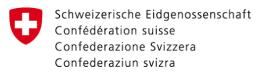
A Panorama of Swiss Society The forthcoming 2024 report on Ageing

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Background and features

- From 2000–2016 the Swiss Social Report was published every four years by the University of Neuchâtel/FORS Lausanne. Funded by SNF: 2 parts: descriptive, indicator-based part / a scientific analysis of some indicators.
- Since 2020, the report is a publication of the cooperation between Swiss universities, the Swiss Academy of Humanities and Social Sciences, and the Swiss Federal Statistical Office.
- Scientific part: This new report presents a scientific and in-depth analysis of different issues of one overarching topic
 - the report 2020: migration and integration
 - the report 2024: ageing
- Indicator-based part: Various indicators are available on the Website of the SFSO.
- Characteristics of the new report are
 - multi-disciplinarity: the 2024 report includes contributions from sociology, psychology, economics, demography, gerontology.
 - multi-lingual: published in German, French, and English.
 - freely accessible in electronic format

Swiss social reports 2000-2020

New social report 2020



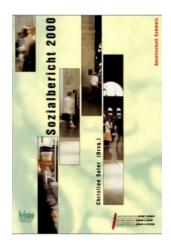
A Panorama of Swiss Society 2020

Migration—Integration—Participation





Previous social reports











Reporting on old age in Switzerland: reports

No regular thematic social reports on ageing in Switzerland.

- Two previous reports:
 - 1998: Demography/household structure/regions/1970-1990: Lalive d'Epinay, C., Brunner, M., & Albano, G. (1998). *Atlas suisse de la population âgée*. Lausanne: Réalités sociales.
 - Report on current housing and housing wishes of people aged 65+ in the
 German-speaking part of Switzerland (4 waves: 2003, 2008, 2013 2018):
 François Höpflinger, Valérie Hugentobler, Dario Spini (éditeurs) (2019). Le nouvel Age
 Report IV: Habitat et vieillissement. Réalités et enjeux de la diversité.
 Zürich: Seismo based on survey (previous surveys 2003, 2008, 2013)-> financed by the
 private foundation for "ageing and Living" with practical information for communes and
 policy makers).

Reporting on old age: indicators

Indicator-part of the report

- SFSO's Indicators of ageing (for example):
 - Demographic evolution of the population resident in Switzerland
 - ageing and health
 - ageing and poverty
 - "Indicators on old age provision":
 - population's access to the old age provision system.
 - retired population's access to the various benefits of the Swiss old-age provision system.
 - The "new pensions statistics"
 - exhaustive data collection for all three pillars that describes the number of new recipients of oldage pensions or lump-sum withdrawals from the Swiss old-age provision system and the amount of benefits paid.

SFSO's Webpage on Ageing in Switzerland:

- https://www.bfs.admin.ch/bfs/en/home/statistics/cross-sectional-topics/ageing-switzerland.html
- Various publications

A Panorama of Swiss Society: Ageing Chapters & authors 2024 edition

- Chapter 1: Introduction
 (J. Furrer, FSO, M.Budowski, Univ. of Fribourg, C. Suter, Univ. Neuchâtel)
- Chapter 2: Life Situation of Elderly Women and Men: Observations and Trends (F. Höpflinger, University of Zurich)
- Chapter 3: Financial and Social Situation (D. Oehrli/C. Modeta, FSO)
- Chapter 4: Social In- and Exclusion in Today's Ageing Society

 (A. Seifert, University of Applied Sciences and Arts Northwestern Switzerland and M. Martin, University of Zurich)
- Chapter 5: Volunteering by and for the Elderly (A. Fischer, M. Lamprecht, H. Stamm, N. Schöbi, Lamprecht&Stamm/FSO)
- Chapter 6: Ageing at Home, Abroad or Across Borders (M. Nedelcu and L. Ravazzini, University of Neuchâtel)
- Chapter 7: Development in long-term medical care (Sonia Pellegrini, OBSAN)
- Chapter 8: Preparation and Planning for Ageing and Old Age (M. Budowski and I. Staub, University of Fribourg)
- Chapter 9: Demographic Change in International Comparison (S. Misoch, Eastern Switzerland University of Applied Sciences)

Novelties: Life situation of elderly in CH (Ch.2)

Health and demography

- Life-expectancy is high in Switzerland:
 - amongst the highest for men in Europe (81.6; women: 85.7 2021)
- the number of people aged 100 years increased substantially:
 - by approx. 800% from 227 in 1980 to 1884 in 2021
- Future trends open:
 - medical advances vs. lifestyle and global issues (heat waves, pandemic)

Differences in ageing

- Gender life expectancy gap: decrease (1980 to 2022 from 6.7 to 3.8 years)
- Class differences in age gap: decrease (1990 to 2014 from 8.8 to 7.6 years)
- Class differences for healthy ageing: increase

Novelties: Life situation of elderly in CH (Ch.2)

Negative image of ageing

- Rising definition of "being old" in CH: being "old" in the 1990s: 69 years; in 2018/19: 80 years
- **Discrepancy between age and felt age** is increasing (between 8-10 years difference)

Yet

- Elderly are more active than formerly
- Opportunities have expanded for a long, healthy and active ageing and continue expanding ("active ageing")

Novelties: Development in long-term medical care (Ch. 7)

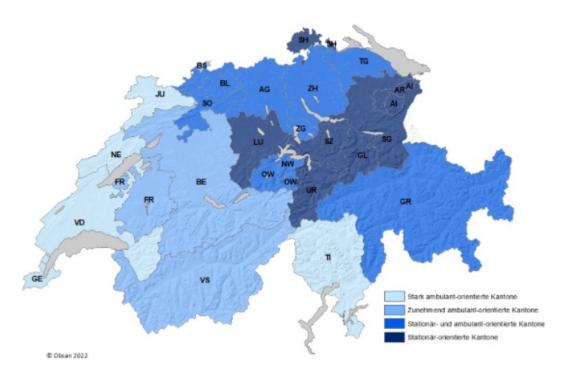
Care in old age is changing

- 2006 to 2021: differentiation and expansion of care
 - **Less** institutional care: Substantial decrease in old age medical home care over 15 years(from 6.4% to 4.9% of 65+ year olds: This decline of 1.5 percentage points is equivalent to a 22% reduction in old age home care use over a 15-year period.)
 - More outpatient or intermediate forms of care
 - More services that support and relieve the burden on family carers, (including day and night care and short stays in nursing homes and geriatric rehabilitation services)
 - More apartments for the elderly, with or without supervision.
 - Higher average age at entry to an old-age medical home
 - New entries to an an old-age medical home require more medical care

Novelties Development in long-term medical care (Ch. 7)

Cantonal differences in patterns of old age care:

- a strong ambulatory focus (GE, JU, NE, TI and VD) (light blue)
- an increasing focus on ambulatory care (BE, BS, FR and VS) (lighter middle blue)
- a dual focus on inpatient and outpatient care (AG, BL, GR, NW, OW, TG, SO, ZG, ZH);
- inpatient-oriented cantons (AI, AR, GL, LU, SG, SH, SZ and UR). (darkest blue)



Novelties Development in long-term medical care (Ch. 7)

- Trade-off between ambulatory and inpatient-oriented focus:
 - Ambulatory care-orientation is associated with more hospitalizations than inpatient-oriented cantons
 - Not clear,
 - which social class is affected by hospitalizations most;
 - what the costs of the trade-offs are.
- Everything equal to 2019,
 - the number of beds for people aged 65+ will have to increase about 60% according to the projection for 2040,
 - i.e., 921 additional old-age medical homes (with the present average of about 59 beds each) will be necessary
- Mortality (Covid-19) and migration patterns change.

Novelties: Planning and preparation for old age (Ch.8)

- Political discussions
 - on sustainability of the system and issues of ageing population
 - on the role and responsibilities regarding risks of the welfare state and of the individuals after completion of working life
- Debate on "active ageing", "ageing well" or "bien vieillir", "successful ageing"
 - Originally on the structural level (WHO 2002) -> protection and enabling
 - Shifted to the individual level -> individual responsibility for ageing well
- Individual planning and preparation gain importance:
 - Benefits of planning and preparation are disputed
 - Issues of ageing: finances, housing, health, social networks, participation, end-oflife preparations

How do people in Switzerland aged 45 and older during pre-retirement and when retired plan and prepare for their ageing and retirement?

Data: qualitative interviews "middle classes" 45-65; existing representative surveys 45+

Novelties: Planning and preparation for old age (Ch.8)

Planning of different domains depends primarily on health:

"if health allows"; mainly finances and housing; vague ideas of future activities

Pattern 1: non-planning

• Interviewees have not thought about post-retirement (in family or career phase; sufficient institutional (and personal financial) savings; life strongly focused in the present

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. Looking from today, I will be just the same as now, just 10 years older and not going to work (01_m54f).

Pattern 2: postponing planning

 Interviewees avoid long-term thoughts about planning; focus on continuity by balancing everyday requirements; postponing planning to when "the right time has come" (learning to let go; changing mindset; financially less privileged interviewees; interviewees with various difficulties facing the future or change)

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

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Novelties: Planning and preparation for old age (Ch.8)

Pattern 3: Planning on the to do-agenda now or in near future

• Interviewees are aware of ageing, and intend to start soon or have recently started to plan (financially diverse interviewees: rather young, financially rather well-established interviewees; change in family situation, i.e. children moving out)

'I'm actually in the process of checking out what can be optimized [financially], if necessary, but at the moment, it doesn't look so bad. At the moment, I'm thinking about whether we could move out somewhere, even now, but yes, that's presently more of fantasy thing.' (20 m52f)

Pattern 4: a clear plan for retirement

• Interviewees have cleary planned and have clear aims (finances, legal issues, activities and housing in retirement) (financially rather well-established interviewees that want to retire with age 60; to retire with their partner; to ensure sufficient income; to have power of attorney or living will done)

I'm going to be 60 in the next few days, and I've been dealing with the topic of early retirement with my wife for 2 to 3 years now. Early retirement is probably one of the reasons why I started more than 25 years ago to make annual payments into the 3rd pillar, (...) [and] concluded 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 experience we have gained so far and set off (...) In Thailand or maybe in the other countries in Southeast Asia, where we feel very comfortable (12_m52f)

Leave out: Novelties: Planning and preparation for old age (Ch.8)

Doing sports and motivation:

- the overall probability of doing sports
 - differs by income groups and levels of education,
 - but not in motivation for doing sports (whether a person choses to do sports).
- The motivation to do sports
 - for physical mobility is important for everyone.
 - to maintain cognitive ability is slightly higher among lower income groups.

Data: Sport Schweiz 2020

The most common preparation for ageing and the end-of-life is

Having discussed wishes for the end-of-life (other preparations are: Completed an advance directive; Appointed someone to make medical decisions)

Data: Share wave 8, 2019/2020

Planning and preparation are not monocausal (e.g., caused by differences in income); it बूँ depends on the salience of a particular domain during a particular period of life for a particular group of people

M. Budowski & I.Staub

Conclusions: a new quality of ageing and retirement for individuals, new challenges for society

- There is a pronounced heterogeneity and diversity of life situations and forms of activity of elderly women and men
- Care and care demand is presently rapidly changing
- Will the structures for long-term medical care be able to meet the necessities on time?
- What can be learnt from the cantonal differences? -> interesting beyond
 Switzerland
- Cantonal differences in long-term care policies call for further analyses
- The perspective of "active ageing" or "ageing well" expects a targeted and socio-politically supported use of retired women and men's resources and competencies for a demographically ageing society.

Conclusions: a new quality of ageing and retirement for individuals, new challenges for society

However:

- risks in retirement age are not evenly distributed among the general population; they are linked to inequality dimensions in social stratification and lifestyles.
- Gender and class gaps continue to exist
- The context and social policy (financial, health policies) continue to structure opportunities
- Planning and preparation patterns depend on present life stages for another life stage, on domain and on group of people (their opportunities and context)

Statements about today's old people are valid only to a limited extent for assessing the future of old age