Background paper for the speech of

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Panel: Strengthen employment to combat inequality and

rural depopulation caused by an aging society

Introduction

The EU population has been steadily ageing. Projections indicate that the share of people over 65 **could reach 30** % **of the EU population by 2030**, as opposed to 10 % **in 1960**. This demographic phenomenon is even more acute in rural areas, in particular in those remote or border regions experiencing both ageing and depopulation. These trends result from a vicious circle of inter-related social and economic factors involving the out-migration of younger people to urban centres. In predominantly rural areas ¹, there are now fewer than two people of working age for every elderly person.

The demographic challenge affecting the rural population is particularly acute in the EU's farming population. These communities play a vital role in keeping rural areas alive and in providing food for all EU citizens. However, not only has the number of farmers steeply declined over recent decades, but generational renewal is no longer assured, with only one in ten farmers under the age of 40.

Within the EU, the population of predominantly rural regions is projected to fall by 7.9 million by 2050. This will have a negative effect on the number of farmers in these territories, resulting in an ageing farming population and a lack of young farmers. In areas that are

¹ Predominately rural areas are the regions where at least 50 % of the population live in rural area.

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predominantly of a rural nature, the old age dependency ratio was higher than 50 % in January 2017. This means there were fewer than two people of working age for every elderly person. It is suggested that this will lead to adverse impacts such as declining business activity.

While ageing will affect all EU regions, it should be expected that certain rural, border and remote regions will suffer **from both ageing and depopulation** and that the social and economic consequences associated with such trends will most likely to have profound implications both nationally and regionally.

Ageing and the EU farming Sector

The demographic challenge affecting the rural population is particularly acute in the **EU's farming population**. A large majority of **farmers are above the age of 55**, while young farmers are becoming scarce, raising uncertainties as to the renewal of the profession. Thus, the key demographic challenges facing rural areas is the ageing population, **not only among farmers but also in terms of the rural population in general**.

Although there are around 9.7 million people employed in agriculture (representing 4.2 % of total EU employment), the EU's farming population has been declining continuously for decades. This reflects a number of major structural changes involving productivity gains, specialisation and farm restructuration, leading to a loss of farming jobs. The number of farms has been in steep decline for many years.

As the farming population ages, the younger population will be less attracted to a career in farming.

Strengthening the employment in the farming sector and rural areas is the immediate and the most effective solution to fight the depopulation. At the same time, we should recognize the challenges deterring young people from entering the farming sector. These challenges have economic, financial and social characteristics and they include:

 limited access to land owing due to high prices and the reluctance of older farmers to retire;

- limited access to finance and credit;
- difficulty in securing a sufficient and stable income;
- long hours and few holidays;
- many risks and uncertainties linked to markets and climate;
- Possible social isolation and difficult access to basic infrastructure and services in rural areas.

Farmers appeared to have a unique relationship with their land and animals. The research shows that there is an even expectation within the farming community that 'farmers do not retire'. The farmers show a resistance to alter the status quo of the existing management and ownership structure of the family farm, given the loss of recognition and social status this would entail. Therefore, the human dimension of retirement and farm transmission should be taken into account when devising policies to encourage generational renewal.

We should not forget that the rural ageing is also accompanied not only by social and economic, but also technological and climate challenges. (See the table #1 below).

Table #1

Themes	Challenges			Agriculture
	Social, economic and political issues	Technology	Climage change	
Demography	Rural poverty in different parts of the EU	Digital exclusion	Energy efficiency and fuel poverty Excess winter / summer deaths by region type	Land abandonment Sustainable local production
Health and access to services	Future physical and mental health needs	Telemedicine Smart housing	Increase in insect-borne diseases	Abandonment and service provision decline
Relationships	Changing family patterns	New virtual social spaces New surveillance and interactive monitoring in caregiving for frail elderly people	Fuel cost impact on transnational inter and intra generational relationships	Abandonment and impact on informal support
Lifelong learning	Employment and retirement patterns Eductional needs	Distance learning Remote employment oppurtunities Health promotion	Role of older people as 'thrifty'mentors in sustainability	Retirement from agriculture
Participation	Leisure Volunteerism Physical activity	Transport Security and fear of crime	Social, collective activism Sustainable communities	Choice of space and place in the face of changing trends in agriculture
Policy and planning	From recommendations then development to implementation	Rural planning	Psychosocial impact of change	The biofuel debate

Data source: EPRS adaptation from: V Burholt and Dobbs C., 'Research on rural ageing: Where have we got to and where are we going in Europe?', *Journal of Rural Studies*, Vol. 28, pp. 432-446, 2012.

Social Isolation and Ioneliness

Poor transport links and geographical isolation make it difficult to join in social activities. This influences on increasing phenomenon of loneliness in the rural area.

There is a perception that older people in urban areas may be more likely to be **lonely than those in rural areas.** This reflects a perception that older people may have closer social ties in rural communities.

There is also a perception that **loneliness in rural areas can be hidden**. We have a lack of research on loneliness in rural areas in Europe, which makes it difficult to determine the most appropriate or effective interventions to adopt.

A distinction is often made between social isolation and loneliness. The former is seen as being a more objective state ranging from the absence of contact with others to high levels of contact. In contrast, loneliness is seen as the state of mind of a person with negative feelings regarding their levels of social contact.

The pandemic has clearly demonstrated the vulnerability of older people's immune systems. Eurostat data has highlighted the relatively high shares of **older people living in rural regions**. The pattern of infections and deaths from the coronavirus has shown that older people have been extremely vulnerable to the virus. As the pandemic has unfolded, the virus has posed a considerable threat to those populations with larger proportions of older, more fragile people. This has been confirmed by evidence from both **the United States and the EU**.

The **COVID-19 pandemic** also demonstrated scale of impact on the phenomenon of loneliness, which has led to unprecedented numbers of preventable deaths. The blanket isolation measures applied in some settings led to older persons caused a significant toll **in terms of mental and physical health**.

Care strategies for rural areas

One of the consequences of demographic ageing is the increasing number of **older people in need of care**. As the statistics suggests, older people were more inclined to live in rural areas. The Eurostat data indicates that while the overwhelming majority of older people continue to live in private households, **there is a trend towards single households with elderly individuals living alone.** A key challenge presented by the ageing population **is the management of care needs**. Traditionally, in rural areas, the family has often been seen as the provider of such care. This model is beginning to give way to new ways of organising or arranging social care.

Can generational renewal strengthen employment in the rural areas?

- We need a greater understanding of 'the language of farming' and how painful it is for the older generation to relinquish their farm;
- The policy for structural reform in agriculture should be accompanied by a comprehensive set of interventions to deal with the personal and social loss an older farmer may experience in transferring the family farm.
- A greater recognition should be given to the older generation's store of knowledge
 which would be of value to the succeeding generation. this may help to diminish the
 stigma and defeatist stereotype associated with transferring the family farm
- Financial incentives are not sufficient in themselves to address generational renewal in agriculture. Instead, the policy interventions are needed to address the complex nature of the farm succession process and the emotional and social dimensions involved in it.

The EU's approach:

Through its common agricultural policy, the EU supports young people willing to start a career in farming. However, research on generational renewal suggests policy interventions need to consider the complex nature of the farm succession process, which has both emotional and social dimensions for older farmers.

EU policy responses to the issues affecting the older population in rural areas are, in part, set within the EU's rural development policy, the second pillar of the common agricultural policy. This can provide support in relation to issues such as social inclusion, poverty reduction, accessibility, the uptake and use of ICT, and local basic services. **The LEADER approach** encourages local initiatives that address the needs of the older population (*LEADER is bottom-up approach to local development whereby local actors engage in the design and delivery of strategies for the development of their rural areas. It is implemented all across the EU by around 2 800 local action groups covering 61 % of the rural population in the EU).*

Other EU funds and programmes, such as the European Social Fund, Interreg Europe, and the European Innovation Partnership on Active and Healthy Ageing, can also benefit older people in rural territories.

The European Parliament has been working on a wide range of issues concerning health and long-term care, active ageing, solidarity between generations, pensions, retirement policies, etc., passing several resolutions over the years. It will also have a key role to play in securing funding for rural areas and farmers.

Policy Responses

Older persons are a heterogenous group with hugely diverse characteristics such as gender identity, living places and environmental conditions, health status, socioeconomic and educational backgrounds, social relations, race, religion, ethnicity, and sexual orientation, as

well as various intersectionalities. This **diversity must be reflected and valued in policy interventions** regarding education, training, and life-long-learning (including for the oldest old); equal access to goods and services; the extension of working lives and a decent work/life balance; environmental conditions regarding mobility and housing; as well as health promotion, disease prevention, and health and social care services, among other things.

Policy changes are needed to manage our ageing populations properly, reflecting the diversity of the elderly with more focus on disease prevention and education.

These include – but are not limited to – social isolation and loneliness, two phenomena that are both a cause and a consequence of these inequalities. Policies must mitigate such processes by creating more equitable living conditions and access to social support and by fostering social solidarity.

The COVID 19-pandemic has prompted reflection on many issues concerning older people. Older persons, often described as "helpless victims" with respect to severe illness and high mortality, were remarkably resilient in other areas of life, such as in caring for grandchildren or in volunteering. Therefore, participation of older persons must be ensured when deciding on their position and autonomy versus forms of protection and care. In this context, rethinking the role of nursing homes is necessary as well, starting from principles of autonomy and person-centred care.

Two other topics of the conference:

<u>Topic 1: Women and Agriculture empowering the battle for the rural environment against</u> <u>the triple divide: digital, rural and gender: European Rural Pact-Shared Ownership</u>

The increasing prevalence of emerging technologies (like for instance those based on artificial intelligence) and the impact of digitalisation on individuals and societies need to be carefully analysed and underpinned by strategies that promote equity and minimize bias by increasing access and avoiding social exclusion and digital divides. This means upscaling efforts to provide digital skills, connectivity, and accessible and affordable technologies and tools to older persons. At the same time, users must be protected from intrusion, scams, fraud, and other violations of their rights when using digital devices and applications

New technologies can help to reduce social isolation, but many rural areas are still lagging behind in terms of digital infrastructure, with a lower share of households having internet access, and a lack of digital skills among older people. Yet information and communications technologies offer many opportunities, especially in terms of health care and life-long learning (see the table #2 below).

Table #2

Opportunities offered by technology	Challenges and barriers faced by older people
e-Health – using digital technology for remote care Telehealth: remote collection of patient data Telecare: remote care with the help of environmental sensors to detect falls or fires Telemedicine: delivery of medical care over a distance Telecoaching: delivered by digital tools such as computer and smart phone Mobile health (M health): mobile health applications for self-diagnosis Active and assisted living: home-based devices to support diverse activities of older adults. Robotic technology: robotic wheelchairs, shower chairs and technologies to prevent falls.	Access to and use of internet Digital divide / digital alienation among older people Loneliness Lack of digital infrastructure in rural areas Funding Integrity and privacy

Source: EPRS adaptation from: European Parliament Technology Assessment. <u>Technologies in care for older people</u>, EPTA Report 2019, Swedish Parliament.

Topic 2: Good practices in training for employment

Member States are starting from very different bases so that research and development are needed to facilitate mutual learning and learning from good practice. **This is particularly true for the issue of ageism**, where it is necessary to develop tools to promote and measure both awareness and tangible implementation of appropriate interventions. Involving the media is a critical component to this strategy in this respect.

There is ongoing concern and debate regarding how to attract more young physicians to work in rural areas. For example, in Germany, rural areas have been facing the challenge of ensuring access to general practice and family medicine. In Saxony-Anhalt, University of Magdeburg's Institute of General Practice and Family Medicine has developed an innovative undergraduate medical course to improve the potential of medical training to improve health care in rural areas. It involved a programme over two weekends to teach students rural medical practice skills, in order to provide them with insight into different forms of rural practice and the social importance of their role in such areas. Early evaluation evidence indicated an increased willingness to consider a career in rural practice.

In France, plans were announced in February 2020 to attract young doctors to rural areas through a series of measures to improve access to medical care in such areas. These include the provision of 750 contracts for medical assistants to help doctors with their administrative tasks and free them to concentrate on their core activities and increase the number of patients they can see.

The measures also include the creation of positions for salaried doctors and mixed town-hospital activity in rural territories. A target has also been set to create 1 500 additional internships for medical students (minimum six months) in rural areas.

See below the table, which illustrates some projects funded by the European Agricultural Fund for Rural Development benefiting older persons in the EU's rural areas.

Member State	Initiative		
Poland	Under the LEADER initiative, a Polish local action group organised a series of three-day workshops in nine municipalities for residents over 50 years old with limited computer skills. The workshops were conducted by a professional trainer. After passing a competency test and committing to 100% attendance at the workshops the participants received tablets and keyboards to continue practising their skills.		
Germany	In Hessen, a former vicarage was converted into a community care facility offering daily health and support services to older people and people in need (LEADER measure).		
Finland	In Finland, a small, remote rural community of around 1 300 inhabitants launched a Digi-Hub for older people. The hub helps them to benefit from digitalisation and quickly emerging new online services related to health, banking, shopping and social relations (measure 7).		

Member State	Initiative
Lithuania	In Švėkšna, Measure 6 – 'Farm and business development' – was used to set up a healthcare centre for older people, offering medical and aftercare services in this rural area.

Source: European Network for Rural Development, Projects and Practice.82