



# ***Growing Old in Germany***

**Diversity and Inequality of Opportunities  
for Participation**

*Findings and Recommendations  
of the Ninth Government Report  
on Older People*



Federal Ministry  
for Education, Family Affairs, Senior Citizens,  
Women and Youth

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# Foreword

Dear readers,

We, the eleven members of the Commission of the Ninth Government Report on Older People, have been assigned by the Government to describe older people's living situations and their opportunities for participation – and to identify the extent to which these opportunities are unequally distributed. We have been asked to provide policymakers with suggestions on how participation can be ensured and improved for all older people.



We took on this task with great enthusiasm, had intensive discussions with each other, exchanged ideas with many other experts and drafted a report guided by the principle of self-determined and equal participation based on shared responsibility. We believe that an ageing society can offer many opportunities if we handle it right, if we value the diversity of old age and if we counteract the unequal distribution of opportunities for participation among older people.

This brochure summarises the most important findings and recommendations from our report. I cordially invite you to let yourself be inspired by them, to think about them, to discuss them further and perhaps even to help shape the implementation of policies. We look forward to seeing how our work will be received!

Prof. Dr Martina Brandt  
Chairwoman of the Commission of the Ninth  
Government Report on Older People



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# Key concepts and argumentation

The guiding principle of the Commission of the Ninth Government Report on Older People is the self-determined and equal participation of all older people – based on shared responsibility. Participation is self-determined when people can live their lives according to their own ideas and goals. Participation is equal when people from all social groups have similar opportunities to realise their goals. And participation is based on shared responsibility when people contribute to the functioning of society.

## Participation

When they think of participation, many people spontaneously think of social inclusion and belonging. Participation is widely recognised as a positive norm: there is a very broad consensus that everyone should be able to participate in social life.

Belonging in the sense of participation presupposes that people can lead self-determined lives and can choose between different ways of living – within the limits of the given social conditions. However, people differ in their capacity to do this. The number of options a person has and their capacity to take self-determined decisions depend on their personal circumstances as well as the societal conditions under which they take their decisions. A policy that aims to ensure equal and self-determined participation in old age must therefore enable all older people to live their lives according to their own ideas given their personal circumstances

and the conditions of the society at large. It must be an empowering policy that addresses both individual skills and the individual's ability to act, as well as the social framework, structures and processes.

Participation is enacted in various areas of life. Being gainfully employed, maintaining social relationships, staying healthy, living according to one's own wishes and needs, caring for others and participating politically in the community are some of the areas of life that many people rate as important. When it comes to participation, the different areas of life interact. For example, good health makes it easier to maintain friendships and other social relationships – and good friendships and good social integration have a demonstrably positive effect on health.

In its report, the Commission looks at what measures and support are necessary to give *all* older people sufficient options to shape their lives according to their individual goals. In individual chapters and on the basis

of empirical data, the Commission's report examines the following areas of life: material security, gainful employment, care work, health, housing, engagement, political participation and social relationships. An important prerequisite for participation is having sufficient resources. Therefore, the Commission's report begins by examining financial resources in old age as well as political measures to prevent and combat poverty in old age.

If a person has few or no opportunities to participate – i.e. if they have little or no scope to shape their lives according to their individual goals – we can describe them as excluded. Older people may find themselves with severely restricted options for participation if they live in poverty or precarious housing conditions, are physically and/or mentally ill or are experiencing violence. Opportunities for participation can also be limited when care needs, social isolation and loneliness coincide. Which life situations can be characterised as exclusion, what amount of participation is deemed sufficient and when full and complete participation is achieved are determined by social negotiation and agreement.

As the Commission demonstrates in its report, the promise of old-age policy to ensure equal and self-determined participation for all older people demands that special attention be paid to socially disadvantaged groups. These include older people with disabilities, older people with migration experience, older LGBTI\* people and other groups that tend to be underrepresented in debates on old age and who find themselves in vulnerable life situations. Their opportunities for participation are often precarious or inadequate. In this sense, the participation perspective is very sensitive to social exclusion.

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## Variety and diversity

The Commission of the Ninth Government Report on Older People emphasises the great diversity of life in old age. In many respects the differences between older people of the same age are often enormous – regardless of whether we’re examining state of health, cognitive performance, material situation, gender and sexual identity, social relationships or other characteristics.

Simplistic and undifferentiated images of age do not do justice to the actual differences between older people. Because of the great differences that can exist between people of the same age, it is not always helpful to group people from closely related cohorts into “generations” (such as the baby boomers, the 68ers, the millennials and Generations X, Y and Z) and to ascribe certain characteristics to each of these generations. Even if people from the same or closely related birth cohorts generally share certain experiences, such “generationalism” is sometimes based on stereotypical representations. Especially when different generations are played off against each other, this can promote generational conflicts.

Diversity is primarily associated with characteristics such as age, ethnicity, physicality, gender and sexual identity. Diversity as a positive norm emphasises that people with different characteristics are nevertheless all unique and valuable members of society and have the same right to participate in society. In reality, however, some of these diversity characteristics are associated with discrimination. Discrimination hinders individuals’ development and restricts their scope of action; participation therefore requires freedom from discrimination. The Commission has dedicated separate chapters in its report to two groups frequently affected by discrimination: older people with experience of migration and older LGBTI\* people. By doing so, the Commission directs attention to these two groups that have so far received little attention in policy for older people or in ageing research.

## Social inequality and intersectionality


In order to combat age-based discrimination, it is important to be aware of the diversity of older people and to recognise that, despite all this diversity and difference, all older people have the same right to opportunities for participation. At the same time, older people have different experiences of privilege and discrimination.

In its report, the Commission of the Ninth Government Report on Older People takes account of the fact that people are not just disadvantaged in individual areas (for example, in terms of income, education or the ability to maintain their own health). In fact, disadvantages in different areas usually coincide and reinforce each

other. For example, poverty often goes hand in hand with low education, and both can in turn interact with health problems. If these circumstances are combined with language barriers or extra strain due to caring responsibilities, participation is only possible to a very limited extent. Thus, some older people's life situations are characterised by overlapping and sometimes mutually reinforcing disadvantages. To appropriately account for this, the Commission's report examines older people's life situations from an intersectional perspective – to the extent that the empirical data allows. This perspective focuses on the social structures that influence the distribution of disadvantages and privileges. The structures of power and inequality that become visible in such contexts usually impede the development of individual agency over the course of one's life and can lead to multiple forms of discrimination and limit opportunities for participation. An intersectional perspective facilitates a more differentiated examination of inequalities in old age.

With this in mind, the Commission dedicates a chapter of its report to looking at three case studies and identifying the cumulative – and in some cases mutually reinforcing – interactions ("intersections") between several inequality characteristics. The case studies clearly show the extent to which structural conditions can influence individual opportunities for participation over the course of a lifetime.

Compared to approaches that merely consider one single form of discrimination, the intersectional perspective makes it easier to identify support needs in different vulnerable life situations in old age, as well as the resulting political challenges. It emerges that participation-orientated policies for a good life in old age can only be successful if they address the existing multidimensional structures of inequality and encompass various fields of action and policy. In the concluding chapter of its report, the Commission therefore outlines the main features of a cross-departmental policy for a good life in old age that spans various fields of action.



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## **The Government Reports on Older People**

Every legislative period, the Federal Ministry for Education, Family Affairs, Senior Citizens, Women and Youth (BMBFSFJ) appoints a scientific expert commission on behalf of the Federal Government and commissions it to prepare a report on a specified topic. The independent expert commission prepares its report over a period of around two years and submits it to the BMBFSFJ. Under the leadership of the BMBFSFJ, the Federal Government then draws up a statement on the Commission's report. The Commission's report and the Federal Government's statement jointly form the Government Report on Older People and are published as a Bundestag publication.

The Commission of the Ninth Government Report on Older People was appointed by the former Federal Minister for Family Affairs, Senior Citizens, Women and Youth, Lisa Paus, on 22 July 2022. On 11 July 2024, the eleven experts from the fields of psychology, social science, gerontology, health science and social policy presented the Minister with their report, entitled "Growing Old in Germany – Diversity and Inequality of Opportunities for Participation".



# Opportunities for participation in key areas of life

Financial circumstances, gainful employment, care work, health and care, housing, participation and social integration are areas of life that are particularly important for participation in old age. The Commission of the Ninth Government Report on Older People therefore took a closer look at these areas of life in its report. It evaluated scientific studies and processed a large number of empirical findings. In this way, it was able to compile evidence on how opportunities for participation are unequally distributed in these areas of life.

## Old-age poverty in Germany: Challenges and policy options

Adequate financial means are crucial for being able to live a self-determined life following retirement. Financial security therefore has a considerable influence on quality of life and well-being in old age.

The empirical findings on the financial situation of older people in Germany paint a mixed picture. On the one hand, retirement incomes have grown in recent years: on average, both statutory pensions and total income in old age have risen. On the other hand, income differences between older people are large: there are considerable inequalities between men and women, between people in western and eastern German regions and, in particular, between people with and without migration

experience or with and without German citizenship. Married western German men without a migration background and with German citizenship have the highest average retirement incomes; single women with a migration background and without German citizenship have the lowest average retirement incomes.

Poverty among older people has increased disproportionately in the last two decades. A person is considered to be at risk of poverty if they have less than 60 per cent of the median income of the population as a whole. According to the Federal Statistical Office, around 18 per cent of people aged 65 and older were at risk of poverty in 2022. Receiving basic income support in old age is also an indicator of poverty. The number of recipients of basic income support in old age has more than doubled since the benefit was introduced in 2003, while the relative proportion of older people receiving basic income



support has remained fairly constant for years, at between 3 and 4 per cent. However, there is a considerable proportion of so-called “hidden” or “disguised” poverty in old age. Estimates suggest that around 60 per cent of people who are actually entitled to basic income support in old age do not claim it. This is often because they are unaware of the benefits or because those entitled to them are afraid of dealing with the authorities, social control and possible clawbacks from their children’s income. Shame and fear of stigmatisation also play a role. There are similar barriers to accessing debt counselling services – despite the fact that over-indebtedness rates among older people have increased significantly over the last ten years.

The risk of low retirement incomes is expected to grow for certain population groups. This particularly affects households in eastern Germany, people with a low level

of education, older single women, people with longer periods of unemployment and people with migration experience. In some cases, there are overlaps between these groups.

Poverty is a major reason for limited participation opportunities. Therefore, preventing poverty in old age and ensuring that as many older people as possible have at least an adequate financial situation must be the central goal of a participation-orientated policy. Income in old age is essentially the result of an individual’s working life and its institutional framing and assessment. Those who have experienced years of unemployment or who have only been marginally employed or have worked in the low-wage sector usually do not have a sufficient income in old age. Low retirement incomes may also arise due to early health problems, a migration background, phases of self-employment without social



insurance contributions, longer interruptions in employment due to care work such as raising children or caring for relatives and the expansion of the low-wage sector.

The Commission of the Ninth Government Report on Older People calls for measures to be taken at various levels during working life to proactively prevent poverty in old age. In times of demographic change and an increasing shortage of skilled workers, legislators and companies should create flexible frameworks for working life so that they are better suited to different life situations. The focus should be on promoting and enabling the most continuous working lives possible. Secure jobs with incomes that are adequate for the individual generally also lead to adequate income in old age. The still-significant differences in labour market participation and pay between men and women should be minimised. In this context, tax and social disincentives that keep women from participating in the labour market should be reduced. For instance, the Commission recommends reviewing and further developing joint taxation rules for spouses with regard to their consequences for women's employment and pension provisions.

These measures relating to working life should be supplemented by a pension policy that guarantees an adequate standard of living in old age and thus limits social inequalities in old age. A long-term minimum pension level should be set for the Statutory Pension Insurance Scheme (GRV), which is the main pillar of the German old-age security system; this should ensure that pensioners participate appropriately in the development of social prosperity and give younger contributors a reliable promise of financial security to guide them in their life planning. The GRV should provide better coverage for people with discontinuous employment histories and low average lifetime earnings due, for example, to illness or care work and phases of unemployment. Improved protection against the risk of reduced earning capacity is also necessary.

The Commission also points to the urgent need for action to combat and prevent "hidden" poverty and situations of over-indebtedness in old age. The Federal Government, federal states and local social welfare agencies should break down barriers such as ignorance and shame by providing better information and by specifically de-stigmatising the receipt of basic income support. Access to benefits and counselling services – including debt counselling – should be made easier.





## Employment in old age: Who can, who wants to, who has to?

Gainful employment – whether before claiming a pension or during retirement – can be an important area of participation in social life for older people. It not only helps people to secure their income, but also strengthens their social networks and boosts the feeling of being needed. However, older employees have greatly varying opportunities to work until the normal retirement age or beyond.


### **Gainful employment before retirement**

For many years now, the labour market participation of older employees has increased before the transition to “retirement”. However, there are still significant

differences in the extent to which older male and female employees work, even if these differences have narrowed over the last twenty years. Women are more likely than men to work part-time or in marginal employment, which can also explain (at least to a large extent) the persistently lower wages and retirement incomes of women compared to men.

Whether a person is able to work until the standard retirement age or beyond depends largely on whether their job is beneficial or detrimental to their health. The point at which a person leaves the workforce depends heavily on the sector – and in particular on the working conditions. People tend to have shorter working lives if they perform physically demanding work or frequently work at night or in shifts. High work intensity, a lack of personal development opportunities and a lack of

recognition also often lead to early withdrawal from the labour market. In many cases, stressful risk factors coincide at work, meaning that some people have little chance of reaching the standard retirement age in good health. Stressors throughout employees' working lives influence their capacity to work in older age, meaning that social and health disparities increase with age.



***Age-appropriate work design, continuous training opportunities and flexible working models can help older employees to remain healthy, motivated and productive in their working lives for longer.***

However, older employees' health alone does not determine how long they can, want to or have to work. At what age people retire is also influenced by other factors, such as the individual's financial situation. For people without financial security, leaving working life early is often not an option: claiming a pension early often means accepting penalties that further reduce already modest pension entitlements due to the often-low income during one's working life. Leaving

working life early is usually only available to people with higher incomes. There are therefore major social differences with regard to older employees' capacity to work until the normal retirement age (or beyond).

Age-appropriate work design, continuous training opportunities and flexible working models can help older employees to remain healthy, motivated and productive in their working lives for longer. Particularly in professions with high physical and mental demands, a life-cycle-orientated and holistic employment and human resources policy is important. The Commission of the Ninth Government Report on Older People recommends publicising and promoting successful examples of employment and human resources policies that achieve this.

It should also be made easier to re-employ older workers after career breaks or changes of job. In this regard, programmes for professional reintegration could be helpful, including incentives and intensive counselling for employees and companies. Overall, the principle of "prevention before rehabilitation before retirement" should be strengthened and adhered to.

However, health-related early retirement cannot be completely avoided, especially in highly stressful occupations and sectors. An option for early and flexible retirement should be developed for affected employees. In this context, it would be beneficial to grant older employees the right to reduce their working hours in several stages until retirement.

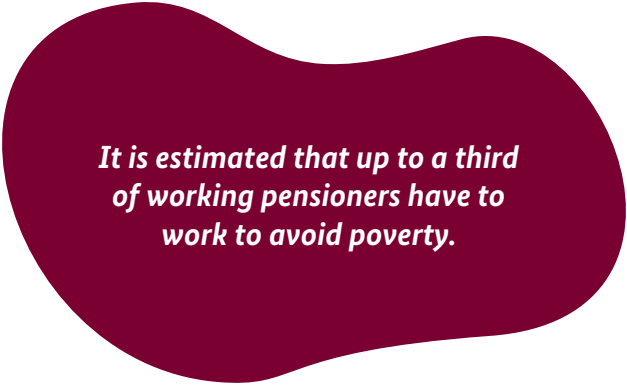
### **Gainful employment in retirement**

More and more people are doing paid work in retirement. In 2022, this applied to 1.4 million people aged 65 and over, or around 8 per cent of this age group. A high proportion of retirees with earned income are self-employed, well qualified and in good health. They predominantly work in mini-jobs and part-time jobs, often in routine roles in the service sector, especially in small businesses. Pensioners often look for jobs that offer a more flexible working environment and more respectful interactions with colleagues compared to their previous employment.

A large number of institutional frameworks have been made more flexible in recent years in order to facilitate and promote gainful employment while drawing a pension. Since the implementation of the Flexirentengesetz (Flexible Pensions Act), anyone can now have income from work while drawing a full pension and can even build up additional pension entitlements. Companies also have low-risk and attractive options to employ pensioners thanks to special labour regulations primarily related to fixed-term employment options.

There are many reasons for working in retirement: for some, it is the joy of the job, for others, the financial pressure or a mixture of both. It is estimated that up to a third of working pensioners have to work to avoid poverty. For women in particular, working in retirement is often a response to low pensions and pension penalties or critical life events (such as divorce or widowhood).

Overall, more and more people want to work in retirement, so the Commission recommends further improving opportunities for labour force participation in “retirement” and further reducing existing barriers, particularly at the company level. In addition, social and pension policy reforms should be introduced to prevent more and more pensioners from being forced to work beyond retirement age due to low pensions.



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## Care work – challenges for family members and carers

Caring for relatives is a central component of the care system in Germany and the most common form of care. Four out of five people in need of care in Germany are cared for at home, mainly by relatives. However, care work is not always provided entirely voluntarily: the financial resources needed to pay for care services are often lacking or commercial care services are not sufficiently available and do not provide the right care services. In many cases, taking on unpaid care and support tasks changes the carers' lives for a long period of time and, when relatives require intensive care, leaves carers overburdened and severely restricted in other areas of life.

*In Germany, around two thirds of all family carers under the age of 65 are employed.*

Care and support for relatives is still predominantly provided by women. Compared to men, women are much more frequently the main carers and therefore provide more intensive care than men. This means that male carers often find themselves in care situations that are more compatible with other areas of life and have less stressful care relationships than women.

The majority of older carers feel overburdened by care work. They particularly experience everyday basic care as emotionally difficult and physically straining. In addition, many family carers feel that their privacy, leisure activities and social life are severely restricted. Only a few manage to take advantage of respite care services at all.

In Germany, around two thirds of all family carers under the age of 65 are employed. When people have to combine caregiving with work commitments, this generally has a negative impact, not only on well-being and physical and mental health, but also on financial and social security. The longer the care provision and the greater the amount of care required, the more frequently family carers reduce their working hours or give up work altogether. Studies also show social differences and inequalities in this context: part-time carers (mostly women) with low incomes and low professional status are more likely to take on more extensive care and also reduce their working hours more frequently than persons in full-time employment with higher incomes.



For many people, it is challenging to work and care for older people at the same time. In order to better support people in reconciling work and care, the Commission of the Ninth Government Report on Older People recommends further developing family care leave: if an individual temporarily gives up paid employment to care for a relative or other close person, they should receive compensation for their loss of income in addition to the benefits provided by care insurance.

Given the capacity problems in outpatient care and the increasing number of people needing care, the challenges of reconciling work and care will grow and become more explosive, both socially and politically. In an ageing and diverse society, policymakers therefore

need to mobilise as much support as possible beyond family relationships. The existing laws on family care leave should therefore also be extended to relationships among people who are not relatives. Against this backdrop, the Commission expressly welcomes the Federal Government's plan to reframe the role of chosen communities and communities of shared responsibility in law. Upgrading the status of communities of shared responsibility means more strongly accounting for the diversity of ways of life in our society. For example, it should be possible for people who are not in family relationships but are in close friendships or living in shared flats to receive unbureaucratic statutory guarantees when they assume responsibility for each other (e.g. for care work).



In addition, the Commission calls on the federal, state and local governments to expand measures to support and relieve the burden on family members and carers by providing access to advice services and short-term care options, as well as health promotion and prevention services. Support services for carers and care recipients should be developed and targeted to different specific needs. In addition, an individually tailored “support package” consisting of professionally provided care and support from family members, neighbours and volunteers could help to ensure that relatives do not have to provide care beyond their desired level and could improve the overall quality of care.

***Health and participation are closely linked and influence each other – right into very old age.***

## Reducing health inequality, shaping healthy living environments

Health and participation are closely linked and influence each other – right into very old age. On the one hand, good physical and mental health is an important prerequisite for participation in many areas of life. For example, age-related chronic physical illnesses, increasing functional impairments or mental illnesses can make social integration, social participation or employment and caring activities more difficult. On the other hand, health is influenced by an individual’s financial situation, quality of housing, integration into social networks and social activities, among other things. Little or no participation in these and other areas of life not only reduce quality of life, but can also have a significant impact on people’s mental and physical health.

In its report, the Commission of the Ninth Government Report on Older People sheds light on the health situation of older people and shows that the opportunities for good health are unequally distributed according to age, gender and socio economic status. Individuals’ life conditions at different stages of life have a significant impact on health in old age. Overall, it is evident that people with a low level of education and low income have worse health than those with a higher level of education and higher income.






Social relationships, emotional and practical support and social activities are of great importance for older people's well-being and health. Older people who experience a high level of social support and social inclusion feel better, have more self-confidence and live more healthily than older people who are less supported and less well included. By contrast, older people with little social support, few social relationships and little trust in other people more frequently suffer from stress and functional impairments as well as various illnesses – including dementia. In particular, experiencing low levels of control over one's own life (often associated with low socio economic status) results in lasting adverse health effects.

Due to decreasing mobility, individuals' homes, areas of residence and living environments become more important as they grow older. This makes the unequal health potential and health risks associated with different living situations and residential areas all the more important. For example, a limited sense of safety in a residential environment (e.g. due to neighbourhood conflicts, high traffic volumes or poor lighting) has been shown to lead to lower levels of activity, poorer mental health and increased feelings of stress. Environmental pollution in the residential environment (such as air pollutants, noise or severe heat) also entails a number of risks for physical and mental health, particularly for older people and those with chronic illnesses.

Disadvantaged groups of older people are significantly more affected by this than better-off groups, as they are less able to compensate for the stressors in their living environment due to their lower overall resources. Very old people, older women living alone, older people with migration experience, people with dementia and older people affected by poverty – and especially those exposed to several of these risks – are considered to be particularly vulnerable in terms of health.

Against this backdrop, the Commission calls for disadvantaged urban and rural social spaces in particular to be made health-promoting, age-friendly and inclusive. The development of health-promoting neighbourhoods makes a decisive contribution to improving older people's health, quality of life and participation: cleverly designed green spaces can reduce environmental pollution in cities and at the same time promote group activities. A person-centred transport policy and heat action plans can reduce health burdens. Accessible, low-threshold meeting places enable social encounters and thus mutual support. Local actors in the areas of health, care, sport, support for older people and neighbourhood development should cooperate to ensure that low-threshold health-promoting services for older people are significantly expanded and advertised locally. In this regard, efforts should be made to ensure that prevention and health promotion programmes also reach disadvantaged older and very old people.

In addition, the availability and quality of medical and nursing care is essential if older people are to receive the best possible support in maintaining their health and quality of life despite age-related losses. For some years now, however, gaps in medical services and care provision have been increasing – particularly



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in peripheral rural areas. Such provision gaps have a particularly negative impact on disadvantaged groups: older people with a low socio economic status or migration experience often have particular disadvantages, for example, in terms of accessing GPs, specialists and care facilities, or with the quality of care.

An interdisciplinary, integrated geriatric care approach is a key to providing needs-based care for older people. Close cooperation between service providers (e.g. hospitals, medical centres and rehabilitation facilities) can significantly improve the quality and efficiency of medical care. Coordination and cooperation can, for example, prevent services from being duplicated or not provided at all. In addition, cooperation can prevent medication errors, improve communication with patients and enable a better use of rehabilitation options so that hospitalisations and admissions to nursing homes can be avoided. The geriatric care infrastructure in Germany is still underdeveloped; there are considerable gaps in many regions, especially in outpatient geriatric care.

The provision of outpatient and inpatient care is inadequate and leads to situations of undersupply and care quality problems in many locations. The difficult financial situation of many nursing homes, the sharp rise in co-payments by nursing home residents and the sometimes-dramatic staff shortages pose major challenges for the care system as well as for people with care needs and their relatives.

The Commission calls on the Federal Government to create a legal framework that guarantees needs-based, non-discriminatory and high-quality healthcare and care for all older people. Particularly in peripheral rural and disadvantaged urban regions, care infrastructures should be strengthened and undersupply reduced. The German health care system's self-governing bodies should be held more accountable for ensuring adequate health care provision throughout Germany. Accessible support services and preventive home visits can facilitate access to medical and nursing services as well as to social and health-promoting facilities and networks, and should therefore be established nationwide. In order to make the nursing, health care and social professions more attractive, the federal and state governments should, in cooperation with the collective bargaining partners, improve working conditions, make training pathways more flexible and promote interdisciplinary cooperation.

Opportunities for local authorities to implement needs-based and local health care and nursing structures should be substantially expanded. To this end, the federal and state governments should transfer legal responsibilities, competencies and financial resources to the municipal level.



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### Affordable housing and accessible mobility as the key to participation

Older people's opportunities for participation are significantly affected by the availability of affordable and age-appropriate housing, the local infrastructure for providing everyday necessities and the social integration of older people in their living environment. In its report, the Commission of the Ninth Government Report on Older People therefore looked at living at home as well as life in the immediate vicinity of the home, i.e. in a neighbourhood, district, city quarter or village.

Social participation includes being able to live in an appropriate place and feeling comfortable at home and in one's immediate living environment. However, average housing costs have risen significantly in many regions and cities in recent years, while average retirement incomes have not increased to the same extent. More and more older people are therefore finding it difficult to afford a home that meets their needs. There is currently far too little affordable housing, especially in large cities. In order to guarantee participation for all older people, policymakers must ensure that poor households or households at risk of poverty can also afford housing. The Commission calls on the Federal Government to structure housing benefits to ensure that older claimants of housing benefits can meet their housing needs, even if rents rise. At the same time, it



***More and more older people are finding it difficult to afford a home that meets their needs.***

calls on the federal states to ensure that the stock of social housing does not decline any further; indeed, they should expand it again and allocate it in line with need. Municipalities should work together with local housing market players to develop local strategies for providing poor older people or those at risk of poverty with suitable housing and make consistent use of the housing policy instruments available to them.

When individuals' health impairments increase, they may find that stairs, thresholds, narrow entrances or small spaces in the home can become barriers that make everyday life more difficult for older people. The Commission recommends measures to ensure the adequate provision of low-barrier living spaces: the subsidy programme Altersgerecht umbauen (age-appropriate remodelling of homes) of the Kreditanstalt für Wiederaufbau (KfW) should be continued, especially the subsidy version. Furthermore, barrier-reducing

conversions of apartments should be promoted, and financing models should be developed to ensure that, in addition to residents, other stakeholders help pay the costs (including the Federal Government, federal states, local authorities, care insurance funds and federations of housing associations and housing companies). In addition, housing advice centres should be established nationwide.



### **Making public spaces accessible**

Mobility in public spaces is a key prerequisite for participation. Being able to be mobile outside the home makes a significant contribution to life satisfaction; conversely, health-related restrictions to mobility are experienced as a loss that significantly reduces life satisfaction. The opportunities to be mobile decrease as health impairments increase and people with low incomes are often less able to compensate for this than people with higher incomes. Maintaining opportunities for participation for all older people therefore not only means removing barriers from housing or planning and building sufficient new barrier-free homes, but also designing barrier-free public spaces and public transport.

## Local structures for social integration and engagement

Participation has many facets. For example, older people can volunteer, be politically active, engage in educational activities or take part in cultural life. In its report, the Commission of the Ninth Government Report on Older People highlights older people's involvement in the above-mentioned forms of participation in Germany and what differences are evident between different social groups. In all areas of social participation examined by the Commission (voluntary work, political participation and educational and cultural activities), older people with low socio economic status and low levels of education are significantly less likely to experience social participation than people with a higher socio economic status and a higher level of education. Very old women are consistently at a clear disadvantage: this group's limited participation in the aforementioned activities is due to low individual resources and the high barriers to accessing the relevant opportunities.

Civil society organisations that promote and support volunteering should make greater efforts to offer older people opportunities to volunteer. Older and very old people should not just be able to continue fulfilling an existing commitment for as long as possible, but should also take up a new commitment. Civil society organisations should also provide low-threshold volunteering opportunities for people with limited resources. The Commission recommends that the Federal Government explicitly addresses social inequality and old age in its volunteering strategy.

In the Commission's view, the federal states and local authorities must ensure that all older people have the opportunity to participate in political processes autonomously, regardless of their living and housing situation. Very old people and people in residential facilities in particular should always have a realistic opportunity to take part in elections, for example.

The Commission recommends that the federal states invest more in the development of strategies and structures for lifelong education and cultural participation. Services should be developed specifically for those older people who have been unable to take advantage of educational and cultural offerings due to visual or hearing impairments, mobility problems or socio economic or socio cultural disadvantages.

Older people have greater opportunities to participate if they are socially integrated in their local area, i.e. if they have a sufficient number of close social relationships. Participating in activities together with other people generally has a positive effect on health, well-being and quality of life. By contrast, having too few meaningful social contacts can lead to experiences of social exclusion or loneliness. Social exclusion occurs when people do not feel part of society, but rather perceive themselves as excluded or marginalised. It is a strong indicator of limited opportunities for participation. Overall, 5 per cent of all people aged 50 and over in Germany feel excluded. In very old age (from 80 years onwards), the proportion of people who feel excluded increases significantly: particularly affected groups include very old people with low educational qualifications (over 20 per cent feel excluded) and very old people with health impairments (over 25 per cent feel excluded).





Loneliness is also a subjective phenomenon; it is the feeling of not having the desired number or quality of relationships. For older people, physical impairments and a low income in particular increase the likelihood of feeling lonely. Loneliness is now recognised as a serious problem with demonstrable negative health effects for the people involved.

In order to strengthen social inclusion among older people, the Commission recommends that municipalities promote neighbourhood integration, social cohesion and mobility for older people. Neighbourhood-orientated projects such as inclusive meeting spaces are useful in this regard. In general, health-promoting social spaces improve older people's quality of life and prevent, reduce or delay the need for care.



# Recognising, preventing and combating ageism

**To participate in society means that people have adequate options to orchestrate their own lives and are able to make their ideas of a good life a reality. Ageism restricts many older people's options for action and thus their opportunities for participation; it should therefore be prevented and combated.**

To participate in society means that people have adequate options to orchestrate their own lives and are able to make their ideas of a good life a reality. Ageism restricts many older people's options for action and thus their opportunities for participation; it should therefore be prevented and combated. Ageism occurs when people are judged or treated in a certain way because of their age, even though this judgment or treatment is unjustified. In ageism, the issue therefore is the unjustified unequal treatment of older people compared to younger people on the grounds of their age. Awareness of ageism is still very low in Germany compared to awareness of discrimination based on other characteristics (such as sexism based on gender or racism based on origin or appearance). Unjustified unequal treatment based on age is comparatively rarely questioned or denounced, even by older people themselves. The Commission of the Ninth Government Report on Older People would therefore like to raise awareness of ageist thinking, actions and structures.

Ageism comes in many forms, which blend into and interact with each other. There are ageist ideas and attitudes, ageist actions and behaviour and ageist normative and institutional structures.

## Ageist attitudes

Individual ageism takes place in people's minds – in the form of stereotypical ideas about older people, ageing and the older phase of life. Expressions of this include instinctive evaluations of older people as well as certain opinions and beliefs about their supposedly typical characteristics, external features and behaviour. In the area of health, for example, the widespread assumption is that ageing naturally means suffering from multiple illnesses (“That's just the way it is”) and that medical treatment in old age cannot bring about any great improvement (“It's not worth it anymore”).

Ultimately, such assumptions can mean that older people do not receive the same standard of medical care as younger people. Individual images of old age usually have a normative, evaluative component: they are not only simplistic ideas of what older people are like and what they do, but also of what is considered appropriate for older age, i.e. how older people should be and what they should do. People of all age groups have ageist images of old age – including older people themselves. Internalised ageist images can mean that older people do not perceive age discrimination as such, do not defend themselves against age-related discrimination and do not insist on the rights to which they are entitled.

*Many people of all ages base their actions and behaviour on widespread assumptions about “what older people are like” or “what older people normally do”.*

## Ageism in interactions

Ageist behaviour in interpersonal interactions is influenced by personal perceptions of ageing: many people of all ages base their actions and behaviour on widespread assumptions about “what older people are like” or “what older people normally do”. An example of this arises when people assume that older adults have poor hearing and comprehension skills, and therefore talk to them as they would with small children: loudly and slowly and in very simple sentences (so-called “secondary baby talk”). Some older people are also guided by such assumptions in their actions. This can manifest itself, for example, in them not taking up or learning a hobby that actually interests them because they believe that it is not appropriate for their age or that there is nothing more to learn at an older age.

## Ageist structures

Ageism can also be reflected in laws, regulations and institutional structures, which then result in unjustified structural discrimination against older people. In the health care sector, the widespread lack of age-sensitive treatment options and of gerontological training in many health care professions is an expression of ageism. The rationing of healthcare services according to age is also an indicator of structural ageism.



With regard to structural ageism, age limits have been the subject of particularly heated debates. There are age limits in various areas, such as compulsory schooling, voting and standing for election, claiming pension benefits or performing certain duties and activities.

Age limits have different functions: some age limits are intended to protect older people (e.g. clauses protecting against dismissal), while other age limits are intended to protect the general public (e.g. a maximum age for particularly stressful professions in the security sector).

Age limits that define when a person must stop working in a job are usually justified by a right to retirement or by the assumption that there is a general age-related decline in performance. However, research on ageing has shown that in many areas, there are few age-related differences in work-related performance between younger and older employees. Furthermore, the differences within the group of older people are so great as to prevent any conclusions being drawn about individual performance. The Commission therefore calls for age limits to be questioned more strongly. They should be regularly reviewed in the light of empirical findings and adjusted or abandoned if necessary.

Ageism has a detrimental effect on ageing people's health: Many empirical studies have now shown that negative images of age and experiences of ageism are linked to poor health outcomes. Ageism leads to older people withdrawing and feeling that they are no longer needed or wanted. The Commission recommends that the Federal Government, the federal states and civil society actors carry out campaigns against ageism. Such campaigns should aim to motivate people of different age groups to reflect on their perceptions of ageing and

their behaviour in relation to older people. They should raise awareness of ageism and of situations in which (older) people are exposed to it.

Combating ageism is a complex and long-term societal challenge, and it should also be institutionally anchored and furthered by means other than educational and awareness-raising campaigns. The Commission therefore calls on the Federal Government to support the drafting and adoption of a United Nations Convention on the Rights of Older People. The aim of such a convention would be to safeguard existing general human rights for older people and to strengthen the position of older people as rights bearers. The implementation of a convention on the rights of older people in Germany would aid in recognising and dismantling ageist structures and behaviour.

***The Commission calls for age limits to be questioned more strongly. They should be regularly reviewed in the light of empirical findings and adjusted or abandoned as necessary.***





# ***Older people with migration experience: Between participation and discrimination***

There is a long history of migration in Germany, and demographic change has now also reached the immigrant population. In its report, the Commission of the Ninth Government Report on Older People examines the question of how ageing takes place in the context of migration in Germany and to what extent experience of migration influences older people's opportunities for participation.

There are currently around 2.5 million people aged 65 and over with a history of migration living in Germany. This group is very heterogeneous: the people who migrated had different motives for migrating and come from very different regions. From 1944 to 1949, around 12 to 14 million people fled to what is now the Federal Republic of Germany as Vertriebene (displaced persons from formerly German territories). In the 1950s to 1970s, it was mainly younger people who came to Germany through recruitment agreements – initially mostly for temporary work and with a strong desire to return to their home countries. Their life in Germany was not initially conceived with long-term societal participation in mind. Another large group of now older people with a history of migration in Germany are the (Spät-)Aussiedler\*innen (ethnic Germans who came from the Soviet Union and, starting in 1991, from its successor states). Although this group of ethnic

Germans from the former Soviet Union were comparatively privileged in terms of the offers made to them (German citizenship, German courses and occupational integration), they usually experienced social decline compared to their position in their country of origin upon immigrating to Germany.

The political, legal and economic frameworks for immigration to Germany have changed repeatedly over time. Immigrants' experiences therefore differ greatly – depending on when and from where they immigrated, what residence status they were assigned and what social status positions were and are associated with it. Consequently, the opportunities for participation enjoyed by older immigrants living in Germany today are unevenly distributed.

On average, older people with migration experience have a lower level of formal education than older people without it. This educational inequality is, among other things, a consequence of the migration policy approach of specifically recruiting people for low-skilled jobs over many years. In addition, educational qualifications acquired in immigrants' countries of origin were often not recognised. This is one of the reasons why older immigrants have a higher risk of poverty compared to people without migration experience. Older women with non-German citizenship in particular are at a high risk of poverty and are often dependent on basic old-age benefits. Reasons for low income in old age include lower income earned in the low-wage sector and longer periods of unemployment, as well as older age at the time of migration and consequent later entry into employment in Germany.

Compared to older people without migration experience, a lower proportion of older people with migration experience own their own home. On average, people who immigrated to Germany have less living space and are less satisfied with their housing situation than older people who did not migrate to Germany. With regard to their health, it can be seen that the first generations of immigrants in Germany exhibit increased health vulnerability in old age. A longer period of residence in the country of immigration increases the risk of chronic illnesses. Experiences of discrimination and racism in particular have a negative impact on immigrants' mental and physical health.

Older people with a history of migration include both people who return to their country of origin and people who remain in Germany due to their strong social ties, their general alienation from their country of origin or their poor health. There are also older migrants who commute between Germany and their country of origin. Commuter migration makes it possible to combine living environments in Germany and the country of origin, and is expressed in a transnational lifestyle that has advantages and disadvantages. On the one hand, commuting is a way for older migrants to maintain their social contacts in their country of origin and in Germany. On the other hand, such a transnational lifestyle entails health risks, for example, if longer stays in the country of origin mean that immigrants cannot ensure continuity of necessary medical care.

***Experiences of discrimination and racism in particular have a negative impact on immigrants' mental and physical health.***


Older people with a history of migration often experience problems when it comes to health care and nursing. For example, many older migrants with chronic illnesses have difficulties finding specialists – language barriers may play a role here. Hospice and palliative care services can also be difficult to access for people with a migration background, for example, due to a lack of knowledge about end-of-life care options, language barriers or cultural differences.

Among populations with migration experience, there is an increasing openness to outpatient and inpatient care services. Nevertheless, professional care services are still only used to a limited extent and usually only late in the course of an illness, mostly due to a lack of familiarity with legal entitlements and existing services. Furthermore, care services are often inadequately tailored to the needs of older migrants; in particular, there is a lack of multilingual and diversity-sensitive offerings.

The Commission emphasises that all older people in Germany should have the same opportunities to take advantage of needs-based and non-discriminatory services for older people – including older people with migration experience. However, only few health and care facilities, facilities for older people and public administrations have so far developed strategies to ensure that they do not discriminate against older adults with migration experience. Employees in the relevant organisations should be sensitised and trained accordingly. The needs of older migrants should also be taken into account when developing advice, patient assessment and care concepts. For example, language and cultural mediation services should be established.

In view of the increasing importance of transnational lifestyles in old age (commuter migration), the Commission recommends further developing the legal underpinnings, particularly in the area of cross-border care. For those affected, there should be more information and advice on the legal framework for transnational lifestyles, for example, on the possibilities of needs-based medical and nursing care across national borders.

In order to raise awareness of forms of discrimination and racism, the Commission also calls for a more intensive social dialogue and more education about the significance of different migration experiences and the associated experiences of discrimination and racism in Germany. Services for older people who have experienced discrimination should offer those affected the opportunity to exchange experiences and empowerment. Older people with a history of migration should be empowered to recognise and name discrimination and racism.



***The Commission emphasises that all older people in Germany should have the same opportunities to take advantage of needs-based and non-discriminatory services for older people – including older people with migration experience.***







# ***More visibility and non-discriminatory participation for older LGBTI\* people***

In its report, the Commission of the Ninth Government Report on Older People sheds light on the diversity of lifestyles in old age and is guided by the ideal of an open, tolerant and supportive society. It highlights the fact that some groups of older people are more frequently affected by discrimination than others and therefore have fewer opportunities to participate in society. At the same time, it draws attention to groups that have so far been underrepresented in social and ageing policy discourses. These include older lesbian, gay, bisexual, trans\* and inter\* people (LGBTI\* people).

In the context of the LGBTI\* population, the term “diversity” is intended to raise awareness of the heterogeneity of sexual and gender identities within this group (the LGBTI\* community). Sexual identities can change over the course of a person’s life. They can be snapshots at a certain point in the course of one’s life, or they can be experienced in a similar way throughout it. What may apply to a lesbian-gay-bisexual (LGB) community (and even here there is no homogeneity) does not necessarily apply to trans\* and inter\* people, as sexual orientations and identities are just as diverse among trans\* and inter\* people as they are in the population as a whole. Furthermore, gender identity does not allow any conclusions to be drawn about sexual desire or a specific sexual identity.

The Commission’s report traces the historical development of society’s approach to the legal situation of LGBTI\* people. It shows that there are experiences that many people from this group share and experience in a similar way. These include fears of rejection due to being different.

In 2017, the German Bundestag decided to rehabilitate people who had been convicted of homosexuality under Sections 175 StGB (German Penal Code) and 151 StGB-DDR (Penal Code of the GDR) before 1994. This was an important step, as many older gay people have experienced increased stress in their lives due to their status as a minority, including discrimination in the workplace. Compared to gay men, lesbian women were subject to less criminalisation. Nevertheless, many of today’s older lesbian women also lived in fear (for example, of losing custody of their children) and were subjected to severe repression during their lives. We know little on whether

this also applies to bisexual older people, but we can assume it does to some extent. Even though homosexuality was decriminalised in 1994 with the repeal of Sections 175 StGB and 151 StGB-DDR, homosexual people are still often subject to prejudice and stereotypes.

Older trans\* and inter\* people have also experienced and continue to experience considerable stressors that are triggered by invisibility and discrimination, including (un)intended or (un)conscious violence, for example, in healthcare facilities. Transsexuality was only removed from the WHO's list of mental illnesses in 2019; a revised version of the list of possible diagnoses, the International Classification of Diseases and Related Health Problems (ICD-11), came into force in 2022. It has yet to be introduced in Germany. One positive development is the new Selbstbestimmungsgesetz (Self-Determination Act), which reforms the Transsexuellengesetz (Transsexuals Act) and aims to protect people's gender identity. In future, people will have the opportunity to change their gender and first name without discrimination.

***HIV infection is considered a treatable chronic disease that hardly seems to affect life expectancy.***

Inter\* people have also long been pathologised and suffer from the consequences of negative health care experiences. The medical interventions carried out over decades on infants and children with differences in sexual development are now considered a violation of human rights. To prevent such medical interventions on infants and children in future, clarifications were deemed necessary in 2021 in a law "for the protection of children with differences in sexual development". The law prohibits targeted gender reassignment treatments for children with differences in sexual development and also clarifies that parents may only consent to surgical interventions on their child's internal or external sexual characteristics if the intervention cannot be postponed until the child is capable of self-determination.


In connection with HIV/AIDS, there has been a decline in stigmatisation effects, partly due to medical successes. HIV infection is considered a treatable chronic disease that hardly seems to affect life expectancy. Nevertheless, older gay men and trans\* people with HIV still experience discrimination – even within the LGBTI\* community. To counteract this, older people infected with HIV would like information, advice services and activities in their area of residence and appropriate housing.

Despite social progress, older LGBTI\* people continue to face disadvantages (not only) due to their past experiences. The transition from closeted to openly lived homo- and bisexuality as well as trans- and inter-identity (“coming out”) is often a long and difficult process, especially for older LGBTI\* generations, who are more affected by social repression. A supportive LGBTI\* community is therefore often appreciated as a resource.

The Commission’s report uses new empirical findings on LGBT people and a comprehensive literature review of counselling practices for trans\* and inter\* people to provide the first differentiated account of where there is still a considerable need for development in order to ensure non-discriminatory participation by older LGBTI\* people. The focus here is particularly on disadvantages in health care and nursing, as well as in support services for older people. In health care facilities and community-based support services for older people, structures, processes and practices are generally geared towards a (supposed) “majority society”, which is why “other” lifestyles are often still marginalised or overlooked. In this context, the Commission’s report presents initiatives for

and from the LGBTI\* community that can serve as good models of diversity-sensitive care for all older people (and not only for LGBTI\* people).

With regard to the experience of loneliness among older LGBTI\* people, the analysis in the Commission’s report indicates that older trans\* and inter\* people in particular are more likely to feel lonely than members of the majority community. There are also higher rates of people who have ever suffered from depression, burnout or sleep disorders in their lives among trans\* and inter\* people than among homosexual or bisexual women and men, who in turn have higher rates than the heterosexual majority population.



***Despite social progress, older LGBTI\* people continue to face disadvantages (not only) due to their past experiences.***

The Commission urges that discrimination against older people on the basis of gender and sexual identity be combated and prevented. Health care facilities and community-based services for older people should cultivate an open, welcoming culture and should implement diversity management measures.

In order to increase the visibility of older LGBTI\* people in their communities, the more youth-oriented LGBTI\* communities are called upon to create opportunities for intergenerational interaction and to address age-related discrimination more strongly than before. The various communities can draw on different levels of financial and human resources. In order to make their specific issues on ageing heard, representative bodies for older bisexual, trans\* and inter\* people should also receive stable, long-term support. Overall, the skills and needs of the respective LGBTI\* communities should be included or taken into account when implementing political measures (such as the German Federal Government's strategy to counter loneliness) and in the ongoing development of the Engagement Strategy of the Federal Government.

Advice and support on rehabilitation for those who were convicted under Sections 175 StGB and 151 StGB-DDR and have been entitled to compensation since 2017 should continue to be provided. In addition, the Commission recommends that the funds earmarked for individual compensation payments but not yet spent should be used to promote LGBTI\* self-advocacy, the culture of remembrance and diversity-sensitive care for older people.

There are obvious gaps in existing studies and publications on social issues, health and care, particularly with regard to older bisexual, trans\* and inter\* people. The Commission of the Ninth Government Report on Older People therefore believes that research projects which adopt an intersectional perspective and are interdisciplinary in design and participatory in nature are needed on these severely underrepresented groups, as well as on sexual and gender diversity in old age in general.



***Health care facilities and community-based services for older people should cultivate an open, welcoming culture and should implement diversity management measures.***








# ***An integrated policy for a good life in old age***

**In the 1990s and 2000s, policies for older people underwent a paradigmatic shift from a problem- and care-orientated approach to a participation-orientated approach. The new approach aims to convey a differentiated image of old age, mobilise older people's resources and promote a self-determined lifestyle into old age. To be effective, an empowering old-age policy requires an appropriate legal and institutional framework.**

Two interlinked areas are particularly relevant for life in old age: the welfare state's multifaceted services, measures and programmes and the structures and offerings of municipal public services. Concerning opportunities for participation in old age, the question is whether the existing legal and institutional conditions actually support older people's freedom of choice and action. There is a need for reform in two respects.

Firstly, policymaking for older people should be further developed into a political approach that coordinates and systematically integrates the various fields relevant to life in old age. Participation in old age results from older people's opportunities to act in various areas of life; it is a challenge that cuts across many different fields. A participation-orientated policy for a good life in old age must therefore focus holistically on older people's living

conditions. It must cover a large number of fields of action and areas of responsibility and must coordinate them in terms of their impact on life in old age. These include financial security, affordable and accessible housing, health-promoting social spaces, health care and nursing, opportunities for participation in social, political and cultural life, accessible everyday goods and services, options for mobility and other fields of action. However, there are currently no legal or institutional underpinnings in Germany of an integrated old-age policy that would link these various fields of action with the aim of ensuring participation by all older people.



***Participation in old age  
results from older people's  
opportunities to act in  
various areas of life.***

Secondly, in its current form, assistance for older people in accordance with Section 71 SGB XII (Book Twelve of the German Social Code) is not sufficient to ensure satisfactory levels of self-determined and equal participation by all older people. The statutory provisions on services for older people do not clarify the type, scope and quality of services and offers that must be provided, by whom and with what level of commitment. As a result, a fragmented landscape of services for older people has emerged, with services and service providers that vary greatly from municipality to municipality. People in different municipalities and regions therefore grow old under very different conditions and contexts. Given the political principle of equality of living conditions, these disparities should be reduced. A further deficit in support services for older people in Germany is the lack of a nationwide, cross-agency authority that identifies individuals' support needs and procures and coordinates the necessary support services and assistance (case management).

The Commission of the Ninth Government Report on Older People believes that a further developed, modernised and institutionally upgraded system of support for older people can form the professional core of an integrated old-age policy. It directs the attention of the federal and state governments to the need to structurally modernise existing municipal structures and policies for older people. A reform of support structures for older people in accordance with Section 71 SGB XII has long been the subject of heated debate among experts, and proposals for the further development of such services have been formulated time and again. In simplified terms, three approaches can be identified:

1. A first variant, which essentially corresponds to the current status quo, relies on strengthening the initiatives of rural and urban municipalities as providers of social support services – and thus also of assistance to older people. Formal starting points for the further development of support structures for older people are primarily internal administrative regulations and guidelines for the implementation of Section 71 SGB XII, ageing policy plans or similar regulations at the local authority level.
2. A second, more regulatory variant would operate at the level of the federal states. The aim would be to combine binding state law requirements for support for older people by the municipalities and rule-based funding by the federal states in line with the principle of connectivity. A formal starting point here would be the state implementation legislation for SGB XII, which can be used to set binding standards for the municipal organisation of support for older people within the federal states.

3. A third, much more far-reaching variant envisages binding requirements issued by federal-level legislators. These could take the form of an *Altenhilfestrukturgesetz* (Act on the Structure of Support for Older Adults) or a newly created, independent social code based on the SGB VII (Kinder- und Jugendhilfe) (Book Eight of the Social Code – Child and Youth Welfare). This would cover key issues and regulatory requirements for older people, including support for older people (to be separated from social welfare), and would contain overarching guidelines, framework specifications and quality standards.

In the Commission's view, a consistent reform policy at the state level, in which state-specific implementation laws are formulated and binding social standards are set within the federal states, is the most realistic and promising approach in the short term. The Commission therefore calls on the federal states to enshrine the municipalities' responsibility to assist older people in accordance with Section 71 SGB XII as mandatory municipal services on the basis of state legislation and to finance them accordingly. To avoid overburdening the municipalities financially, the principle of connectivity must be strictly observed. In general, the federal states should provide greater support to the municipalities: if the goal is to ensure self-determined participation by older people, then it is crucial to strengthen the municipalities' capacity to act. Many politically relevant players now support this state-based reform option, and the first steps in this direction have been taken in individual federal states.

For the development of support systems for older people in the medium and long term, however, the Commission also recommends that the Federal Government initiate a dialogue to prepare a new social code on "Participation in Old Age". A federal-level policy approach would be best suited to raising the standards in policies for older people in general and creating an institutional foundation for an integrated, consistently participation-orientated policy for older people. In a dialogue that involves all relevant governmental and non-governmental actors, the participants should clarify how the political, constitutional and competence-related hurdles to such a federal policy solution could be overcome and which federal legislation would be plausible and feasible to create the institutional foundations for an integrated policy for a good life in old age.

***If the goal is to ensure self-determined participation by older people, then it is crucial to strengthen the municipalities' capacity to act.***

# ***The members of the Commission of the Ninth Government Report on Older People***

**Prof. Dr Martina Brandt**

Social Structure and Sociology of Ageing Societies,  
TU Dortmund University (Chair of the Commission)

**Prof. Dr Antonio Brettschneider**

Municipal Social Policy, TH Köln – University of Applied  
Sciences

**Prof. Dr Eva-Marie Kessler**

Gerontopsychology, Medical School Berlin

**Prof. Dr Susanne Kümpers**

Qualitative Health Research, Social Inequality and  
Public Health, Fulda University of Applied Sciences  
(retired)

**Prof. Dr Sonia Lippke**

Health Psychology and Behavioural Medicine,  
Constructor University Bremen

**Prof. Dr Ralf Lottmann**

Health Policy, Magdeburg-Stendal University of Applied  
Sciences

**Prof. Dr Klaus Rothermund**

General Psychology, Friedrich Schiller University Jena  
(Deputy Chair of the Commission)

**Prof. Dr Liane Schenk**

Health Services Research with a Focus on Vulnerable  
Groups, Charité Universitätsmedizin Berlin

**Prof. Dr Clemens Tesch-Römer**

Psychology and Gerontology, German Centre of  
Gerontology (DZA), Berlin (retired)

**Prof. Dr Andrea Teti**

Gerontology with a Focus on Ageing and Health,  
University of Vechta

**Prof. Dr Hürrem Tezcan-Güntekin**

Interdisciplinary Approaches to Action with a Focus on  
Qualitative Research Methods in Public Health, Alice  
Salomon University of Applied Sciences Berlin

# Government Reports on Older People

The Government Reports on Older People go back to a resolution passed by the German Bundestag (Federal Parliament) in 1994, which instructs the Federal Government to prepare a report on the living situation of older people in Germany every legislative period. The reports are compiled by independent expert commissions made up of experts from various disciplines. The following Government Reports on Older People have been published to date:

- |   |   |
|---|---|
| <b>1993:</b> First Government Report on Older People, "The Living Situation of Older People in Germany"   | <b>2005:</b> Fifth Government Report on Older People, "The Potential of Old Age in the Economy and Society: The Contribution of Older People to Intergenerational Cohesion" |
| <b>1998:</b> Second Government Report on Older People, "Living in Old Age"  | <b>2010:</b> Sixth Government Report on Older People, "Images of Old Age in Society"  |
| <b>2001:</b> Third Government Report on Older People, "Age and Society"   | <b>2016:</b> Seventh Government Report on Older People, "Care and Shared Responsibility in the Community: Building and Securing Sustainable Communities"                    |
| <b>2002:</b> Fourth Government Report on Older People, "Risks, Quality of Life and Care of the Very Old – with Special Consideration of Dementia" | <b>2020:</b> Eighth Government Report on Older People, "Older People and Digitisation"  |

The Government Reports on Older People are one of the most important foundations for public debate on issues relating to policy for older people. The Government Reports on Older People published to date have also contributed to the general dissemination of knowledge about ageing processes and the situation of older people.



# ***Download and order the Ninth Government Report on Older People***

The Ninth Government Report on Older People can be downloaded at **[www.neunter-altersbericht.de](http://www.neunter-altersbericht.de)**. Information on where to obtain printed versions of the Ninth Government Report on Older People can also be found on the website.



**9. Altersbericht**  
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The website on the Ninth Government Report on Older People also contains detailed information on the Federal Government's reporting on ageing, on events on the topics of the Ninth Government Report on Older People and on the members of the Commission of the Ninth Government Report on Older People.

If you have any questions about the Ninth Government Report on Older People or other Federal Government Reports on Older People, please contact the Office of the Government Reports on Older People (see next page for contact details).

# Contributors

Dr Frank Berner  
Dr Christine Hagen  
Silke Migala

Office of the Government Reports on Older People

German Centre of Gerontology  
Manfred-von-Richthofen-Str. 2  
12101 Berlin

Telephone: 030 260740-86  
Email: [altersberichte@dza.de](mailto:altersberichte@dza.de)

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### **Subscription office:**

Publikationsversand der Bundesregierung  
Postfach 48 10 09, 18132 Rostock  
Tel.: +49 30 18 272 2721  
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support service: +49 30 201 791 30  
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Fax: +49 30 18 555-4400  
Email: [info@bmfsfjservice.bund.de](mailto:info@bmfsfjservice.bund.de)

Single administrative number: 115\*

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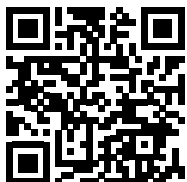
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Title, pp. 6, 11, 13, 15, 19, 21, 24, 27, 28, 32, 36, 49 Christoph Soeder/DZA

\* For general questions to all offices and authorities, you can call the single administrative number, 115. 115 is available in participating regions Monday–Friday, 8 a.m. – 6 p.m. 115 is free to call from landlines and at local rates on many mobile networks and can therefore be called for free on inclusive minute plans. Deaf and hard-of-hearing people can access information at the SIP address [115@gebaerdentelefon.d115.de](mailto:115@gebaerdentelefon.d115.de). You can find out whether 115 is available in your region, along with further information about the single administrative number, at <http://www.d115.de>.








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