Comment on the paper *"How demographic patterns and social policies shape interdependence among lives in the family realm"* by Pearl Dykstra and Gunhild Hagestad

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Dykstra and Hagestad's article "How demographic patterns and social policies shape interdependence among lives in the family realm" leads me to consider two inescapable conclusions: first, that we need to be looking at the interaction between generations when considering what happens in the social sphere, and second; that the role of the state has profound consequences on people's lives. While these conclusions may seem obvious, they are frequently overlooked, especially where policy making for older people is concerned. The challenge facing many policy makers is recognising that the significance of the interaction between generations extends far beyond traditional discussions of ageing and older people.

While the focus of Dykstra and Hagestad's article is on national social policy, it may be helpful to situate their analysis in the broader context of international agreements that influence these policies. We could easily point to the *Madrid International Plan of Action on Ageing* (UN, 2002), the *Sendai Framework for Disaster Risk Reduction* (UN, 2015a) , *Habitat III—New Urban Agenda* (UN, 2016), or the *G8 Dementia Summit Declaration* (DoH, 2013) as examples of how international policy making is starting to take into account ageing issues and older people. Two agreements, however, stand out as being particularly important for this discussion: the *Sustainable Development Goals* (SDGs) (UN, 2015b) and the World Health Organisation's (WHO) *Global Strategy and Action Plan on Ageing and Health (2016-2020)* (WHO, 2016).

Taking each of these agreements in turn, I would like to focus first on the *Sustainable Development Goals*. The SDGs, also known as the *Global Goals* or *Agenda 2030*, are comprehensive (17 goals, 169 targets), ambitious (aiming to eradicate extreme poverty by 2030), transformative (the principle of "Leave No-One Behind" means reaching the most marginalised groups) and challenging for all (unlike its predecessor—*The Millennium Development Goals*—the SDGs are a universal agenda that applies equally to all countries and focusses clearly on environmental sustainability as well). Crucially for this discussion, they explicitly include older people. This is the first global international development agreement that recognises older people as stakeholders in their countries' development. As a result, they have the potential to drive positive change for older people that goes beyond traditional sector-specific ageing policy.

Given the complexity of the SDGs, and the ambitious nature of the task that governments, UN agencies, civil society, the private sector and the academic community have set themselves, we're only just beginning to make sense of how to put this into action. This is where Dykstra and Hagestad's analysis could be helpful. If we are to engage successfully with the SDGs, we must also come to terms with the interlinked nature of the different goals and targets and actively seek to understand how different policies influence outcomes.

Outside of the specialised world of ageing experts, researchers and social policy professionals, little is known or understood of the influence that older people can have on achieving wider societal objectives, nor the impact that government policies can have on shaping life outcomes and inter-relationships between people of all ages. Those responsible for shaping the public policies that will deliver the SDGs need to understand that, as Dykstra and Hagestad explained, "policies and laws create, assume, reinforce, block and lighten connections between the lives of parents, children, grandparents, and grandchildren."

The significance of the SDGs for improving the lives of older people could be substantial if they are carried through. This is made most explicit in Goal 3 on health, which unequivocally commits to "ensure healthy lives and promote well-being for all at all ages." But the significance of older people for achieving the SDGs goes beyond addressing them as a group whose needs have to be met. This is also an opportunity to understand the role and contributions that older people make for achieving a broader set of objectives that affect the lives of all generations. Making sure that these intergenerational dynamics are firmly embedded in national policy-making is essential.

Now let's turn our attention to the commitments made by the WHO and Member States in the area

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of ageing and health. The WHO's approach situates healthy ageing as a whole society agenda—not as something that is only relevant to older people. It also begins by focussing on people's capabilities and the importance of maintaining functional ability across the lifecourse. An older person's health and well-being should not be determined by what they cannot do, but rather by their intrinsic capacity coupled with the policies, systems and services in the environment around them. These have an enormous role to play in helping an older person to maintain their functional ability and well-being in later life.

The WHO's *Global Strategy and Action Plan on Ageing and Health* is closely linked to the ambitions of the SDG agenda, and includes—among other things: establishing national frameworks towards healthy ageing; strengthening national capacities to formulate evidence-based policy; and combating ageism. This requires a policy-making approach that fundamentally recognises and addresses interdependence between generations. The actions of national governments will have a profound impact on well-being and health outcomes of the current generation of older people, on those who have taken on caring responsibilities for older people, and on the future well-being in later life of today's younger generations. Policy makers, in this regard, need to be made aware that even taking no action has significant consequences.

Dykstra and Hagestad's article, the SDGs (implicitly), and the WHO action plan, all call attention to the fact that ageing is gendered. We need to be keenly sensitive to the dynamics playing out between women and men, girls and boys, as well as between generations. We will not be able to develop effective social care policies unless we take into account of who is bearing the burden of care, both informal and paid. We will not achieve better health in later life unless we are aware that a greater proportion of older people whose health we are trying to improve are women. We will not be able to achieve better educational and nutritional outcomes for younger girls and boys unless we have a clear analysis of intergenerational dependency and the positive and negative impacts that older generations can have. And we will not be able to identify and reach out to the truly vulnerable and marginalised older women and men unless we start to generate, disaggregate and analyse data on later life more effectively.

The *Sustainable Development Goals* and the WHO's *Global Action Plan on Ageing and Health* provide an opportunity to bridge the divide between specialists working on issues to do with ageing and older people and a wider policy community that is engaged with achieving broader societal objectives. It is only by working in this way that we will be able to ensure that older people get the best outcomes they deserve.

Bibliography

DoH (2013). *G8 – Dementia Summit Declaration*. RDD/10495. `https://www.gov.uk/government/publications/g8-dementia-summit-agreements/g8-dementia-summit-declaration`.

UN (2002). "Madrid International Plan of Action on Ageing". In: *New York: United Nations*.

— (2015a). *Sendai Framework for Disaster Risk Reduction*. `http://www.unisdr.org/files/43291_sendaiframeworkfordrren.pdf`.

— (2015b). *Transforming our world: the 2030 Agenda for Sustainable Development*. A/RES/70/1. `http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E`.

— (2016). *Habitat III – New Urban Agenda*. A/RES/71/256. `http://www.unisdr.org/files/43291_sendaiframeworkfordrren.pdf`.

WHO (2016). *Global Strategy and Action Plan on Ageing and Health*. A69/17. `http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_17-en.pdf`.

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