



**Social Innovation on active and healthy ageing
for sustainable economic growth**



Deliverable D3.1

Social participation of older persons



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Acronyms & abbreviations



Item	Description
EU	European Union
EURAG	Eurag Bund Fur Die Altere Generation Europas European federation of Older people
INGEMA	Fundacion Instituto Gerontologico Matia
FONDACA	Fondazione per la cittadinanza attiva Active Citizenship Foundation
FC	Focus Group
ISA	International Sociological Association
KMU	Knowledge Management Unit
SCML	Santa Casa da Misericordia de Lisboa
SIC	Seniors Initiatives Centre
UN	United Nations
WHO	World Health Organization
WP	Work package
ISA	International Sociological Association



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Executive Summary

The general aim of the SiforAGE project – *Social innovation on active and healthy ageing for sustainable economic growth* – is to strengthen the cooperation mechanisms and tools among the stakeholders working along the value chain of active and healthy ageing. Work package 3 *What do we want from science and how we engage?* is focused on transforming the vision of ageing by engaging older persons in research on healthy and active ageing.

Older persons can rightfully be considered a “thermometer” and a “knowledge library” of society because through their life course they have accumulated a huge amount of knowledge and practical experience on what people in general need and about the existing difficulties to adequately match these needs.

The task of Deliverable 3.1 is related to the social engagement of older persons. The key partners SIC, EURAG, SCMISERICORDIA, FONDACA, INGEMA, and HCAS have characterized the current participatory channels of older persons in their respective contexts in order to tap into the knowledge of this social group of the opportunities, problems, needs, challenges and expectations individuals have to deal with during their course of life.

The values and perspectives of older persons and, consequently, their expectations regarding the solutions to their problems by research and innovations that would effectively promote their independence and well-being, were chartered through European debate, 5 focus groups and a collection of good, as well, as bad practice examples.

Partners identified the stakeholders using the stakeholder mapping and leverage methodology developed by Claudia Martinez and Monica Ruffa (FONDACA). Taking into account the different backgrounds and expertise of the partners as well as the social, economic and cultural diversity of the countries where the information was collected, qualitative explorative research methods were used. The European debate was organized among the members of UN NGO Committee on Ageing in Vienna (representatives of NGOs in consultative status with the UN ECOSOC) by Dirk Jarré (EURAG) and a catalogue of questions and sub-issues was developed and refined using the Delphi method. The catalogue was used for in-depth exploration of the topics with the focus groups (methodology designed by Filomena Gerardo, Filipa Cunha and Gonçalo Plaza, SCML) in Portugal, Turkey, Lithuania, Italy and Austria and for collecting good/bad practice examples from the relevant fields.

The collection and analysis of aforementioned information will help to establish a starting point for further objective research, to identify crucial subjects to become of scientific interest and to formulate options for policy decisions in view of the promotion of a "Society for all ages".



1. Background

The Lund declaration, launched in the conference “New Worlds – New Solutions” held in the University of Lund in 2009 as an integral part of the Swedish EU Presidency, identified ageing and declining populations as one of the Grand Challenges of the future¹ requiring innovative solutions.

The policy framework for active ageing devised by the WHO² incorporated three strands: the UN Principles for older persons; an understanding of how the determinants of active ageing influence the way that people and populations age; and specific proposals in relation to each of the three pillars of the policy framework, i.e., participation, health and security.

UNECE Policy Brief on Ageing No. 4 of November 2009³ outlined the main strategies that may be considered to increase participation of older persons in social, political and economic life. Older persons are integrated into society in many ways. They are part of social networks of friends and family, are active in clubs and associations, work as volunteers, and are politically and economically active.

UNECE Policy Brief on Ageing No. 11 of November 2011⁴ suggests that member States should continue the implementation of commitments made in the Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA), which ensures the involvement of all relevant stakeholders such as Governments, non-governmental organizations (NGOs) and research communities.

1. Sources and nature of information

1.1. European debate

This document is the report of qualitative explorative research conducted by SiforAGE partners in order to explore a large variety of experiences and opinions on fundamental aspects of participation and integration of older persons in the European society – including a close look at the obstacles and barriers that might prevent these processes to be effective.

Organised civil society, especially in the form of NGOs, acts as a “thermometer”, measuring the state of health of society and detecting illnesses and weaknesses at an early stage – either as organisations representing people or advocating their concerns, needs and desires. They are the direct link to citizens and draw their competence directly from those concerned, from the realities of life and from the effects of policies, strategies and programmes. Thus they have a great capacity of being initiators and partners of change and improvement of societal concepts and arrangements. Consequently they need to be taken very seriously by the other actors responsible for the quality of society and for the shaping of its future.

On 1 July 2013 a seminar of the UN NGO Committee on Ageing “Towards Improved Integration of Older Persons into Society” was held. This seminar had as one of its main objectives to examine prevailing obstacles for better participation and improved integration of older persons into society as seen from the point of view of members of the UN NGO Committee on Ageing in Vienna, having consultative status with the United Nations. These civil society organisations - constituted at international, European or national level – have a keen interest in ageing issues, either as associations of older persons, or as organisations defending the interests of older persons and advocating their concerns, or acting as voluntary service providers for older persons, or dealing with ageing issues from other perspectives.

Some 16 of these highly experienced representatives attended the seminar and offered their expertise and reflection during the debate that was animated by Dirk Jarré, president of the European Federation of Older Persons, EURAG, and chaired by Gertraud Dayé, representative of the International Longevity Centre ILC. After a general open brainstorming on the issue the participants agreed on the following



working title for the ensuing more structured discussion *Opportunities and conditions allowing older persons to better participate in and contribute to society*. Through the Delphi Process different arguments were collected and organized into a strategic document, which was commented, and elaborated further in the meetings on 17 September and 4 November 2013. The common reflection concentrated, in particular, on the **three questions**:

- What are opportunities that older persons want to have or should have to better participate in and contribute to society?
- What are barriers or obstacles for an improved participation and integration of older persons in society?
- What can be seen as an enabling environment and as supportive measures to favour participation and integration of older persons in society?

The final list of opportunities, barriers and enabling environment questions with sub-issues is appended as Annex 1.

1.2. Good practice examples

The List of questions and sub-issues was used to develop the key questions that would allow getting grassroots information on innovatory concepts and approaches to social engagement of older persons.

One of the main objectives to be achieved by collecting good practices – and bad practices – is to identify truly innovative approaches to the key issues of the Knowledge Management Unit 3 as well as of the Work Package 3 at large. It is the clear intention to try to go as much as possible off the beaten track and to dig out unconventional views, strategies and actions that have produced successful results and thus help to create more enabling environments.

Most important in this qualitative research approach are the stakeholders as significant and even crucial sources of relevant information about older peoples' needs and problems, about the degree of their participation and integration in society, the various barriers and obstacles as well as inequalities associated to ageing. These can be important ones in relation to opportunities to be active in society, to choice of activities, benefits and support and to independent decision-making and independent living arrangements.

1.3. Focus groups

With the aim of identifying priority situations and fundamental needs that can become topics of scientific interest, WP3 partners conducted focus groups in 5 countries: Portugal, Turkey, Lithuania, Italy and Austria (will be conducted in April 2014).

Focus-group is one of the most important methods to get people's opinions and perspectives about an issue or a situation. This method is also used to evaluate programs or activities. Focus-group allows structured discussion, gradual sharing and clearing up ideas. In this case, we wanted to use this method to understand how seniors see ageing in society, what are the main needs of seniors and how they can participate and be included in society in a more active way.

The focus group strategy was developed and pilot tested by Santa Casa Misericordia. Based on the List of questions and sub-issues the script/discussion topics were short-listed, and the criteria for subject



selection were determined to guarantee data credibility and, at the same time, to respect the heterogeneity of the entire sample and the homogeneity of the small discussion groups. The planning and leading techniques were provided for WP3 partners to follow. The analyses of focus groups findings in different countries are provided in separate annexes.

2. Methodology applied

Considering that among the approximately 495 million inhabitants of the 27 European Union member states in the year 2010 about 86 million (= 17,4 %) were of the age of 65 or more, meaningful quantitative research is impossible in the framework of the SiforAGE project as no representative sample is conceivable with the means and the time available; therefore qualitative explorative research methods were used.

2.1. Delphi technique

Discussions between the experts of the UN NGO Committee on Ageing in the elaboration of issues at stake were organized using the *Delphi method*. This method is based on structural surveys and makes use of the intuitive available information of the participants, who are mainly experts. Therefore, it delivers qualitative as well as quantitative results and has beneath explorative, predictive even normative elements. There is not one Delphi methodology but the applications are diverse. There is an agreement that Delphi is an expert survey in two or more 'rounds' in which in the second and later rounds of the survey the results of the previous round are given as feedback. Therefore, the experts answer from the second round on under the influence of their colleagues' opinions.⁵ Thus, the Delphi method is a "relatively strongly structured group communication process, in which matters, on which naturally unsure and incomplete knowledge is available, are judged upon by experts", so the definition of Häder and Häder (1995, p. 12)⁶.

The Delphi method is mainly used when long-term issues have to be assessed. As it is a procedure to identify statements (topics) that are relevant for the future, it reduces the tacit and complex knowledge to a single statement and makes it possible to judge upon. Therefore, the use of Delphi in combination with other methodologies like scenarios, technology list or others can be interesting.

2.2. Focus groups

2.3. The concept

The classic focus-group methodology based on having a moderator, a script/discussion of topics and a plan of activity, and the environment favourable to informal conversation was used.

The focus group is based on a characteristic of the human being: building opinions about things and making an in-depth exploration of a topic about which little is known. We wanted to understand how society works and to collect people's opinions about it. In a group, people tend to think better about a problem, changing or strengthening their initial opinion. The focus group structures these opinions, noticing differences and similarities in the representative group.

2.3.1. The Sample

The sample selection for focus-groups was based on the following criteria: age, education level and health. Literature shows that it is important to ensure heterogeneity and homogeneity of the sample. On the one hand, heterogeneity is about the representation of the group (population) that we want to study (in this case – older persons). On the other hand, homogeneity is needed when we constitute a small



discussion group, i.e., we must avoid unbalance of power or social status. So, the ideal situation is to make different small groups. It is also important to ensure that participants do not know each other so that people's opinions do not have consequences in personal relations, in the future. We wanted to cover people in different stages of ageing and education/occupation (people with a lower or higher education level and people with manual and non-manual work experience). However, participants' health had to be homogeneous: participants must be able to move, to speak in group and express their opinions.

Two different focus-groups (by education level) were organized to guarantee a larger sample and to avoid having more than 15 participants in the same session. The big group of 15-16 people was divided into three small groups by age (55-64, 65-74 and 75+) to facilitate the interaction and to realize the differences between age groups. WP3 partners reached their subjects in their own organizations or through the stakeholders.

2.3.2. Facilities and moderator

Neutral, accessible and quiet location is necessary with enough space to organize the tables and chairs for the conversations of small groups. Such organization is more enjoyable and comfortable and allows the development of the discussion. Space and supplies for the coffee break should be provided.

The opportunity to audio/video-tape the focus group should be available to register the raw data from which the recording is to be done, or a second moderator is needed for registering the participant's reactions.

A white board should be available to make a Meta plan showing individual opinions of the group by using markers or sticking coloured sheets of paper with grouped answers.

The moderators are an important piece of the focus-group, making it necessary to choose a moderator with some experience, willing to listen and create an environment where all opinions are accepted and valid. The main tasks of the moderator are to:

- ✓ Introduce him/herself to the group;
- ✓ Ask each participant to introduce him/herself to the group;
- ✓ Inform about the recording of the focus-group (if one has not been warned before);
- ✓ Follow the script or the conversation topics previously created;
- ✓ Ask for clarification or deepening of specific points;
- ✓ Lead the group to the next topic when a point has been sufficiently explored;
- ✓ Encourage shy people;
- ✓ Discourage dominators (those who do not stop talking);
- ✓ Track time spent on each topic;
- ✓ Finalize the discussion.

Three moderators were used for three small groups.

2.3.3. Ethical / IPR issues

A presentation of the activity should be made in the recruitment phase to raise awareness of the project/activity. In this presentation, information about the confidentiality of the data collected in the focus groups has to be provided. At the beginning of the discussion authorisation to collect photos and videos for dissemination purposes must be obtained.



2.3.4. Results of the focus group

The analysis of the results is based on two techniques: first, a content analysis that classifies the answers by aggregating them; the second technique consists of a discursive analysis that goes beyond categorization and gives more examples of expressions used by the persons who have participated, as well as interpreting those answers.

a) *Content analysis*

This method is based on previously formed categories or on categories which arise from participants' responses. The goal is to understand whether the participants focused on the categories or if they have developed the topic in another direction. Here we have to have the flexibility to create other categories (this was the case of Question 1). In this method it is necessary to report the frequency with which participants direct their response to the categories. The qualitative data analysis is very specific of each language, so the practical procedure will follow the categories (or create new ones) and make a summary of participants' responses. Translating excerpts of responses can become difficult.

b) *Discourse analysis*

Discourse analysis can be used with content analysis to make the results more complete. This method has the intention to analyze textual citations and find response trends and differences between groups or participants. In connection with the previous method we can also justify the categories with textual citations and so deepen our analysis.

2.4. Good practice examples

2.4.1. Template

A template for collecting good/bad practice examples (Annex II) was developed to be sent by WP3 partners to the relevant stakeholders. The template contains the following headings: Country, Contact, Title of the project / programme / initiative, Context and presentation of the project, Motivation for developing the project, Goal and objective of the project, Responsible actors, other partners involved, Funders, Resources, Targeted area of impact (local / regional / national), Start and end dates, Decisive factors that drive the implementation, Estimated number of the potential beneficiaries, Other important factors, Explanation of why this is a good and innovative practice example / or a failure, Keywords most relevant for the description of the project, Link to website or other source for additional more information.

2.4.2. Stakeholders

Tips and advice for stakeholder engagement (Annex III) were contributed by FONDACA to help the partners to identify organizations, companies, institutions, single experts to be addressed for good practice examples and also so-called “disaster stories” that illustrate inappropriate, counterproductive or ineffective decisions, processes and measures.

Using the criteria of centrality and weight from the stakeholder mapping technique and the structured list of opportunities, barriers and enabling environments WP3 partners identified the relevant stakeholders to be addressed for good/bad practice examples. An introductory letter describing SiforAGE aims and objectives and WP3 tasks was designed in case the example form was sent by e-mail. The objective is to collect up to 100 examples.



2.4.3. Results

The incoming material is processed through an analytical grid taking into consideration various aspects important for comparison and identification of crosscutting elements like, for example:

- ✓ Areas of intervention (e.g. participation, integration, independence, self-determination, etc.)
- ✓ Instruments of intervention (concepts, policies, strategies, action, forms of cooperation)
- ✓ Effects in terms of success / non-success
- ✓ Degree of non-conformity and innovation

Particular attention is given to the question “Can common elements be identified that produce success or failure?”.

3. Chartering older persons’ views through focus groups

Focus groups were conducted in five different places: Portugal (by Santa Casa da Misericórdia de Lisboa – CSML), in Turkey (by Health Care Academician Society – HCAS), in Lithuania (by Seniors Initiatives Centre), in Italy (by Active Citizenship Foundation – FONDACA) and in Austria (by the European Federation of Older people – EURAG (will be held in March 2014)).

3.1. Focus groups in Portugal

CSML developed the strategy and conducted the pilot group in September 2013. Santa Casa da Misericórdia de Lisboa provides social intervention, health care, education and culture activities and the promotion of a better quality of life, particularly for the benefit of the most disadvantaged population. SCML guides all its activities for the benefit of children and young people, adults, families, ethnic communities, the elderly, individuals at risk of exclusion, drug addicts, people with disabilities and people living with HIV/AIDS.

SCML aims to prevent situations of socio-economic inequality, social vulnerability, as well as to promote personal development, social inclusion, in a direct and coordinated way, with other public and private entities. SCML certifies and qualifies, academically and professionally, young people with difficulties in school and social adjustment, as well as working with unemployed adults.

SCML conducted two focus groups with the aim of identifying priority situations and fundamental needs that can become topics of scientific interest. The target audience of these focus groups were older people that benefit from services of SCML, taking into account age and gender aspects, in the definition of the level of education. In the latter case it turned out that there were mainly women present, which is in line with the scientific evidence of the feminization of ageing.

It should be noted that the persons who participated in the focus-groups are receiving some care from SCML services and have a formal relationship with the institution. Likewise, it should be noted that this population is sometimes economically deprived or in a situation of social isolation.

It is important to analyse the data according to the social and cultural context because it reflects the situation of a large number of seniors in Portugal, even those being supported by SCML. The support can be related to leisure activities, home support, and monetary support, among others.

The sample selection for focus-groups was based on these criteria: age, education level and health. Through these criteria the participants were randomly selected in SCML databases. Afterwards SCML



institutions were contacted to guarantee the availability of the participants. As mentioned earlier, the focus group participants are SCML users and thus there was no need for a special authorization for participation in the activity.

Two groups by level of education were organized to guarantee a larger sample and to avoid having more than 15 participants in the same session. The two large groups were divided in three small age groups to facilitate the interaction and to realize the differences between age groups.

The low-level education group contained 5 illiterate persons, 8 persons with elementary education, 2 persons with lower-secondary education and 1 person with secondary education. The high-level education group contained 4 people with lower-elementary education, 7 people with secondary education and 3 people with higher education.

The plan of activities was as follows:

Part 1: Discussion in small age groups (60 minutes)

Coffee-break (30 minutes)

Part 2: Discussion in a largest group (30 minutes)

The discussions in small groups followed the focus-group script on the main questions made to stakeholders because these were the same topics that we wanted discuss with older people.

To conduct the focus-groups, a space/room belonging to SCML was booked, which had the necessary conditions: easy access for all participants, tables and chairs and space for a coffee-break. The room had enough space to organize the tables and chairs for “coffee conversations”, i.e., having small groups around a table.

The analyses of the results revealed:

Concerning “*Needs of seniors*”, the main identifiable needs were “services”, “opportunities” and “recognition/acceptance”;

Regarding the topic “*Contribution to society*”, the majority of participants referred to themselves as having a “responsibility towards next generations”, i.e., as having a social responsibility towards society;

About “*Spheres of active participation*”, the majority of participants referred to the “Social sphere”, followed by “Personal relations” and “Economic sphere”.

Concerning “*Barriers to a better participation*”, the most referred items were “Ageism” (prejudice, discrimination and stereotypes) and “Insufficient coverage of their basic needs”, namely the lacking of free public services. However, in this topic, we have introduced two new categories, *lack of proactivity from older persons* and *personal isolation*, which are directly connected with the weak participation that reflects the Portuguese cultural context, specifically when referring to generations that have experienced the dictatorial period before 1974 (free participation in society was limited or repressed).

As regards to “*Measures to promote an active participation*” participants have mentioned that they need help from someone in order to “Provide incentives for participation” followed by the need of “Changing the image of ageing”, “More proactivity from older persons”, “Overcome the stereotypes” and “Recognize the value of older persons”.



As concerning the topic “*Responsible for promoting participation*”, “Political actors” and “Society in general” were the most referred, with 6 answers each. The category “Society in general” was added at the moment of the content analysis. In this case, the assumption made was that responsibility is shared among politicians, but it is society itself which must have a bigger intervention, with the participation of all people.

A detailed report of the focus group in Portugal is appended as [Annex X](#)

3.2. Focus groups in Turkey

The focus-group study was carried in the Golden Years Living Centre connected to Canakkale Municipality in November 2013.

In the Turkish study, the plan was also to conduct three different groups, each of them consisted of 6-10 aged person over 65 years old like the Lisbon study. Then through the criteria already mentioned we invited members, who were eligible to participate in such a survey from Golden Years Living Centre, Canakkale, Turkey. However, we did not receive enough responses so we did not have enough members under the age of 65 to reach the required number of participants in that group. Only 14 were willing to be a part of our focus group survey between the ages 65-85.

Canakkale is a small city located in the western Turkey. The 2012 population of the central city was 14,3041 and 51% are males and 49% are females. The number of people who are 65 years of age or above in the central city (including rural population in adjacent area of Canakkale Municipality) is 12,308 (8.6%). This population is formed of 5,520 males (44.8%) and 6,788 females (55.2%) and while 77.7% of this population live in the city centre, 22.3% live in rural areas.

16 older persons (5 men and 11 women), members of Golden Years Living Centre replied to our invitation and participated to the focus group survey. In an ideal focus group, all the participants need to be very comfortable with each other but none of them knew each other beforehand. In our groups, this was not a problem and it even motivated our participants because the discussions were very active.

All participants were between 65-84 years of age. Their education levels were different: primary school or below and high school and above. However, our participants' health was homogeneous. All participants were able to move, to speak in a group and express their opinions very clearly.

The focus groups were conducted by a team consisting of a moderator and assistant moderator. The moderator facilitated the discussion; the assistant took notes and ran the tape recorder. Moderators were academicians from Health Care Academician Society and Canakkale 8 March University, School of Medicine, Public Health Department. They are experienced in conducting focus group surveys. The interview room in the centre was designed by moderators. All chairs were placed in a half circle and without a central table to see everyone in the room comfortably. Each session took an hour.

In order for all participant comments to be understandable and useful, the moderators boiled down to essential information using a systematic and verifiable process. They scheduled a meeting to review the summaries and discuss their implications. They started by transcribing all focus group tapes and inserting notes into transcribed material where appropriate. When all responses have been entered, they looked for common categories or themes across the entries for each question. Once consensus has been achieved regarding the best categories for organizing the data, they assigned a number to each category. Then they assigned the number of the category that best fits to each entry on the sheet. They followed the same



format and the structure as Lisbon group used. If some entries seemed inconsistent for their category, they were considered as re-categorizing or another category was added.

With this method the moderators arranged categories from those with the largest number of entries to those with the smallest.

3.3.A detailed report of the focus group in Turkey is appended as Annex Y. Focus groups in Lithuania

The focus group survey in Lithuania was done in January 2014. The subjects were reached through stakeholders – associations and clubs of older people in Kaunas. The survey was conducted in SIC stakeholder's premises – a recently renovated, cosy and comfortable youth centre run by a city district outpatient department. The methodology, script and plan developed and pilot-tested by SCML were followed.

27 older persons participated in the survey (13 in one group and 14 in the other). The heterogeneity and homogeneity requirements defined in the methodology were followed: 5 male and 8 female in high level education group (people with higher university or further technical education); and 6 male and 8 female in low level education group (people with secondary and vocational education). There were no subjects that were illiterate or had only elementary education. All subjects were able to walk (arrived to the centre independently), participate in group discussions and clearly express their opinion. The heterogeneity of active and passive community members was ensured. Older people belonging to clubs and associations were asked to invite their friends and acquaintances who are not socially engaged. The recruitment process was challenging because 'active' people had no time and 'inactive' did not see any point in participating in FG survey. Supermarket coupons were promised (and given) to the participants.

Both focus groups were conducted in one day: the group with a lower-level education in the morning and the group with a higher-level education in the afternoon.

Three sociologists moderated the groups. The discussions were video and audio taped for making the records and analysis.

A 15 minutes introduction was given to the big group before splitting them into small groups. The introduction was used to present the SiforAGE project, the activities of WP3 and other WPs (Tech Cafes), explain that participants are subjects of a sociological research and what kind of science Sociology is. The rules how the focus groups will proceed were explained, the confidentiality issues were guaranteed following the Code of Ethics approved by ISA Executive Committee.

Subjects from the groups 75+ (both in high-level education and in low-level education groups) had difficulties comprehending the questions. They also often tried to digress from the questions of the script and to discuss issues that, in their opinion, were more important. The general impression of the participants was positive, however 2 men expressed scepticism about the usefulness of such surveys and one woman complained that the survey was too long in terms of time.

The analyses of the results revealed:

- ✓ Concerning “Needs of older persons” the main expressed need was „Material security“. The next most important needs were: social and personal connections, communication (friends, grandchildren, children, neighbours, people with the same interests) and occupation (hobby, gardening, extracurricular activities, cultural life)



- ✓ In terms of “Contribution to society” the participants named their work and life experience as the most important contribution to society. Other important contributions are support to other people and initiative to unite and organize older people for joint activities.
- ✓ Family and social environment (communication, involvement in community and neighbourhood, spending time with family) were identified as the main “Spheres of active participation“.
- ✓ The main “Barriers to a more active participation” are “financial barriers” (small pensions, lack of funding), lack of motivation (psychological well-being, unwillingness to participate), health status/diseases and “Ageism” (indifferent attitude/ age discrimination and disrespectful attitude of young people).
- ✓ The main “Measures to promote active participation” for the subjects are “removing financial obstacles”: helping older people with their financial problems, improving their financial situation, discounts and perks for older people (discounts for transportation, cultural events). In social sphere the main “Measures to promote active participation” are „Change the society’s opinion about older people“ and “Educate young people to respect older people”
- ✓ The main characters “Responsible for promoting participants” were “Political actors”, first of all local authorities (governmental authorities dealing with the issues of older people, district councils) and finally the Government. Another important factor is the individual. The majority of older persons (the statistical older person) lack motivation and willingness to participate in social life/activities, as was mentioned by participants. Various measures should be used: media, education, active friends, people with common interests, labour market actors (conditions to enter labour market), and healthcare providers.

The detailed report with the findings is appended as Annex **WW**.

3.4. Focus groups in Italy

The Focus Groups survey in Italy was done by FONDACA – Active Citizenship Foundation in collaboration with CSV Marche – Centro Servizi per il Volontariato (Service center for voluntary) In February 2014. CSV Marche acts as the “link ring” between FONDACA and two local CSOs that provided the subjects for the survey (AUSER FILO d’ARGENTO DORICO and AUSER Fermo). The aforementioned CSOs were chosen because FONDACA already has an established relationship with them and that simplified and speeded up the planning and organizational process.

The two focus groups took place in Marche Region, one in a city center (Ancona) and the other in the small town of Fermo (Ancona province). The two focus groups were attended by 31 older persons in total (16 at Fermo; 15 at Ancona)

The citizens that took part in the FG belongs to the 2 abovementioned organizations (some were members; others were users of services provided by these organizations). The majority of the participants in the FG can be considered “active citizens” because they are involved in many voluntary activities and participate in the life of the abovementioned organizations.

In each FG, the participants were chosen taking into account the following criteria:

Age – we divided the subjects into three groups according to their age 55 -64; 65 – 74 and ≤ 75 (homogeneity)

Sex – we divide the subjects also taking into account gender, assuring gender balance (heterogeneity)



Educational level - we divided the subjects according to their educational level. Low level: elementary and junior school at Fermo. High level: high school and university at Ancona (homogeneity).

We asked the CSOs involved to select the FG participants that had no relevant health issues (disease that can hinder the cognitive capacity i.e. Alzheimer; senile dementia etc.)

We developed a small simple form that participants filled in to obtain the abovementioned information and proceed to the groups division. We also used the form to deliver an informed consent on the activities (see the Final report Annex).

The methodology provided by SCML was used. We had an introduction where we explained who FONDACA is and what the SiforAGE project is (objectives, actions, why we need their involvement, expected results of the FG). We also informed the participants that the FG will be recorded, re-assuring them about their privacy and data protection. Then we divided them into the 3 groups. The group sessions lasted for 1 hour. Then they had a coffee break. Following the coffee break, a plenary session was performed, in which the main findings of the groups had been presented to the participants, asking them if they wanted to comment or add something. We used slides that were shown through a projector to illustrate the group answers. The plenary session lasted 30 minutes.

The participants, after an initial moment of caution and skepticism, got involved and answered willingly the questions (the script provided by SCML was translated into Italian). Older people were pleased with the opportunity to express their opinion and thanked for being chosen and for giving them the chance of expressing their ideas and thoughts on ageing. They preferred to express their opinion in the small groups, while during the plenary sessions they were shy, tired or had to leave earlier due to previous commitments.

One participant expressed some criticism about the usefulness of the focus group and on EU in general and there was also disappointment to learn that the report on the FG will be done in English (none or very few of the subjects speak English).

In general FONDACA's impression on the FG is positive. We complied with the task and we think that the goal has been achieved. We learned about the needs, expectations, barriers and obstacles, areas of interventions, participation and inclusion, who is in charge for changing and helping older person and also about things that older people would like to change. From the first impression we can say that the educational level affects the answers (but we have not yet made detailed analysis). We also got unexpected answers to questions (according to the notes for the moderator). We also identified two critical aspects: the first one is related to the questions – some questions appeared to be on the same topic; the second is related to comprehension – some questions were not understood immediately but needed the intervention of the moderator to explain what was implied. We explained trying to not influence their answers.

Immediate findings used in the plenary session are appended as Annex **W**. The detailed report will be available in March 2014.

4. Capturing stakeholders perspective through good/bad practice examples

By now 27 examples have been submitted by WP3 partners from identified stakeholders in Spain, Austria, Albania Germany Ireland Israel, Italy Lithuania Slovenia Turkey and Ukraine. 25 examples



illustrate good practice, 1 example illustrates a failure due to corruption in Albania and 1 example illustrates an action in progress with no definite results available yet.

Quite a few successful examples deal with the quality of life by encouraging social participation, volunteering and exercising, thus leading to a better psychological and physical wellbeing.

Finding ways to encourage intergenerational relationships with young people or children is one of often used ways to improve the wellbeing of older people by providing them with an opportunity to share their knowledge and experience. These examples show that collaboration between older people and young generations is very helpful in changing the views on ageing and stereotypes both among older and young people. That is the case,, for instance, in the project “Communicating with Grandma” where schoolchildren taught older people how to use computer technologies.

Particularly interesting is the example “New innocence” analysing how older people handle different materials and hinting that architects may need to change their strategies to better accommodate the older generation.

The groups of key words identified by now are:

Voluntary engagement, teamwork, participation / integration, networking, sports / health promotion (7);

Quality of life, support, counselling, Alzheimer’s, dementia (8);

Language awareness, Catalan, volunteers, extensive civic, social and cultural experience (5);

non-formal learning, volunteering, lifelong learning, experience, build relationships, enhance social cohesion, older people as guardians of knowledge, children, agers, learning, relationships, fun (10);

Exercise programmes for older persons, learning motor skills, relationships in the group, well-being psychological, Exercise for the elderly, T-patterns in motor behaviour, Perceived benefits, multilevel triangulation analysis (9);

Lifelong learning, volunteer, quality of life, Sociology of education; lifelong learning, intergenerational relationships; participation; quality of life (8)

Interaction with materials, integration between age groups (7)

Integration society (5)

Architectural barriers, collective solidarity, supportive net, good health physical, psychic, volunteer, financial support, health support, barriers, integration (8)

Public private partnership, resilience, reciprocity, resource maximization (9)

Evaluation effects, frailty, incidents, prevention, health quality of life, incidents (9)

Abuse, mistreatment, unaware or healthy lifestyle, more community based activities, education, socialisation, government corruption (8)

The examples submitted by now are very diverse in their correlation with the identified sub-issues of the list of opportunities, barriers and enabling environment. The number next to the list of key words indicates the degree of correlation (10 – very close, 0 – the least close).



After the initial analysis of received material the strategy of example collection is being revised. The MS Word template was found cumbersome and a database related tool is now being developed. The quality of examples will be measured by the number of items in the list of opportunities, barriers and enabling environment the example correlates with. The collection of examples will continue until May 2014. The target number is 100 of examples. The best and the most innovative examples will be shortlisted using the quality criteria (correlation to the list items, collaboration of different types of stakeholders) and will be analysed against the grid that is now being developed.

5. Conclusions

WP3 Task 3.1 is still in progress. The list of opportunities, obstacles and enabling environments for participation with relevant sub-issues is the central axis for identifying stakeholders, developing the script for the focus groups and finding the innovative examples of good practices that would increase the social engagement of older people.

The template for reporting focus groups results has been developed and the consolidated results analysis will be done after all findings from the partners are collected.

The focus group survey in Turkey deviated from the common methodology (age group 55-64 was missing, no distinction between the high and low levels of education were made. HCAS partner was asked to analyse the findings according to the reporting template in order to ensure the reliability of results. The corrections can be made by using the audio/video tapes and precise recording of answers can be done.

The grid for the analysis of good/bad practice examples will be refined during the meeting of KMU3 and WP3 leaders in Torino in February.

The findings of the activities described above will be used in designing and implementing local intervention programmes in communities and proposing projects to local authorities.

¹ http://cordis.europa.eu/news/rcn/31013_en.html; www.vr.se/download/18.7dac901212646d84fd38000336

² www.who.int/ageing/.../active_ageing/en/

³ http://www.unece.org/pau/age/policy_briefs/welcome.html

⁴ ibid

⁵ Kerstin Cuhls, Knut Blind, Foresight in Germany: the example of the Delphi '98 or: how can the future be shaped? Journal: Int. J. of Technology Management, 2001 Vol.21, No.7/8, pp.767-780 ; DOI: 10.1504/IJTM.2001.002949

⁶ Häder, Michael and Häder, Sabine (1995): Delphi und Kognitionspsychologie: Ein Zugang zur theoretischen Fundierung der Delphi-Methode, in: ZUMA-Nachrichten, vol. 37, 19. November 1995, p. 12.