

## A good place to grow older – the Hungarian case

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### 1. Brief demographic outlook Priorities in respect to ageing and demographic change in Hungary

The ageing of the society is a well-documented phenomenon in Hungary. In 1990 the population 65+ constituted 13.2% of the society. By 2009 the rate has grown to 16.4%. By 2050 population projection predicts 29.4% for Hungary. In order to characterise ageing societies the ageing index is one of the most important indicators showing the percentage of population aged 65+ compared to the number of the age group 0-14. This index showed a strongly rising tendency in the past decades. In 1990 the ageing index was 64.5%, while in 2009 109.9%.

Life expectancy in Hungary lags behind the European average, especially as regards men. In 2006 male life expectancy was 75.8 years in the 27 EU member states, whereas in Hungary it was only 69.2 years. This means that Hungarian men can expect to live 6 years less than EU average. In the case of women the difference is smaller. The average of the 27 EU states is 82.0 years, while in Hungary it is 77.8.

According to the results some national researches we can assume that the level of education has a strong impact on the starting point evolving of some diseases. Irrespectively of sex, the illnesses generally begin at a younger age among people with lower qualification and begin more lately at higher educated people and in addition to the periods of illnesses it is much shorter in this group compared to people with lower qualifications. Rate of highly qualified people living in the towns and cities is higher, where the access to health care is easier. The capital city, Budapest is ageing the most, and the smaller is the settlement the highest is the rate of people above 60 living there.

The population aged 65+ typically lives in one-person households or the elderly couples live together by themselves. In 2004 one third of the age group in question lived alone and over 40% lived with their spouses. It is not common today for more generations to live under the same roof. The state of health of the Hungarian population is bad, especially as regards the older generations. In 2005 55% of the age group 65-78 reported having health problems that put a check on their everyday activities.

Income use and consumption of elderly people above 65 is quite moderate. The present pensioners are not exposed to high poverty risk compared to other societal groups. This situation is result of the 'full employment' effects of the former system. However poverty risk will probably grow among later older generations because after change of regime the employment conditions

were rapidly changed. After 1990 the unemployment rate and long-term unemployment increased and it has negative impact on pension promise of younger affected cohorts. Significant proportion of elderly is threatened by isolation and exclusion and higher risks of diseases.

## 2. Challenges of ageing in Hungary: priorities, policy framework

What is your experience of integrating successful pilot projects into the policy framework? What are the related challenges?

Hungary has an ageing and decreasing population. Life expectancy increase has an effect on different social care services. We need to be prepared for the challenges ahead and we have to provide proper strategic actions. New needs and demands occur due to social and demographical changes which will require adequate reactions of social, political and economic services. There is an urgent need in the adaptation of the current social care policies to follow the demographical and social changes. These processes and the recent change in the family structures have to be adjusted to the new measures and an important goal is to make people be aware of the required attitude change. The current active generations have to be prepared for their elderly years well before they get old.

These changes turn the focus on the long-term financial sustainability of the social care and protection. An effective change has to be aligned with the changed requirements of the social network and the available economical capabilities. There is a need for the modernisation of the social care and increasing social inclusion on the area of elderly affairs. Current human resource systems need to be adapted to the changed ageing society as well. Supplying better services to elderly people it is necessary to ensure an enhanced communication and cooperation among stakeholders (government, civil sector, for-profit sector, professions connected to elderly care). Effectiveness of the social care relies on the service developments of the social and health care services and needs the harmonisation of the toolsets of the education and human resources systems. There is a need for a reliable and continuous supply system which provides uniform and accessible services for everyone. The elderly should be constantly informed about the current level of accessible services.

The above-mentioned processes urge to set up a new old age policy framework in Hungary and in 2009 a National Old-age Policy (Strategy) was adopted by the Parliament (81/2009 (X.2.) parliamentary decision). This paper defines long-term goals until 2034:

- matching life expectancy to the average EU level,
- increasing the number of years in health,
- keeping active life longer,
- creating financial security in elderly age,
- promoting social integration,
- harmonising different services (healthcare, social, educational, cultural, etc.) considering the interests of the elderly and old people,
- supporting life-long learning of elderly with making digital studies accessible,

- promoting active ageing which means not only the labour activity, but social, cultural, civil activity as well,
- making 'age management' popular in younger generations as well,
- changing social attitude regarding ageing in economical and social sense.

Policy framework of the Strategy is in conformity with United Nations' and EU's ageing principles, and the main WHO documents. In order to obtain useful apply in practical work Strategy draws on the opinion of the elderly, the elderly care experts and practical knowledge related to the existing nationally and foreign adapted 'good practices'. The vision, scopes and goals of the Strategy were applied both pro-active (preventive) and reactive approaches as well. The Strategy outlines main areas on public, social, political and individual level. Basic directive is intended at the well-being of older people in a wide range of personalised services to be available, taking into account that there are some individual differences in social and cultural needs among elderly. One of the main principles of the strategy is 'neither more nor less than exactly what you need' notion, i.e. elderly people should have access to a variety of services in the best adapted way to their individual needs. Another important approach is e.g. that elderly also should be properly informed about the quality, the reliability, accessibility of the services. Further goal is that elderly persons should be ensured of proper knowledge in various ways – including training as well – in order they should be able to get some self-help tools and techniques and be able to preserve their quality of life. The conditions for lifelong learning, self-help and self-care, and a variety of options for the wider deployment of voluntary work should be created.

The Government programme in this regard stresses the need to change the approach and way of thinking and emphasises importance of social preferences of ageing (especially social inclusion and participation of the elderly). This paper underlines the maintenance of activity, and to encourage volunteering and cooperation activities of the church and civil organisations. Providing flexible access through the development of barrier-free accessibility, this process offers useful solutions for different social groups simultaneously, and these solutions are equally good for hard-moving seniors, mothers with children and other disabled. Combined firmness of women in the labour market and family is appreciated by the Government. The proposal was accepted by the Parliament which allows women with 40 years of eligibility period to retire regardless of retirement age. The intention is to recognise that these women have made double liability by raising children and working besides.

In Hungary, one of the most important issues in ageing policy is to create equal opportunities for older people and to eliminate discrimination. Today, many older people are exposed to the risks of isolation, health problems, and access to care. Public participation is also an important issue in this sense, social participation, and being active in the community assumes that the individual actively affects not only himself but also the lives of different communities, adding his knowledge, work, confidence, personality and character to the community as a whole.

The Strategy initiated fundamental changes in ageing policy. It represents a paradigm shift from the former 'deficit approach' (loss of abilities) to the so called 'development approach' (concentration of existing capabilities, recalling latent skills). Since the background of elderly people is rather heterogeneous, they can and should be treated both neutrally and in a different way. Enforcing a positive attitude on ageing for older people's knowledge, wisdom and skills are necessary to integrate in operating of social care and their contributions to the common good must be acknowledged, by appreciating helpful relations in households, neighbourhoods.

By the further development of volunteer activity, the household-based voluntary movements, the young and older persons, cooperation in helping each other should be promoted. Volunteering strengthens the links between the generations, the transfer of knowledge and experience, values and creative problem-solving skills. It is important for both the present younger generations and for the older generations to shape a positive vision and positive prospects of ageing as well.

In the Strategy, ageing process management is a new approach both at individual and societal level. Management of the ageing process is none other than starting at the earliest possible stage of conscious preparation for the elderly, healthy lifestyle, in which a particularly large role in nutrition, exercise, training and mental health preservation. The primary target group is composed of today's older generations. However, it should be pointed out that the essence of active old age is an integral connection between the generations and lies on mutual support, so for the middle-aged and younger generations. The middle generation's vision and mental attitude is greatly affected by what kind of ageing should they expect.

The strategy is addressed, therefore, not only to the elderly but also to middle and the rising generations. Successful ageing must be grounded on the early stages of life.

### 3. Local aspects, creation of adequate local environment for elderly

The main features of the local social care of the elderly were rather uniform in the last decades and the focus was on institutional framework of elderly care. More accents were on the long-term social institution's care (home for elderly) which was considered as a 'top provision' of the elderly care.

During the last decade, old age policy became more complex and the accents were considerably shifted from the former institutionalised approach to the updated 'empowerment' approach. This new concept aims to help elderly to live in their previous, familiar, accustomed environment as long as possible. This kind of attitude was supported by the Act on Handicapped People No. XXVI. of 1998 as well. This Act initiated a long-term programme to set up barrier-free accessibility, but its rules do not limit the liability of accessibility in the built environment, but extends to the necessary rights to ensure accessibility.

Hungary intends to make it possible for elderly to stay and remain in their own place of residence, and with different tools – invitations to tender procedures, establishing awards – to help local supporting system and changes of attitudes connected to ageing.

In 2009 the '*Old-age-friendly home project*' was announced, anticipated by a research estimating where accidents happen in old age and what the causing factors are. The survey revealed that most of the accidents happen at home, because of the instruments which the elderly weren't able to use properly because of their broken motility and the condition of their sensory organs. The winner award was not money but refurbishing to help elderly to be able to stay in their homes as far as possible to avoid public social care accommodation.

From 2004 there is an invitation for tender called '*Senior Friendly Local Government Award*', after evaluation the award is taking place. The prestige of the award increases from year to year. Active responsibility of Local Governments, local proposals, initiatives, co operations, collaborations in interest of elderly get impetus from year to year. Action is very important at this

award. Applicants to this award shall work out effective resolutions, best practices beyond their compulsory tasks and these new methods should be introduced. Tenders and applications usually contain new methods, innovative resolutions relying on resources already available in the current framework to reach modern, updated provisions together with elderly recipients. Several initiatives were set up to improve, modernisation of the provisions, to measure the monitoring activities with the aim to improve the quality of services and to modernise them.

### How can communities be supported to become good places to grow older?

The elderly people's social care regulations are laid down in Social Administration and Social Benefits Act (1993) in a single framework in which services are divided into two basic categories: basic social services and specialised care.

This Act defines the necessary care rendered to elderly people on the local and territorial level, the maintenance and operating costs of these care partly supported by central state budget. As to the basic social services, they are (a) social catering, (b) domestic care and alarm system-based home assistance. A rather new and special development is the so called 'village and homestead caretaker services' ('falu és tanyagondnoki szolgálat') to help and provide proper basic social care and provision for little settlements and outland area (where the number of inhabitants, less than 600). The specialised care includes some day care facilities, club for aged ('idősek klubja'), and some inward social facilities, home for aged (long-term social institution) and temporary home for aged. Day care facilities for elderly has to be provided in all settlements where number of inhabitants above 3,000 (while the limit is 10,000 for the other social day care obligations.)

The new deal of ageing affairs policy encourages those new initiatives which incorporate self-activity and volunteer attitudes of the elderly people and make an effort to link different generations:

*'Senior Friendly Local Government Award'* is able to call the attention of local governments on proper environment for elderly. There are various projects, actions, initiatives to achieve these goals in practice. These initiatives will be known by the wider public making possible the changes of best practices.

*'Silver project'* and *'Elderly for youth and elderly'* tenders are called for years, with the aim to strengthen local and professional communities, intergenerational solidarity, active ageing, strengthen social prestige, social inclusion, lifelong improvement, changes of good practices. These projects were set up to support older people helping their community in social, educational, cultural, environment protection, settlement protection, recreation, keeping tradition fields.

*'Nursing fee'* is paid to people who provide permanent care to a disabled relative. The amount of benefit is 100% of the minimum old-age pension, or 130% in case of an increased need of nursing. The third form of the nursing fee is provided by the local government; the amount is determined by the independent local governments and may be no less than 80% of the minimum amount of Old-age Pension. Currently there are more than 50,000 recipients.

*'Grandparent's child care allowance'* is set up to promote intergenerational solidarity. From 2003 grandparents are entitled as well to this type of child care benefit which was only available for parents before. Currently more than 2,000 grandparents are receiving this child care allowance.

## What is the attitude towards taking into account and making use of local diversity in your country?

There are several local initiatives providing options for active and honourable ageing, adapted to local needs and local social expectations. Thus for example in senior sports clubs organise competitions, championships. Championships, in most of the cases, are organised in regional (county) level; country-wide championships are seldom organised for senior age contestants. Sports organised for senior are tennis, swimming, long-distance swimming, curling, golf, athletics, handball, rowing, table tennis, bowling, basketball, kayak-canoe, triathlon, wrestling, judo and badminton. The current system offers quite a wide range of senior sports, but not showing the signs of uniformity. The aim of senior sports project development was to strengthen the co-operation of 'multi-purpose regional associations of municipalities' and civil organisations comprising elderly people, maintaining local resource-concentration, and implementing the local 'senior sports net' (Health Development Programme, Open-gate facilities programme, Ten thousand steps programme, Nordic Walking Programme). Among leisure time activities, activities requiring less movement represent the major part.

According to 2006 data, the number of elderly and old-age people changes from sector to sector, due to particularities of genre. The less the number of elderly people was in the puppet groups. For elderly people the most important are dancing, singing and choirs. The proportion of middle-age and elderly people is significantly higher than average in internationally recognised, and national choir and choral movement, one-tenth of the members are over 60. Most of the numbers and rate of ageing and elderly people activate themselves in *folk-song circles* ('népdalkör' and 'pávakör').

This is the only amateur art sector in which the age ratio is reverse: hardly 10% of the members are of young age cohorts. In classical and ballroom dance groups, which gain popularity besides choirs and choruses, elderly people are less activated. Educational statistics treat object-creating folklore groups as a separate category, out of which the total number of 19,294 members 2,929 people are over the age of 60. Out of 301,104 members of 11,455 amateur folk art groups, 29,879 persons are above age 60. From educational data processing it is very clear that ageing and elderly people participate in a very small percentage in these programmes and activities, one reason of which could be the different needs of different age cohorts. It's also clear that except certain practical trainings, among elderly people passive inclusion is more common than creation and creativity.

There are several local initiatives which intend to ensure the diversity through covering the intersection of local needs and conditions. For supporting the social integration of elderly people, '*Granny-camp*' ('Nagyitábor') aims at expanding creativity and skills, 'the bus for 'full age elderly' (90+, 'szépkorúak') bringing knowledge throughout the village'. For strengthening the intergenerational relationship exemplary programmes are the following, '*Grandparents for grandchildren*' programme; '*Mayday for full age elderly people – or the world is not only for those aged 20*'; a cultural and family (generation) gathering; '*We also know something – We also know it today*' professional craft show, which is an 'exhibition of works created by active elderly people'. Several programmes aim at IT involvement of elderly people, such as '*Click on it, Granny*' ('Kattints rá, Nagyí!') offering internet users guide, the knowledge gained could be put into practiced through '*Carry on, Granny!*' club programmes guided by volunteers; '*Net Nagyí – Net Papi*', '*Grandpa and me @eu.hu*' ('Nagyapám és én @ eu.hu', '*Inforum*', '*Ready for net*' ('Netrekész'), Silvernet programmes.

Regarding trainings, an excellent initiative is '*Personal and property security for full age persons*' ('Szépkorúak személyi és vagyonvédelme'), '*Youth for the elderly*' course, '*Senior HR advisor*' professional education, '*University of Full Age persons*'; '*Employment law consultant*' professional education. The Elderly Academy operating in several places is very successful, which is working on issues affecting the elderly at the academic level, in a comprehensible form to the local community members.

A law on Public Interest Volunteer Activities announced in 2005, provide further opportunities for both voluntary activities to attract the elderly, and for them to ensure the services provided by volunteers, thereby strengthening the support system for local communities.

The completed first phase of '*Homogenous Care Groups*' research could be related to the local diversity, under which research 1,000 elderly people living in residential establishments have been tested for the care needs fixing tool. As a social policy measure as well, the Labour and Social Policy Institute of the Ministry of National Resources has been sponsoring an application of social-service organisations, titled '*How are you doing?*' ('Ti hogyan csináljátok?'), serving to collect examples of good practice. A service development supported at macro level deal with extending the range of basic social services by a range of signalling home assistance and supportive service, and operation of social institutions of demented patients from 2007 is included as a statutory duty of local governments.

## Indicators and research capacities

Do you use indicators for evaluating policy measures? What is your country's approach to the (early) participation of researchers in the evaluation process?

Currently there are no disposable indicators for this issue. For implementing the most adequate solutions, reconciling services and ensuring coverage for the whole country, currently there are actually rather fragmented data, research and survey base. As far as we have experienced, elderly affairs have not gained substantial interest among priority research topics, bottom-up initiatives are also not so common in this field, and researches are rather connected to governmental orders or EU applications. Further development is required in this field for the coming years, the basis of which is declared in the National Old-age Policy.

Table 1

Population cohorts by age and sex, 1990-2008

Cohort (year)	1990	2000	2003	2004	2005	2006	2007	2008
Male								
0-59	4 197 584	4 069 653	4 004 634	3 985 232	3 964 123	3 954 408	3 943 614	3 924 305
60+	787 320	795 541	813 822	818 881	828 992	830 171	835 464	845 257
70+	306 281	362 685	379 652	382 558	385 525	386 059	386 905	387 100
80+	82 693	79 322	95 101	99 460	102 593	105 817	108 979	111 311
<b>Total</b>	<b>4 984 904</b>	<b>4 865 194</b>	<b>4 818 456</b>	<b>4 804 113</b>	<b>4 793 115</b>	<b>4 784 579</b>	<b>4 779 078</b>	<b>4 769 562</b>
Female								
0-59	4 217 393	4 095 126	4 026 143	4 005 483	3 981 306	3 964 916	3 952 077	3 926 788
60+	1 172 526	1 261 324	1 297 763	1 307 146	1 323 128	1 327 086	1 335 003	1 349 051
70+	537 973	666 618	702 334	710 304	718 385	723 630	731 005	737 306
80+	177 195	180 773	217 888	227 636	235 296	244 732	254 389	260 839
<b>Total</b>	<b>5 389 919</b>	<b>5 356 450</b>	<b>5 323 906</b>	<b>5 312 629</b>	<b>5 304 434</b>	<b>5 292 002</b>	<b>5 287 080</b>	<b>5 275 839</b>
Total								
0-59	8 414 977	8 164 779	8 030 777	7 990 715	7 945 429	7 919 324	7 895 691	7 851 093
60+	1 959 846	2 056 865	2 111 585	2 126 027	2 152 120	2 157 257	2 170 467	2 194 308
70+	844 254	1 029 303	1 081 986	1 092 862	1 103 910	1 109 689	1 117 910	1 124 406
80+	259 888	260 095	312 989	327 096	337 889	350 549	363 368	372 150
<b>Total</b>	<b>10 374 823</b>	<b>10 221 644</b>	<b>10 142 362</b>	<b>10 116 742</b>	<b>10 097 549</b>	<b>10 076 581</b>	<b>10 066 158</b>	<b>10 045 401</b>

Source: Hungarian Central Statistical Office

Table 2

## Featured age groups within the percentage of total population

Age/year	2001	2008	2030	2050
60-x	20.4%	21.8%	27.4%	34.6%
65-x	15.1%	16.1%	20.1%	26.2%

Source: Hungarian Central Statistical Office

Table 3

## Average life expectancy at birth

Average life expectancy at birth	1990 (year)	2000 (year)	2005 (year)	2007 (year)
Male	65.13	67.11	68.56	69.19
Female	73.71	75.59	76.93	77.34

Source: Hungarian Central Statistical Office

Table 4

## Possible scenario of the Hungarian population

Specific (1000 people, %)	2020	2030	2040	2050
Population	9358,1	8987,3	8512,5	8036,3
Number of 65-x	1730,3	1803,8	1918,7	2106,2
Rate of 65-x	18.5	20.1	22.5	26.2

Source: Possible scenario of the Hungarian population (Habicsek László)