Who is a disadvantaged senior in europe?: main identifiers for assessing efficacy for self-directed learning of the aged and at-risk

Autor(es): Zarifis, George K.

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PROMOTING CONSCIOUS AND ACTIVE LEARNING AND AGING

HOW TO FACE CURRENT
AND FUTURE CHALLENGES?

ALBERTINA LIMA OLIVEIRA
(COORD.)

**WHO IS A DISADVANTAGED SENIOR IN EUROPE?
MAIN IDENTIFIERS FOR ASSESSING EFFICACY FOR
SELF-DIRECTED LEARNING OF THE AGED AND AT-RISK**

George K. Zarifis⁷

Abstract

This chapter studies the conditions that define seniors in Europe as disadvantaged. Although the term “disadvantaged” is case-specific (referring to those in a disadvantaged, needy or deprived state or position) it is necessary to approach it within a specific context (such as social, economic, cultural, educational or medical). In general terms it refers to a particular group of people with inadequate learning resources due to limited or restricted access to learning provision, people who are unemployed, education dropouts or non-participants in learning such as migrants, unskilled or low skilled seniors, people with disabilities (mental or physical), those who have taken early retirement and third-age learners (50+). The main argument of the chapter with regard to disadvantaged seniors in Europe is that their drawback is highly related to the inability to access education and learning because they are either not informed or unaware of educational opportunities, or because existing educational opportunities are not appropriate to this particular group of people. Furthermore, seniors may be unable to participate in learning because they do not consider it as important or because they think it is irrelevant to their development. Reflecting on existing theory and relevant research evidence, the chapter concludes that it is of critical importance in addressing these conditions to assess how disadvantaged seniors may be enabled or empowered towards self-directed learning in order to make their way in and actively take part in a productive way of life.

Keywords: Disadvantage senior; Identifiers; Self-efficacy; Self-directed learning

⁷ Aristotle University of Thessaloniki, Thessaloniki, Greece.
Email: gzarifis@auth.gr

Introduction: changing demography and aging in Europe

Europe is an aging society. The aged population (50+) in Europe is increasing rapidly. Why this is happening is definitely an issue of demographic change; yet the numbers according to Eurostat (see Boateng, 2009) are indicative of a steadily growing condition. For example the proportion of the population aged 50-64 years in all 27 EU member states, grew from 16.8% in 1998 to 18.6% in 2008. Similarly the population aged 65-79 years grew from 11.9% in 1998 to 12.7% in 2008, and the proportion of the population aged over 80 years grew from 3.4% in 1998 to 4.3% in 2008. In 2006, there were around 83 million elderly people aged 65 and over in the EU-27, compared with 38 million in 1960. Today there is one elderly person for every four people of working age (15-64). By 2060, the ratio is expected to be one elderly for every two people of working age. The proportion of very old people (aged 80 and more) is expected to triple in the EU-27, from 4% in 2007 to over 12% in 2060. Low fertility levels, extended longevity and baby-boomers' aging mean that the EU-27 population is aging. As Doblehammer and Ziegler (2006) point out, these tremendous changes in the population structure will have far-reaching consequences for society as a whole. It has repeatedly been pointed out that the increasing share of an elderly population may result in a raised demand for care, particularly if the health status of the elderly remains unchanged or even worsens as has already happened in many EU members states today due to the socio-economic crisis. On the other hand, the supply of private care may diminish in the coming decades due to changes in the family structure, brought about by the second demographic transition.

Based on this observation what we need is to strengthen education and participation in learning which may prove crucial especially for those older adults who have no or little participation in it. For Withnall (2000, p. 94, cited in Glendenning, 2001, p. 69), we need to understand the basis on which older people make choices about undertaking learning in both formal and informal contexts in a changing world, to identify what constitutes a successful learning experience and to assess what learning

means in the context of their own lives. The very heterogeneity of the post-work population further suggests that it is necessary to use their experiences as learners to understand the influence of different events and beliefs over the life course. This becomes more of an imperative if we consider that among the older adult population there is a proportion (yet unidentified) that is highly marginalized or even deprived of learning and education. Glendenning (2001) suggests that the development and testing of a conceptual model of the reasons for participation, pathways through and outcomes from undertaking different types of learning activity in the post-work period of life (50+), might enlighten our knowledge of how learning and participation in learning and education operates for this age group, but also it will give us the opportunity to move towards a refinement of theory in lifelong learning which is inclusive of learning in later life. As he puts it: *This is a long way further ahead than the simplistic mantra of 20 years ago that 'lifelong learning means what it says'* (Glendenning, 2001, p. 69).

In this chapter, I examine the varied conditions or identifiers that define a large number of senior citizens in Europe as disadvantaged. These conditions do not directly relate only to the crumbling economy or the dysfunctions of the social security system. It is important at the outset to note that the term “disadvantaged” is case-specific (referring to those in a disadvantaged, needy or deprived state or position) and it therefore needs to be approached within a specific context (social, economic as well as cultural, educational or even medical). In general terms “disadvantaged” refers, in the European social policy context (European Commission, 2007), to a particular group of people with inadequate learning resources due to limited or restricted access to learning provision (ibid. p. 87). In the senior citizen context it also refers to elderly people who are unemployed, education dropouts or non-participants in learning such as aged migrants, unskilled or low-skilled seniors, elderly people with disabilities (mental or physical), seniors who have taken early retirement and third age learners. The main argument of the chapter is that despite the dire economic conditions in many parts of Europe – albeit in many cases because of these conditions – there is an inability to access

education because senior citizens are either not informed or they are unaware of educational opportunities, or because existing educational opportunities are not appropriate to their particular age group. Based on existing theory and research evidence that illustrates how a large number of seniors may be unable to participate in learning because they do not consider it as important, or because they think it is irrelevant to their development (see Bettio et al., 2012), the chapter concludes that it is of critical importance in addressing these conditions to assess how disadvantaged senior citizens in Europe may be enabled or empowered towards self-directed learning in order to make their way in and actively take part in a productive way to life.

Identifying underprivileged older adults: a brief theoretical background to aging and its effects in participation in education and learning

The majority of the literature on older adult learning tends to focus on the chronological definition of aging. Elliott (2000, p. 209, cited in Bunyan & Jordan, 2005, p. 279) suggests that this limited theory of aging can cause us to generalise and make assumptions about older people. Most of the time we tend to categorise older people in those social groups that are considered to be marginal or disadvantaged, without considering that many older adults tend to explore learning opportunities more than younger people do. The reasons may be different than the younger population, but nonetheless they are active in this part of their lives. This however cannot be representative for all older adults. The research showed that older people are involved in learning for a variety of reasons and their motivations for engaging in learning are diverse. For instance, some are learning for pleasure or as a hobby or interest in retirement, some are learning to enhance or change their careers, and some want to fulfil life-long ambitions and seize the opportunities that they were denied earlier in life. However, the research also observes the diversity in the types of learning activities they engage in and their motivation for engaging

in those programmes. Jamieson et al. (1998, p. 226, cited in Bunyan & Jordan, 2005, p. 279) recommend that research into the significance and meanings of educational activities at different stages of life is a more appropriate means of approaching education for older adults. Withnall (2000) illustrates that the emphasis on lifelong learning at national and international level suggests that the time is ripe to launch a new debate about purpose in the provision of educational opportunities for older people. What older people, one may ask? Are they all in a disadvantaged position as to have little or no access to organized learning activities? Does “educational opportunities” refer to such forms of organized learning activities that serve a purpose other than that served by organized learning activities addressed to other social or age groups?

In the literature there is evidence that older people, particularly older women, often engage in learning for pleasure or self-esteem rather than for economic reasons as one would expect from younger adults (Scala, 1996, p. 765, cited in Bunyan & Jordan, 2005, p. 268). This may lead educational providers and policy-makers to question why they should fund educational initiatives for older adults if they do not yield economic returns through the workforce. But besides the immediate literary evidence, there are also a number of moral arguments to support the development of education for older adults. According to Bunyan and Jordan (2005), education, like health, is a public good and educational distribution must be to everyone's advantage and accessible to all. Education can improve quality of life for older people, many of whom have been disadvantaged through no fault of their own. Education is concerned with combating social exclusion and providing the means to actively participate in the cultural life of the community (Elmore, 1999, p. 13, cited in Bunyan & Jordan, 2005, p. 268).

Some authors acknowledge however that as people age, they become increasingly marginalised by society in economic, social, political and cultural terms. Mackay et al. (2001, pp. 106-107, cited in Bunyan & Jordan, 2005, p. 268) illustrate how education facilitates participation in democratic societies. This calls for major changes in our societies and not only in terms of participation in educational provision, but also in

terms of providing opportunities that will enhance participation at all levels in society. For example, *active citizenship* is linked to the ability to *access information*. This in its turn means that there are seniors who are not educated in *accessing modern mediums of communication* such as the internet. These seniors are excluded from society. Following this principle, older adults should have *equal rights* and access to education, with positive measures put in place to ensure equality of provision. Furthermore, education purely for the sake of *enjoyment* should also be encouraged in later life (see Jones, 2000, p. 340, cited in Bunyan & Jordan, 2005, p. 268). Older people – older women especially – who wish to *remain in the workforce* also need access to learning in order to be able to participate in the labour market or change their career (mainly for those below pension age).

Based on these initial principles found in the literature, but also based on the statistics and demographics in Europe it is easy to identify who is privileged and who is disadvantaged in terms of accessing education and participating in organized learning activities. Issues of gender equality, access, active citizenship, career development and career change, communication but also enjoyment of participation in learning, appear to be crucial in locating those identifiers for disadvantaged seniors that go beyond demographic statistical data. This is also stipulated by the Commission's communication "The demographic future of Europe – from challenge to opportunity" (COM [2006] 571). The Commission underlines both the positive dimension of aging, and the need to seize opportunities the European Union, and Member States have to respond to demographic change in five key areas: creating the right conditions for Europe's demographic renewal by giving more support to families and potential parents and by promoting greater *gender equality*; making full use of Europe's human resources potential, notably through *active aging*; boosting productivity and facilitating the *adaptation of the economy* to the changing needs of an aging society; receiving and *integrating migrants* into the labour market and society; and finally, safeguarding sound public finances and hence the long-term sustainability of *social protection* systems.

Disadvantaged seniors in Europe: who are they?

There are evidently two important and intertwining factors that relate to identifying seniors as being disadvantaged: *access* and *participation*. It is of relevant importance in delivering those two conditions (access as providing the opportunity and participation as strengthening or increasing the motive) that will enable or empower that part of the European population that has passed the threshold of 50 years of age, to make their way in and actively take part in a productive way to life and economy through participation in education and learning activities of all kinds.

The real picture nonetheless is completely different. According to Eurostat's "Adult Education Survey" (2007), participation rates in education and training (formal and non-formal) in all EU member states in 2007 for adults aged 55-64, is the lowest (21.6%)⁸ with country differences of course. The lowest participation rates for this age-group appear in Hungary (2.5%), Greece (5.1%) and Poland (6.8%).

Needless to say, a high proportion of people at that age group and especially over 64 are largely invisible, but not statistically irrelevant, as many senior citizens in Europe either participate in informal learning activities or they simply do not participate in any education or learning activity at all, due to lack of access or other factors that are as yet unidentified. This definition is crucial as it is essentially related to the main barriers that are preventing seniors' access to education and learning in its various forms. Considering the previous work on issues of access and participation undertaken by Cross (1981), Darkenwald and Merriam (1982) and Valentine and Darkenwald (1990), this can be an important starting point to explore the obstacles that older people are facing with accessing and participating in educational and learning activities.

Cross (1981) for example has identified *situational* barriers (those linked to the person's life circumstances in a given time, for example, lack of economic resources, facing a life crisis event), *institutional* barriers

⁸ Source: Boateng, S. K. (2009). *Population and social conditions*, in Eurostat: Statistics in focus, 44/2009, p. 2.

(related to policies and the organisation of educational establishments, often discouraging participation, because of their inaccessibility, etc.) and *dispositional* barriers (associated with lack of confidence and the beliefs, attitudes, values and perspectives that create a negative vision of education and of older people as learners). Added to this set of factors, Darkenwald and Merriam (1982) mentioned informative nature barriers related to the lack of information about educational offerings. Valentine and Darkenwald (1990) added other obstacles, such as lack of interest, in general, in organised education and the lack of attractiveness of courses and offerings available.

All these barriers, and eventually others, can be strong impediments – hence depriving people of accessing learning activities – and they need to be identified in terms of the group of people under investigation, namely disadvantaged older adults, or adults 50+ who do not have access and/or do not participate in any type of activity that promotes learning. Especially for the last group, an emphasis on lifelong learning at national and international level suggests that the time is ripe to launch a new debate about purpose in the provision of educational opportunities for older people. Does the aging of populations, especially the emergence of the so-called ‘Third Age’, pose a challenge to popular notions of lifelong learning? The answer could be ‘yes’; however, not all elderly, seniors, aged or 50+ adults may be categorized as disadvantaged (learners). Glendenning (2001) citing Tyler (1978, 1979), points out that there are two major assumptions in the policy and much of the literature relating to older adults (that are considered as disadvantaged) that must be challenged: Firstly, that all people over a given arbitrary age (60 or 65 for instance) can be lumped together and dealt with as though they were a homogeneous group; secondly, the assumption that the elderly, as a group, are in some specific way disadvantaged educationally because of the one factor of their age. If these two assumptions are challenged then the question as to whether provision for elderly people should or should not be separated from the provision for the general population becomes easier to resolve. This is because the elderly can be separated into different target groups, in exactly the same way as with the adult

population at large. It is in this respect that we need to make a clear distinction among those seniors who make that conscious decision to access and participate in learning activities and those who do not, in order to identify the ones benefiting from learning and the ones who don't and therefore may be considered disadvantaged.

Relevant areas in which the identifiers are positioned

Based on relevant areas of action in which different characteristics emerge for the specific group of people, we have identified sets of traits that directly link the particular group to a disadvantaged position that essentially needs to change through empowerment. It is essential in this respect that identifiers must relate to those conditions that impede, to some extent, seniors from accessing and participating in organized learning activities, hence leading them to a disadvantaged position. In order to locate these identifiers we need to take into account the following parameters:

1. Identifiers must be *case-sensitive* and *group relevant* and therefore cannot apply to all disadvantaged social groups.
2. Identifiers must relate to *specific traits or characteristics* (social, financial, health, educational, etc.) that refer to the specific social group under study.
3. Identifiers must refer to those seniors who *do not have access to educational or learning resources* and therefore are disadvantaged. They must not refer to those seniors who do have access to the resources, but do not consciously make the decision to participate. The main trait here is accessibility (or non-accessibility) and not participation as such.

Based on preliminary literature evidence, table 1 below presents a draft picture of where the identifiers can be located. These generic identifiers and/or their combination refer only to traits that describe those conditions (health, educational, social, living, work and economy con-

ditions) which may impede or even prohibit access and/or participation of senior adults in organized learning activities. These traits have many in common with taxonomies or classifications of “barriers” or factors that inhibit participation such as the one Cross (1981) identified (i.e., situational barriers, institutional barriers dispositional barriers) that constitute seniors as ‘disadvantaged’, but they also relate more directly to a specific human condition (health, social, educational financial or other) that explains why they are disadvantaged. The question now is which and how many of these “draft identifiers” can serve as a basis for developing a scale for measuring the readiness of disadvantaged seniors for self-direction. In order to support the argument of choosing certain identifiers that relate to specific conditions that constitute seniors as disadvantaged, a short analysis follows for each relevant area in the following paragraphs.

Table 1: *Relevant areas in which main identifiers of disadvantaged seniors may be located.*

RELEVANT AREA	IDENTIFIERS' EXAMPLES (for disadvantaged seniors ⁹)
Health related identifiers of disadvantaged seniors ¹⁰	Seniors with no access to health facilities
	Seniors with ischemic and cardiac diseases
	Seniors with obesity problems
	Seniors with dementia (e.g. Alzheimer) and other brain diseases
	Seniors with respiratory problems
	Seniors with drinking problems (alcoholism)
	Seniors (especially women) with osteopathy
	Seniors with physical disabilities

⁹ The term “senior” refers to people (men and women) over 50 years of age.

¹⁰ Based on the five most common diseases affecting seniors (50+) in Europe. Health is an important priority for Europeans, who expect to be protected against illness and disease at home, in the workplace and when travelling across the EU. Health issues cut across a range of topics – including consumer protection (food safety issues), workplace safety, environmental or social policies – and thus have a considerable impact on the EU’s revised Lisbon strategy.

RELEVANT AREA	IDENTIFIERS' EXAMPLES (for disadvantaged seniors ⁹)
Learning and educational attainment related identifiers of disadvantaged seniors ¹¹	Dropouts (seniors that have never been to school or have not completed basic compulsory education)
	Unskilled seniors (who have never been trained in a profession) and low qualified
	Seniors with no access to educational structures
	Seniors who have no access to libraries, museums or learning relevant structures.
	Seniors with no knowledge of the language of the country in which they live or reside (e.g. migrants)
	Illiterate seniors (who cannot read and write)
Social and living condition-related identifiers of disadvantaged seniors	Seniors who have no legal status within the EU
	Seniors who don't participate in social or political debates (silent tax-payers)
	Seniors with no access to administration structures (e.g. due to their area of living, remoteness, etc.)
	Migrant or immigrant seniors
	Seniors with no permanent housing facilities (e.g. ROM)
	Seniors with no family or relatives
	Seniors with no means of transport
	Seniors in rural or remote areas (e.g. small islands, remote mountain areas, etc.)
	Seniors with no access to gyms or physical activity relevant structures
	Seniors with no access to electricity and watering facilities
	Seniors with no access to radio and TV facilities
Employment and economy related identifiers of disadvantaged seniors	Seniors in highly urbanised areas
	Seniors at poverty risk (mainly unemployed)
	Seniors with low pension or low employment income
	Seniors with no steady employment
	Seniors with low work-performance

1. Health-related identifiers of disadvantaged seniors¹¹

Although it is more than evident that poor health can be a major barrier to participation in further education at any age, and this condition is increasingly likely among seniors (see Graney, 1980), health issues may not always be an obstacle in seniors' readiness for participation in self-

¹¹ Education, vocational training and lifelong learning play a vital role in both an economic and social context. The opportunities which the EU offers its citizens for living, studying and working in other countries make a major contribution to cross-cultural understanding, personal development and the realisation of the EU's full economic potential. Each year, well over a million EU citizens of all ages benefit from EU-funded educational, vocational and citizenship-building programmes.

-directed learning activities. It is probably true that some health conditions in particular, that are more severe than others, may result in isolation and total dependence of the individual, and therefore affect their quality of life including their readiness to learning. But as researchers like Maier and Klumb (2005) claim, this does not necessarily mean that seniors with health conditions are not ready to act in a self-directed mode towards learning, if other conditions (especially social conditions) are favourable.

Figure 10: Identifiers that refer to health conditions of disadvantaged seniors.

In this respect one would expect that normally dependent seniors (institutionalised or not) due to their health condition, may be in a less disadvantaged position in terms of readiness for accessing learning through their social relation with others. But as Fassino et al. (2002) observe in their research, dependency may seriously impair the positive self-evaluation of older adults which in its turn may affect readiness. This is because these seniors are low in inner resources, afraid of loneliness, not able to express their own creativity (activity or interests). Also, dependence for many seniors is related to negative thoughts, probably for different reasons. Dependent elderly persons can in fact feel useless, but certainly ‘utility’ is not only a matter of functional efficiency.

Regardless of the fact that a health condition can easily put a senior in a totally disadvantaged position, it is important to consider whether a

specific health condition in relation to another reflects directly on readiness for self-directed learning or creates a motive for participation in learning or whether it is the other way around. Physical health conditions may impede participation, but not necessarily diminish motivation to learn. Whereas some mental or psychological conditions (that may as well derive from physical health conditions such as obesity) might create such an insecurity in an individual, which diminishes their willingness to learn.

It is in this respect therefore – and this could be considered as a research hypothesis – that seniors with such health conditions (mostly physical) that allow them to respond to a learning challenge or even participate in a learning situation (whether on their own or with others engaged in it) may show a higher level of readiness in relation to others whose condition (mostly mental and/or psychological) builds a “thicker” barrier between them and learning.

2. Learning and educational attainment-related identifiers of disadvantaged seniors

It is probably education – or even more so educational attainment – at a younger age that affects participation at an older age. Participation in organized learning activities for older adults is greatly affected by such factors as high educational attainment in the past. For many reasons that will be presented here, many seniors may be disadvantaged simply because in the past they had an unfulfilling or even worse a traumatic experience in education. This calls for a special (such as student-centred) approach to seniors’ needs. For Hiemstra (1980, p. 346) the older adult as learner has special needs. Planners of educational programs must take into account such needs. Some of them can be classified as *instrumental* (basic, delayed gratification types) and others as *expressive* (self-enjoyment, immediate gratification types) needs. These of course are two broad categories within which learning activities can be planned. Some research has shown that older adults appear to demonstrate a preference for instrumental activities, but most current learning opportunities are

expressive in nature¹². In addition, older adults prefer to engage in self-directed planning if given the opportunity. It is suggested that a better scheme for assessing needs and for reaching the self-fulfilment desires of older persons is required of program administrators in institutions of higher education and other agencies.

Graney (1980) further suggested that some serious issues are involved in transforming older people's general interests in education into enrolments. A number of different factors affect older people's interest and participation in further education activity, including the older person's age, sex, race, past educational attainment, rural/urban place of residence, health, financial status, self-concept, and other factors. In research we can find direct correlations between level of prior educational attainment and either interest in education or actual enrolment among older people. Disinterest in education per se could sometimes be attributed to a negative self-concept which is expressed by the idea that someone is "too old to learn"¹³. This fear of failure in educational endeavours is an expression of disengagement: the inverse of the higher morale, positive life satisfaction, and zest for life that characterizes many older people. A quite different variety of disinterest from the general disengagement from life mentioned above is also *apathy* (as indifference) regarding the specific courses of study that are available and offered to older people¹⁴.

The prevailing theme that people in the mainstream (often white and middle class) who have done well out of the existing system gain more

¹² As Caro et al. (2009, pp. 193-194) suggest, older people take classes for instrumental, expressive, and social reasons (Lowy & O'Connor, 1986). Even instrumental educational activities can be classified according to whether they are simply for personal benefit, such as a class on understanding personal finance matters, or whether they provide skills that strengthen their capacity to provide services that are valuable to others.

¹³ Several writers (e.g., Cross, 1981; Darkenwald & Merriam, 1982) have located barriers either in the psychological domain (e.g., "I'm too old to learn" or "You can't teach an old dog new tricks") or at institutional and situational levels.

¹⁴ If we look at the participation patterns of older adults in formal education as Findsen (2006, p. 70) claims, there is little difference from younger cohorts. Studies from all over the globe have demonstrated differential opportunity for groups of adults according to socioeconomic status, class, gender, ethnicity, and geographical location.

advantage over time pertains to older adults too. Large-scale participation studies triggered numerous subsequent enquiries that confirmed this trend of the inequality of access (and therefore outcomes); internationally older adults' involvement in mainstream adult education has not been commensurate with their proportion of the population¹⁵.

Figure 11: Identifiers that refer to educational and/or learning conditions of disadvantaged seniors.

Motivation therefore is not a single or a simple concept and so it is necessary to consider the range of factors which constitute de-motivation for learning for older adults, and the kind of motivation that is needed for learning how to learn and for lifelong learning even more so for seniors who because of their educational attainment in the past cannot benefit from the current educational reality. Statistics show that this is more evident in countries like Hungary, Greece, Poland and Italy, where participation rates of older adults (55-64) are well below the EU average. Although the explanation of why this happens cannot be attributed only to a single factor, a variety of reasons may come into play, such as low educational attainment that has already been mentioned, dropping out of school which may result to a low record of qualification, or even illiteracy (see figure 11).

¹⁵ In the United Kingdom for example some research points to the under-involvement of older adults in education. Overwhelmingly, prior education is identified as the primary indicator of subsequent success in formal education. The ageing process for individuals and the ageing demographics for societies make little difference to this truism.

Motivation for learning therefore, is a complex overarching concept, which is influenced by a range of psychosocial factors both internal to the learner and present in the learner's social and natural environment. These older adults with low educational attainment, dissatisfaction from previous educational experiences, low qualifications, a history of dropout or even illiteracy, are the de-motivated who are also the disadvantaged.

3. Social and living condition-related identifiers of disadvantaged seniors

The social and living conditions of seniors may well affect their motivation in participating in learning activities as well. According to Maier and Klumb (2005, p. 37) it appears that social participation is also related to survival. As they discovered in their study, elders with higher levels of social activity and with more time spent in the presence of others had a lower mortality risk. The pattern of results from their study is surprising because it lends support to the idea that the beneficial effects of social participation do not depend on social activities in the narrow sense, but can be achieved through the mere presence of other people.

However, this is a general appreciation of how social participation – as in being with others or engaged in team or group ventures – may contribute to survival. The question is of whether social participation combined with a set of unfavourable living conditions – such as being a migrant with no legal status or homeless, or in bad health condition or with low self-esteem – can and should be considered as an identifier for being a disadvantaged senior.

Although there is no research evidence in Europe of how social and living conditions or their combination may affect readiness for self-directed learning, a variety of conditions such as those mentioned above but also others as they appear in figure 12 must be considered as identifiers of disadvantaged seniors.

According to the Council of Europe (2007) many elderly persons currently do not have access to care, given that their income is often insufficient to meet their needs at a decent level and that they lack ade-

quate social cover to meet healthcare costs. This is all the more worrying since it is occurring at a time when both traditional family structures and moral standards are changing. The reduction in the availability of social housing is also causing serious conflict between the generations, as more and more elderly persons are living alone while young families with children are unable to find social housing and have to live in difficult conditions. The situation is also made worse by the fact that, in spite of repeated warnings, all too many governments have ignored the need for reforms in this area.

Figure 12: Identifiers that refer to social and living (daily life) conditions of disadvantaged seniors.

Being a migrant or an immigrant seeking employment in another country or another place in your own country may inhibit participation in organised learning activities, although it may also lead to a high degree of social participation and interaction with others. Furthermore, living in rural or remote areas may contribute easily to downgrading one's motivation for participation in learning, although it may as well contribute to boosting one's self-direction depending on their aptitude and psychological condition. Equally, living in a highly urbanized environment can inhibit older persons' willingness to participate in learning, as does the lack of means of transportation in some cases. Glendenning (2001) points out (citing Tyler 1979, p. 11) that because of the context

of existing provision in large cities, older people are more likely to enrol for classes held in the daytime, near to their homes, on a convenient bus route, and in better months of the year.

Last but not least we must not forget the factor of apathy or indifference that was mentioned earlier. It is a total disengagement from life as we perceive it (being active, productive and busy). Many seniors due to their lifestyle (many prefer to be idle or watch television instead, identified in figure 12 as silent tax-payers) or their social condition (with no family or friends, living alone or being homeless even) as was mentioned earlier, may consider participation in a learning activity far more irrelevant to their lives than others. Do they qualify as disadvantaged? This may also depend on how much of their social place they wish to retain and feel useful to others.

Social and living conditions in general may inhibit considerably seniors' motivation to participate in learning. However, as in all other likely conditions (as in health or education and learning conditions) there is not one single factor that could contribute to elders being identified as disadvantaged. It is the combination of factors that may lead to this identification.

4. Employment and economy-related identifiers of disadvantaged seniors

In the 2007 Council of Europe's report on "The situation of elderly persons in Europe", it is stated that elderly persons believe that their experience should be able to help future generations to develop more fully and to discover and help young talent. In recent decades, many European countries have adopted measures allowing or, indeed, imposing early retirement schemes. This resulted in a substantial reduction in the working population, and failed in their primary objective of helping young people to enter the labour market. Governments therefore concluded that it was necessary to offset these measures and attempt to promote an *active aging policy* by keeping capable elderly workers in employment for longer and scaling back early retirement schemes, while taking account of individuals' different abilities and needs.

It was already mentioned in the previous paragraph that as a rule, elderly persons increasingly want to keep their place in society and continue to be useful, to give advice and to pass on their professional expertise. Elderly persons have a great deal to offer, although they remain vulnerable. However, the current economic and labour state in Europe seems to put an obstacle to many seniors taking up learning opportunities as they wish, since it prescribes a new employment agenda for seniors (especially those near pension age). As was already stated, many seniors choose to participate in learning activities due to expressive rather than instrumental motives. Extension of working age as well as minimum access to health care facilities for some older adults, low income, competitive climate at work and social pressure, are good enough reasons to create disadvantaged seniors.

Figure 13: Identifiers that refer to employment and financial conditions of disadvantaged seniors.

This is more obvious for women than men. Especially elderly women are totally dependent on the minimum benefits paid by the social security system and also encounter severe age discrimination. According to the Council of Europe (2007) most elderly women are faced with a whole range of hardships: low incomes, substandard housing, lack of access to information and communication technologies, contributing to their social exclusion, an exclusion which is exacerbated by their less well remunerated jobs, interruptions in their careers or failure to pay into a pension system.

On top of these conditions, the fear of unemployment (which until now was the fear of the younger generation), job irregularity or career shifts or change of duties within a job, low work performance due to inability to follow new technologies, are only some of the factors that can be considered as identifiers of disadvantaged seniors (see figure 13).

Reflecting on determinants for assessing efficacy for self-directed learning of the aged and at-risk

According to Caro et al. (2009, p. 193), much of the literature on successful and productive aging focuses on personal characteristics of individuals as determinants of the types and amounts of activities in which they engage. For example, it is well established that participation is positively related to possessing at least fair health and having relatively few functional deficits. Higher socio-economic status (measured commonly by education and income level) is also predictive of greater participation. Increasing age and having few social network contacts seem to limit the level of engagement in activities. The underlying social and psychological forces, however, that may be expected to differentiate among older persons' activity behaviours are less understood.

One preliminary conclusion that can be drawn from the literature is that there is not a single ruling or conditioning element to identify seniors as disadvantaged. It is a multiplicity of interacting factors as well as their combination that may lead to this observation. Furthermore, if we try to negotiate these factors as the identifying agents for disadvantaged seniors we will observe that these determinants are not conditioned by external agents alone. They are deeply influenced by the way the term "disadvantaged" is portrayed, and being disadvantaged cannot be determined only by what external observers consider as disadvantaged, but also by the seniors themselves. For Roberson and Merriam (2005), medical advances and lifestyle changes have resulted in older adults living longer and healthier lives. This decreases considerably the measure according to which a senior is identified as disadvantaged, but at the same time it

gives as much information on who the disadvantaged seniors in Europe might be: 55+, low qualified (occasionally illiterate, depending on age, gender or country of residence), mostly women rather than men, with a health condition (occasionally severe physical) that may impair their participation in social activities or access to activities that demand physical presence or activity, with a self-esteem that impedes their participation in organized learning, with little or no knowledge of ICT, with minimum or no active participation in public life, low-paid or with a minimum pension (which also varies from one country to another), occasionally institutionalized (or not), with a risk of retaining their employment and/or social position due to their inefficiency or lack of resources or low self-esteem.

Figure 14: Major identifiers (determinants) of disadvantaged senior citizens in Europe.

All the above determinants show that older adults, like people in other life stages or transitional phases, require change in work, family,

and health. Self-directed learning (SDL) is one way of negotiating these transitions. The population even when we refer to older adults or senior citizens varies considerably in traits as it reflects diversity in age, gender, race, education, and employment. Furthermore, self-directed learning begins with an incentive to learn plus an interest, leading to accessing resources; with systematic attention to their learning, some projects may be completed whereas others could remain ongoing. Occasionally, there might be what Roberson and Merriam (2005) call a *catalyst*, usually another person, interspersed in this process.

In addition to that there is another agent that must be taken into consideration with regard to SDL. That is that seniors differ in the areas in which they cultivate their *efficacy* for self-directed learning and in the levels to which they develop it. Perceived self-efficacy¹⁶ is concerned with people's beliefs in their capabilities to produce given attainments (see Bandura, 2000, 2006). One cannot be all things, which would require mastery of every realm of human life. Seniors differ in the areas in which they cultivate their efficacy and in the levels to which they develop it even within their given pursuits¹⁷. Thus, the efficacy belief system is not a global trait, but *a differentiated set of self-beliefs linked to distinct realms of functioning*. Multi-domain measures reveal the patterning and degree of generality of people's sense of personal efficacy. There is no all-purpose measure of perceived self-efficacy¹⁸.

Considering the literature and relevant research one may conclude that the *possible agents and factors* involved in the areas such as health, educational attainment and learning, social and living conditions, and employment and economic conditions as they were analysed before,

¹⁶ According to Bandura (2006), perceived self-efficacy must be distinguished from other constructs such as *self-esteem*, *locus of control*, and *outcome expectancies*. Perceived efficacy is a judgment of capability; self-esteem is a judgment of self-worth. They are entirely different phenomena (see Bandura, 2006, p. 309).

¹⁷ For example, a business executive may have a high sense of organizational efficacy but low parenting efficacy.

¹⁸ Bandura (2006, p. 307) believes that the "*one measure fits all*" approach usually has limited explanatory and predictive value because most of the items in an all-purpose test may have little or no relevance to the domain of functioning.

the importance of a possible *catalyst*, and of course the significance of *self-efficacy*, set the major identifiers (determinants) of disadvantaged senior citizens in Europe (figure 14). These identifiers can be summed up in the following:

1. Low or no qualification (that is linked to low educational attainment or illiteracy in some cases).
2. A health condition that may impede or obstruct seniors' access to learning facilities (e.g., museums, libraries, ICT).
3. Low degree of self-esteem (control over eating which is an overarching identifier although it must not be confused to perceived self-efficacy).
4. Low participation in public and social life (occasionally due to lack of a catalyst or "important others" that may operate positively towards motivating seniors to participate).
5. Low income or pension.
6. Employment at risk or on the verge of unemployment.
7. Little or no knowledge of ICT.

Last but not least, the requirements for building on further analysis and examination of these identifiers and the conditions that affect the life of senior citizens in Europe and elsewhere with regard to efficacy for self-directed learning must include a good conceptual investigation of the relevant domain of functioning. For example, concerning self-management of weight, we know that it is determined by what people eat, their level of exercise and genetic factors. In this respect a comprehensive self-efficacy assessment would be linked to the behaviour factors over which people can exercise some control; for example perceived capability to regulate the foods that are purchased, exercise habits, adopt an increased level of physical activity. The self-efficacy must be tailored to activity domains and assess the multifaceted ways in which efficacy beliefs operate within the selected activity domain; they must be linked to factors that, in fact, determine quality of functioning in the domain of interest. In order to examine and assess self-regulatory efficacy requires preliminary work to identify the forms the challenges and impediments take. For example,

in open-ended interviews, focus groups or other similar strategies, ask people to describe the things that make it hard for them to perform the required activities regularly. The identified challenges and impediments are built into the efficacy items. Finally, sufficient gradations of difficulties should be built into the efficacy items to avoid ceiling effects.

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