HEALTHY AGEING

GOOD PRACTICE EXAMPLES
RECOMMENDATIONS
POLICY ACTIONS

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The European Older People's Platform
La Plate-forme européenne des Personnes âgées
Healthy ageing is not just about prolonging life. It is about promoting the necessary means to enable older people to continue to participate in society and to cope with daily life. It concerns learning, the exchange of good practice and the development of strategies and policies designed to promote older people’s individual well being and personal growth. This brochure is about the potential for the development of health promotion and preventative measures for older people. It is about maximising older people’s functional capacity and independence, seen as essential elements to enhance their quality of life.

Investing and improving health is a responsibility shared by the European Union, Members States, civil society organisations and individual citizens. This brochure explains the importance of creating an enabling environment as well as direct approaches to promoting healthy habits and lifestyles. It also underlines the importance of promoting a positive and integrated approach to health by addressing a range of social, economic, housing, transport, new technology, education and other relevant policies that have an impact on health. It gives a brief overview of the European Union competences in the field of health and provides useful examples of good practice, policy facts, projects, strategies and recommendations for priority actions for Healthy Ageing.
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a) A brief note on European Union competences in the field of Health


> Article 95 (ex Article100a) of the Treaty of Amsterdam states that “The Commission, in its proposals concerning health, safety, environmental protection and consumer protection, will take as a base a high level of protection, taking account in particular of any new development based on scientific facts. Within their respective powers, the European Parliament and the Council will also seek to achieve this objective”.

> Article 152 (ex Article 129) of the Treaty of Amsterdam stipulates that: “a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities”. It states that “Community action, which shall complement national policies, shall be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health’. Member States must fully honour their responsibilities for the organisations and provision of health services.

> Article 153 (ex Article 129a) the Treaty of Amsterdam states that “In order to promote the interests of consumers and to ensure a high level of consumer protection, the Community shall contribute to protecting the health, safety and economic interests of consumers, as well as to promoting their right to information and education”. This is the European Union’s role on Health promotion and prevention.

As the World Health Organisation (WHO) states, “Ageing is a privilege and a societal achievement”.

Longer life expectancy for both women and men are major achievements that should be valued and preserved and that will not necessary result in higher costs to society if people are empowered to remain healthy in their old age.

Promoting health throughout life is an essential part of any strategy aiming at achieving healthy old age for all. Much can be done before and after retirement age to enable people to maintain good health longer and to delay frailty and dependence. Promoting healthy ageing policies should therefore become a long-term goal for the European Union (EU).

The rapid ageing of our population constitutes a challenge for our society. Meeting this challenge is a shared responsibility and requires a coordinated response involving public authorities (European, national, regional and local), social service providers NGO’s, senior organisations, as well as individual citizens. All stakeholders have a role to play to educate and empower senior citizens to make the right choices and to adopt a healthy lifestyle.

Following the publication by the European Commission of the Green paper on “Confronting demographic change: a new solidarity between the generations”, and most recently the Communication “The demographic future of Europe – from challenge to opportunity” AGE adopted a strategy to actively promote healthy ageing.

This brochure aims to provide examples of good practice supporting various aspects of healthy ageing and to make recommendations addressed to all relevant stakeholders: European, national and local authorities, service providers, senior organisations and individual citizens. The list of good practice presented here is far from exhaustive. There are many excellent initiatives in the EU to promote healthy ageing and full participation of older people in society. If you wish to bring to our attention an action or initiative you find particularly interesting, please send all relevant information (with a short summary in English or French) to AGE Secretariat isabel.borges@age-platform.org or info@age-platform.org.

1 http://www.who.int/ageing/en/
b) Demography and Healthy Ageing in the EU public health programme

In 2000, ageing was at the heart of the Commission’s proposal for a new strategy. It identified two challenges:

> Health trends: “increase in the incidence of diseases related to old age, such as cancers, cardiovascular diseases, stroke, and the impairment of functional capacity through physical disabilities and mental disorders, which results from the lengthening life expectancy. About one quarter of people aged 85 or older for example are estimated to have a form of dementia.”

> Challenges for health systems: The Commission identified: the rise in demand: “By 2020, there will be 40% more people aged 75 and above than in 1990. This is likely to increase demand for health services and to require changes to their organisation and structure”. The change in the nature of the care needs: “With more people living into their 80s and 90s, more people will need long-term health care services and specialised social services”.

These ideas were recently reinforced in a joint working paper “Healthy ageing: keystone for a sustainable Europe” published by the European Commission where it gives an overview of EU health policy in the context of demographic change; trends in healthy life expectancy, the economic consequences of more healthy life years and how is the EU Health policy supporting preparation for demographic change. In this document the European Commission acknowledges that an EU Healthy Ageing Policy based on promotion and prevention is most needed. AGE hopes that this brochure can help structure the development of the forthcoming European Union Health Strategy in order to attain achievable and durable results.

c) What is Healthy Ageing?

Below you will find some definitions of Health that show how the concept has evolved and include ageing

Health is a state of complete physical, mental and social well-being and not merely the absence of disease of infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities.

World Health Organization, 1946

Health expectancy is clearly defined as the combination of a life expectancy with a concept of health making it possible to distribute the years lived according to the health state they are lived in. Taking into account models of successful ageing, combined with the introduction of a new curve called “survival without significant risk factor damage” enables us to make a distinction, among survivors without chronic disease or disability, between those presenting significant risks to develop chronic diseases with ageing, what we call “normal ageing”, and those presenting only low risks, what we call “successful ageing”.

J.-M. Robine, I. Romieu, Euro Reves, Montpellier 1998

A healthy ageing approach is one that considers the ability of people of all ages to live a healthy, safe and socially inclusive lifestyle. It recognizes the factors beyond health and social care that have a major effect on the health and well being, and the contribution that must be made by all sectors with an influence on the determinants of health. It also embraces a life course approach to health that recognizes the impact that early life experiences have on the way in which population groups age. Healthy ageing shifts strategic thinking away from a needs-based approach – the traditional approach used to deliver services to passive recipients – to a rights-based approach that recognizes the rights of people to equality of opportunity and treatment in all aspects, particularly as they age. It fosters a positive attitude throughout life to growing old and seeks to break down stereotypes and change attitudes to ageing, promoting understanding between the generations.


Healthy Ageing is a process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life.


Health is a human right. My biggest challenge is to advance that right across the Union in a world where the threats are real and our means not unlimited.


HEALTHY LIFESTYLES

To meet Europe’s demographic challenge, it is imperative to actively promote healthy lifestyles in order to reduce the high levels of lifestyle related diseases which have such an impact not only on people’s health and on the economies of all EU Member States. Since most of these diseases could be prevented, there is a role for the EU to help its Member States promote good health for all. In 2000, the EU acknowledged the need to invest in its human capital. Health is an essential dimension of our human capital and for the EU “to become the most competitive and dynamic knowledge-based economy in the world capable of sustainable economic growth with more and better jobs and greater social cohesion” it needs, a healthy population. Promoting healthy lifestyles means: a) providing the necessary means to enable everyone, including older people to actively participate in society, and to be able to cope with daily life; b) promoting a positive and integrated approach to health that addresses a range of social, economic, housing, planning, transport and other relevant policies; c) creating an enabling environment to promote a healthy lifestyle.

GOOD PRACTICE EXAMPLES

RETIREMENT: THE RIGHT BALANCE IS ON YOUR PLATE

“Retirement: the right balance is on your plate” is a brochure that has been developed to raise awareness among older people of the benefits of a healthy diet and with ideas of how older people can put this into practice. Reaching pension age is a period of transition that can be used to adopt positive changes in one’s lifestyle despite the new challenges (loneliness, limited financial resources, etc). However, it is also the right time to adopt good habits including a healthy diet. This brochure explores what older people’s nutritional needs are, how to maintain a healthy lifestyle: it unveils the secrets of a healthy diet and provides some practical information and creative healthy recipes.

More information can be found at: http://www.search-labs.com/nutri-senex/index.html

FOOD IN LATER LIFE

As the majority of older people live in their own homes there is a need to of an effective health nutrition strategy into the community services to support independent living. This project gives a detailed analysis of the attitudes and beliefs of older consumers and their food preferences such as snacks, ready-made convenience foods, functional foods and delivered meals.

As meals play a key role in the social life of many older people a comparative analysis in eight different countries in Northern, Southern and Eastern Europe was made on the role of food, food acquisition, meal planning, meal preparation skills and importance of social networks between men and women living alone or with others.

More information can be found at: www.foodinlaterlife.org

NUTRI-SENEX

“Improving the quality of life of elderly people by coordinating research into malnutrition of the elderly” This project’s primary aim is to contribute to the improvement of the quality of life of older people. Its benefits are likely to be felt most keenly by the frail older persons, those that require constant care. It aims to improve understanding of how diet can promote healthy ageing. The overall objectives are to co-ordinate research into the nutrition of older people; to improve their quality of life; to reduce public health costs through the prevention of nutrition related diseases; and to encourage the development of nutritionally-balanced food products specially designed for older people.

More information can be found at: www.search-labs.com/nutri-senex/index.html
1 NUTRITION

A healthy diet from an early age contributes to a healthier older age. Policies and programmes are needed to change children’s present dietary habits and on developing measures to prevent obesity. However, a healthy diet is needed at all stages of life, especially in old age. Even though obesity is common in older people, the issue of malnutrition (in hospitals, nursing homes, and home) is even more striking among older people. A healthy diet should provide the different nutrients one needs to remain healthy and it should give the opportunity to engage socially and to have a good quality of life. However, the precise dietary needs of the older people are still largely unknown. The EU is aware of the problem and has developed a number of European research projects on diets for older people under the Fifth Research Framework Programme. But, more still needs to be done to build a better understanding of the dietary needs of our ageing population among all relevant stakeholders: public authorities, service providers, food industry, senior organisations and older people themselves. The EU and its Member States need to develop public health campaigns on good nutritional habits targeting this group of the population which is often overlooked in public health campaigns.

RECOMMENDATIONS

AT EU LEVEL

> Adopt EU strategy plan on healthy nutrition of the older people as part of the actions to be proposed to respond to the challenge of demographic change;
> Organise campaigns based on the outcome of past research projects to raise awareness of food producers, distributors, consumer groups and healthcare professionals and public authorities on the specific needs of older people. These campaigns should consult older people’s representatives to make them more relevant to the target group;
> Mainstream good nutrition for all including older people in all relevant EU policies;
> Promote exchange of good practices between all relevant stakeholders at EU, national and local levels.

AT NATIONAL LEVEL

> Create a special advisory body that could issue recommendations to older people and their carers on healthy nutrition;
> Include checks on eating and diet in the regular medical check ups of older people;
> Develop nutritional programmes for older people living in institutions or receiving community care based on knowledge of their dietary needs and preferences;
> Give financial assistance to older people with low income to help them buy healthy food;
> Ensure that all retail food is properly labelled and regulated according to public health standards;
> Create incentives for the food industry to produce good quality food adapted to an ageing population at reasonable cost.

AT LOCAL LEVEL

> Promote local actions to encourage a healthy diet for older people through for example, subsidised meals programmes for the frail and for those with reduced mobility living at home;
> Promote and support local volunteer initiatives which aim at providing healthy meals to old people in need living in the community;

AT NGO LEVEL

> Train volunteers groups to educate older people on dietary needs; to help them prepare and cook meals at home;
> Create peer support groups and encourage initiatives to enable older people to socialise and share meals.

AT CITIZEN LEVEL

> Older citizens should seek advice from their doctor and/or local community centre on healthy nutrition.
GOOD PRACTICE EXAMPLES

GO FOR LIFE
Go for Life is a national programme promoting sport and physical activity for older people. The programme combines awareness raising with practical skills activities. It’s based on the principle of self-determination and seeks to empower older people to choose, plan and take part in recreational sports or activities they wish to pursue themselves. An active living/sport participation programme implemented in partnership with the health promotion units of the Health Service Executive and local sports partnership nationwide. As part of its public awareness campaign Go for Life publishes a newsletter and information materials designed to support the programme’s workshops and to communicate the message that physical activity is for everyone, regardless of age. More information can be found at: www.olderinireland.ie

60PLUSS - STILL KICKING
60 plus is a project organised for older people who are generally healthy but inactive. Members of 60plusss take part in activities all over Oslo, Norway and organise local groups that older people can join according to the area where one lives. The project aims at getting older people physically and socially active and thus making them healthier and happier. The most popular physical exercise is walking, an activity which is rooted in Norwegian culture. However, there are activities suited for everybody that promote endurance, strength, balance and mobility. Every six months there is a new activity programme. The 60plus – Still kicking! is supported by the municipality of Oslo and was put in action by Oslo Idrettskrets (OIK) the largest confederation for sports with a membership of approximately 260,000 distributed between 1500 sports clubs in Oslo. OIK works to ensure the best possible conditions for indoor and outdoor sports activities in Norway where everyone can participate independent of their age, gender, and sport ambition. OIK is the voice of Oslo-sports next to national and governmental authorities and it makes sure that they understand people’s needs. Oslo’s local authority recognises that investing in 60plus is an important investment in national health. More information can be found at: www.60pluss.oslo.no

BIEN VIEILLIR
The French national program "Ageing Well" intends to answer the current challenge in society - that of a greater longevity. The programme aims at developing preventive measures to reduce the emergence of diseases and functional incapacities related to age, in particular: the promotion of the practice of physical and sporting activities; developing a balanced diet; combating sedentariness, loneliness and the risk of isolation. The actions of the program thus aim at encouraging the over 55 years modifying their behaviour, to support ageing in good health. This program, which answers the goals of the French law of public health of 9 August 2004, has the objective to be implemented at the regional level, through future regional programs of public health. More information can be found at: www.personnes-agees.gouv.fr

HEALTHY AGEING WORKSHOPS
The aim of this project is to give older people strategies and to develop abilities, (physical, mental and social abilities) to improve their life expectancy, their autonomy and quality of life, and to keep them active and prevent diseases related to old age. The programme consisted of 4 themed workshops. Participants are free to take part in one or more of these activities.
> Healthy habits workshop: 3 workshops/20 hours each/ Total participants: 60 people
> Memory training program: 3 workshops/20 hours each/participants: 60 people
> Psycho-motricity workshop: 3 workshops/14 hours each/participants: 60 people
> Relaxation workshop: 3 workshops/20 hours each/ participants: 60 people

The workshops are organised in one and a half hour sessions once a week and are implemented in four different places in Cantabria, Spain. Activities fulfilled the expectations of the participants of the programme and older people considered these activities very practical to improve their health. More information can be found at: www.fundacionpem.org

2 PHYSICAL, MENTAL HEALTH AND WELL BEING
Being physically active can prevent and help treat many of the most common chronic medical conditions associated with old age. Physical activity is one of the most important steps older adults can take to maintain physical and mental health and quality of life. Getting older adults to be active is a challenge and this requires the help of trained professionals and well designed programmes. In this context, the development of social networks supporting older people is indispensable in the promotion and prevention of mental disorders amongst older people. Social networks are a fundamental tool supporting active citizenship and independent living. Social networking provides emotional support, increases the feeling of safety, self esteem and self purpose and helps individuals cope with stressful situations.
RECOMMENDATIONS

AT EU LEVEL
> The EU should promote the integration of gerontology and geriatrics specialisations in medical, nursing and paramedical professions;
> The EU should pay specific attention to the needs of older people in their campaigns promoting a healthy lifestyle;
> In the framework of the newly established Open Method of Coordination on Health, identify older people as a target group in the exchange of good practice on national health education programmes;
> The EU should launch an awareness campaign and promote strong collaboration with local authorities and senior’s NGO’s to develop programmes that meet the needs of older people.

AT NATIONAL LEVEL
> Provide opportunities for inexpensive, accessible to recreational physical activity for older people;
> Develop national grant schemes to enable local groups to provide social and emotional support to older people and empower them to get more active and involved in local society;
> Develop research to evaluate the benefits of these programmes in the short and long-term;
> Prioritise older people as a target group in national mental health promotion campaigns.

AT LOCAL LEVEL
> Develop partnership with national government and local organisations to develop appropriate physical activity programmes for the older people to prevent falls and help older people keep physically fit;
> Local health authorities can provide access for professional support for exercise programmes at home or in the wider community;
> Ensure that outdoor or indoor environments where activities take place are appropriate, safe and pleasant.

AT NGO LEVEL
> Create simple information brochures on the benefits of physical exercises (e.g. with examples of easy physical exercises that can be done at home or in the community) and disseminate as widely as possible to among the older people and their carers;
> Develop awareness campaigns specially targeted at national governments to increase the knowledge of the benefits a national physical programme for older people can bring.

AT CITIZEN LEVEL
> The benefits of physical activity are extremely important for all individuals during their life course and it is never too late to start;
> Individuals should seek support from public health authorities, friends, family and health professionals to take active part in these programmes;
> Seek medical advice prior to getting involved in these programmes.
2.1 INJURY PREVENTION

Every five hours an older person dies as a result of a fall. Fall-related injuries represent the most frequent and serious type of accidents among the over 65s. Falls can destroy confidence, increase isolation and reduce independence. The after effects of even the most minor fall can be catastrophic for an older person’s physical and mental health. Around 30 per cent of older people living in the community are likely to fall in a year and this rises to approximately 50 per cent for those aged 85 and over. Older people living in care homes are three times more likely to fall than older people living in the community. Evidence suggests that falls can be reduced by up to 50 per cent when an assessment is made of an individual’s risk of falling and action taken.

GOOD PRACTICE EXAMPLES

NATIONAL FALLS AWARENESS DAY

Started by Help the Aged in 2005, the aim in creating a national day was to provide a focus for falls awareness activity across the UK, by giving all relevant professionals and older people a basis on which to disseminate and share information on falls prevention message. By encouraging local events to take place on the same day around the country, Help the Aged aims to strengthen links between older people and practitioners and to overcome possible older people’s negativity towards the issue of falls and related conditions. National Falls Awareness Day 2006 was even more successful than 2005, with over 370 events taking place across the UK - 100 more than the previous year. There was an impressive range of activities demonstrated from Tai Chi, walking and exercise sessions, health promotion days, osteoporosis checks and advice on continence issues.

More information can be found at: www.helptheaged.org.uk/fallsday

WHO SAFE COMMUNITIES MODEL

The World Health Organization Manifesto for Safe Communities states that ‘All human beings have an equal right to health and safety’. The emphasis of the Safe Communities approach is on collaboration, partnership and community capacity building to reduce the incidence of injury and promote injury-reducing behaviours. More than 80 communities throughout the world have been designated as ‘Safe Communities’, in countries as diverse as Sweden, Australia, China, South Africa and the Czech Republic. Programmes target high-risk groups environments and promote safety for vulnerable groups. These programmes range from bicycle helmet promotion in Sweden to anti-violence in South Africa, traffic safety initiatives in South Korea and indigenous community injury prevention programmes in New Zealand.

More information can be found at: www.who.int

SOUTHERN CAMBRIDGESHIRE FALLS PREVENTION SERVICE

The Southern Cambridgeshire Falls Prevention Service is using an inter-agency, three-tier assessment process to identify falls risk among older people. Screening tools and a care pathway have been developed together with a number of initiatives to reduce falls risk, including: a health promotion campaign, ‘Walk Tall, Don’t Fall’; Advice and information packs as appropriate; a comprehensive community exercise programme, which aims to ensure that each sheltered housing complex, residential home, day centre and residential home has an effective exercise group running regularly. There are exercise classes suitable for older adults living independently in the community, in a variety of venues including leisure centres, village and church halls. Balance and Safety Groups – a 12 week educational and exercise programme for reducing risk of falls and fractures. A range of exit routes from individual and group therapy programmes to ‘maintain the gains’ and the use of hip protectors for high risk fallers in nursing homes.

More information can be found at: www.cambridgeshirepct.nhs.uk
RECOMMENDATIONS

AT EU LEVEL
> A EU wide safety and injury prevention campaign is needed to ensure the safety of all especially older people;
> The EU should ensure that Members States can exchange best practices in the area of injury prevention by developing guidelines, provide models, to improve safety and reduce injury.

AT NATIONAL LEVEL
> Promote physical activity for those at risk to improve balance and reduce the possibility of falls, of related injuries and treatment;
> Develop a national action plan on injury prevention which includes education and training for older people’s community representatives and health professionals;
> Develop road traffic safety programmes to reduce accidents.

AT LOCAL LEVEL
> Provide home safety assessments for older people and ensure that older people get help them with safety changes in their home such as fire alarms or improved lighting;
> Provide adequate falls training programmes for older people either living at home or in a residential setting that may impact in their daily life and change their personal behaviour.

AT NGO LEVEL
> Create injury prevention groups led by older people that can help older people in their daily lives;
> Develop simple materials, information sheets on injury prevention and distribute widely;
> Compile a list of relevant contact points that older people can call on for further information on injury prevention.

AT CITIZEN LEVEL
> Help older people reduce their injuries by helping them avoid hazards or by giving a helping hand, in the shops, in public transports, in hospitals, at home, etc.
2.2 PREVENTION OF ELDER ABUSE

Elder Abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. Elder abuse is a universal problem that exists in the developed and developing world and which manifest itself in various forms: physical, psychological/emotional, sexual, financial or simply reflect intentional or unintentional neglect. Abuse can occur in any setting but is more frequent in the familial, institutional or social context. Violence towards older people at home or in institutions is slowly being recognised across Europe. The 1st World Elder Abuse Awareness Day, 15 June 2006 launched by the International Network for the Prevention of Elder Abuse (INPEA) was the first step to bringing recognition of this problem.

GOOD PRACTICE EXAMPLES

STOP VIOLENCE AGAINST OLDER PEOPLE

Stop violence against older people is a national campaign developed by _IVOT 90 in the Czech Republic which aims at raising awareness on the problem of violence against older people and to trigger debate on this issue in civil society. In 2006 the campaign involved the launch of a leaflet “Stop violence against seniors” (STOP násilí na seniorech), containing advice and contact points for help. The leaflet also contained histories of older people victims of violence “Voices we do not hear”. The campaign also involved theatrical representations of famous Czech actors who read real life stories and testimonies of old people who had experienced violence. The campaign continues and _IVOT 90 runs a free non-stop Help-line SENIOR TELEFON (800 157 157) accessible to all, for assistance and support. More information can be found at: WWW.ZIVOT90.CZ.

INTERNATIONAL NETWORK FOR THE PREVENTION OF ELDER ABUSE

The International Network for the Prevention of Elder Abuse (INPEA) aims to increase society’s ability, through international collaboration, the recognition of the mistreatment of older people in whatever setting it occurs, so that the latter years of life will be free from abuse, neglect and exploitation. The overall objectives of INPEA are: to increase public awareness and knowledge of the issue; to promote education and training of professionals and paraprofessionals in identification, treatment and prevention; to lobby on behalf of abused and neglected elders; to stimulate research into the causes, consequences, prevalence, treatment and prevention of elder abuse and neglect. More information can be found at: www.inpea.net

6 Definition given by International Network for Prevention of Elder Abuse (INPEA) www.inpea.net
RECOMMENDATIONS

AT EU LEVEL
> The European Union should commission research in the area of elder abuse from an age and gender perspective, to evaluate the extent of the problem, the ommeneeds and to draw conclusions and recn- dations for the development of an EU legal frame- work;
> The European Union should facilitate the exchange of good practices on prevention of elder abuse among Member States;
> The work of informal carers should be economi- cally quantified at EU level so that Member States can develop actions to ensure that the work of inform- mal carers is acknowledged and respite care servic- es are available.

AT NATIONAL LEVEL
> Ensure that preventive measures to combat vio- lence towards older people are put into action, ensuring quality control and providing funding to health and social care services;
> Public authorities at all levels should increase the knowledge and tools for formal and informal carers to create the conditions and to promote informal care in a semi-professional level;
> Develop a national action plan to better distribute and increase human resources in the care sector (e.g. state subsidies and tax exemptions);
> Empower older people by developing protection mechanisms and services which can protect them from violence and abuses and ensuring that their voices are heard.

AT LOCAL LEVEL
> Put in to action programmes that would help the integration and recognition of the work done by car- ers, especially migrant workers who are increasingly playing a vital role in protection;
> Ensure that local actions are taken to combat elder abuse living at home, in a residential setting or in the local community;
> Coordinate actions with local NGO’s in the area so that sustainable actions can be taken to prevent elder abuse;
> Develop training programmes for older people to deal with informal or formal care staff. The lack of freedom and power of older people when they are in institutional care is sometimes reflected in the way they behave and deal with care professionals and their families.

AT NGO LEVEL
> Develop campaigns to raise awareness of the issue of violence towards older people;
> Create special (legal, psychological, etc.) support groups, teams, help lines, shelter homes that could collect information on violence towards older people and provide them with help.

AT CITIZEN LEVEL
> There is a need for citizens’ to become more con- scious of the problem of elder abuse and to report these types of abuse when they occur;
> All people, no matter what age and environment they live in, deserve to be treated with respect, dig- nity and care.
2.3 **PEER SUPPORT**

Support groups provide a forum for mutual acceptance, understanding and self-discovery. Peer support is based on older people most seeking out other older people when they are experiencing some concern or worry. Peer Support Groups provide free information, education, empowerment, and support to older people. Older people offer support to other older people to help them in their everyday lives. Peer support relies strongly on communication to encourage self-exploration and decision making. The basis of peer support programmes is the understanding that those involved have similar characteristics to those being helped, for example in age or life experience.

### GOOD PRACTICE EXAMPLES

#### PSYCHOSOCIAL GROUP REHABILITATION FOR OLDER PEOPLE SUFFERING FROM LONELINESS

The aim of this project was to actively engage older people (>74y) who suffer from loneliness in Finland. Groups of older people living in day hospitals, day care centres, rehabilitation and residential care institutions meet several times a week to chat, an to engage in different activities with the help of staff. Half of the older participants in the groups have continued to meet each other as a group after the official project was over and 75% found new friends. Psychological well-being, cognition and quality of life was improved and anxiety and depression relieved. The total use of health care services and health care costs were significantly decreased. The project was an essential step to educate and train professionals in the various levels of older people’s care (residential care, rehabilitation centres) to act as group leaders as well as to build a network of professionals able to implement the group rehabilitation model. The project is a model to develop services to target other type of older people which need help, e.g. dementia.

More information can be found at: www.vanhustyonkeskusliitto.fi

#### SENIOR HELP LINE

The Senior Help Line was established in 1998 in Ireland and is operated by over 350 older volunteers who provide a nationwide confidential listening service for older people who are lonely and isolated. The service operates 7 days a week, from 12 Centres nationwide, for the price of a local call. Reasons for calls usually include: need for information, health, financial worries, entitlements, loneliness, fear, elder abuse, neglect, bereavement, family problems, etc.

A friendly voice on the phone is a welcome link to the outside world and provides relief to older people. More information can be found at: www.thirdage-ireland.com/helpline.htm
RECOMMENDATIONS

AT EU LEVEL
> Adopt EU strategy plan on healthy nutrition of the ol. The exchange of best practices by Member States via the Open Method of Coordination is the area of employment, social inclusion, health and long term care is needed to develop policies that can support older people in their daily lives;
> EU programmes should aim at involving older people and give them opportunities to engage with older people in other EU countries via for example mobility and lifelong learning programmes. Travelling, exchange of experiences via workshops, can help people to be actively engaged in society and in Europe as a whole.

AT LOCAL LEVEL
> Develop programmes that enable older people to get the health and social care support they need at home or in a residential setting by keeping them socially and mentally active.

AT NGO LEVEL
> Develop programmes in which older people provide peer support to, for and by older people.

AT CITIZEN LEVEL
> Every individual has had any sort of experience to share with others and help others in a given time and place when it is most needed.

AT NATIONAL LEVEL
> Engage older people and older people’s organisation by developing programmes to combat loneliness and increase physical activity;
> Evaluate the actual social and economic situation of older people in the Member States;
> Create and support financially networks where older people can get free advice if needed such as Citizens Advice Bureaus, senior help lines, online services, and employ older people to provide this support.
3 ADEQUATE USE OF MEDICINES

The consumption of medicines increases with old age and older people and health professionals need to be made aware of the inappropriate use of medicines and the consequences linked to over /under consumption and/or interaction of medication. It is therefore, crucial that patients, their physicians, nurses and pharmacists get easily available and reliable information about the medicines older patients use. At the same time the drug industry needs to cooperate with civil society and be encouraged to test medicines on older persons. Generally, the drugs used by older people have not been tested in their age target and gender group. The principles underlying the development of drugs, clinical testing and post-market assessment of older and new medicines should be equity, evidence and efficiency.

GOOD PRACTICE EXAMPLES

FIGHTING CHRONIC PAIN AMONG OLDER PEOPLE

The aim of this project is to inform groups of older people about the adequate use of pain medicine. The project objective is to give clear and useful information about the adequate use of pain relief medicines for older people and make them self aware and also self confident. Older people sometimes use different medicines and do not always know why they use them. The project also wants to raise awareness of health professionals who are not always trained to explain why the patient should use different types of medicine. The information is given with a help of an educational brochure prepared by older people and for older people.

More information can be found at: www.pcob.nl

DRUGS FOR THE ELDERLY

“Drugs for the Elderly” is a World Health Organisation pocket size guide aimed at nurses, pharmacists and medical doctors to proper medication and the possible side-effects of the drugs most used in treating the elderly. “Drugs for the elderly” is a reference guide on the many differences between the old and the young when it comes to drug therapy. It also points to alternatives to drug therapy whenever these are as effective and safer.

More information can be found at: www.euro.who.int
There is a lack of sufficient suitable medicines for most of the diseases that affect the older people; a lack of studies which include older patients and patients with poly-pathologies; insufficient use of evidence-based drugs constitutes a serious problem in terms of public health. Polypharmacy which is an area of special concern. Many older patients use multiple drugs. This causes difficulties with respect to the addition or withdrawal of medicines on based on sound diagnosis and indications. The more drugs a patient uses, the greater the risk of interactions between these medicines. Adverse reactions and adherence or compliance problems are other factors linked to the use of multiple drugs. There is widespread overuse of psychotropic drugs and medicines where there is no clinical need.

RECOMMENDATIONS

AT EU LEVEL
> The EU should give priority to research on the consumption of medicines by older people;
> Develop campaigns and training materials for medical staff to promote appropriate use of medicines among older people;
> Call on the European Agency for the Evaluation of Medicinal Products (EMEA) to develop awareness brochures for both professionals and older people on the rational use of medicines;
> Develop research programmes that would give national and local actors along with health professionals the proper knowledge about the impact of inadequate use of medicine for older people.

AT LOCAL LEVEL
> Provide training on appropriate use of medicines to staff providing care in the community to older people.
> Support partnerships between local authorities, local health professionals and seniors organisations to get the message across.

AT NGO LEVEL
> Run national and local awareness campaigns paying due attention to those hard to reach (e.g. older people living in under privileged areas such as the inner city suburbs and rural areas, etc.).

AT NATIONAL LEVEL
> Develop public health campaigns aimed at health professionals on the adequate use of medicines using for example the training materials produced by EMEA;
> Ensure that older people and their informal carers can obtain clear, accurate, independent and reliable information from public sources and family doctors on the effects of medicines on older people and which questions to ask the prescribing physician (how, why, and which medicines should be used);
> Run national information campaigns via television or radio to target older people;
> Since the number of older people using internet is still very limited, a national free help line number with trained staff can be created to enable older people to access health information.

AT CITIZEN LEVEL
> Senior citizens should seek professional advice in particular when they are prescribed several medications and check regularly if all are necessary and compatible. They should also report back immediately if they notice any undesired side effect. Health professionals must cooperate more with their patients in this area. They must be patient, and give greater attention to older people and their specific health conditions.
4 SUBSTANCE ABUSE: ALCOHOL AND SMOKING

Substance abuse is the problematic use of alcohol, tobacco, illicit drugs or the deliberate misuse of legal drugs. It is a chronic disease of the brain but one which is preventable and treatable. Today the most common substances abused by older people are alcohol and tobacco. Even though there is some evidence that alcohol consumption declines with old age, research has shown that today’s older people and older women in particular drink more than the previous generation and that this problem is often under-detected and misdiagnosed. Research has also shown that it is beneficial to stop smoking at any age. Among older smokers, the immediate advantages are reduced risks of coronary heart disease, stroke and pulmonary infections.

GOOD PRACTICE EXAMPLES

HOW’S YOUR DRINK?
How’s Your Drink® was developed by Alcohol Concern to help people assess the level of their alcohol consumption. This online test is designed to help individuals to assess their drinking habits, or those of a friend or relative, and give realistic, personalised advice where needed. Taking the test is private and anonymous; the questions refer to your use of alcoholic beverages within the past year. The project is based around the "Alcohol Use Disorders Identification Test" developed by the World Health Organisation. The feedback and recommendations provided after taking the test are based on a review of the scientific literature and advice from clinicians.
More information can be found at:
www.howsyourdrink.org.uk/home.php
www.alcoholconcern.org.uk/servlets/home

HELP FOR A LIFE WITHOUT TOBACCO
The EU’s current campaign to dissuade people from smoking and help those who want to stop is aimed at raising awareness of the link between smoking and co-related diseases. The « Help » campaign sets out first and foremost to effectively reach out to young people and those who work closely with young people, whether smokers or non-smokers but it is also useful to older smokers. The three priorities of the « HELP » campaign are: Smoking prevention; Giving up smoking; The dangers of passive smoking.
More information can be found at:
http://en.help-eu.com
RECOMMENDATIONS

AT EU LEVEL
> Until now public health initiatives on substance abuse have targeted young people. Will this be necessary, campaigns targeting older people are equally needed to prevent substance abuse;
> The EU should also research the impact of drinking and smoking in old age throughout the EU. Recent studies on substance abuse show that on average, Europeans drinkers consume 15 litres of alcohol per year and that tobacco related diseases are the second biggest avoidable cause of death world-wide (around 5 million deaths every year), but the single largest cause of death in Europe. The EU should elaborate on these studies and provide recommendations to Member States for coordinated actions to combat this problem. A step in the right direction is EU communication on alcohol consumption, which should tackle the consumption by older people;
> Promote programmes to ensure a smooth transition to retirement to combat loneliness and depression among young retirees and prevent substance abuse among older people.

AT NATIONAL LEVEL
> National Health Ministries should pay special attention to older people’s smoking and drinking habits and develop gender specific actions to tackle the growing problem of substance abuse among the elderly (identify, diagnose and treat them);
> Health Ministries should develop awareness campaigns targeting older people and improve the provision of age effective screening procedures and diagnostic criteria;
> National Health Systems, health professionals, and social services should be involved in combating substance abuse among older people. Training and vigilance of health professionals is essential to combat this problem.

AT LOCAL LEVEL
> Community-based efforts directed at age specific groups are needed to share problems, experiences, etc. These should include creation of support groups on substance abuse for older people;
> Provide training on substance abuse to staff providing care in the community to older people.

AT NGO LEVEL
> Develop awareness campaigns on substance abuse to help national and local governments understand this hidden (“invisible epidemic”), but growing problem;
> Engage in activities at local level by setting up support groups with the help and active participation of local health and social services.

AT CITIZEN LEVEL
> Recognise that this problem can exist at any age and understand that reasons behind the problem are usually associated with physical, social, psychological and cognitive health problems;
> Get actively involved in your community and seek professional help and peer support from older people’s groups.

> Promote programmes to ensure a smooth transition to retirement to combat loneliness and depression among young retirees and prevent substance abuse among older people.
II SOCIAL PARTICIPATION
The full participation of people in society is essential to enhance an overall quality of life. Older people’s leisure, volunteering, and other activities are a resource that helps to maintain health and engagement with life. The whole social and built environment where an older person lives must be able to offer opportunities for participation.

GOOD PRACTICE EXAMPLES

KOLLA – KOLLEKTIVTRAFIC FOR ALLA (PUBLIC TRANSPORT FOR ALL)
Kolla is an integration project implemented by the City of Gothenburg in Sweden in association with the Special transport service for people with reduced mobility, the transport office and the authority responsible for traffic and aims at making the public transport system available, affordable and accessible for all. The objective is that everybody should have the same access to public transport system to ensure a better quality of life for all. One of the project’s main priorities has been the adjustment of the public built environment such as wider pavements and elevated tram and bus stops on prioritized routes, improvement of street lighting, better contrast marking at platforms edges, and guided sidewalks for people with reduced vision to facilitate mobility. Personal assistance has also been introduced in some of the most busy train stations. An educational programme for transport staff to meet the needs of all users has been organised. Transport on demand designated by “flexi-line”, has also been introduced to meet the needs of those with very special needs for e.g. older and disabled people. More information can be found at: www.kolla.goteborg.se

WOONZORGZONE – INTEGRATION OF NEIGHBORHOOD SERVICES
The aim of this project is to give the possibility to older people to live in their own homes rather than in nursing or residential homes, and remain socially active and integrated in the community. The Dutch national and local government, older people’s and disability organisations have joined forces and agreed on the development of neighbourhoods suitable for older people and people with disabilities. New accessible apartments have been built and equipped with the latest technologies and offer accommodation to those that prefer sheltered housing to staying in their own home. Care services and assistance is given to residents living in independent sheltered houses and also to those living in the area. Multidisciplinary teams (doctors, nurses, social workers, etc.) offer services to the residents throughout the day. There is a centre where many activities take place and services are offered (restaurant, pharmacy, childcare facility and a library) that are available to all citizens in the community. More information can be found at: www.woonzorgzone.nl

ST BRENDAN’S VILLAGE, MULRANNY, CO MAYO
St Brendan’s village is a sheltered housing development built to meet local needs where older people can live with the minimum of support in the heart of their own community, with the help of electronic alarms and caretakers. Residents also have the support of family and friends living locally. Residents are from the surrounding area and local care homes: several are emigrants who have returned home. Houses have been designed to meet the needs of older people and carers. This project is a working model for the care and support of older and disabled people in the community, providing a continuum of care and a greater degree of care as is needed, so preserving independence, dignity, and autonomy as much as possible. More information can be found at: www.saint-brendans.com

WHO AGE FRIENDLY CITIES
The aim of the WHO Global Age-Friendly Cities project is to engage cities in several countries to make their communities more age-friendly. Making cities age-friendly is one of the most effective policy approaches for responding to demographic ageing. One of the reasons for focusing on cities is that major urban centres have the economic and social resources to make changes to become more age friendly and can thus lead the way for other communities within their countries. Consultations with older persons, with community leaders and experts, have been made to identify the major physical and social barriers to active ageing. Each partner will now use this knowledge to develop, implement and evaluate local action plans to make the environment more age-friendly. To share the learning’s, the WHO will compile the results into practical “Age-Friendly City” guidelines that could be used by cities around the world. More information can be found at: www.who.int/ageing/projects/age_friendly_cities/en/index.html
RECOMMENDATIONS

1 REMOVING PHYSICAL BARRIERS: ADAPTING THE BUILT ENVIRONMENT

The indoor and outdoor environment affects the ability of an older person to stay active, to participate and to contribute to society. Today, it is clear that improvements in the built environment have a direct impact on the quality of life of an older person and their caregiver. However, more research must be carried out on this area. Relational studies between transport mobility, planning and housing on the one hand and health and social care sectors are rare. Clinicians, practitioners and governments departments engaged in policy development must be more proactive about carrying out evaluation studies of health outcomes of the built environment. Better evidence can improve the lives of the general population and in particular of older people.

AT EU LEVEL
> The EU should ensure the full implementation of Regulations and Directives in Member States in areas such as universal accessibility in the indoor and outdoor environment such as urban pavements; transports (and their stops) and housing that can meet the needs of older people;
> Develop EU housing standards in a “design for all” approach;
> Support research programmes that provide evidence for Member States of the relationships between good environmental improvements and healthy old age.

AT NATIONAL LEVEL
> Create national plans to ensure that local authorities in charge of public transport implement universal accessibility policies and involve user organisations in the process of design and manufacturing of all public transport systems;
> Develop national plans to improve housing quality for older people such as home isolation and better design;
> Provide funded schemes to enable local authorities to make low cost modifications and repairs to ensure older people have the opportunity to live for long as possible at home;
> Promote good house design for all people with reduced mobility in collaboration with major housing developers health and welfare professionals to maximise the health benefits for older people.

AT LOCAL LEVEL
> Local authorities as manager of transport operators, have the obligation to provide accessible ports to all and from older people’s destination;
> Local authorities must fully integrate public and private transport systems to meet the needs of all consumers;
> Local authorities must ensure all new public buildings are fully accessible to persons with reduced mobility;

AT NGO LEVEL
> Older people’s NGO’s can develop campaigns and help local authorities in assessing projects and / or products to check if they meet the needs of older people;
> Develop volunteer programmes to provide assistance and counselling to older people wishing to adapt their home to their mobility needs;
> Develop volunteer programmes to help older people travel to various appointments and social activities (doctors, friends visits; etc);
> Get actively involved in the so called “public transport process” making sure that the users’ needs are taken into account from the very beginning of the design of rolling stock as well as making transport officials realise the benefits of such a partnership with users.

AT CITIZEN LEVEL
> In public transport citizens should be educated not to sit in designated areas for older people, pregnant women, disabled people or children;
> Citizens must be conscious to give a helping hand to an older and/or disabled person to get in and out of a platform and/or public transport.
2 VOLUNTEERING ACTIVITIES

Millions of citizens, including older people throughout Europe are involved in volunteering activities. Volunteering not only keeps older people active and involved but also provides them a sense of meaning and purpose that paid work may have provided at an earlier stage of life. Volunteering strengthens social cohesion, augments social participation and stimulates active citizenship. Recognition and promotion of volunteering activities is essential to meet those objectives.

GOOD PRACTICE EXAMPLES

OLDER PEOPLE FOR OLDER PEOPLE

Since 1995 volunteers of Slovene Philanthropy and Slovene Association of Pensioners (450 local associations) developed a program of self-help activities of older people. The aim of the program is for older volunteers to find people older than 69, who live in households and need any type of assistance from gardening to financial assistance to state financial support. The volunteer groups organise assistance involving professionals from centres for social welfare and/or primary health care (field nurses) and neighbourhood assistance in collaboration with Red Cross, Caritas, local authorities and local schools. The quality of delivery of these services is monitored by the older volunteers and older people receiving the services. There are also regular meetings where all the stakeholders involved come together to discuss the achievements and problems of the implementation of the programme. The programme is financially supported by Slovene Lottery fund, Ministry of Labour, Family and Social Welfare and local communities. Since the beginning of the programme 90 out of 450 local Associations of Pensioners have participated. In last three years, more than 50,000 hours of volunteer’s work was done in the program.
More information can be found at: www.filantropija.org/

RETIRED AND SENIOR VOLUNTEER PROGRAMME

The retired and senior volunteer programme (RSVP) is a free standing programme within Community Service Volunteers, exists to encourage the growing number of those aged fifty plus to participate in their local area in England, Scotland and Wales. It taps into the wide range of skills and experience of mature people and puts them to work for the benefit of all. It is volunteer led and inspired, with only a few permanent paid staff. Unpaid organisers are responsible for local groups varying in size from 10 to 50 or more. Their role is to get volunteers and also to find charities, other organisations, hospitals, schools and so on who would like to benefit from a team of RSVP volunteers. Along with co-ordinating volunteers and voluntary work, the organiser also makes sure that all volunteers have proper training and support. Around 20 volunteer Regional Co-ordinators are responsible for some 350 project organisers and about 10,000 volunteers.
More information can be found at: www.csv-rsvp.org.uk

ENOVO – EUROPEAN NETWORK OF OLDER VOLUNTEER ORGANISATIONS

As part of the UK Government’s Year of the Volunteer 2005 initiative to celebrate and promote volunteering, a conference in November 2005 was set out to celebrate the establishment and set out the future activities of ENOVO. ENOVO was created as a new working group as part of Volunteurope specially designed to promote older volunteering across Europe, the founder members being REUNICA Espace 3A France, CSV/RVP/UK, and Third AGE Centre, Summerhill, Ireland.
ENOVO aims to develop new opportunities for older volunteers, exchange good practice and open new funding opportunities, combat ageism in volunteering organisations and develop tools to measure the impact of older volunteering effort.
More information can be found at: www.enovo21.org/en/index.html
AT EU LEVEL
> Recognition and promotion of volunteer and intergenerational activities, underlining the importance of volunteering for society as a whole (European, national, regional, local level);
> Support the development of volunteering programmes for older people as part of engaging them in society before and after retirement but also as a means to keep them mentally active and increase their level of confidence and self esteem;
> Develop certification schemes for older volunteers to recognise the development of competences through volunteering in education systems and long life learning schemes;
> Promote the exchange of best practices and knowledge of volunteering among all EU Member States;
> More research is needed to encourage governments to recognise, invest and attest the benefits of volunteering among older people.

AT NATIONAL LEVEL
> Remove legal and fiscal barriers preventing older people from getting involved in volunteer activities such as, age limits in insurance, legislation forbidding pre-retired people to engage in volunteer activities, etc;
> Support and promote the benefits of volunteering including the added value to service provision as well as personal and professional satisfaction;
> Develop special programmes where everybody can access volunteering activities and participate regardless of their age;
> Recognise the contribution of volunteering in the field of informal and formal learning and in sectors such as social health care;
> Raise awareness in business environment on the role of volunteering by offering employees no matter what age, the opportunity to volunteer as part of their paid work obligations and development of skills needed within a modern society.

AT LOCAL LEVEL
> Support older people’s organisations and develop programmes that enable older people to remain active in society as volunteers;
> Promote volunteering as a mutually beneficial experience between both volunteer and the beneficiaries.

AT NGO LEVEL
> Work with civil society, national and local governments and the corporate sector to make them more aware of the benefits of volunteering. Many older people’s organisations survive due to the good will and work carried out by volunteers of all ages;
> Engage with local government in establishing volunteer programmes that can engage, provide peer support and benefit older people;
> Stimulate dialogue and partnerships between older volunteers and the corporate world.

AT CITIZEN LEVEL
> Experience and engage in volunteer work so that citizens can fulfil their role as full active members of society by contributing their own experience and knowledge and giving others their help and at the same time learn new skills, increase health and functional capacity by doing something positive for the community.
3 REMOVING SOCIAL AND POLITICAL BARRIERS

Society must create the conditions for older people to remain socially and politically active. Maintaining contact with friends and family, remaining involved in the community where one lives, knowing the rights and obligations one has in the wider community especially; the right to political participation, are civil rights that older people need to be aware of. Political participation can take many forms, the most notable of which is voting in elections, but also including joining a political party, standing as a candidate in an election, joining a non-governmental advocacy group, or participating in a demonstration. Society must look at the wider needs of older people but also at their socio-political contribution towards civil society.

GOOD PRACTICE EXAMPLES

PROJEKT AS – ACTIVATION OF SENIOR CITIZENS

The aim of this project is to get senior citizens interested in their civil rights and life possibilities; to help seniors to learn the ways to demand their rights; to stimulate their interest in active life (physical, intellectual and social) for their own benefit and in the service of the community; reintegrating them in society and improving their quality of life and to combat the negative tone of an aging society. The project is put into action by older people helping older people. This project is possible with the involvement and collaboration of civil society NGO’s, senior organizations, around 40 older volunteers and local churches along with the financial support of local government. The project’s philosophy is that every person can be useful in every age and remain active. More information can be found at:

ewa.kominek@xl.wp.pl

CITIZENS ADVICE BUREAU

Citizens Advice Bureau is the largest independent advice-giving network in the world, provided through a network of around 700 bureaux and 1300 outreaches nationwide. It provides free, confidential, impartial, independent advice to everyone regardless of race, sex, disability or sexuality from over 2000 outlets in England, Wales and Northern Ireland. There are opportunities to volunteer in all Citizens Advice Bureaux as advisers (accredited training available), trustees, administrators and social policy workers. Some bureaux also have openings for volunteers in fundraising, PR and publicity, community liaison, and IT co-ordination. More information can be found at:

www.nacab.org.uk
RECOMMENDATIONS

AT EU LEVEL
> The EU should commission a study on civil rights, issues and problems affecting older adults which will recommend corrective actions for the EU;
> Awareness campaigns as to the benefits of the EU need to reach people of all ages.

AT NATIONAL LEVEL
> Promote the involvement of older people in the decision making process to ensure active participation of all in a democratic society;
> Intergenerational campaigns on the rights and obligations of people in society are needed so that we can all build a more cohesive and egalitarian society;
> Sometimes older people are not aware of their value in society: acknowledgement campaigns of the value of older people are necessary to raise awareness in society.

AT LOCAL LEVEL
> Promote the engagement of older people in local government as it is essential to raise awareness of the issues that concern them.

AT NGO LEVEL
> Collaboration with volunteers and civil society NGO’s to stimulate the interest of older people about their role and how they can contribute to a productive and egalitarian society.

AT CITIZEN LEVEL
> The realisation of one’s role in society is very important to self-determination and personal fulfilment throughout life.
GOOD PRACTICE EXAMPLES

AGEING WITH CONFIDENCE
Ageing with Confidence this eight-week programme developed by the Northern Area Health Board and Northside Counselling Services in collaboration with Age & Opportunity was designed to educate older people on ageing and retirement and to enhance self-confidence by promoting a positive ethos on ageing. This programme is a unique opportunity to learn about the different aspects of ageing and to develop a positive approach to one’s own ageing. A manual to support training for trainers for the Ageing with Confidence programme was produced in 2004. The programme has been so successful that they are now working with the Health Services Executive to deliver the programme elsewhere. The ultimate aim is to have the Ageing with Confidence programme nationwide.
More information can be found at: www.olderinireland.ie

ST. JOSEPH’S HOSPITAL
The aim of this project is to provide opportunities and activities for older people in a long-stay residential care setting, and hence to have a positive impact on their health and wellbeing.
Each week 10-12 long stay residents from local nursing home in Trim, are brought to Summerhill Active Retirement Group (Third Age Centre) via a millennium bus (16 seater, wheelchair accessible minibus, adapted for people with disabilities). The residents are joined by members of Third Age organisation who accompany and encourage them during various activities and events including arts and crafts, drama, reminiscence sessions, exercise programmes, concerts etc.

Different actions have been promoted; such physical and social well-being of older people (especially those in residential care) by engaging them process that provides practical and emotional support appropriate to their current needs. The outcomes of this project are: development of new friendships, learning new skills and crafts, change of scene (from being confined to a nursing home), increase of self confidence, self-esteem, happiness, and even skills and manual dexterity of the residents has greatly increased since their initial visits to the centre working closely with the staff of the nursing home where the residents come from. Working with the activities nurse in St. Joseph’s Hospital that travels with the group each week as they make their way to Summerhill. The activities nurse is also responsible for the design and delivery of all projects and activities that the residents are involved in.
More information can be found at: www.thirdage-ireland.com

SOCIAL INTEGRATION IN THE COMMUNITY OF OLDER PEOPLE LIVING AT HOME OR IN A RESIDENTIAL SETTING
Older people living at home or in a residential setting can become socially isolated and vulnerable becoming socially excluded from society. Integrating them in the community must be a priority. Dispelling myths and stereotypes about old people by showing their continued enthusiasm for life should help change attitudes towards older people. The development of care services for older people that preserve their integration in the community is essential.
AT LOCAL LEVEL
> Local governments are at the frontline when it comes to integrating older people living at home or in a residential setting. It is in their best interest to keep them active, develop good quality, integrative and inclusive programmes to avoid extra health costs;
> Collaboration between national, regional and local authorities and civil society organisations is needed to achieve a better social integration of older people.

AT NGO LEVEL
> They are crucial in establishing the needs of older people and to help national and local authorities define which are the priority areas where social integration of older people is most needed.

AT CITIZEN LEVEL
> Remaining actively engaged in your community by helping and assisting others living at home or in a residential setting.

AT NATIONAL LEVEL
> National governments must look at the benefits of an ageing society and develop actions that would make older people understand their continued role in society;
> Engagement and regular consultation with older people’s organisations is essential to develop these national action programmes and for them to become successful;
> Develop actions to enable care programmes delivered to older people to integrate them in society and help them participate no matter where they live;

RECOMMENDATIONS
IV LIFE LONG LEARNING

Life Long learning can make a significant contribution to the promotion of active citizenship as well as employability. It is clear that everybody in today’s society needs to have better access to information and knowledge. This will improve the employability and adaptability of the workforce. Research and practice has shown that older people involved in life long learning activities clearly improve their health and confidence. At the same time, life long learning enables individuals to participate in today’s complex society. It is also an important tool in the fight against social exclusion and to achieve equal opportunities.

GOOD PRACTICE EXAMPLES

ACCESS PROGRAMME FOR OLDER PEOPLE AT IRISH MUSEUM OF MODERN ART

The Access Programme for Older People’s Programme encourages older people throughout Ireland to play an active role in the life and work of the Museum and in contemporary visual culture. The Irish Museum of modern art has developed this programme through partnerships with organisations, such as Age and Opportunity at national level, and with active retirement groups at local level. The programme consists of a combination of free guided tours, talks, events and workshops, providing the opportunity for older people to look at artwork, meet artists and make art in response to these experiences. During the month of May, the Museum programmes events in collaboration with Age and opportunity and other cultural institutions as part of the annual Bealtaine Festival. From September to May each year Art Workshops for older people are open, to explore modern and contemporary art. There are also a number of publications, information sheets and projects about the Older People’s Programme available on request.

More information can be found at: www.imma.ie/en/subnav_8.htm#older

ELDERHOSTEL

Elderhostel is a non-profit organisation which is dedicated to providing learning adventures for people 55 and over. Elderhostelers represent a unique community of adults united under a commitment to lifelong learning. Elderhostel provides older people programmes that suit their interest and desires, activity level, budget, schedule and lifestyle, close to home or around the world.

More information can be found at: www.elderhostel.org
AT EU LEVEL
> Integration of learning into the life course must be a priority. The current scale of economic and social change in Europe demands a fundamentally new approach to education and training;
> Formal learning (learning taking place in education and training institutions) must continue to be pursued and adapted to older persons needs. However, non formal (taking place alongside formal institutions but not necessarily leading to formally recognised degree) and informal learning (a natural accompaniment to everyday life) must be sufficiently recognised and considered for financing. Plus these three categories should be viewed as complementary;
> Mobilising resources for life long learning, human resources, good teaching and learning schemes and investment in older workers (especially older women in re-entering the labour market after a careers break), must be a priority at EU level;
> Creating a life long learning platform involving Members States, and European Social NGO’s to find ways to exchange good practices for adult education through the life course;

AT NATIONAL LEVEL
> Need for national governments to realise the social and economic benefits of life long learning by developing policies to encourage a constant upgrading of skills during the life course (working and non working life);
> Identify and anticipate the skills and qualifications needed; Engage in a dialogue with the community, older workers, and older peoples NGO’s to assess the needs of older people;
> Recognise and validate formal and informal learning competencies and qualifications;
> Encourage older people to take part in life long learning programmes, inform, support and provide guidance to older people;
> Mobilise resources, create and implement projects that are sustainable in the long run and improve those which are currently ongoing.

AT LOCAL LEVEL
> Local governments should evaluate life long learning needs in the local community;
> Develop courses, with local educational institutions that match the needs of older people.

AT NGO LEVEL
> Develop campaigns that stress the benefits of learning, that is, not only for the labour market, but also to foster citizenship and social cohesion;
> Create tailor made courses with the support of national and local authorities.

AT CITIZEN LEVEL
> Encourage the assessment of individual life long learning needs: for leisure, to create a business, to achieve a personal goal, to upgrade a technical skill, to engage in sports activities, to develop creative skills (art, music, theatre), etc.
V ANTI-DISCRIMINATION INITIATIVES

Older People experience age discrimination either individually or as a group. Age discrimination can take the form of legal or policy barriers, stereotypes, prejudice or harassment. Equality and respect in accessing health and social care, goods and other services is a minimum that one can ask through life and especially in older age.

HEALTHCARE LAW – SWEDEN

The Swedish Parliament has stabled a clear policy in health care (1996/97 SOU 14, rskr 1996/97:60). Thus, the Health Care law was changed to include the following text (§ 2): The one who has the greatest need of health care should be given priority over others in the access to health care. The legislation has been in force since 1998.

One of the reasons behind the legislation was to prevent the discrimination of old people in access to health care.

The legislation builds on the following ethical platform:

- Human dignity
  Declares the right to equality of everyone regardless of age, sex, race, ethnic or social origin etc

- Need and solidarity
  Resources should be distributed according to needs

- Cost/effectiveness
  The choice between different alternatives should be based on a reasonable relation between cost and effectiveness, measured by improved health and quality of life.

There are four priority groups:

**Priority group I**
- Treatment and care of life threatening acute diseases
- Treatment and care of diseases which without treatment lead to permanent, disabling diseases and premature death
- Treatment and care of severe chronic diseases
- Palliative care and terminal care
- Treatment and care of people with reduced autonomy

**Priority group II**
- Prevention
- Habilitation/rehabilitation

**Priority group III**
- Treatment and care of less severe acute and chronic diseases

**Priority group IV**
- Treatment and care for other reasons than disease or injury
  Group IV patients have in principle to pay the treatment they get themselves, e.g. plastic surgery of cosmetic character.

In access to healthcare

Until recently, the EU public health strategy gave little importance to the needs of older people. The Public Health programme (2007-2013) now addresses ageing. However, it needs in the future to give equal and consistent coverage to older persons health needs in all proposed decisions. In the Councils Conclusion’s on Common Values and principles in the EU health systems (June 2006) Member States affirmed that health systems are a central part of Europe’s high levels of social protection and make a major contribution to social cohesion and social justice. The current debate in accessing healthcare services and patient mobility has raised the issue of future legislation on determining quality and safety standards at EU level.

Recommendations

At EU level

- EU health systems should continue to pursue and put into action the “overarching values of universality, access to good quality care, equity and solidarity”. [...] “Universality means that no-one is barred access to health care; solidarity is closely linked to the financial arrangement of our national health systems and the need to ensure accessibility for all; equity related to equal access according to the need regardless of ethnicity, gender, age, social status and ability to pay”;
- EU health systems need to reduce the gap in health inequalities via prevention of illness and disease through promotional campaigns of healthy life styles targeting and taking into account the needs of older people.

At national level

- National governments should ensure free and non discriminatory access to public health and social services;
- National health strategy should meet the needs of everybody especially the most vulnerable in society;
- Clear communication and collaboration with older people’s organisations, Gerontology experts, health and social care;
- Ensure that health professionals and informal carers develop gerontology expertise so that they can respond and fulfil the needs of older people.

At local level

- Ensure that older people within the local community are receiving the best access to health and social care. Regular enquiries, feedback, research and debates with the local community, especially older people is vital so that everyone gets the best available service.

At NGO level

- Develop actions to make the public and the government aware of what are the problems of older people when accessing health and social care;
- Engage in actions to ensure that older people are heard at the local, regional and national levels.

At citizen level

- Individuals who feel discriminated against in accessing health services should make a formal complaint to the hospital or social services. If needed, legal action should be taken and help sought from older people’s organisations, Citizens advice bureaus, and the law society.
2 IN ACCESS TO GOODS AND OTHER SERVICES

Accessing goods, services or facilities – (such as travel insurance, health services and preferential treatment such as access to cultural facilities and special travel rates, etc.) are essential for the active participation and contribution of older people in society. It is essential that older people are not discriminated against in their access to goods, facilities and other services.

GOOD PRACTICE EXAMPLES

AGE FRIENDLY PROVISION OF GOODS AND SERVICES

“Say No to Ageism Week” is an initiative of The Equality Authority and the National Council on Ageing and Older People both in Ireland. The aim of this week is to promote awareness and understanding of ageism and how ageism excludes older people from society. Public awareness activities to raise awareness and stimulate practical action to combat ageism within organizations were developed as part of this week. The “Age Friendly provision of Goods and services” booklet was published as part of the “Say no to Ageism week”. The aim is to provide practical guidance to organisations on the steps they could take to help to ensure that they provide goods and services in a non discriminatory manner. More information can be found at:

www.equality.ie
www.ncaop.ie
AT EU LEVEL
- The EU should commit itself to develop better understanding of the full experience of age discrimination. The Green paper of civil society’s demands for further action to combat age discrimination in access to goods, facilities and services is a step on the right direction. However, the EU should bring forward specific proposals to address this issue.

AT NATIONAL LEVEL
- Ensure that user-friendly information on the goods and services are available for older people;
- Make sure that the providers of goods and services (age friendly, accessible and affordable) understand the needs and aspiration of older customers;
- Take positive action so that people can have free, easy access to public transport services, cultural and recreational activities that compensate for the disadvantages they face in their everyday life;
- Eliminate all sorts of age limits creating specific legislation to combat all aspects of discrimination: gender, disability, sexual orientation, ethnicity or religion;
- Include older people/customers in the decision making process and treat older people with dignity and respect by undertaking measures to prevent the harassment of older customers.

AT NGO LEVEL
- Physical infrastructure, transport services and financial constraints can limit and even block the access for older people to goods and services. Continuous awareness campaigns are needed from NGO’s to tackle the problem that arise with discrimination of older customers.

AT CITIZEN LEVEL
- Individuals should take action if they feel that they are discriminated against when accessing goods and services.

RECOMMENDATIONS
VI UNIVERSAL ACCESS AND INDEPENDENT LIVING

The use of Information and Communication Technologies (ICT) to help older people and people with disabilities to continue to live at home is commonly known as Ambient Assisted Living (AAL). Technology can help older people carry out daily activities as well as monitor health, create social networks and increase participation in society and augment safety. The use of technology can also facilitate social inclusion, improve their professional participation and quality of life and ultimately enhance independent living.

GOOD PRACTICE EXAMPLES

SMART HOUSING

Smart Home technology is the terminology used for information and communication technology used in house where various technology components are (integrated) communicating via a local network. Here technology can be used to monitor, warn and carry out functions according to the option selected by the user. Flexibility, functionality and good physical access are the key for the optimal use of technology. Several municipalities have taken advantage of smart home technology in residential homes and nursing homes. In Norway smart house technology is installed as part of the municipal services during the construction of residential homes and in nursing homes. The Norwegian State Housing Bank has developed requirements for accessibility as the basis for their funding of building projects. A guide has been produced on smart home technology and its use as part of municipal services. The objective is to enable the reader to independently consider his/her needs and to participate in making specifications to meet those needs.

More information on this can be found at:
www.shdir.no/deltasenteret
www.shdir.no/vp/multimedia/archive/00004/1216E_4103a.pdf

MDKEEPERM™ – MINI HOSPITAL ON THE WRIST

MDKEEPER™ is a portable “mini hospital” which is designed to make life easier for patients at risk, chronically ill and people requiring nursing care. The device lets patients monitor their health and get help when there is no doctor around. MDKEEPER™ is worn on the wrist like a watch and monitors vital signs, such as pulse rate, electrocardiogram and blood oxygen saturation level without having to visit their doctor. A special monitoring station called RemoteKeeper™, enables medical professionals to view, analyse and react on the information received or alerts received from patients at remote locations. It also has a database and can be integrated with other hospital information systems allowing exchange of data for informed medical decision-making. In addition, the device can send emergency calls or place mobile calls to predefined people or a call centre. With an integrated cellular module the device is able to work almost anywhere in the world on GSM/GPRS networks. The device is very lightweight, easy to use requiring little knowledge and intervention from the user. It also incorporates other features such as a reminder system when to take the medication or go to the doctor. MDKEEPER™ is currently undergoing clinical certification for FDA and CE approval several patents are pending.

More information on this can be found at:
www.tadlifecare.com/home.php

FRIENDLY REST ROOM

In the framework of the EU funded Friendly Rest Room (FRR) project several prototypes of adaptable toilet facilities have been developed and evaluated. By applying integrated sensor technologies, these prototypes of smart and user-friendly toilets are capable of adjusting automatically to the individual needs of the user (user centred design); in particular, attention has been given to the needs of older people, of persons with disability and of accompanying carers allowing them to gain greater autonomy, independence, self-esteem, dignity, safety, improved self-care and therefore, enable them to enjoy a better quality of life.

More information on this can be found at:
www.ffr-consortium.org

PROGRAMS FOR AUTONOMY AND COMMUNICATIONS FOR THE ELDERLY

The overall objectives of the Programs for Autonomy and Communications for the Elderly (PACE) 2000 Foundation are to foster on-going communication between seniors and students, to create opportunities for both generations to share knowledge and experience and to provide mutual support. The interaction allows seniors to live longer in their own homes and provides support for their autonomy. These objectives are being achieved through the use of new and customized communications technologies and the development since 1996 of the Intergenerational Virtual Village. PACE 2000 customized videoconferencing interfaces and has developed applications to meet the needs of seniors.

More information on this can be found at:
www.pace2000.org
RECOMMENDATIONS

AT EU LEVEL
> The EU institutions must promote the usage of ICT to empower older people, to live independently, to increase sociability and to help them to play an active role in society;
> Implement the common EU guidelines of (e)Accessibility already established at EU level where Member States can use and adapt according to the characteristics of older people in their country;
> Continue to support and promote AAL initiatives that have a positive impact on older peoples lives: ICT enabled services for integrated health and social care, involving users and measuring its social and economic impacts;
> Create training programmes and support initiatives to improve older people/user motivation towards ICT before and after retirement and increase the levels of digital literacy;
> Ensure that the needs of older people are taken into account and have an active role when Member States develop ICT services and devices or training programmes;
> Launch multidisciplinary research and monitor the social and economic implications of ICT (on health and social care, employment, leisure, sociability, active participation in society) for older people;
> Raise awareness on accessibility and promote the “design for all approach” to include most people in society and fight discrimination.

AT NATIONAL LEVEL
> Governments should review the current ICT accessibility criteria in their own country (online services, audio-visual and multimedia services and products, TV and telecommunications and consumer electronics);
> Actions to realise the benefits for older people should be included in the priorities in governments and other public initiatives in the context of the Information Society;
> Governments should allocate resources to support specific ICT actions for older people, to ensure its availability, accessibility, affordability, awareness and appropriateness;
> Develop legal frameworks requiring all public and private entities to apply the established EU accessibility criteria (e.g. including accessibility as requirement in public procurement of Information Technology);
> Launch awareness raising campaigns on accessibility and design for all developing training courses and incentives for the industry to follow this approach (prizes, R&D grants, etc.);
> Create and support (financially, if needed) network structures for cooperation between industry and older people’s organisations;
> Consult with and develop better research about older people’s needs for a better provision of assistive technology;
> Assess the existing service provision based on ICT at all levels from national to local.

AT LOCAL LEVEL
> Ensure that ICT services and devices are user friendly, available for all and create incentives to engage older people within the community to actively use them;
> Educate trainers to be aware of the needs of older people and develop special training schemes for older people including intergenerational programmes;
> Consult at all times with older people’s organisations.

AT NGO LEVEL
> Organisations for older people must raise awareness on their input as partners in policy dialogue and strategy formulation on ICT;
> Contact and develop relationships with relevant policy makers at local and national level to ensure that older people are adequately represented;
> Raise awareness on the need to be included in all stages of assistive product development and service provision for older people (e.g. set up reference groups to provide expertise);
> Create partnerships, Internet networks where older people can exchange their ideas and thoughts;
> Evaluate older people’s ICT needs.

AT CITIZEN LEVEL
> Ensure that individuals needs are met and that the ICT provision of goods and services fit their needs;
> Get involved in ICT programmes.

1 NEW TECHNOLOGIES AND NEW SERVICES
The development of new technologies and services for older people are wide ranging and include: safety-related services, healthcare and medical services, “wellness services”, mobility and social care services, smart homes, smart textiles, robotics and consumer electronics.
CONCLUSION

The European Commission together with various stakeholders such as governments, health professionals, academia, patients’ organisations, social NGOs and civil society have a crucial role to play in developing an European Union health strategy and in building support for actions taken at national, regional and local levels. Working in close partnership can also help reach the most vulnerable groups in society, including older people. If the European Union is to develop a wider healthy ageing strategy, there is a need for a holistic and integrated approach. The importance of healthy ageing cannot only be seen in the context of European health policy, but also in a wider context of other European policies. The development of a healthy ageing strategy must take into account the gender dimension, ethnicity, individual differences and other needs and characteristics of older people who represent a diverse and disparate group.

This brochure is aimed at giving this holistic an integrated approach of Healthy Ageing. AGE hopes that the examples of good practice and the policy recommendations can help you realise the potential of learning and developing the right Healthy Ageing strategy at EU, national, local, NGO and citizenship level.
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About AGE

AGE – The European Older People’s Platform is a European network of organisations of older people aged 50 plus and brings together 145 organisations from across the European Union. AGE represents over 22 million older people in Europe through its Member organisations and seeks to voice and promote the interests of 157 million inhabitants aged over 50 years and to raise awareness of issues that concern them most.

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