups (FSO 2014). However, to maintain the same standard of living, older people are more likely to draw on their wealth to offset the fall in income. Despite the fact that supplementary benefits are not paid abroad, some retirees decide to go and live in another country to avoid the risk of falling into financial insecurity.

Nevertheless, this decision involves setting up a new home, establishing new social and community connections in a new country of residence (Huber and O'Reilly 2004), and maintaining or rebuilding family relationships from a distance (Repetti and Calasanti 2020). While many challenges remain, the existence of a transnational family or social network, appropriate language skills, previous holidays in the destination country, portability of old-age pensions, and favourable migration and health systems are plus points in the decision to migrate (Bolzman et al. 2021). Beyond the improvement to their financial situation, these migrant retirees also appreciate the opportunity to maintain an active social life, to escape ageism, and to feel more valued (Repetti et al. 2018). At the same time, they may be exposed to new vulnerabilities linked to macro-structural factors (for example, changes in welfare policy), or individual factors (such as a deteriorating state of health or other life events) (Repetti et al. 2018).

These examples underscore the scale of the international retirement migration phenomenon, as well as the issues it raises for destination countries and the challenges it poses for migrant retirees themselves.

6.2.4 Transnational ageing

Staying, returning or leaving are not the only options available to retirees, and are not exclusive forms of mobility. Many older migrants develop a transnational lifestyle characterised by regular to-ing and fro-ing between the destination country and the country of origin (de Coulon and Wolff 2010; Ciobanu and Ramos 2016; Bolzman et al. 2017; Bolzman and Bridji 2019). Often, this lifestyle becomes established during their working lives through regular visits to the country of origin and regular contact with dispersed family members. For some older migrants, it continues after they have returned to their country of origin (Bolzman et al. 2017). This allows them to stay close to their relatives in Switzerland and to realise—at least partially—their desire to move back to their home country (Azevedo 2021).

At the same time, this transnational lifestyle is also adopted by an older population without a migration background: transnational grandparents. These parents of migrants—whom we have termed the 'zero generation' (Nedelcu 2007; Nedelcu and Wyss 2020)—permanently adopt a mobile lifestyle so they can actively assume their role as grandparents within transnational families. Their mobility usually starts when their grandchildren are born and intensifies during the early years of the children's lives. The regular—or even long-term—presence of these grandparents in the homes of their children who live abroad allows migrants to overcome the difficulties related to a lack of childcare provision

Box 6.1: Swiss nationals aged 65+ living abroad

In 2023, 190 270 Swiss nationals aged 65 or over were registered with a Swiss consular representation abroad, including 47 502 in France, 21 466 in Germany, 13 414 in Italy, 8608 in Spain, 4269 in Thailand and 2345 in Portugal. This expatriate population aged 65 or over includes Swiss nationals who settled in another country during their working lives, migrants with dual nationality returning to their country of origin, and Swiss nationals who moved abroad after they retired. The option of leaving Switzerland after retirement is therefore considered as much by Swiss nationals as by naturalised migrants. In addition, there has been a steady increase in the number of Swiss citizens in this age group for several years. It rose by 3.9% year-on-year in 2023, and was even more marked for certain destinations, such as Portugal (+15.6%), Serbia (+12.5%) and Thailand (+8.2%). According to analyses conducted in 2023 by the FSIO (Steiner and Bauer 2023), 83% of the 3800 recent retirees who moved abroad when they received their pension settled in a European country. For recent retirees, Portugal comes out on top (15%), followed by Germany (13%), Italy (11%), and then France, Spain and Serbia, each with 9%. These observations highlight the importance of certain destinations, such as Portugal, which in 2009 put in place a tax policy that is very attractive for people who receive pensions from another country. In fact, retired people do not pay any tax on their pensions for 10 years in Portugal as long as they live there for at least part of the year (Bravo 2018). However, because of the rise in property prices, the Portuguese government has decided to suspend this tax exemption from 2024. Meanwhile, Thailand has built its appeal around the quality of its services for older people rather than on low taxes, and it has made a name for itself in the nursing care sector for European citizens (Bender et al. 2017).

(Madörin et al. 2012) and the lack of an informal network in the host country (Wyss and Nedelcu 2020). It also plays a significant part in the integration of the adult children into the labour market in the host country (Da 2003; Nedelcu 2007) and in the inter-generational transmission of family values and cultural traditions (Da 2003; Treas and Mazumdar 2004; Nedelcu and Wyss 2020). Nevertheless, the opportunities to develop such transnational lifestyles remain heavily impacted not only by personal factors (e.g. state of health, family setup), but also by unfavourable structural conditions. For example, for transnational grandparents who are citizens of non-European countries, visa criteria imposed by Switzerland's migration policy are very restrictive for both short- and long-term stays, and their ascendant family reunification is almost impossible (Bolzman et al. 2008; Nedelcu 2023).

These studies emphasise the dynamic nature of post-retirement mobility and point to the fact that older adults with no previous migration experience develop transnational mobility as a result of the dispersal of their descendants.

In conclusion to this brief overview, we argue that post-retirement transnational mobility has mainly been observed and analysed in the context of international migration. To date, few research projects have taken a comparative look at the transnational ageing of people with and without a migration background, who stay, leave, or live between several countries after they retire.

6.3 Methodology and data: Two surveys on transnational ageing

In order to implement a more inclusive approach and address these gaps, we conducted two complementary quantitative studies (Tomás and Ravazzini 2022) to investigate transnational ageing processes and analyse the transnational mobility and practices of (early) retirees with and without a migration background (Nedelcu et al. 2023). The first, 'Transnational Ageing I' (TAS I) looked at the life experiences and international mobility of people aged 55 or over who are permanent residents in Switzerland. The second, 'Transnational Ageing II' (TAS II) looked at Swiss nationals aged 55 or over who live abroad. The TAS I survey sample was constructed in collaboration with the Federal Statistical Office (FSO). It comprised 14 860 addresses, covering Switzerland's three main language regions. In addition to the main nationalities represented in the permanent resident population (Swiss, German, Italian, Portuguese, French and Spanish), we also included three heterogeneous groups of migrants from the Balkans, other countries in the European Union, and non-European countries. Moreover, as we anticipated a higher non-response rate among foreign nationals compared with Swiss nationals, these groups were oversampled. The sample was stratified by age for everyone, and by retirement age for Swiss nationals. The overall response rate was 25.3% and the analysed data are based on 3772 completed questionnaires received. Among the respondents, 2275 have Swiss nationality and 1497 another nationality. Around 56% of respondents are already retired. Using the notion of migration background defined by the FSO based on the place of birth and the nationality of the individual and their parents (Bartosik 2020), 26% of respondents have a migration background. We then matched the data from TAS I with the individual Old-age and survivor's insurance OASI accounts and the OASI office's pension register to construct an income measure for survey respondents. The income corresponds to the income on which OASI contributions must be paid. We aggregated the data on income from 2015 to 2020 by taking the average to construct a 'permanent income' over a maximum of six years, or over the maximum number of years available in the registers. This matching allowed us to construct a permanent income for 96% of respondents.

For the second survey (TAS II), the sample was constructed in collaboration with the Federal Department of Foreign Affairs (FDFA). It comprised 10 000 addresses of Swiss nationals living outside Switzerland (mainly in France, Spain, Germany, other European countries, and the United States). The response rate was particularly high (47%), which demonstrates participants' interest in this survey. It concerns people living in 43 different countries,

of whom 69% are citizens of at least one other country besides Switzerland. Around two thirds of respondents (63%) are already retired, of whom just over a third took early retirement.

The data collected in the two surveys focus on past and current international mobility, planned retirement mobility, family ties in Switzerland and other countries, transnational practices and other links, and the socio-demographic data of respondents.

6.4 Migration and (im)mobility in retirement: A comparative analysis

On the basis of these data, we conducted a comparative analysis of the reasons behind transnational (im)mobility of retired people, by distinguishing three groups of retirees: 1) who remain in the same country (in Switzerland or abroad); 2) who go to live in another country; or 3) who settle into a 'back and forth' type of mobility between Switzerland and another country. The population that served as a basis for this comparative analysis is composed of: people with or without a migration background who stay in Switzerland for their retirement (TAS I) or who, having settled abroad a long time ago, stay there after they retire (TAS II); Swiss nationals who moved abroad after they retired (TAS II); as well as people who go back and forth and live in a country other than Switzerland for at least three months a year (TAS I). Some Swiss nationals settled abroad also travel back and forth to another country for at least a month a year (TAS II, n=118). As we are unable to clearly identify the three months of mobility in TAS II, people who live in another country for at least one month a year are either considered as retired abroad (n=35), or as permanent residents abroad (n=83). The data from these two surveys do not allow us to track people with a migration background who return to their country of origin or retire to a different country if they have not acquired Swiss citizenship. This group should be covered by specialised surveys (OECD 2008), sometimes conducted by national statistics offices, such as the Albania Return Migration Survey 2013. Our transversal surveys provide information on the pre-retirement departure intentions of residents in Switzerland (TAS I) and post-retirement departures abroad of Swiss nationals (TAS II). Tracking the life course of these people would allow us to look at how decisions change over time and for what reasons, but it would necessitate panel data which currently only exist at country level (for example the SHARE Survey of Health, Ageing and Retirement in Europe), but which do not track people after they go abroad.

Due to the sampling differences, the TAS I data are weighted, and the TAS II data are not.

6.4.1 Post-retirement mobility versus immobility: Similarities and differences

Several interesting results emerge in terms of the socio-demographic characteristics of respondents in relation to their degree of retirement (im)mobility (see Table T 6.1).

Socio-demographic characteristics of respondents

T6.1

	Swiss nationals who move abroad on retirement (TAS II)		People who travel for three months or more in their retirement years (TAS I)		People who stay in Switzerland in their retirement years (TAS I)		Swiss nationals who stay abroad in their retirement years (TAS II)	
	without migration background	with migration background	without migration background	with migration background	without migration background	with migration background	without migration background	with migration background
Observations	421	171	100	149	1176	686	1549	819
Dual or multiple nationality	18%	85%	7%	37%	3%	42%	66%	90%
Language skills								
speaks more than one language well	88%	85%	96%	79%	81%	79%	81%	72%
speaks more than two languages well	62%	50%	76%	48%	61%	46%	53%	39%
Nationality of the partner								
partner of the same nationality	58%	42%	52%	68%	75%	50%	34%	46%
partner of another nationality	42%	58%	48%	32%	25%	50%	66%	54%
Average age	73.0	72.1	71.3	71.8	74.4	73.6	73.4	72.7
Gender								
man	62%	41%	49%	61%	46%	43%	43%	38%
woman	38%	59%	51%	39%	54%	57%	57%	67%
Education								
without post-compulsory education	4%	18%	7%	18%	11%	28%	8%	13%
secondary education	86%	64%	79%	51%	77%	52%	73%	59%
tertiary education	10%	18%	14%	31%	12%	20%	18%	28%
In good health	61%	58%	79%	61%	71%	58%	65%	57%
Very high satisfaction level: between 9 and 10	58%	43%	67%	34%	57%	46%	53%	42%
Subjective assessment of financial situation								
can put money aside	40%	39%	31%	29%	33%	30%	47%	44%
spends what they earn	38%	42%	26%	43%	40%	39%	33%	35%
uses wealth/reserves	15%	11%	30%	16%	21%	23%	12%	12%
has to get into debt	0%	1%	3%	4%	1%	1%	1%	1%
Took early retirement	57%	41%	56%	45%	41%	30%	35%	31%
Homeowner	73%	69%	72%	57%	65%	47%	84%	85%
Median permanent monthly income	unavailable	unavailable	7237	7057	6481	5900	unavailable	unavailable

Source: nccr on the move – Transnational Ageing Survey I & II; CCO – Individual account

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Retiring abroad

The first result is that retired Swiss nationals who live abroad all year round take a more positive view of their financial situation and say they are more often able to save than retirees in Switzerland. This is true both for people who retired abroad and those who have been living abroad for longer. The homeownership rate is also significantly higher in both these groups compared with people living in Switzerland (70–85% vs. 45–65%). This is probably not due to particularly substantial financial resources,

but rather to a gain in purchasing power after moving abroad.³ Going beyond the financial indicators, general life satisfaction is not particularly higher among retirees living abroad compared

³ We ran regressions on the probability of being in TAS I (in Switzerland) or in TAS II (abroad) according to level of education, which is an indicator of socio-economic status. We found that people were more likely to have an upper secondary or tertiary education in Switzerland, when controlling for age, sex, migration background and state of health. This indicates that socio-economic status is higher among retirees who stay in Switzerland. Furthermore, according to Steiner and Bauer (2023), Swiss nationals who retire abroad receive an average old-age pension of CHF 1660 a month. In the same year, the average new OASI pension in the permanent resident population of Swiss nationals in Switzerland was CHF 1879. Comparison of these two pensions shows that Swiss nationals who retire abroad probably received a lower working income than those who stayed in Switzerland.

with retired people who stayed in Switzerland. This indicates that economic factors are certainly not the only ones that influence life satisfaction.

Transnational retirement

The second observation is that spending three months a year in another country appears to be a lifestyle associated with a rather privileged socio-economic status. Respondents who spend at least three months a year abroad are more likely to own a property in Switzerland than pensioners who remain in Switzerland all year round. In general, these people have favourable living conditions, are more likely to be university educated (especially those with a migration background), have a higher income and are more likely to have taken early retirement. Incidentally, more than half of retired people without a migration background who live abroad took early retirement. This is probably due to the fact that there are more men (62%) than women in this group, since men are more likely to describe themselves as early retirees. Among people who answered the Swiss Labour Force Survey (SLFS) up to five years after the legal pensionable age according to the OASI, 41% of men stated that they had retired early, versus 33% of women. The largest lump sums are paid to people who receive their lump-sum benefits before legal retirement age (FSO 2022b). According to the new pensions' statistics, men also receive much higher pensions than women. The gender pension gap was 32.8% in 2021 (Federal Council 2022; FSO 2023b; see also Chapter 3.4.1).

Generally speaking, mobile retirees are more likely to consider themselves in good health than those who live in Switzerland all year round, they are also younger on average, and those without a migration background have very high life satisfaction. This shows that satisfaction is probably linked to this transnational lifestyle, as life satisfaction usually increases with age in the general population (FSO 2014; see also Chapter 2.7).

Nearly all persons without a migration background who spend at least three months a year abroad speak at least two languages well, and three quarters speak three languages or more. In addition, nearly half have a partner of another nationality. Those persons with a migration background mostly have the same nationality as their partner.

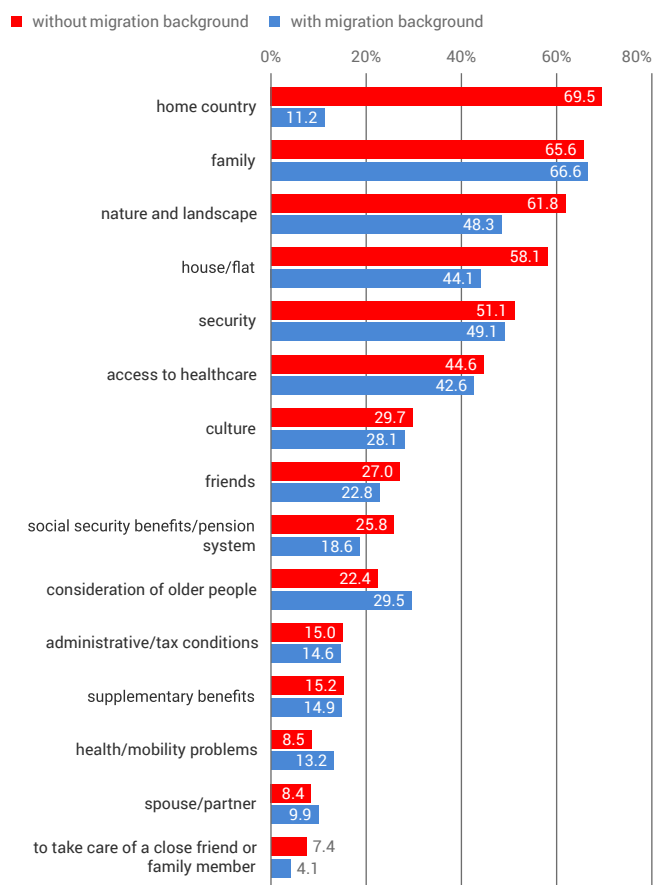
6.4.2 Reasons to stay, leave or become mobile after retirement

There are different reasons behind the three types of (im)mobility.

Reasons to stay in Switzerland after retirement

Broadly speaking, the main reasons for staying in Switzerland after retirement are family, an appreciation of Swiss nature and landscapes, security, and access to healthcare (see Graphic G6.1).

Reasons to stay in Switzerland for retirement, 2020

G6.1


Source: nccr on the move – Transnational Ageing Survey I
gr-e-00.00-2015-2400-06.01
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For respondents without a migration background, it is also a question of attachment to Switzerland (more so than for those with a migration background) and homeownership. Moreover, for around a third of people with a migration background, the high regard for elderly people and the culture in Switzerland are also important.

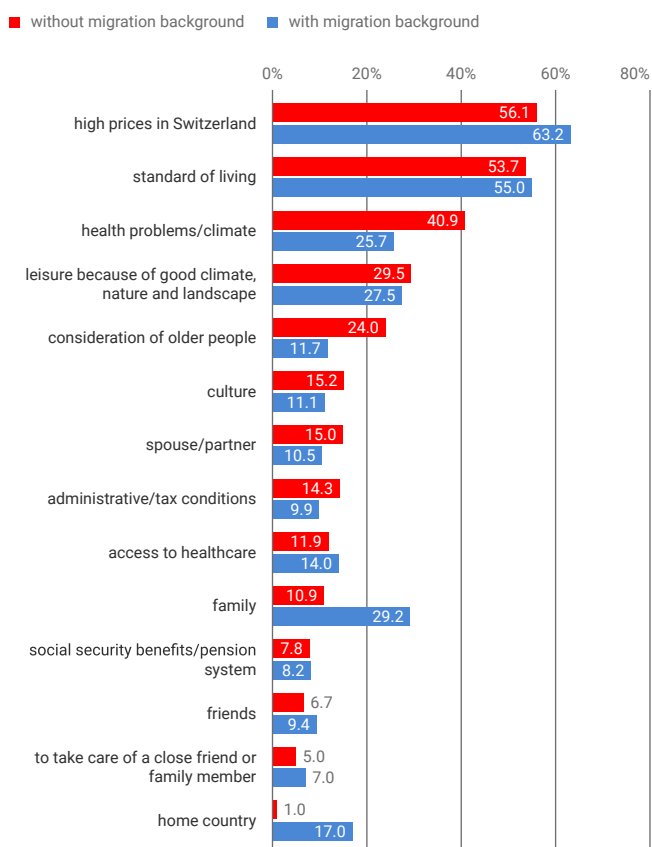
Reasons to retire abroad

On the other hand, financial reasons are particularly important to all respondents who retired abroad (see Graphic G6.2).

More than half of respondents who live in another country made the decision to move because of overly high prices in Switzerland and to be able to maintain a good standard of living. The decision to leave was primarily made as a couple (for 48% of people without a migration background and 37% with a migration background), or it was an individual decision (32% without a migration background, 25% with migration background).

Reasons to retire abroad, 2020–2021

G6.2



Source: nccr on the move – Transnational Ageing Survey II

gr-e-00.00-2015-2400-06.02
© FSO 2024

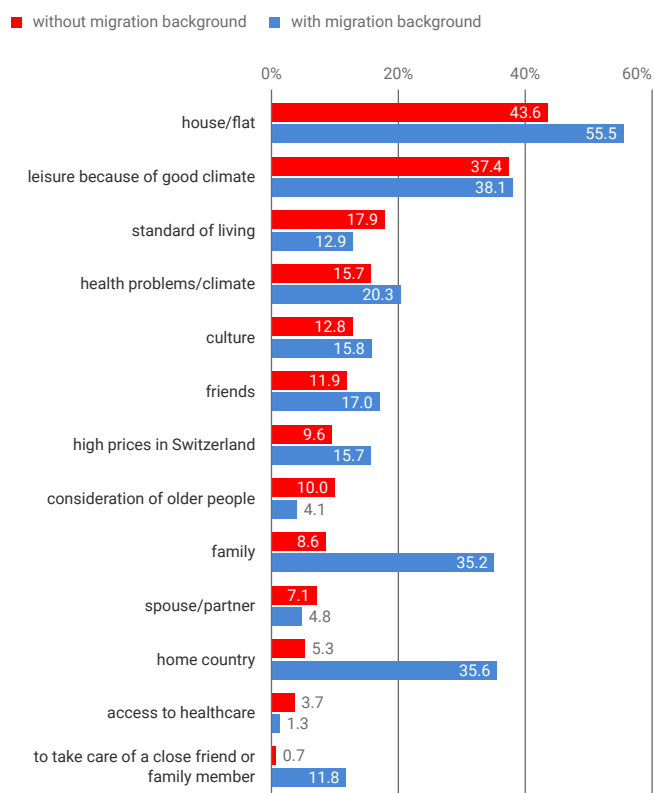
Among those without a migration background, a climate that is conducive to health and leisure activities, and the quality of the natural environment are also important factors in the decision to live abroad permanently after retirement (see also Chapter 8). Among those with a migration background who are naturalised Swiss citizens, family and the country of origin are also emphasised as relatively important motivations.

Reasons to opt for transnational retirement

On the whole, respondents who live abroad at least three months a year while keeping their permanent residence in Switzerland do so for different reasons than those who leave permanently: owning a home, but also seeking a climate that is conducive to leisure activities or health (see Graphic G6.3). For people with a migration background, these recurrent and extended stays also serve to maintain contact with family, their country of origin and friends, while financial reasons are secondary. In addition, around a third of these people planned this lifestyle before they retired. The decision to opt for transnational retirement is usually made as a couple by people without a migration background (58%), compared with people with a migration background (44%).

Reasons to travel at least three months, 2020

G6.3



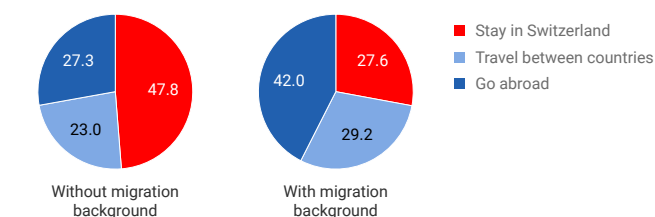
Source: nccr on the move – Transnational Ageing Survey I

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6.4.3 (Im)mobility aspirations

The TAS I and TAS II data also measured the desire of retirees living in Switzerland to retire abroad on the one hand, and the intention of retired Swiss expatriates to return to Switzerland on the other. Even though these intentions may not necessarily be fulfilled during the lifetime, this data indicates mobility aspirations at a given point in time.

In response to the question “In your case, if you could choose, in which countries would you like to spend (the rest of) your retirement years?”, 35% of all respondents in TAS I said that they would like to live in a country other than Switzerland. In addition, 26% would opt for a transnational arrangement, in other words, they would travel back and forth between Switzerland and another country. If we examine these results in more detail, of those without a migration background, 23% indicated Switzerland and another country, and 27% only indicated a country other than Switzerland as their preferred option (see Graphic G6.4). This means that around one person in two without a migration background, if they had the choice, would envisage leaving Switzerland to retire abroad or to lead a transnational lifestyle in two or more countries. The intention to leave Switzerland does not necessarily translate into retirement migration as only a small proportion of intentions are realised. These people have a relatively high permanent median income by comparison,

(Im)mobility aspirations in retirement, 2020 G6.4

Source: nccr on the move – Transnational Ageing Survey I
gr-e-00.00-2015-2400-06.04 © FSO 2024

indicating that international mobility aspirations among those without a migration background are not necessarily linked to financial insecurity. As for people with a migration background, they are more likely to mention a country other than Switzerland in which to spend their retirement: 29% would like to split their time between Switzerland and another country, while 42% would only choose another country, namely the country of origin in 58% of cases. Financial resources appear to be a crucial factor in this decision: People with a migration background who indicate only their country of origin as destination have a lower monthly income (CHF 5685) compared with those who indicate several countries (CHF 7050; see Graphic G6.5). Furthermore, we note that 28% of people with a migration background would like to stay in Switzerland when they retire.

For respondents settled abroad, a potential move to Switzerland is envisaged in different ways. Around 40% of people without a migration background did not see any possible reason to go to Switzerland in future (see Graphic G6.6). For those with a migration background, a potential move to Switzerland would be conceivable if family members living in Switzerland needed them. A move to Switzerland would also be possible if family and friends living abroad also went to live there. In general, less than 20% of respondents would go to Switzerland in the event of widowhood or divorce. In addition, fears of a loss of mobility, health or financial problems, and climate change would make less than 15% of retirees living abroad change country.

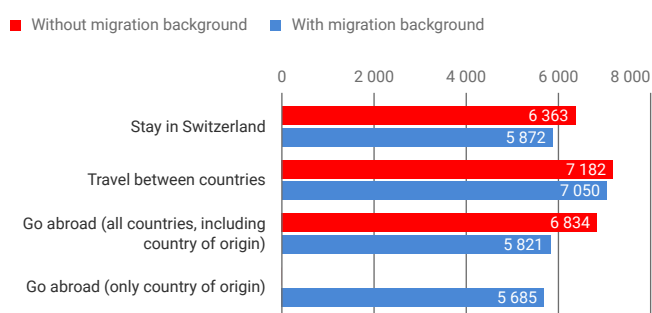
6.5 Conclusion

The reality of transnational ageing, examined through the prism of the mobility practices and aspirations of older people and their lifestyles in retirement, is multifaceted. This chapter has shown that international retirement mobility does not only concern people with a migration background.

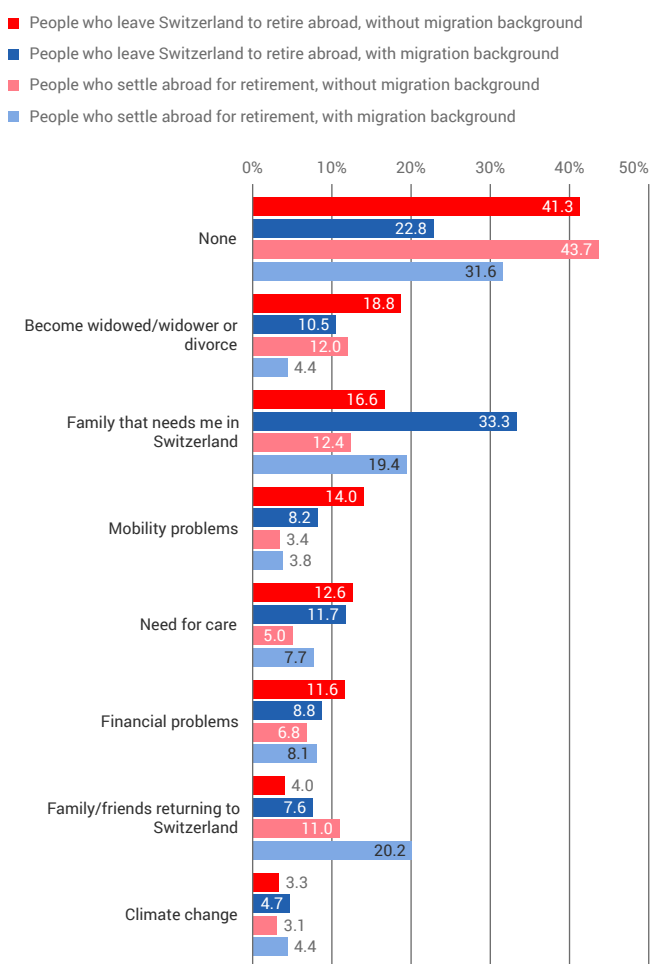
In addition, the different types of (im)mobility observed (staying in place, moving to another country, or living there for at least three months a year) are often motivated by similar factors—such as standard of living, homeownership, leisure activities and climate—for those with and without a migration background. Certain differences persist, however. People with a migration background are much more likely than those without a migration background to travel or go and live abroad for family reasons. This is unsurprising, and reflects the geographical dispersion of

(Im)mobility aspirations by median permanent income, 2020 G6.5

Median income, in CHF per month



Source: nccr on the move – Transnational Ageing Survey I;
CCO - Individual account
gr-e-00.00-2015-2400-06.05 © FSO 2024

Reasons to return/go to Switzerland in future, 2020–2021 G6.6

Source: nccr on the move – Transnational Ageing Survey II
gr-e-00.00-2015-2400-06.06 © FSO 2024

migrants' family members and friends. In addition, having close family in more than one country may call into question the aspiration of retirees to return home, to settle, or to stay in one country or another. At the same time, the decision to stay, to leave, or to travel is often a decision made as a couple, and couples are sometimes composed of people with and without a migration background.

Beyond the similarities and differences between the different categories of respondents, we also observed that financial reasons are more important in the decision to retire abroad than in the decision to travel back and forth to another country while keeping a main residence in Switzerland. Indeed, people with a privileged socio-economic status seem to be able to afford a transnational lifestyle, while moving abroad permanently may be a lifestyle choice or a constraint, depending on the situation. The decision to move abroad to maintain or improve living standards in retirement seems to pay off, at least in financial terms. This concerns both people with a migration background who return to their home country or who move to a country other than Switzerland, and people without a migration background who settle abroad. Once they have taken the step, most respondents do not see any reason to return to Switzerland, especially those without a migration background. People with a migration background remain slightly more open to a return or to future international mobility, particularly for family reasons.

By using the new transversal databases TAS I in Switzerland and TAS II abroad, this chapter has therefore highlighted the importance of broadening the study of transnational ageing and international retirement migration beyond the population of older migrants.

On the basis of our observations, we would also like to underscore the dynamic nature of post-retirement (im)mobility models. Even though it is difficult to trace people's movements when they change countries—particularly when they do not carry out the administrative formalities to register their arrival or departure in consular districts—a longitudinal survey focused on post-retirement mobility would allow us to track people who leave and come back and understand the reasons behind such movements. Future longitudinal surveys could therefore answer some of the questions that currently remain open.

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7 Developments in long-term care

Sonia Pellegrini

Abstract

For at least 15 years, certain trends have emerged in the organisation of long-term care. In particular, there has been a noticeable decline in institutional care arrangements in favour of outpatient or intermediate forms. A continuum has therefore emerged which is quite far removed from the polarisation of nursing homes versus home care, which was previously the norm. As highlighted by the FSO, the boundaries between institutionalised accommodation and home care assistance are blurring (FSO 2021).

The principle of delivering care to ‘the right person, in the right place, at the right time’ is becoming more important. However, implementing this requires being able to adapt services to individual needs, or even being able to move easily between different care settings. At present, however, organisational and financial difficulties still limit these possibilities. On this point, we could call to mind the discussions on the financing of social assistance benefits or on the impact of financial thresholds in access to nursing homes and sheltered housing. The political decisions of the next decade will undoubtedly shape the long-term care landscape to which the baby boomers will have access.

7.1 Introduction

This chapter focuses on the organisation of long-term care in Switzerland. It starts by addressing the trends observed over the last 15 years in long-term care, and in particular the trend towards a shift from nursing homes to other forms of care. It then looks at the regional differences observed in the organisation of long-term care. Following on from this topic, Section 7.4 addresses a specific aspect: the frequency of end-of-life hospitalisations depending on whether health care policy in the region in question is oriented towards home care services or nursing home care. Finally, drawing on a recent Obsan report 03/2022 (Pellegrini et al. 2022), it touches on the quantitative evolution of needs in long-term care settings up to 2040. The chapter concludes by considering the upcoming challenges.

This chapter is largely based on various studies published by Obsan between 2015 and 2022. It therefore condenses the knowledge acquired thus far. The issue of long-term care is therefore addressed from a health policy perspective and analysed based on the health care services covered by the Swiss compulsory health insurance scheme (under the Health Insurance Act (HIA)).

Care providers about whom data is collected in official statistics (nursing homes, home care, and hospitals) are at the heart of this analysis, while those providing informal care or who are not recognised by the HIA are only touched on briefly (family carers, support from charities, care migration¹), due to a lack of data. These subjects are partially addressed in Chapter 5.

Data

The analyses presented in this chapter are primarily based on data from the Federal Statistical Office (FSO). The statistics on nursing homes (SOMED) allow us to track the evolution of nursing homes since 2006 and the statistics on home care and support services (SPITEX) since 2007. However, a modification in the statistical population covered by the latter in 2010—to also include private organisations—means comparisons with the previous period are of little relevance. Trends in long-term care can therefore be analysed over a 15-year period.

The data on other care settings, such as day/night care and sheltered/retirement housing are still incomplete, in particular because there is no legal basis that requires them to be collected. The information presented in this report therefore comes from a survey conducted in the cantons in 2015 and 2020 on behalf of Obsan (Werner et al. 2016 and 2021) and an additional survey conducted in 2022 on the customer base, services and prices of housing for older people, with or without support and facilities (Kraft et al. 2023). Migrant live-in care workers were the subject of a one-off study in 2013 (van Holten et al. 2013).

7.2 National trends

7.2.1 An ageing society

The ageing of the Swiss population is not a new phenomenon. It describes the increase in the number of people aged 65 or over both in absolute terms and as a proportion of the population. This structural trend started over 20 years ago and is now accelerating as the first baby boom cohorts reach old age (80 or over) (see

¹ This term refers to persons coming from abroad to provide support and care to people who need it living in private households, beyond the scope of the HIA. In Switzerland, these migrants are primarily women from Central or Eastern Europe who provide full-time care at home (see van Holten et al. 2013).

Chapter 2). The share of people aged 65 or over in the population was 16.2% in 2006, 19.0% in 2021, and is expected to reach 24.4% in 2040 (FSO, STAPOPOP and Population scenarios 2020).

This unprecedented percentage of older people in society brings numerous challenges, especially as it is accompanied by marked societal changes, for example in terms of individualisation and a weakening of social connections. Indeed, the number of single-person households is increasing² (see Chapter 2.4). Similarly, the number of childless people³ and those who live a long distance away from their children is high. These societal trends are resulting in a decline in the pool of available informal carers and therefore in an increased need for care and support delivered by professionals.

7.2.2 Decline in nursing home admissions: An ongoing trend

The share of older adults living in nursing homes has been steadily decreasing for 15 years. Across Switzerland as a whole, it fell from 6.4% to 4.9% of those aged 65 or over between 2006 and 2021 (from 17.9% to 13.7% of those aged 80 or over) (FSO, SOMED). This decline of 1.4 percentage points equates to a decrease of 22% in the rate of nursing home use over a 15-year period.

In 2020 and 2021, the number of stays also fell in absolute terms, despite the rise in the number of older people in the population, representing a historic first. This fall in absolute terms can be linked to the COVID-19 pandemic, which caused an excess death rate among nursing home residents and increased reluctance to be admitted to a care home. A survey of selected cantons conducted in 2021 concluded that in regions where the rate of nursing home use was above average, the pandemic had accelerated transfers to outpatient settings (Pellegrini et al. 2022).

The corollary of this trend is that people living in nursing homes now are older on average and have higher care dependency. Their stay in a nursing home is generally shorter than 15 years ago, as shown by the figures below.

Increase in age on admission

The age on admission to a nursing home is increasing. At a national level, the average age on admission rose from 84.2 to 84.9 between 2007 and 2021. This change can be attributed to two factors: on the one hand, an increase in healthy life expectancy, or at least without a significant loss of independence; and on the other, the development of policies that allow people to stay in their own homes, which delays admission to a nursing home.

² It reached 36.8% in 2021 when 16.8% of the population lived alone (FSO, STATPOP).

³ In 2021, 20.7% of 65- to 80-year-olds were childless, a percentage that is on the rise (FSO, Families and Generations Survey).

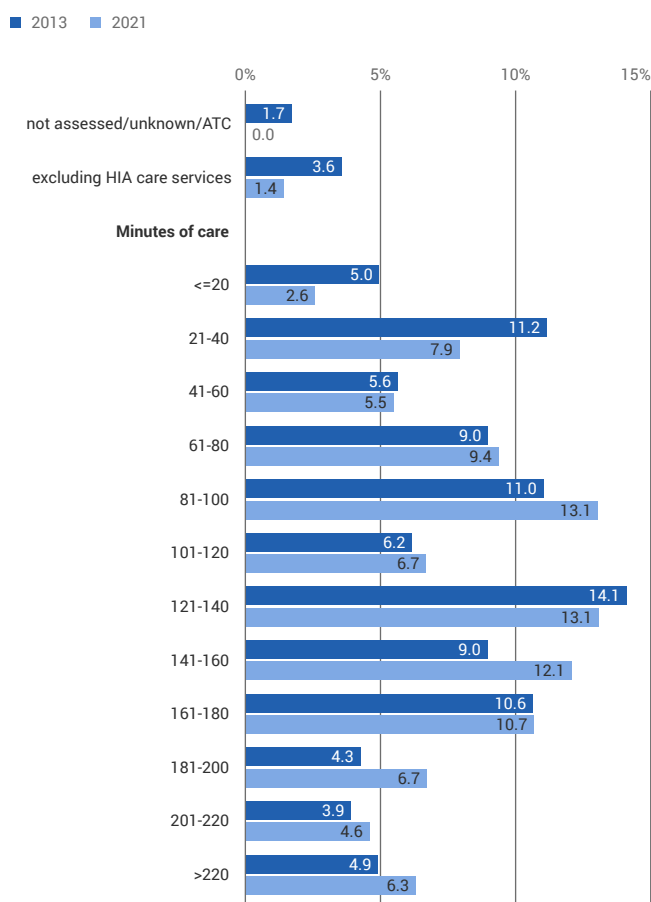
It is interesting to note that the length of time during which people have high care dependency appears stable, or very slightly in decline. The results observed in Switzerland on the basis of the Swiss Health Survey (FSO) (Seematter-Bagnoud et al. 2021), are in line with the trends observed at European level and do not currently show any clear evidence to suggest a reduction in the length of time people spend with high dependency.

Average level of care is rising

As people are admitted to nursing homes later, their state of health has on average further deteriorated. This translates into a greater need for care, measured in minutes (see Graphic G7.1): Between 2013 and 2021, this increased from 112.5 to 124.7 minutes of care daily, which is more than 2 hours a day. The patients cared for in nursing homes are in poorer health, often suffering from multiple diseases, with significant functional or cognitive impairments. However, this increase in average need for care should also be considered in the context of the decline in the share of people in nursing homes with the lowest care dependency (see below).

Proportion of nursing home residents by level of care, 2013 and 2021

G7.1



Source: FSO – SOMED / Calculations by Obsan

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Rapid decline in the share of residents with low care dependency

The real change remains the rapid decline in the proportion of people with low care dependency in nursing homes (see Graphic G 7.1): Between 2013 and 2021, the proportion of residents needing less than 40 minutes of care a day (HIBO 0–2) fell from 19.7% to 11.9% of patients. It should be noted that the decrease continued during the pandemic, illustrating the fact that people who were able to, from a health and social care perspective, sought alternatives to nursing homes.

Slow yet steady decline in the average length of stay

The average length of stay in a nursing home is showing a slow yet steady decline (see Graphic G 7.2), falling from 3.0 to 2.8 years between 2006 and 2021. Stays lasting less than 6 months became more common (26.6% of deaths in 2019 versus 25.5% in 2006 (+4%)) while stays exceeding 5 years declined (18.1% of deaths in 2019 versus 20.6% in 2006 (-12.4%)). Otherwise, the distribution of lengths of stay has changed little in 15 years.

This decline is primarily due to people being admitted to nursing homes later, not only at a more advanced age, but also in a poorer state of health. This has been made possible through the development of alternatives to nursing homes for people with low care dependency, in particular the strengthening of home care assistance. The share of older people dying in nursing homes has not changed much (around 44% of deaths of those aged 65 or over occurred in nursing homes in 2013 and in 2019).

7.2.3 Use of home care services is developing in parallel

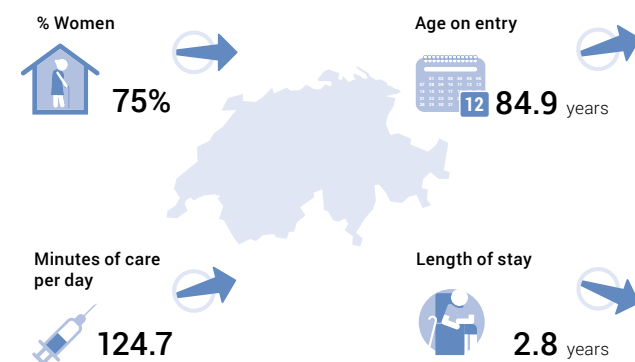
More and more older people are making use of home care services. Across Switzerland as a whole, their share increased from 11.2% to 13.0% between 2010 and 2021 (and from 24.9% to 28.5% in those aged 80+). This increase of 1.8 percentage points may at first appear modest, but equates to a rise of 16.4% in the rate of home care use over an 11-year period. This means that over the last decade, organisations providing home care have developed their range of services so as not only to keep up with the rate of population ageing, but also to care for an additional share of older adults.

This increase demonstrates both the enhancement of home care services implemented in the majority of cantons, but also the increased role of home care services as a follow-up to hospitalisations. The length of hospital stays in acute care wards⁴ has in fact become shorter, with the end of treatment—once the patient has been stabilised—increasingly carried out at home. In some cantons, home care services are even able to carry out hospitalisations at home.

⁴ <https://ind.obsan.admin.ch/en/indicator/obsan/length-of-inpatient-stays-in-acute-care-psychiatry-and-rehabilitation> (last accessed on 20.06.2024).

Nursing homes: Profile of people cared for, 2021 G7.2

Trends until 2021



Source: FSO – SOMED 2021 / Calculations by Obsan

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At the same time, home care organisations, particularly public ones, have withdrawn somewhat from help at home services (help with housework, meals). Use of this service declined from 6.3% to 5.8% among those aged 65 or over between 2010 and 2021.

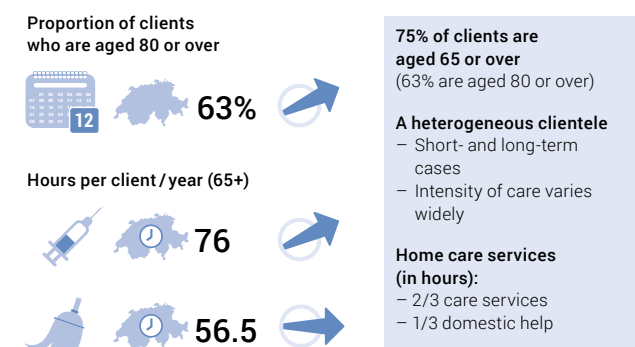
Number of hours per client rising sharply

Between 2010 and 2021, the number of hours of care per client aged 65 or over significantly increased, from 57.1 hours to 76.0 hours a year. This change corresponds to an average increase of 33% in the number of hours dedicated to a client. It illustrates the increase in severity and/or complexity of cases cared for at home. In terms of help with housework, the number of hours per client rose from 51.4 to 56.5 over the same period, which is a more modest increase of 10%.

76.0 hours of care a year corresponds to 1.46 hours a week. Clearly, this indicator does not accurately reflect the reality of home care services, ranging from a few days of follow-up support after a hospital stay to home care with three daily visits, seven days a week, all year round. As the Spitex Statistics (FSO) have not been revised since they were created in 2004, the data are still only collected on an aggregated basis. It is therefore impossible to distinguish short-term care, for example following a stay in hospital, from long-term care. Thus, as opposed to nursing homes, it is not possible to obtain information on the distribution of care needs or on long-term home care over time.

Help at home/home care, 2021

Trends until 2021



Source: FSO - SPITEX 2021 / Calculations by Obsan

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7.2.4 Intermediate facilities needed for home care services

In home care policy, day centres and overnight care (see Age Stiftung 2022), and short stays in a nursing home are an essential complement to home care. This provides respite for informal carers and/or allows them to go to work.

According to the survey conducted in 2020 (Werner et al. 2021), Switzerland had 11 day care places per 1000 people aged 80 or over, which is a 30% increase since 2015. Overnight care is rarer, with two places per 1000 people aged 80 or over. The vast majority of these facilities offer care that is reimbursed under the Health Insurance Act (HIA) and also care for people with dementia. In addition, more than half of these look after people with mental disorders or a disability. In the majority of cases, a nursing home manages the facility, but we are seeing an increasing number of other service providers.

Short stays in a nursing home allow relatives to go away for a couple of weeks, or a person who is convalescing to recover and regain strength outside of the hospital setting before returning home. In 2019, 3.9% of those aged 80+ had stayed in a nursing home for short-term care. Use of this service declined slightly during the COVID-19 pandemic (in 2020 and 2021) for the reasons mentioned above.

Stays in geriatric rehabilitation, which fulfils the same function of physical and functional recovery with a view to returning home, are more common in French-speaking Switzerland. In 2019, there were 18.9 stays⁵ per 1000 inhabitants aged 80+ in Switzerland.

⁵ Geriatric rehabilitation was identified using the CHOP code 'BA8 Geriatric rehabilitation.'

G7.3

7.2.5 Retirement housing: A growing supply

Retirement housing is increasingly envisaged as an alternative to nursing homes for people with mild to moderate functional limitations. Switzerland currently has some 64 retirement dwellings (with or without support or warden services) per 1000 people aged 80 or over. The ratio remained broadly stable between 2015 and 2020 (Werner et al. 2021). Close to three quarters of facilities are managed by local authorities and non-profit organisations, such as home care and support services or foundations. A number of these facilities include in their basic range of services an alarm system, external security services, and help with laundry, housework and meal preparation. However, more than half of retirement housing managed by local authorities is just accommodation.

The survey conducted on behalf of Obsan (Kraft et al. 2023) provides additional information on resident profiles, the services offered, and the characteristics of the accommodation. Particularly worthy of note is the fact that there are an average of 36 residents per site, of whom over half are aged 80 or over. On the sites, up to half of residents benefit from home care or support services. Around half also face limitations in instrumental activities of daily living.

Funding and access to the range of services is a topic of discussion. The study by Imhof and Mahrer Imhof (2020) developed a four-level service model, while a complementary study by the BASS bureau (Bannwart et al. 2020) quantified the total monthly cost of sheltered housing, with figures ranging from CHF 2365 to CHF 9894, depending on the level of service.

7.2.6 Cost of long-term care

In the absence of a recent study on the topic of the cost of care the following paragraphs are limited to a few key figures.

In 2021, the costs of nursing homes (including retirement homes) amounted to some CHF 11 billion, while home care services were close to CHF 3 billion. Taken together, they make up 16% of health expenditure. Per resident, expenditure is in the order of CHF 10 000 per month for a nursing home stay (see Graphic G7.4), of which 41% is for care recognised by the health insurance (HIA⁶ care services). However, the rest has to be met by the resident (accommodation, meals, amenities, entertainment, non-HIA care services and others).

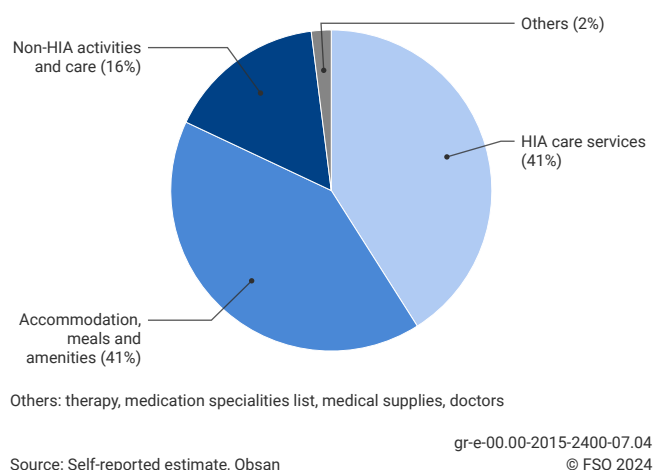
It is impossible to carry out a similar calculation for home care as situations can vary so widely. The average cost is not a good indicator in the context of home care as it mixes care lasting several weeks with long-term care over an indefinite period. By way of illustration, an example of care was calculated in collaboration with Spitex Switzerland corresponding roughly to care

⁶ The health insurers provide a flat-rate contribution to HIA care services provided at home or in a nursing home. Insured persons also have to share the costs to a limited extent. The remaining funding is the responsibility of the cantons and/or communes. More information at <https://www.bag.admin.ch/bag/en/home/versicherungen/krankenversicherung/krankenversicherung-leistungen-tarife/pflegeleistungen.html> (last accessed on 20.06.2024).

at HIBO level 3 in a nursing home (see Table T 7.1). Assuming an hour of basic personal care per day and two hours of nursing care a week, as well as two hours of housework, the total monthly expenditure is in the region of CHF 2500. Obviously, the amounts for home care services and nursing homes should not be compared as they do not comprise the same services.

Cost of standard nursing home care (HIBO 3) G 7.4

Breakdown of costs (CHF 10 527/month on average), 2019



Cost of standard home care (HIBO 3)

Cost breakdown (hypothetical example corresponding approximately to HIBO level 3), 2019

T 7.1

	No. hours per month	Rate per hour in CHF	Costs per month in CHF
Basic personal care (1h/day, every day)	30	52.6	1 578
Nursing care (2h/week)	8	76.9	615
Total care	38		2 193
Help with housework (2h/week)	8	30–45	304
Total	46		2 497

Source: Self-reported estimate, Obsan

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7.3 Regional differences

Beyond the basic trends that affect all regions, marked structural differences can be observed depending on the direction of cantonal policy. Obsan report 69 (Dutoit et al. 2016) already highlighted the importance of regional differences, stating that while all regions face the same ageing-related challenges, they respond to them using different organisational models. The factors behind these differences have been the subject of several studies looking at historical elements (e.g. the presence of visiting nuns as a precursor to home care), topographic aspects (e.g. remote valleys, mountain areas making journeys difficult), cultural and political components (caring for the elderly as a communal or cantonal task) (Jaccard Ruedin et al. 2006) and socio-economic aspects (Armingeon et al. 2004).

As part of the study projecting future needs in terms of long-term care facilities (Pellegrini et al. 2022), a cluster analysis was conducted to identify the groups of cantons with similar long-term care policies. The analysis, which was based on 2019 data, revealed four groups:

- the cantons strongly oriented towards outpatient care (GE, JU, NE, TI and VD);
- the cantons increasingly oriented towards outpatient care (BE, BS, FR and VS);
- the cantons oriented towards both outpatient and inpatient care (AG, BL, GR, NW, OW, TG, SO, ZG and ZH);
- the cantons oriented towards inpatient care (AI, AR, GL, LU, SG, SH, SZ and UR).

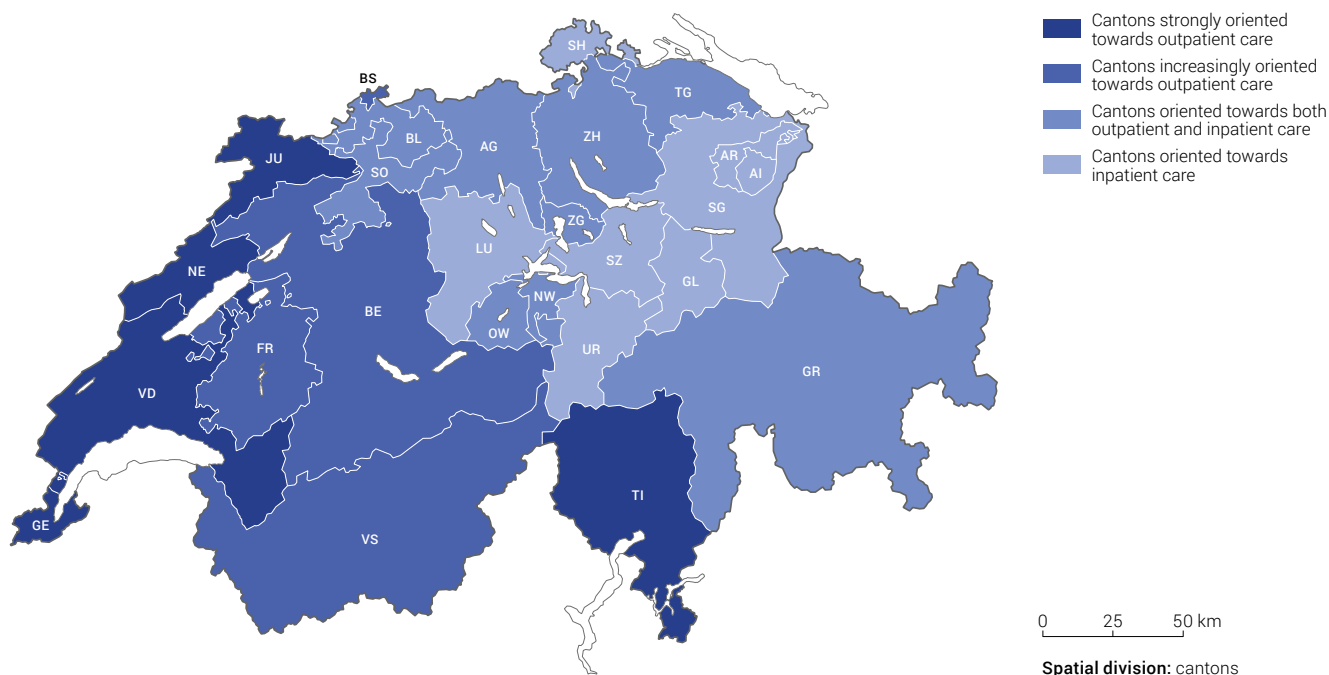
The three basic elements of the cluster analysis are intensity of nursing home use, intensity of home care service use, and the proportion of nursing home residents with low care dependency. Between the regions the most and least oriented towards outpatient care:

- the rate of nursing home use in 2019 ranged from 4.1% to 6.0% of the elderly population. By way of illustration, this means that the proportion of people aged 65 or over living in a nursing home is around 1.5 times higher in Glarus than in Geneva, for example.
- the rate of home care use varies by a factor of two. In 2019, 17.5% of the older population made use of home care at least once a year in the cantons oriented towards outpatient care, versus 8.1% in the cantons oriented towards inpatient care.
- the proportion of nursing home residents with low care dependency represents a ratio of 1:10. In the cantons oriented towards outpatient care, 2.3% of residents are in care level 0–2, versus 23.3% on average in the cantons oriented towards inpatient care.

These differences are also reflected in other characteristics of care, such as age on admission to a nursing home (later in cantons oriented towards outpatient care), length of stay (shorter), and number of hours of care provided by home care services (higher). Those who are interested can refer to p. 72 of the Obsan report 03/2022 (Pellegrini et al. 2022).

Groups of cantons with a similar long-term care policy, 2019

G 7.5



Source: FSO – SOMED, SPITEX, STATPOP, 2019, calculations by Obsan (Pellegrini et al. 2022)

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Standardised indicators of the four groups of cantons, population aged 65+, 2019

T 7.2

Groups of cantons	Cantons	Rate of nursing home use (%)	Rate of home care use (%)	Proportion of people with low care dependency in nursing homes (%)
Cantons strongly oriented towards outpatient care	GE, JU, NE, TI, VD	4.1	17.5	2.3
Cantons increasingly oriented towards outpatient care	BE, BS, FR, VS	5.0	13.2	7.7
Cantons oriented towards both outpatient and inpatient care	AG, BL, GR, NW, OW, TG, SO, ZG, ZH	4.7	8.9	17.3
Cantons oriented towards inpatient care	AI, AR, GL, LU, SG, SH, SZ, UR	6.0	8.1	23.3
CH		4.8	12.0	13.6

Source: FSO – SOMED, SPITEX, STATPOP, 2019, calculations by Obsan (Pellegrini et al. 2022)

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7.4 Frequency of end-of-life hospitalisations

Interestingly, it can be noted that the organisational model of long-term care, which is oriented to a greater or lesser extent towards outpatient care versus nursing home care, has an impact beyond the long-term care sector. Indeed, an analysis of the care pathways of people in their last year of life (Füglister-Dousse and Pellegrini 2021 and 2019) shows that a higher proportion of older people living at home is associated with more hospitalisations.

People living at home are more likely to be hospitalised in the last year of life, regardless of the canton.

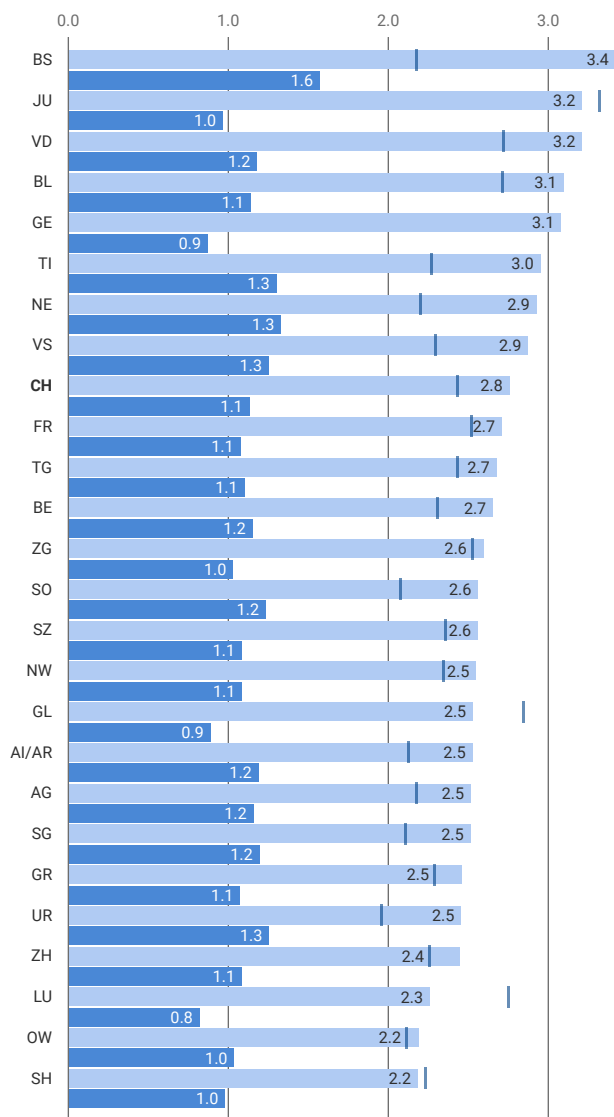
The initial observation from this study is that older people who spend their last year at home are more likely to be hospitalised than people living in a nursing home, regardless of the canton or care policy. As shown by Graphic G7.6, in all cantons, the average number of hospitalisations of people living at home is higher than that of people in nursing homes. The ratio (illustrated by the marker) shows that people living at home are between 2.0 (UR) and 3.5 (GE) times more likely to be hospitalised than people in nursing homes. The Swiss average is 2.4 times more hospitalisations for people living at home.

Average number of hospitalisations in the last year of life in persons living at home and those residing in nursing homes

G7.6

People aged 65+ who died in a care facility in 2018

- Average number of hospitalisations of people aged 65+ living at home
- Average number of hospitalisations of people aged 65+ in nursing homes (before/after long stay)
- Home care/nursing home ratio



Source: FSO – SOMED 2017-2018, MS 2017-2018 / analyses by Obsan
gr-e-00.00-2015-2400-07.06 © FSO 2024

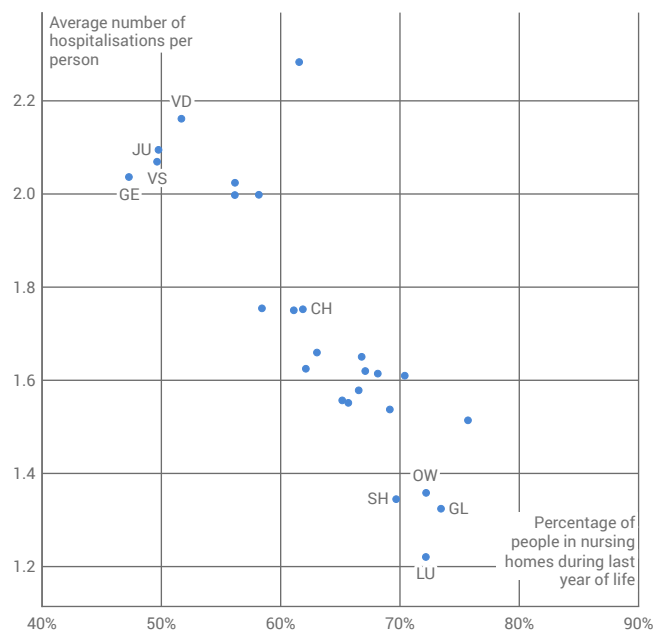
A home care policy accentuates the differences

The second observation is that for people who stay in their own homes, the average number of hospitalisations is higher in cantons that favour home care. In fact, we record an average of around 3 hospitalisations in such cantons versus around 2.5 in the other cantons (see Graphic G7.6). This increase in

Relationship between the rate of nursing home use and the rate of hospitalisations in the last year of life

G7.7

People aged 65+ who died in a care facility in 2018



Source: FSO – SOMED 2017-2018; MS 2017-2018 / analyses by Obsan
gr-e-00.00-2015-2400-07.07 © FSO 2024

hospitalisations in the cantons oriented towards home care is observed in the pathway 'Multiple hospitalisations from home', with on average one additional hospitalisation and a longer average length of stay compared with cantons more oriented towards nursing homes. This observation can often be explained by more frequent stays in rehabilitation to allow patients to return home, and sometimes by an additional stay in acute care. In addition, it is worth noting that this pathway is 1.5 to 2 times more likely in cantons oriented towards home care.

Cumulated effects

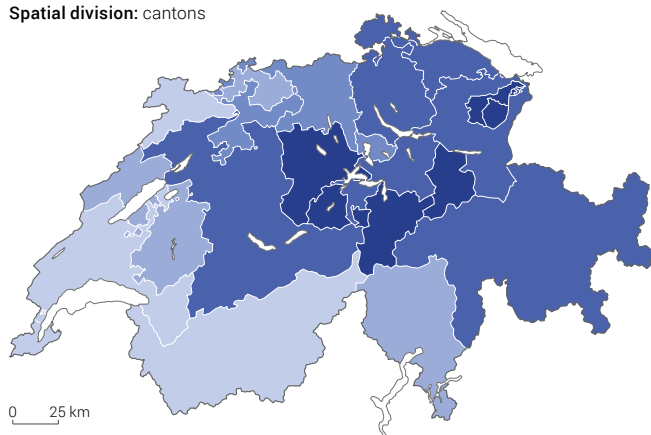
If we cumulate the two effects, that is to say a greater share of older people at home and more frequent hospitalisations we arrive at the following figure:

On average, we observe 1.75 hospitalisations per person during the last year of life in Switzerland (see Graphic G7.7). In the cantons where the proportion of people aged 65+ in a nursing home during the last year of life is higher (GL, OW, LU, SH), this figure falls to around 1.3 hospitalisations per person. Conversely, in the cantons where the proportion of people aged 65+ in a nursing home is lower (GE, VS, JU, VD), we observe around 2.1 hospitalisations per person during the last year of life. There is therefore a gap between the two groups of cantons the furthest apart of around 0.8 hospitalisations per person aged 65+ during the last year of life.

Proportion of older people having lived in a nursing home in their last year of life, aged 65+, who died in a care facility in 2018

G 7.8

Spatial division: cantons

Share¹, in %

< 53.94 53.94–59.22 59.23–64.50 64.51–69.78 ≥ 69.78 CH: 61.9

Number: total = 46 762, EMS = 28 928, at home = 17 834.

¹ The category thresholds are determined on the basis of standard deviations from the average (>1; [0,33; 1]; [0,33; -0,33]; [-0,33; 1]; <-1).

Source: FSO – SOMED 2017–2018; MS 2017–2018 / analyses by Obsan
(Füglistler-Dousse and Pellegrini 2021)

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Finally, we note that between the cantons with the most widely different policies, the gap in the proportion of people residing in a nursing home when they die is between 20 and 25 percentage points.

The observed differences in practice almost automatically raise questions relating to the appropriateness and costs of the different ways of organising end-of-life care. On the basis of the current data, it would be possible to estimate the total expenditure on hospitalisations in the various cantons. On the other hand, for the time being the data on home care is still much too incomplete to obtain a comprehensive picture.

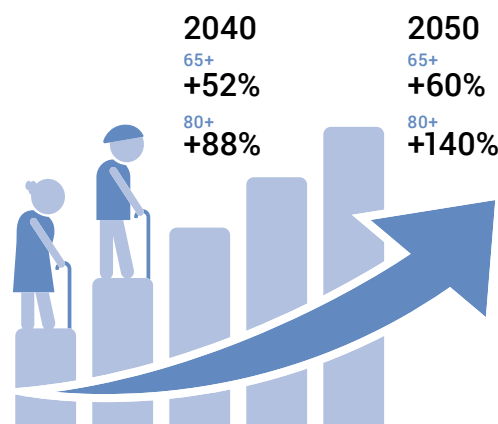
7.5 Anticipated evolution of needs between now and 2040

What is the expected impact of population ageing on the need for care facilities for older adults over the next 15 years? As mentioned above (in Section 7.2.1), as the baby boomer cohorts reach later old age, an unprecedented increase will be seen in the number of older people in society. The FSO's population projections assume that there will be one and a half times more people aged 65+ by 2040 and that the number of people aged 80 or over—the most likely to need long-term care—will have almost doubled.⁷ This trend will continue beyond 2040 because, while the increase

⁷ The figures presented in this section are contingent on the population projections. Since 2020, the mortality rate among those aged 80+ has been higher than in the reference scenario. The FSO is currently compiling new projections (scheduled for publication in 2025) and it is not clear at this stage whether the demographers will consider it a temporary or permanent change.

Anticipated increase in number of people aged 65+/80+, 2020–2040/2050

G 7.9



Source: FSO – SCENARIO 2020 / analyses by Obsan

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in the number of people aged 65+ will cease around 2035, due to a time lag effect the growth in the number of people aged 80+ will carry on for another 15 years, until around 2050.

The cantons are responsible for organising, planning and funding care for their populations, including long-term care. They therefore regularly consider what adjustments they need to make to their care systems. Obsan calculates the necessary statistical basis for them so they can plan health and social care services for their populations. The model used includes nursing homes, help at home and home care services, as well as intermediate structures for which data is available. It incorporates different population change and epidemiological scenarios and care policies. This model has also been used to calculate projections at national level (see Pellegrini et al. 2022 for more details).

In terms of care policy, the study selected two scenarios, developed with the participation of the stakeholders involved. The first scenario describes the evolution of needs based on demographics alone, with care staying as it was in the reference year (namely 2019—the last year that was not impacted by the COVID-19 pandemic). The second scenario simulates a measure that is being discussed in many cantons, namely the reinforcement of care outside of nursing homes for people with low care dependency.

7.5.1 Scenario 1: Without any change in the organisation of care

As mentioned above, the first scenario is a political status quo scenario where only demographics change, while the organisation of care remains unaltered. The rates of use remain as they were in the reference year. This is a reference scenario which we can use to compare the effects of changes in care. Alternatively, it shows the needs in the different facilities without any adjustments to care.

Compared with the 91 425 beds available in 2019 for people aged 65+⁸ (around 91 670 in 2021), the projection concludes that there will be an additional need of around 54 335 nursing home beds by 2040 (see Graphic G7.10). Considering the average size of a nursing home currently (59 beds), that equates to some 921 extra nursing homes compared with the 2019 stock.

The COVID-19 pandemic (2020–21) and the increased virulence of flu (in winter 2022) show that the mortality rate in those aged 65+ may be affected in unexpected ways. The impact on the projections of including other population scenarios has been evaluated. Assuming higher mortality or emigration rates in those aged 65+ (FSO low scenario)⁹, the additional need is estimated at 41 098 beds (equivalent to 697 nursing homes). Conversely, if we take a more optimistic assumption concerning life expectancy (FSO high scenario), the additional need is estimated at 68 760 beds (equivalent to 1165 nursing homes).

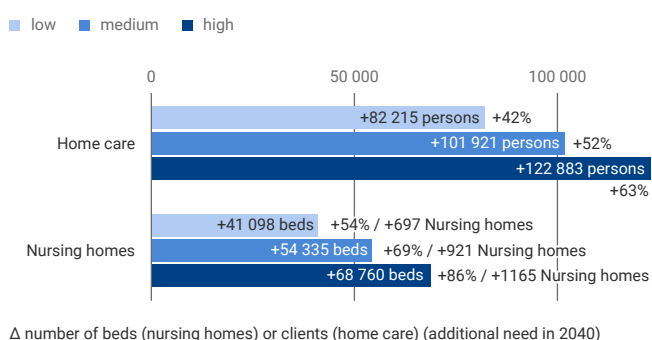
These results clearly show that a projection is never a prediction of reality but that it simulates trends according to certain assumptions, which translate into a range in which we are likely to fall. In this specific case, it should be noted that even in the low population scenario, the anticipated increase in demand for nursing home beds equates to 33 medium-sized nursing homes a year.

The analysis is the same for the home care sector. The anticipated increase in demand is significant whatever the scenario: The number of clients receiving home care services is expected to increase by +52% under the medium scenario and to fall in a range between +42% and +63% under the assumptions of the low and high scenarios.

Scenario 1: Type of care unchanged

G7.10

FSO population scenarios high, medium and low



Source: FSO – SOMED (2019), STATPOP (2019), SCENARIO (2020) / Calculations by Obsan
gr-e-00.00-2015-2400-07.10 © FSO 2024

⁸ This concerns the number of available nursing home beds for those aged 65+, in other words having subtracted the number of beds occupied by those aged under 65.

⁹ With the COVID-19 pandemic and the 2021 and 2022 mortality figures (excess death rate), it is legitimate to question whether the medium population scenario should still be used as the reference. In reality, taking the low scenario as a reference would mean that we think that in every year between now and 2040 there would be an excess death rate like the one observed in 2020 and 2022. At this stage, this seems unlikely, but the situation should of course continue to be monitored.

7.5.2 Scenario 2: With reinforced care outside of nursing homes

The second scenario aims to simulate a measure that is being discussed in several cantons, namely the evolution of demand for care facilities which would result from an increase in care outside of nursing homes for people with low care dependency. According to the experts consulted to devise this scenario, this would be conceivable for the majority¹⁰ of people with care levels between 0 and 3 (<60/day). In this scenario, people who would no longer be cared for in a nursing home would be cared for at home or in sheltered housing. They would all receive home care.

Box 7.1: Glossary

Long-term care: Long-term care describes a range of services that help to meet the medical and non-medical needs of people who cannot look after themselves over a long period due to a chronic condition or disability. It comprises a series of individualised services coordinated over a long period of time which promote personal autonomy and maximise the patient's quality of life in all areas (physical, mental and social)

Home care: Home care refers to all care and services delivered by healthcare professionals or medical assistance providers that allow a person to benefit from medical support at home.

Nursing homes: Nursing homes are care facilities that house older adults who can no longer live independently and whose state of health necessitates constant or ongoing monitoring, as well as maintenance medical treatments.

As illustrated by Graphic G7.11, such a policy is achieved by shifting the demand for nursing homes towards home care and related facilities (not shown). Demand for additional beds would decrease from +54 335 to +40 321 (equivalent to 683 nursing homes) (medium population scenario). For home care, such a policy would require 9% more clients to be cared for, in addition to the +52% resulting from population ageing. The same would apply to all the other home care services (day/night care, short stays in a nursing home or sheltered/supported housing) which would have to grow more than is required to tackle the increase in older people.

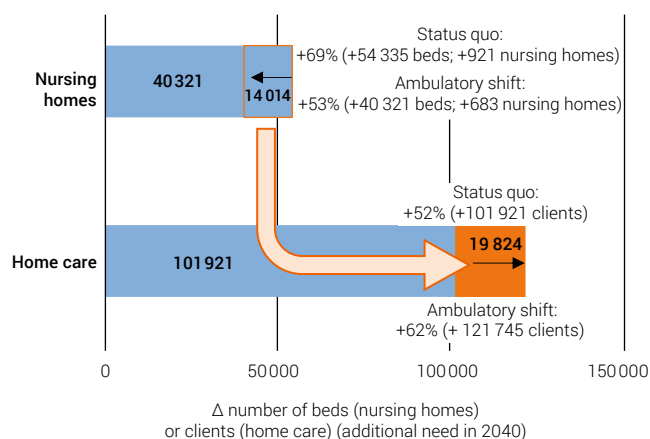
In summary, then, alternative care outside of nursing homes for people with low care dependency would reduce future demand for long-stay beds, but would represent a considerable increase in demand for home care and intermediate structures, in addition to what is necessitated by population ageing alone. Amid the current staff shortages, the question arises as to whether such a development is feasible. Finally, it is worth remembering that the potential for reallocation of nursing home beds in favour of people with higher care dependency is not the same in every region. In areas where the share of residents at levels 0–3 is already low,

¹⁰ An irreducible number of people will always remain in levels 0–3.

Scenario 2: Reinforcement of care outside of nursing homes

G7.11

FSO medium population scenario



Note:

The rectangle representing the transfer from nursing homes to home care varies in size because in nursing homes it corresponds to the number of beds; over the course of a year these beds may be occupied by several different people. For care at home, however, the rectangle corresponds to the number of people being cared for.

Source: FSO – SOMED (2019), STATPOP (2019), SCENARIO (2020) / Calculations by Obsan

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this potential has already been well exploited. Conversely, there is greater scope for reallocating beds without having to increase supply in cantons with more than 25% of residents in levels 0–3.

7.6 Conclusion

Population ageing is currently accelerating in Switzerland, presenting the long-term care system with major organisational and financial challenges, but also and in particular challenges regarding medical and nursing staff.

This raises many questions: How do we respond to the significant shortage of medical and nursing staff, coupled with the decline in the number of informal carers? Will we see women (who provide the majority of informal care) return to the home to look after their ageing parents, a development that would cause the labour market to further dry up? Will we manage to maintain the quality of care? What role will palliative care and advance care guidelines play in future?

The sector currently faces more questions than answers. One thing is likely, however, and that is that the significant constraints currently being placed on the system will provide impetus to develop new models for organising care (see also Chapter 9). Indeed, it is quite conceivable that further synergies will be sought, for example by opting for a facility that is both nursing home and day centre open to local people who need some care and support, for example by allowing them to eat a meal or take part in recreational activities, based on the housing and care model for 2030 put forward by Curaviva (2016 and 2021). Examples of this type have proliferated recently. We have heard about the case

of the San Rocco facility in Ticino (which was presented at the 2022 Curaviva Day), and the planned development of a centre for seniors in the commune of Horw¹¹ in the canton of Lucerne.

While ideas on how to respond to the demographic tide are now taking shape, there is also the question of timeframes to consider. Have we sufficiently anticipated the acceleration of population ageing? What is the sector's structural adaptation capacity over the next 15 years? Will the facilities be available in time to accommodate this tide sometimes referred to as a silver tsunami, or will we have to firefight? The fraught situations in hospital emergency departments in several cantons during the winter of 2022 and the shortage of nursing home places reported in some cantons suggest that the health system is not entirely prepared.

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¹¹ <https://www.zugerzeitung.ch/zentralschweiz/luzern/alterszentrum-in-horw-zuercher-architekten-gestalten-kirchfeld-neu-3-gruende-warum-ihr-projekt-gewinnt-ld.2272503> (last accessed on 20.06.2024).

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8 Planning and preparation for ageing and old age

Monica Budowski and Ivo Staub

Abstract

How do people in Switzerland aged 45 and older plan and prepare for their ageing and life post-retirement? People's experiences, their values, resources, and restrictions feed into how they imagine the way their later life could be and how they plan and build up future resources in various life domains. Different social groups have different opportunity structures provided by the welfare state, markets, or social relationships. We draw from concepts and results from the current state of research, conduct a qualitative analysis of 21 exploratory interviews and complement it with quantitative data analyses from assorted data sets. The qualitative analysis reveals that good health is considered crucial for any plans to have meaning and that planning activities are embedded in societal images of ageing, self-views of ageing, and a person's socio-economic and institutional environment. The quantitative analyses show that dependent on domain, planning and preparation for retirement are not always linked to social position.

8.1 Introduction

Switzerland is dealing with the challenges of an increasingly ageing population. Much literature has focused on the financial sustainability and the adequacy of the three pillars of old age provision as well as the welfare state's role and responsibilities for the retirement stage of life. There are major challenges beyond financial provision, such as long-term care (see Chapter 7), the rising supply gap for senior care (OECD 2021) or medical issues such as dementia (see also Chapter 2.6). Senior citizens (aged 65 or older) face greater risk of poverty (Fluder et al. 2015; Fredrich 2022; see also Chapter 3) and of losses in general: loss of social status, good health, social networks and social embeddedness (leading to social isolation) and loss of independence (Denton et al. 2004).

Retirement and the longer life expectancy require changes in everyday life; hence, individual planning and preparation for old age become important (Mayring 2000; Adams and Rau 2011). Such foresight "serves as a means to improve one's ability to deal with the challenges and changes of ageing, and it plays an important role in making good use of the opportunities that old age offers" (Kornadt et al. 2019, 609).

Planning and preparation for ageing contribute to maintaining or enhancing well-being when financial, social and health risks increase. Well-being in a multi-dimensional sense goes beyond financial well-being and includes living conditions, health, social relationships, the environment, sense of security and context (political, voice, freedom, etc.) (Stiglitz et al. 2009). Denton et al. (2004) argue that various life domains beyond the financial one need to be considered throughout ageing.

Studies on the micro level highlight that planning and preparation have positive effects on well-being (Métraiiller 2018). The link between planning and financial well-being (Hershey et al. 2008) is positive; in Switzerland the positive effect comes, in particular, from wealth (Brulé and Suter 2019). Moreover, planning and preparation further well-being in various domains, e.g. by reducing anxiety and depression (Kornadt and Rothermund 2014). However, planning can also exert pressure (e.g. when planned social activities cannot be realised) (see Henning et al. 2016).

Few studies exist on how people prepare for retirement and ageing apart from the financial domain (e.g. Apouey 2018; Denton et al. 2004; Kornadt et al. 2015 and 2019; Noone et al. 2009). Planning and preparation for old age in Switzerland beyond institutionalised financial planning and health insurance is under-researched, with few exceptions (Métraiiller 2018; Mayring 2000). Presently, no survey exists that would allow an analysis of who prepares how and when for which domain in Switzerland.

In this chapter we ask: How do individuals aged 45 years or older in Switzerland plan and prepare for their future needs in view of retirement? In the following, we present the theoretical concepts and methods followed by the results of a qualitative analysis of planning and preparation that is based on an exploratory convenience sample aged 45 to 62 years. Analyses of selected items available from representative surveys in Switzerland (see Boxes 8.2 and 8.3) present some insight into inequalities in planning and preparation in different domains.

8.2 Planning and preparation for ageing: Concepts and context

8.2.1 Reflexive planning for later life, future self-views and societal images of ageing

Various concepts exist with respect to planning and preparation for ageing into and in retirement. Whilst planning refers to how people sequence possible activities, preparation refers to activities that are based on present financial, health and social resources and their anticipated development over time (Kornadt and Rothermund 2014). Preparation is directed towards desired outcomes in the future and refers to a set of actions. As an effort to avoid major problems in the future, it allows for more realistic views of the future, reduces deceptions, and enhances satisfaction.

To better understand how planning and preparation work, two concepts seem useful for the individual level: The first refers to *reflexive planning for later life* (Denton et al. 2004) according to various life domains (Kornadt and Rothermund 2014), the individuals' present age and the age planned for. The second concept refers to future self-views and societal images (Kornadt et al. 2015).

Reflexive planning for later life focuses on how people plan their lives pre-retirement and continuously adapt their planning to changing circumstances. According to Denton et al. (2004), planning includes mobilising resources from state institutions to reduce social risks ('public protection'), investing in individual financial protection such as savings accounts or supplementary insurances ('self-insurance'), and preparation for the non-financial aspects of the risks of ageing, e.g. by maintaining physical, cognitive, and social functions ('self-protection'). This continuous process may have started early on in life or may have been neglected partly or completely. The awareness of a problem, such as gathering information and weighing the advantages and disadvantages of possible choices as to the desired outcomes, feed into everyday planning. The importance of planning and preparation varies at different life stages, according to societal contexts, the relevance of life domains and a person's opportunities and constraints.

Future self-views and societal images: Future self-views reflect how individuals experience, evaluate and expect their own ageing to be when compared with existing societal images of ageing and old age. Such self-views include fears and hopes and influence whether people engage in planning and preparation (Adams and Rau 2011). Longitudinal studies provide evidence that self-views impact on planning and preparation such as preventive health behaviour and predict health and mortality outcomes (Sargent-Cox et al. 2014; Levy et al. 2009).

Most people think about their future in financial terms and about how and where they want—or can afford—to live, and about how they will spend their leisure time and socialise. People also think about the time towards the end of their life, about how they would like to live and be cared for when frail or confronted with illness and disability.

Who plans and prepares varies according to self-views, institutional (Preston et al. 2019) and cultural contexts (Kornadt et al. 2019; Park et al. 2020), socio-demographic variables such

as gender, income, and education (Apouey 2018), and specific experiences across the life course (Moen et al. 2005) or individual traits (Park et al. 2020). Age-related risks are linked to inequality dimensions in social stratification and lifestyles and are not evenly distributed. Resources as well as life events (e.g. changes in health, transitions in work, family events such as death or divorce, issues related to migration) influence decision-making for the future (Denton et al. 2004). Well-being after retirement is related to individuals' pre-retirement interests, priorities and goals for their post-retirement life (Métrailler 2018), their social position in society, their present structural and individual opportunities, and perceived future prospects (Mayring 2000).

In sum, people's experiences, agency, their financial and non-financial resources, and future self-views feed into their preparation and planning for old age. The conceptual considerations suggest that the resources and the images on the societal (macro) and individual (micro) levels are intertwined.

8.2.2 Context: State, markets, and formal and informal social relationships

The welfare model (e.g. welfare state, markets, civil society, and social relationships) constitutes the context and framework within which people imagine their lives. It provides institutionalised systems for certain needs. The planning process is embedded in these societal structures as well as the individuals' personal contexts, their social environment, their life course, and life stage.

Financial security and health are two central domains for well-being in older age (e.g. Read et al. 2016; see also Chapters 2 and 3). In Switzerland, state institutions provide financial support: The old age and survivors' insurance (OASI; first pillar) and the occupational benefit plan (OP; second pillar) are legally regulated. The voluntary restricted private pension plan of the third pillar (pillar 3a) consists of tax-preferential savings.

The degree of coverage of the three pillars for pensioners receiving benefits varies considerably (further details in Chapter 3). The mandatory OASI is nearly universal (in 2019): 98.1% of pensioners receive a benefit.¹ The OP covers 76.0% of retirees. The voluntary restricted private pension plan has the lowest coverage (39.9%). The benefits of the OP and the restricted private pension plan of the third pillar are strongly influenced by socio-demographic characteristics such as gender and the level of education.

Socio-economic positions clearly structure the opportunities for financial preparation for retirement, suggesting structural barriers to saving for old age (Preston et al. 2019). As retirement provision is linked to the employment biography, women are doubly disadvantaged: by the unequal legal treatment of women and men in Swiss federal law (Dupont and Seiler 2021) and by unequal pay for equal work for women and men (Kaiser and Möhr

¹ The percentage refers to the share of beneficiaries as a percentage of all pensioners up to 5 years after the legal retirement age in the year 2019; see <https://www.bfs.admin.ch/bfs/en/home/statistics/social-security/old-age-provision-reports/combination-old-age-benefits.html> (last accessed on 20.06.2024).

2023). Women mainly cut back on their careers after starting a family or because of care for family members. Migrants are also disadvantaged as they often lack payments to the OASI and the OP in Switzerland.

The compulsory and legally regulated health insurance provides adequate health care to everyone residing in Switzerland. Individuals with low income have a right to health insurance support upon application, requiring knowledge to apply for benefits and therewith structuring access according to social groups (Budowski et al. 2020).

Non-profit organisations, e.g. *Pro Senectute* or the *Alzheimer Society*, address specific needs of diverse groups. They provide voluntary or paid services and enable active social participation through volunteer work.

The state is an important but not the only reference point in the welfare mix for people planning future stages in life, especially for domains such as meaningful activities or friendships in later life, where the state does not (or only indirectly) provide social security. Welfare regimes attribute the responsibility as to which actor of the welfare mix—state, family/households, market, civil society—should provide what kind of security differently. Thus, planning and preparation rely not only on the state's social safety net but also on the individuals' activation of resources from other sectors of the welfare mix.

8.3 Methods and data

We use a qualitative analysis to explore how people plan and prepare for ageing. This is due to the lack of an existing survey or similar data that would allow analysis of individuals' preparations across a wide range of domains. We complement two domains of the qualitative analysis with quantitative results from large scale datasets where topical items are available. The qualitative approach allows exploration of individual thoughts and activities. It enables the temporality of planning and preparation to be identified by contextualising it in terms of the respondents' age and life context, the time horizon for planning and the life domains. The presented concepts in Section 8.2.1 and the Swiss institutional context provide an analytical lens with which to explore the individuals' ideas and expectations regarding their future. The analysis is based on an exploratory convenience sample of 21 individuals conducted in 2019,² nine men and twelve women (see Table T8.1 in the Appendix). The interviewees were aged 45 to 62 years, the age when planning and preparation for ageing and retirement usually become pertinent. The interviewees characterised themselves as belonging to middle social strata. These social positions have some leeway for planning. The interview guideline was open and included (i) imagining one's life in future retirement (self-views with comparison to societal images), (ii) current planning and preparation in various life domains, and (iii) the perception of the adequacy of the resources available for future needs and plans.

² Master students at the University of Fribourg selected the interviewees and conducted the interviews in 2019. The participants were informed their interview might feed into a pilot study for a research project or an article.

Box 8.1: Thematic analysis

Thematic analysis (see Ritchie et al. 2013; Braun and Clarke 2006) allows meanings and themes to be organised and systematised within a data set. Themes are containers of data with similar topics important for the research question; a "theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set. (...) Ideally, there will be a number of instances of the theme across the data set, but more instances do not necessarily mean that the theme itself is more crucial" (Braun and Clarke 2006, 82). The connections between themes allow insight into patterns of shared experiences, understandings, and meanings. Such patterns are important only as regards the specific topic or research question. The method is flexible, as it allows for varied epistemological approaches. The coding may be bottom-up or top-down or both, allowing for inductive, deductive, or abductive reasoning.

We analyse the qualitative interviews by means of MAXQDA 2020 using thematic analysis (see Box 8.1). The interviews are coded bottom-up focusing on the individual topics relevant to the interviewees. Thereafter, themes are identified across the interviews. Comparing the interviews highlights similarities and differences regarding contexts and themes, the patterns within each theme, and possible connections between the themes. The analysis of the themes is underpinned by quotes from the interviews.

8.4 Planning and preparation for ageing and retirement: Results

The data are presented according to three large themes; each theme provides a particular focus on planning and preparation and contains different individual perspectives depending on individual circumstances.

The first theme focuses on the respondents' *societal images* of ageing (Kornadt et al. 2015; Westerhof et al. 2023) and on how they see and project themselves in their *self-views*, including possible activities to achieve, avoid or reshape the societal images. It includes age-related preparations in different domains (Kornadt and Rothermund 2014).

The second theme refers to *time*, to the respondents' time-related considerations for their planning and preparation activities. Time weaves through all themes and deliberations of planning and preparation. This theme resonates with the concept of *reflexive planning* (Denton et al. 2004).

The third theme situates ageing within the specific *societal context and developments* in 2019 in Switzerland, at the time when discussions about old age reforms were taking place. This perspective highlights the importance of the context and the welfare state.

8.4.1 Societal images of ageing and retirement and future self-views

Societal images and future self-views are linked to societal and individual expectations and opportunities for their future (Henning et al. 2016). The respondents' societal images of ageing and retirement revolve around health, health decline, dependence, frailty, and the uncertainty of health in general. The societal images are ambivalent, yet all point in the same direction: decline.

Because as you get older, everything [physical and psychological health] declines and you see how that happens, for example, with your grandparents and your parents. (19_w63a)³

Ageing has no positive aspects. You have more time, freedom, but normally getting older is the opposite of positive. But of course, it can also be nice. Maybe you'll have more time for each other, or for grandchildren, when they come. But it won't make me feel any better, of course. (10_w47f)

No, actually, rather, (...) it's positive [ageing] (T)hen, [when] it goes towards dying or so, (...) I find that difficult and sometimes I already worry about that. (01_m54f)

The respondents perceived health as rather unpredictable, a circumstance of luck that cannot really be effectively influenced, even though a few respondents acknowledged the contribution of a healthy lifestyle. Many respondents repeatedly emphasised the importance of health for planning and preparation.

(T)hat will be about the most incisive. (Y)ou can't influence it [health], you really can't influence it much (...). It's more a matter of luck, either you're lucky or not. Sure, you can try to do a bit of sports gently, physically, but you really can't control it in that sense. (20_m52f)

(A)ctually everything depends on health. (...) Getting older can sometimes be a bit frightening, but that's part of it (...) (B)ut it depends on what you make of it and what resources you have. (12_m60f)

That [health, fitness] is of course a precondition for hobbies, and yes, gardening and hiking and skiing. (04_m51fs)

I just hope that we stay as healthy and vital as possible. Maybe I'll prepare myself a bit for retirement by trying to stay healthy now, being a bit active with sport and diet. Maybe even a visit to the doctor. (13_w52f)

The respondents' societal images anticipate *changes in resources*, such as a reduction of financial and social standing or loss of friends and colleagues, and also gains such as freedom to do what one wishes, having time, or understanding what life means. Such changes consist in challenges and joys. They evoke ambivalent images. Societal images of ageing become threatening when they consist in becoming a superficial mass consumer or obsessed with youth—images attributed to the rather wealthy baby boomer generation.

[The] constraining is perhaps less so from a financial point of view, it is not as important as the positive effect of having more time. (20_m52f)

We all get older, that's the normal course of life. (...) I have been suffering from a chronic disease since youth. We have learned often enough to see things in life realistically and not to postpone our wishes until later, and yes, that's why we both want to take early retirement and enjoy the last part of our lives together for as long as possible. (12_m60f)

'Silver Agers' (...), yes, [the generation] where purchasing power is high. (...) (F)itness or so, being obsessed with youth and so on (...), yes [this] is really a question, is this [way of ageing] the measure of all things? (14_m58f)

Because getting older has many facets for me, from 'How can I put my experiences into practice in life?', 'Can I endure difficult experiences?' or 'Can I mentally adjust to something?' (...) If you turn the word retirement (Rente in German) around, then it turns into harvest (Ernte in German). I find that a very exciting aspect to think of the idea of harvest and retirement (...) Retirement is characterised by our society that wants to control and that is afraid to let go. (...) And for me, harvest actually has something to do with fulfilment and with life and with trust. (06_w56a)

What are the respondents' self-views considering the above-mentioned societal images? How do they deal with the idea of decline and the uncertainties of ageing, health, and transitioning to retirement and the question of meaning of life? What resources do they mobilise to counter these uncertainties?

Envisioning a positive future when working life is over or thinking about becoming frail reveals both hopes and fears of ageing. Interviewees dealt with fear in various ways: psychologically with mindsets, like mental adaptation and flexibility, learning how to let go of what is or has been, settling into it, becoming curious and more serene, or simply avoiding thoughts about it. Accepting changes alleviates fears as they can then be interpreted as a future to look forward to with ageing as part of the normal (and valuable) course of life.

(Y)ou have to look ahead a bit, in order not to feel morally depressed (...) you simply can't make everything dependent on a job. That's why you have to prepare yourself mentally (...) by looking at the positive examples of people, who have really mastered this in a great way. (18_m58f)

I'm not afraid, it [ageing] is more of like a surprise [unfolding] for me. (11_w58c)

³ To provide basic socio-demographic information, the case number contains information about the gender, age and living arrangement. The w after the interview number refers to woman, m to man; the number to the age; the letter after the age to the living arrangement: a to living alone; c to couple household, f to family and fs to flat sharing.

Box 8.2: Healthy lifestyle and the motivation for doing sports

Sport is typically considered an activity for a healthy lifestyle and a positive influence on one's health. The 2020 Sport Schweiz study asked a representative sample about their physical activity and, for individuals older than 64 years, their objective for doing so: whether to maintain their physical or their mental abilities (Lamprecht et al. 2020). Income and educational attainment are substantially linked to the overall probability of doing sports (with wealthier and higher educated persons having a significantly higher probability of doing so), but less so to the motivations (when choosing to do sports). The motivation to stay physically mobile in everyday life is very important for every socio-demographic group. Lower income groups' motivation to do sports because it contributes to maintaining their cognitive ability is slightly higher (see Table T8.2 in the Appendix). This reveals an association between health-related behaviours, motivations, and position within the social inequality order.

Well, I sometimes worry about how my health will be, and whether I will get sick and age badly. But I try not to think about it too much. It never comes as you think anyway. (09_m62c)

I think that [ageing] happens quite unconsciously, somehow it comes by itself. Because (...) I was definitely afraid of it. (...) Now I think I have found solutions and I constantly discover new things (...) that make me happy, so now, I know that I don't have to be afraid to somehow get older, (...), yes, I think I'll even be able to accept that someday I'll be all wrinkly. (02_w49a)

Some women perceive certain social expectations towards their bodies and consciously reshape them and adhere to specific ways of thinking. Some expectations change with age and allow other aspects to come to the fore.

[A] superficial detail but, I have grey hair (...), I have never dyed it (...) I [try] to consciously not just accept it [grey hair and growing older], (...) but also to somehow enjoy and live with it, and then to internalise it from something actually external. (17_w47pa)

Whatever was so important at the age of 40 is now no longer so important to me in my mid-50s; the body ages, and the inner beauty can come out. (...) (If you didn't have the body mass index like that [when younger], after a certain age it doesn't play such a role anymore; I find that very liberating. (08_w56a)

Positive future self-views are connected to changes in daily time structure when retired. Preparation for this may include reduction in working time. Retirement is imagined as a new experience needing time to settle in. Having time available, enables people to pursue or intensify physical leisure activities (hiking, skiing, cycling, etc.) for fun, if one's health allows it, or to gently maintain one's health. Having time creates space for cultural activities, learning and reading or activities that provide another meaning in life than work for pay and avoiding pressure or competition.

The older you get, the bigger an issue health becomes, yes. That's why sport is important (...) I think that the people who still have an activity clearly live better and are more satisfied, and so I would also like to be active when older and undertake many activities. Of course, it always depends on health. (...) I will (...) probably reduce to eighty [percent work] next July. (05_m56f)

So just from the beginning, [I want] to take on nothing, (...) I don't think it's good either to already be hyperactively imagining what it will be like later and what you should do. (...) And after that [I want] something with volunteer work, but also with inputs with education or training, but not with a diploma. (19_w63a)

The societal image of retirement, a future phase without work, leads respondents to imagine what their financial situation will look like and take action to improve it or think about how to change their present lifestyle to the finances they will dispose of. Respondents also think about how they could use their time in order to achieve belonging without paid work.

Old age security is sometimes taken for granted, thereby relieving some respondents from planning. Limited opportunities to improve institutional finances for the future are the reason why some respondents avoid the topic or think about reducing their expenditures by moving to a smaller apartment or sharing a flat. Resources need to be available and are necessary for conscious and careful financial planning or for improving an anticipated unsatisfactory financial situation in old age. Self-employed respondents (without mandatory OP) and employees with sufficient resources think about saving. Some top up their OP assets, others invest in shares, funds, or in house ownership for themselves and to rent out apartments, or in life insurance.

(T)his [old age provision] has been done for years now and it's going on and you pay in what you can and everything else, you don't have to do anything more. (07_w55f)

Financially, we have a plan, but it remains to be seen whether it will work. A pension fund plan. In addition to the normal OASI, we have a pension fund, which you don't have to have as a self-employed person; we have paid our contribution every year. Then we bought [into the second pillar] over-obligatory (...) and then we paid into the third pillar, which is voluntary anyway, for many years. Then we bought a house and paid off a large part of it. (...) And if it doesn't work out (...), we still have a real trump card with this house. The value of this house has probably doubled since we bought it. (18_m58f)

Some respondents imagine a new status in their future through meaningful activities. Others embrace the societal image of retirement of being freed from (work) obligations and would like to enjoy social activities and continue or intensify their hobbies and sports. Some look forward to focusing on their family, in particular care for future grandchildren. Most ideas of future activities are vague and have not yet really been planned or prepared.

(J)ust actively be a part of society, (...) I [want to] do something and yes (...) something with meaning. Meaning is important. (01_m54f)

(V)olunteer work, yes, or something like that (...) yes, humanitarian, so that it can be something personal and important, yes. Something that gives you almost greater appreciation somehow for yourself than some high salary. (...) (Y)es, interests (...) music or singing or the hobbies I enjoy. (14_m58f)

A lot of things would probably be computer-related, but also a bit of carpentry, for sure, just tinkering around (...) or designing the garden. (20_m52f)

I hope to be able to do things actively after I retire: mountain biking, hiking, traveling and so on. Sailing is also a hobby of mine (...) Maybe something creative will be added. (13_w52f)

Negative societal images of ageing—such as loneliness or becoming dependent or having less finances at one's disposal—also evoke planning and preparation in various domains. Although most plan to continue living as they presently do, some respondents anticipate less mobility and have therefore included structural adaptations to remain at home longer. Others think about moving to smaller, more appropriate accommodation, envision a new living arrangement to avoid loneliness and to have social contacts (by shared accommodation, multi-generational homes, old age apartments, or by moving to a less anonymous and costly place) or even leaving Switzerland to live part of the time in warmer and cheaper countries (see also Chapter 6).

[I don't want] to live alone, become stale and lonely (...) so I would like to share a flat sometime or live in a multi-generational arrangement. (02_w49a)

(W)hen we built a new staircase, [we] also made a ramp. (11_w58c)

Ageing is connected with the societal image of becoming a dependent nursing home resident. Future activities centre on avoiding this with plans on how to stay at home as long as possible. One interviewee, who is on her own purposely cares for herself physically and mentally now, so as not to need care from others later.

Before we go straight to the old people's home, we would certainly first try to use Spitex [a home care and assistance service], household help, the gardener or someone for [ironing], someone to accompany us for errands, or fall back on neighbourhood help or (...) on other social institutions. (03_w59f)

I certainly don't want to need care or expect my roommates to care for me there. (...) And I don't want to let it get that far, (...) you don't have to need care. (02_w49a)

The idea of losing one's independence at the end of life makes many people uneasy, yet legal issues were rarely mentioned. Two respondents had prepared for legal issues, one of whom had done so because she had experienced how friends had had difficulties when they had to face them unprepared.

Box 8.3: Medical emergencies and end of life

The 2019/2020 SHARE survey (wave 8, drop off) (Börsch-Supan 2022) covers three forms of preparation regarding medical emergencies and the end of life: (a) talking about matters regarding the end of life (preferences, expectations or wishes), (b) the completion of a living will regarding medical treatments, and (c) having given the power of attorney to a designated person to make medical decisions in case of loss of decision-making capacity.

Among these three actions, discussing of matters of end of life is the most common in Switzerland (see Table T8.3 in the Appendix). Most frequently, these discussions take place between the partners and with their children. The three forms of preparation are strongly linked to the age of the respondents, where older people have a higher probability of having carried them out. Economic deprivation (here: if a household struggles to make ends meet) also has an influence on these forms of preparation. Unlike financial preparations, the level of education and gender have less impact, suggesting that preparation for age-related changes is not monocausal (e.g. caused by differences in education, income, and wealth), but depends on the salience of a particular topic during a particular period of life for a particular group of people.

I'm in the process of making a power of attorney so that the CAPA [the child and adult protection services] can't intervene at some point and dispose of my account and boot out my son should I ever be in need of help; I'm getting all these things done now. (08_w56a)

Summing up, much planning and preparation are related to societal images based on declining health. The realisation of many plans and preparations requires good health. Yet health is perceived as somewhat of a lottery. Imagining being less mobile or in need of care in the future evoke preparations to avoid the anticipated consequences or lead to a more positive reconceptualization of this image of ageing. Other societal images of ageing and retirement account for a gain in freedom and self-determined time as well as a change in social status. This creates space for novel self-views and desired activities as well as for new perspectives on social status such as embracing retirement (with more freedom and time) or seeking new, meaningful activities to participate in and contribute to society. The respondents mobilise various governmental and non-governmental resources for their activities. Societal images are ambivalent and are dealt with in varied ways.

8.4.2 Time

The theme of *time* weaves through present day activities, planning and preparation for retirement and the future, societal images and future self-views. Future activities are reflected on in the light of the current situation and past experiences. Time underlies the considerations of whether and why the respondents plan, what they plan and prepare for, and which age they plan for. We elaborated four time-related patterns for planning: (a) non-planning, (b) focus on the present and avoidance of planning, (c) perceiving that planning for ageing and retirement belong on the agenda, and (d) detailed planning.

(a) The pattern non-planning

Non-planning reflects a pattern where retirement and ageing as an approaching life stage are not yet on the horizon or where planning is not necessary due to a privileged life situation. Respondents had not yet thought about retirement because they felt they were still fully in the family phase, dedicated to their career, too young to think about it, or they were privileged and did not really need to plan. Their self-view corresponds to a projection of the present to the future, i.e. just being a number of years older. Some respondents compared themselves to their own parents to underline their different life stages.

Looking at it from today's perspective, I will actually remain just the same as now, just 10 years older and not going to work. (...) I really haven't dealt with it [ageing and retirement] that specifically yet. (...) Although it's not that far away, it's still far away for me. (...) We are still in our family phase. (01_m54f).

You do think a bit about how you can continue to learn when you retire or where you can get involved socially so that you are always busy. But all in all, no big preparations, (...) I am very privileged. I don't worry, because presently I have everything I need. I have a house, a job, I have [a partner]. Plus, I have all my relatives next to me, so my (...) children, my brother and his family, my sister with her family. I will have a good pension. (05_m56f)

At the moment, it's still more (...) about observing my own parents (...) yes, they make some power of attorney things (...); this gets me thinking, yes, but I am rather observing. That [ageing and retirement] does not quite affect me concretely yet. (17_w47c)

(b) The pattern focusing on the present and avoidance of planning

Lack of (financial) leeway, health issues, anxiousness and concern about what the future will bring, or life course circumstances underlie this pattern. It consists in planning with a focus on present daily life in order to find a good balance today and relying financially on institutional support systems in the future.

I'm on my own and I must manage the balancing act [of work and health] on my own. There will certainly be [financial] restrictions, but (...) if I don't take care of my quality of life [health] now

(...), then I (...) might not need any pension at all (...). And that's why I find all the arithmetic [for the pension funds when retired] (...) very tedious. (06_w56a)

(B)ut I think our generation is relatively well protected and the OASI is a sacred cow here in Switzerland (...) I think the OASI will always remain in Switzerland and clearly always be a topic, a discussion, that will not be changed. (07_w55f)

(c) The pattern perceiving that planning for ageing and retirement belong on the agenda

This pattern implies a time frame and deadlines, e.g. to save money and organise one's financial situation, to organise when to retire as a couple or to think about what to do with life after the children leave home. The analysis suggests that acknowledging that retirement is closing in starts with thoughts about finances.

I am in the process of collecting my documents and checking whether I still get a small pension from Germany, I worked there for six years, and what my pension will look like here, I am in the process of giving my son power of attorney for my accounts, something could happen to me, that makes it less complicated for him, I want to get my life in order, I am presently organising the power of attorney. (...) I think I would like to have that done in a quarter of a year. (08_w56a)

In the next few years, it will be one of those things for me to have it [the pension] calculated. I have absolutely no idea how much I would get afterwards with what I have so far. (04_m51fs)

(d) The pattern detailed planning

Most respondents that have planned in detail have done so as the result of clear aims, such as wanting to maintain a decent or sufficient living standard accounting for anticipated obligations, to organise in case of dependence and frailty in old age, or to ensure a smooth transition. Detailed planning and preparation often account for various scenarios for which different alternative plans are developed; they connect multiple domains (e.g. finances, housing and care), specific circumstances and time-related considerations.

Well, we made some inquiries; my husband went to the pension fund, to discuss whether we want to leave everything together in the pension fund or take out a part, so that we have financial reserves without having to go into additional debt, that we can support the children's higher education, to bridge the years until I receive the OASI (...) and that was also done beforehand so that we also know our mortgage interests or what we would have to do to renovate something in the house or if suddenly the heating would fail or windows would have to be replaced, so that we would have enough financial reserves without going into new debt. (03_w59f)

Early retirement is probably one of the reasons why I started making annual payments into the 3rd pillar more than 25 years ago, (...) [and] set the payment date of this savings capital at the age of 60, so that I can then go into early retirement (...). We just agree that we want to use the travel experiences we have gained

so far and set off (...). In Thailand or maybe in the other countries in Southeast Asia, where we feel very comfortable, just like our second home. (12_m60f)

So, I've been thinking that if my money should actually run out, then I have the option of renting out my office. (...) if it's even tighter, to move into the office, because it's smaller and rent out above [the apartment], that gives me more money. (...) I've been thinking about it for many years, about a shared flat, a retirement flat, but I have the impression that it's not possible here in this house. But I can imagine getting together with other people to plan a suitable project (...). Old age flat sharing with well-functioning relationships. Where you can support each other, everyone has different resources, you just buy additional help when you really need it (...). That's the idea for (...) old age. Retirement age is one thing, old age and oldest old age—actually, you have to differentiate between them again. (08_w56a)

Summing up, time-related patterns capture a sense of being at a certain stage in life, planning for a certain domain and for a certain future life stage. They reflect the opportunities respondents consider they have for their future, be this financially, in terms of health or with respect to planning and preparation for specific domains, e.g. housing, leisure, travel, or legal issues.

8.4.3 Societal context and developments

The context at the time of the interviews in 2019 was characterised by public discussions on an ageing society, the baby boomers moving into pension age, and the reforms to secure the social security system for the coming decades. Such discussions are unsettling and raise questions of trust in institutions as well as about the Swiss situation in the world and in politics.

Many respondents trusted the institutions, despite acknowledging that changes in the social security system might restrict their living standard when retiring. They mainly had confidence in the OASI. Some respondents trusted politics to find solutions in some way or another. It just seemed unimaginable that Switzerland—one of the richest countries in the world—could fail to find solutions.

Well, I think I trust the system, so I hope (...), would I have any other choice anyway? (13_w52f)

Yes, I just hope now that this system that we have, that it somehow works. But yes, it might already start to falter if these costs [keep rising]. At the moment, Switzerland has so much money that I'm not really afraid that one would have to starve or not be able to have a place to sleep in the warmth, or not have a roof over one's head or such basic things (...) But yes, (...) when you want to pursue some of your hobbies [when retired] you will need a little money. (20_m52f)

[I'm not confident], but (...) what if the OP-funds collapse or the OASI, horror scenarios, we'll have no more money in 2030, then what? Then I will be a victim, like all the others. (19_w63a)

Some interviewees were worried about the consequences for themselves. They feared that their investments would not work out as planned, doubted whether the debated pension reforms (in 2019) would provide a sufficient living income and seemed to be losing confidence in the institutions. Others were much more uncertain due to the world economy.

People are getting older and older. We have fewer and fewer young people to pay for it. (...) you hear that all the time. Where is the money going to come from? That frightens me a bit, how are they going to solve this? Of course, I hope that the money that I've paid in all my life, that I'll get that back at some point. Something must happen here (...). That's a task for politicians in the next few years. It is already a bit of a fear factor. (04m51fs)

Yes, [it is] the economic side that [sometimes] makes you fear for your livelihood, when you see how the middle class is constantly being eroded; we normal taxpayers actually pay everything, those at the bottom have nothing and those at the top know how to not to pay anything; and suddenly the OASI is no longer secured, or yes, the money from the bank doesn't pay interests anymore, and the house suddenly loses value due to the whole new laws that come. (03_w59f)

In sum, the reforms threatened financial planning for old age as they may reduce mandatory old age pensions or thwart future plans. Deliberations about the 2019 pension reform reveal both uncertainty and trust in the institutions and show how individuals see their own biography and agency entangled with the welfare state.

8.5 Conclusion

Planning and preparation have become important against the background of societal change that reduces institutionalised collective responsibility in favour of increased individual responsibility. Individual responsibility requires deliberations on life conditions and choices with regards to their possible effects on the future. Previous research finds that planning and preparation depend on various elements: on the life stage individuals are in and the life stage they plan for; on the domain they are planning for; on their individual circumstances, decisions, and experiences in the past; on their resources and constraints as result of their social position within society and on the context. Planning and preparation take into account state opportunities (such as paying more into the occupational pension or optimising taxes), as well as investing privately in future resources such as assets or home ownership or in one's own physical and mental health, cognitive abilities or social embeddedness with end-of-life deliberations (Denton et al. 2004). The welfare state structures basic opportunities and constraints of individuals and provides a framework for planning and preparation. Societal images of ageing and retirement contribute to people's evaluations of their own ageing (Kornadt et al. 2019; Preston et al. 2019). Previous research provides evidence that future self-views evaluated against societal images of ageing predict whether and how people plan or not (Kornadt et al. 2015) as well as their health outcomes (Westerhof et al. 2023; Levy et al. 2009).

What are people's planning and preparation activities for ageing and retirement in Switzerland? We analysed exploratory qualitative interviews with 21 respondents aged 45 to 62 years who think of themselves as belonging to the middle classes and have some leeway for planning and preparation for ageing and retirement (it is a rather homogeneous sample in terms of social position and nationality). The results from the qualitative analysis yield a variety of themes that link the life stages the interviewees feel they are in with those life stages they are preparing for. We organised these into three themes that partly overlap and relate to conceptual deliberations: *societal images and future self-views of ageing*, *time* crosscutting all themes and resonating with reflexive planning, and *societal context and developments*. Selected results from representative data in Switzerland complement the qualitative analysis.

We highlight three main results: (1) *Health is considered crucial for any planning and preparation*: Planning only makes sense if health allows. Health is no longer taken for granted and is perceived as unpredictable and not subject to substantial individual influence. Sports are generally regarded as beneficial to health: Representative data on the motivation to do sports reveal an association between health-related behaviours, motivations, and position within the social inequality order.

(2) *Societal images and future self-views feed into deliberations on planning and preparation*, and they are important for satisfaction and well-being (Kornadt et al. 2019). The results suggest that societal images and self-views are firstly intricately connected with fear of health decline, dependence and frailty, and loss of status, secondly with gains, such as more freedom in time and organisation of everyday life after retirement, and thirdly changes in societal expectations experienced over time. The experience of ageing and ideas about the future seem to go hand in hand with the way in which respondents deal with the social image of declining health. Some reframe or resist the perceived societal images; others project themselves into the future as the same as today only older; some view their ageing as inevitable life stages and envision making the best of them, whereas others avoid thinking about the future altogether; some feel liberated as societal expectations change. Mental adjustment, flexibility and curiosity, or imagining new rewarding activities, lowering financial expectations and slowly settling into the new stage of life are ways that the respondents feel further their well-being.

(3) *The interviews depict various ways of planning and preparation that correspond to four time-related patterns of planning*. (i) For some respondents, retirement and ageing were a life stage not yet on the horizon; they were focused on their present family and work life; others felt no need to plan because they felt socially and financially privileged. (ii) Some respondents, who had fewer resources were somewhat anxious, avoiding planning or wanting to plan day by day or to accommodate slowly. (iii) Still others saw retirement on their agenda and had started to think about how to best use the time and freedom of retirement, adapting to the idea of a more restricted financial situation or actively improving their financial situation now for retirement. (iv) In line with previous research (see Adams and Rau 2011; Stiglitz et al. 2009), the respondents with clear aims for their retirement were more engaged in precise planning and preparation. The interviews

show that plans may change according to the changing context on both the individual and societal level and according to the domain. This reveals the reflexive and evolving nature of planning and preparation.

Apart from institutional opportunities and constraints for planning and preparation, there seem to be different ways to do so, even among a rather homogenous convenience sample. The quantitative analyses for two domains (see Boxes 8.2 and 8.3) show that dependent on domain, planning and preparation for retirement are not always linked to social position. Although the respondents do not take their health for granted anymore, rather expecting it to decline and also anticipate other changes, they imagine both planned and open-ended ways of ageing for the various scenarios they might encounter. This suggests a change in underlying norms and values (amongst people in the middle classes): from a previously rather protected retirement after the age of 65 (for people of the middle classes) to a retirement, in which older people may have to work longer or contribute to their livelihood or take on responsibilities in other ways (Preston et al. 2019). This change becomes visible in the respondents' attitudes towards what the old age institutional reforms might mean for them, as they perceived they might receive less finances and might need to take over greater responsibility for their own financial well-being in the future. This change in underlying norms and values for retirement carries a potential for widening inequalities as evidenced in other countries (Grenier et al. 2020).

Appendix

Socio-demographic characteristics of the 21 qualitative interviews, 2019, in various German-speaking cantons of Switzerland

T 8.1

Case	Woman or man	Age in 2019	Civil status	Household	Number of household members	Total number of children	Number of financially dependent children	Nationality	Occupation in per cent	Education: level	Occupation: sector	Self-positioning within middle class
01_m54f	man	54	married	family	3	2	1	CH	80	tertiary	social sector	upper
02_w49a	woman	49	single	alone	1	0	0	CH+DE	80	secondary	administration	middle
03_w59f	woman	59	married	family	3	2	1	CH	50	secondary	social sector	middle
04_m51fs	man	51	single	flat sharing	2	1	0	CH	100	secondary	technical blue collar	lower
05_m56f	man	56	divorced	family	4	5	3	CH	100	tertiary	medical sector	upper
06_w56a	woman	56	divorced	alone	1	3	0	DE	60	secondary	educational sector	middle
07_w55f	woman	55	divorced	family	3	2	2	CH	100	secondary	medical sector	middle
08_w56a	woman	56	divorced	alone	1	1	0	CH+DE	100	secondary	medical sector	upper
09_m62c	man	62	divorced	couple	3	2	1	CH	100	tertiary	educational sector	lower
10_w47f	woman	47	married	family	5	3	3	CH+PL	80	secondary	medical sector	middle
11_w58c	woman	58	divorced	couple	2	2	1	CH	85	tertiary	medical sector	upper
12_m60f	man	60	married	family	4	2	1	CH	100	secondary	administration	upper
13_w52f	woman	52	married	family	5	3	2	CH	60	tertiary	social sector	upper
14_m58f	man	58	married	family	4	3	2	CH	100	tertiary	technical sector academic	upper
15_w62a	woman	62	married	alone	1	0	0	CH	60	secondary	social sector	middle
16_m46f	man	46	married	family	4	3	1	CH	90	tertiary	digital sector	upper
17_w47c	woman	47	married	couple	2	0	0	CH	100	tertiary	cultural sector	middle
18_m58f	man	58	married	family	3	1	1	CH	70	secondary	medical sector	upper
19_w63a	woman	63	widowed	alone	1	1	0	CH	60	tertiary	administration	middle
20_m52f	man	52	divorced	family	4	2	2	CH	100	secondary	digital sector	middle
21_w54c	woman	54	married	couple	2	1	1	CH	0	tertiary	housework/ill	lower

Note:

The case number contains information of sex (m: man; w: woman); this is followed by age and the living arrangement (a: alone; c: couple; f: family; fs: flat sharing)

Source: Own survey

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Sport as preparation for ageing

In per cent

T8.2

	Proportion of people doing sports			Motivation for doing sports (people over the age of 64 who do sports)	
	Age group: – 49	Age group: 50–64	Age group: 65+	Physical prevention	Cognitive / mental prevention
Income group (household)					
low (up to CHF 5000.– / month)	77	72	71	92	60
middle (CHF 5001 to 9000.– / month)	86	85	88	89	55
upper (more than CHF 9000.– / month)	94	93	86	89	48
Level of education					
primary and lower secondary level	67	52	59	92	58
upper secondary level	84	82	81	90	53
tertiary level	92	92	84	91	61
Sex					
male	88	83	81	86	55
female	84	84	77	95	59

Notes:

Authors' calculations based on Sport Schweiz 2020 data (Lamprecht et al., 2022); all statistics weighted; N = 3474; the motivation includes persons who selected the two highest categories in a 5-point Likert scale.

Source: Lamprecht et al. 2022

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Preparations for emergencies and end of life

In per cent

T8.3

	Having discussed end-of-life wishes	Completed an advance directive	Appointed someone to make medical decisions
Age group			
50–59	61	29	31
60–69	65	33	36
70–79	63	46	48
80–89	67	60	54
90 +	70	60	41
Household able to make ends meet			
with great or some difficulty	60	31	31
fairly easily	59	41	39
easily	69	46	48
Level of education			
primary and lower secondary level	62	43	40
upper secondary level	66	42	43
tertiary level	62	42	44
Sex			
male	59	38	40
female	69	45	45

Note:

Authors' calculations with SHARE wave 8 – drop off (2019/20) [without ISCED 0 and ISCED 6 due to the low number of cases]; all statistics weighted; N = 1815–1840

Source: SHARE

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9 Demographic transition and very old age by international comparison

Sabina Misoch

Abstract

This chapter provides an overview of current demographic developments and trends both at global and European level and in Switzerland, with a special focus on very old age (80+). It highlights differences in the evolution of ageing societies, how the old-age dependency ratio is likely to change in the coming decades and the challenges these changes will pose in various countries, including Switzerland. Additionally, it considers the potential impact of different retirement ages in Europe and various other key factors in the search for adequate solutions to the challenges of demographic transition, presenting solutions from other countries such as Japan that could be adapted to Switzerland. Finally, in addition to the challenges, it discusses opportunities created by changes in the age structure of these societies.

9.1 Introduction

Major shifts in the demographic structure of societies and the challenges these pose have made understanding age and ageing a pressing issue for policymakers, researchers and the public. There has been increasing focus on analyses of this topic, which provide the public with information about key trends, furnish researchers with data and equip decision-makers with the necessary knowledge. It is essential that such overviews and analyses of the data are as accurate as possible to empower stakeholders to develop adequate social and political solutions for the future.

This chapter aims to provide an overview of global trends and key differences with regard to the broad phenomenon of 'ageing societies'.

The article focuses on the increasingly topical issue of very old age (Section 9.3). This is defined as people aged 80 and over and can be described as the phase of life in which resources in terms of fitness and health, social connections and mental well-being dwindle, often leading to increased vulnerability (fragility, multimorbidity, risk of dementia) and care and/or nursing needs.

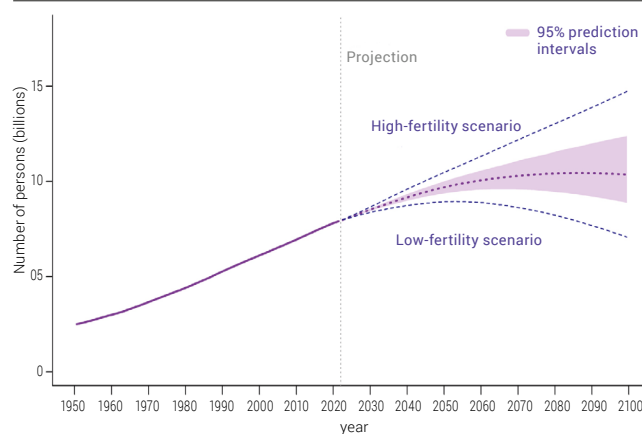
9.2 Demographic transition in international comparison

9.2.1 A growing global population

The world's population has grown dramatically in recent centuries. At the beginning of the common era (year 0), the population is estimated to have been less than 200 million. By the start of the modern era (1500 CE) it had risen to 450 million, and by 1804 it had reached 1 billion. By 1927, thanks to better living conditions, more balanced diets, medical progress and improved hygiene this population had doubled to over 2 billion. From 1950 (when there were 2.5 billion people), population growth accelerated dramatically. The global population passed the 4 billion mark in 1975, reached 6 billion in 1999 and now stands at over 8 billion.¹ This dramatic acceleration in population growth can be followed live on the World Population Clock², on which around 150 children are born around the world every minute, meaning that the world's population grows by around 216 000 people each day.

World population from 1950 to 2100

G9.1



Source: UN 2022a – Link: https://www.un.org/development/desa/pd/sites/www.un.org/-/development/desa/pd/files/wpp2022_summary_of_results.pdf © UN 2022

¹ <https://www.worldometers.info/world-population/world-population-by-year/> (last accessed on 10.06.2024).

² <https://www.worldometers.info/de/> (last accessed on 10.06.2024).

In its medium scenario, the UN projects that the world population will reach around 10.4 billion by the end of the century (UN 2022a). This figure will be between 8.9 billion and 12.4 billion with a probability of 95% (see Graphic G9.1).

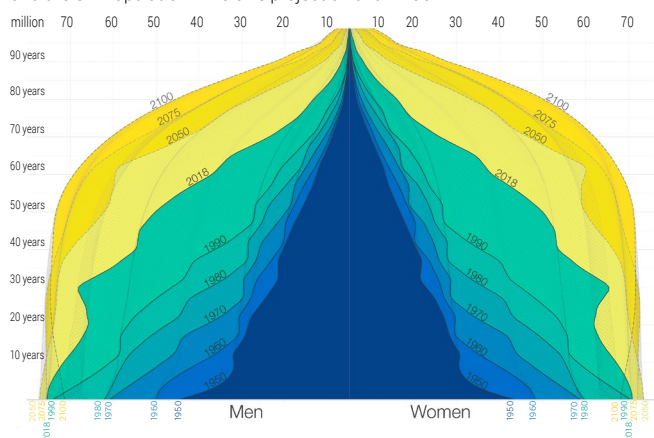
To better understand these numbers, it is worth taking a closer look at the structure of the population by age group (see Graphic G9.2 and Ritchie and Roser 2019). Population pyramids, which show the structure of a population in 10-year increments, are suitable for this purpose.

- The dark blue part of the pyramid shows the structure of the world's population in 1950. An increased number of births widened the bottom layer of the population pyramid, but the continued high risk of infant mortality narrowed it until the age of 10, after which it narrowed further due to a continuously high mortality risk throughout life.
- Starting in around 1950, the pyramid structure underwent a fundamental change, gradually widening with each passing decade. This change was driven by the ongoing decline in global infant mortality, which in turn reduced the mortality rate in adulthood, contributing to an overall increase in life expectancy.
- From about 2018, the pyramid shows that world population growth is no longer fuelled solely by high birth rates. The expansion in the upper age groups reflects increased life expectancy among older adults and overall.

From 2050, a large increase in the number of people over the age of 60 is likely to spur another systematic shift in the age structure of the world's population. Whereas in the past there were more young than old people, between now and 2100 the number of older people is set to gradually surpass the number of younger people globally, transforming the total global population structure from a pyramid to a bell shape (see Graphics G9.2 and G9.3).

Global population change from 1950 to 2100 G9.2

Shown is the age distribution of the world population – by sex – from 1950 to 2018 and the UN Population Division's projection until 2100

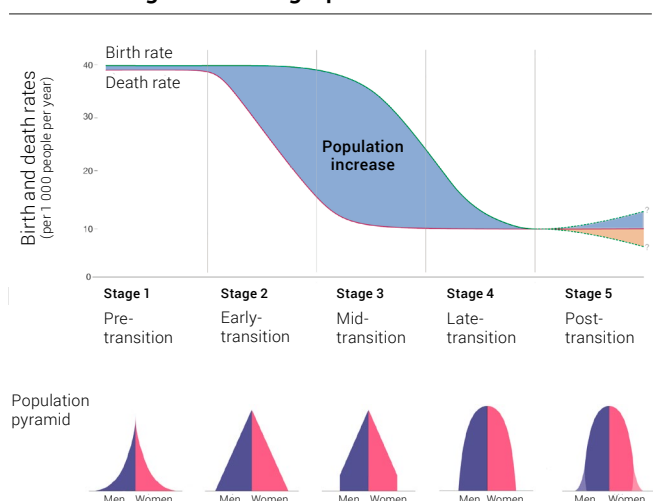


Source: UN – WPP; Ritchie and Roser 2019
Link: <https://ourworldindata.org/age-structure>

© Our World in Data 2019

The five stages of demographic transition

G9.3



Source: Roser 2023
Link: <https://ourworldindata.org/demographic-transition>

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These projections illustrate the abovementioned trend in some countries, whereby population growth will no longer be driven by birth rates, but rather by increases in life expectancy. In certain countries, the trend is likely to be supported further by a falling population resulting from declining birth rates and/or low immigration in addition to mortality. This is particularly likely in European countries, and also in China and in Japan (see Section 9.2.4).

9.2.2 Ageing European populations

The demographic landscape of most European countries is thus undergoing a radical transformation, owing not to an increase in overall population, but rather to fundamental changes in population structure. Societies are ageing because people are living longer (increased life expectancy) and having fewer children (low birth rates). In some cases, this decline is so substantial that societies are unable to maintain their populations, leading to a fall in population and resulting in a decline in population size and giving rise to the concept of 'shrinking societies' (see Section 9.2.4).

Such demographic transition is typically associated with the fifth stage of modernisation, or the final stage after transition to a post-industrial society (see Graphic G9.3).

In this model there are five stages of demographic transition (see e.g. Roser 2023): (1) pre-transition (low but stable total population), in which high birth and death rates result in rather slow population growth (pre-modern, agrarian societies); (2) early-transition, in which high birth rates and falling death rates result in an overall increase in population (early industrialised societies); (3) mid-transition, in which there is lower mortality thanks to scientific, technical and medical progress and a progression towards lower birth rates (transition stage); (4) late-transition, in which there is a further drop in the mortality rate and falling birth rates due to birth control (industrialised society) and

(5) post-transition, in which birth and mortality rates are low and the proportion of older adults is increasing due to longer life expectancy (post-industrial societies).

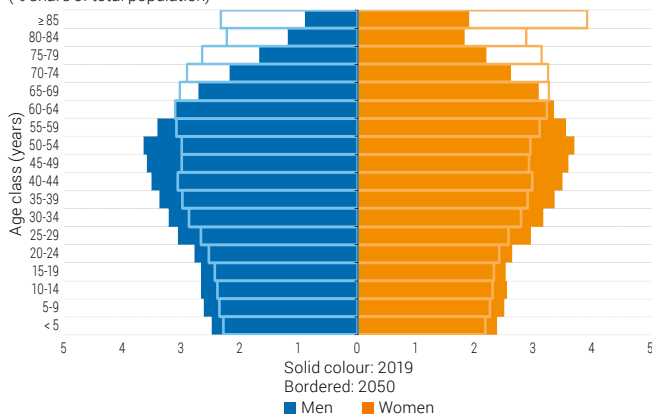
Graphic G9.4 illustrates Europe's projected transition from the late-transition stage (stable population) in 2019 to the post-transition stage in 2050 (Eurostat 2023).

When we compare the 2019 population (solid blocks) with the projected figures for 2050 (outlined blocks), it becomes clear that Europe's population structure has deviated from the pyramid shape and is now approaching a bell shape (stable population). In the long term, it is expected to take on an urn shape, indicating population decline.

Europe's changing population from 2019 to 2050

G9.4

Population pyramids, EU-27, 2019 and 2050
(% share of total population)



Note: all data as of 1 January. 2019: estimates and provisional. 2050: population according to the 2019 projections, baseline variant (EUROPOP2019).

Source: Eurostat 2023 – Link: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Ageing_Europe_-_statistics_on_population_developments © Eurostat 2023

9.2.3 Changes in the age distribution of the population—two examples

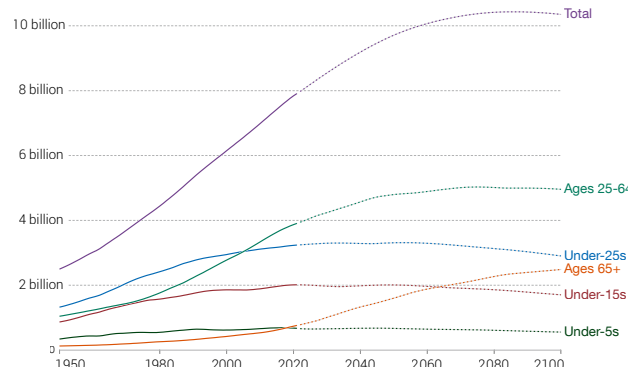
Structural changes encompass various shifts in the composition and distribution of the population, including changes in age, gender, nationality, and socio-economic status. The phenomenon referred to as a change in age structure specifically describes changes in the age distribution of the population.

In 2017, for the first time in human history, the number of people worldwide aged over 64 exceeded the number of children under five. This trend is expected to intensify, with UN projections indicating that by 2100, there will be an estimated 2.5 billion people aged 65 and over and only 557 million children under five years. Globally, the number of children under five is projected to remain stable for a long period. Towards the end of the century, it will then begin to decline in part because there will be fewer people of reproductive age. However, improved healthcare, lower mortality and greater life expectancy will continue to spur population growth in the over 64 age group around the world. As a result, people alive today are likely to live longer than any previous

World population by age group: Change in age structure of society

G9.5

Historic estimates from 1950 to 2021, and projected to 2100 based on the UN medium-fertility scenario



Source: UN – WPP; Ritchie and Roser 2019
Link: <https://ourworldindata.org/age-structure>

© Our World in Data 2019

generation. It will no longer be a rare feat to reach the age of one hundred. The result will be profound structural change in the age distribution of populations, both in Europe and worldwide.

The two trends mentioned above (declining birth rates and increasing life expectancy) are leading to a change that will mainly affect European countries, but will also have a serious impact on the global population structure, as shown below. To illustrate this, we will compare two very different countries: Japan and Nigeria (see Graphics G9.6 and G9.7).

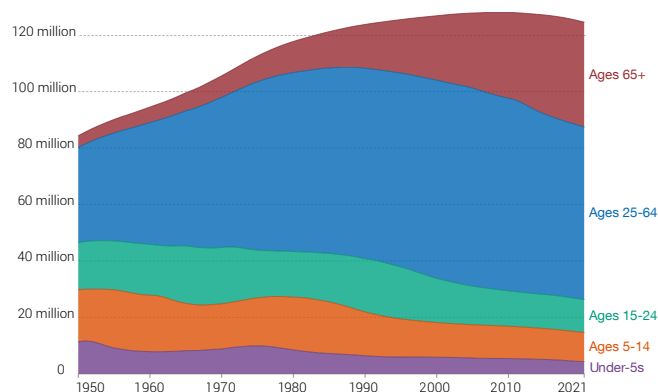
Japanese society is already experiencing a 'shrinking' of its total population. Nigeria, on the other hand, is one of the African countries that still has a high birth rate and therefore a high proportion of young people.

The major differences in the demographic structures of these two countries are obvious. In 2021, approximately 43% of Nigerians were under the age of 15, compared with only 12% in Japan. Japan on the other hand, has a very high proportion of older adults, with over a quarter of inhabitants aged 65 and over in 2021. This proportion has increased more than sixfold over the last 70 years, from less than 5% in 1950 to almost 30% in 2021 (Statistics Bureau of Japan 2022). In Nigeria, there are currently hardly any older or very old (80+) people. Fewer than 3% of Nigerians are aged 65 or over, so Nigeria is not experiencing the changes in the age structure of the population that are affecting other countries.

This comparison underscores how profoundly changes in demographic structure affect the challenges faced by society. Japan, for example, faces the challenge of having to find suitable social solutions for a rapidly ageing population, and this in a shrinking society. It faces issues such as provision in old age, maintaining the economy, nursing and care and also education and training for older adults (see also Section 9.2.4). Nigeria, on the other hand, faces the challenge of a rapidly growing, relatively young population. It faces issues with regard to education systems, the economy (providing enough jobs for a rapidly growing population) and social cohesion.

Change in age distribution in Japan from 1950 to 2021

G9.6

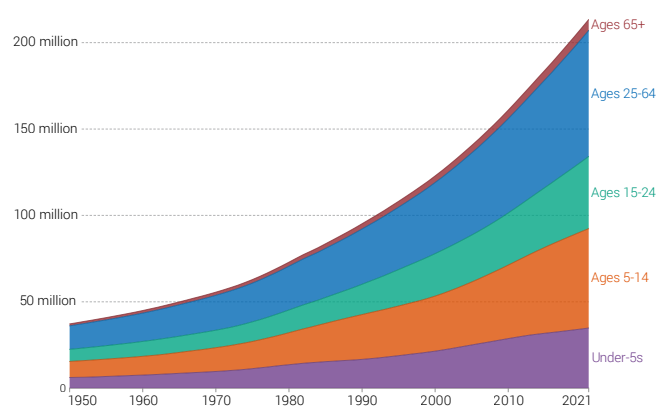


Source: UN – WPP; Ritchie and Roser 2019
Link: <https://ourworldindata.org/age-structure>

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Population structure in Nigeria from 1950 to 2021

G9.7



Source: UN – WPP; Ritchie and Roser 2019
Link: <https://ourworldindata.org/age-structure>

© Our World in Data 2019

Looking at these two contrasting population structures and the structural changes under way, Switzerland has much more in common with Japan than with Nigeria. We are also seeing a marked demographic shift, with a sharp fall in birth rates and a permanent rise in life expectancy, which puts Switzerland in the post-transition stage. These changes are leading to a 'triple ageing' of Swiss society, meaning

- there will be more older adults than young people in both absolute
- and relative terms
- and there will be more very old adults (80+) than ever before.

9.2.4 Ageing and shrinking populations

Overview of ageing and shrinking societies worldwide

Overall, the group aged 65 and above is experiencing the most rapid growth. As mentioned in the previous passage, this phenomenon is evident both in numerous European countries and also outside Europe, especially in Japan, China, and South Korea. These nations are expecting a sharp increase among both the over 65s and in the 80+ subgroup. From 16.5% in 2021, the percentage of people aged 65 and above is expected to reach almost 35% by 2040 and to surpass 40% by 2050 (The Korea Herald 2021).

In Europe, the countries most affected are Italy, Spain, Greece, Slovenia, Lithuania, Germany, and Switzerland. In the years to 2040, most countries can expect a large increase in the group aged 65 and above in addition to strong growth in the very old (80+) adult group.

In many countries, the ageing of societies is due to the growing number of people aged 65 and above, a consequence of increased life expectancy. Among societies experiencing demographic transition, a distinction is made between ageing and shrinking societies.

- In an ageing society, demographic transition leads to a sharp rise in the number of people aged 65 and over,
- whereas in shrinking societies demographic transition leads to population decline owing to a strong fall in birth rates, high mortality or increased emigration.

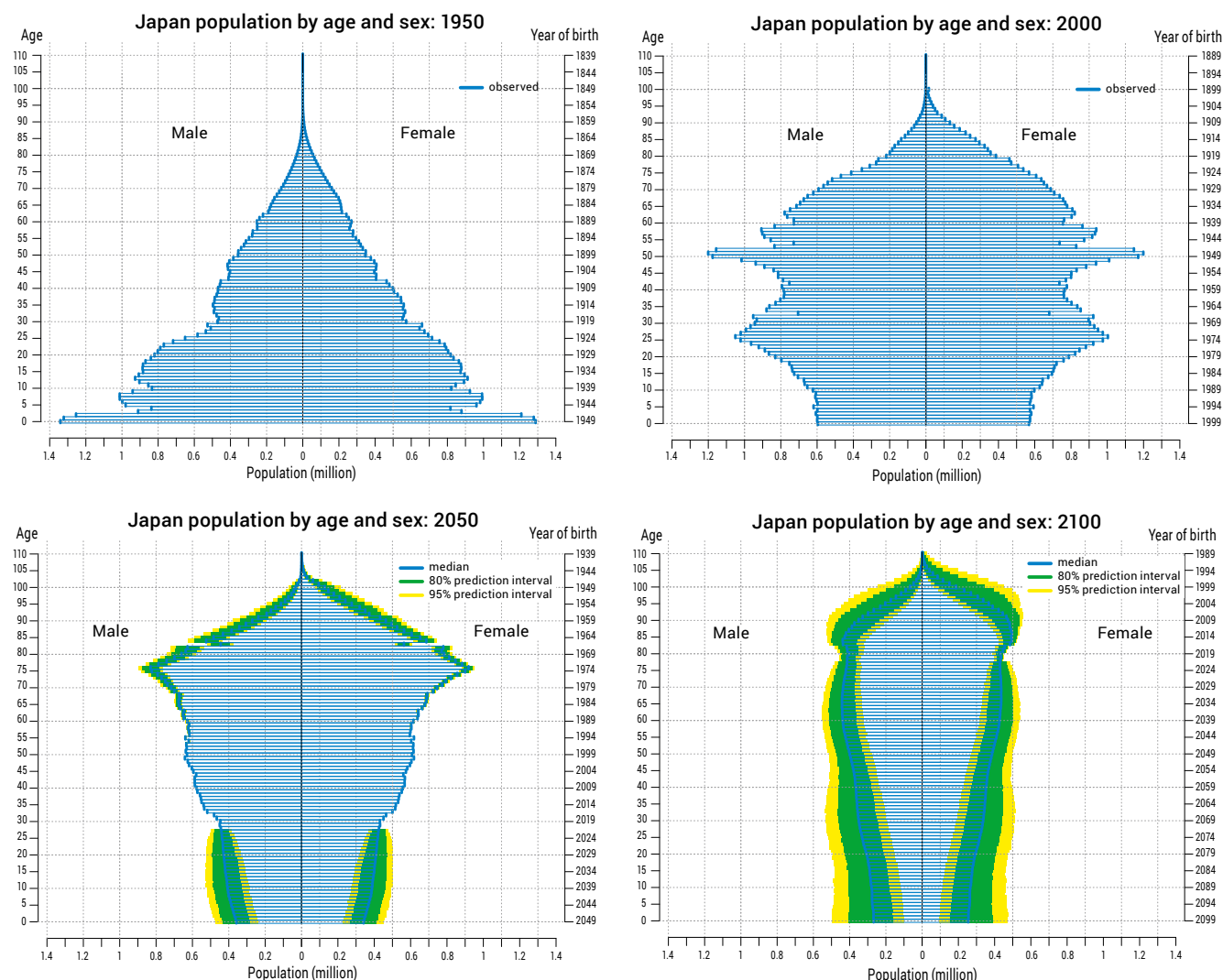
Japan, China, Italy, Portugal, Germany, Austria and Switzerland, for example, are experiencing or will soon see their populations stagnate or shrink (for more details, see Section 9.3.1).

Falling populations have a lasting impact on countries affected by demographic transition, the main challenges being:

- A shortfall in labour needed to maintain economic systems. In some regions or countries there may not be enough people of working age, resulting in a shortage of skilled workers or even labour shortages.
- Another challenge is how to finance social security systems when an increasing number of people are drawing pensions while the number of people able to work and in employment is falling (see also Section 9.2.5 and Chapter 2).
- Demographic transition also leads to increased expenditure on health and long-term care services, and to an increase in the prevalence of age-related illnesses (at least among the very old). In addition, a shortage of skilled labour means that some countries will struggle to ensure adequate healthcare, care services and infrastructure to support an ageing population (see also Chapter 7).
- In education, a steady fall in the numbers of children and young people will create challenges for schools and universities.
- Throughout the whole social system, it will be necessary to find ways to integrate the large number of older adults in society by implementing inclusive policies at local, regional and national levels.

Japan's population trends from 1950 to 2100

G9.8

Source: UN 2022b – Link: <https://population.un.org/wpp/Graphs/DemographicProfiles/Pyramid/392>

© UN 2022

Permanent changes in the population structure and ageing societies can create a generational imbalance and lead to intergenerational conflict in which younger and older generations clash over their differing values. Different generations often have very different approaches when it comes to life goals, lifestyle, housing, work, leisure, communication, education, consumer habits, pension funding, social issues, and politics. As the population of older adults (65+) grows, they wield greater influence in shaping societal values, which is a potential source of societal tensions. It is crucial to develop policies that proactively address these potential consequences and social challenges. Strategies to prevent or mitigate adverse impacts could include supporting immigration, encouraging flexible working and the promotion of innovative social practices.

Demographic transition also presents opportunities. Societies can benefit from the knowledge and experience of older adults. This generation is likely to remain economically active for longer,

so their knowledge will remain in the workforce. They also have a lot to contribute in terms of social engagement and as role models for healthy living (see Section 9.4 for further details).

Japan's shrinking society

The example of Japan illustrates the challenges of demographic transition particularly well (see Graphic G9.8). Japan is the country in the world most affected by a shrinking society (in the sense of a declining population). Twenty years ago, it had a population of 127 million, which has shrunk to 125 million today. According to current projections, the total population is set to fall dramatically to around 90 million by 2060. Japan's demographic transition is already well under way, owing to low birth rates combined with very high life expectancy and extremely low immigration (less than 2% of residents are immigrants).

Japan recognised the clear demographic trend towards both an ageing and shrinking society early on. To counteract this adverse trend, or at least successfully navigate the ensuing challenges, it adopted a range of policies (see Cuhls et al. 2016; Heller 2016):

- *Promotion of new technologies:* Japan, which has one of the most expensive healthcare systems in the world, is actively addressing the demographic challenge by harnessing technological advancements, notably in robotics. By strategically promoting new technologies like artificial intelligence (AI) and robotics, Japan aims to capitalise on its achievements in industrial robotics by fostering the use of new technologies (especially robotic applications) in the areas of healthcare, nursing/home care services and communication. In Japan, there is already a widespread acceptance of technological applications in this area owing to the favourable technology and robotics narratives deeply rooted in its culture.
- *Long-term care policies:* In 2000, Japan introduced insurance to cover long-term care as its provision by family members is gradually disappearing. One of the reasons for this was that around 50% of people aged 65 and over who needed care and lived at home were cared for by people who were also 65 or older (spouses or even children of retirement age), i.e. older adults caring for older adults (see also Chapter 5).
- *Raising social awareness for people with dementia:* Any comprehensive approach to tackle the challenges faced by ageing societies must consider how to meet the needs of people with dementia. To counteract the taboos surrounding dementia, mental health and disability in Japanese society, policymakers are actively advocating for increased awareness, for example through special courses to learn how to interact with and care for people with dementia.
- *Family-friendly policies:* The Japanese government has taken various measures to counteract low birth rates. These include financial incentives, statutory parental leave, and more day-care centres.
- *More women in paid employment:* In Japan, most married women do not work outside the home, or work at a low percentage. To mitigate the scarcity of skilled labour, women are being actively encouraged to enter or return to the workforce.
- *More older adults (65+) in paid employment:* In Japan, almost half of men between the ages of 65 and 69 (i.e. after the official retirement age) are still in paid employment, as are a good fifth of men aged 70 to 74. This is partly for economic reasons, as the financial security provided by old-age pensions is not always sufficient, but also for psychological and social reasons, with continued active contribution to society through paid employment seen to give life meaning.
- *Proactive policy on behalf of older adults:* Japan is seeking to promote the active participation of older adults in the labour market and in the community. Silver Human Resource Centres have been set up to facilitate their active participation in the labour market. These centres offer support for continuing education and job placement and serve as hubs for the sharing of experiences.

- *Fostering social contacts:* Japan provides support for community initiatives, often organised by older adults themselves, that create employment prospects and provide opportunities for older adults to get involved and improve their quality of life. These include community associations such as neighbourhood groups (Chōnai-kai).
- *Focus on local solutions:* People should be able to remain in familiar surroundings in old age, and in Japan an increasing number of initiatives are working towards this goal.

Switzerland should take note of the strategies employed by Japanese society to meet the challenges of demographic transition and a shrinking society. Despite the cultural differences, closer examination of these approaches could yield valuable insights. The social experiments born out of necessity in Japan could hold lessons for Switzerland, especially when it comes to exploiting new technologies to support people in old age and providing opportunities for older adults to remain in employment. Such approaches would not only help to address shortages of skilled labour, which Switzerland is already experiencing in some sectors today, they would also offer ways for people to build meaningful and fulfilling lives as they get older. Age-friendly policies that actively engage and empower older adults (including the over 80s), that value their indispensable contributions and foster social awareness about ageing, are crucial if we are to effectively manage the profound demographic transition currently under way in society.

9.2.5 Old-age dependency ratio

The abovementioned demographic transitions pose a particular challenge for social security systems. A key metric used to quantify and illustrate this challenge is the old-age dependency ratio (OADR), which compares the number of people in a given country who could potentially draw a pension with the number potentially in employment.

$$\text{OADR} = \left(\frac{\text{Number of persons of retirement age}}{\text{Number of persons of working age}} \right) \times 100$$

The OADR thus expresses the ratio of young to old in society, typically as a percentage. It can be used as an indicator of the extent to which a population is ageing. A high old-age dependency ratio indicates a sizeable retired population, while a low ratio suggests a relatively youthful demographic composition.

Social and economic policymakers rely on the old-age dependency ratio as a key indicator of one of the main impacts of demographic transition on economies (pension stability and the intergenerational contract). The old-age dependency ratio describes the degree to which an economy, or the working-age population which generates wealth and pays taxes, is able to support those who are no longer working due to old age (FSO 2023). Two features are key to understanding how the old-age dependency ratio is calculated:

- Firstly, it is calculated based on the working-age population (individuals aged 20 to 64) rather than the actual number of people in employment.
- Secondly, it is calculated based on the potential number of pensioners (people aged 65 and over), not including people who continue to work beyond retirement age.

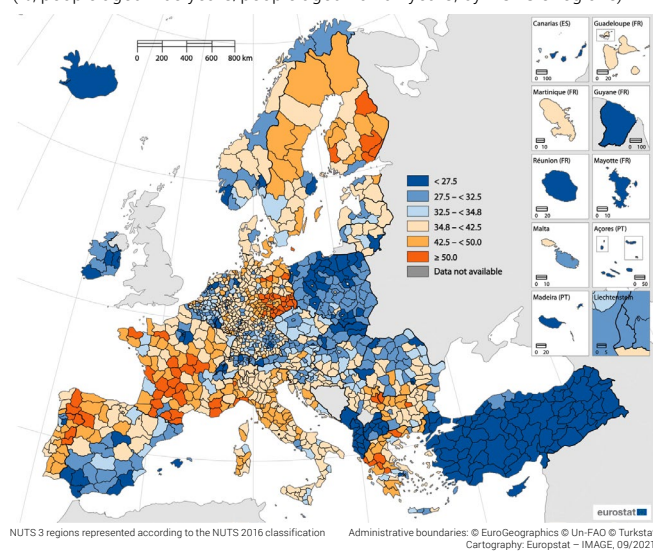
An analysis of the OADR and how it has changed over time shows that there has been a major shift in the ratio of retired people to people of working age in European countries over the last twenty years. While the OADR was 25.9% in 2001 (i.e. there were slightly fewer than four working-age adults for every person aged 65+), this had already increased to 34.8% in 2020, i.e. there were slightly fewer than three working-age adults for every retired person aged 65+. A very good overview of this can be found in the Eurostat (2021) source available online, which lists the current OADR by region (see Graphic G9.9). It shows that in some regions the OADR is already over 50, meaning that for every person aged 65+ there are only 2 people of working age (20–64).

OADRs of European countries compared

G9.9

Old-age dependency ratio, 1 January 2020

(%, people aged ≤ 65 years/people aged 20–64 years, by NUTS 3 regions)



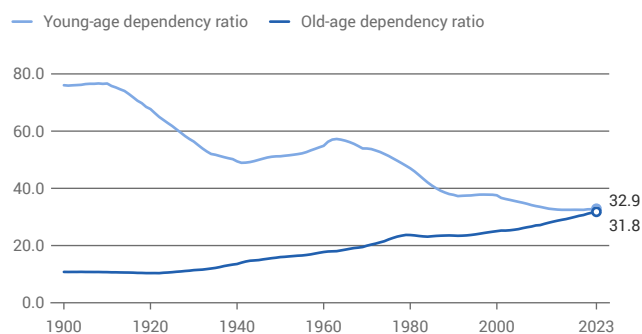
Source: Eurostat 2021– Link: <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/edn-20210930-1>

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In Switzerland, there were 31.8 people aged 65+ for every 100 people aged 20 to 64 at the end of 2023 (see Graphic G9.10). This old-age dependency ratio will continue to rise in the years to come and is projected to exceed 45 by 2050.

Age dependency ratios

G9.10



Young-age dependency ratio: persons under the age of 20 per 100 persons aged 20–64
Old-age dependency ratio: persons aged 65 and over per 100 persons aged 20–64

Data as on: 05.06.2024

Source: FSO - ESPOP, FPC, STATPOP

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9.2.6 Retirement ages worldwide

The statutory retirement age is a key determinant of the impact old-age provision is likely to have on social security systems. Both in society and academia, this age threshold is commonly considered to mark the transition into the phase of life known as old age.

If we look at retirement ages worldwide, there are significant differences. While the earliest possible retirement age in France is 55 (for women), in other countries it may be 60, 62 or 67. There are also big differences in the statutory requirement age. While in Turkey the statutory retirement age is 49 for women and 52 for men, in Switzerland it is (soon to be) 65 for both women and men. In Israel and Norway it is 67, and in Mexico 68 (see e.g. OECD 2023).

Looking at the changes that took place between 2005 and 2013, rising retirement ages are a noticeable trend across European countries (Komp 2018). The current retirement age is a topic of debate in most countries as a result of demographic transition, labour market challenges like shortages of skilled workers and pension sustainability concerns. To ensure the continued viability of pay-as-you-go pension systems, most countries will have to introduce new (higher) age thresholds for statutory retirement in the near future. Such changes will probably need to occur simultaneously with other measures, such as revising pension levels and contribution rates.

Calculations by experts based on UN population forecasts (Schreiber and Beyerle 2014) have used several European countries as examples to show how retirement ages would have to change by 2050 to guarantee the funding of pensions in light of ongoing and projected demographic trends. It is becoming apparent that in many European countries (e.g. Italy and Germany) it may be necessary to raise the retirement age to 67 and above in order to meet the challenges.

9.3 Very old age

9.3.1 Very old age worldwide

The fastest growing population group worldwide are the very old (people aged 80+). While there were only 54 million very old adults in the world in 1990, this figure had already risen to over 125 million by 2015 and is expected to increase to over 303 million by 2040 and a total of around 426 million worldwide by 2050 (UN 2019; Deutsches Institut für Altersvorsorge 2017³). This means that the number of very old adults worldwide will have increased almost tenfold within 60 years.

The majority of very old adults live in European countries. Italy in particular will have a high proportion of very old adults in the future. By 2040, it is expected that 11.8% of its population will fall into this age group. Very old adults will also make up 10% of the populations of Spain, Switzerland and Portugal by 2040, while in Germany, Austria, Greece, Malta and France, it will be 9–10%.

The picture across Europe is not uniform, however. The proportion of very old adults is expected to be low in several countries, including Armenia, Turkey and Georgia, owing to factors like healthcare provision, lower living standards or widespread poverty.

Countries outside of Europe are also expected to have a large percentage of very old adults in their populations by 2040. These include Japan with an expected 13.6%, followed by Hong Kong (11.0%), Guadeloupe (10.6%), the Virgin Islands (10.0%), South Korea (9.7%), Singapore (9.5%), Taiwan (9.3%) and Canada (9.1%) (Deutsches Institut für Altersvorsorge 2017).⁴

Although living longer is positive in itself, it has implications for societies, particularly in relation to the challenges and opportunities discussed earlier. This is especially true for the very old segment of the population.

On the one hand, increased life expectancy can mean that the younger portion of this demographic in particular (those aged 65+ often referred to as 'young-old' adults) benefits from additional healthy years. This group has the potential to remain active in the workforce, assume social responsibilities and play an active part in society.

Conversely, 'old-old' adults are more likely to be frail and in need of support.⁵ Increasing frailty and reduced mobility put them more at risk of social isolation. Research shows that the greatest expenditure on health and care is typically incurred in the last three years of life (Scholz and Hoffmann 2012). Alongside the challenges associated with a growing population of people over 80, societies need to recognise and capitalise on the important opportunities. The very old have a wealth of knowledge and life experience, and could take on new roles that foster intergenerational cohesion and support. Increased longevity means that more children will have the privilege of knowing not only their grandparents but also their great-grandparents—and of course

that people will know their grandchildren and great-grandchildren. Very old adults are free from professional obligations and can play an active role in community life and society, especially if they develop a positive attitude towards ageing (see Chapters 4 and 5). Realising these opportunities can increase acceptance of the changes that occur in old age and lead to more positive perceptions of ageing and older adults.

The degree to which very old adults can benefit from these positive changes depends on their individual state of health. A responsive and age-inclusive social environment with convenient access to quality healthcare, support where it is needed, and avenues for increased social involvement and interaction are also important factors.

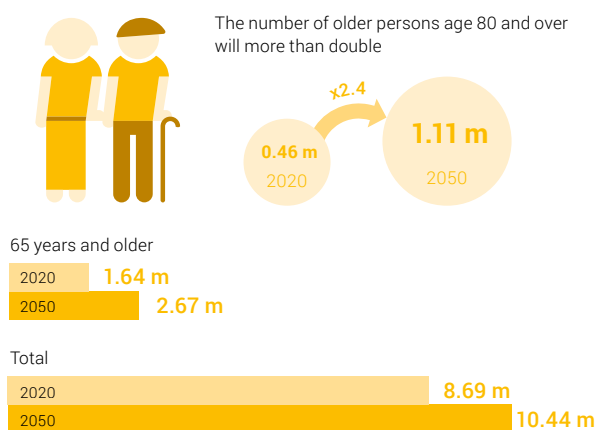
9.3.2 Very old age in Switzerland

In Switzerland, the very old are currently the fastest growing population group. According to the FSO reference scenario by 2050, around 11% of the population will be aged 80 and over, i.e. 1.1 million people (FSO 2020). This means that in 2050 there will be about 2.7 million people aged 65 and over living in Switzerland (of whom more than 40% will be very old, i.e. 80+), while there will be only 2.0 million children and young people (0–19 years) (see Graphic G9.11).

Very old adults in Switzerland: Projected increase by 2050

G9.11

Age structure



Source: FSO – Scenarios

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³ <https://www.dia-vorsorge.de/demographie/zahl-der-hochaltrigen-steigt-weltweit/> (last accessed on 10.06.2024).

⁴ <https://www.dia-vorsorge.de/demographie/zahl-der-hochaltrigen-steigt-weltweit/> (last accessed on 10.06.2024).

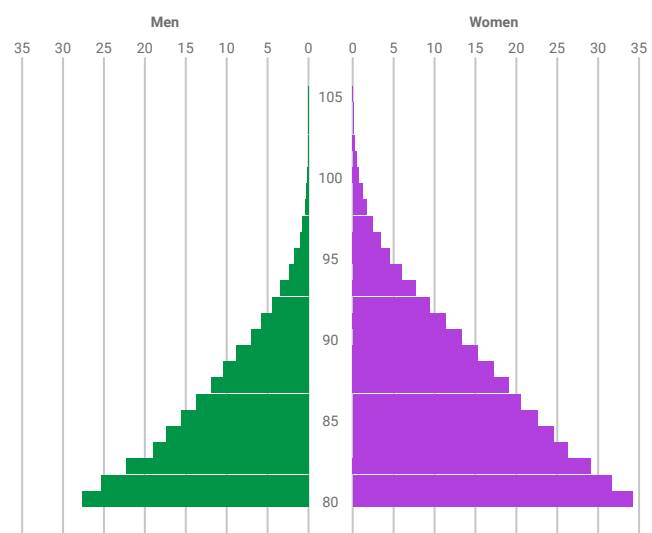
⁵ The distinction between 'young old' adults and 'old' adults was made by Martin Kohli.

Graphic G9.12 shows the gender distribution of this age group (reporting date: 31.12.2023), and that at the end of 2023, a total of 2086 people aged 100 or over were living in Switzerland. Of these 67 were aged 105 or older.

Age distribution of the 'very old' population in Switzerland, 2023

Number of people in 1000s

G9.12



Data as on: 05.06.2024
Source: FSO – STATPOP

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9.4 Conclusion

The demographics are changing and will continue to change in almost every country in the world. A closer look reveals different trends in different countries. Some countries are experiencing overall population growth as better living conditions, hygiene and healthcare reduce mortality among the younger segment. In other countries, the total population is growing due to increased life expectancy among older adults. This latter trend is further supported by falling birth rates, leading to what is known as 'demographic transition'. In many European countries and also in Asian countries such as Japan, South Korea and China, this is leading to stagnation or shrinking populations and causing the old-age dependency ratio to rise. With only 3—or even 2—people of working age for every older person, this is creating a major challenge for the funding of pensions.

Half of the children born after 2000 in Switzerland will very likely live to celebrate their 100th birthday. What was once a rare milestone will become an increasingly normal life experience. Fundamentally, this increased life expectancy is a very positive development, reflecting improved quality of life, good healthcare and high living standards. Even better, as the onset of physical and cognitive decline is postponed to an ever later stage, people are gaining more years without the reduced quality of life typically associated with getting older. Statistically speaking, people have more and more years of life that can be spent without age-related limitations.

At the same time, however, increasing longevity also poses social and economic challenges, in particular when it comes to financing longer retirements and greater healthcare and long-term care costs. In addition, society must come up with solutions to proactively uphold the intergenerational contract and ensure that the third of the population that is no longer of working age is well integrated. These challenges are not unique to Switzerland. To find truly effective solutions, we must look beyond our borders and engage in an ongoing dialogue with countries facing similar trends. By learning from their experiences and adapting those lessons to our specific context, we can develop innovative solutions that work for Switzerland.

We should not allow the challenges of demographic transition to overshadow the opportunities. Society stands to benefit from older generations' wealth of experience and engagement, e.g. through voluntary work and intergenerational dialogue. Furthermore, giving people over 65 the opportunity to remain in the workforce could be a way to address the critical shortage of skilled labour. At the same time, raising awareness of ageing, health and lifestyle choices (through advancements in longevity research) encourages people to embrace lifelong learning, enriching their own lives and the lives of those around them. "If I could live my life over, I would make the same mistakes only a little sooner, to get more out of it." (Marlene Dietrich). It is a reassuring prospect to think that if we are all living longer, we can allow ourselves to make mistakes and learn from life even in very old age.

Appendix

Online data sources:⁶

Recommended links to data visualisations:

- WHO: <https://platform.who.int/data/maternal-new-born-child-adolescent-ageing/ageing-data/ageing---demo-graphics> (last accessed on 10.06.2024).

The WHO provides a range of programmes, activities and data on the key health topic of ageing:

- https://www.who.int/health-topics/ageing#tab=tab_1 (last accessed on 10.06.2024).
- <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health> (last accessed on 10.06.2024).

The WHO has declared 2021 to 2030 the Decade of Healthy Ageing. It is the WHO's second Plan of Action calling for global collaboration between governments, civil society, international organisations, academia, experts and the media:

- <https://www.who.int/initiatives/decade-of-healthy-ageing> (last accessed on 10.06.2024).
- <https://population.un.org/wpp/Download/Standard/Population/> (last accessed on 10.06.2024).
- <https://social.desa.un.org/issues/ageing> (last accessed on 10.06.2024).
- <https://social.desa.un.org/issues/ageing/madrid-plan-of-action-and-its-implementation-main/madrid-plan-of-action-and-its> (last accessed on 10.06.2024).

Eurostat also provides data on seven different topics in relation to ageing (life expectancy, proportion of people living alone, internet use, etc.) in European countries, in addition to other studies available for download:

- Eurostat: A look at the lives of the elderly in the EU today (<https://ec.europa.eu/eurostat/cache/infographs/elderly/index.html>) (last accessed on 10.06.2024).

Eurostat also publishes annotated statistics on the topic of ageing:

- Ageing Europe. Statistics on population developments (https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Ageing_Europe_-_statistics_on_population_developments) (last accessed on 10.06.2024).

For European data, see SHARE (the Survey of Health, Ageing and Retirement in Europe), a research infrastructure for studying the effects of health, social, economic and environmental policies over the life-course of European citizens and beyond:

- <https://share-eric.eu/impact> (last accessed on 10.06.2024).

The largest Swiss project focusing on the challenges of demographic transition, AGE-INT seeks practicable solutions for Switzerland in four age-related priority areas (technologies, dementia, employment 65+ and social inclusion):

- <https://age-int.ch/> (last accessed on 10.06.2024).

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