



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



Deliverable D4.4

**Innovative tools and decision making processes
implemented in policymaking for addressing active
and healthy ageing**

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Executive Summary

This report examines the decision-making processes and instruments used by public administrations for policymaking in active and healthy ageing, and identifies innovative approaches with a view to informing and improving evidence-based policymaking. For manageability, the investigation and analysis focused on three policy areas: health, the labour market and employment, and transport.

It is clear that the development of innovative policymaking for an ageing population and its successful implementation is best achieved through collaboration: between the public, private and third sectors (public private partnerships); between and across different government departments; between different scales and levels of policy; between local, regional and national levels; and, especially, by directly involving older people themselves. Policies which transcend parochial areas of responsibility and instead join-up policy contexts, and which reflect the heterogeneity of older people and the environments in which they live are likely to be most effective.

The countries represented at various levels in the report are: Austria, France, Italy, Poland, Portugal and the United Kingdom, with some broader EU-wide context. In some cases the information provided is specific to a locality or city; in other cases a national perspective is provided.

The main methods utilised to inform the report were: reviews and analysis of relevant policy and strategic documents which had been developed within the several nations, semi-structured interviews with relevant stakeholders in age-related/age-specific policy (including government departments/ministries, third sector/charitable organisations and NGOs), and structured questionnaires with policymakers in those countries.

Across those nations participating in this research, no ministry has sole over-arching responsibility for ageing or older people. Responsibility for the development of policies, which have an impact on older people, in the areas of health, labour market and employment, and transport is predominantly situated within one ministry, which has responsibility for that cognate policy area as it affects citizens of all ages. All countries noted a substantial level of overlap and interrelationship between relevant policy development and its implementation. In almost all countries included in the research, lines of policymaking originate at a 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 a

deliberate localisation of transport decision-making, albeit in the context of a nationally determined strategy.

All participating countries were able to identify innovations in policymaking in various fields:

Labour market and employment:

- Drawing on research evidence and information from employers to develop advice and best practice (UK).
- Bringing together stakeholders from public, private and charity sectors (France, Italy, UK).
- Funding community-based work for people who are unemployed (Italy).
- Promotion of digital inclusion (UK).
- 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).

Health policy:

- Innovations in dementia care; end of life care; and management of long-term disease and disability (UK).
- Public health measures to address physical and mental wellbeing, through interventions such as art therapy, chair-based exercise, sleep management, nutrition (France, Italy, Portugal, UK).
- Encouraging people to take responsibility for their ageing, to remain active and healthy and ensure they can stay economically active (Poland, UK).

Transport policy:

- Some countries are focused on alleviating social exclusion and improving opportunities for older people, for example through provision of voluntary taxi schemes, bus/rail services (discount schemes), community transport (UK, Portugal, France, Italy).
- 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 expectation. For example:

- Budgetary constraints often impede implementation of national policies at 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).
- Perceived inflexibility and lack of relevant skills in older workers (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 policy making (France).
- Difference in the needs of rural and urban populations (UK).

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. Not all countries considered in this report place ageing at the centre of policymaking, but instead as a side factor in 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 sectors 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. Greater consultation with older people is necessary to enable the greatest innovation to occur and this features in the most successful innovations. Careful consideration of geographic context (rural/urban) is also required.

Innovation in the policy making process includes 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. 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.

The implementation of policy would also benefit from collaboration between governmental departments and other organisations within each country. Communication with a range of people, especially at local levels is essential as innovation thrives at this level. It follows that implementation - translating national policies into regional/local arenas - remains a substantial challenge. It is important to allow the boundaries between scales and levels of policies to blur or even break to achieve the maximum innovation. Of particular interest in the future would be to understand routes to successful scaling up of pilot projects; the research has shown 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. Economic constraints often mean that even successful pilot projects have not been scaled up for wider implementation because of resourcing issues.

Introduction

The purpose of WP4 within SiforAge is to identify and draw lessons from innovation in the public policy process with respect to active and healthy ageing in order to inform and improve evidence-based policy-making. Three areas of policy have been examined in order to inform this discussion: health, the labour market and employment, and transport. Contributions have been made by the following partners: CARINNA (France), EURAG (Austria), COMMTORINO (Italy); ISCTE (Portugal) UFSD (England/UK¹), and GMK (Poland). In addition some EU-wide information has been included. Inevitably, the data available for the various countries varies and therefore information has not been available for all countries for all sections. However, this report endeavours to present the most significant findings from the participating partners with a view to presenting best practices which might be more widely learnt across the EU.

1. Background

1.2. Responsibility for ageing policy

Across those nations participating in this research, responsibility for the development of policies pertaining to each of the areas of health, labour market and employment, and transport, was predominantly situated within one ministry. Overwhelmingly policy is made at central government level, though implementation is often made at regional or local level.

In Italy responsibility for overseeing policy development and implementation within the three policy areas lies with the Ministry of Labour and Social Policies, the Ministry of Health and the Ministry of Infrastructure and Transport. The Ministry of Labour and Social Policies has overall responsibility for labour policy and the development of employment, labour protection and the adequacy of the social security system and social policies, with a specific responsibility to support individuals and families experiencing financial instability and insecurity. The Ministry of Health oversees the protection of human health, the coordination of the National Health System in Italy, veterinary health, health protection in the workplace, as well as hygiene and food safety. Finally, the Ministry of Infrastructure and Transport is responsible for all infrastructure and public works with

¹ Responsibility for Northern Ireland, Wales and Scotland regarding the three policy areas considered has largely been devolved away from the central UK government. It should be noted that there are differing levels of overlap between the British Parliament and the devolved governments/assemblies on issues affecting the policy areas considered. This discussion does not include the experience of the devolved administrations and distinction is made between UK wide policy and that which is confined to England as appropriate.

respect to communication networks, roads, highways, rail, lakes, airlines and airports, maritime and ports of national interest.

Responsibility for shaping labour market policies in Poland lies with the Ministry of Labour and Social Policy, which is comprised of organisational units addressing the following areas: 'social security', 'labour', and 'family issues'. Health policy falls within the Ministry of Health, although the Ministry of Labour and Social Policy has an active role in achieving long-term objectives in relation to the health of older groups and the two ministries undertake complementary work in this area of policy. The Ministry of Infrastructure and Development oversees policy related to transport, which had until recently fallen within the remit of the Ministry of Transport, Construction and Maritime Economy.

In Portugal, the Ministry of Health is responsible for developing and implementing national health policy. The Ministry also assumes responsibility for monitoring policy effectiveness, as well as ensuring resources are utilised in a sustainable fashion. The development of policies relating to employment and social security lies with the Ministry of Solidarity, Employment and Social Security. Their responsibilities are wide-ranging and include poverty and social exclusion; support to families and 'at-risk' children and young people; the promotion of inclusion of groups affected by disabilities; and the promotion of public involvement in volunteering. Transport is the responsibility of the Ministry of Economy, which has a broad remit in terms of policy developments covering, in addition to transport, economic growth, trade, national and foreign investment, tourism, construction and real estate, and the regulation of public contracts.

In the UK the Department for Work and Pensions (DWP) has responsibility for the development of policies related to the labour market and employment. Currently government policy seeks to increase the number of jobs and create a flexible labour market by 'modernising employment law while protecting employee rights'. The current Conservative/Liberal Democrat Coalition government strengthened the policy of the previous New Labour government to use the social security system as a mechanism to ensure that those out of work and receiving benefits make sufficient effort to find work. Failure by claimants to adhere to an increasingly stringent system of job search strategies leads to an increasingly rigorous system of sanctions. Unlike the period of high unemployment in the 1980s when early exit from the labour market was condoned by government and older workers were exempt from job search, the current stringent job search rules and sanctions apply to all those registered as unemployed regardless of age. This applies to all countries in the UK. However, job creation is also the responsibility of the devolved governments/assemblies; local authorities and regional groupings often also play a part in attracting business and therefore creating jobs and boosting the local/regional economy. The DWP also oversees pension policy and has a

remit to address child poverty. Amongst the responsibilities of the Department of Business, Innovation and Skills (BIS) is support for those starting up a business: particularly important in the British context as approximately half of new jobs recorded most recently are among the self-employed. The Department of Health oversees the development and implementation of policies related to health and care in England and responsibility for Scotland, Wales and Northern Ireland has been devolved. The Department for Transport develops policy in this area with specific responsibility for roads, public transport, maritime and aviation across the UK though some aspects of policy have been devolved.

In France the Secretary of State for Transport resides in the Ministry of Ecology, Sustainable Development, Transport and Housing. The Secretary of State for Health and Solidarity has responsibility for public health care and the health insurance part of French social security. The actual make-up of the health portfolio can vary in different administrations but can include a number of other areas including older people and disabled people. Labour policy is the primary responsibility of the Ministry of Work, Employment and Social Dialogue. The French regions are active in providing facilities for professional training activities and adapting them to regional needs. In most of the Regions, a regional strategy is designed in this respect. The French Departments do not have specific competence in this field. Cities also provide tools for encouraging and easing unemployment at local level such as the Local Plan for Insertion and Employment² (which can be supported by European Structural Funds). These plans may include specific actions regarding aged workers and the unemployed.

One major change in policy linked to ageing in France, was the creation of a dedicated role at national level with responsibility for older people. The Secretariat of State for Older People was established in the Ministry of Social Affairs and Health. This Secretariat has now evolved into a Secretariat of Older People and Autonomy. This Secretariat has put forward several initiatives across a range of policy areas, including health and transport, with relation to older people. Thus overall in France, in transport, health and the labour market and employment, the main legislative framework, and often finance, is normally set at national level though delivered at local or regional level.

1.3 Demographic overview

The age structure of the European Union (EU) is becoming older due first, to low levels of fertility and, second, to increasing life expectancy. The fertility rate is projected to increase slightly in nearly all Member States, with the exception of Ireland, France, Sweden and the UK where it decreases; in

² Alliance Villes Emploi (No date) http://www.ville-emploi.asso.fr/wp-content/uploads/docs/English_presentation_PLIE_2012.pdf

Belgium, Denmark and Finland it is projected to remain stable. In all countries the fertility rates are expected to remain below the natural replacement rate of 2.1 in the period to 2060³.

The trend of population ageing will continue. On 1 January 2010, 0-19 year olds accounted for 21.3% of the EU population; those aged 20-64 (considered to be the population of working age in the EU demography report) accounted for 61.3%; the population aged 65 years and over for 17.4% (17.2% in European Commission 2012)⁴.

Life expectancy at birth for males is projected to increase by about 8 years from 76.7 in 2010 to 84.6 in 2060 and for females from 82.5 to 89.1, which indicates some convergence between males and females. The largest increases in life expectancy are projected to take place in those Member States with the lowest life expectancy in 2010, which are mainly the accession states. Among the countries included in this report, Poland falls into this category and has a higher increase in life expectancy at birth than the other countries (see Table 1).

In the EU as a whole, life expectancy at age 65 is projected to increase by 5.2 years for males and by 4.9 years for females up to 2060. In 2060 life expectancy at age 65 will reach 22.4 years for males and 25.6 for females, a projected between men and women of 3.2 years compared to 4.5 years in life expectancy at birth. In 2060, the highest life expectancy at age 65 is expected in France for both males (23 years) and females (26.6 years), while the lowest is expected in Bulgaria for both males (20.6) and females (23.6 years)⁵. Poland also has the lowest life expectancy at age 65 than the other countries in this report; Portugal falls just below the EU average according to this measure (see table 1). Most of the increase in life expectancy is projected to occur between 2020 and 2040.

³ European Commission (2011) *Demography Report 2010: Older, more numerous and diverse Europeans*, Eurostat, p.24

⁴ European Commission (2011) *Demography Report 2010: Older, more numerous and diverse Europeans*, Eurostat

⁵ European Commission (2011) *Demography Report 2010: Older, more numerous and diverse Europeans*, Eurostat, p.25

Table 1: Population projections 2010-2060

		Austria		France		Italy		Poland		Portugal		UK		EU	
		2010	2060	2010	2060	2010	2060	2010	2060	2010	2060	2010	2060	2010	2060
Fertility rate		1.39	1.56	2.00	1.95	1.42	1.57	1.40	1.56	1.32	1.51	1.94	1.91	1.59	1.71
Life Expectancy															
@ birth	m	77.6	84.8	77.9	85.1	78.9	85.5	71.7	82.4	76.5	84.2	78.3	85.2	76.7	84.6
	F	83.0	89.1	84.6	90.0	84.2	89.7	80.1	87.9	82.5	88.6	82.4	89.1	82.5	89.1
@ 65	m	17.6	22.4	18.5	23.0	18.1	22.8	14.8	21.2	17.1	22.1	18.0	22.8	17.2	22.4
	f	20.9	25.6	22.7	26.6	21.7	26.1	19.1	24.8	20.4	25.1	20.7	25.7	20.7	25.6
Population as % age of total population	65+	17.6	29.2	16.7	26.6	20.3	31.6	13.5	34.6	18.0	32.0	16.5	24.6	17.4	29.5
Population as % age of total population	80+	4.8	11.6	5.3	11.0	5.9	14.1	3.4	12.6	4.6	13.6	4.7	9.3	4.7	12.1

Source: Adapted from European Commission (2011) Statistical annex

Health life expectancy

The average number of healthy life years that a child born in 2009 can expect to live is about 62 for a woman and 61 for a man; this is a fall from 2007. The difference between the sexes is smaller than for life expectancy, which indicates that, although women tend to live longer, they also live longer with activity limitations. There are large disparities between Member States with health life expectancy ranging from 52.1 for men and 52.3 for women in Slovakia to 70.5 for men in Sweden and 70.6 in Malta. Among the countries discussed in this report, healthy life expectancy is below the EU average in Austria, Poland and Portugal and in Austria, Italy, and Portugal for women.

Table 2: Healthy life years at birth, by sex, 2009

	Male	Female
EU-27	60.9	62.0
Austria	59.2	60.6
France	62.5	63.2
Italy	62.4	61.2
Poland	58.1	62.1
Portugal	58.0	55.9
UK	65.0	66.3

Source: Adapted from European Commission (2011) Table 1.3.6

Frailty in older age is being delayed because of advances in public health and in living conditions. However, increased prosperity does not guarantee improved health. Two countries at the same level of per capita income may have different healthy life expectancies and some countries with modest standards of living perform as well as wealthier ones. For example, in the EU, Spain and Italy as well as richer France and Sweden, have the highest life expectancy⁶.

Life expectancy and socio-economic status

Socio-economic status has an important role to play in determining life expectancy. Though levels of mortality have been declining across all socio-economic groups, there are still significant differences in life expectancy between higher and lower socio-economic groups, which in some cases have widened over time. Eurostat estimates⁷ show a clear inverse relationship between educational attainment (as a proxy for socio-economic status) and mortality. This is true both between and within countries. Significant differences were particularly marked in Member States which joined the EU after 2004 – Bulgaria, the Czech Republic, Estonia, Hungary, Poland, Romania.

Employment and Age

As Table 3 shows the recent EU trend overall has been for the employment rate of those age 55-64 to rise, partly as a result of the policy pressure developed by the 2010 Lisbon targets. It also reveals the wide variation in employment rates between the countries involved in this project and their significantly different rates of progress in raising employment rates. One country, Portugal, even bucked the EU trend.

⁶ European Commission (2011) *Demography Report 2010: Older, more numerous and diverse Europeans*, Eurostat p.39

⁷ European Commission (2011) *Demography Report 2010: Older, more numerous and diverse Europeans*, Eurostat

Table 3: Employment Rates of Older Workers

	2006	2008	2010	2012	2013
EU-28	43.4	45.5	46.3	48.8	50.1
EU-27	43.5	45.8	46.4	48.9	50.3
Austria	35.5	41.0	42.4	43.1	44.9
France	38.1	38.2	39.8	44.5	45.6
Italy	32.5	34.4	36.6	40.4	42.7
Poland	28.1	31.6	34.1	38.7	40.6
Portugal	50.1	50.8	49.2	46.5	46.7
UK	57.3	58.0	57.1	58.1	59.8

Source: Eurostat

1.4 Older people in the political process

The level to which older people, as a group, are involved in the political process varies across country, across policy areas and between policies. Examples of their involvement are included in the discussion of the various policy areas which follows. There is no evidence of older people working as a group to influence the policy agenda in any of the countries included in this report, though older people's organisations, such as AGEUK in the UK, do act as a lobbying group with government to try to get the voice of older people heard.

2. Methods

2.1. The focus

The main methods utilised to inform this report were reviews and analysis of relevant policy and strategic documents which had been developed within the several nations. The documents examined were primarily concerned with responses to the growth in the size of older populations and policies which address these demographic changes. Semi-structured interviews with key policy makers and actors in the policy community (some in the cognate policy area and some in the ageing field) were also conducted in order to supplement the literature explored. The contribution relating to Austria is based on interviews alone.

An online survey of policy makers based in the participating European nations was used to gain an understanding of decision-making processes in relation to the Active and Healthy Ageing Agenda, as

well as the various mechanisms available to policy makers to support this process. The survey was structured around three thematic areas:

- ‘Personal Data’ – respondents were asked to provide demographic information, including details on their job role in relation to the Active and Healthy Ageing Agenda and the policy area in which their work was focused.
- ‘Decision-making Process’ – respondents were asked a series of questions related to the decision-making process, in particular, who is involved and who has influence over this.
- ‘Supporting Tools’ – lastly respondents were questioned on how the decision-making process is supported, particularly with respect to the financial support available and access to ‘expert’ knowledge and opinion.

Respondents were given set responses to choose from for each question, in some cases respondents were asked to give one response and in others they were able to select as many as applied to them and their decision-making processes.

2.2. The methods implemented

To locate relevant policy and strategic documents, searches were conducted on the websites of those government departments that have overall responsibility for the labour market/employment, health and transport. None of these government departments is restricted to policy making for specific groups by age; however, there are certain policies and policy documents developed by these departments that are specifically focused upon ageing/older groups. Initially various documents were collected and then analysed, taking note of: what these policies entailed, their detail, purpose, implementation processes; how they had been developed, particularly whether older people had been involved in their development through consultation for example; their impact on older groups; and whether evidence of innovation was present. These initial searches revealed other policies and related documents that were not focused exclusively upon older groups, but the needs of the latter had been considered and were referred to in these. These were often found through website search engines, using key terms such as, ‘ageing’, ‘older people’, and policy specific terms, which were often added to the latter search terms: ‘jobs’, ‘employment’, ‘health’ and so on. The relevant information was extracted from these documents and informed the overall analysis. As well as analysing actual policy documentation, searches extended to the background to these policies and led to the identification of a range of documents focused on various national, regional and local programmes and initiatives developed as part of, and in response to, these national policy developments. These other sources of information and documents were included in the analysis; in most instances the

project/programme webpages were visited in order to gather more documentary information for analysis. The webpages of various relevant third sector/charitable organisations and NGOs were also visited during the searches; documents such as research papers, policy briefings and press releases were also gathered and analysed to inform the overall analysis of these policy areas and their implementation.

In addition to the analysis of documentary evidence, semi-structured interviews were conducted with a number of relevant individuals directly involved in policy development and implementation and with key actors in the ageing policy community. These were predominantly representatives from government departments/ministries directly involved in the development and implementation of age-specific policies, third sector/charitable organisations and NGOs working in the area of ageing. During these interviews a range of topics were discussed with the interviewees centring around two broad overarching topic areas:

- ‘Policy making and innovations’: addressing current and potential ways of supporting and managing an ageing population; the policy making process; innovations within policy making; and,
- ‘Policy conception versus reality’: which explored the interviewees’ views on the reality of the situation ‘on the ground’ in comparison to policy plans.

In Poland interviews were conducted with representatives from regional centres responsible for social policy, employment and from the regional governor’s office. An interview was also conducted with a representative from a district employment centre operating at the local level. In the UK interviews were conducted with policy makers and key actors in ageing policy which included representatives from Age UK, the Age Action Alliance group and a representative from a third sector organisation working in the area of older people’s employment. In Turin, Italy, a total of 12 individuals were interviewed working across the three policy areas who were representative of the three levels of government (local, regional and national). In Austria a total of ten individuals were interviewed who were all representatives of public administrations involved with projects that promote active and healthy ageing. Four of the interviewees were based in local government, three were from regional government and three were positioned within national government.

In total 24 individuals completed the online survey and these respondents were based in France, Italy, Poland, Spain and Portugal. . Half the respondents were politicians, the other half were working at a senior administrative level. Sixty per cent worked at the local level, 30% at the regional

level and 10% at local level. Most worked in the field of health, social services, culture and sport. A smaller proportion (15%) worked in transport and labour and finance. Their responsibilities were relatively evenly spread across the various aspects of the policy process: policy development, strategy, finance etc.

3. Policy-Making Process

3.1. Major Policy Changes and Innovations

In the Polish context several major changes in terms of policy making and attendant innovations have taken place in recent years. With regard to labour market policy, the Ministry for Labour and Social Policy set up the Senior Citizens Policy Department with a specific remit for addressing employment and social security issues for this age group. Following this was the establishment of the Senior Citizens Policy Board; its composition reflects the underlying idea of broad participation in the policy-making process concerning senior citizens. This Board assists the Ministry for Labour and Social Policy and is comprised of representatives from other Ministries in central government, local government and third sector organisations. Alongside these innovations is the Governmental Programme for Activation of the Elderly initiated in 2012. The broad aim of the programme is to create the conditions necessary for encouraging social activeness amongst older groups, which is based upon four priorities: education of the elderly; social activeness promoting inter and intra-generational integration; social involvement of the elderly; and, social services addressed to the elderly. The Polish government's long term plans to address labour market and health issues for older groups is enshrined in the 2014 – 2020 Long-Term Senior Citizens Policy.

3.2. Lines of Policy Making

Results from the online survey revealed general consistency across the various countries represented in terms of the mechanisms that are in place to aid the decision making process. There is often considerable support provided by external committees often made up of experts and citizens. This is in keeping with fieldwork interviews and document searches, which indicate that their participation ranges from advisory to helping to draw up the policy agenda. The process of making decisions about policy was reported to be generally participatory. The survey results indicated that, in those countries represented, citizen and professional associations, advisory committees, public opinion, and the direct beneficiaries, were the groups who most readily participated in decision making processes. The exact lines of decision making – by the executive or

the administration – is related to each country's political structure. Policy priorities were revealed as:

- Social inclusion and participation.
- Intergenerational projects.
- Prevention strategies.
- Health profiles.
- Supporting scientific research.
- Innovative assistive technologies.
- Home care.

The survey asked respondents about the monitoring of decision making and who is responsible for this. Responses indicated that advisory committees and administrative bodies were in most cases responsible for the monitoring of decisions. With regards to the tools used in the process of monitoring decisions, political boards/committees, forums and social movements, and public opinion polls were the tools that were being used most by those surveyed. Monitoring was inconsistent, and in many cases was related to the size of the organisation – the larger organisations having more resources and greater scope for monitoring processes.

Promisingly respondents to the survey were engaged in collaborations with other organisations to develop research in the three policy areas; collaborations with Universities were reported most by respondents.

3.2.1. Austria

Interviews conducted in the Austrian context provided a broad picture of the policy making process across the three policy areas. The interviews revealed the process of initiating new policies and the interactions that take place between politicians and relevant administrative departments who are the key actors that drive this process.

It was found that in most cases the initiative for a project is introduced into the decision making process by an individual politician. However, difficulties were highlighted in attempting to ascertain whether the original idea came from the politician or whether a non-governmental organisation or a market actor had initially conceived it. Despite this, it became clear that the drive for the implementation of the policy idea comes from the intention of politicians to serve their clientele – mostly in view of upcoming elections or to honour promises made in a previous election – or as an argument in a battle with a political rival. Yet, politicians and political bodies seem to take

only a very limited interest in the policy's specific features; remaining rather general in approach in order to reach a political consensus. Certainly, it was clear from interviews that politicians desired immediate effects from the policy making process; and it was felt that this desire for immediate impact often limits the careful content planning of projects and programmes.

The interviews revealed the tensions and issues that result from political agendas that shape the policy process and then impinge upon specialist departments responsible for the administration of policies. Specialist departments in the responsible administration mostly reported feeling rather helpless vis-à-vis the politicians – even though they are responsible for the pre-evaluation of projects and have to counsel politicians. One interviewee explained:

If you recommend an excellent project, it may well happen that politicians are against it. If you oppose a questionable or unpromising project, it may well be that politicians are much in favour of it.

Another quote illustrates some of these issues further:

You may have the best ideas about what to do and how to do it – however, if politicians do not follow them and do not support them, for whatever reasons, you may as well forget about them

Another aspect that was frequently mentioned by specialists in the administration is that they deplore the absence of a comprehensive, well-defined political strategy in the area of concern that ranges from the national via the regional to the local level. Criticisms were also made of the failure of politicians to promote cooperation and coordination between different departments that can be more or less concerned by specific projects and programmes; the result being attitudes of 'silo thinking' within specific departments.

3.3. Health

3.3.1. France

The development of health policy in France is mainly driven at the national level and based on national programmes or campaigns. Actions emanating from national government are undertaken at the local or regional level by other entities such as associations, the regional health agency, local or regional authorities.

The majority of health programmes or plans described below are derived from the law of August 9, 2004⁸. It marked a significant evolution in the formalisation of a public health policy. Four major ambitions have been identified:

- Improving the health of the population.
- The reduction of health inequalities.
- Improving the efficiency of the health system as a whole.
- A breakthrough in health democracy.

The law itself was prepared by a National Technical Group for the Definition of Objectives of public health report (to which approximately 40 experts contributed)⁹.

A number of fields were included. A Health and Nutrition Programme was developed under the aegis of the Directorate General for Health (DGS: Direction Générale de la Santé). The choice of nutrition as a significant topic in health during the French Presidency of the European Union, and the preparation of the European resolution on health and nutrition, signed by all the European health ministers on December 14th, 2000, sparked an in-depth debate within the DGS of the need to develop a nationwide nutritional public health policy on nutrition.

Nearly 40 scientists, researchers, representatives of administrative department (health, education and national agriculture, Institut de Veille Sanitaire, Agence Française de Sécurité Sanitaire des aliments), hospital doctors, manufacturers of food and consumer representatives contributed to the drafting of a report finalised by a working group mandated by the High Committee on Public Health (HCSP: Haut Conseil de la Santé Publique). This document served as the basis for the development of the programme. The programme is also based on the work of the National Food Council, and the expectations of consumers and food professionals in general meetings.

The Ministry of Social Affairs and Health, together with the National Institute for Health Prevention and Education (INPES - Institut national de prévention et d'éducation pour la santé)¹⁰ set

⁸ Direction générale de la Santé (2004) Brochure Pédagogique

http://www.sante.gouv.fr/cdrom_lpsp/pdf/Brochure_dgs.pdf

⁹ <http://www.ladocumentationfrancaise.fr/var/storage/rapports-publics/034000115/0000.pdf>

up a specific programme for people of more than 50 years of age to promote nutrition and physical activity. This programme is dedicated to two age groups: 50 to 75 years and more 75 years. The programme recommends different actions depending on the age category. Started in 2001, it has been extended in 2006 and 2011 and is now still running.

Other programmes which were initiated included

- Oral and Hygiene Programme, aimed to improve oral and dental hygiene of residents in 12 nursing homes for older people in three Departments.
- Campaign to prevent domestic accidents, especially falls among older people.
- Improvement to immunisation policy 2012-17, specifically extending the take-up of flu inoculations by reimbursing the full cost to older people.
- Management of pain.
- Alzheimer Plan 2008-12, to promote research, enable early diagnosis and support those affected and their family carers.
- National programme to prevent suicide 2011-2014, which takes into account different periods of life from childhood, youth, adults and older people.

3.3.2. Italy

Policy making for health in the city of Turin since 2007 has developed 'Health profiles and plans' which facilitated the participation of citizens. This tool allows increased involvement of the local community, at the district level, in defining its health profile through the identification of priority objectives related to health and well-being.

In order to better promote behaviours that have a positive effect on the health status of the population, the Ministry of Health launched the 'Gaining Health' programme. The programme is focused on reducing unhealthy eating, physical inactivity, smoking and alcohol abuse: major risk factors for chronic diseases. 'Gaining health' is the first policy document aimed at the implementation of measures for the protection and promotion of public health that has been agreed between government and institutional levels within the country. The primary objective is to act on the four aforementioned main risk factors in order to improve the health of citizens, eliminate social inequalities and, simultaneously, continue to ensure the sustainability of the health system in terms of its costs and effectiveness.

3.3.3. Poland

¹⁰ Ministère de la Santé (No date) Alimentation et exercices physiques. Comment garder son équilibre après 60 ans? <http://www.sante.gouv.fr/IMG/pdf/apres60ans.pdf>

As discussed above there is overlap in the responsibilities for the Polish Ministry of Labour and Social Policy and its Ministry of Health, particularly the priority to maintain the health of older groups for the purposes of continued economic productivity; and the relevant policy is an exemplar of these overlapping priorities. The Long-Term Citizens Policy contains several detailed priorities including: establishing solutions to facilitate the development of medical services for older groups; health promotion, with a particular focus on changing behaviours and lifestyles; and, the development of social and care services to better meet the needs of elderly groups.

3.3.4. Portugal

Health policy with regard to older groups in Portugal during recent times can be encapsulated in the National Programme for the Health of the Older People, which was developed by the General Directorate of Health across the entire Portuguese territory for the period 2004 – 2010. This programme was approved by the Ministry of Health and integrated into the Health National Programme 2004 – 2010. This programme respects the principles of the United Nations concerning older people: independence, participation, dignity and self-realisation. One of the main strengths and innovations of the policy-making process around the programme is that it was developed based on the needs, comments and suggestions that were reported by hundreds of Portuguese older people who were invited to participate in forums and focus groups organised at the regional and local level. The programme's target group had a huge influence in its structure in the sense that the programme's goals were established according to the needs and difficulties reported by older people. In addition, the programme is founded upon informing and training older people to develop the relevant attitudes and behaviours required for participation in active ageing.

3.3.5. UK

The UK's National Health Service (NHS) started the twenty-first century with political concerns about the affordability and sustainability of the system as pressures from the ageing population, the development of new treatments and demand for higher quality health care all put additional strains on the NHS budget. The major policy response from the Labour government was the speedy development of *The NHS Plan* (Department of Health, 2000) which pledged investment (increased spending) and further organisational reforms. The NHS plan described how older people were to be offered 'Dignity, security and independence in old age' through the provision of better health care services and the development of a National Service Framework (NSF) for older people¹¹. The

¹¹ Department of Health (2000) *The NHS Plan: A Plan for Investment, A Plan for Reform*. Online, available at: http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4002960

significant issue highlighted in the NHS plan was that older people constitute the largest group of NHS patients whose care is being delivered in relatively high cost hospital settings that may not be appropriate for them, and that older people's dignity and privacy may not be respected. A 'tsar for older people' was appointed to promote improved healthcare for older people. With these general issues in mind, a key feature of the NHS Plan and policy development since 2000 has been developing intermediate care between health and social care that which would prevent hospital admissions, allow older people to leave hospital sooner and enable older people to live independently.

The National Service Framework (NSF) for Older People¹² which had three overarching themes – respecting the individual, providing evidence based specialist care and promoting an active and healthy life. Achievement of these was organised into eight standards that older people should expect from health and social care organisations. Importantly, standards two and three of the NSF, 'person-centred care' and 'intermediate care' respectively, emphasised the importance of enabling older people to make choices about their own care and to promote their own independence. Broadly speaking, the National Service Framework set the tone for the general approach to health and social care policy for older people for the remainder of the decade; although there were changes in emphasis on how such goals could be achieved. Crucially though, the rhetoric within policy was around 'innovation' in order to encourage healthy and active lifestyles, and to foster greater autonomy and choice for and amongst older people, so that the care they received suited them and they were better equipped to remain independent and to manage health conditions themselves.

More recently under the Conservative/Liberal Democrat Coalition government, there is a commitment to place responsibility for health services at the local level and to improve links between health and social care in an attempt to provide more integrated services and approaches. This is outlined in the Health and Social Care Act 2012 which came into effect in England in 2013; it is the most significant structural reform of the NHS since its introduction in 1948. The most important change under this Act granted more control over the delivery of patient care to clinicians by, especially, devolving three-quarters of the health budget to the control of local Clinical Commissioning Groups (CCGs) made up of general practitioners who could decide what services should be purchased and by whom. The legislation has increased the role of private sector providers in both primary and secondary care and increased competition. The 2012 Act also included the symbolic change of removing responsibility for the provision of universal, free healthcare from the

¹² Department of Health (2001) National Service Framework for Older People. Online, available at: <https://www.gov.uk/government/publications/quality-standards-for-care-services-for-older-people>

Secretary of State at the Department of Health to a new arm's length body, NHS England. NHS England now plays a significant role in the direct commissioning of services and the supervision of local commissioners, the newly established CCGs, along with other central regulators. The legislation and NHS England's rhetoric since its creation have focussed on the long-term sustainability of the NHS in the light of, above all, the ageing population. Several key issues concerning older people were presented as problematic for the NHS:

- There are more than 2 million unplanned hospital admissions per year for people over 65, accounting for nearly 70% of hospital emergency bed days.
- When they are admitted to hospital, older people stay longer and are more likely to be readmitted.
- Both the proportion and absolute numbers of older people are expected to grow markedly in the coming decades. The greatest growth is expected in the number of people aged 85 or older, the most intensive users of health and social care.
- Studies suggest that older patients account for the majority of health expenditure. One analysis found that health and care expenditure on people over 75 was 13-times greater than on the rest of the population¹³.

Strands of the National Service Framework for Older People, recent legislative reform, and the concerns raised by NHS England, are reflected in current policies targeted at addressing the care needs of older people. The broad policy context for older people's health is underlined by an awareness of the challenges presented by current and predicted demographic changes in the composition of older populations, and is dispersed into several policies that are targeted at the specific health and care needs of older groups:

- Improving care for people with dementia.
- Improving care for people at the end of their life.
- Transforming Primary Care.

Although health spending has been one of two areas protected, to some extent, from the significant public expenditure cuts implemented by the current government since 2010, the NHS has been required to make 'efficiency savings' each year, which have had a significant on primary and secondary care budgets.

¹³ NHS England (2013) The NHS belongs to the people: A call for action. Online, available at: <http://www.england.nhs.uk/2013/07/11/call-to-action/>

3.4. Labour market and employment

3.4.1. France

Labour market policy making that is age specific has been developed around several areas in the French context and some of the development of these policy areas has involved the support of other organisations. This discussion focuses on the employment and unemployment of older workers.

One particularly innovative approach to this issue has been through human resources and age management, which includes a set of activities that anticipate the ageing and effective renewals of the workforce following retirements. Therefore, there is an onus placed in this approach upon the company to design a strategy to anticipate these changes and prevent potential loss of competitiveness. To support actions in this area, the Ministry has delegated services to ANACT, the French National Agency for the Improvement of Working Conditions (ANACT - Agence Nationale pour l'Amélioration des Conditions de Travail) which was set up in 1973 with the objectives of: improving the quality of working conditions and company efficiency, promoting the appropriation of methods of change by all the stakeholders and developing innovative projects in the labour-related field. Through its regional agencies ANACT supports companies to include ageing in their human resources strategies.

Alongside these age management approaches, the French government has adopted a 'generation contract' to promote the employment of both young and older workers within one company. It is therefore a contract between three parties promoting the employment of young workers (less than 26 years old) through the offer of a permanent position, strengthening the professional activity of the older worker (57+ years old) and thus easing the transmission of knowledge and expertise within the company. This has involved the Pensions Advisory Council, companies and employers' organisations, unions, and pension funds.

A wide range of stakeholders are involved in the policy-making process regarding human resources including:

- Unions of workers (e.g. CFDT, CFE-CGC, CFTC, CGT, CGT-FO, UNSA éducation...).
- Companies and/or industrial sector representation, employers' organisations.
- ESEC: French Economic, Social and Environmental Council (Conseil économique et social).
- EHES: School of Advanced Studies in Social Sciences (École des hautes études en sciences sociales).
- INSEE : France's National Institute of Statistics and Economic Studies (Institut National de la Statistique et des Études Économiques).

- AFPA: National association for professional training of adults (Association nationale pour la formation professionnelle des adultes).
- Dedicated research laboratories (e.g. INRA-LEA: National institute for agronomical sciences – Laboratory of Applied Economy).
- CEE: Study centre on employment (Centre d'études de l'emploi).

Similarly, a wide range of organisations are involved in the development of policies related to retirement:

- Commission for the future of retirement (composed of 10 experts).
- COR: Pensions Advisory Council (Conseil d'orientation des retraites). Created in 2000, it is a permanent body which brings together members of Parliament, representatives of the social partners, experts, and representatives of the State. Its main purposes are to monitor the French retirement system and to put forward recommendations for public policy concerning retirement, on the basis of expertise and consultation with all the partners involved.
- CDC: Caisse des Dépôts group is a "public group serving general interest and economic development". It encompasses a direction for retirement and solidarity dedicated to pension funds. It publishes an annual report for each of the pension fund managed¹⁴.
- Higher education and research institution such as CNAM: Supervised by the French Minister for Higher Education, the CNAM (Conservatoire national des arts et métiers) is a Public Scientific, Cultural and Professional Institution.

3.4.2. Italy

The launch of a national data warehouse 'Coesione.sociale.stat' by ISTAT¹⁵ – National Institute of Statistics – has opened up new possibilities for informing the policy making process with regards to the labour market. This data warehouse collects official statistics produced by the National Institute of Social Security (INPS), the National Institute of Statistics (ISTAT) and the Ministry of Labour and Social Policy on the theme of social cohesion. It provides policy makers, researchers and citizens with possibilities to find a lot of data not available in another way or place (about jobs, work, retirement, etc.) that can inform decision making and the policy making process.

¹⁴ Caisse des Dépôts Groupe (No date)

https://www.cdc.retraites.fr/portail/spip.php?page=article&id_article=8367

¹⁵ The National Statistics Institute is a public research institution; it was founded in 1926 and is the leading producer of official statistics in support of citizens and public decision-makers Istat Work independently and in continuous interaction with the academic and scientific world.

3.4.3. Poland

In December 2013 the Polish government adopted the underlying assumptions of the aforementioned 2014 – 2020 Long-Term Senior Citizens Policy, which aims to develop and foster the conditions necessary for active and healthy ageing; in particular continued independence and self-reliance. The main objective within the policy with regards to the labour market is around planning and undertaking activities aimed at utilising the potential of older people within the labour market and extending their involvement in it. Innovative recommendations within this policy include: improving the quality of education for older groups; improving working conditions for older people and encouraging age management solutions; increasing the effectiveness and efficiency of activities promoting employment and professional activeness for older groups; and, developing collaborations to increase employment. As discussed above (3.3.3) there is some overlap in the responsibilities for the Ministry of Labour and Social Policy and Ministry of Health, particularly the priority to maintain the health of older groups for the purposes of continued economic productivity.

3.4.4. Portugal

Given its policy remit in recent times the Ministry of Solidarity, Employment and Social Security has developed policy actions to assure the effective execution of various programmes, as well as the promotion of employment, professional training and modernisation of the labour market and labour relations. Actions have also been initiated around the management of European funds targeted at supporting 'needy' citizens.

3.4.5. UK

*'By 2020, the Office for National Statistics (ONS) predicts that people over 50 will comprise almost a third (32%) of the working age population'*¹⁶. This represents potential challenges to employers and the labour market more generally. Data from the ONS shows that the number of people of state pension age and above in employment has nearly doubled over the past two decades, from 750000 in 1993 to 1.4 million in 2011¹⁷. The policy context for older people and the labour market that has emerged in response to these trends in the UK is founded upon the Department for Work and Pensions' (DWP) following policies:

- Improving opportunities for older people.
- Helping people to find and stay in work.

¹⁶ DWP (2013) Improving Opportunities for Older People.

<https://www.gov.uk/government/policies/improving-opportunities-for-older-people>

¹⁷ ONS (2012) Older Workers in the Labour Market, 2012. http://www.ons.gov.uk/ons/dcp171776_267809.pdf

One of the key actions under the first policy is ‘improving recruitment and retention of an ageing workforce’. Specific developments to implement this include removing the default retirement age of 65 years and providing greater flexibility for workers in terms of when they retire, the raising of the state pension age, and supporting employers and businesses to better manage and retain an ageing workforce; some examples of how this is being delivered ‘on the ground’ are discussed further below. The other two actions under this policy of improving opportunities for older people pertain to digital inclusion and celebrating the contribution of older people to society. The second key policy area of helping people to find and stay in work covers all age groups who are unemployed and/or actively seeking employment. Within the supporting detail to this policy, it states a specific commitment to helping older people who want to find and stay in work. Finally, legislative reform designed to extend working lives includes the incorporation of protective legislation against age discrimination into the Equality Act 2010, which although applicable to all ages is likely to be applied in cases involving older workers¹⁸.

3.5. Transport

3.5.1. France

The transportation system in France can be seen to have experienced a similar historical trajectory as the UK, with privatisation of transportation services becoming widespread. In France the transport networks are for the most part privatised and have been controlled by institutions and organisations external to the government for some years. The French case also echoes the experience of many of the other countries examined, in the sense that policies on transportation intersect with a number of wider policies across a range of governmental departments. Interestingly, within urban areas in France there is an obligation to establish councils, which address accessibility of the area’s transport services including older people. This means that services vary according to location and particularly between urban and rural areas. Though many of the services are privatised, there are a number of national policies for transport, which direct policies at both regional and local levels. The key stakeholders in the transport policy process in France are as follows:

¹⁸ Wilson, A (2013) UK: The role of governments and social partners in keeping older workers in the Labour Market. *Eironline* <http://www.eurofound.europa.eu/eiro/studies/tn1210012s/uk1210019q.htm>

At national level:

- Secretary of State for Transport.
- Relevant civil society associations in the field such as the French Association of Disabled People (Association des Paralysés de France).
- IFSTTAR (see section 6.3.3).

At regional level:

- Advisory commissions on security and accessibility (Commissions consultatives départementales de sécurité et d'accessibilité).

At local level:

- City councils.
- Relevant organisations in urban planning and transport.
- Relevant organisation involved in the activities and care of older people.
- Entities in charge of buildings receiving public audience.

3.5.2. Italy

The Ministry of Infrastructure and Transport oversees all transportation issues in Italy, however it is the regional and local authorities which are responsible more directly for the practicalities of policy implementation and management. Research shows that there are three notable scales within the Italian context: regional, provincial and municipal. Within this group it is the regional level which has the most power. It is at this level that transport policies are defined and monitored in order to keep in line with national policy objectives.

3.5.3. Poland

In the Polish context transport is currently managed by the Ministry of Infrastructure and Development. This is a recent development as transport was previously overseen by the Ministry of Transport, Construction and Maritime Economy, which has since been divided in order to improve efficiency. The new ministry produced a key document, *The Transport and Development Strategy until 2020*, which aims to 'optimize the strategic documents currently in place.'¹⁹ This policy looks to 2030 as a final date for full implementation and focusses on long term positive contributions of policies for the Polish population. Though this policy introduces a number of interesting strategies for improving transportation in Poland, it is notable that the policy does not specifically address the problem of mobility for older people; rather this is a sub-theme of wider policies.

¹⁹ Ministry of Infrastructure and Development (2013) *The Transport and Development Strategy until 2020*
www.mir.gov.pl

This omission of policies directed towards older people was noted by those interviewed through the course of the research with Polish policy makers. The interviews highlighted an acknowledgement that the issue of spatial mobility for older people is almost totally absent in the documents defining policies and priorities at the national level. The interviewees noted that policy was specific to disabled persons, under which they felt older people would be considered.

3.5.4. Portugal

In Portugal, the Ministry of the Economy is the governmental department responsible for transport and has responsibility for conceptualising, executing and assessing a number of interests, including economic growth, trade and investment, in conjunction with improving transportation services. In order to develop effective and innovative transport policies a number of actions have been developed which include: implementing transport policies which improve infrastructure and promote external competitiveness, developing legal frameworks for regulation and overseeing planning and management of transport systems and issues. It is clear from this case that transport innovation and policy is closely tied to those policies which assist in the economic development of Portugal more broadly, and that once again issues regarding ageing appear to be a secondary concern.

3.5.5. UK

Transport has been an ongoing concern of governments for the last three to four decades, due to increasing pressure from a growing population for whom transport is a significant part of their everyday lives²⁰. The Department for Transport has primary responsibility for overseeing the transport infrastructure across the UK, though some responsibilities have been devolved. The 1980s represented a period of significant change in both rail and bus services as the Conservative government rapidly increased deregulation and the privatisation of public transportation services, in order to encourage greater competition. This structure remains. Privatisation of both bus and rail networks has presented a number of difficulties for users. Most significant of these related to cost and accessibility. Privatisation has led to uncertainty and inconsistency in terms of pricing, with costs of tickets varying between service providers and specific problems related to use of concessionary passes (which are available to most people over the age of 60 and paid for by central government). This makes travelling between different service providers problematic and challenging. Additionally, frequent alteration of the routes, which has resulted from privatisation, has caused many problems. It is common for only the most lucrative routes to be supported by travel companies, with the least

²⁰ Glaister, S. (2001) 'UK Transport Policy' 1997-2001, Oxford Review of Economic Policy, vol 8 (12) pp. 154-186

lucrative being cut or being reliant on limited service provision or subsidies from local authorities. The opening up of bus and rail services was designed to promote choice for passengers in reality there have been problems in some localities, especially in rural areas, where services which are essential for local communities are not commercially viable for private providers. In some city centres, for example Sheffield, the proliferation of private providers led to significant congestion and over-provision on key routes. Subsequently the number of bus providers has fallen significantly; a small number of companies now dominate the market across the country.

There has been a vast increase in car usage across the UK, this is reflected in the number of policies directed towards this mode of transport. Improvements in road networks, technology and the decreased cost of running cars in relation to real income, has influenced the increase in volume and dominance of cars within the UK transport network. More people are driving than ever before, and additionally, people are now driving for longer. Increase in car usage has often conflicted with national policies to reduce carbon emissions. The previous Labour government introduced new tiers to the compulsory road tax paid for all vehicles, which reflected the size of engine and therefore level of emissions. A 'fuel escalator' was also introduced, which would automatically increase the cost of petrol and diesel above inflation in order to try to reduce consumption. This was subsequently abandoned by the Coalition government in response to pressure from motoring organisations during the economic crisis.

When commenting on transport policies in England it is important to note that responsibility for provision varies. The research showed that policy making in relation to transport is constructed on a number of levels: nationally by the Department of Transport; regionally, for example the Norfolk Community Transport Association which has introduced local community transport policies and schemes; and locally which includes policies adopted by city/town councils. It is also important to remember the broader context within which local policies are situated, and whether national policy objectives are being successfully implemented at local levels. European transport policies and guidelines are significant in shaping those in the UK context, including the European Transport Policy White Paper, which establishes guidelines for national policies (2010). The Localism Act 2011 also has the potential to impact on UK transport policy in England. The Localism Act 2011 was introduced by the Department for Communities and Local Government, and made claims to devolve power from central government towards local government in England. Ministers argued that this would allow policy to better reflect local knowledge. In practice there was been considerable scepticism on how far this legislation has been effective as the government, at the same time, has severely cut

back on local authorities' funding and some powers were shifted to the Secretary of State at the centre.

It is important to situate the discussion of transport so far in the UK within the context of ageing. It is clear from the research that there are discrepancies across the country in terms of availability of transport services for older people. Both the cost and the availability of services, notably bus and local train services, vary widely according to whether local authorities are willing and/or able to subsidise uncommercial routes. This opinion was echoed by an interviewee who works for a third sector organisation specialising in ageing issues in the UK, who commented that:

'We are bad at transport in the UK, we need to think about how we can develop an integrated transport system which accounts for all people's needs and meets these in a variety of locations'.

This quotation summarises a shifting recognition in the English case, that policy making needs to be improved and a clearer focus needs to be placed on age and transport, rather than age as a sub theme in wider transport policy.

4. Implementation

4.1 Responsibility for Implementation

The on-line survey found that responsibility for the application of policies was devolved to administrative authorities, with the exception of Poland, where there remains considerable political involvement in the delivery of policy. The literature analysis and interviews with key actors revealed a mixed picture. Delivery is normally devolved by government to regional and local bodies, sometimes that might be done by elected local/regional governments and sometimes by separate, autonomous or semi-autonomous administrative agencies. A degree of political control is normally retained. There is considerable overlap between the above discussion of responsibility for policy-making with consideration of responsibility for implementation. This section therefore should be considered alongside the previous discussion.

4.1.1 Health

4.1.1.1. France

In the French context national, regional and local authorities are involved in responding to an ageing society. Specifically, with regards to health policy, implementation is delivered through national and regional level agencies. The Ministry of Social Affairs and Health has authority over several general

directorates (e.g. General Directorate of Care Services, General Directorate of Health). These general directorates are responsible for implementing public policies. In some policy areas, the Ministry of Social Affairs and Health is associated with other ministries such as the Ministry of Sports, Youth, Education and Associative Life or the Ministry of Economy, Finance and Trade which have an authority on General Directorates with cross-cutting policy objectives.

At the regional level, health agencies (ARS – Agence Régionale de Santé) coordinate the whole health system. They are responsible for sanitary security, prevention actions at regional level, organisation of the delivery and distribution of care services based on population needs including in care centres for older and disabled people. The goal of ARS is to provide more coherent and efficient health provision within a specific region and allow greater flexibility in the care process in order to respond better to patient need.

4.1.1.2. Italy

Overall responsibility for the implementation of policies relating to public health lies with the National Health Service in Italy. However, the NHS and its services are organised according to different levels of responsibility and government. At the national level the State has responsibility to ensure all citizens right to health care through a strong system of guarantees, through the LEA²¹ (Essential Levels of Assistance). The Ministry of Health is the central organ of the NHS and has responsibility for the overall coordination of the health system, the protection of human health in various sectors and in preparing the National Health Plan.

Regional governments have direct responsibility for the implementation of government and spending to achieve the health goals of the country. They have exclusive jurisdiction in the regulation and organisation of services and activities for the protection of health and the funding criteria of the Local Health Authorities and Hospitals. In accordance with the general principles laid down by the laws of the State, the Regions have also the authority to manage, control and evaluate the quality of health care services. The Regions also have the opportunity to use their own resources to provide additional services or functionality (but never less) than those included in the LEA. This kind of framework implies that LEA may differ from region to region (provided that those defined at the national level are guaranteed throughout the Italian territory).

4.1.1.3. Poland

The delivery and implementation of key policies related to health within Poland are predicated upon various tasks assigned to central government, local government and NGOs. Central government

²¹ The LEA were established with the [Decreto del Presidente del Consiglio dei Ministri del 29 novembre 2001](#)

retain overall responsibility in overseeing the implementation of health programmes, the delivery and management of care services and attending to legal and administrative issues. For local government, priorities are around promoting healthy living through actively engaging with communities and older groups. NGOs assume responsibility for raising awareness and promoting positive images of active ageing through campaigns and media. Regional government also plays a significant role in implementation. Implementation of health policies on the regional level in Małopolska is mainly the task of the Health and Social Policy Department of the Region Governor's Office. National health policies are implemented in Małopolska through various strategies - as regards health issues, through the Strategic Healthcare Programme. One of its priorities is a holistic approach to medical care encompassing various initiatives aimed at developing it specifically for older people.

4.1.1.4 Portugal

Implementation of health policy is conducted centrally the Ministry of Health, which coordinates and monitors national health policy. Responsibilities are delegated from the Ministry to integrated services in direct state administration, integrated organisms in indirect state administration, advisory bodies, other institutions, and public business sector entities. In terms of this implementation one of the most influential bodies in this process is the General Directorate of Health, which amongst its other duties is responsible for ensuring the implementation of the National Health Plan.

4.1.1.5. UK

At the heart of the implementation of health policies in the UK is the National Health Service (NHS) with the Department of Health overseeing strategic development and implementation of policy in England from within central government. The devolved administrations of Northern Ireland, Wales and Scotland are responsible for implementation in their jurisdictions. In all countries of the UK implementation is generally carried out in partnership between central, regional, local government and the third and private sectors. In the UK several alliances and partnerships with representatives from the aforementioned sectors have been set up to oversee various aspects of health policy in relation to older people. The administration of both primary and secondary care has now been devolved, in most cases, to autonomous Trusts in the case of hospitals and the local CCGs in terms of primary care. The latter are responsible for commissioning services for their patients and may do so from any sector.

4.1.2. Labour market and employment

4.1.2.1. France

In the case of labour market policy, the main actions are developed at the national level some may be implemented through pension funds. In contrast to health policy, local and regional level agencies have a 'minor' role in the area of employment in relation to ageing.

4.1.2.2. Italy

Responsibility for the implementation of policies is spread across national, regional and local arms of government. While the Ministry of Labour and Social Policies is responsible for coordinating labour market and employment policies in Italy, specific functions are delivered within regions and at a local level. The regional level is primarily concerned with the labour market. This includes regulation of job placement in all its forms (ordinary, mandatory, special) and employment services (information, guidance, promotion / mediation of the meeting between demand and supply of labour). To this should be added active labour market policies, incentives for recruitment of persons belonging to vulnerable and disadvantaged groups, support to young and female entrepreneurs, work policies to promote inclusion of disabled or disadvantaged persons, internships and guidance. Regions also have a shared competence with the central state regarding the social security system (including unemployment benefits) and exclusive legislative competence in respect of education and vocational training.

Local authorities (provinces and municipalities) have administrative responsibilities relating to employment in accordance with regional laws and resolutions; the Employment Services of the Provinces provide information services, reception, pre-selection, orientation and placements targeted to meet the needs of workers and businesses. In particular, they have responsibility for the direct management of services regarding:

- The match between demand and supply of labour.
- Vocational guidance, training and support to the relocation of staff.
- Registers of workers and enterprises.

4.1.2.3. Poland

Responsibility for the implementation of labour market policies nationally in Poland lies with the Senior Citizens Policy Department within the Ministry of Labour and Social Policy. To ensure implementation of policies the Department is responsible for setting and developing policies relating to senior citizens; for ensuring the presence of conditions necessary for improving the support for senior citizens; implementing tasks in the area of active ageing and other forms of inter- and intra-generational cooperation, importantly with the participation of senior citizens; and finally for

monitoring the implemented solutions. There is a collaborative aspect to this implementation, which involves working with organisations and institutions working with senior citizens. This also involves international collaboration in the area of active ageing. Regional Employment Centres are responsible for implementation of national policy, tailored to regional labour market conditions.

4.1.2.4. Portugal

As was found in other jurisdictions, the responsibility for implementing labour market policies in Portugal was the overall responsibility of the central Ministry. As was found elsewhere, in order to achieve stated policy actions in relation to the labour market various responsibilities were delegated from the centre to integrated services and integrated organisms in direct state administrations, one advisory body, and other entities.

4.1.2.5. UK

The Department for Work and Pensions (DWP) retains overall responsibility for policy development and implementation. As with policies for health, central, regional and local government have various responsibilities and roles in relation to delivery, often working in partnership with third sector organisations and private business to deliver on aspects of policy. As discussed earlier, local authorities are often at the centre of local policies to promote business expansion and therefore to increase employment.

4.1.3. Transport

4.1.3.1 France:

Implementation of the transportation policy relating to the older population in France is similar to other countries. Transport policies often work in conjunction with other areas of policy and are not usually directly focussed on older people. Implementation of national policies on transport is overseen by a number of departments including the Ministry of Ecology, Sustainable Development and Energy, the Ministry for Industrial Renewal and the Ministry of Social Affairs and Health. It is reported that in France many of the transport policies which stem from these departments place *accessibility* as the central focus. It is usually under the umbrella of accessibility generally that issues affecting older people are usually addressed. These national governing bodies can be seen to have a large influence on the construction of policy at both regional and local levels.

4.1.3.2. Italy

Within the Italian context transport policies are implemented by regional and local groups and organisations, which operate under the objectives established by the Ministry of Infrastructure and Transport. Again in this case it is clear that, in examining transport policies and older people, there is overlap between transport policies and those from other departments such as health.

4.1.3.3. Poland

As noted in previous sections, Polish transport policy is implemented by the Ministry of Infrastructure and Development. Having said this, the research has shown that the initiatives related to transport are undertaken mainly at regional levels, where it is believed current transport issues can be recognised and addressed more effectively. A member of the Municipal Infrastructure and Transport Administration team was contacted regarding the implementation of policy and it was reported that every new project is rigorously tested for its '*feasibility*' and assessed for effectiveness and practicality. Significantly this includes whether they are appropriately tailored to the needs of those for whom the policy is designed, though there appears to be no evidence of how this is measured and whether older people are part of this decision making process.

4.1.3.4. Portugal

Within Portugal the Ministry of Economy delegates responsibilities for the execution and evaluation of transport policy to various state groups. It is notable that within this case study it is clear that older people are not always included in the consultation process for the construction and implementation of policy. This point was confirmed by an interviewee from the Mobility and Transport Institute who noted '*there are not any specific national policies concerning transport for older people*'. Interestingly this omission of older people from the construction and implementation of policy can be seen to contradict the growing emphasis placed upon concerns with an ageing population in documents, which relate to the Highway Code and public transport. So it is clear that in this case, though the ageing population in Portugal is deemed to be a significant issue, this is not reflected in the final implementation of policy regarding transport which directs the central focus elsewhere.

4.1.3.5 UK

Transport policy in the UK is overseen by the central government Department for Transport. As with the other cases discussed thus far, policy in relation to older people and transport often overlaps with broader policy concerns and is placed under the umbrella of other policies, however there are a number of policies which place specific emphasis upon older people. In particular, there are three

policies which affect older people specifically. These have been incorporated into local policies and implemented at local levels throughout the UK, demonstrating innovation with regards to policy approaches, interpretation and implementation. These policies are *Making Roads Safer*²², *Making Transport More Accessible for All*²³ and *Improving Opportunities for Older People*²⁴. Notably this last one is closely tied to the Department of Work and Pensions.

4.2. Innovations

There are some examples of innovations across the three policy areas that emerged from the various countries' policies that were reviewed.

4.2.1. Health

4.2.1.1. France

As discussed above (3.3.1), French policy-making in the area of health and been built on a wide-ranging consultative process, which includes key actors from a range of relevant fields INSERM (French Institute of Health and Medical Research) undertakes research on the French global healthcare system, to inform the policy process. INSERM contributes: first, to scientific strategy for public health, particularly in relation to underlying health issues, such as disability, which increase with the ageing of the population; second, analysis of the impact of a range of public policies on the health of the population.

4.2.1.2. Poland

As has been mentioned there is cross-over between the policy areas of labour and health in relation to Polish policy for older groups, which is acknowledged and addressed in the Long-Term Senior Citizens Policy already discussed. This is in part through an acknowledgement that, if the government is required to develop actions and solutions to retain older workers in the labour market, then it must ensure their long-term health and well-being to effectively enable this. Particularly innovative here in relation to work is the development of health promotion and preventive strategies, which aim to inform and engage older groups in actively maintaining their own physical and mental wellbeing.

²² Department for Transport (2013) *Making Roads Safer* <https://www.gov.uk/government/policies/making-roads-safer>

²³ Department for Transport and Disabled Persons Transport Advisory Committee (2012) *Making Transport more Accessible for All* <https://www.gov.uk/government/policies/making-transport-more-accessible-to-all>

²⁴ Department of Work and Pensions (2013) *Improving Opportunities for Older People* <https://www.gov.uk/government/policies/improving-opportunities-for-older-people>

Poland's 2007-2015 National Healthcare Programme contains a series of objectives to reduce those diseases and conditions that particularly affect older groups. As discussed above responsibility for the various tasks designed to meet these objectives are split amongst central government, local government and NGOs. Several of the tasks associated with achieving these objectives can be considered innovative, including the use of media to raise awareness and using training to empower individuals and communities to become autonomous in ageing in an active and healthy fashion.

4.2.1.3. Portugal

Evidence of innovation is present in Portugal's aforementioned National Programme for the Health of the Older People. As was discussed above, this policy was shaped by consultations with older people that had been organised at regional and local levels. The programme is founded upon an appreciation of the heterogeneity of older populations encapsulated in a 'think global, act local' approach to active ageing, which promotes differentiated and tailored interventions in locally specific situations. In addition, the programme informs and trains older people to develop the relevant attitudes and behaviours required for participation in active ageing, providing information on the following:

- Regular physical exercise appropriate to people's health needs.
- Stimulation of cognitive functions.
- Management of sleeping.
- Healthy nutrition and hydration.
- Remaining healthy during retirement.

Caregivers are also targeted by the programme and provided with advice and technical guidelines for addressing the health and care needs of older people. Underlining the programme then is an approach to ageing which is based upon informing and enabling older people and their carers to engage in healthy active ageing.

There was significant cross-over with labour market policy in Portugal's Occupational Programme of Health and Social Integration that ran from 1996 – 1999 and resulted from a protocol signed between the Institute of Employment and Professional Training (IEFP) and the General Directorate of Health (DGS). This programme took an innovative dual approach to the issues of health care for older groups and unemployment, particularly amongst young people, by providing training to informal caregivers and generating greater professionalism. The programme assumed that it would result in an increase in the quality of care provided to older groups, while

simultaneously improving the skills of unemployed individuals and offering them a potential route into employment.

4.2.1.4. UK

In response to the need to improve care for those with dementia, an innovative set of approaches are being delivered under the umbrella of creating 'dementia friendly communities'. Alongside a national awareness raising campaign with the Alzheimer's Society involving several high profile public figures²⁵, work is underway to get at least 20 cities, towns and villages to become 'dementia friendly'. Part of this involves the recruitment of volunteers nationally to act as 'dementia friends' and/or 'dementia champions' within their local communities, providing both practical support to local people suffering with the condition and raising awareness of it²⁶. The creation of dementia friendly communities includes the cooperation and support of various organisations that are regularly used by older people from across the public and private sectors which have pledged to make their services dementia friendly.

In 2008 the DH released its 'End of Life Care Strategy'²⁷. This emerged in response to a reported variance in the quality of the health care provided for individuals reaching the end of their lives. The strategy promotes a 'pathway' approach to care, which encourages the direct involvement of individuals approaching the end of their lives in shaping the health care they receive. The strategy outlines the importance of having 'discussions' to establish the care individuals want and need. There is no clear agreement within the strategy upon when it is appropriate to begin discussions and who should initiate these but the importance of care and clinical staff possessing the communication skills and other competencies required for these discussions is highlighted. Importantly, underlying this is the necessity to involve the individual receiving care in these discussions.

Following a period of consultation on a new plan for responding to the care and social needs of vulnerable older people, the DH has recently launched the Transforming Primary Care programme which covers all individuals with poor health as a result of a long term condition or disability. However, the programme still retains a focus upon vulnerable older people. At the heart of the plan is improved delivery of services between health and social care and the increased role of named GPs/clinicians in the control of care for vulnerable older people, who will oversee this. Alongside these alterations within care services, the need for increased choice and availability for service users and their families/carers, has been set out in numerous policy documents over the past several years

²⁵ http://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=1330

²⁶ <http://www.dementiafriends.org.uk/>

²⁷ Department of Health (2008) End of Life Care Strategy: Promoting high quality care for all adults at the end of life

(see discussion above). Importantly, to this end, there is a commitment in the plan to capture the experiences and views of older people on the services they are accessing and use this information to improve quality and delivery. In particular, the Transforming Primary Care plan pledges to extend the 'Friends and Family Test' to GP services with the desired intention to '*stimulate practices to reflect on patient feedback and consider what they can do to improve*'²⁸. In addition, the Quality and Outcomes Framework (QOF) for GP surgeries gives an indication of the overall achievement of a surgery through a points system and rewards good practice financially. Indicators are divided into domains, one of which is around the patient experience. Under this framework GPs surgeries are being scored on the care and support offered to older people, measured through annual health checks and vaccinations.

As a broad programme designed to improve wellbeing in older people, the LinkAge Plus programme provided a variety of projects across its pilot areas to improve physical and mental health. At its core the programme holds that services should promote independence and well-being, thus addressing some of the concerns about social exclusion and high dependency in the context of an ageing population. Furthermore, the approach to the design and delivery of LinkAge plus is one of a strategic whole systems approach.

A local example of where health initiatives are varied and cater for widespread health issues is in Salford, a small city adjacent to the much larger conurbation of Manchester. There are a number of schemes in this area, which have been implemented by LinkAge plus and which put quality of life and the health of older people as their central focus. These are innovative both in terms of their approach and their scope, which are more wide-reaching than any previous schemes. The first case study is a project aimed at improving physical wellbeing through exercise schemes. The second example places emphasis upon mental wellbeing and health issues which stem from isolation.

'*Assisted exercise therapy*' is local project involving the installation of specially adapted exercise equipment in day centres for older people across the city, with the central aim of providing safe exercise for service users and enabling them to undertake individual physiotherapy programmes. '*Creative start 50+*' is the second project. This promotes health and wellbeing for the over 50s through involvement in creative activities. Its aims include reducing participants' isolation, increasing wider community engagement, and improving quality of life. Participants can access a range of creative activities including visual arts, creative writing, dance and movement and photography. The rolling programme is delivered from community venues across the city's eight neighbourhoods, with participants accessing a whole year of weekly arts sessions delivered by professional artists in the various mediums which change on a quarterly basis.

²⁸ Department of Health (2014) Transforming Primary Care: Safe, proactive, personalised care for those who need it most p.25

Creative Start is partially modelled on a group begun many years ago in Salford by an ex-art teacher. However, its new reincarnation can be viewed as innovative as it involves working with new partners and operates on a much larger scale. The objective of the '*Creative Start 50+*' programme is to provide local access to community venues for individuals from all walks of life to access arts and cultural activities. The focus is on maintaining health and well-being, promoting active involvement in the individual's local community, thus combating isolation, and using the arts as a vehicle for development or enhancement of skills. Activities may include painting, drawing, textiles, creative writing, dance and movement, photography, sculpture and other art forms as identified by participants. The purpose of this project is to maintain physical and mental wellbeing into and beyond the Third Age.

The activities focus on arts and creative mediums in the broadest sense, with each group given freedom (within limits) to choose the mediums in which they work after an initial introductory quarter. At least one of the quarters must involve physical activity in some form. Again this will be dictated by the dynamics of the group and has included such diverse content as drama, out and about sketching trips and belly dancing sessions. Other quarters have focused on painting, drawing, creative writing, textiles, book-making, and sculpture making for allotments in one particular area.

Healthy Hearts and Hips (HHH) was an existing service and the benefits of such services are well known. The LinkAge Plus project has attempted to extend its reach by extending this initiative into care homes where it reaches the most vulnerable. It is a project that trains people to become mentors to deliver predominantly Chair Based Exercises, which are then delivered in various community locations across Salford including Day Centres, Residential/Care Homes, Hospital Units and Sheltered Housing Schemes. The key objective is to deliver training to mentors in order to engage with as many people as possible across the city. The aims are to increase participation, combat isolation, encourage inclusivity and encourage socialisation, which will in turn increase confidence, assist in the prevention of falls and have a positive impact on mental and physical well-being.

HHH is predominantly chair based exercise (although there are also standing exercises for those who are able) which has been devised by a physiotherapist around activities of daily living and it is hoped by encouraging people to participate in this kind of activity they will remain as independent as possible. In many cases improvements have been reported.

4.2.2. Labour market and employment

4.2.2.1 France

There has been a clear shift by all governments in the vision and design of policy related to older workers. The most recent innovation is the 'Generation Contract' (discussed more fully above), which involves companies using their human resources strategy to design plans for the age management of the workforce

4.2.2.2 Italy

Innovative practice was identified at a local level in Turin through the 'Mutual Solidarity and Accessory Work' programme. The programme's main innovation is through its collaborative partnership working between the banking foundation, the municipality and the third sector, which by working together are able to provide economic support to people who have experienced a reduction in their working hours or who are unemployed. The project involves citizens in paid activities sponsored by non-profit organisations that engage them in 'community care' based work, which includes the following:

- Cleaning and maintenance of buildings, gardens, streets, parks and monuments.
- Sporting events, cultural fairs or charitable.
- Care activities and places in the area of civic education, cultural and environmental.
- Activities which are supportive and aimed at social gathering.

Individuals involved in this project receive vouchers to cover some basic costs.

4.2.2.3. Poland

Alongside Poland's current Long-Term Senior Citizens Policy, the innovative Solidarity of Generations 50+ programme has been implemented. Although this programme began several years before the acceptance of the long-term policy, its objectives satisfy the broad aims set out in this recent policy document. The broad governmental aim of Solidarity of Generations is to increase employment amongst persons aged 50 years or more. The programme promotes activities that aim to increase employment among older groups by entrepreneurs and that will improve qualifications, skills and work efficiency amongst older groups. Specific programme objectives are as follows:

- Improving working conditions, promoting employment of persons aged 50+, age management.
- Enhancing skills and qualifications of aged 50+.
- Reducing labour costs related to the employment of persons aged 50+.
- Activating the unemployed or persons threatened with unemployment aged 50+.
- Social and occupational activation of the disabled.

- Increasing employment opportunities for women through development of services that help to combine career with family and household duties.
- Extending effective retirement age.

Prior to the recent development of a long-term policy for older groups Poland's dominating policy was to more or less encourage people to retire as early as possible. The policy approach of extending working life is an important innovation, never undertaken before.

4.2.2.4. Portugal

In support of the delivery of labour market policies for active ageing the Institute of Employment and Professional Training (IEFP) has developed innovative occupational measures to encourage employers in both the public and private sectors to hire older workers who would otherwise be vulnerable to unemployment. Among the most relevant of measures proposed is the 'contract employment-insertion' to promote the employability of unemployed individuals by retaining them within the labour market and facilitating the continuous development of their skills and competencies. This is not an age-specific measure and is applicable to all unemployed persons, however, priority is given to 'vulnerable' groups, one of which is those aged 45 years or more. More specifically, this measure actively encourages public and private not-for-profit companies to hire unemployed individuals for a maximum of 12 months – a financial subsidy is provided to these organisations covering 50% of the individual's salary. The IEFP provides financial support to those who gain employment through this scheme, such as, meal and transport subsidies and work insurance.

In addition 'contract employment-insertion+' is a similar scheme targeting individuals receiving social insertion subsidy, which prioritises vulnerable groups particularly those aged 55 years or more. This measure provides up to 90% of the hired person's salary.

4.2.2.5. UK

In order to better manage, support and retain older workers, the UK's DWP has set up the Age Positive initiative, collating a variety of research evidence on older workers as well as collecting information directly from employers. This was then synthesised into a number of advice and information leaflets on innovative and best practice in this area.

The 'Employing Older Workers'²⁹ document provides guidance and information for employers to help them respond to central government policy innovations such as phased

²⁹ DWP (2013) Employing older workers: An employer's guide to today's multi-generational workforce.

retirement and facilitating flexible working for, among others, older workers in order to accommodate potential demands and pressures within their personal lives such as caring responsibilities. A consistent thread throughout this document is that such approaches and measures should be implemented in consultation with older workers and by involving them directly in the process of managing their personal route to retirement. As an accompaniment to this, 'Employer Case Studies'³⁰ offer real life innovative examples which demonstrate a smooth transition from full-time labour market participation to retirement works to the advantage of both the employer and the employee. Demonstrated at the heart of these case studies are the mutual benefits for employer, older employees and younger employees. For example, the documented case study of a small construction company details the advantages of the employer working with an older worker over a period of years up to retirement. Through the introduction of annual reviews, where the older worker could reflect on his/her own performance and ability to continue in the role, a transition to flexible working and a retirement programme could be set in place once this was agreed between the employer and the employee as the most appropriate course of action. Remaining with the company on this basis has enabled a mentoring programme to be initiated between the older work and younger colleagues, thus giving the latter greater responsibilities and experience to assist their own career development.

Alongside the DWP's Age Positive Initiative is the Age Action Alliance that was launched in 2011. This network brings together various partners from the public and private sectors to respond to the challenges of an ageing society. The network works across a range of themes, including the 'healthy workplaces' theme, which focusses on supporting employers to improve the health and productivity of the older members of their workforce. The working group has developed a leaflet and resources pack with information and practical advice for supporting older workers. As with the good practice materials developed under the Age Positive initiative, older workers appear central to the creation of solutions as these resources emphasise the importance of employers involving their workforce in managing and tackling these issues through regular consultation and dialogue.

Several examples of services delivered 'on the ground' to implement improved employment opportunities for older people can be seen in the LinkAge Plus programme³¹. LinkAge Plus is a pilot programme that was delivered across eight local authority areas in England, bringing together the various forms of mutual help, services and support available for older people at a local level. The programme was designed to 'test' the ability of effective integrated partnership working and service delivery across central and local government as well as the voluntary and community sector, in order to enhance the general wellbeing of older people. The evaluation of the programme which was

³⁰ DWP (2013) Employer case studies: Employing older workers for an effective multi-generational workforce

³¹ Davis, H and Ritters, K (2009) LinkAge Plus national evaluation: End of project report.

undertaken reported that the involvement of older people, particularly through consultation and in service delivery, was paramount:

The programme started and finished with older people themselves, involving them through local older people's groups and forums to help shape, design and deliver provision. It ended with a range of services and activities in places convenient to older people, sometimes involving them in delivery itself, either as volunteers or as part of the paid workforce through LinkAge Plus employment-related work³².

Although specific programme outcomes were potentially variable across local authorities and their partners, one of the key outcomes for the project as a whole was for older people to expect '*employment and volunteering opportunities – access to information on new roles or options for extending working lives*'³³. Furthermore, it was hoped that LinkAge Plus would result in greater numbers of '*older people engaged in the workforce – enabling older people to remain in the workforce longer*'³⁴. However, the national evaluation report found only a small number of employment, self-help and volunteering opportunities across the pilot areas; the most significant being an Employment and Volunteering Bureau delivered by Age Concern in Lancashire, which helped 66 people into paid employment. The evaluation of this specific programme revealed that links were made with a number of employers across the region from varying sectors. However, the intention of securing financial support from these employers had to be abandoned due to several legal issues³⁵. Projects in Gateshead and Leeds had increased the numbers of older people engaging in voluntary work in these areas.

Support is being offered to those with an interest in starting their own business or becoming self-employed as a means to tackle joblessness. Self-employment is an option increasingly being taken up by older groups with recent data from the ONS indicating that older workers are more likely to be self-employed than their younger counterparts – 32 per cent compared with 13 per cent respectively³⁶. Age UK has produced a range of information resources covering social security benefits, employment, self-employment or starting your own business, including information on the New Enterprise Allowance established by the government to support those unemployed who wish to start their own business³⁷.

³² Davis, H and Ritters, K (2009) LinkAge Plus national evaluation: End of project report p.1

³³ Davis, H and Ritters, K (2009) LinkAge Plus national evaluation: End of project report p.11

³⁴ Davis, H and Ritters, K (2009) LinkAge Plus national evaluation: End of project report p.13

³⁵ Davies et al (2008) quoted in Wilson, A (2013) UK: The role of governments and social partners in keeping older workers in the Labour Market. *Eironline*

<http://www.eurofound.europa.eu/eiro/studies/tn1210012s/uk1210019q.htm>

³⁶ ONS (2012) Older workers in the labour market, 2012. http://www.ons.gov.uk/ons/dcp171776_267809.pdf

³⁷ Age UK (2012) Factsheet 11: Help with looking for work or starting your own business.

Digital inclusion is highlighted as a key action in this policy area. The DWP's Digital Strategy³⁸ outlines the need to ensure its services are available digitally and that service users seeking employment are able to access these. The strategy acknowledges older people as a group of service users that may, without sufficient support, struggle to access increasingly digitised services. Much of the strategic response to this is founded upon partnership working, particularly with the Age Action Alliance digital inclusion group which brings together a range of organisations co-ordinating community-based projects, such as, establishing 'digital champions', accredited digital mentoring schemes, and free learning resources all targeted at older adults. The strategy also refers to the benefits of greater digital inclusion for future policy making through the use of various technologies to improve public consultations on proposed policies. How this might be implemented in relation to the special challenges of ensuring all older people can be fully represented in this strategy, is not discussed.

4.2.3. Transport

4.2.3.1. France

The French government has defined a legal framework for an 'individual support service' (service à la personne), which financially supports older and disabled people³⁹. This includes issues regarding mobility. There are also funds now available for those who require assistance with mobility, though this is based on an assessment of health and wellbeing. Further to this, eligibility for concessionary travel passes for public transport is assessed according to both age and socio-economic factors.

In terms of new innovations with regards to the transportation system in France and provision of services for older people, there are lots of promising signs. Particularly notable is the co-construction of policies and evaluative processes, which is becoming prominent in transportation spheres. In 2011 the IFSTTAR was created which works towards monitoring the development, research and innovation of urban engineering, civil engineering and construction of the transportation network. This organisation is significant in evaluating existing policies as well as proposing new ones. The group has an important role in drawing up legislation and regulations, and plays an important advisory role in political decision making. There is also PREDIT, a research and innovation organisation in France, which works solely on transport issues. This group has been influential in

³⁸ DWP (2012) 'Digital Strategy'.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193901/dwp-digital-strategy.pdf

³⁹ Service à la personne <http://dgcis.gouv.fr/services-a-la-personne/accompagnement-des-personnes-agees-ou-handicapees-dans-leurs-deplacements>

highlighting issues relating to older people and transport and opening a dialogue on a number of topics relating to the experiences of older transport users which has led to a number of improvements to services at both regional and local levels.

4.2.3.2. Italy

A significant innovative feature of the Italian management of transportation policy is the close links which have been made to voluntary associations. The research demonstrates that the voluntary sector has been crucial in addressing social exclusion and assisting with social mobility. Volunteer community transport schemes have been particularly successful and these involve volunteers providing transport for older people which enables them to attend health appointments and social events.

4.2.3.3. Poland

Although the evidence presented so far on transport policy in Poland has shown that previous national policy focus is often not directed specifically towards older members of the population, some changes to this previous approach are emerging in policy making at regional levels. An example of innovative approaches can be seen in the construction of the document titled *Challenges for Malopolska in the context of the ageing society*. This document has been established at the regional level and acknowledges some of the problems faced by the older population in relation to transport. This document is important and can be seen as innovative as it goes some way to beginning a dialogue on the need for appropriate transport policies for older people. Though the document does not introduce new policies, it is directed towards highlighting issues for policy making in relation to older people. Specifically the document addresses some of the needs of older people and also identifies resources which need to be aligned in order for changes to be seen in practice. It is the process of the construction of the document itself which can be seen as innovative, as this was developed through consultations with target groups and NGOs as well as with experts from other relevant areas such as health care. The interviewees suggested that this was a clear sign of innovation in policy making in the Polish context, as this wider consultation has not been widely practised in transport policy making previously.

4.2.3.4. Portugal

The case study showed that innovation in Portugal with regards to transport policy has been hindered by the economic crisis. Many of the strategies and proposals outlined to address provision of transportation services for older people have been withdrawn. This includes a successful

concessionary public travel pass which offered a 50% discount to older passengers which was discontinued due to financial difficulties. This has been replaced by a means-tested scheme called 'Passe Social +'. Though the generosity of this provision has been scaled back in the economic crisis, the scheme can still be seen to be innovative and ambitious in its approach as it has aligned national policies to improve social inclusion and combat isolation with local strategies to develop a programme called "Portugal door-to-door" which joins local transport networks together in order to allow older people to travel around Portugal with greater ease.

4.2.3.5. UK

Evidence of innovation in relation to transportation and ageing is evident in a number of examples in the English context; this includes taxi schemes, bus/rail services, community transport and policy relating to car drivers. In all cases emphasis is placed on reducing social exclusion, improving opportunities for older people and ensuring positive and safe experiences of travel for older people. It can also be seen that regional and local policies feed in to wider national concerns and policy objectives, as well as European strategies.

Taxi schemes directed towards older people are a relatively new initiative which has been gaining momentum in a number of areas within England. LinkAge Plus⁴⁰ has been central to the success of these taxi schemes. LinkAge Plus was set up by central and local government collaboration to design, develop and deliver services which meet the needs of older people in society today. The LinkAge Plus pilots were trialled between 2006-2008 and brought together local authorities with their partners in health and voluntary sectors to explore new ways to improve local services for older people, in order to promote and maintain a good quality of life. The core aim was to 'find innovative ways to break down traditional and financial barriers and join up services'⁴¹. Significantly transport played a key role in these pilots and revealed overlap between various policies and governmental departments. Two taxi schemes were included as part of these pilots, one in Nottingham called *50Plus Nottingham*⁴² and one in Devon titled *Ageing, Inclusion and Rurality*⁴³. The Nottingham scheme targeted those over fifty who struggle to use public transport, have no access to

⁴⁰ LinkAge Plus (2013) *LinkAge Plus Core values* [online] <https://www.gov.uk/government/collections/linkage-plus> (Accessed 26/04/2014).

⁴¹ LinkAge Plus (2013) *LinkAge Plus Core values* [online] <https://www.gov.uk/government/collections/linkage-plus> (Accessed 26/04/2014)

⁴² 50plus Nottingham (No Date) *50plus Nottingham Scheme* [online] LinkAge Plus https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/186875/linkageplus-notts-50plus-website.pdf (Accessed 28/04/2014)

⁴³ Devon LinkAge Plus (2008) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/186793/devon-findings-community-mentoring.pdf (Accessed 28/04/2014)

a car or voluntary car driver and are not regular Dial-A-Ride⁴⁴ users. Those who qualified were issued with two taxi vouchers of the value of £5 to be used on any journey starting in Nottinghamshire. The scheme in Devon, though regional, had very similar objectives which were to reduce social exclusion and to keep people active both in work and leisure in the Devon area. Mentors were established in a number of local communities who could be contacted to assist older people in managing their everyday lives⁴⁵. Significantly the key issues raised by older people as problematic concerned access to transportation and mobility. This project is an example of community mentoring practices being incorporated with transport policies. The new mentoring practices implemented in the Devon case study highlighted the success of making links between local councils, local health services and taxi companies. The older people in this case did not live on bus routes and found travelling by bus difficult and stressful due to restricted mobility. The implementation of a taxi service scheme was crucial in enabling these people to maintain links with the community, avoid social exclusion, as well as helping to maintain good health. This scheme was extremely well received by all those who used it, evident in the following testimonial from a mentor included in the report:

The participant contacted the service - she is frail, a wheelchair user, lives in a rural area and does not have an accessible bus service anywhere near her home. She expressed an interest in playing scrabble but was not sure. The mentor explored a taxi service which could take her in her wheelchair - negotiated a price. The mentor escorted the participant on the journey to the nearest scrabble group in main town. The participant's verdict was that it was enjoyable and what she wanted to do, also that she really did want the company, but the journey was too tiring. The mentor identified another participant in another small village nearby who was also socially isolated and unable to use ordinary bus transport. A local venue was found and small adverts placed - scrabble group commenced in local village hall using shared taxi. Four people now regularly attend, organising it themselves.⁴⁶

⁴⁴ Dial-a-Ride is a door to door service provided by Nottingham Community Transport for citizens who are temporarily or permanently disabled and are unable to access conventional bus services.

⁴⁵ Younger-Ross, S. (2008) Devon LinkAge Plus: Ageing, Inclusion Rurality report https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/186795/devon-findings-ageing-inclusion-rurality.pdf (Accessed 22/04/2014)

⁴⁶ Younger-Ross, S. (2008) Devon LinkAge Plus: Ageing, Inclusion Rurality report https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/186795/devon-findings-ageing-inclusion-rurality.pdf (Accessed 22/04/2014)

Bus and rail services in England also show signs of policy innovation regarding the ageing population. Concessionary bus passes for those over 60 (rising in line with the increase in women's pension age) for use on off-peak local services have been available since 2001 in England. Under the Labour government this was extended to off-peak travel across the country. In addition, local authorities were able to provide extra discretionary concessions. For example in South Yorkshire, concessionary bus passes could also be used on local train services and in London on the underground network. Concessionary travel schemes provided several examples of innovation in terms of enabling older people to access a variety of transport services across England. For example, in the South West of England a trial was introduced to allow older people to use their bus pass when purchasing rail tickets⁴⁷. This replaced the need to purchase a separate annual senior citizen rail card. This project involved both the Department for Transport and First Great Western Rail, the main private rail service provider. The published documentation which is available is not clear about the total cost of the scheme or the extent to which it was taken up. The trial ran from September 2012 to October 2013. A report on the scheme, produced by the SPA Future Thinking group⁴⁸, reported that the scheme led to greater consumer confidence in transport links, a greater inclination of older people to travel and an increase in the number of bus passes issued.

A further example of innovation in terms of approaches to concessionary travel for older people can be seen in the case of strategies implemented in South Yorkshire. Sheffield City Council has devised a Sheffield City Region Transport Strategy (SCRTS) for 2011-2026; this sets out information on the key concerns in relation to transportation policy in the area and proposals to address them^{49 50}. There are many strands to this policy, with a particular section titled 'enhancing social inclusion and improving health' which is noteworthy in relation to older people and transport. It is under this heading that the focus is placed upon older people and policies directed towards this specific group. Policies within the strategy include policy N: 'To develop user-friendly public transport, covering all parts of the Sheffield City Region, with high quality integration between different modes' and policy O: 'To ensure that our public network is accessible to all'⁵¹. In terms of examining how these policies have been implemented in reality, the transport strategy makes reference to local transport

⁴⁷ SPA Future Thinking (2013) *Senior Concessionary Trial Final Report*, Oxford [online] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/301568/senior-concessionary-trial-final.pdf (accessed 26/04/2014).

⁴⁸ SPA Future Thinking Group is an independent market research group.

⁴⁹ Sheffield City Council (2013) *Transport Policy* [online] <https://www.sheffield.gov.uk/roads/about/transport-policy.html> (Accessed 28/03/2014)

⁵⁰ Sheffield City Region Transport (SCRTS), (December 2013), *Sheffield City Region Transport Strategy* [online] <http://www.syltp.org.uk/documents/scrtransportstrategy.pdf> (Accessed 28/03/2014)

⁵¹ South Yorkshire Local Transport plan (March, 2011), *South Yorkshire Implementation Plan 2011-2015* <http://www.syltp.org.uk/documents/LTP3ImplementationPlan.pdf> (Accessed 28/03/2014)

providers such as the South Yorkshire Integrated Transport Authority (SYITA). As part of its policy commitment to ensure accessibility for all, the SYITA continued their innovative approach to concessionary policies for older people in the South Yorkshire area, which had begun in 2006 by the South Yorkshire passenger Travel Agency (SYPTA)^{52 53}. This included a policy whereby older people were able to utilise concessionary passes before 9:30 am, which is the standard national allowance. However, in the last month this programme has been withdrawn due to cutbacks by those who subsidised the costs, notably the South Yorkshire Passenger Transport Executive (SYPTA) and the SYITA, marking the end of innovative transport strategies in the area.

One final example of a concessionary scheme which demonstrates innovation in the inclusion of new technologies can be seen in the case of Blackpool. In this case new electronic transport passes the size of credit cards are being introduced in place of the existing paper versions. The new cards will have the capacity to store information about its owner, including medical or mobility issues, which alert transport providers of the passenger's needs to travel safely. This is designed to make the travelling experience less stressful for users. Blackpool has been amongst the first areas to pilot the scheme, as it has a high percentage of older people within the population. The Blackpool Transport website provides further details on the scheme^{54 55}, noting that these cards are specifically for 'elderly and disabled people'. This pilot is still running and it has been proposed that dementia should be added to the list of health/mobility issues which are stored on the cards. This recommendation stems from the fourth meeting of the Age Action Alliance transport working group, which was held in January 2014⁵⁶.

Community transport in England has also been an area of transportation which has demonstrated innovative thinking in terms of adaptation and implementation of national policy objectives at local levels. Many of the organisations which provide community transport services state that they are innovative in their approach to transport, for example the Community Transport Association UK (CTA) promotes itself as 'delivering innovative and flexible transport solutions to achieve social

⁵² The SYPTA became the SYITA in February 2009.

⁵³ South Yorkshire Passenger Travel Agency SYPTA (April, 2006) *The Travel Concession Scheme* https://www.sypte.co.uk/uploadedFiles/Corporate/Freedom_Of_Information/2006TheTravelConcessionScheme.pdf (Accessed 29/03/2014)

⁵⁴ Blackpool Transport (2014) *Concession cards* [online] <http://www.blackpooltransport.com/tickets/concessions-cards> (Accessed 26/04/2014)

⁵⁵ Blackpool Transport (2014) *Safer journey cards* [online] <http://www.blackpooltransport.com/tickets/concessions-cards> (Accessed 26/04/2014)

⁵⁶ Age Action Alliance Transport Working Group (22/01/2014) *Fourth meeting report* [online] <http://www.futureyears.org.uk/uploads/files/Feedback%20from%204th%20meeting%20of%20AAA%20Transport%20Working%20Group.pdf> (Accessed 24/04/2014)

change'⁵⁷. The Norfolk Community Transport Association (NCTA) has been deemed as innovative in their approach to transportation and the community by Age Action Alliance⁵⁸. The NCTA is funded by the government and Norfolk County Council and has fairly transparent links to national policies compared to other associations/programmes discussed. The core aim of the NCTA is to focus upon demand responsive transport and therefore the provision of transport for older and disabled people is a key concern, two groups in the community which have the greatest issues regarding transport accessibility⁵⁹. The NCTA are deemed innovative in the way that they have encouraged discussion and communication between a variety of transport service providers in the Norfolk area. They place emphasis upon developing networks and setting up joint purchasing opportunities that enable the participating organisations to cut their costs whilst improving community transport provision. A key area of focus within their strategies is placing emphasis upon building capacity within the voluntary and community sector to support and provide community transport, which also enhances community engagement and inclusion⁶⁰. Notably this vision of developing community transport and building further networks with the voluntary sector echoes the remarks by the interviewee from Age UK, who argued that the voluntary sector was key to addressing transport issues for older people.

Research on car use demonstrated that language surrounding 'self-regulation' was very prominent in relation to ageing drivers. This language was particularly common in national policies on driving. All drivers over the age of 70 have to re-apply for their driving licence every three years but they can continue driving, without any test, as long as there are no health issues limiting their capacity to do so. Self-regulation is promoted as an innovative approach in ensuring that older people are given greater agency in decisions/regulations regarding driving in older age. An example of self-regulation from national policy being implemented at local levels can be seen in the case of Gloucestershire County Council who have created a programme called SAGE (Safer Driving with Age)⁶¹ which aims to provide older drivers with support, guidance and coaching so that they can continue driving for as long as it is safe to do so. The SAGE driving assessment is not a test and is taken in the driver's own

⁵⁷ Community Transport Association UK (CTA) (2009) <http://www.ctauk.org/> (Accessed 12/05/2014)

⁵⁸ Age Action Alliance Transport Working Group (22/01/2014) *Fourth meeting report* [online] <http://www.futureyears.org.uk/uploads/files/Feedback%20from%204th%20meeting%20of%20AAA%20Transport%20Working%20Group.pdf> (Accessed 24/04/2014)

⁵⁹ Norfolk Community Transport Association (2013) *Norfolk Community Transport Association Strategy* http://www.ncta.org.uk/assets/cms_page_media/7/Microsoft%20Word%20-%20NCTA%20Strategy%20Final_1.pdf (Accessed 28/04/2014)

⁶⁰ Norfolk Community Transport Association (2013) *Norfolk Community Transport Association Strategy* http://www.ncta.org.uk/assets/cms_page_media/7/Microsoft%20Word%20-%20NCTA%20Strategy%20Final_1.pdf (Accessed 28/04/2014)

⁶¹ SAGE (Safer Driving with Age) (No Date) <http://roadsafety-gloucestershire.org.uk/safer-journeys/driver/keep-learning/sage-safer-driving-with-age/> (Accessed 26/04/2014)

car in an area they are familiar with. The drivers are given the opportunity to talk about their own progress and are given a confidential report at the end of the session. This scheme promotes the idea of self-regulation, giving older people choice and includes them in the decision making process.

This brief summary of English innovation in transport policy has demonstrated that innovative approaches to transport and ageing are visible and have worked in many cases. The examples given show that access to transport can help to alleviate inequalities and make a significant difference to older people's quality of life and well-being. They also demonstrate the ways in which national policy objectives are being delivered at local levels. However, it is also clear that it would be misguided to conclude that innovation is widespread and always effective. There are many questions still remaining, particularly with regard to the sustainability of projects and the mainstreaming of even successful pilot projects at a time when local authority budgets are being severely cutback in the current austere financial climate.

4.3. The effectiveness of policy delivery

Despite the presence of innovative approaches to policy-making and the implementation of active ageing agendas, the extent to which the 'rhetoric' of governments and policies matched the reality on the ground was questioned by some interviewees. And there was evidence from some countries that disparities exist between the policy rhetoric and reality.

4.3.1. Health

4.3.1.1. France

Evaluation has been undertaken of several initiatives discussed above. The Alzheimer's Plan 2008-2012 involved 1.6 billion Euros over five years. A report on the outcome of the Plan, which was supported by the general Inspectorate of Social Affairs and the General Inspectorate of the Administration of National Education and Research, highlighted important achievements in diagnosis, in the care of patients and in support for families. On this basis of these findings, this work has been developed to 2014-2018.

4.3.1.2. Poland

Despite the emphasis placed in the Long-Term Senior Citizens Policy upon health promotion and prevention amongst older groups, particularly for labour market purposes, it was reported in interviews that older people's health played a very limited role in the Solidarity of Generations work programme. As one interviewee working at a regional level explained:

At the moment, there are not many pro-active and pro-developmental projects which, simultaneously, support healthy ageing by focusing on health and prophylaxis, I mean, complex projects. In the EU it's already quite common that, apart from extending the period of professional activeness, people are subject to regular health checks in order to determine whether they are still fit for a given job, whether they should have their spine examined. Presently, there are no such programmes in Poland. There are no priorities so broad in scope.

It was pointed out by another interviewee that these issues in relation to older people's health and their consequences in terms of the labour market are relatively new to the Polish context, and as a result a sufficient policy response to fully address this has not had the required time to develop.

Interviews conducted on the implementation of health policy revealed, as had been found in relation to the implementation of labour market policies in Poland, issues in delivering national strategic objectives at the regional level. With respect to providing medical care for older groups one interviewee from regional government described the lack of information provided on how to finance geriatric medical care most cost effectively. The main issue around this was reported to be that geriatric medicine is an under-developed area of medicine and does not function as an autonomous discipline that would provide the detail necessary to develop care services specifically for this group as requested in national policy. Furthermore, it was reported that there is currently a lack of universal indicators developed and agreed at the national level that could be used by regions to determine the effectiveness of activities through evaluation:

Indicators would be useful, too, which would tell us when it will be good if a given initiative is successful and when it will be beneficial for the region. Because the estimates should be made on the national level, actually, so that the results can be subsequently compared. It's easy when each region comes up with its own indicators, but how to compare the results?

4.3.1.3. Portugal

Despite the evidence of innovation in Portugal's major health policy for older people and the promotion of active ageing, the policy programme has not undergone a rigorous evaluation of its impact; this has been attributed to a change in government. The issue of politics re-surfaced during interviews in relation to the policy developments in this area. Although politicians seemed to appreciate the various challenges represented by an ageing society, an interviewee reported that

how older groups are regarded in political circles inadvertently reproduces stereotypical assumptions that they are a burden and restrict development:

If the importance of the elderly is mainly related to the weight they have in retirement, they are naturally viewed as a burden and an obstacle to the development and that is what has been happening, even without being intentionally to hurt ... [...] I have no doubts that this is done on the basis of mental models that these people have in their heads about the elderly and the proof is here!

The Portuguese government's Occupational Programme of Health and Social Integration was implemented successfully and one interviewee reported high levels of satisfaction with the programme across all stakeholders involved. However, and despite this positive implementation and high levels of satisfaction, the programme's funding ceased in 1999, bringing it to an end. One reported factor behind the cessation of the funding was fear amongst other caring professionals, particularly nurses, that the creation of new caring professionals would threaten their job security. One interviewee discussed this further, emphasising their disappointment that the programme had ended due to professional concern and thus jeopardised the potential to respond properly to the needs of those groups that had benefited from the programme:

...it makes no sense to have ended a project that was funded externally, giving funding to other instances [...] and thus they ended this, by the professional's pressures [...] reasons of not comprehending and not understanding, in my opinion, deeper, what the people's needs are and how we should respond to them.

4.3.1.4 UK

In response to the Transforming Primary Care programme, Age UK, despite indicating room remained for improvements to health services, described these new measures as '*an important and very welcome step towards equipping the NHS to care better for some of its most vulnerable users – older people with complex needs*⁶².

Evaluations of several of the projects discussed earlier in the report which stemmed from the LinkAge Plus programme piloted in several local authority areas across the UK, indicated the successful achievement of specific outcomes for each project and broader benefits and achievements in terms of improved general physical health, self-esteem and confidence, improved

⁶² Age UK (2014) Briefing: Prime Minister's Challenge Fund/Transforming Primary Care Programme

mental well-being, and social benefits from engaging with others and local communities for older groups that participated^{63 64 65}.

4.3.2. Labour market and employment

4.3.2.1. Poland

With Poland's Long-Term Senior Citizens Policy only recently formally adopted there is little evidence currently available of its impact. Having undergone implementation several years earlier, interviewees were able to discuss the impact of the Solidarity of Generations programme in more detail. An issue identified by interviewees was around the translation of national policy into a regional context, particularly the financial implications of this. It was reported that programmes such as Solidarity of Generations often do not have their own budgets attached to them; rather they are a guide for how actions should be undertaken at lower levels. The Regional Employment Centres responsible for regional delivery also have a remit to support other age groups experiencing unemployment, meaning the budget to deliver the programme's aims for older groups specifically is limited. Despite the aforementioned budgetary issues, some interviewees working at a regional level spoke of the beneficial impact of national policies for adding significant weight to attempts to obtain funds for implementation:

Without these strategies, it would be much harder to force through a new idea [...] If there was no strategy, we would have to substantiate in writing any new idea to be able to put it into practice. It definitely makes things easier.

However, at the local level it was reported that there are issues in effectively implementing national strategies. Interviewees operating at a local level reported often not knowing fully the priorities defined in national policy, but still being obliged to deliver them. Individuals engaged in job activation for older groups as part of their day-to-day duties explained in interviews that there were problems with defining the target group for such activities:

⁶³ DWP (2013) Salford: Assisted Exercise Therapy.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/186893/salford-assisted-exercise-therapy.pdf

⁶⁴ DWP (2013) Salford: Healthy Hips and Hearts Project.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/186895/salford-healthy-hips-hearts.pdf

⁶⁵ DWP (2013) Salford: Creative Start 50 Plus.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/186894/salford-creative-start-50plus.pdf

I'm afraid that the activities that would actually translate into greater number of older people in the labour market must be long-term activities. We should address them to people who, today, are aged 40+ and hope that in a two or three decades these persons will still be in the focus of the professional activation initiatives. So, there is a considerable risk that the activities addressed to older people, aged 50+, will prove ineffective. If there is no simple correlation that job activation of people aged 50+ results in considerable growth in the number of people aged 50+ who are still professionally active, it means that if we want to shape attitudes of older people on the labour market, we must address our policy to people aged 40+ in order to promote healthy lifestyle, because this is one of the key factors conditioning how long they will actually remain professionally active.

4.3.2.2. Portugal

Evidence regarding the impact of the Contract Employment-Insertion measures discussed above in the Portuguese context indicates significant increases over time in the numbers of older people being enrolled onto these schemes. An evaluation of these measures revealed that for both male and female participants there was a positive effect on the probability of securing employment after participating; however, this positive effect was observed only some time after initial engagement in the scheme.

4.3.2.3. UK

In the UK context, despite the introduction of some innovative programmes and projects designed to increase the participation of older people in the labour market, there was evidence to suggest that many obstacles and issues remain that challenge the general rhetoric found in policy documents.

Broad trends for older workers reveal some of the difficulties. Some recent research by Age UK reveals potential differential experience of the labour market and policies to support older people's participation in it by gender. An analysis of the Labour Force survey by Age UK reveals a decrease in the numbers of older women working flexibly between 2010 and 2012. Furthermore, long-term unemployment among women aged 50 – 64 rose during this period and an additional report by the TUC found almost half of women aged over 50 are in part time work with average annual earnings of less than £10000 (about €12200)⁶⁶ (compared to the median annual wage of

⁶⁶ Age UK (2014) Flexible working decreases as older women frozen out of work say Age UK and Carers UK <http://www.ageuk.org.uk/latest-press/flexible-working-decreases-as-older-women-frozen-out-of-work/>

£26500, about €32600). Caring responsibilities of older women and current restrictions on eligibility for flexible working were identified as important factors in these trends.

Data gathered from interviews revealed broader issues for older people in general, particularly for those who are unemployed and actively seeking work. One interviewee alluded to the large numbers of older people who are currently unemployed and reported that there seems to be little support available for older people who wish to return to work. Indeed, a report by Age UK exploring the possibilities for improving later life during a period of economic difficulty highlights this issue: *'Long-term unemployment is highest among the over-50s, and less than 40 per cent of people in this age group who lose their job are back in work a year later'*⁶⁷. Furthermore, the aforementioned interviewee felt that a confluence of various factors contributed to this situation including: ageism; a lack of qualifications and skills amongst some older workers, but also for others, possessing too much experience and being deemed 'overqualified' for certain positions; and, stereotypical perceptions amongst some employers of declining health and physical wellbeing amongst older workers that would affect their ability to perform tasks. A further issue identified by this interviewee was the lack of targeted initiatives and programmes to help older people seeking work. Currently these are predominantly cross-cutting initiatives that are focused on those out of work regardless of their age, which means many of the specific issues facing older people seeking work are not fully acknowledged nor addressed. In addition, research commissioned by Age UK found that many older people who are employed face challenges to remaining in the labour market due to inflexible working practices that employers are often unwilling to alter⁶⁸.

There were also reported issues with several of the programmes and initiatives set up through labour market policies. On the British government's promotion and increased support for older people seeking self-employment, one interviewee acknowledged this was a positive response and certainly suitable and beneficial for some individuals. However, it was reported by this interviewee that self-employment represents only a partial solution to the problem of unemployment amongst older people. In particular, the benefits of self-employment in terms of independence and autonomy were acknowledged but there are difficulties with this form of work – with some individuals working longer hours for less pay than other forms of employment. Self-employment also has consequences for these individuals and their ability to save for retirement and invest in pensions, as a report by the BBC indicates: *'Some 47% of employees aged 60 to 64 are saving for a pension, but only 20% of the self-employed do'*⁶⁹.

⁶⁷ Age UK (2013) Agenda for later life 2013: Improving later life in tough times. P.49

⁶⁸ Age UK (2013) Agenda for later life 2013: Improving later life in tough times

⁶⁹ King, B (2013) The older workers who keep going. <http://www.bbc.co.uk/news/business-24629576>

Certainly, the Age Positive scheme in the UK represents an innovative response to the current challenge of retaining and managing older workers within the labour market. However, despite several positive case study examples and evidence of innovative approaches to retain older workers, the impact of the scheme has been difficult to ascertain. Initially it operated through providing advice directly to businesses and was run through Business Link on a regional basis. Under the Coalition government's austerity programme, the scheme has experienced large-scale cuts which have scaled back its regional presence into a centralised website which provides guidance to employers. As Wilson (2013) points out, the Age Positive scheme will continue but only as an online resource⁷⁰ available to employers to consult rather than a programme that actively engages with employers to foster innovative solutions. This raises questions around its ability to affect positive and innovative change in the labour market for older workers.

Overall then, despite some positive rhetoric and innovations within these policy developments and the various programmes and initiatives developed in response, the evidence suggests a variety of issues and challenges remain for older people seeking access to the labour market, and for those trying to remain in it, across European nations.

4.3.3. Transport

4.3.3.1. France

Though the research on French transport policy demonstrates a number of innovative approaches, specifically in the increased emphasis upon researching and evaluating the needs of older people in relation to transport, it is clear from the research that work remains to be done to ensure that research has more direct implications upon policy making.

4.3.3.2. Poland

Within the Polish context, it is clear that, as with many of the other examples, there are often issues relating to policy working in reality. In relation to transport issues it can be seen that policies outlined at national levels are not effectively addressing local issues and are not always working in practice. It is evident that regional policies are going some way to address these issues, however though construction of new documents directed towards highlighting issues for policy making in relation to older people are being developed, the impact of these remains to be felt at the local level and by individuals. What is promising though is that acknowledgment and discussion of these issues are becoming more prominent in Poland and so a shift in emphasis towards older people is starting to happen.

⁷⁰ Wilson, A (2013) UK: The role of governments and social partners in keeping older workers in the Labour Market. *Eironline* <http://www.eurofound.europa.eu/eiro/studies/tn1210012s/uk1210019q.htm>

4.3.3.3. Portugal

It can be seen that Portugal more than any other country included in this report has been affected by the changing economic situation. This has meant that there have been increasing discrepancies in terms of the rhetoric regarding transport policies and ageing, and policy delivery. This has resulted in a limited impact on older people's day to day lives.

4.3.3.4. UK

Examining the responses of those interviewed in relation to current transport policies as well as studying evaluations of current schemes, it can be seen that, though transport provision for older people can be seen to have improved in recent years, there remains much work to be done in order to ensure that services are consistent. A representative from Age UK noted that '*we are very bad at transport in the UK*', commenting on unequal service provision and issues surrounding funding. This interviewee went on to pose an important question in relation to improving service provision:

'How do we develop an integrated transport system which accounts for all people's needs?'

It was on this point that this respondent felt current policy was failing. He suggested that 'barriers needed to be unblocked' in order to enable policy to work in practice and recommended that nurturing volunteering roles in communities would go some way to address current issues.

Representatives from Age Action Alliance also suggested that working at local levels was crucial in order to allow for innovation and to ensure the policy objectives set at national or regional levels are met. This representative highlighted the importance of networking and building relationships between organisations. Arguably this type of thinking is becoming more common in the policy making process in the UK, however it is often still a subsidiary focus in the context of transport.

A further significant issue within the English context to note are the differences evident in terms of service provision according to location. There were clear discrepancies in terms of the access to transport for the ageing population between rural and urban areas, showing that geography plays a key role in experiences of travel services.

5.0 Evaluation

This report has considered public policy making in six countries: Austria, France, Italy, Poland, Portugal and the UK, in addition to some EU-wide data. Looking specifically at the policy areas of health, labour market and transport, it has explored where responsibility lies – at local, regional or national level – and at innovation in the development and implementation of policy.

5.1 Lessons for the policy making process

- It is evident that there has been an increased awareness of the significance among politicians and policy-makers of the importance of policy making for the ageing population and a realisation of the necessity to understand the policy making process for this group at a deeper level. In France, this led to the development of a government ministry with an overarching brief regarding older people. In the UK this led, briefly, to a policy ‘tsar’ for older people. It is more commonly acknowledged by the development and involvement of new research groups which have been established across a range of the case study countries in order to focus specifically on issues relating to the creation and evaluation policies for an older population. This shows positive commitment towards addressing those issues which affect older people and to finding innovative solutions to current challenges.
- Further to this there has also been an increasing focus upon, and investment in, pilot schemes, which have been significant in fostering innovation. These schemes, which have most frequently been at the local level, have placed emphasis upon services on the ground and advocate the need for a bottom-up approach to policy making in this area.
- Examining all the cases across the countries and fields of interest, it is also clear that objectives which prioritise the ageing population have become increasingly central in policy making. Having said this, it is also clear that this is not universal and that often policies addressing the ageing population do so under the remit of broader policies not specifically aimed at them. In practice this may mean that the needs of older people are often lost within wider and more general policy discussions. Specific policies to address the needs of the older population need to be further developed. There also needs to be a clear focus on the needs of this group maintained throughout both the policy making process and policy implementation.
- In terms of the implementation of policy, there appears to be significant variation in how policies actually work in practice. This perhaps shows that greater communication is required, up and down the policy chain, across different levels of government, between policy-makers and service delivery, and between policy-makers, service providers and

service users themselves. It is important to highlight both policy successes and failures in order to provide lessons for the future which will enable policies to function as effectively as possible in both theory and practice.

5.2 Similarities and differences between the three sectors

- It is extremely clear that there are areas of overlap in terms of the policy-making process relating to labour market/employment, health and transport and the ageing population. Many of the practices for policy making and implementation are similar across the case study areas (and indeed across all policy areas), with national policies being created by governments which are then devolved to regional and local levels. The majority of regional policies were aligned with national policies; however it was amongst the local levels that the greatest amount of innovation was present.
- In almost all cases it is clear that greater consultation with older people is necessary in order to enable the greatest innovation to occur. It is within the cases in which older people have been consulted that have been the most successful. Portugal stands out as one country where the inclusion of older people in the policy making process in health stands out in sharp contrast to their lack of involvement in other areas of policy.
- A recurring theme throughout the report has been that the policy for older people has commonly been embedded within broader policies, often making it challenging for the researcher to pin point policy issues, whilst simultaneously showing a lack of transparency with regards to where policies originate and where responsibility lies. This is common across all three policy areas.
- There are also clear imbalances across all areas of study, which relate to the scope of the policies according to geographical location. There are clear geographical disparities, particularly between urban and rural areas, in terms of how policy operates, as well as the groups and individuals included in the consultation process.

5.3 Innovation in the policy making process

There are clear examples of innovation occurring across all sectors and areas of study, which is extremely positive. The key areas of innovation are summarised below:

- Collaborations and partnerships can be seen to be very significant in the development and introduction of innovative policy. Cases where different sectors, public, private and NGO, have worked together are most successful.

- Additionally, those cases where older people themselves have played a significant role in shaping and evaluating policy have thrived and appear to have longer lasting legacies. In some countries, the involvement of older people in the policy process is well embedded. However, in others, for example in Portugal, it is a new departure and their involvement in the framing of health policies was seen as a great step forward.
- Policies which have introduced new measures to assess the needs of older people have played a significant role in the success stories reported.
- It can be seen that across a range of the policies included in this report, there has been a shift in language and approach within discussions on the impact of an ageing population, though the move from the burden thesis to a more positive rhetoric and literature, which demonstrates the benefits of an ageing population, is painfully slow. However, some of the labour market examples discussed show how innovative ways of working can help to shift perceptions and understanding of the ageing population in societies more broadly as well as demonstrating the benefits which older workers can bring to the workplace.
- A clear innovative approach which has been successful is the investment in people across all spheres. This refers to the strategies which have encouraged people to help themselves and have supported transition across the life-course. This has been made possible through increased emphasis on continued training/development for older people, mentoring programmes and knowledge partnerships.
- There are also examples of innovation in relation to prevention. These are most notable in the area of health (for example France's suicide prevention strategy) but also in labour market planning to prevent early exit or higher than necessary levels of unemployment among older people who wish to remain in the labour market

6.0 Conclusion

After careful consideration of the evidence provided by each country in the study, a number of recommendations in terms of policy implementation can be made:

- Collaboration between various governmental departments and organisations within each study country facilitates greater innovation, as some of the greatest successes stemmed from collaborative efforts across a range of departments.
- Communication is central to the success of policy implementation. Consultation with a range of groups is important in order for policy to have the greatest effect and to reach the most people. Continuing to listen to the ideas at the local level is important as this is where

innovation can be seen to thrive. Small scale pilots supported by small groups have shown real potential for innovative thinking.

- Most policy tends to be top down: emanating from national level for implementation at subsidiary levels. More work needs to be done relating to issues regarding scale, particularly in relation to translating national policies to regional/local contexts, as often the emphasis or focus is lost. It is important to begin breaking the boundaries between the various scales and levels of policies, as this can be seen to maximise innovation and allow for the greatest legacy. The example of the dementia scheme in the UK health context is a good example of this, as this involves collaborations across a range of scales and sectors.
- Pilot projects should be framed in a wider context, to include plans for evaluation and, relating to the point above, scaling to other areas if the pilot is successful. To increase the chances of success, policy initiatives should build on existing good practice; not only the involvement of a range of stakeholders but examining what other successful interventions have been used elsewhere. This small research project has revealed a number of pilots which could be the starting point for new initiatives.
- Implementation of national policies at local or regional level is often prevented because insufficient resources are made available by national government and regional and local administrations do not have sufficient resources of their own.
- There is scope for learning and collaboration between countries/regions most obviously in the transport field as there are most similarities here: a common theme running through transport policies for an ageing population is the focus on alleviating social exclusion and improving opportunities for older people. Health and labour market /employment issues vary substantially according to local and national priorities and the structures to deliver policy. However, all countries face similar challenges in these fields and therefore the desirability of knowledge exchange across as well as within countries is clear.
- The sustainability of policies is extremely important. In many of the cases described pilot schemes operated on a limited timescale. Their continuation, or wider roll-out, is particularly fragile in time of economic austerity. Many of the examples of innovation were halted, despite their success, most notably but by no means only in Portugal, due to curbs in public spending.