

Best practices on evidence-based policymaking and policy recommendations on Active and Healthy Ageing

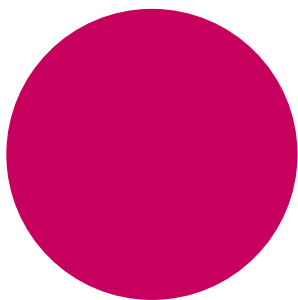


**Social Innovation on Active and
Healthy Ageing for sustainable
economic growth.**



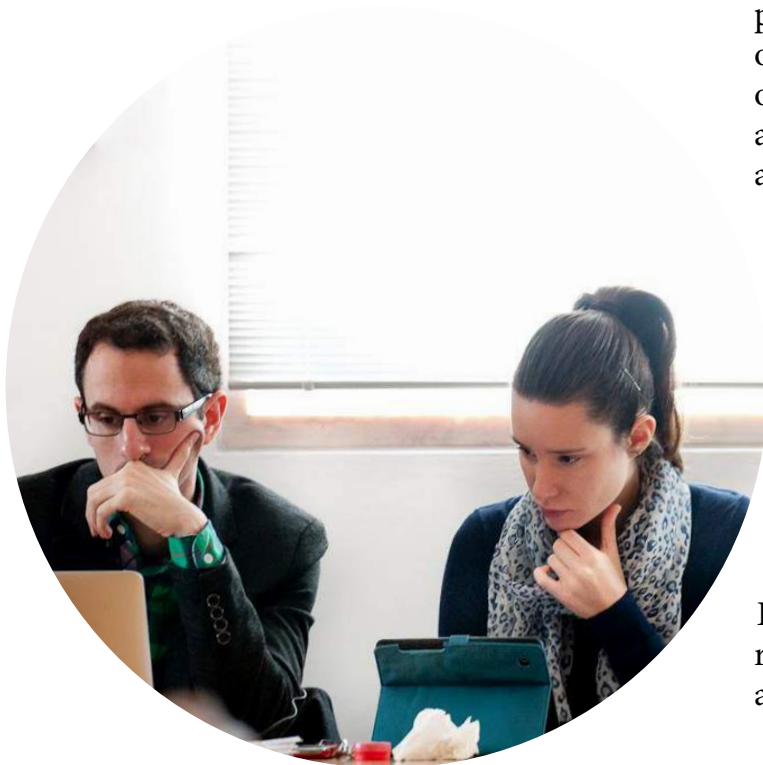
SIforAGE

Social Innovation on Active and Healthy Ageing for sustainable economic growth.



European anti-discrimination directives and national anti-age discrimination laws constitute one of the main indicators to assess how European society perceives and treats its older population. However, equally significant and even more important is the degree of implementation of such legislation conditioning the public image of older persons, the barriers and opportunities for older persons, the spectrum and the quality of services offered to older persons and how, as well as by whom, processes and services are conceived and assessed.

The SiforAGE (Social Innovation for Active and Healthy Ageing) project aims to strengthen cooperation among stakeholders working on active and healthy ageing. The goal of the project partners is to bring together scientists, end-users, civil society, public administrations and companies in order to improve the competitiveness of the European Union regarding the promotion of research and innovative products for longer and healthier lives.





The results of research within the framework of Work Package 4 (entitled “Evidence – based policy-making) of the SIforAGE project strongly indicate that even though European anti-discrimination directives are transposed into the legal system of the Member States, the ensuing laws and their implementation do not fully protect older persons living in the European Union against discrimination or inappropriate treatment and that there is still much room and need for improvement. The following areas are of mayor concern and merit special attention.

First of all, it appears that the situation, the rights and the needs of older persons in society are still predominantly considered as a matter of the competence of national

ministries for social affairs and/or social security. Thus, the complex issue of the well-being of this segment of the population is not seen as a transversal matter that requires a mainstreaming approach involving most of the ministerial departments.

Secondly, legislation at the national level does not or does not sufficiently transpire to the regional and the local level or is not adequately recognised and implemented at these levels due to its complexity and possibly, as well as the fact that the politicians, administrations, institutions, services and programme leaders responsible believe that full implementation may be just too costly.

Thirdly, it is still rather rare that those concerned, the older people, are fully associated and have an actual decisive say in the processes of conceiving, designing, implementing and monitoring of policies, strategies, services and programmes set up for them, from which they may and should be able to benefit. However, the lack of such elements of impact assessment involving older people themselves constitutes a mayor obstacle to attaining high quality and success and constitutes a discriminatory attitude in itself.

Even though the Charter of Fundamental Rights of the European Union declares in Article 25 “The Union recognises and respects the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life”, the Union is not yet fully aware of the qualitative features of an ageing European society. It is still not commonly understood, neither at the EU nor at the Member States level, that the attained degree of longevity represents one of the greatest achievements of our society, which also offers tremendous new chances to reconceptualise, reorient and reorganise future living and acting together in Europe.

The steadily growing segment of older people is still predominantly considered as a problem to be solved, and it is rarely recognised that it represents an enormous cultural-intellectual and economic treasure. In fact, this group opens up a great variety



of unprecedented opportunities concerning new ways of education, communication and intergenerational relations, but also, and in particular in terms of economics, considering the needs and benefits of age-related research, production and commercialisation of products and services.

In order to take advantage of these new opportunities and to fully use the potential of the changed and still changing societal structures in Europe, the European Union and the Member States must positively integrate the issue of ageing into all their policies, strategies and programmes – be they economic, social or cultural.



Research and academic curricula should contain strong elements dealing with these aspects and thus contribute to promoting social innovation, social change as well as economic adaptation and progress supporting the realisation of a European society for all ages with an explicit life-course approach. From the earliest ages, we should educate people to be responsible for their lives and to lead a healthy and active life so as to stay healthy and active when ageing.

This report proposes a reading of the most interesting information gathered during research on all the analyses carried out within the framework of Work Package 4.

Drawing from the findings of the Work Package 4 research, the final chapter of this report offers, structured in 9 chapters, a comprehensive series of recommendations and suggestions to policy and decision makers, be they at the European, national or regional-local level, necessary or appropriate in the pursuit of all the above-mentioned objectives.

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INTRODUCTION

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The state undoubtedly has a high responsibility in maintaining the good functioning of society and preparing its future. Especially in times of change – be it due to political, social or economic developments, evolutions of values and convictions, or any other major modification of the conditions affecting society – the modern state, at various levels, has to re-adjust public rules and operation modes through appropriate legislation, procedures and services aiming at minimising tensions or conflicts and with the objective of maximising societal well-being. This requires creative thinking and innovative approaches to address the newly emerged societal issues.

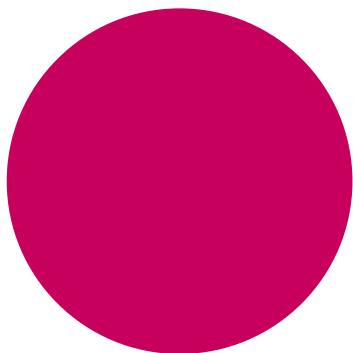
Demographic change in Europe has led to an increase of the average life expectancy of approximately 30 years over the last 120 years. Not only have lives become longer, but they are also getting much more diverse. The ageing process both of individuals and the population as a whole is evolving

and will continue to do so. The same phenomenon of continuous alteration and diversification can be observed in the way older people are perceived and the way they perceive themselves, market composition, family structures, policymaking and all the age-normative structures of social life: education, the labour force, retirement, etc.

At the same time, technological advances, industrial changes and medical progress have dramatically altered Europeans' living conditions. The growing recognition of Fundamental Rights for everybody has become, in principle, the basis of cohesion in European society. The consequences of such far-reaching developments normally trigger reactions from policy makers, legal organs, administrations, and associated institutions and services. It may also be the case, however, that these public bodies tend to ignore or underestimate certain new social orientations and needs for whatever reason that may be.

THE SIFORAGE PROJECT - ITS MISSION AND GOALS

(2)



The mission of the SIforAGE project is to become a reference point for user-centred innovation and service delivery for the ageing, empowering the older people of today and of tomorrow to develop the needed tools to more actively participate in studies on ageing and innovation with a strong focus on the aspect of active and healthy ageing (AHA). The project's stipulation is to enable the direct participation of older people in different research cycle phases, as this is a key aspect to ensure social innovation in research and development carried out at European level on ageing. One of the main aims of the SIforAGE partners is to improve the co-ordination, collaboration and participatory channels among different groups of stakeholders represented across the ageing research value chain.¹

The lack of co-ordination among different types of actors working on ageing research

and technology development has been identified in recent years as one of the main barriers faced by Europe in the common challenge of the ageing population. The SIforAGE project involves stakeholders in both the private and public sectors with the leading slogan “Nothing on without old people!”. The project shall figure out what really matters to the target population — and what will motivate desirable actions between science, societal needs and public policymaking.


Several work packages have been designed within the SIforAGE project in order to make a holistic and multidisciplinary approach in the current and possible future ageing research. In order to better understand and assess how the state responds to population ageing in Europe and to help improve public action in terms of content, adequacy, acceptability, efficiency and speed, Work Package 4

¹ This research value chain consists of scientists, public administrations, private foundations and companies, final user organisations, civil society organisations, care centres, research and technology development centres and companies, think tanks and universities, etc.

of the Social Innovation for Active and Healthy Ageing Project has been conceived in a way to focus on the issue of “evidence-based public policymaking”. This report provides a summary of the results obtained from the work within the tasks of Work Package 4 (WP4).

Public policies connected with three domains – labour, health and transport – were analysed within the WP4. These three domains (it is impossible to test the entire range of phenomena associated with ageing in a single project) were chosen commonly by partners engaged in the WP4 due to their importance and strong links with the concept of AHA. All tasks were focused on these three domains. Three levels of public administration activities were also taken into account: local, regional and national. Analyses were conducted within the following tasks:

- 4.1 Addressing R&D policies in the domain of active and healthy ageing,
- 4.2 Active ageing and ageism in European policies: a cross-cultural comparison,
- 4.3 Decision-making processes and tools used by public administration in policymaking,
- 4.4 Identification of innovative approaches in R&D policymaking in ageing – evidence-based policymaking.

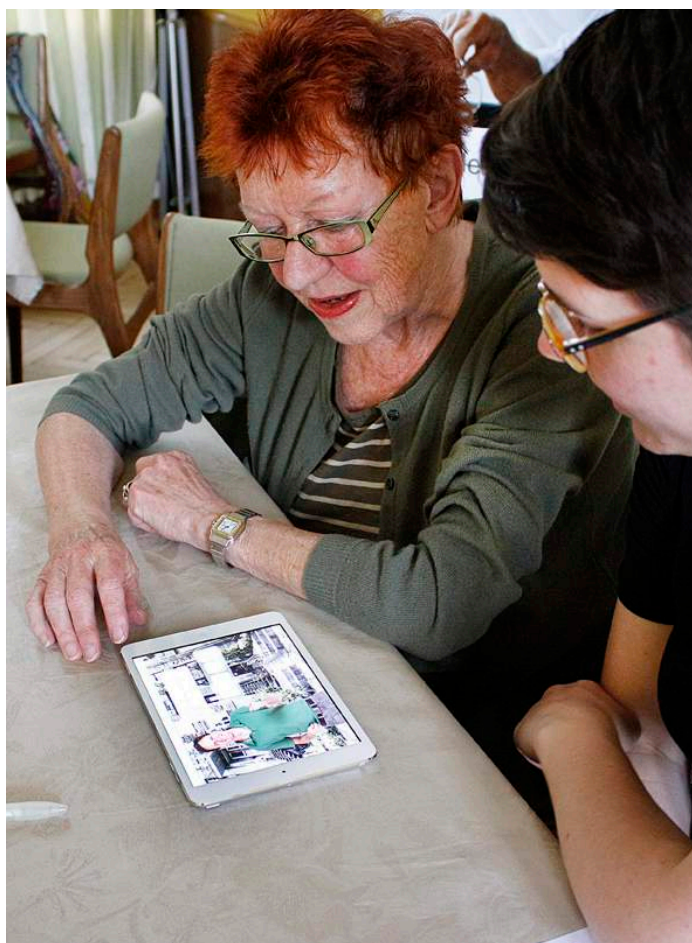


“ Nothing
on without
old people! ”

Through the screening of policy documents, legislation, programmes as well as concrete projects and related implementation measures in different European Union member states – at the national, regional and local level – the project consortium partners have collected information about historical and political evolutions in the public perception of ageing processes, including issues of discrimination, and various reactions to the ensuing challenges in the respective countries.

The aim of this report is to sum up the results of analysis carried out within the domains mentioned above, to formulate general recommendations and give examples of good and bad practises. The report starts with an analysis of task 4.2, which addresses the issue with the greatest degree of generality – legal acts designed to prevent discrimination against older people subsequently determine

(at least in theory) public policy. In the next part, the report focuses on an analysis of tasks 4.3 and 4.4 to investigate the way public administrations at different levels in several EU countries implement policies from the field of active and healthy ageing and carry out their decision-making processes regarding actions that are in line with the concept of AHA. Subsequently, the report summarises initiatives carried out by public administrations of certain countries that are an emanation of the mentioned policies (the analysis of task 4.1). At the end of this paper, set of suggestions and recommendations based on the different findings of this common research, understanding and comparatively analysing them, and drawing conclusions from them. These are addressed to all relevant actors at all levels – European, national, regional and local – as well as to policymakers, directors of research orientation, leaders in public administration, programme co-ordinators and project directors. Their objective is to better assess the needs and potential of the ageing European society, explore still-uncharted knowledge areas in the context of the ageing society, conceive more adequate and effective policy responses and practical measures, to better monitor their results, help change inappropriate practises and reinforce positive trends in the activities of the European public administrations in the field of AHA and thus contribute to the improvement of European social cohesion and, consequently, to its quality under the motto “a society for all ages”.



COMPARATIVE ANALYSIS OF ANTI-AGED DISCRIMINATORY

(3)



Methodology

One of the goals of WP4 was to evaluate the implementation of Anti-Age Discrimination Laws (AADLs) in the actual practises prevailing in the ageing domain in European countries. Specifically, it reflects the work carried out in five countries: Austria, France, Italy, Poland and Portugal. The goal was not to differentiate between the countries being analysed, but rather to use these examples as a way to study European practises in this domain.

To explore this issue, two strategies were adopted. First, a documental analysis of the main legislation regarding AADLs in the European Union, European convention and in the five countries was conducted using country reports elaborated by the European Network of Legal Experts in the Non-Discrimination Field. This information allowed for an overview of

the evolution of this legislation. The results were also complemented with information gathered by partners in each country.

To further understand this issue, we implemented a second strategy of directly interviewing programme planners, developers, strategic decision-makers, implementers of programmes and administrators at various levels and responsibilities in three selected domains in the ageing field regarding their knowledge of ADDLs, perceived relevance of such laws and actual compliance of their practises with the laws. Forty-two interviews were considered valid for these effects.

The analysis represents the first effort to study how the actual implementation of AADLs occurs in the ageing domain in EU societies.

Main Conclusions

The introduction of Article 13 in the Amsterdam Treaty in 1997 was fundamental in starting the process of creating anti age-discrimination legislation in Europe. Following that, the introduction of the UE Directive 2000/78/EC was essential in increasing awareness and compliance with non-discriminatory age practises in employment across the EU.

The countries being analysed have adopted the recommendations of Directive 2000/78/EC regarding anti-age discrimination in employment in some form in their legislation and most of them have also extended these anti-age discrimination legislation to cover other fields (e.g., social security). Nevertheless, there is still the need to develop anti-age discrimination laws in other fields not only related to employment.





However, despite this increase in available legislation, legal experts from the five countries agree that the level of compliance with these laws is still lower than desirable. A true effort for their implementation should involve a greater effort of co-ordinated work between different institutions of important areas of action in society (e.g. NGOs, social scientists, public administrations and trade unions).

The interviews carried out in the five countries under analysis acknowledge the pervasiveness of age discrimination against older people across different social fields such as employment, transportation, health, social media and within the family.

Moreover, there is an overall consensus among the interviewees that ageing programmes are in compliance with the AADLs. In fact, 40 of the 42 programme interviewees agreed that the programmes follow some sort of guidelines to comply with AADLs. Compliance with AADLs take the format of not imposing age limits to programme participation, by taking actual measures to fight

ageism, by engaging in positive discrimination by restricting the programme to older people, by providing special assistance to older people or by ensuring equal access to everyone regardless of their age.

A great number of interviewees also believed that AADLs are highly relevant (48%). The potential impact that these laws may have for changing representations of ageing in society is also an important factor considered by interviewees. However, some answers regarding this issue still reveal a lack of a clear understanding of what these laws are and the specific format they have in each country. Interviewees worried about the effectiveness of these laws if they become rather complex. In the same vein, some interviewees felt that AADLs might not be very relevant if they are not followed in a consistent manner by other types of more global strategies to fight ageism and stereotyping of older people. Apparently, there is the notion that legislation is an important step towards social change but producing it is not enough.

The interviews in the field were very much in line with the recommendations of the European Network of Legal Experts in the Non-Discrimination Field when they specifically advised that a true effort to implement AADLs should involve a greater co-ordinated efforts between different institutions of important areas of action in society (e.g., NGO's, social scientists, public administrations and trade unions).

COMPARATIVE ANALYSIS OF THE DECISION - AND POLICYMAKING PROCESSES IN AGEING

(4)



Methodology

As already mentioned, one of the strands of the analysis was focused on the decision-making processes and instruments used by public administrations for policymaking in active and healthy ageing, as well as the identification of innovative approaches with a view to informing and improving evidence-based policymaking.

To explore this issue, our partners undertook reviews and analysis of the relevant policy and strategic documents that have been developed, supplemented by semi-structured interviews. The interviews targeted relevant stakeholders in age-related or age-specific policy areas, including government depart-

ments or ministries, third sector or charitable organisations, and NGOs. Additionally, an online survey of policymakers was used to gain an understanding of the decision-making processes in relation to the active and healthy ageing agenda, as well as the various mechanisms available to policymakers to support this process. Analyses were conducted in the following countries: Austria, France, Italy, Poland, Portugal, Spain and the United Kingdom. In some cases, the information provided is specific to a locality or city; in others, a national perspective is provided.

Main Conclusions

Across the nations participating in this research, no ministry or department has sole over-arching responsibility for ageing or older people. Responsibility for the development of policies that impact older people in the domains of health, labour market and employment, and transport is predominantly situated within the ministry that has responsibility for that cognate policy area as it affects citizens of all ages. All countries noted a substantial level of overlap and interrelatedness between the development of the relevant policy and its implementation. In almost all countries included in the research, the policymaking lines originate at the national level, from specific departments or ministries; implementation may then be delegated through regional or local administrations. A regional influence was reported in France and Italy and, exceptionally, in the UK, where there was the deliberate localisation of transport decision-making, albeit in the context of a nationally determined strategy.

The range of innovations identified in the three research areas was broad, with the highlights identified:



Health Policy

- Public health measures to address physical and mental wellbeing through interventions such as art therapy, chair-based exercise, sleep management and nutrition (France, Italy, Portugal, UK).
- Encouraging people to take responsibility for their ageing, to remain active and healthy, ensuring they can stay economically active (Poland, UK).

Labour Policy

- Bringing together stakeholders from the public, private and third sectors (France, Italy, UK).
- Funding community-based work for people who are unemployed (Italy).
- Specific measures to alter substantially prevailing attitudes to early retirement and instead encouraging older workers to remain in employment (Poland, Portugal, UK), workforce planning and knowledge exchange between older and younger workers (France).
- Subsidising both salaries of older workers and their training and professional development (Portugal).





Transport Policy

- Some countries are focused on alleviating social exclusion and improving opportunities for older people, for example through the provision of voluntary taxi schemes, bus/rail services (discount schemes), community transport (France, Italy, Portugal, UK).
- In contrast, in other countries even discussing the implications of an ageing population on transport is considered innovative (Poland and France).

Despite the wide range of policy innovations and initiatives in each area – including many successful ones – it is clear that the reality “on the ground” is sometimes far short of expectations. For example:

- Budgetary constraints often impede the implementation of national policies at the regional and local level (Poland).
- Caring responsibilities – often falling to women – can restrict opportunities to remain in the labour market, especially if “flexible working” is not available (UK).
- Pressure from younger workers to limit participation of older workers to protect jobs (Portugal).
- Gap between national priorities and local needs (Poland).
- Lack of evidence-based policymaking (France).

There is clearly an increased awareness of the significance of policymaking for the ageing population and the need for increased sophistication in this field. A range of promising pilot schemes has placed emphasis on bottom-up policymaking, especially the

involvement of older people. Not all of the countries considered in the “Comparative analysis of decision - and policymaking processes” place ageing at the centre of policy-making, but instead as a side factor within a broader policy context. Issues affecting older people are sometimes addressed through wider, more general initiatives (for example to get people back into the labour market) or, in the case of transport, to assist people with disabilities.

The three domains considered show similarities across the case study countries, with many national policies filtered down for implementation at regional and local levels. The local level consistently provides the highest levels of innovation.

Innovation in the policymaking process includes collaboration and partnership, which is particularly successful between the private and public sectors. The inclusion of older people in shaping policy has also had a positive impact on successful innovation and, in particular, on the assessment of the needs of the ageing population.

It follows that implementation – adapting national policies to regional/local arenas – remains a substantial challenge. Furthermore, economic constraints often mean that even successful pilot projects have not been scaled up for wider implementation because of a lack of resources.

COMPARATIVE ANALYSIS OF INITIATIVES IN ACTIVE AND HEALTHY AGEING

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Methodology

Measures taken within the framework of task 4.1 have focused around the fundamental familiarisation of various types of widely understood initiatives (such as programmes or projects), implemented by the public administration institutions connected with the concept of active and healthy ageing. The aim of the task was to invent a scheme of the operations of different types of public administration authorities operating at various levels, and comparing them.

Projects where the beneficiaries were solely older people were preferred. Initiatives addressed to older people in an indirect manner – as they were addressed either to the entire population, or to some part of it, distinguished due to a specific trait – were also admissible for analysis. After selecting the initiatives for the study, interviews with public administration employees who were deemed to be the most appropriate person to provide information on the initiative being implemented in the given institution were conducted. 50 interviews were conducted and 50 initiatives were selected for analysis. The selection of the programmes and projects was made by the partners involved

in the task. The objective was to identify a diverse group of the most interesting initiatives taken up for the AHA at various levels of public administration. The analysis was conducted in the following countries: Austria, France, Italy, Poland and Portugal. One of the French partners focused additionally on social issues and obtained some interesting findings related to French initiatives for improving the quality of social life of older people. These findings should lead to further investigations on the social aspect in AHA in the future.



Main Conclusions

Health Initiatives

From among the three domains distinguished in task 4.1, initiatives connected with health issues were decidedly the most commonly analysed, which may attest to the fact that this is an issue often associated with ageing. An important finding stemming from the analysis of the initiatives examined by all the partners is the variety of approaches implemented to answer health issues of older people and healthy ageing. Less than a half of the analysed initiatives were addressed to older people in general. Their aim was to undertake preventative actions aimed at promoting an active lifestyle and maintaining good health for as long as possible in the period of old age. The remaining part of the initiatives reflects a specific approach to the health of older people – they are addressed either directly and exclusively to older persons (already experiencing minor or major health problems), or to some other social category. In the second case, older people are targeted indirectly (the initiatives address the entire population or i.e. a very specific group, such as the disabled, therefore also to certain older people). Those initiatives are, of course, aimed at having a positive impact on the health of older people as well as improving their quality of life. They are not, however, aimed at satisfying specific health needs of



older people. These initiatives are also often of a preventative nature, while they constitute a reaction to the actually existing health problems.



Labour Initiatives

Initiatives related to labour issues most often are not just aimed at older people, but at people under the retirement age. These are people who, due to exceeding the age of 50 or 55, can no longer perform their current job and must retrain themselves or are at risk of exclusion from the labour market simply due to their age. The actions taken by public administrations are aimed at supporting such people and providing them with assistance in maintaining activity on the labour market until reaching the retirement age. A majority of the initiatives investigated do not focus on taking advantage of the competences and earning possibilities of retired people.

Transport Initiatives

All of the analysed initiatives connected with transport issue can be considered valid and of an innovative nature (due to the fact they introduce new solutions or respond to new type of issues connected with ageing in particular country/region). The subject of these projects covers the majority of issues related to the transport of older people. Firstly, the goal is to improve the safety of participation of older people as pedestrians in road traffic. Secondly, actions are taken to facilitate older people use of public transport and, if this is not possible to organise alternative means of transport or to assist persons with limited mobility. Finally, the issues related to older people as drivers is being analysed; it is a complicated issue due to various legal regulations limiting or not limiting the access to driving license due to age. All projects related to the issue of transport are intended to counteract social marginalisation of older people by creating opportunities for maintaining their mobility (and, as a consequence, their self-reliance) for as long as possible, as well as to counteract discrimination due to age. They are also in line with the concept of active and healthy ageing.

All of the analysed domains (health, labour, transport) contain examples of good and bad practises. In the context of the SIforAGE project, the term “good practise” is unders-





tood as a practise implementing a concept of healthy and active ageing ideas, while a “bad practise” is understood as the one not contributing to the promotion of this concept.

The practises not contributing to the promotion of the concept of AHA in the area of projects related to health issues can be summarised as addressing the following initiatives:

- Only aimed at older people with serious medical conditions,
- Treating older people and disabled people as identical categories.

The initiatives discussed in this study are thus positively impacting the quality of life of people with health problems. The concept of active and healthy ageing, particularly those that include preventive activities, should be implemented by the initiatives whose beneficiaries include all older people. The majority of analysed projects in Portugal – which can be seen as programmes that implement the concept of AHA the best way and include comprehensive, multilateral and long - term activities – are especially interesting. The example that may become an inspiration for other countries is the National Programme for the Health of the Older People implemented in Portugal at the national level. Its aim is to comprehensively change the social percep-



tion of old age as a period of dependency and decline in health. It is implemented through promoting the concept of active ageing and creating conditions so older people can function independently for as long as possible. Additionally, it prepares representatives of the younger generations to take on the role of care-givers to older people.

An example of bad practise is the low level of interest by Polish public administration bodies in issues concerning the health of senior citizens, as illustrated by a relatively low rate of initiatives being implemented.

An example of good practises for AHA activities are all the initiatives related to broadly understood issues of transport and mobility of older people. These initiatives are implemented relatively rarely, yet they are a major factor counteracting social exclusion of older people and have a beneficial impact on all areas of their life. The examples of public administration activities related to this area can be considered innovative, worth spreading and continuing. For instance, the Italian Silver Thread project (implemented at the national level) has initiated a system allowing the elderly to use transport upon request, which will involve the local community and volunteers. The system is aimed at facilitating the spatial mobility of the elderly.

The initiatives related to the activity of senior citizens on the labour market can be divided into two groups. It is clear that the dominant approach is addressing labour market-related activities only to people still in their productive age. It is worth noting that among the initiatives investigated there were almost none at the public policy level taking advantage of the competences and resources of people who have already obtained the right to receive a pension. An example of good practises in allowing older people to productively use their free time and, at the same time, to stimulate their own social and physical activity is the Portuguese project called the Social Urban Vegetable Gardens, where older people obtain the possibility to perform simple gardening activities benefiting their physical and mental health. Thanks to the productive use of free time, they also are able to earn money, thus promoting (by increasing their personal budgets) the active spending of free time in other areas.

The strength of most projects analysed in this report is the fact that the target group most often played an active part in the projects' design process.

GENERAL CONCLUSIONS OF THE THREE ANALYSES - A SHORT SUMMARY

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Naturally, the number of interviews, reviews, documental analysis and questionnaires was not large enough to allow the formulation of general conclusions on their basis. All of the conclusions indicated in the present report only take the studied cases into account.

The analysis of Anti-Age Discrimination Laws (AADLs) indicates a worrying fact that older people are faced with the practical discrimination in most areas of life. The reasons for this fact are twofold:

- In some domains, there are no AADL regulations.
- In many areas where AADL regulations exist, discrimination occurs as a result of failure to respect them in practise.

As a consequence it can be said that projects and initiatives taken up by public administrations usually either:

- Are the proper implementation of legislation or
- Make up for deficiencies in legal regulations or their incorrect use.

At the same time, it is evident that there are a growing number of AADL regulations in countries where the study was carried out. Regulations aimed at preventing discrimination based on age in the labour market and in the social security sphere are prevalent. There is a definite lack of such regulations in other areas of life.



Public policies related to the domain of AHA are by far the most developed at the national, ministerial level. Nevertheless, no ministry related exclusively to the ageing population exists in any of the analysed countries, even though such a ministry could make policies targeted to older people in a holistic way. Responsibility lies mostly with the ministries of social policy, which take a much broader spectrum of social problems and not only issues connected with ageing.

The basic problems arising during the implementation of these policies are budgetary constraints and priorities that are too generally formulated, which are difficult to implement at the local level due to specifically occurring local problems. At the same time, the importance of the local sector is considered to be crucial in the process of showing directions for the development of public policies – this is the level at which the problems of older people are the most recognised and taken into the framework of their specific, local context. Additionally, public consultation processes are most common and carried out most effectively at the local level.

It can be summed up that there is a definite lack of co-ordination at the level of development and implementation of AADL regulations and public policies targeted towards older people. This gap is perceived in several dimensions:

- There is no uniform European strategy to facilitate the smooth implementation of solutions in different European Union countries.
- In each of the countries in the study (i.e. Austria, France, Italy, Poland, Portugal and the United Kingdom), there is a lack of co-ordination between the activities undertaken by public administration units and the non-governmental and science sectors.
- In most countries that have been part of the analyses, there is a lack of coordination between the activities of institutions at different levels (local, regional, national) and domains.



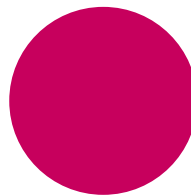
RECOMMENDATIONS & SUGGESTIONS

(7)

Anti-Age Discrimination Laws

The results of the “Comparative Analysis of Anti-Age Discrimination Laws” clearly indicates that the development and introduction of anti-age discrimination legislation in European countries, particularly in domains other than employment, should be continued. A European directive targeting anti-age discrimination on all grounds (following the example of Directive 2000/78/EC specific to employment) would be of fundamental importance to guarantee dissemination across the different European countries.

It should be strongly advocated that the work of the European Network of Legal Experts in the Non-Discrimination Field is crucial and should be further encouraged in the future. Information gathered by this body of experts gives a fundamental, up-to-date notion of how anti-age discrimination is evolving in each European country. Furthermore, raising awareness of AADLs in the field by developing an integrated strategy of dissemination involving stakeholders at different levels in each country (e.g. NGOs, social scientists, public administrations and trade unions) should be increased. This dissemination strategy may take the format of local workshops, media information, professional training and other types of similar activities to be further developed in the future. It is important that all European Union ministries, as well as in Turkey and in Brazil ², can have the input



of these AADLs to incorporate the new public policies.

Finally, similar to actions already taken by the European Network of Legal Experts in the Non-Discrimination Field, it would be of crucial importance to create a body of specialists that would monitor the actual implementation of AADLs by interviews with key informants, analyses of media contents related to ageing, social programme analyses and similar types of initiatives. Only in this way it would be possible to have an overall vision of both the legislative advances and the effective implementation of AADLs in each country.

Apart from legislative action involving the implementation of AADL regulations, activities aimed at changing negative stereotypes associated with old age are also necessary. According to the experts interviewed in task

² Those two countries participate in the SIforAGE project, but they were not involved in the WP4.

4.2, these stereotypes mainly contribute to the failure to respect the law. It is also important to note that without the enforcement of policies and project activities there is little need for companies to adapt to AADL regulations.

The effective enjoyment of fundamental rights – and especially protection against any kind of discrimination (not only on the grounds of age) – has to be at the centre of all policies, legislation, programmes and projects in view of promoting “a society for all ages”. In all of these approaches and measures, a clear life-course perspective should be taken and be visibly demonstrated.

As anti-discrimination legislation is not enough in and of itself, and in most cases it is too complex to be understood by everyone at all levels, practical guidelines on how to prevent or overcome discriminations should be developed and actively disseminated. People’s fundamental rights should be spelled out in informational materials in order to create awareness. At the same time, the entire spectrum of current and possible age discrimination should be presented for better understanding of this phenomenon.

Ombudspersons or Complaint Councils for all sorts of age discrimination – including the lack of competitive chances and opportunities – should be created in each community. Simple and clear complaint procedures need to be established. Representatives of public

authorities, of civil society and of market actors should be part of these Complaint Councils. The opinions and recommendations of these Complaint Councils should be widely publicised in order to change bad practises into good ones.



Image of Older People

As older persons are still predominantly perceived as “old, frail and forgetful”, there is an urgent need to overcome the prejudices and stereotypes connected to those beyond retirement age. The image of older persons needs to be fundamentally corrected by highlighting the various aspects of their on-going potential and their willingness to participate in all sorts of societal activities, but also by acknowledging their decreasing capacities in a realistic manner.

Some findings resulting from investigating initiatives launched for older people on the labour market may reflect a vision in which old workers could be seen as a burden and not as a source of great experience that can be huge capital for each company or institution. The models and methods to valorise these experiences and transfer old workers’ knowledge should be disseminated to change this vision.

A more adequate image of older persons and of the relationship between them and the community should include the recognition of how much they have been key players in the shaping of the present quality of society, and what they still can contribute to its advancement. Today’s ageing should not be perceived as a problem, but as a great achievement.

The need for a “change of image of ageing” is equally important for the processes of policy-

making and for designing programmes and projects – but also with respect to the subsequent self-understanding and self-valuing of older persons by themselves as well as regarding the perception of ageing by society at large. The clear orientation of policies, strategies and action must be “from marginalisation and exclusion to as much re-integration and participation as possible”. It has to be accepted that older persons do not surrender their brains, their visions, or their creativity upon retiring from their jobs.

It has to be fully recognised that older age and especially “life after retirement” is not just one homogeneous phase of human existence, but contains very different and specific stages – as is the case with youth, ranging e.g. from kindergarteners to school children to tweens and teens. People in such different stages of ageing have very distinct needs, capacities, hopes and expectations, whereas research and analysis usually focus mostly on the attributes and problems stereotypically associated with old age, such as health problems, limited mobility and ageism. It is very important to distinguish between old age and the emergence of specific needs, e.g. in the field of health care. One should remember that in the older age category there is a large group of relatively healthy and wealthy people leading an active lifestyle.³

³ As an example: recent statistics tell that more than 60% of Danes above the age of 65 have an asset net worth of more than 1 Million DKK = 140.000 EUR. In addition to that, a large number of participants in the “Eremitage 12.5 km run” are also over 65. Similar large groups exist in other countries.



Research in AHA

Specific research should be carried out to better determine what “quality of life” really means for older persons at various stages of ageing and under different physical, mental and emotional conditions. The issue of “quality of life” should never be addressed in a paternalistic manner without or with only the low participation of those concerned.

The principle of “nothing about us without us!” should necessarily also apply to research on ageing and the development of services, procedures and products as the people concerned normally have a profound knowledge of their own needs and a good judgement of what is appropriate, can be accepted and does not overburden or underestimate them.

Much research is still needed in assessing the aspirations and needs – be they material, psychological, social, environmental, educational, cultural, etc. - of older people at different stages and conditions of ageing, as well as, and most importantly, the appraisal of their on-going potential. Such research should always be done with the active participation of the older people or – in cases of severe incapacities – their advocates, preferably through civil society organisations representing their interests.

Of particular interest in the future would be to understand routes to successful scaling up of pilot projects. Research has shown that there are many effective local interventions, but it is unclear how, or if, any of these have been transferred to other localities areas or expanded across regions or countries.



“ Nothing
about us
without us! ”

Participation of Older People

Services addressing the needs of older people should not be conceived and implemented for them, but as much as possible with them – according to the slogan “nothing about us without us!”. They should generally not start from the assumption of the “clients” incapacities and not mainly provide simple solutions and outside defined help, but rather start with the recognition that the respective target groups (in various age brackets) still have a considerable variety of competences and capacities that need to be maintained, developed and used as much as possible. Thus, these services need to aim at the strengthening (preferably through appropriate incentives) of the self-confidence, self-determination, active participation and independence of the person served.

Greater consultation with older people is necessary to enable the greatest innovation to occur; it is a feature of the most successful innovations. Careful consideration of geographic context (rural/urban) is also required.



Cooperation between Sectors

While it is the responsibility of public authorities to guarantee fundamental rights to all, public authorities at all levels should co-operate very closely with civil society organisations in conceiving strategies to make these rights a reality for people in general and in their implementation for specific groups.

It is clear that the development and implementation of innovative policymaking for an ageing population is best achieved through collaboration. Collaboration may take place between the public, private and third sectors or across different government departments. Alternatively, there could be interaction between different policy levels and scales, or between policies at the local, regional and national levels.

Additionally, it is necessary to increase co-operation in the development and implementation of public policies between the local level, which are the closest to the real needs of the community, and national level, which allows the formulation of overall prio-

rities and co-ordinated implementation. It is thus recommended to increase the participation of local grassroots initiatives in the formulation of public policies at the central level.

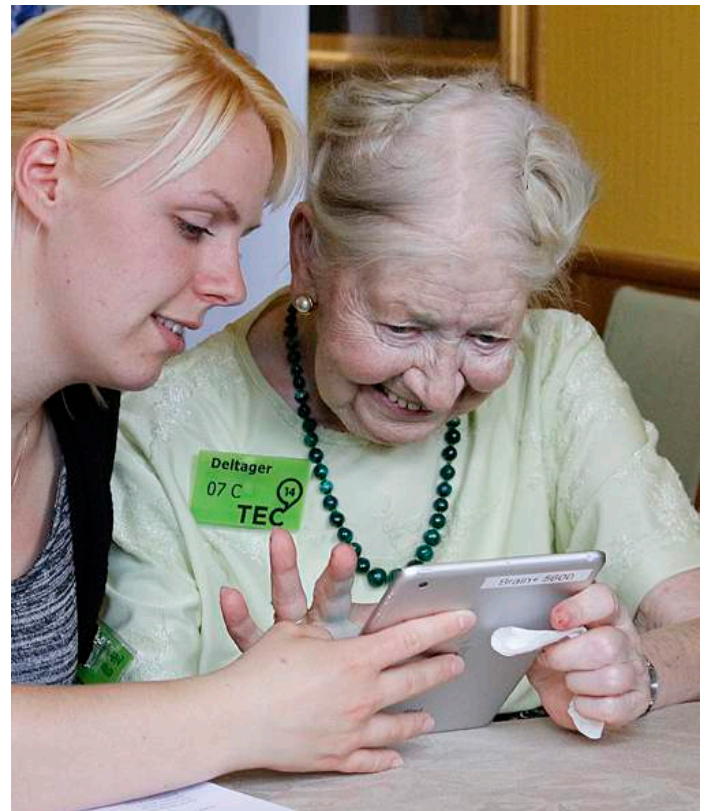
It is recommended to increase co-ordination at each of the three levels (local, regional, national), for example by creating organisational units at the national and regional levels that would not only co-ordinate all initiatives targeted towards older people, but also do research on the needs of older people, propose new actions based on those needs, and decide where and how allocate sources to enhance older people's lives in the most effective way. These units could be supported by or even be partially made up of local councils of seniors who have the power to propose new policies and to review policy for age-friendliness. A commitment from local and regional councils to formally become an "age-friendly community" would provide them access to a network of other councils who have implemented relevant programmes.

Services for Older People

Social, cultural, educational and even medical services should be designed in such a manner that they can be used as much as ever feasible by more than just one specific target group and possibly by persons of different ages when they have identical or comparable needs in order to strengthen communication and mutual understanding between generations and thus contribute to social cohesion. Specific services offered exclusively to older persons should be avoided as much as possible, considering that they might promote segregationist attitudes that can undermine social solidarity and cohesion.

In general social, cultural, educational and sanitary services should include from the beginning strong elements of continuous impact assessment to be performed at any stage of their development, implementation, monitoring and evaluation. Users' participation should not be limited to simple consultation, but take the form of co-decision as much as possible.

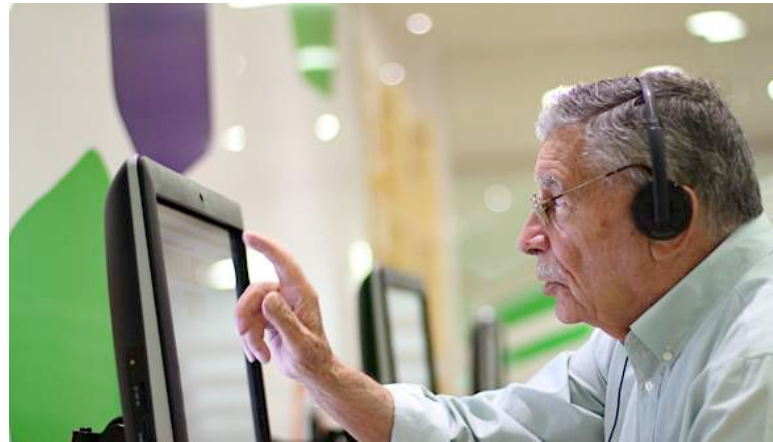
In the area of human services, specific attention should be given to the right balance between, on the one hand, justice and equity and, on the other, diversity. This means no different treatment of equals – but also no equal treatment for those who have different needs.



Innovations for AHA

Innovation in the policymaking process should include collaboration and partnership; this is especially successful between the private and public sectors. The inclusion of older people in shaping policy also has a positive impact on successful innovation and in particular the assessment of the needs of the ageing population.

As diversity of options is one of Europe's greatest assets, the local level with its richness of cultures should also be stimulated, through appropriate political incentives and support from central public sources, to develop innovative pilot projects in cooperation with all relevant stakeholders. Such innovation projects should be of explorative, experimental nature and do not need to prove *ex ante* their degree of success.



After careful evaluation successful projects should be documented centrally and the concepts offered nationwide or across Europe as a possible inspiration for others. The creation of a European Observatory for that purpose might be a most worthwhile initiative and a truly rewarding investment.

The groups of older, wealthy people with means to cater for themselves can be the “early adopters” of new technology supporting a healthy and comfortable life. This would enable innovative solutions to get a foothold in the market, driving down the cost and price over time to the benefit of less affluent customers or of users where the solutions are put in service via the public system.

Communication with a range of people, especially at the local level is essential as innovation thrives at this level. It is important to allow the boundaries between policy scales and levels to blur or even break down to achieve maximum innovation.

Public Authorities for AHA

Public authorities should create an enabling environment as well as strong material and immaterial incentives for civil society organisations and market actors to develop and offer, using their different perspectives and approaches, innovative answers to challenges of the ageing society in general and for ageing persons in particular that can best respond to their needs and aspirations.

These responses – services, processes and products – should be carefully documented and the information on them widely disseminated across the whole European Union under the concept of “ideas seeding” and with the clear objective to stimulate “creative imitation”.

While policy orientations and quality principles should be agreed upon at the national level (and increasingly at the European level

for the reason of equal rights for all), responsibility for the implementation of services, projects and measures should be at the local or regional level so that these activities correspond to particular local and regional needs, possibilities and conditions as much as possible – without, however, violating the principle of equal rights, justice and equity.

It is important in the fiscal and interdepartmental/regional payment and incentive structure to secure transparency and support solutions best solved locally/regionally, or at the national level. Likewise, it is important to allow for individual local solutions – one size does not fit all. However, local solutions should be closely monitored and evaluated, and, if general conclusions can be drawn, an efficient dissemination system should be implemented.



Life Course Approach

Policies related to active and healthy ageing should be directed not only to older people, but also to people of all ages. Social studies show in fact that one's lifestyle in old age is usually the result of pre-established habits. It is strongly connected with life-course approach, which highlights that a quality of life in old age could be treated as a consequence of previous life stages. This approach is reflected in policies related to the labour market targeted towards middle-aged people in order to help them as the longest active participants in the labour market. It is recommended to respect this approach in other domains and to introduce the life-course approach from the early ages (e.g. from early education), where the appropriate and desirable attitudes towards an active and healthy lifestyle together with positive attitude towards older people could be formed in the minds of young people.

It is essential to continue investing in people throughout their lives, especially in terms of continued training and development for older people, mentoring programmes and knowledge partnerships set up to exchange and share learning and experiences.

Based on the analysis of initiatives in AHA, it is recommended firstly to address health programmes for all older people, including those who enjoy relatively good health (those initiatives should be of a preventive nature), and secondly to other age categories to promote the concept of active and healthy ageing and an active lifestyle. In fact, the concept of AHA ageing should be promoted from the kindergarten as a positive view. The process of growing older is a natural one as we age.

The SIforAGE project recommends to the Health, Education and Social Affairs Departments to put in place educational programmes to make society conscious of each person's responsibility to care and protect in a life-course approach. It should also be widely disseminated that each person is responsible for taking care of his/her life and health, with enough resources to live without impairments as much as possible.



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Acronyms & abbreviations

Item	Description
CARINNA	Carinna Agence Pour La Recherche Et L’Innovation En Champagne-Ardenne
COMMTORINO	Citta di Torino
EURAG	Eurag Bund fuer die aeltere Generation Europas
GMK	Gmina Miejska Kraków
ISCTE	Instituto Universitario De Lisboa
UPPA	Université de Pau et des pays de l’Adour
WP	Work Package
BCC	Basque Culinary Center
UFSD	University of Sheffield
INVESTORNET	InvestorNet Gate2Growth Aps
UB	Universitat de Barcelona

