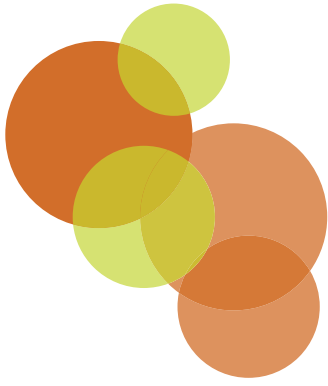


"THE CHALLENGE OF AGEING: COOPERATION IN ACTION"

Results and conclusions of the European project
"AGEING BETTER IN EUROPE: LOCAL AUTHORITIES
EXCHANGE THEIR VIEWPOINTS"



Foreword

National European authorities are generally faced with major economic, social and financial issues.

One of the significant challenges that needs to be addressed is the ageing population. People are living longer, which is generating a considerable need for added resources related to the loss of independence of our populations.

As key local operators in assisted living and planning for an ageing population, we have decided to work together on an innovative project called "Ageing better in Europe: local authorities exchange their viewpoints".

Pulling together elected representatives, business operators, experts and partner-associations over a period of two years, these differing "viewpoints" have allowed us to work together and share the best practices observed in each country. Our discussions have been rich and constructive.

Our objective is to share the fruit of our work in this guide. It is a resource that helps us to understand and anticipate demographic change, providing our nations' people with innovative responses that have been properly analysed, while taking full advantage of the ties of friendship between our local authorities.

The project partners

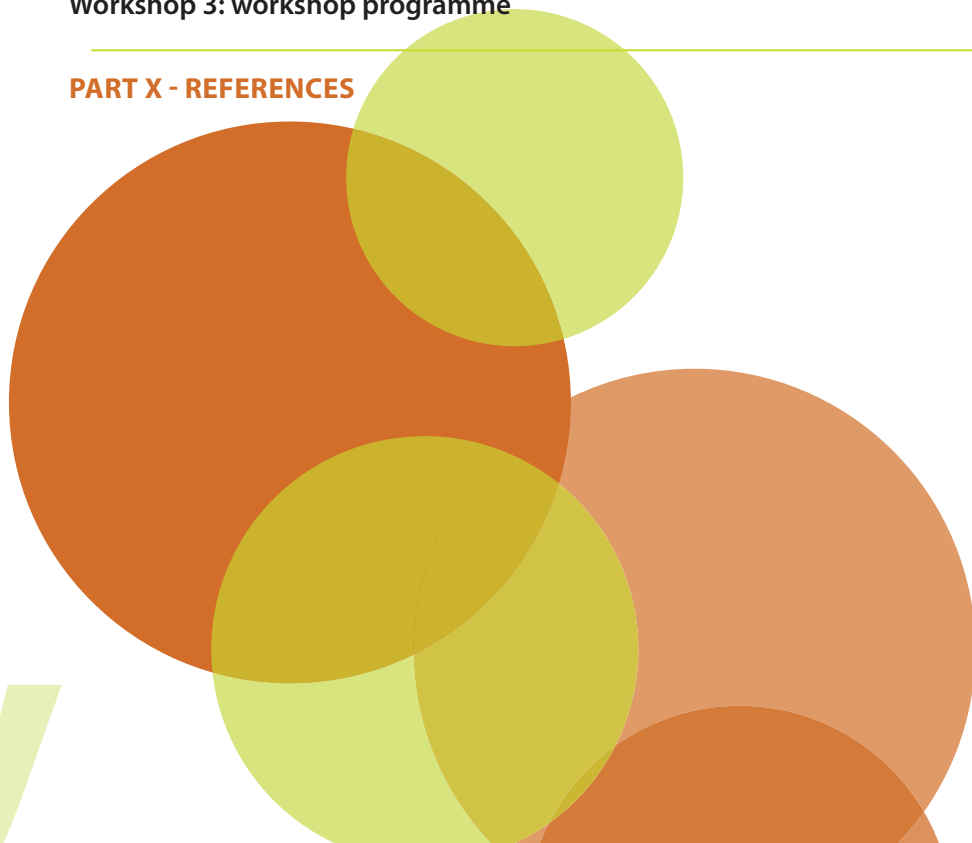


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The project

"Ageing better in Europe: local authorities exchange their viewpoints"

Local governments play an important role in Europe. In all EU countries, these authorities manage wide-ranging policies and bear significant responsibility.

Among the responsibilities devolved to local government are the policies relating to elderly people; policies whose nature and scope of application make them particularly important. Today, these policies address a very significant phenomenon: the ageing of the population.

This demographic trend affects local policies aimed at elderly people not only because their numbers are rising but also because their needs, desires and situations are different.

Furthermore, in the face of this trend, the Département du Nord, a "leading" player in policies for the elderly in France and a committed international operator, has asked its European partners to join in a shared discussion on the ageing of the population.

This request was quickly accepted by five of the Département's partners: the Land of Styria (Austria), the Town Council of Varna (Bulgaria), Baranya County (Hungary), the Lodz Voivodeship (Poland) and Suceava County (Romania). What's more, the Kujawy-Pomerania Voivodeship (Poland) heard about the project and requested to take part in this movement.

Prior to starting the project, the partners met frequently, during the so-called "preparatory" phase, in order to identify the topics that required in-depth analysis, as well as the method and the objectives of such a process.

This preparation was founded on the following premises shared by all:

- *the EU nations, their local authorities and their populations are continually enriched by European development;*
- *the differing situations and systems observed in Europe should be seen as opportunities;*
- *the ageing of the population is not to be considered as a "problem", but an opportunity and a sign of the success of modern societies.*

The topics and method were then quickly established: using the combined expertise and needs of each party, six working topics were chosen:

- *housing for the elderly;*
- *infrastructures;*
- *the integration of elderly people;*
- *the ethical challenge of "learning to age well";*
- *the necessary responses to the needs of "specific groups of people" (patients with Alzheimer's and related diseases, ageing disabled people and elderly immigrants);*
- *the employment of senior citizens.*

The project received the backing of the French Foreign and European Office and the European Social Fund for the Kujawy-Pomerania Voivodeship through the Polish Operational Programme. Otherwise, the entire project was self-funded: each partner helped with financing, either by organising a workshop or a conference, or by paying for translation, printing costs, etc.

At the end of the "preparatory" phase, an inaugural conference was held in Lille in September 2009. Attended by over 170 participants, it allowed everyone to become familiar with the project, and brought together the elected representatives responsible for this policy in the seven partner regions. The support of European networks such as the AGE network and that of the European Commission was particularly appreciated in this regard.

Following this conference, the project team met three times, through workshops. Each workshop handled two of the topics identified during the preparatory phase. The workshops were organised on a voluntary basis by some of the partners:

- *workshop no. 1 was held on 16 and 17 February 2010 by Baranya County on the topics of "infra-structures" and the "housing for elderly people";*
- *workshop no. 2 was held on 28 and 29 June 2010 by the Lodz Voivodeship on the topics of "integration" and "learning to age well";*
- *workshop no. 3 was held on 4 and 5 October 2010 by the Land of Styria on the topics of the "employment of senior citizens" and "solutions for specific groups of people".*

In order to better meet the expectations of the experts participating in the workshops and to analyse practices rather than review policies and initiatives, **each workshop was prepared using an "information chart"**: a unique questionnaire sent to all partners before the workshops, for each of the topics studied.

The Departement du Nord, as leader of the project, was responsible for processing the answers given prior to each workshop and producing a comparative analysis during the workshops. All those involved then had the chance to debate and discuss the issues brought to light, topic by topic.

Consequently, each workshop resulted in the following documents:

- *a list of initiatives/policies by topic;*
- *an analysis of these initiatives by topic;*
- *a summary report.*

These documents were used to draft this guide. Nevertheless, it is worth noting that the analyses and the experts, during the workshops, referred to wider frameworks, European Union documents, and writers. This document is based on all such documents and references. It is the result of a discussion conducted at a particular moment in time between certain European partners: it is therefore necessarily "dated" and only deals with certain policy examples. Consequently, it only reflects the cooperative initiatives undertaken between the partners of the "Ageing better in Europe: local authorities exchange their viewpoints" project, and does not aim to be exhaustive or be considered as an academic document. It reflects the real situation experienced by the seven partners committed to this project between 2009 and 2011.

Moreover, this is a summary document. It is not possible to cover the full extent of the copious discussions that took place and the large numbers of initiatives identified during the course of the project.

These limitations should be taken into account when looking at the results of the project and studying the present document.



Project profile

- Project Name** "Ageing better in Europe: local authorities exchange their viewpoints"
- Partners** Land of Styria (Austria) - Town Council of Varna (Bulgaria) - Département du Nord (France) - Baranya County (Hungary) - Kujawy-Pomerania Voivodeship (Poland) - Lodz Voivodeship (Poland) - Suceava County (Romania).
- Term of project** Opened in September 2009 - closed in June 2011
- Stages of project** **Preparation phase** - September 2008 to September 2009
- Inaugural conference** - 11 September 2009 (Lille - Nord)
- Workshop 1** - 16 and 17 February 2010 (Pécs - Baranya)
"infrastructures" and "housing for elderly people"
- Workshop 2** - 28 and 29 June 2010 (Lodz - Lodz)
"integration" and "learning to age well"
- Workshop 3** - 4 and 5 October 2010 (Graz - Styria)
"employment of senior citizens" and "solutions for specific groups of people"
- End of conference** - 24 June 2011 (Lille - Nord)
- Expected results**
- identification of at least one best practice per workshop,
 - maintaining an effective project group throughout the project,
 - acquiring new knowledge on the subject of "elderly people",
 - producing a written report,
 - creating a network strategy.
- Actual results**
- several best practices were approved during each workshop,
 - some partners are planning to transpose best practices,
 - new areas of knowledge were developed,
 - the project group was not only maintained but grew (work done by the group grew in size and developed in standard),
 - a network strategy was put in place,
 - the project enabled the partners to compare their own initiatives and put them in perspective. By developing an awareness internally, in each department, of the strengths and weaknesses of ongoing policies, it became a management tool,
 - resource for the promotion of partnership policies in their countries and in Europe,
 - instrument for building stronger ties between the "social action" teams and the "international relations" teams.





"THE CHALLENGE OF AGEING: COOPERATION IN ACTION"

*"Prevention
can be seen
as an assisted living
initiative in its
own right".*

*"Alternative
forms
of housing
are emerging".*

*"Ideas about
"housing"
and "ageing" deal with
very personal principles
and situations that are
therefore very different
from one person
to another".*

*"Everywhere,
the issue of
adjusting the number
of places is a very
sensitive issue"*

*"Assisted living should
not be another form of
social exclusion".*

1

HOUSING FOR ELDERLY PEOPLE

Observations

● INITIAL OBSERVATION

Housing for the elderly is an area that has been particularly affected by financial problems.

In such a complicated financial context, housing operators (elderly people, social partners, legislators, local authorities) are trying to find new avenues for their endeavours. Given the expected rise in costs in housing, new solutions are emerging for providing appropriate housing that meets the needs of people, as well as being economically viable.

the situation of a person (for example, from living at home to a placement) can often be a sudden event, so access to information needs to be made as easy as possible. Local authorities are developing a range of strategies for decentralising services and providing easy access to information.

→ *See the experience of the Département du Nord with the implementation, management and funding of the 30 CLIC initiative in its region (Local Information and Gerontological Coordination Centres), p 62.*

● SECOND OBSERVATION

Housing means much more than just architectural and construction works.

Ideas about "housing" and "ageing" deal with very personal principles and situations that are therefore very different from one person to another. This automatically leads to difficulties for more global initiatives and demands a lot of effort and investment from our local authorities.

According to the discussions developed between the partners involved in the project, three major "types" of solution are currently available everywhere:

- *assisted living services,*
- *care home placements,*
- *alternative services (day centres, temporary care, family care, etc.).*

● FOURTH OBSERVATION

Major changes must be considered regarding assisted living. Over the coming years, assisted living will be affected in various ways:

● 1 / *The conversion of housing*

In Europe, there are more older buildings than there are new ones. There are consequently many issues to be faced in the area of housing, in particular with regard to its renovation and conversion to cope with the different stages in a person's life.

The virtuous circle of a longer life span, associated with an increase in people's resources, is no longer automatically true. Overall, standards of living for elderly people are currently lower than those of the active population. And yet, housing-related costs can increase after retirement age (bringing property up to standard, conversions, etc.) and property ownership is not a guarantee against poverty.

● THIRD OBSERVATION

Access to information must be a priority for providing housing that is suited to the situations of elderly people.

Whether it concerns assisted living, care home placements or alternative services, it would seem that access to information is crucial. A change in

The ability of elderly people to fund the conversion of their home is becoming a source of concern (despite the government aids currently in place). This means that new forms of assistance for elderly people must now be developed: micro-financing, partial subsidies, etc.

→ *Ex. of financial aid for the conversion of housing offered by the Département du Nord (payment of expenses that contribute to independent living using the APA -Allocation Personnes Agées - (French elderly person's benefit), funding of remote alarm devices, subsidies from the CAL PACT regional union - association that helps to improve or convert housing for elderly people).*

→ *Ex. of legislation in Kujawy-Pomerania making housing more affordable*

● 2 / Risk prevention in a home environment

Ageing exposes people to risks related to poor perception of space, sensory loss, development of a disability or reduced mobility. Accidents resulting from these risks sometimes lead to such a loss of independence that the person concerned is no longer able to remain at home afterwards.

Prevention can be seen as an assisted living initiative in its own right. In Europe, a proposal is being considered for people aged around 60-65 giving the right to a "compliance with standards" diagnostic assessment of their housing, in order to help people convert their home, thereby minimising any domestic hazards.

● 3 / The coordination of housing operators

Prevention means creating ties and developing coordination between certain organisations.

→ *Ex. provided by Varna, the Département du Nord, Baranya and Kujawy-Pomerania on cooperative local governance.*

● 4 / The development of jobs that meet these new needs.

Currently, in Europe, there are large numbers of people working in the assisted living sector (a sector with plenty of growth potential). Maintaining elderly people at home has been made possible by the development of assisted living services. The partners nevertheless highlighted the need to monitor the qualifications and training of assisted living staff.

→ *Ex. of the monitoring of the employment situation in the assisted living sector set up by the Département du Nord in association with other local institutions.*

The establishment in 2006 of an "assisted living supervisory committee" involving the main assisted living federations.

→ *Ex. of the Département du Nord issuing authorisations for the creation of assisted living services as well as the assistance given to the SYDO association (professionalisation and monitoring of personal care services).*

● 5 / Support for families

Maintaining people at home (depending on the case) does not just involve conversions of living spaces; it can also represent a considerable psychological burden on the helpers concerned. In order to encourage people to continue living at home, families must receive assistance and support.

→ *Ex. of psychological aid implemented by the Département du Nord for natural helpers.*

→ *See the "gerontology" pilot scheme, in Styria, in which the monitoring of natural helpers at home is central to the caring process. p86.*

Observations

● 6 / Social integration

Assisted living should not be another form of social exclusion. Initiatives are undertaken so that people living alone who benefit from care and assistance at home may also remain in contact with the outside world.

→ *Ex. of the Département du Nord's innovation fund of that aims to promote innovative actions to encourage social integration.*

● 7 / New technologies

Research carried out in the area of home automation is moving towards the development of solutions that make people's everyday lives simpler. Studies on "smart homes" are currently in progress, but all the participants agreed that these must not lead to further social isolation.

● FIFTH OBSERVATION

Care home placements pose a real challenge for European societies.

For all the partners, there are numerous problems relating to care home placements that are due to a lack of investment, resources, places, monitoring, etc. The ageing of the population, more so than in many other sectors, will add considerable pressure to the sector of housing for elderly people.

It is also worth mentioning that some families become impoverished as a result. Elderly people pay for their placement with the savings they have accumulated throughout their lives. Placement therefore has a significant impact on the future inheritance shared out in the family, leading to widespread and cumulative impoverishment of future generations.

In certain local authorities, experts have highlighted the lack of places in care homes. In others, given changes in legislation (placing part of the

burden of the placement costs on the family), care homes for elderly people are not fully occupied – naturally this does little to reduce the overheads of such establishments.

Everywhere, the issue of adjusting the numbers of places is a very sensitive issue. Although in certain local authorities there is a significant reduction in the number of care homes, they all support the construction and renovation of buildings in order to create retirement homes (or other more medicalised institutions). Some of them manage planning authorisations for building and opening care homes (this is the case in the Département du Nord for example), while others prefer to manage this in a more deregulated fashion (this is the case in Styria).

● SIXTH OBSERVATION

Care home placements require the involvement of operators from various different sectors.

Retirement homes or specialised establishments (names differ depending on the geographical locations of the project group) work with numerous associations: assistance for families, recreational activities for elderly people, etc. They work on the integration of elderly people in society and on making this type of housing more "normal".

→ *Ex. of the support provided by the Département du Nord to associations working on artistic and cultural projects in establishments.*

→ *Ex. of the "Swan Gardens" association: an inter-generational project that creates organic gardens in retirement homes.*

● SEVENTH OBSERVATION

Entering a care home is part of a complex process that must necessarily be respectful of the people involved.

The question of the range of available care home solutions for elderly people is a crucial one. There are many forms of placement available for a person who is unable to remain in their home. In each case, a favourable environment, appropriate facilities, a place that is suited to the person, the use of new technology and the cost of the placement are essential issues that must be addressed.

In most cases the decision to enter a retirement or care home is not made by the person concerned (in France, 90% of admissions are requested by the family). This study began by asking the question: why do retirement homes have such a negative image?

The partners also observed that a fundamental question arises from this fact: why do families have to place their elders? This relates to the idea of "risk management". The right to take risks is "withdrawn" from elderly people who would, in some cases, prefer to retain them. At what point should we consider that the person loses the right to take risks and that such decisions be taken by the next of kin?

These questions, even if they are part of the private and sociological sphere, must be addressed when discussing the placement of an elderly person.

→ *Ex. of the "resident assessment instrument" (RAI): an assessment instrument presented by the colleagues of the Province of Hainaut (Belgium) to highlight the state of health and well-being of elderly people in care homes. It can be used for high-quality planning purposes and quality control in a standardised and well-organised manner.*

● EIGHTH OBSERVATION

Care home placements can be adapted to suit pathologies, the needs of the sick and provide high quality housing and health care.

People suffering from Alzheimer's disease, for example, or those with dementia have special needs that can be met by a different and suitable architectural approach.

→ *See speech by Mrs Sabine Oswald on p 138.*

→ *See the Graz geriatric centre on p 58.*

● NINTH OBSERVATION

Today, in Europe, many alternative services are emerging.

Faced with the issue of ageing, many forms of "alternative" housing are springing up. They attempt to change the pre-conceived idea of "isolating and restrictive" placements, promoting inter-generational interaction, flexibility, development potential, and civic-minded attitudes.

● 1 / Family care

Families are paid to care for one or more elderly people living in their own home.

→ *Ex. of the family care system implemented by the Département du Nord: on 31 December 2008, there were 451 approved family carers for 130 people being cared for in the Département du Nord.*

● 2 / Day care

Care centre for people during the day only.

→ *Ex. funding for the day care centre of the Département du Nord (93 places on 1st January 2009).*



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→ *Ex. of the day care services observed during the visits arranged in Styria (day care centre for Alzheimer sufferers), in the Lodz Voivodeship or the County of Baranya.*

● 3 / **Temporary care**

Temporary care involves taking people in for limited periods of time. It is provided for people who, for a specific period, cannot support themselves at home because of their state of health, the absence of helpers, building works, etc.

● 4 / **"Live-in" care**

Some people are paid to "live with" the elderly person. This type of support already existed informally with mutual benefits for each party, the carer and the elderly person. Today, this system could be developed but to do so, some of the labour laws need to be changed.

→ *The Département du Nord has identified this option as one of the areas to be developed in the future. Legislative changes (labour laws) are expected.*

● 5 / **Grouped housing**

Living spaces that include private and shared areas with an organised social life and a civic-minded approach to the way they are managed.

→ *Ex. of the presentation by the Province of Hainaut: personal project not officially recognised by the law, for example: Woluwe Saint Lambert, Antenne Andromède 6 flats for 5 people accommodating elderly people suffering from loneliness.*

→ *Ex. of the French Babayagas experiment (independent from the Département du Nord)*

→ *Ex. of the "end to solitude" experiment presented by the Kujawy-Pomerania Voivodeship.*

● 6 / **"Kangaroo" housing**

This type of housing is an interesting alternative to the rest home. It allows the elderly person to stay at home and other people (family, student, etc.) to live in another part of the house and use the independent living spaces for a reduced rent. Links are therefore established between the people living together, creating modes of interaction between generations and, sometimes, between cultures.

On housing: see also the "solutions for specific groups of people" topic, p 47.

Ideas

With regard to housing for elderly people, the partners agree on the need to:

- *living units that are increasingly integrated into the life of the area, more affordable and with more potential for development (for "every age group");*
- *adopt more dynamic construction strategies;*
- *adopt policies that help to focus more attention on the home;*
- *develop training services for carers in the home;*
- *raise additional funds;*
- *develop ideas on universal design, adaptability, development potential and a civic-minded approach to collective housing, in whatever form;*
- *develop, at a local level, the means of providing information on forms of housing to allow everyone to be involved in the debate, to encourage the creation of new local initiatives, and to incite the population to invest in the creation of new forms of housing, etc.*
- *implement or enhance governance between a wide range of different local stakeholders;*
- *put added emphasis on housing elderly people in rural or disadvantaged areas;*
- *develop different, more suitable and more specific architectural approaches for people suffering from Alzheimer's disease or dementia.*



"THE CHALLENGE OF AGEING: COOPERATION IN ACTION"

"The change in infrastructures for elderly people will have an automatic and significant impact on public finances"

"The need for infrastructures in the area of healthcar is going to increase".

"It is not just a question of doing more, but of doing some of the work differently".

"None of the partner authorities are currently in a position to establish an accurate forecast".

"The universal design principle goes further than simply providing easy or obstacle-free access to infrastructures: these infrastructures must always be affordable for everyone".

2

INFRASTRUCTURES

Observations

Given their considerable size and specific nature, institutions (retirement homes, etc.) have been treated separately in the housing sector. All the resources available for assisting elderly people in carrying out their everyday activities are considered as infrastructures (transport, regional network, accessibility, health, etc.)

● INITIAL OBSERVATION

The change in infrastructures for elderly people will have an automatic and significant impact on public finances.

The construction, development or maintenance of these infrastructures will have repercussions on public finances. The impact is all the more significant for some local authorities in that, depending on the tax system used locally, a drop in the active population may lead to a drop in available tax revenues. For example, the behaviour of a more elderly population may lead to less activity on the property market thereby also reducing tax revenues generated in this area, etc.

position to establish an accurate forecast. What's more, this is becoming difficult given the multitude of factors that can impinge upon the forecasts (e.g. technological advances). In general, the financial impact of an ageing population on infrastructures depends on several factors:

- *the burden that will be placed upon other infrastructures,*
- *the "baby-boomers" financial capacity,*
- *the local, national and European economic situation,*
- *the financial involvement of the States.*

It is worth noting that, in the future, the economy resulting from this ageing population, the opportunities and consequences arising from it (changes in demand, supply of products, services, etc), have given rise to the term, "Silver Economy".

● SECOND OBSERVATION

The ageing of the population should lead not only to a greater need for infrastructures but also a change in those needs.

It will not only be a question of doing more but also of doing some things differently (which may, however, lead to rising costs given the changes in quality standards along with significant consequences on land planning).

None of the partner authorities are currently in a

● THIRD OBSERVATION

Infrastructures in the area of healthcare are going to be affected by the ageing population.

The "new elderly" (those people who will be considered as such in a few years), are likely to be more healthy and more independent than previous generations. Included in the "elderly" category will be people in very different circumstances (two, or even three generations living in retirement at the same time).

Even though the currently ageing population is in a better state of health than previously, the needs in terms of health-related infrastructures will increase. Healthcare is not part of our local authorities' skill set. However, some of them have developed neighbourhood networks aimed at helping elderly people and their families, particularly in accessing healthcare infrastructures (information, contacts, etc.)

● FOURTH OBSERVATION

Transport infrastructures will have to change.

Elderly people prefer to grow old at home staying in surroundings to which they have become accustomed. The regions must consequently adjust to the growing demand for smaller transport systems with more flexible timetables.

→ *Ex. of the forecasts made in the Departement du Nord: the districts with the most "elderly" populations (within the next 20 years) will be those that were built rapidly when the baby-boom generation was acquiring property ownership. And yet, surprisingly, these zones are not so well equipped as other areas in the Region: infrastructures need to be put in place.*

Similarly, given the financial problems that affect elderly people, some local authorities have implemented assistance schemes for elderly people or free transport systems.

→ *Ex. of the free subscriptions in the Town of Varna.*

The needs of elderly people in terms of transport (more numerous and more diversified) are such that local authorities may be compelled to turn to new markets or make changes to existing markets.

→ *Ex. given by Varna regarding contracts signed with the private sector.*

Furthermore, new measures must be taken to make public places safer and more easily accessible (particularly on pavements and roadsides for all users: pedestrians, cyclists, wheelchairs, etc.). A few ideas raised in workshops: pavements to be systematically set lower down at road surface level at pedestrian crossings, pavement extensions designed to reduce time spent on the road, improvements to public transport access, changes to pedestrian crossings to suit the speed of users, tactile road surfaces, etc.

The needs of people with reduced mobility have led to the development of concepts such as "universal design". Indeed, this has become commonplace in certain countries like Japan or Canada. The universal design principle goes further than simply providing easy or obstacle-free access to infrastructures: these infrastructures must always be affordable for everyone.

These standards make it easier for elderly people to make full use of public spaces.

→ *Ex. given by Varna for its city planning (lifts, audible warning systems, etc.)*



● FIFTH OBSERVATION

Regional network infrastructures are going to change over time.

Local authorities are organising many initiatives to make transportation more accessible for elderly people. This is coupled with the decentralisation of services in order to make them as user-focused as possible.

- *See the homes of the Departement service points and the CLICs (Local Information and Gerontological Coordination Centres). 30 CLICs are open in the Nord region providing users with easy access to information and guidance throughout the Departement. See in p 62.*
- *See the "solidarity hamlets" network in Baranya: the most isolated villages can be awarded a certification allowing them to receive special benefits for elderly people. See p 66.*

Ideas

With regard to infrastructures, the partners agree on the need to:

- *build infrastructures to suit everyone at every age in life;*
- *provide an appropriate solution to the changing demands across the region, particularly regarding the regional network;*
- *raise the necessary funds to build suitable solutions;*
- *work together to effectively anticipate changes in the region.*



"THE CHALLENGE OF AGEING: COOPERATION IN ACTION"

"The Universities of the Third Age are a possible solution to the isolation that sometimes occurs at retirement and old age, thereby allowing elderly people to have a social and cultural life and giving them an opportunity to express themselves. They are to be encouraged by local authorities".

"Elderly people are the best experts when it comes to their own needs".

"An individual approach to care is provided for each patient; the idea is to concentrate on each person's strengths".

"In order to learn how to grow old, relations must be built with elderly people".

"Local authorities must support the spontaneous assistance sector: family, neighbours, friends...".

3

THE INTEGRATION OF ELDERLY PEOPLE

Observations

● INITIAL OBSERVATION

The integration of elderly people covers a very wide range of initiatives.

"Social integration" is the process that allows people, who are close to the poverty line and in danger of being marginalised, to benefit from the means and resources they need to become part of economic and social life. This term therefore includes numerous types of initiatives, all of which are designed to build a fairer and more just society.

The information charts submitted for the second workshop on the topic of "integration" show the many initiatives organised by our local authorities to promote integration: the promotion of voluntary work, support in improving access to recreational activities, initiatives encouraging relations between different generations, organisation of events in homes for elderly people, access to infrastructures (so take a look at the "infrastructures" section as well.)

● SECOND OBSERVATION

The availability of services that can be given for free is necessary.

Free services that are available to the most disadvantaged and isolated elderly people are an essential condition to the promotion of integration. Yet, the partners are concerned that, given the public sector cuts currently being implemented, the key social step forward in the provision of free services may be challenged or even disappear.

→ *See the free policy put forward by the Town Council of Varna. See in p 74.*

● THIRD OBSERVATION

Integration processes are slowed down by stereotypes.

In order to promote the integration of elderly people, the partners point out that it is not only necessary to change peoples' attitudes towards ageing but also to improve the way we think and feel about elderly people in our societies.

It is a question of looking at the elderly with their skills and strengths - and not as a person who is sick and losing his/her abilities. It is also a question of encouraging, through education and prevention, people to prepare for this new stage in life.

● FOURTH OBSERVATION

The initiatives taken to promote the integration of elderly people are many and varied.

● 1 / *The fight against poverty among elderly people*

Given that this issue was raised in workshop 1 and repeated several times in the charts on integration, it would seem that elderly people experience a significant drop in their income, adding insecurity to their living conditions. Financial exclusion is sometimes a visible consequence.

Within such a context, local authorities strive to reduce poverty among elderly people. Most of the information charts submitted refer to initiatives/actions offered for free or that are easily accessible for elderly people.

→ *Ex. provided by the regional social policy centre of Torun that is developing some special programmes targeting the 39 poorest districts of the Kujawy-Pomerania Voivodeship. (programme funded in part by the World Bank).*

→ See the policies offering free access to transportation and cultural infrastructures in the Town of Varna. See p 74.

→ Ex. of the financial support sent directly to elderly people by partner local authorities (case of Baranya County and the Département du Nord).

→ Ex. of initiatives developed by Suceava County to help elderly people on low incomes.

● 2 / Encouraging voluntary work, encouraging senior citizens to stay active

Once people stop working professionally, it is important to provide them with new activities. This gives elderly people a sense of belonging and involvement by making them feel socially engaged. That said, a survey carried out in France in 2002 (see compilation of the "integration" information charts) shows that it is mainly those who are wealthier who devote time to associations or voluntary work. It would seem that similar results can be observed in other European countries.

Consequently, to encourage the social integration of elderly people, local authorities must work on developing broader access to associations and voluntary organisations in order to prevent people from becoming isolated.

→ Ex. of initiatives promoting the creation of clubs for elderly people in the Lodz Voivodeship, especially in rural areas and the "women farmer's club" in particular.

→ Ex. of the number 1 strategic objective in the regional overview for the social and medico-social organisation (elderly person section) of the Département du Nord that sets out the objective of "allowing elderly people to make their skills available to others". Funding is provided to initiatives that use this as a basis for developing access to voluntary organisations. For example, the Département du Nord

is committed to supporting the involvement of elderly people in voluntary work as well as in mentoring schemes for vulnerable families.

→ See the "Time bank" experiment in Kujawy-Pomerania that organises the exchange of free time between generations. See p 82.

● 3 / Facilitating access to cultural and recreational activities (sport, travel, clubs, etc.)

Another aspect that was raised during the workshops was the need to get local authorities involved in promoting access to recreational activities.

→ Ex. of the involvement of Varna in ensuring free access to cultural activities for elderly people.

→ Ex. of the Kujawy-Pomerania "regional centre for cultural promotion" that has a special section for senior citizens: activities are open to them (art, theatre, outings, etc.) and the centre also organises intergenerational activities with schools and social centres. Special attention is given to networking in order to ensure that initiatives for the integration of elderly people build upon existing endeavours (governance).

→ See the Lodz Senior Citizen's University. See p70.

→ Ex. of the Département du Nord: a regional fund for the département has been set up to support innovative projects to improve access to cultural activities and promote intergenerational relations.

→ Ex. of the Département du Nord: significant funding for clubs and associations for elderly people. (in 2009, 27 associations worked with elderly people, 34 senior citizen's clubs and 4 unions for retired people were subsidised; grants of €130,000 in 2010).

Observations

● 4 / Promoting social, intergenerational ties

One of the aspects raised in the information charts and workshops for promoting the integration of elderly people was the importance of intergenerational connections. On this point, there were a large number of initiatives.

→ See the support initiatives for young disadvantaged people in Kujawy-Pomerania. The members of the "Time bank" are also developing intergenerational projects such as the "flashlight visions" project: photo competition involving young and elderly people on the theme of dreams, see in p 82.

→ Ex. in the Département du Nord, the regional fund for innovative projects that aim to establish intergenerational ties. Example of projects funded: the "inter-age ways" project organised by the social centre of one of the Département's towns. This project gathered together retired people and children to engage in activities, reading groups, group activities, etc.

→ Ex. in the Lodz Voivodeship: creation of an "inter-generational integration club" at Grabów

→ See in the Lodz Voivodeship, television programmes especially for elderly people. See in p 80.

● 5 / Developing activities in establishments for elderly people

Placement in a home must not be equated with exclusion from society. Some initiatives have been implemented to help retirement homes be more open to society.

→ Ex. in the Département du Nord: active policy in support of artistic and cultural projects in retirement homes. In 2009, 11 projects were funded for a total amount of €38,000 by the French Office of Solidarity for Elderly and

Disabled People and €22,948 by the French Office for Cultural Action. Example of projects funded: an artistic workshop for dance, an artistic workshop for photography and a Rap workshop in 2010! The idea behind the projects is to bring artists together with elderly people and work on overall self-esteem.

● 6 / Promoting accessibility to public places/ infrastructures See infrastructures. p 21.

Ideas

In a society where an increasing number of elderly people are falling below the poverty line, initiatives developed by local authorities are essential and irreplaceable. Numerous and varied initiatives have been set up on a local level. The projects referred to in this document are aimed at combating poverty, encouraging voluntary action, facilitating access to cultural and recreational activities, encouraging social ties, creating events in establishments, and promoting accessibility to establishments and infrastructures.

With regard to the integration of elderly people, the partners agree on the need to:

- *train more staff using new techniques (e.g. age simulator), based on new ideas (e.g. human attitude concept), dealing with new issues (e.g. preventing suicides among elderly people), raising more funds and paying better wages to carers;*
- *put together large scale national strategies;*
- *develop centres/clubs for elderly people that are sometimes too few in number;*
- *avoid any architectural or structural barriers and improve access to all infrastructures;*
- *encourage family ties and cooperation within society;*
- *develop programmes that prepare people to "grow old well";*
- *combat stereotypes about elderly people;*
- *find new ways of doing things that make better use of the skills of elderly people;*
- *leave no stone unturned in monitoring abusive situations closely (create supervisory and monitoring organisations for the partners where these still do not exist and provide them with the means to do so);*
- *put extra efforts into promoting the involvement of elderly peoples' associations;*
- *devote special attention to elderly people living in disadvantaged areas*

The partners expressed the idea of a shared campaign on ageing: 7 partners, so 7 close-up photos of elderly people with an unusual message that is at odds with pre-conceived ideas about elderly people: a campaign translated into the 6 languages of the project.



"THE CHALLENGE OF AGEING: COOPERATION IN ACTION"

"The solution for learning to age well: take one's time, accept things, make life simpler, stay active, continue to learn, laugh often, a lot and loudly, and enjoy the moment".

"How do you know when a man is old? When he hears voices, when he sleeps beside his false teeth, when he knows everything and no-one wants to listen to him" (Bulgarian anecdote).

"We cannot stop the ageing process, but we do not have to live as old men" (Joseph Rony).

"European society is marked by the spread of gerontophobia".

4

THE ETHICAL CHALLENGE OF "LEARNING TO AGE WELL"

Observations

● INITIAL OBSERVATION

The need to teach people how to grow old.

The idea of "learning to grow old" may appear strange. Indeed, since ageing is very much part of life, this expression could be equated to "learning to live", which could be seen as rather odd.

That said, after reflection, there are areas where we need to learn how to live well: parents, school, friends, etc. educate us in critical reasoning, free choice, respect for others and protection of self. Yet, ageing occurs within a different context. Whether it is to do with physical capabilities or the mind, people are faced with new circumstances when ageing for which they must be prepared.

Indeed, learning to grow old means learning to live, but learning to live differently. Hence, this raises a paradox: learning to live as we have always lived (our values, ideas, history) but under changing circumstances and with different strengths.

This uneasy paradox between "being" and "becoming different" is the cause of suffering for many elderly people. This is all the more difficult given society's ever increasing devotion to youth, movement, efficiency, etc.

● SECOND OBSERVATION

The ambivalence of learning to age well

There are two dimensions to this ageing education:

- *that of accepting one's own ageing process, how to cope with it, how to live with it, how to prepare for it, etc.;*
- *that of accepting the ageing process of others, a better understanding of ageing in order to develop and facilitate proper treatment. First and foremost, this is a challenge that requires cooperation and openness. It should not be forgotten that the vast majority of elderly people*

are independent and that, within the context of an ageing population, we need to better understand the practical realities of the ageing process and challenge pre-conceived ideas in order to get a better understanding of elderly people (and thus improve the way we care for them, house them, integrate them into society, etc.).

As a result, we must now develop methods and expertise for educating people to age well. This is all the more important given that our communities are undergoing significant demographic change. Developing education on ageing in communities is one of the ways of rising to the challenge of an ageing population.

● THIRD OBSERVATION

Communities are committing to numerous initiatives to help people cope with their own ageing.

According to the project partners, it is worth noting that some communities are involved in educational programmes dealing with old age. The idea is to convey a new image of elderly people, not only for other people but also and especially for elderly people themselves. The idea is also to help people reconnect with their bodies, re-appropriating them, etc.

It is possible to help elderly people better prepare for the circumstances they will face in old age.

- *Ex. of the Departement du Nord that made the objective "to prepare for retirement" the no. 1 strategic guideline of the regional overview for its 2007-2011 social and medico-social organisation (elderly person section).*
- *Ex. of the national ageing strategy developed in Hungary that explicitly aims to make people accountable for the preparation of their own retirement (from a young age).*

● 1 / Sports-based initiatives

The partner communities are developing special sports activities aimed at elderly people.

→ *Ex. of the Town Council of Varna: free sports clubs open to women aged over 55. The idea is to build awareness about different ways of dealing with old age.*

→ *See the Kujawy-Pomerania Voivodeship that has set up a "regional physical activity programme for senior citizens" aimed at people over the age of 50. See p 76.*

● 2 / Global preventive measures

→ *Ex. of the Département du Nord that has been running awareness and information campaigns since 2002 on the screening of breast and colorectal cancer in collaboration with the Association for Cancer Screening of the Nord.*

→ *Ex. in the Département du Nord, of the organisation of courses to help senior citizens to continue driving (CLIC of the canton of Armentières with the pension fund and the national association for the promotion of road safety education). An initiative not funded by the Département.*

● 3 / Initiatives in the area of nutrition

Not many initiatives were presented but it would appear that education in different types of nutrition is important. Courses in cookery and preventive measures in this area could be developed. Food and meals are generally seen as important points of reference.

→ *Ex. of the Rœulx retirement home (Département du Nord) where independent elderly people can help the cook every day in order to remain active and have a daily routine.*

● FOURTH OBSERVATION

Learning and improving the way we prepare people for old age is possible: learning to see the ageing process in order to provide better assistance.

To help people age better in Europe, younger people must try to understand old age and the practical consequences of old age in others. This way of seeing things requires some effort:

● 1 / Attempting to overcome the barriers caused by the age difference

Paradoxically, in order to understand the elderly person properly, one must, first of all, overcome the idea of age difference. The elderly person is, first and foremost, a person with his or her own history and circumstances. "You cannot understand elderly people without understanding their story. What is important here is the perception of old age. Elderly people conjure up an image of the doting grandfather and grandmother. Yet, they arrive at the retirement home with their militant ideals or their homosexuality."

Consequently, the elderly person must, above all, be considered just like any other person. Partner communities must accordingly develop different initiatives dealing with the way we perceive others, sharing with others and inter-generational activities.

→ *Ex. of the support provided by the Département du Nord during the "blue week" (national event that promotes elderly people in society). In 2010, the theme of the blue week was "living together whatever your age" and numerous projects, aimed at breaking down the barriers that exist between different age groups, were organised (e.g. support for inter-generational cookery courses, inter-generational organic gardening, etc.)*

● 2 / Attempting to work with several different models at the same time

Each period of life has its own reference points and special features. Without generalising, we must be in

Observations

a position to accept new values and sometimes new models in order to be inclusive of elderly people.

Values that are inherent to growing old, slowing down, etc. must be given a higher priority by European societies. The latter have a tendency to place productivity as the sole criteria for success in life, systematically paying more attention to the losses rather than the gains that ageing entails. Yet, new models of consumer society are emerging today that shine the spotlight on potential new measures: "society of being" (and not a "society of having") or even, when it comes to the economy, the idea of "slow business" (letting people work at their own pace). These models aim to improve the way different age groups live together. (Baranya "Switching from the deficit model to the evolution model".)

● 3 / *Attempting to understand other people and their lives better*

Getting a better understanding of someone else's reality not only makes it easier to accept the person; it also helps in finding solutions to support them. Lots of work is currently being developed in Europe in the area of home automation and well-being at home for example. In order to put oneself in an elderly person's "shoes", businesses have developed "age simulators" that help to understand, just for a few minutes, the physical situations faced by an average 80-year-old person (used, in particular, for training carers): splints are used to block the joints, weights are placed on the back and shoulders, a helmet and glasses are used to diminish sensory perception).

Other initiatives and/or educational programmes can be set up to teach others what it means to be old: encouraging training courses, inter-generational forums (ex. Faculty of Medicine in Switzerland: compulsory lessons for students taught by grandparents to explain the real-life situations faced in old age) See also the "humanitude" theory for caring for elderly people based on treating people properly and listening to them, improving the assis-

tance given to people and providing respect, tenderness, and independence.

Preparing for other people who are ageing helps to understand the ageing process better and therefore come to accept it more easily. The idea is to understand elderly people better by organising venues for gatherings, debates, learning, sharing real life experiences.

Various practices were presented:

→ *Ex. of the Departement du Nord that counted on its own employees to better understand "future" elderly people. A questionnaire was sent out in 2008 to representatives of the département over 50 years old. 2,388 questionnaires were sent out and 559 returned.*

Objectives of the survey: understanding how these people perceive their own retirement, studying their feelings regarding the loss of independence, etc.

→ *Ex. of Baranya County that has set up a council of elders that meets locally and regionally to discuss and help direct policy regarding sports, leisure activities, communications, mental health, employment, benefits, etc. A national strategy has been developed since January 2010 in Hungary to promote an active life style for elderly people and awareness of the elderly: "the academy for elderly people". The council of elders works across a national network of people to develop lobbying on issues which concern them and organise surveys to understand elderly people better.*

→ *Ex. in Kujawy-Pomerania, the University of the Third Age is working with gerontologists to develop better understanding between carers and elderly people.*

→ *See in the Lodz Voivodeship: television programmes devoted to elderly people aimed at building social ties and changing people's perceptions. See p 80.*

Ideas

Based on the information charts received and exchanged in the workshops, the partners state that learning to age well is a challenge for all of us: not only for the elderly person concerned but for all of society in order to better understand, and therefore better treat, elderly people.

This is an important challenge for local authorities because they have lots of expertise in assisting elderly people (indeed, new ideas are emerging such as the "high-quality ageing regions").

To develop methods for "learning to age well", the partners agree on the need to:

- *encourage long-term initiatives in this area;*
- *develop resources to expand ageing education services;*
- *combat pre-conceived ideas and reverential attitudes towards youth that constitute a significant obstacle to efforts made to bring different age groups together;*
- *allocate additional resources to developing preventive measures;*
- *coordinate the various programmes better;*
- *highlight the elder councils and the meeting places showing the real life circumstances of elderly people;*
- *facilitate communications concerning elderly people;*
- *provide more training for staff (new techniques, new concepts, new themes, e.g. preventive measures against suicide among elderly people);*
- *raise more funds and promote better pay for carers;*
- *form better partnerships with national education bodies to promote better ageing education. The partners have put forward the idea of an "ageing day at school": official recognition of a day in Europe to facilitate real-life accounts, projects, discussion, etc.*

A quote that is always relevant: "A policy for ageing well will emerge as a result of individuals becoming aware of the life cycle of everyone in society as well as the responsible choices made by society as a whole to live well together" (Rapport Laroque – 1962).



"THE CHALLENGE OF AGEING: COOPERATION IN ACTION"

"The structural weakness in the employment figures of senior citizens is a striking phenomenon throughout Europe".

"Gender inequalities are particularly noticeable in the employment of senior citizens".

"We do not become outdated as soon as we reach retirement age!"

"The employment of senior citizens (55 - 65 years) covers a very broad range of different situations".

5

EMPLOYMENT OF SENIOR CITIZENS

Observations

The topic of the employment of senior citizens differs somewhat from the others covered by the project as a whole. In fact, it does not really concern "elderly people" or even "dependent elderly people", rather people between the ages of 55 and 65 (or even between 45 and 65, depending on perceptions and the country concerned) often known as: "senior citizens".

The subject of employment is, however, very much in the public eye and has significant repercussions on the well-being of the elderly. As life expectancy rises, adding considerable pressure to the pension plans of the European Union, questions are being raised about the proportion of time allocated to "working life" and "retirement".

As suggested by all the partners, there are many questions that go far beyond the pension plan issue. They affect the way each society understands professional life, its pace and its pressures on "private" time, national cooperation, well-being, free will and the relative importance of the economic and social spheres.

● INITIAL OBSERVATION

The employment of senior citizens is the subject of stereotypes and ignorance.

As with the other topics dealt with in the project, the "employment" theme brings to light many restrictive stereotypes regarding senior citizens: the oldest employees are considered to be not very productive, costly and opposed to change. These stereotypes still prevent large numbers of "senior citizens" from obtaining jobs, when they are, in reality, acknowledged to be more experienced and more disciplined.

During the last 25 years, businesses have become used to letting senior citizens go rather easily and have therefore neglected the "Human Resources" programmes that would have kept them at work (whether in terms of changes to working conditions or lifelong training to improve skills levels).

Many businesses in Europe are largely unaware and poorly trained on the employment situation of senior citizens and their needs. However this situation is beginning to change and some businesses or agencies are now specialising in the employment of senior citizens. The vast numbers of people that will be retiring in the coming years will force businesses to review the way they manage the employment of senior citizens (phenomenon that has already begun in Japan for example: the effective retirement age in Japan is 68 years; they have an employment rate for men between the age of 55 and 59 that is over 90%).

● SECOND OBSERVATION

The employment of senior citizens covers many diverse and sometimes unequal situations.

The employment of senior citizens (55 - 65 years) includes a very broad range of different situations. Some people wish to continue working by preference/choice, while others would like to stop wor-

king but have to continue working for financial reasons; there are also very different circumstances when it comes to the physical demands imposed on workers.

Elderly employees that remain in employment are often more qualified and better paid, while businesses have been quick to show employees on lower salaries the door (paradoxically, these people are the ones who claim that they need to continue working for financial reasons).

As mentioned in several information charts, gender inequalities are particularly noticeable in the area of senior citizen's employment. Women have even less chance of retaining paid work than men after the age of 50.

● THIRD OBSERVATION

Unemployment for senior citizens is very particular.

A lot has been said about the employment situation of senior citizens, as many countries struggle to find a place for them in the job market. The situation of unemployed senior citizens in Europe poses difficulties. Although they are fewer in number than job seekers under the age of 25, they remain unemployed for longer periods. Indeed, some end up leaving the "unemployed" statistics because they are eventually put on incapacity benefit or are no longer required to search for a job.

The structural weakness in the employment figures for senior citizens is a striking phenomenon throughout Europe. The member states had announced a target rate of employment of 50% for people aged between 55 and 64 to be attained by 2010. In fact, the employment rate in Europe for 55-64 year olds has risen from 36% in 1997 to 45% in 2007 - although the results are very different depending on where you are in Europe. In some

Observations

countries the employment rate for senior citizens is very high: 70% in Sweden, 59% in Denmark, 57% in the United Kingdom, 52% in Germany. While in other countries the figures are much lower: 39% in Austria and in France, 34% in Italy and Belgium.

● FOURTH OBSERVATION

The decision to retire depends on a combination of different reasons.

Even though the circumstances that senior citizens are faced with in the area of employment and unemployment vary widely from one person to another, the notion of a "system" is also considered. The decision to stop or continue working is also based on the opportunities provided by the systems in place:

- *in terms of available policies promoting employment and combating unemployment,*
- *in terms of sickness and incapacity provisions;*
- *in terms of pension schemes.*

A quick overview of the current legislation dealing with retirement is also needed (See European Commission's MISSOC tables - legal age for retirement: (See MISSOC information http://ec.europa.eu/employment_social/missoc/db/public/displayResults.do)

- *in Austria: 60 for women, 65 for men (between 2024 and 2033: gradual rise in the retirement age for women to match that of men)*
- *in Bulgaria: 60 for women, 63 for men*
- *in France: 62 by 2018*
- *in Hungary: 62 (the retirement age is being pushed back by six month periods for each age group from 2010 to attain the age of 65 in 2022)*
- *in Poland: 60 for women, 65 for men*
- *in Romania: 58 for women (to be extended to 60 in 2014), 63 for men (to be extended to 65 in 2014)*

Finally, having compiled these observations and the employment-healthcare-pension policies, three main aspects of the decision to retire can be identified in Europe:

● 1 / *The individual aspect*

Some factors of the decision to retire are personal: gender, level of qualification, state of health. It has been demonstrated that individuals also have a good idea of their life expectancy and this plays a part in the decision to retire.

● 2 / *The contextual aspect*

The context of a so-called "active" end of life is very important: retirement date of the partner, household income, state of health of the partner or another family member, dependent children, economic situation.

● 3 / *The institutional aspect*

The kind of support provided by the three social systems in place (employment - pension - healthcare) has a decisive influence.

→ *Ex. of the study carried out in Kujawy-Pomerania to identify factors governing the decision to retire. In the case of Kujawy-Pomerania, 7 types of factors have been listed:*

- ▶ *factors relating to health*
- ▶ *the legal factors (retirement age, system, etc.)*
- ▶ *the fear of losing one's job in the future and the lack of opportunities for finding a new job afterwards*
- ▶ *working conditions and the kind of work available*
- ▶ *the level of income/pension*
- ▶ *the need to take care of a friend or relative*
- ▶ *personal relations*

● FIFTH OBSERVATION

Local authorities can only act within the limit of their powers which are conferred to them by the law.

In light of the information charts, it seems that the local authorities have few powers in this area. Employment (whether of senior citizens or not) often falls under the responsibility of national plans and Employment Agencies, etc.

In fact, almost all of the partners working on this topic do so indirectly in cooperation with employment agencies, NGOs and State departments. This is not the case in the Austrian state of Styria, which has the power to directly develop initiatives for the employment of senior citizens.

In addition, it should be noted that a good number of participating local authorities are working on this subject, directly or indirectly, via the ESF Operational Programmes of each State. As a result, the ESF is becoming an important financial backer of senior employment in Europe.

→ *Ex. given of the Polish operational programme section 6.1.1 and 7.2.1 with supplementary co-funding from section 6.2 if 50% of the target group is 45+. This may be developed further (a point to keep in mind for all of the partners during the negotiations for the next programming 2013-2020).*

→ *See "Styrian employment pact". See p 90.*

→ *Ex. of the Municipality of Varna that has set up, within its territory, the "personal assistant" national programme. See p 98.*

→ *Ex. of the Municipality of Varna that has set up, within its territory, the "retirement assistance" national programme. Its objective is to guarantee a job and retirement financial support for unemployed people who only need up to 5 points to achieve the full retirement rate.*

→ *Ex. of the Kuyavian-Pomeranian Voivodeship, which is implementing the "Solidarities Generations 50+" national plan. This targets people who are out of work or experiencing exclusion and provides personalised guidance with coaching, psychological support, etc. The programme also aims to change the way employers view the over 50s. (Programme adopted by the council of ministers on 5.08.2009).*

→ *Ex. of the county of Baranya in Hungary, which has implemented a Pact (Baranyapaktum) on a regional level with the aim of increasing the level of training and equal opportunities especially for the over 50s. www.baranyapaktum.hu*

→ *Ex. of Suceava County, which has developed "working life prolongation" programmes with the AJOFM (local employment agency): the implementation of information, advice and support programmes, etc. In addition, a database listing the target groups of senior citizens and possible employers is currently under development. In Romania, a national programme to promote the employment of unemployed senior citizens exists for the period 2008-2011.*

→ *Ex. of the regional employment agency in Lodz which coordinates actions financed by the Fund to "increase the professional activation of people aged 45/50+".*

From a general point of view, all of the information charts insist on the necessity of having custom-made personalised action plans.

Observations

● SIXTH OBSERVATION

New ways of working are to be promoted.

The low employment rate of 55-65 year olds is pushing European countries to develop new types of employment. However, these new types of employment are not, of course, reserved solely for senior citizens and may be a stepping stone for all. These models are above all implemented by the companies themselves, and not by the partner local authorities that have little or no control over the organisation of companies. Therefore, the new models listed during workshops are not necessarily the result of local authorities' best practices but constitute, nevertheless, an interesting contribution for envisaging the changes to come.

● **1 / Teleworking**

A form of working that, by using special equipment, allows an employee to work partly from home.

→ *Ex. of Styria that helps to develop teleworking.*

● **2 / "Interim management" and "transition management"**

Executive interim management system. The interim manager is paid by a specialist interim company. They may also be employed on a fixed-term contract, or as a freelancer, for transition management (the management of a particular contract or a mission).

● **3 / "Umbrella company"**

A form of employment that combines the independence of working as a consultant with the security of earning a salary. The idea is that the person is hired on a full-time basis by an umbrella company which pays their salary. The employee works in one or several other companies. The umbrella company functions like a consulting company and invoices for the number of hours worked by the employee. The employee is paid by the umbrella company, and the latter deals with

all of the administration, just like a traditional company.

● **4 / Multiple employment and job sharing**

Multiple employment refers to the situation of working for several employers in part-time positions that add up to full-time employment. Job sharing refers to the situation of being employed by an association, a group created by a number of different companies. The group employs people on a full-time basis and the employees share their time between the companies in the group as required.

● **5 / Job creation**

Some countries have made administrative processes easier, leading to the creation of new companies. This is the case in France, notably with the notion of "self-entrepreneurship". In France, 20% of self-entrepreneurs are over 60 years old.

● **6 / Flexible working arrangements towards the end of working life**

Processes, working hours, distribution of tasks or organisation of working hours that enable employees who are approaching the end of their working life to continue working at a pace that suits them.

● **7 / Development of tutoring, mentoring, sponsoring**

Dividing your working hours between your professional activity and training the younger people in the company. The underlying idea is to pass on the knowledge of senior workers whilst proposing more flexible working arrangements to suit them.

● **8 / Promote new models of production**

See "learning to grow old" workshop and the new "slow business" economic models: flexible working hours, adaptation of work stations, part-time work, etc.

Ideas

The partners agree that the issue of the "employment of senior citizens" is at a very important crossroads. It is experiencing an important evolution in all fields: legislative, economic, social, ethics and solidarity, etc. They are also convinced of the need to:

- *promote the employment of senior citizens with simultaneous double action targeted at both employers and employees;*
- *be vigilant about equal opportunities with regard to the employment of senior citizens, especially women, people with few qualifications, etc.;*
- *work in a concerted way (involvement of multiple parties) for the employment of senior citizens, whilst taking into consideration the need to provide personalised support and providing the opportunity to open up to new economic models;*
- *develop, with regard to senior citizens, an immediate and responsive action at a given time "T" (necessarily personalised individual support provided to the people in question), whilst reflecting and anticipating the needs of future generations;*
- *work on a specific legal framework;*
- *mobilise means for agencies/NGOs/local authorities that require financial resources to undertake the actions;*
- *carry out comprehensive consultations on the new forms of work towards the end of working life: mentoring, sponsoring, tutoring, part-time, adaptation to the pace of senior citizens, slow business, adaptation of work stations, professional reclassification, etc.*

The partners also agree on the fundamental importance of the European Social Fund in this area.



"THE CHALLENGE OF AGEING: COOPERATION IN ACTION"

"We must avoid the exhaustion of the family, because when the family is exhausted, it is too late and you can no longer build anything with it".

"People with disabilities will not age at the same speed as each other, it depends on their disability".

"Elderly immigrants live in precarious conditions more often than others and have a poorer state of health".

"The care of people suffering from Alzheimer's is in the middle of a social and health crossroads".

"How they are seen is important for an ill person. They must be treated with kindness".

6

SOLUTIONS FOR SPECIFIC GROUPS OF PEOPLE

Observations

Elderly people have, of course, many different needs. The practices developed by the project's partner local authorities have demonstrated a will to deploy services for the population in the most personalised way possible, in order to optimally respond to people's different needs.

Despite these efforts, all agree on the real specificity of caring for three types of people:

- *elderly people suffering from degenerative diseases, such as Alzheimer's,*
- *ageing disabled people,*
- *elderly immigrants.*

In effect, whether it be for reasons of pathology, living conditions or an increased risk of isolation, the workshops demonstrated the necessity for specific actions to be implemented for these groups of people.

It should be noted that during the workshops, experts also highlighted the existence of another group of people with specific needs: people with dependencies (drug addicts, alcoholics). The dependency of elderly people on substances such as alcohol and drugs is a particular case and these people experience premature ageing.

● INITIAL OBSERVATION

Working with specific groups of people is complex because it is multi-sectoral.

The actions of local authorities on this matter involve many of the topics that have already been considered during the project: housing, infrastructures, inclusion, learning to age, and employment. A holistic approach is required, whilst paying attention to the uniqueness of each person.

● SECOND OBSERVATION

Alzheimer's disease and dementia in general are among the greatest challenges in the context of the ageing of the population.

The most common type of dementia in the European Union is Alzheimer's disease (50 to 70% of cases - the majority of the other cases of dementia result from strokes or other illnesses). According to studies, in 2006, 7.3 million Europeans aged 30 to 99 suffered from different types of dementia (12.5 people per 1000 inhabitants). Across Europe, women are more affected than men. Mathematically, increasing life expectancy will result in a considerable rise in the number of cases of dementia. Some estimates predict that the number of people affected will double every 20 years. If we take the families of these people into consi-

deration, with an average of 3 people per family, it is estimated that today more than 19 million Europeans are directly affected by dementia.

The number of elderly people affected by Alzheimer's disease is therefore going to increase. Beyond the pain and the difficulties experienced by families dealing with this disease, Alzheimer's also presents a public health and economic problem. Dealing with Alzheimer's disease is very expensive. According to the report *Dementia in Europe Yearbook 2008*, the total cost of Alzheimer's disease rose to 130 billion Euros in 2005 in the EU27. Taking into account the estimated rising incidence of the disease, this cost is likely to greatly increase.

During the workshop discussions, multiple problems at the European level became apparent:

- *prevention is largely under-used,*
- *Alzheimer's disease remains under-diagnosed,*
- *coordination of research and best practices in Europe is too limited,*
- *Alzheimer's disease is still little understood, and therefore it is sometimes misunderstood.*

* http://ec.europa.eu/health/ph_projects/2002/rare_diseases/fp_raredis_2002_a4_03_en.pdf

** *Survey of Health, Ageing and Retirement in Europe (SHARE) (2004-2007):* www.share-project.org

Observations

Taking into account the ageing population, fighting Alzheimer's disease has become an important issue for the European Commission. Following the communication on 22 July 2009 entitled "Communication on a European initiative on Alzheimer's disease and other dementias", the Commission should produce a report for the Parliament and the Council in 2013.

At the local level, the situation is much more urgent. Despite significant efforts, several participants denounce the lack of resources and the excessive burden on family carers. For example, Varna states that approximately 90% of Alzheimer sufferers across its territory are cared for solely by family carers.

Beyond these observations, different best practices were presented:

- *Ex. in the Departement du Nord: a day care centre for people with Alzheimer's disease or related disorders constituted a key axis of the region's gerontological schema for 2002-2006, and of the region's "elderly people" section of the Regional Schema for Social and Medico-Social Organisation for 2007-2011. The creation of a day care policy for elderly people with Alzheimer's disease has three objectives:*
 - ▶ *enabling Alzheimer sufferers to remain living at home,*
 - ▶ *preparing a more permanent placement if necessary,*
 - ▶ *supporting carers with "respite" solutions. The Departement financially contributes to day care centres for elderly people with Alzheimer's disease (decree framework of 14 November 2005). In 2009, the Département du Nord had 342 day centres, including 249 "Alzheimer day centres". This should rise to 375 in 2012 (out of a total of 542).*
- *Ex. of the Departement du Nord, which organises the placement of Alzheimer sufferers with host families (11% of host family placements involve Alzheimer sufferers).*
- *Ex. of Lodz that finances and provides specialist home care for people with psychological and degenerative diseases. In 2009, 99 such people were cared for out of the local council budget.*
- *Ex. in Lodz, the Alzheimer's Association informs about the disease, and supports sufferers and their families. It provides moral support and educational information.*
- *Ex. in Lodz, cultural and artistic initiatives are put into place to support elderly people suffering from mental disorders.*
- *Ex. in Varna, a day centre for adults with psychological disorders has been financed by Switzerland.*
- *See Centres for the Autonomy and Integration of Alzheimer's Patients (MAIA). See p 94.*
- *Ex. of the Lodz Voivodeship, which supports NGOs working with Alzheimer's patients. Amongst the subsidised initiatives, there is "support for initiatives that aim to promote the training and education of senior citizens in order to maintain their mental capacities and to fight against senile dementia and Alzheimer's disease".*
- *Ex. of the "memory centres" and the "memory consultations" in France (the Departement du Nord is not involved in this initiative). These are consultation forums organised within a hospital structure with a team of professionals who are trained to evaluate memory disorders and other cognitive and behavioural functions.*

- *Ex. of the "Nord Alzheimer" federation: an association that informs patients and supports their families, aiming to improve the guidance and care provided to the patient. The association also develops spaces where the families can share experiences and support each other.*
- *Ex. of the governance put into place in Austria for Alzheimer's disease. State information about the disease is regularly considered with Vienna: number of people being cared for, for how long, how many staff involved, until when, etc. Austria has drawn up a "needs and development plan" for 2009 - 2025. The collection of information and the decisions, given the scale of the phenomenon and of the work to be done, demands national cooperation based on local authorities.*
- *See the "memory clinic" in the state of Styria, notably at the Geriatric Health Centre in Graz, via the application of Böhm's concepts. See presentation on p 129, speech by M. Gert Hartinger.*
- *See the different architectural approaches observed in the state of Styria. See p 138. the speech by Mme Sabine Oswald.*
- *See the gerontology pilot study in the state of Styria. see p 86.*

● THIRD OBSERVATION

The majority of existing structures are not suitable for ageing disabled people.

The issue of ageing disabled people is a delicate one. For an elderly person, the difficulties they encounter are caused by their advancing age, but for a disabled person, these difficulties become combined with their pre-existing disabilities. This results in specific requirements with regard to their care, housing, etc.

Taking into account the increased vulnerability of these people, some talk of "premature ageing", which requires specific attention.

Thanks to medical progress and improvements in support and care, people with disabilities (regardless of the origin of the disability) are showing an increase in their life expectancy. New treatments and the development of health and social policies are in fact leading to an increase in the number of ageing disabled people. This issue will intensify in coming years.

The solutions to develop for ageing disabled people are much more delicate since the causes of the disabilities are, by nature, very diverse. The studied population group is extremely heterogeneous, which makes the work and developing adequate solutions much more difficult.

Ageing disabled people have another characteristic: they are less likely to start families than people without disabilities. Therefore, they have much fewer family carers, and this situation will become more acute when their parents die.

This raises the question of the quality and the quantity of specific residential care structures. In "nursing home" structures, people with disabilities are in the minority (in France, approximately 3%) and they enter them earlier than the other residents, notably before the legal retirement age.

Observations

Also, unlike the other residents, ageing disabled people have often lived in another establishment before moving to the nursing home. In fact, when they enter a nursing home, they are often "fitter" than the other residents. Their needs in terms of activities and leisure are therefore very different (without considering their differences in care). Moreover, as they have fewer family carers than elderly people, and ageing disabled people are often more isolated from the outside world. That said, although the very old people living in institutions tend to become withdrawn, this is not the case for ageing disabled people, who build more links with the staff and sometimes with the other residents.

Nevertheless, elderly disabled people generally have difficulties integrating into old people's residential homes that are often not adapted to their needs and disabilities and where the staff has had little training in the field. Conversely, remaining in a residential centre for disabled people would also raise the issue of adapting the establishment to the ageing process and training the staff.

These differences prove that the cohabitation of two different groups of people in an institution is difficult to organise, and it also highlights the particularities of these groups.

Ageing disabled people experience a series of moves during their life, and that is why it is important to establish coordination between the different sectors.

During the workshops, national disability policies were often reviewed. In addition, some precisions were given about the management of the ageing of people with disabilities:

- *Ex. in the Département du Nord, a Regional Centre for Disabled People (MDPH) has been created (obligation by law of 2005). The Département exercises an administrative and financial supervisory role over this centre. The MDPH is a one-stop service for disabled people regardless of their age, their ability to work, etc. It provides information and advice and creates a life plan for the disabled person (physical or psychological disability). The MDPH analyses requests for financial support. For disabled people, this support is called the "Disability Compensation Benefit" (PCH). It is paid to people between 20 and 60 years old, but it may be paid for longer under special conditions. It should be noted that there are numerous Alzheimer's sufferers amongst the beneficiaries of the PCH.*
- *Ex. in 2010, the Département du Nord paid €52 million in PCH benefits (of which €23.6M paid by the State). The old form of this benefit continues to be paid at more than €27 million.*
- *Ex. of the Département du Nord which, as part of its social security benefits system, pays the housing costs of adults with disabilities who are unable to live at home. These people either live in a medico-social residential home or with a host family. Disabled people who are over 60 years old (or who have an age exemption) may register to live in a Home for Dependent Elderly People.*
- *Ex. in Lodz, initiatives have been developed to improve the skills of care assistants who look after people with disabilities.*

● FOURTH OBSERVATION

The impact of elderly immigrants is underestimated.

Immigration in Europe occurs in successive waves, therefore distinguishing different groups of people among the Member States:

- *destination countries for young graduates: Germany, Denmark, Austria, Scandinavian countries.*
- *countries with a colonial history that links them in particular to overseas or Africa: Belgium, the Netherlands, the United Kingdom, France*
- *new immigration countries, where economic/political changes attract immigrants: Ireland, Greece, Spain, Portugal, etc.*

According to studies carried out within the framework of the European project "Active Ageing of Migrant Elders across Europe", in 2000, the number of immigrants in Europe was estimated to be 56 million (7% of the total population). In 2008, the number of immigrants aged 60+ was estimated at around 7 million (54.1% women - 45.9% men). According to demographic projections, it should reach 15 million by 2015.

These elderly immigrants live all over Europe, but the largest groups are found in Great Britain, Germany, Italy and France. They form a very heterogeneous population:

- *people who migrated during the colonial or post-colonial period,*
- *people who migrated for work reasons,*
- *elderly people who are from groups that migrated a long time ago,*
- *people who migrated in order to find better conditions in which to grow old,*
- *elderly refugees,*
- *elderly illegal immigrants.*

In the study "Active Ageing of Migrant Elders across Europe", the practices of some of our countries are detailed. For example, the Russian Association for Disabled People in Bulgaria provides support to elderly Russian people who are living in Bulgaria.

In light of the discussions during the workshop, it seems that the issue of elderly immigrants is a relatively new one. Few initiatives have been outlined:

- *Ex. of the Departement du Nord that voluntarily financially supports associations working in this field. For example, it finances the "Generation and Culture" association within the framework of an initiative called "intergenerational and intercultural links between the residents of the ARELI homes (for ageing and isolated immigrants) and local inhabitants". This initiative aims to promote access to citizenship and to participatory democracy for the residents of ARELI homes. It also aims to promote cultural diversity and living well together. The association proposes work based on memory gathering, life stories, and the organisation of meetings and discussions. These meetings will be showcased with the organisation of an exhibition and a celebratory day.*
- *Ex. in the Departement du Nord: it should be noted that the payment of the Personalised Autonomy Benefit (benefit paid to dependent elderly people aged 60+) does not take into account nationality criteria.*

* (AAMEE Project) developed by the Ministry of Intergenerational Affairs, Family, Women and Integration of the State of North Rhine-Westphalia, Germany, with the European Commission from 01.12.2007 to 30.11.2009. The AAMEE Project aims to:

- recognise what elderly immigrants have achieved in their lives
- show the opportunities and potential that elderly immigrants represent
- encourage the social, cultural and economic integration of elderly immigrants For this, the accent is on volunteering and the development of new products and services that take different cultures into account. See references below.

Ideas

In order to support and improve the care of people with Alzheimer's and related diseases, ageing disabled people, and elderly immigrants, the project partners agree on the necessity of:

- *logistical support to upgrade buildings so that they comply with safety standards for people with Alzheimer's and related diseases;*
- *reflecting on the life journey of these groups of people and therefore on the responses to bring to their needs and characteristics;*
- *training more care workers so that they are more aware of the very specific characteristics of Alzheimer's sufferers, ageing disabled people, and elderly immigrants;*
- *developing legislation that is specific and adapted to these groups;*
- *developing carer support policies, notably for older carers and for family carers;*
- *encouraging voluntary action in society,*
- *having better coordination between health, social and medico-social operators, and better collaboration between central government, public authorities, local government and NGOs;*
- *putting into place better monitoring guidelines for these groups, developing "databases", information or monitoring systems for the management of files, information systems (organisational need);*
- *developing planning at a European level so as to guarantee higher incomes for the people who work with these different groups;*
- *helping to distribute information to families,*

Particularly interested in the "gerontology" pilot study developed in Styria, the partners agree that more suitable training of care staff and home care that is more personalised and targeted may, for people with Alzheimer's and related diseases, in the end be less expensive than the traditional hospital care systems (See p 86).



"THE CHALLENGE OF AGEING: COOPERATION IN ACTION"

Among the many policies or initiatives listed within the framework of the "Ageing better in Europe: local authorities exchange their viewpoints" project, a number of them particularly grabbed the participants' attention, either because they were innovative, or because they were involved in exemplary partnerships, or because they had found other resources. The use of these examples as models and the possibility of transposing them was discussed with great interest.

7

BEST PRACTICES



Initiative 1 "The memory clinic - Ge

PROJECT /
INITIATIVE
LEADER

STYRIA STATE - AUSTRIA

DESCRIPTION
OF THE PROJECT /
INITIATIVE

"MEMORY CLINIC"

Dementia is one of the most widespread disorders amongst elderly people. Today, compared with other public health problems, the treatment of dementia probably faces its greatest challenge. Numerous theories have attempted to explain why the number of cases of dementia is increasing. Currently, approximately 100,000 people in Austria suffer from dementia, and this figure is estimated to double by 2050. In this context, the development of adapted residential centres is one of the keys to providing better elderly care.

Studies show an increase in the number of cases of dementia in people aged over 70. Approximately 4.1% of 70-74 year olds, 13% of 80-84 year olds, 21.6% of 85-89 year olds, and 30% of 90-99 year olds suffer from dementia.

The "Memory Clinic" at GGZ (Graz Geriatric Health Centre) focuses on the characteristics and needs of people suffering from dementia. Its daily work is highlighted in the centre's mission statement: "from darkness to light". The memory clinic supports patients during their daily activities, and focuses on their remaining mental capacities.

Its mission is to provide the most suitable care to each patient on the basis of his/her cultural and social background. The staff at the GGZ offers adapted care to its patients according to an initial diagnosis and personalised support to their families.

The care provided to people suffering from dementia is based on the psychobiographical model developed by Professor Erwin Böhm. This model aims to achieve a deeper understanding of the patient's personal background and emotional past.

" We would have a better understanding of elderly people and their behavioural problems if we had better knowledge about what they think and what affects them " (Böhm)

Geriatric Health Centre in Graz"

MOBILISED RESOURCES: The partnership

The "Memory Clinic" is one of the services provided by the Geriatric Health Centre in Graz, which belongs to and is administered by the city of Graz. The "Memory Clinic" is therefore a public institution.

The patients themselves finance their stay. They do however have the opportunity to apply for a care allowance that covers part of their care costs.. This financial support is evaluated and granted according to the level of dependency of the patient, which is rated on a 7 point dependency scale.

The allowance is paid in monthly instalments. If a patient has social needs, they also have the possibility of receiving supplementary social security benefits (40% from the city, 60% from the State of Styria)

Human resources

The "Memory Clinic" has 22 patient places.

Management: one person, 1 full-time equivalent

Carers: 6 people, 4.9 full-time equivalent

Care assistants: 11 people, 10 full-time equivalent

Doctors:

One neurology specialist

One general practitioner (in total, 0.7 full-time equivalent)

Other professional sectors that are involved in patient care at the "Memory Clinic":

- Social services
- Physiotherapy
- Occupational therapy
- Remedial massage
- Speech therapy
- Psychology
- Psychotherapy
- Laboratory
- Dietary advice

Financial resources / the cost

The daily cost of a bed is €184.30.

The daily rate for a patient is €163.40.



Initiative 1 next

"The memory clinic - Ge

COMMUNICATION / MEDIA / DISTRIBUTION

For information about the "Memory Clinic" visit the website www.ggz.graz.at
Here you will find a detailed brochure about the "Memory Clinic".

DURATION OF THE PROJECT / INITIATIVE

The geriatric centres hope to develop a suitable and adapted service. The "best practice" models were able to be identified within the framework of the standardisation and specific studies. The "Memory Clinic" at the Geriatric Health Centre in Graz came into action in May 2007 and is one of the most modern specialist services for the treatment of dementia in Austria. In 2010, the centre was awarded a quality of care certificate in line with Professor Erwin Böhm's concepts.

OBTAINED RESULTS

The purpose of this support and care initiative is to achieve better quality of life for the patient and to support the patient's personal freedom, whilst guaranteeing sufficient patient safety and stimulation of their mental capacities. The care team's work is designed so that the dementia patients use their available mental capacities to remain independent, see themselves as an active individual and are involved in the decisions that concern them.

In order to help compensate for the perceptual processing disorders experienced by patients, the institution uses a wide range of treatments including, of course, kinesiotherapy. The Geriatric Health Centre's objective is to help patients in their daily life by offering them, for example, a routine adapted to their needs, animal-assisted therapies and housework training, and by encouraging mobility. We aim to involve the patient in their daily life, to help integrate them into their daily activities and to maintain these activities, and to increase their well-being and their quality of life.

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Geriatric Health Centre in Graz"

Initiative 2 CLIC

PROJECT /
INITIATIVE
LEADER

DEPARTEMENT DU NORD - FRANCE

DESCRIPTION
OF THE PROJECT /
INITIATIVE

The "CLIC"

The Local Information and Gerontological Coordination Centres (CLIC) are designed as single access points for support, information, advice and orientation for elderly people and their families and friends. Faced with the diversity of parties involved (public, associations, private) and the fragmented range of services, the objective of the CLIC is to promote, at a local level, collaborations between professionals in the health, medico-social and social sectors, in order to provide multi-professional responses that are essential for supporting elderly people living at home. The CLICs objective is therefore to help elderly people to remain living in their own homes.

The Local Information and Gerontological Coordination Centres (CLIC) provide the following services:

→ **Welcoming, listening, informing and orienting elderly people and their families :**

The CLIC responds to the requests of retired people, elderly people, dependent or not, and professionals, by providing them with information to help with their needs whilst respecting the life choices of the elderly. It provides a personalised welcome and a space for listening and discussion, communicating and helping with decisions. It is also a resource and information centre that holds an up-to-date database of the range of services on offer in the region.

→ **Evaluating needs, drawing up a personal support plan:**

The CLIC has to respond to the complex situations of frail, poor elderly people and this requires the collaboration and involvement of several partners in order to:

- ▶ Allow a personalised medico-social evaluation of the elderly person's needs,
- ▶ Develop suggestions whilst taking into consideration the opinion of the elderly person and their carers: direct towards useful resources,
- ▶ Contribute to the creation of quick, complete, adapted, diversified and coordinated responses.

→ **The implementation, monitoring and adaptation of the personal support plan:**

This plan continues the support work described above and involves interaction between different partners.

DESCRIPTION OF THE PROJECT / INITIATIVE

It enables:

- ▶ a range of services to be activated, and therefore it promotes the complementary involvement of the health, social and medico-social sectors.
- ▶ potential emergency and/or crisis situations to be managed.
- ▶ the dossier to be monitored and updated as necessary.

The CLIC does not aim to replace other actors in the gerontology sector or the families; rather, it aims to provide a coordination service.

→ **Guaranteeing institutional coordination :**

With a view to strengthening the quality of responses to the needs of elderly people, the CLIC enables identified partners to work together within a dynamic network. Therefore, it focuses on:

- ▶ providing regional dynamic leadership,
- ▶ developing the notion of "local watchdog",
- ▶ leading themed committees in collaboration with partners in the sector/CLIC,
- ▶ participating in task groups initiated by local public powers,
- ▶ organising joint awareness-raising and information campaigns (involving a range of professionals),



MOBILISED RESOURCES: The partnership

→ **Financing partners:** the Municipalities, the Retirement and Health at Work Insurance Fund (CARSAT), the Agricultural Social Mutuality (MSA), etc.

→ **"Technical" partners,** that is actors, institutions and associations from the medico-social, social and health sectors whose work primarily focuses on elderly care and support:

- ▶ Residential structures (residential homes, homes for dependent elderly people, long-term hospital care units, host families),
- ▶ Home life organisations (home help services, remote alarms, meal services, transport services, day centres),
- ▶ Home care providers (independent health professionals, home nursing services, home hospital care, Health Network, Specialist Consultations),
- ▶ Hospital services (Hospitalisation, short geriatric stay, follow-up care services),
- ▶ Social services (Social Action Community Centres, social services of pension funds, hospital social services),
- ▶ advisory services and associations (association for advice on the improvement and adaptation of the home, patient associations, etc.).

Initiative 2 CLIC next

Human resources

The staff at a CLIC centre must be "qualified and organised" and composed of at least a manager (to manage the CLIC and lead the local network), a coordinator (for individual coordination assignments and development of institutional coordination) and a receptionist or secretary (to welcome visitors and complete administrative tasks)

A study in 2008 across 29 CLICs counted a total of 86.2 FTE, that is an average of 2.9 FTE per CLIC.

Financial resources / the cost

This is a voluntary financial regional policy. Today, the 30 CLICs constitute an extensive network throughout the Département du Nord that covers all of the 652 municipalities in the region.

The decree of the Conseil Général du Nord on 10 April 2006 provided for an annual contribution to be granted to each CLIC. The payment of this contribution is subject to the signature of an agreement between the Département du Nord and the body that runs the CLIC.

The decree of 3 July 2006 set the contribution amount for one year of operation. Three contribution levels were established, with the level of funding depending on the total population covered by the CLIC. The three levels are as follows:

- ▶ €120,000 per CLIC where the population is equal to or greater than 100,000 inhabitants and the proportion of over 60s is equal to or greater than 18%*
- ▶ €100,000 per CLIC where the population is equal to or greater than 100,000 inhabitants and the proportion of over 60s is less than 18%
or per CLIC where the population is lower than 100,000 inhabitants and the proportion of over 60s is equal to or greater than 18%*
- ▶ €80,000 per CLIC where the population is lower than 100,000 inhabitants and the proportion of over 60s is less than 18%*

Each year, the Département invests more than €3 million in these services (the funding must cover the staff costs).

DURATION OF THE PROJECT / INITIATIVE

Today, the 30 CLICs constitute an extensive network throughout the Département du Nord that covers all of the 652 municipalities in the region. This action should continue.

OBTAINED RESULTS

Each year, the CLICs submit an activity report and accounting and administrative documents to the Département.

In addition, the Département carries out an evaluation of the initiative that provides useful information about the CLICs' performance. This information is used to assess if the care and support provided by this initiative is adapted to the needs of the users and the expectations of the Département, if the implementation of a network is effective and if it is at the heart of gerontological coordination. It also enables best practices to be highlighted and for any malfunctioning to be set right.

The evaluation is carried out within the framework of harmonising the current structure: it should allow for the strengthening of the Département's role as pilot, for the clarification of the CLICs' practices and their relationships within the region, notably with the municipalities, and for reflection on the gerontological coordination tool.

The latest evaluation came to 31 December 2010 and allow for a work plan to be developed in line with the evolution of the initiative.

CONTACTS

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Initiative 3 "Network of solidarity"

PROJECT /
INITIATIVE
LEADER

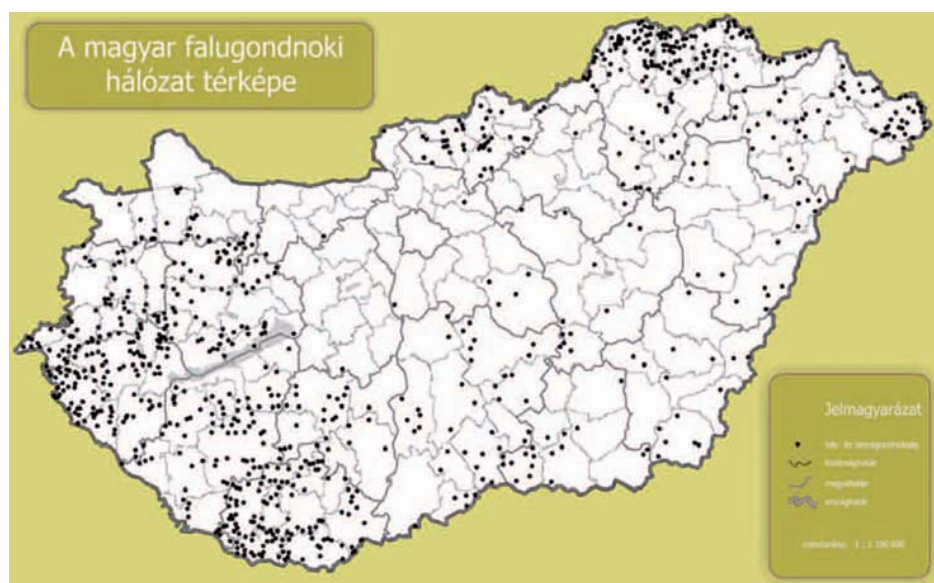
COUNTY OF BARANYA - HUNGARY

DESCRIPTION
OF THE PROJECT /
INITIATIVE

"NETWORK OF SOLIDARITY HAMLETS"

Originally launched in 1993 in the county of Baranya, this project has greatly evolved. Today, it counts 1268 services, or 1268 "solidarity hamlets". The county of Baranya is particularly rural and has many small villages.

As the map shows, the majority of the "solidarity hamlets" are concentrated in the south, west and north-east of the country (the most rural areas).



<http://www.baranyafalu.hu/szolghun.html>

With regard to the county of Baranya, out of the 301 villages with fewer than 600 inhabitants, 118 are labelled "solidarity hamlets".

As such, two actions have been put in place:

- ▶ a mode of transport is allocated,
- ▶ a trustworthy person, usually from the village, is employed to assist people in a range of daily tasks.

hamlets"

DESCRIPTION OF THE PROJECT / INITIATIVE

Commissioned and supported by the State, the county in this way provides support to isolated people. This support may be general assistance or more specific help adapted to a person's individual needs: mobile meal services for the "solidarity hamlets", home help, family support, the installation of an emergency alarm system, services for the local population, help desks, street work, as well as support services for everyday tasks.

The majority of the transport services are organised. It should be noted that help desks have been optional in the county of Baranya since January 2009. Although the county has no obligation to provide them, they do so (on condition of endorsement by the State services) (this is also true for the transport services for dependent people).

The objective of these services is to help disabled or dependent people in their everyday life. The services on offer vary according to the degree of a person's disability or dependence:

- ▶ assistance with daily activities and transport
- ▶ implementation of measures or installation of instruments necessary for everyday life
- ▶ access to the information service, help with administrative procedures, help with adapting the disabled or dependent person's home to their needs
- ▶ sign language translation service
- ▶ help and support for developing relationships with others, strengthening family ties, group work
- ▶ cultural policies to aid integration
- ▶ adaptation of working conditions, skills development

The transport service is financed by the National Health/Medical Insurance Fund and applies to different types of journey: home-consultation, home-institution, home-home, institution-institution. The service is for people with specific health problems, people with reduced physical ability, disabled and incapacitated people, people whose state of health prevents them from using public transport, as well as people suffering from contagious diseases.

The transport is free of charge with a medical prescription for 96 registered companies (in the event that a person is not insured, they must pay for the service upon use). Emergency transport is free of charge.

Initiative 3 "Network of solidarity next

MOBILISED RESOURCES: The partnership

The assistants employed in each of the "solidarity hamlets" work in a network: with the village mayor, other service networks, civil/civic organisations, local and regional administrative institutions, etc.

Human resources

The human resources are defined by law.

- The village supervision service:
 - ▶ one supervisory assistant in each village (1 person)
- The assistance support service:
 - ▶ the director (1 person)
 - ▶ support staff (2 people)
 - ▶ one driver (1 person)

It should be noted that voluntary work holds an increasingly important place for fetching medicine from the pharmacy, picking children up from school, etc.

Since 2006, the transport problems have worsened (as a reminder: in 2006, the Ministry reorganised the transport control system). In 2006, 250 vehicles for transporting sick people were paid for by the government. In 2008, the investment request was for 480 vehicles. Moreover, the number of associations in this sector had increased from 41 in 2006 to 100 in 2008.

Financial resources / the cost

In 2010, each service is expected to receive the equivalent of 7,394 Euros.

The applicants may subscribe for a period of three years. Financial contributions, defined by law, for the medical services system and institutional support, are planned.

A reform of this law is currently being considered.

COMMUNICATION / MEDIA / DISTRIBUTION

During the last 10 years, the inhabitants of the villages concerned have received 4 newsletters per year; they also benefit from information about the available services, meetings with professionals, special programmes and events. The "Network of solidarity hamlets" service is free of charge and open to all. This implies that the associations know the local communities well and work closely with them.

A quality debate allows each person to have their say.

hamlets"

DURATION OF THE PROJECT / INITIATIVE

This initiative has no end date.

OBTAINED RESULTS

One of the most important results is maintaining the transport and local services in rural areas, as well as maintaining a social network.

Taking into account the "Network of solidarity hamlets" and the government's support for the project since 2005, the European Union's Social Expert Group has described the "Network of solidarity hamlets" as one of the "best practices in Europe" and has heralded it as an exemplary project. Some elderly people cannot afford to pay for the provided services, and so the fact that they are free of charge means access for all and true social inclusion. Even the poorest people have access to the services.

CONTACTS

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Initiative 4 "University of the Third

**PROJECT /
INITIATIVE
LEADER**

LODZ VOIVODESHIP - POLAND

**DESCRIPTION
OF THE PROJECT /
INITIATIVE**

**The University of the Third Age at Lodz Polytechnic School – UTW PL
(administrative unit of the School).**

The primary objective of the UTW PL is to maintain and develop the mental and psychophysical capacities of senior citizens by providing them with continuing education, regardless of their previous training, gender, professional situation or employment situation.

Each citizen with full rights (and free time), may, without any racial or social discrimination, become a student at the UTW PL. Students join the University of the Third Age according to the order in which they submitted their applications and to the number of available places. The classes at the UTW PL cover two academic semesters.

The objectives of the UTW PL are achieved via the following activities:

- ▶ Scientific conferences for the non-expert on various subjects led by researchers and specialists (4 hours/week);
- ▶ Foreign language learning: English, German, French and Italian (different levels are available);
- ▶ IT courses (different levels are available);
- ▶ Plastic arts department;
- ▶ Exercise and work out classes;
- ▶ Self-defence courses;
- ▶ Tourism: guided tours of the town and the region;
- ▶ Meetings, concerts, visits to art exhibitions.

**MOBILISED
RESOURCES:
The partnership**

→ Role of the government, the Voivodeship, and associations:

Sharing their experiences of organising activities for elderly people, and transferring and distributing information about what companies are doing for the benefit of senior citizens at the city and Voivodeship levels.

→ Partnership with the town of Konstantynów, where a "branch" of the UTW PL is located. Within the framework of this cooperation, the UTW PL organises conferences that are led by lecturers from the Polytechnic School and from other graduate schools in Lodz. This initiative involves approximately 50 inhabitants of Konstantynów.

Age"

Human resources

Approximately 600 people participate in this project.

Financial resources / the cost

The University of the Third Age is a non-profit making institution that is financed by the contributions of the participants.

The Lodz Polytechnic School, the budgetary actor of this project, helps the UWTP PL by providing us with conference rooms, audiovisual and computer equipment and Internet access free of charge. In addition, the Polytechnic School provides the University of the Third Age with an office where the administrative staff of the UWT PL work.

COMMUNICATION / MEDIA / DISTRIBUTION

The knowledge distributed by the UTW PL is transmitted during the conferences and weekly classes that are aimed directly at our students. The learning material is also provided free-of-charge to our students.

People who are not involved in this project may find information on the University's website, in articles published in the School's periodical, "The Life of the Polytechnic", and in the local daily press.

DURATION OF THE PROJECT / INITIATIVE

The University of the Third Age at Lodz Polytechnic School was opened by the PL senate on 28th June 2006. Since then, the courses have continued to grow and there is no planned end date for the project.

OBTAINED RESULTS

Providing continuing education to senior citizens is not the University's only priority. It also aims to: develop and maintain the students' mental (cognitive aspect, creative self-realisation), physical and social capacities, and to build interpersonal and intergenerational links.

The majority of students at the University of the Third Age are retired. We encourage them to develop their interests and expertise (which was sometimes impossible for them to do whilst they were working).

Thanks to the group classes, the University of the Third Age may help to improve the quality of life of the elderly people and create conditions for improved ageing.

Also, via the diverse range of activities at the University, the students have the opportunity to live actively, to adapt to the reality of contemporary life and to improve their living conditions.



Initiative 4 next

"University of the Third

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Director:

Lecturer – engineer M. Andrzej Koziarski

Secretariat:

Engineer Agnieszka Stołeczka



Age"



Initiative 5 "Free-of-charge policy"

**PROJECT /
INITIATIVE
LEADER**

MUNICIPALITY OF VARNA - BULGARIA

**DESCRIPTION
OF THE PROJECT /
INITIATIVE**

"FREE-OF-CHARGE POLICY"

The municipality of Varna runs an active social policy and develops social services so as to prevent social exclusion and isolation. It primarily achieves this through the strengthening of the social services network in order to ensure peaceful and dignified living conditions for elderly people and people with disabilities. For these "at-risk groups", the free-of-charge social services are: a day centre for elderly people, 10 rehabilitation and integration centres for elderly people and people with disabilities, a "home care" centre, and a public canteen.

The centres offer rehabilitation services, legal consultations/aid, educational and professional training services, access to information and contacts with social services. They also create and implement individual social integration programmes. According to the needs, kinesiotherapy, speech therapy, music therapy, plastic arts and photography therapy sessions, etc. may be provided.

**MOBILISED
RESOURCES:
The partnership**

The partnership A proportion of the social services is financed by the State, the rest being financed by the Municipality of Varna. The social services are free on the basis of State and Municipal policies: national strategies, national programmes and plans to improve the quality of life of disabled and elderly people. The services are managed by the Municipality or by external actors (NGOs/associations) that have been granted the authority to do so following a bidding process or service delegation. In Varna, more than 90% of the Municipality's services are delegated to NGOs.

Human resources

Currently, more than 150 specialists work for the free-of-charge services provided to the people of Varna: social experts, psychologists, kinesiologist, speech therapists, teachers, work therapists, art therapists, nurses, etc.

**Financial resources /
the cost**

In 2010, the Bulgarian State provided this initiative with 437,040 leva in funding (223,000 Euros). In addition, the Municipality contributed 772,647 leva (395,000 Euros). The same budget for the "free-of-charge services" is planned for 2011.

COMMUNICATION / MEDIA / DISTRIBUTION

The public is informed about the free social services via brochures and posters issued by the NGOs. These documents give information about the providers, how to access the services, and the services themselves.

Information is also communicated in the mass media, on the radio and local television and in newspapers. The municipal and social services staff help and direct the beneficiaries towards the new services.

DURATION OF THE PROJECT / INITIATIVE

The social services have been developed since 2007. Each year, new services are made available and the programme is adapted in line with the needs of the local population.

OBTAINED RESULTS

Maintaining and developing social services free-of-charge has meant that the most excluded people can access these services. Numerous beneficiaries feel less isolated as their social interaction has increased, and an improvement in their state of health can often be observed. For elderly people, these services allow the ageing process to be mastered and better controlled (prevention, etc.).

CONTACTS

Municipality of Varna
<http://www.varna.bg/zdrave/index.htm>



Initiative 6 "Regional programme o

**PROJECT /
INITIATIVE
LEADER**

KUYAVIAN-POMERANIAN VOIVODESHIP - POLAND

**DESCRIPTION
OF THE PROJECT /
INITIATIVE**

**"REGIONAL PROGRAMME OF PHYSICAL ACTIVITIES
FOR SENIOR CITIZENS"**

The "regional programme of physical activities for senior citizens" is one of the preventive programmes run by the local government in the Kuyavian-Pomeranian Voivodeship. It is aimed at people aged over 50 and there is no maximum age limit. The singularity of this programme is based on its complex approach to the issue of improving the physical condition of the participants, by combining physical activities that are suitable for their age and by developing preventive initiatives that promote healthier lifestyle options.

The programme aims to improve the participants':

- ▶ cardio-respiratory physical condition
- ▶ muscular strength and endurance
- ▶ suppleness
- ▶ balance

The programme includes:

- ▶ The training and qualification of trainers who work specifically with elderly people; during their training, the trainers receive information about the responsibilities and objectives of the training groups. They also get first aid training.
- ▶ The participants are examined before they start the programme. This involves:
 - ▶ *medical examinations
 - ▶ *an evaluation of their physical ability
- ▶ 3 weekly training sessions lasting 45 min (depending on the availability of the centre and the participant) in groups of 14 to 16 people
- ▶ Training for the programme participants: meetings, learning about the principles of a healthy lifestyle and the importance of physical activity for health, and studying the impact of physical training on the health of elderly people.

**MOBILISED
RESOURCES:
The partnership**

The Kuyavian-Pomeranian Voivodeship leads the programme at the regional level. It is partially implemented by the local authorities (the municipalities that run the courses).

f physical activities for senior citizens"

Human resources

Participation in the programme is free. It is financed by the Kuyavian-Pomeranian Voivodeship Marshal's Office. Local actors (municipalities) also contribute to the funding of the programme. The Voivodeship covers the cost of the preliminary medicals and physical ability evaluations of the participants, as well as the cost of organising and implementing the programme at the regional level. The local authorities pay for the training equipment and also the trainers' salaries.

Financial resources / the cost

The Kuyavian-Pomeranian Voivodeship finances the programme with 112427 PLN (~€28,817) of funding and each town council makes a financial contribution within its territory.

COMMUNICATION / MEDIA / DISTRIBUTION

Information can be found on the Marshal's Office website www.kujawsko-pomorskie.pl, and at <http://zdrowysenior.studiomag.pl>

DURATION OF THE PROJECT / INITIATIVE

The programme runs from 2007 to 2011

OBTAINED RESULTS

Year	Number of participating local authorities	Number of participants	Number of training groups
2007	4	231	12
2008	12	519	33
2009	20	1282	69
2010	17	1013	61
2011	25	1606	100

The programme participants report an increase in their well-being and a subjective improvement in their physical fitness. They state that they would continue with the training sessions in order to stay in good health even if they had to cover supplementary costs.

The evaluation of their physical condition confirms the improvement in the functional fitness of all of the groups participating in the programme.



Initiative 6 next

"Regional programme o

OBTAINED RESULTS

In conclusion, the programme:

- ▶ *develops the participants' physical abilities on a multilateral basis,*
- ▶ *teaches consistency,*
- ▶ *improves physical fitness and well-being,*
- ▶ *encourages social integration.*

CONTACTS

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f physical activities for senior citizens"



Initiative 7 "Television programme"

PROJECT / INITIATIVE LEADER

LODZ VOIVODESHIP - POLAND

DESCRIPTION OF THE PROJECT / INITIATIVE

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'BEING A SENIOR CITIZEN' TELEVISION PROGRAMME

The 'Being a Senior Citizen' programmes have been shown on regional television in Lodz since 2007. The objective of the programmes is to broadcast information on the work that is being carried out in favour of the social inclusion of elderly people and to promote such actions.

This project is made possible thanks to an agreement between the national telecommunications company, TVP S.A, and the Lodz Voivodeship. This agreement allows for the production of television programmes aimed at senior citizens. Each programme has a different theme.

The programmes talk about the consequences of ageing, but they also highlight the activities of senior citizens and the possible achievements to be gained from volunteering or continued education. The programme's themes have included pensions, health, diet, family, etc. To date, 29 programmes have been produced.

One of the most recent programmes told the story of an octogenarian who organises bike rides in his town. This is an example of pursuing a physical activity for ones grandchildren and great-grandchildren.

MOBILISED RESOURCES: The partnership

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The partnership Managed by the Lodz Voivodeship,

- ▶ Regional Social Policy Centre,
- ▶ TVP S.A /regional section, Lodz,
- ▶ NGO that has occasionally participated in the production of the programme depending on the theme.

Human resources

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Audience ratings counted 49,000 viewers in 2009 and 45,000 in 2010.

Financial resources / the cost

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2007-2010: 131,278.30 PLN (€32,691)

: 'Being a Senior Citizen''

COMMUNICATION / MEDIA / DISTRIBUTION

The programme is broadcast by the local television station, and each episode is preceded by an introduction. The programmes can be accessed on the TVP S.A. website, Lodz section.

DURATION OF THE PROJECT / INITIATIVE

The initiative is currently underway.

OBTAINED RESULTS

Reduced feelings of solitude, easy access to all kinds of information for elderly people: tourism, health, public institutions, support for the creation of Universities of the Third Age, NGO action.

This programme is broadcast to a regular audience that often requests new episodes. Moreover, the initiative has been awarded a prize by the Ministry for Regional Development.

Expected long-term results:

An increase in the number of services for elderly people, including initiatives implemented by the local authorities and NGOs.

CONTACTS

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Initiative 8 "Time bank"

**PROJECT /
INITIATIVE
LEADER**

KUYAVIAN-POMERANIAN VOIVODESHIP - POLAND

**DESCRIPTION
OF THE PROJECT /
INITIATIVE**

"TIME BANK"

The objective of the "Time bank" project was to widen the range of programmes offered by Toruń's University of the Third Age (TUTA), to integrate active senior citizens for the benefit of the local community, to develop the idea of an active life during the third age and to improve the mental, intellectual and physical health of elderly people.

The project involved the creation of a "voluntary time bank" that trained 50 volunteers over a period of 1 year for the benefit of non-governmental organisations, local authorities and the inhabitants of Toruń.

The participants were trained in the theory and practice of voluntary work, with the focus on project building and bidding for grants. 4 courses on "civil society" for the members of Toruń's University of the Third Age were planned. The trained people then worked as agents for the organisation of help and support for and by senior citizens.

**MOBILISED
RESOURCES:
The partnership**

The partnership The project is jointly financed by the "Polish-American Freedom Foundation" and by two non-governmental organisations: Toruń's University of the Third Age and the Kuyavian-Pomeranian support centre for non-governmental initiatives (Tłok).

The partners developed the project together and ensured that it was adequately carried out. Toruń's University of the Third Age was a member of the partnership. Its members coordinated and organised the specific activities, and the association was also in charge of the accounts.

The Kuyavian-Pomeranian support centre for non-governmental initiatives created an online database of voluntary work. The organisation also offered information about writing bids for financial support and sent out invitations to seminars, classes and training sessions.

Human resources

The number of people involved in the implementation of the Time bank: 4

Financial resources / the cost

Project cost: 51,060 PLN (~€13,095)

COMMUNICATION / MEDIA / DISTRIBUTION

Information is available in local newspapers, on the project's website, in the window of Toruń's University of the Third Age, during classes, as well as via direct contact and mail shots.

DURATION OF THE PROJECT / INITIATIVE

Period of implementation: 1.06.2006 – 31.05.2007
The agreed measures are still in place.

OBTAINED RESULTS

As a result of the work jointly carried out by the TUTA and TŁOK, the operation of the time bank and voluntary work is guaranteed. The participants received information and acquired basic theoretical skills during the different seminars. The needs of the institutions and people were identified, as were the individual abilities and wishes of the participants. The seminars also gave the participants the opportunity to share experiences and knowledge, which enabled a lot of the participants to find a field of action. Over 5 years (since the creation of the time bank), new activities and forms of employment have been developed. Volunteers work in community and parish centres, treatment and emergency centres, educational institutions and schools.

They help ill people. They also help with the organisation and running of events that take place in the town or that are part of national initiatives. The volunteer workers also play an important role in initiatives that are for the good of their own organisation.

The first seminars resulted in the development and implementation of 14 projects that support the TUTA's statutory activities and the training of volunteers (for example, improving the forms of social communication, the forms of training to teach children). A dedicated website for the project was created.

A large number of senior citizens are members of the time bank. The initial communication consisted of calls: "Does your apartment need renovating? Would you like to learn English for free? Or, perhaps you don't have anyone to play chess with? Join the Time Bank. Where time really is money!"

Initiative 8 "Time bank" next

OBTAINED RESULTS

Over time, more and more students and pupils joined the senior citizens. During the monthly meetings (over coffee and cake!), the participants exchanged offers and requests for help. Numerous needs were identified: learning basic IT skills, setting up an e-mail address, replacing the washing machine, gardening, occasional sewing groups, learning to get to know oneself, chatting. Meetings at Christmas and other celebrations are the opportunity to share recipes.

The objective of the project is to enable generations to share their knowledge with each other, to improve intergenerational integration, to strengthen and develop the local social potential, to denounce the prejudices held about young people and elderly people, to improve self-respect, and to develop new ways of spending free-time. The project also works to fight social exclusion. During the activities, knowledge and skills were exchanged. The senior citizens are happy to be able to spend time with young people. By working with them, the elderly people can pass on their knowledge and experiences, which gives them a sense of usefulness and therefore encourages their self-respect.

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Manager of the "Time and volunteering bank":

Mme Stanisława Zielińska.

Initiative 9 "Gerontology pilot proj

PROJECT /
INITIATIVE
LEADER

STATE OF STYRIA - AUSTRIA

DESCRIPTION
OF THE PROJECT /
INITIATIVE

"GERONTOLOGY PILOT PROJECT"

The "gerontology pilot project" has been in place for about ten years and its purpose is to provide geronto-psychiatric treatment for the over 65s.

This project was the result of numerous observations: the current care system is experiencing many problems that medical professionals are managing poorly. In a context of extremely limited budgets, it seems that there is a need for new ideas, political courage and optimism (notably to go beyond the hospital-home relationship). Currently, 20 to 30% of over 65s suffer from psychological problems at least once a year. A quarter of them require psychiatric treatment.

Some positive points should be noted: those who will be over 75 in 15 years' time will not have the same needs as today's over 75s. They will be in better health, but it is difficult to say whether or not dementia will follow the same trend. It will also become increasingly difficult to treat isolated people. If the current home care system in Styria works well, then questions arise concerning the future. Patients and carers will need better coordination and families will require better support in order to prevent exhaustion and isolation.

In addition, other observations were made: the diagnosis and orientation of patients are not efficient enough, and people still do not want to undergo medical screening and analysis for fear of the consequences.

There are many parameters to be put into place for the global action concerning elderly people with dementia: families should get more support, home care should be further developed and specialised, voluntary work should be supported, geronto-psychiatric techniques should be developed, and the number of day care services should be increased. It is also important to differentiate between a patient's mental and physical health: the mental health of elderly people can really improve even if their physical health evolves differently.

These are the observations that led to the development of Styria's "gerontology" project. The project involves a reflection group made up of different actors (NGO, hospital, families, patients, public powers) that focuses on the holistic treatment of dementia through personalised and adapted home care and support. The objective of the geronto-psychiatric assistance developed by the project is to improve the patient's condition, improve the coordination of the network and of interdisciplinarity, and increase the patient's ability to remain living in their home.

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**MOBILISED
RESOURCES:
The partnership**

The partnership The project requires cooperation and coordination between the different actors who work with the patients. The relationship with the family is particularly important.

Human resources

A multi-disciplinary group of psychiatrists, nurses, doctors, care assistants and volunteers was created and trained in the specific problems linked to dementia. Within the framework of this pilot project, one person is the "referent" for 8 to 12 patients. This person carries out 3 to 4 visits per week to the homes of the patients and also maintains telephone contact with them. A personalised care plan is drawn up following a diagnosis, and a relationship of trust between the care team and the family is established. Per year and per person, the treatment is equivalent to 78.2 hours of regular contact (particularly by telephone), 50 hours of home visits, and 3 hours of "emergency support".

In order to scientifically test the methods developed for this pilot project, two groups were formed: the "pilot group" made up of 30 patients and the "test group" made up of 30 patients with similar characteristics but not receiving any treatment within the framework of the pilot project (traditional care). The first evaluation was carried out after 3 months.

**Financial resources /
the cost**

The cost of the treatment was put at €21,000 per person in the "control" group and at €8,000 per person in the "pilot" group. This difference in cost is due to the improved condition of the patients and therefore to a lower rate of hospitalisation.

**OBTAINED
RESULTS**

For the patients who received treatment within the framework of the pilot project, an increase in their quality of life, a fall in the cases of depression and a decrease in hospitalisation costs were all observed.

Overall, the cost of the treatment provided within the framework of the pilot project corresponds to 40% of the cost of the traditional treatment of dementia in elderly people.

M. Klug confirmed that the increased individualisation of the protocols, a qualitative and quantitative improvement in monitoring and follow-up care, and the better training of carers have all resulted, according to the study, in cost reductions! The question of applying this pilot project to the general public was raised by the participants. M. Klug stated that currently, taking into consideration the high level of personal care and support provided, that would require a massive increase in the quantity and quality of training.



Initiative 9 next

"Gerontology pilot proj

OBTAINED RESULTS

If such an initiative was carried out at the national level, there would be a shortage of specialists for several years whilst training took place (notably of psychiatrists in Austria, where this speciality is lacking).

CONTACTS

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State of Styria

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ect"

Initiative 10 "Project SIP 50+"

PROJECT /
INITIATIVE
LEADER

STATE OF STYRIA ("labour market" department) in cooperation with
THE STYRIA INSTITUTE FOR PROFESSIONAL PROMOTION AND
INTEGRATION (an independent public establishment of the State)

DESCRIPTION
OF THE PROJECT /
INITIATIVE

"Project SIP 50+"

The "50+" project was created in 2006 in order to support women over 45 and men over 50 to return to the labour market. They benefit from priority treatment within the framework of this project. (Other target groups were identified in Styria: long-term unemployed people over 25 years old, unemployed people with a police record over 18 years old - project "Chance 02"; the "workstation integration" target group for people with disabilities).

The objective of the project is to integrate at least 40% of the people in the target groups into the labour market. The achievement of this objective is evaluated based on the number of jobs/work contracts that the participants hold three months after leaving the programme.

The project's mission is to improve the participants' ability to integrate into the labour market and to support them in their return to regular employment. This is done by providing them with fixed-term employment contracts (temporary placement) or with professional training. Integration plans are also drawn up for each participant. This guidance aims to encourage stability, motivation and organisation and to help orientate the participants.

In addition to this support and guidance, senior citizens may choose seminars, training and classes, within the framework of "Productive Ageing" - part of the SIP (Service In Person) project.

"Productive Ageing" aims to support healthy, productive and meaningful ageing within companies and organisations. It provides support, advice and adapted, forward-thinking management for the organisation of work and initiatives for developing the involved staff.

Participants of the SIP may benefit from the following training:

"Productive Ageing" health topics

- ▶ being fit and healthy in a sales office
- ▶ being fit and healthy in administrative roles
- ▶ being fit and healthy in work
- ▶ being fit and healthy in the manufacturing industry
- ▶ health and fitness in the workplace
- ▶ mental training

DESCRIPTION OF THE PROJECT / INITIATIVE

- ▶ Yoga
- ▶ Training for the back
- ▶ Ergonomics in the workplace
- ▶ Qigong (Chinese exercise)
- ▶ Non-smokers seminar
- ▶ Meditation
- ▶ A healthy back in the workplace
- ▶ Group workouts
- ▶ Relaxation techniques for the body and soul
- ▶ Pilates
- ▶ Ayurvedic food and cooking
- ▶ "5 elements" food and cooking

"Productive Ageing" speciality topics

- ▶ healthy management and contact with elderly people
- ▶ passing on knowledge within a company / reciprocal learning
- ▶ the workplace adapted to age
- ▶ building up energy to tackle work / anticipate "burnout"
- ▶ anticipation of "burnout" / stress management
- ▶ "burnout": prevention and identification, measures
- ▶ stress management (live with energy)

MOBILISED RESOURCES: The partnership

State of Styria ("labour market" department) - The Styria Institute for Professional Promotion and Integration

Financial resources / the cost

This programme is financed by the labour market department of the State of Styria as well as by the European Social Fund (ESF). The cost of the project for 2011 is €960,734.79, of which €440,742.01 comes from the ESF.

COMMUNICATION / MEDIA / DISTRIBUTION

People can access the service in a number of ways:

- ▶ the majority of participants join the programme after attending information days or after getting information about it during an individual interview. The person in charge of monitoring is kept up-to-date about the results of each participant,
- ▶ unemployed people who found out about the project on the website www.sip.or.at or by word of mouth (quite successful for the programme). People can also directly approach the SIP's reception.
- ▶ the advisers recruit people in line with the job profiles drawn up in advance at the local level.



Initiative 10 "Project SIP 50+" next

DURATION OF THE PROJECT / INITIATIVE

The participants on the SIP or "50+" are generally monitored for approximately 17 weeks (training and company placement)

OBTAINED RESULTS

The SIP programme improves the situation of job seekers and employers: the job search is guided and the SIP deals with a part of the recruitment process and certain aspects of calculating income for the fixed-term employment (a real advantage for the companies and temporary employees).

In general, the SIP office and the company agree on a monitoring period of 17 weeks, which allows for the initial training of senior citizens and the other people involved.

Thanks to the 40% subsidy of costs, the employer sees his payroll decrease, which represents an important advantage for the company. In addition, the employer has no obligations with regard to labour law. As a general rule, this initial integration period is followed by the employer immediately hiring the worker.

The salaried employee benefits from a service relationship throughout the initial period: as they are paid in compliance with the salary provisions of the employer's collective labour agreement, the status of the temporary worker is the same as that of the permanent staff, which considerably improves their self-esteem.

108 temporary workers (60 men and 48 women, including 58 senior citizens) have been supported within the framework of this project and 60% of the supported people were able to enter the labour market in 2010. The durability rate is 65%.

CONTACTS

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Initiative 11 "The MAIA"

**PROJECT /
INITIATIVE
LEADER**

**DEPARTEMENT DU NORD - FRANCE
ASSOCIATION EOLLIS**

**DESCRIPTION
OF THE PROJECT /
INITIATIVE**

The Centre for the Autonomy and Integration of Alzheimer's Patients, called "MAIA" (Maison pour l'Autonomie et l'Intégration des Malades d'Alzheimer) – Pilot programme

The MAIA stems from the National Alzheimer's Plan (2008-2012). It is a coordinating body that aims to ensure coordinated and personalised health and medico-social care and guidance for Alzheimer's patients and their families.

It focuses on the specific issue of Alzheimer's in order to develop practices and regional coordination for better patient care and support. The intention is not to increase the number of entries per pathology.

It is an identified local initiative that provides patients and their families with: a one-stop service that is available in many locations and which gathers together all of the existing facilities and services.

The purpose is to improve the existing system of care and support without adding a new structure, to coordinate everything around the patient, to harmonise practices, and to distribute common tools for patient diagnosis, orientation and follow-up care. The idea is to mobilise all of the actors around the patient, including during his / her care.

The area involved in this trial covers 46 municipalities and 135,013 inhabitants, including 22,519 elderly people over 60 (7,109 are over 75). The potential number of people with Alzheimer's disease and related dementia is 1,900.

**MOBILISED
RESOURCES:
The partnership**

The partnership In French governance, there are 3 levels of partnership – cooperation - coordination:

→ 1st level: the strategists and financiers at the departmental and regional level: Regional Health Agency, Département, Departmental Centre for People with Disabilities, Departmental Union of Social Action Community Centres, user representatives. They help to organise dialogue and cooperation at the political and decision-making level, define the terms of partnership, validate the proposals, etc.

- **2nd level:** local organisations (home hospitalisation, home nursing care services, home help services, independent physicians, social action community centres, paramedical professionals, residential centres for dependent elderly people, residential homes, Département du Nord, Departmental Centre for People with Disabilities, memory consultations, Local Information and Gerontological Coordination Centres (CLIC), gerontology network, family associations, etc.). This level is led by the local pilot, the EOLLIS association, which notably manages a CLIC. This level should raise awareness of the MAIA with local organisations. It should enable true coordination between the different actors through dialogue and cooperation. It should also analyse failures and weaknesses within the patient care and support system, suggest solutions and encourage their implementation on the ground.
- **3rd level:** front-line care and service staff. The composition of the team varies from patient to patient. It is led by the "case manager". It supports the patient within the framework of a joint project. It provides overall care and support for the patient and limits any interruptions. It works on a joint project where the actions of each team member are reported and known. The patient does not need to approach multiple actors, but can deal directly with one person who can put them in contact with the organisations and services they require.

Human resources

2 "case managers" were recruited especially for the MAIA by the EOLLIS association. They are either social workers or paramedical professionals who intervene in complex situations in order to coordinate the work of the different actors.

For the Département du Nord, some DSPAPH agents participate in level 1 and 2 meetings (see above) and in occasional work meetings with the "case managers" and the EOLLIS association.

Financial resources / the cost

No direct financial impact for the Département du Nord.

The EOLLIS association recruited 2 "case managers" who are funded by the National Solidarity Fund for Autonomy (CNSA).

Initiative 11 "The MAIA" next

COMMUNICATION / MEDIA / DISTRIBUTION

In progress: an information pack, "gerontological coordination", is currently being put together for independent physicians in the Nord and Pas-de-Calais départements.

DURATION OF THE PROJECT / INITIATIVE

Start of the trial in the Département du Nord: spring 2009.

Duration: 2 years, but the pilot programme has just been renewed for 15 sites in 2011, including the Nord, before the MAIAs are widely developed in 2012 (new call for projects in 2011 at the regional level on the basis of national specifications).

OBTAINED RESULTS

*Joint EOLLIS – Département du Nord working groups have been put into place:
→ joint home visits by the medico-social APA (departmental agents) teams and the "case managers" for elderly people requesting the APA in order to develop complementarity in the evaluation of situations and to ensure care and support for these people. The first obtained result was the adaptation of the methods used in the implementation of the APA support plans following home visits.*

→ work on sharing information between the 2 organisations.

The activity of the "case managers": 56 ill people in complex situations have been dealt with in the framework of the MAIA since January 2010.

The "case managers" are recognised throughout the region by the actors.

Proceed with the harmonisation of the practices and tools used by the different actors. Work is in progress on the definition of the MAIA access criteria for ill people.

A new database is currently being implemented at the national level.

CONTACTS

Direction of the solidarity to elderly people and disabled people

*Hôtel du Département
51, avenue Gustave Delory
59047 Lille Cedex
www.cg59.fr*



Initiative 12 "Personal Assistant Pr

PROJECT / INITIATIVE LEADER

MUNICIPALITY OF VARNA - BULGARIA
in partnership with the **SOCIAL ASSISTANCE AGENCY OF THE MINISTRY
FOR LABOUR AND SOCIAL POLICY**

DESCRIPTION OF THE PROJECT / INITIATIVE

"PERSONAL ASSISTANT" SERVICE "ALTERNATIVE" PROJECT

This project, financed by the European Social Fund via the Bulgarian Operational Programme "Development of Human Resources" aims to improve the efficiency, quality and flexibility of social services provided to people with serious disabilities and isolated ill people, whilst promoting the return to the labour market of care workers and unemployed people.

The "Personal Assistant" service is aimed at people who need constant help in their everyday life. By providing care and guidance in the home, the service also enables family carers to get help and respite.

The offered services are specific medico-health services, as well as social services. They are provided by specialists from different fields. The interest of the project is that the services are provided by unemployed people (who are appropriately trained, of course) or by carers who are already qualified but do not have a job. The project also focuses on increased "competition" between the carers in order to improve the quality of service.

The duration of the service depends on the needs of the person, and it may last for 160 hours maximum.

MOBILISED RESOURCES: The partnership

The partnership The State provides the Municipalities (who are the beneficiaries of this project) with the necessary financial resources for the "Alternatives" project of the "Personal Assistant" service. These resources come from the European Social Fund, via the Operational Programme "Development of Human Resources" Therefore, the following are involved: the Ministry for Labour and Social Policy, the Bulgarian Social Assistance Agency, the Municipalities. The Social Assistance Agency along with the Municipalities submits a bid for ESF funding.

Human resources

For the period 2010-2012, this funding has enabled the Municipality of Varna to hire 123 personal assistants.

Within the territory of the Municipality of Varna, 123 personal assistants and 5 municipal staff work on this project. The services are free for the beneficiaries (seriously ill people, people with disabilities and isolated people).

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Financial resources / the cost

The total amount allocated by the Operational Programme "Development of Human Resources" (European Social Fund) for the "Alternatives" project is 35,000,000 leva (17,900,000 Euros). This money will finance the programme in at least 180 municipalities throughout Bulgaria. This means that 9000 disabled or dependent people will have access to the "Personal Assistant" service for the period 2010-2012.

Concerning the Municipality of Varna, the funding granted for the period 2010 – 2012 is 424,000 leva (216,000 Euros).

COMMUNICATION / MEDIA / DISTRIBUTION

The public receive information about the social services that they may have the right to access in brochures, on posters, and in information issued by the Town Hall and service providers. This information is also communicated on the radio, on local television and in newspapers. Municipal and social services staff consult and direct the beneficiaries towards the services.

DURATION OF THE PROJECT / INITIATIVE

The "Personal Assistant" service has been in operation since 2005 and was funded by national programmes. Since 2010, funding has come from the European Social Fund via the Operational Programme "Development of Human Resources".

OBTAINED RESULTS

Quality care for seriously ill people or people with disabilities who are living with their family.

- ▶ Support for social inclusion and for family carers.
- ▶ A return to work for carers.

CONTACTS

European Social Fund
Ministry for Labour and Social Policy
Operational Programme "Development of Human Resources"
"Alternatives" Programme
Social Assistance Agency
http://www.asp.government.bg/ASP_Client/jsp/main.jsp

Municipality of Varna



"THE CHALLENGE OF AGEING: COOPERATION IN ACTION"



8

CONCLUSIONS

Conclusions

The project "Ageing better in Europe: local authorities exchange their viewpoints" represented, in many respects, an opportunity. By sharing the expertise and knowledge of the different services (social action - international relations) and different cultures, legislations, problems and challenges, it gave the opportunity for rich and constructive exchanges.

This type of exchange requires a keen desire to talk and listen (aided by simultaneous translation) and a real curiosity about the work of others. Although this process of sharing took a lot of time for all of the parties involved in the project, it nevertheless allowed them to acquire a more profound knowledge of what the other parties involved are doing and to participate more effectively in the workshops.

Moreover, at the end of the project, two types of conclusions may be drawn:

● **1 / The overall suggestions of the project group in order to prepare for the ageing of the population**

For each of the themes, the group developed shared ideas. Amongst them were recurring requests, already well-known throughout Europe (improve the training of home care professionals, dedicate more resources to old age, etc.), and more innovative ideas (develop training programmes on how to age well, give more attention to elderly people living in developing areas, etc.).

From a more general point of view, and for all of the themes, the partners listed a series of solutions to consider for the future:

- ▶ increasing the carer quota,
- ▶ increasing training,

- ▶ creating regional or local "ageing agencies",
- ▶ developing the law in favour of elderly people,
- ▶ strengthening the skills of home care professionals,
- ▶ creating a local service company,
- ▶ promoting and encouraging voluntary work,
- ▶ reviewing the support provided to family carers by creating new "family support leave" rights (like maternity leave, for example) that would be available for men and women who would like to take care of an elderly person,
- ▶ guaranteeing access for elderly people to financial help, loans, etc.
- ▶ creating incentives (notably fiscal) for companies that grant particular attention to elderly people, employ senior citizens, offer preferential rates for them, etc.

● 2 / *The project's contributions*

Beyond the theoretical and practical teachings of the project, conclusions must be drawn about its contribution in terms of cooperation.

The project "Better ageing in Europe: local governments exchange their visions" allowed for the creation of a network logic and for the development of long-term contacts for other potential projects (proposals are currently being considered). After 2 years of cooperation, the group has acquired confidence and a shared, well-known working method. The stakeholders have successfully created and maintained harmony and a good working relationship whilst respecting the differences between the parties.

Some partners intend to transpose some of the "best practices" observed, or to take inspiration from them for their future local action schemes for elderly people.

The project allowed for the actions of the partners to be mutually recognised, as was notably the case at its presentation at the Franco-Polish Forum in Poznań. It should also be noted that thanks to the project, and to the resulting local variations, the Kuyavian-Pomeranian Voivodeship was elected the "elderly-friendly region" in 2010 by the Polish Senate.

The project was the opportunity for many of the involved partners to improve their local governance and the links between administrations, associations, NGOs and even colleagues. This opportunity was particularly seized by the Polish partners, who notably ran training courses in Poland after each workshop (the people who attended the workshops later ran local training sessions).

By developing different working habits, the project united the teams and could be used as a management and professional recognition tool. It involved the departments responsible for elderly people in the preparation of workshops (completion of information charts), in the training that followed and in the

subsequent feedback. This project provided some breathing space, which was greatly appreciated by all; colleagues who work within the "elderly people" departments very often have heavy workloads and multiple responsibilities.

The publication of this booklet is the climax of this collective work....

Here's looking forward to other actions that we can undertake together!



"THE CHALLENGE OF AGEING: COOPERATION IN ACTION"



9

APPENDICES



Inaugural conference organised by the Département du Nord (France)

The "Ageing Better in Europe: local authorities exchange their viewpoints" was launched on 11 September 2009, in Lille, with 170 people in attendance. Bringing together specialists and political representatives from 8 different countries, this event enabled everyone to become more familiar with the project, to assess its potential impact, and to commit to an underlying programme for the coming two years.

The day of the launch was divided into two parts: a "technical" morning for presenting the project, and a more policy-based afternoon presenting the challenges of policies for elderly people in the regions involved in the project.

The presence of external experts, including the European Commission, the organisation AGE, and the Hyōgo region (Japan) gave the project another dimension.



Workshop 1

WORKSHOP ORGANISED BY THE COUNTY OF BARANYA (Hungary)	
<i>WORKSHOP n°</i>	1
<i>Organisation</i>	COUNTY OF BARANYA
<i>Date</i>	16 and 17 February 2010
<i>Place</i>	Pécs
<i>Participants</i>	25 people (Styria, Varna, Nord, Kujawy Pomerania, Lodz, Baranya)
<i>Topics</i>	Housing for the elderly Infrastructures
<i>External experts</i>	<p>Mrs Beate Pentek, Expert at the Hungarian Ministry of Social Affairs and Labour: presentation of social policy in Hungary.</p> <p>Mrs Farkasné Farkas, Institute for social welfare and employment: presentation of social security services provided for assisted living in Hungary.</p> <p>Mr Gyula Szalay, lawyer specialising in the protection of patient rights: presentation of developing patient rights in Hungary.</p> <p>Mrs Rideg Lászlóné, Managing Director of the "Hospice" organisation: presentation of the organisations' activities for home care.</p> <p>Mrs Klára Csörsz, Head of the "solidarity hamlets" network: presentation of this system (see. p 66)</p>
<i>Visits</i>	<p>The integrated social institution in Mohács. The Facility Manager, Mrs Veronika Kiss Varga, explained how it works.</p> <p>Görcsöny old people's home. Mrs Evelyné Zárol, Facility Manager, greeted the participants. Mr István Koncz, Mayor of Görcsöny also presented the old people's home.</p> <p>The Pécs integrated social institution, where the group was greeted by its Manager, Mrs Horváth, and by care workers, as well as by patients who took part in the presentation of their residence.</p>



Photos of the workshop 1...



Participant welcome and presentation of the County of Baranya by **Mr Zoltan Horvath**, deputy head of the County of Baranya.



Presentation of information gathered by the information charts for the housing topic.



Extracts from discussions between participants: **Mr Hristo Bozov**, Deputy Mayor of Varna, approved the analysis presented by the Département du Nord. The role of families is evolving and alternative solutions need to be found. The so-called "kangaroo" type of housing (presented by the Hainaut Province in the reading grid) is similar to the system in Varna: young people help an elderly person to remain living at home. In return, they can then keep the house. The Varna town council does not play a role in this type of system.



According to **Mrs Dorota Wroblewska**, Manager of the Kuyavian-Pomerania regional centre for social policy, Europe is already lagging behind with regard to its ageing population. The analysis illustrated a problem shared by all local authorities involved in the project: the increasing poverty of the elderly population.

Mr Czeslaw Dalewski, Expert in social affairs for the Kuyavian-Pomerania Voivodeship, added another best practice regarding alternative solutions for housing elderly people. The "no longer alone" programme enables people over 55 to have access to new apartments with the option of receiving specific services and naturally, if needs be, care. This programme also provides financial support for the installation of technical solutions in the apartment, in the event of specific disabilities. The tenants also have access to communal areas (shared kitchen, internet room), as well as certain leisure activities. In Kujawy Pomerania, a remote alarm system is also being developed.



Mrs Lidia Krolikowska, Expert at Torun University of the Third Age, insisted on the importance of neighbours, and policies that need to be implemented to encourage solidarity in neighbourhoods. Urban planning must not only concentrate on the construction of housing but also on its position in the neighbourhood, on social links that can be made possible through its overall architecture, designed with this mind from the start, at neighbourhood level.



The Participants



Photos of the workshop 1... next



Participant welcome at the Mohács Integrated Social Institution by **Mrs Veronika Kiss Varga**, Managing Director.

The facility provides different types of services: basic services (170 to 180 meals a day served within the institution or delivered to homes), home help (except medical care), remote alarm (4 people working full-time for 80 working installed alarms), a seniors club, a day centre, a specialised centre for people with Alzheimer's and a permanent centre (145 places, with 30 to 35 people per section, spread over two buildings).



The creation of institutions such as the Mohács Integrated Social Institution is decided on by the towns/cities. Before getting such facilities, the town must therefore check the profitability of the establishment (between the number of people received and the grant from the Government). Staff are remunerated by the Town council (which often prevents some local authorities from opening this type of structure). Currently, only home care and basic services are mandatory for towns. But, as **Mrs Veronika Kiss Varga** points out, even these obligations are not always complied with.



Tour of the premises.





Photos of the workshop 1... next



Participant welcome at the Görcsöny old people's home, by the Facility Manager, **Mrs Evelyne Zárol** and **Mr István Koncz**, Mayor of Görcsöny.

The Görcsöny residence is composed of the Görcsöny castle and another unit for people with Alzheimer's. Each year the residence receives a contribution per patient from the Government to cover part of the operating fees, but current financial problems are preventing the institution from operating normally.

Previously, anyone who wished to could come to this type of facility. Today experts decide on each case, depending on the person's state of health and degree of autonomy.



*Participant welcome at Pécs Integrated Social Institution by the Facility Manager, **Mrs Horváth**, by care workers and by some patients who took part in the presentation.*

It is the largest institution in the region with 452 places spread over 8 different sections (depending on the help needed for the patients). One of these sections, for the most disabled people, only accommodates 28 people.

The establishment employs numerous doctors, nurses, care assistants, massage therapists and physiotherapists, and has developed specific methods so that elderly people and people with disabilities can continue to take part in the daily life of the facility.

The Manager presented methods developed for observing the elderly person, helping him/her to use their memory, etc.

Following this presentation, an activity was organised by a group of elderly people. An activity devoted to people with mental disabilities was also presented.

Finally, analysis of the results of the information charts on "infrastructures" was presented.



Visit of the institution

Workshop 1 - Spotlight on the exp

Mrs Beate Pentek, Expert at the Hungarian Ministry of Social Affairs and Labour, gave an overview of the social policy in Hungary. The 1993 law governs the care of elderly people and the conditions of care and support that a person is entitled to expect.

Currently, 16% of the Hungarian population is over 65 years of age, which is the equivalent of 1.6 million people. Services developed for the elderly only reach 244,000 people, which is 15% of the population potentially concerned. 3 million people are employed in the sector of support/care for the elderly. Life expectancy is 78 years, and the legal retirement age is 65.

Mrs Beate Pentek specified the different types of public participants who are involved in care for the elderly: The government, local authorities, intercommunal organisations (other bodies, such as the church for example, also play a crucial role). Though contributions from the government are undoubtedly falling, the fact remains that this is a major expense.

"Social" services are provided by organisations that must obtain a licence from authorities beforehand. This licence aims to guarantee the quality of the service and gives access to government grants.

To date, there are 347 social services in Hungary (the number of social services is created in accordance with the area's needs). The objectives of these services: the chance for the elderly to remain living in their homes, daily support.

Government grants represent 50 to 60% of the organisations' budgets.

Depending on demographic strata, a higher or lower number of basic services have to be provided by local authorities:

Basic services for municipalities with less than 3000 inhabitants:

- ▶ *meals on wheels (1 hot meal at least once per day),*
- ▶ *home help service*

The staff for these services must have a special qualification to work in this field (training organised by the government and by accredited public companies). It is mandatory for staff to complete a training course every 5 years.

Work in the home is paid by the hour and depending on the type of service provided. 1 hour in the home is equal to several "acts" (= services provided). 1 hour of transport corresponds to fewer "acts".

Basic services for municipalities with more than 3000 inhabitants:

- ▶ *meals on wheels (1 hot meal at least once per day),*
- ▶ *home help service,*
- ▶ *seniors clubs,*
- ▶ *day centre (people can come to do their washing, etc.).*

Basic services for municipalities with more than 10,000 inhabitants:

- ▶ *meals on wheels (1 hot meal at least once per day),*
- ▶ *home help service,*
- ▶ *seniors clubs,*
- ▶ *day centre (people can come to do their washing, take a shower, eat a hot meal, listen to the radio, etc.),*
- ▶ *day centre for disoriented people (Alzheimer's, etc.) enabling their families to work. In 2008, this represented 542 people cared for.*

Basic services for municipalities with more than 30,000 inhabitants:

- ▶ *meals on wheels (1 hot meal at least once per day),*
- ▶ *home help service,*

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- ▶ *seniors clubs,*
- ▶ *day centre (people can come to do their washing, etc.),*
- ▶ *day centre for disoriented people (Alzheimer's, etc.)*
- ▶ *temporary housing for up to 2 years. Since 1999, the date this type of service was inaugurated, 3500 places have been created (waiting list). Elderly people can get involved in these services for 4 or 5 months during the winter and therefore cut down on their heating bills. (In reality, they often stay over 2 years).*

Regional councils also play a very important role. They provide long-term housing (i.e. over 2 years for dependent elderly people). Since 2008, an independent body assesses the dependence of the elderly person, judges their needs (in number of hours), their capacity to stay at home and/or the necessity of placing them in an institution. In 2008, 46,531 people were placed in this type of structure in Hungary.



Mrs Farkasné Farkas, from the institute for social welfare and employment presented the social security services provided for assisted living. There are 347 social support services in Hungary. These services are open free of charge to people with serious illnesses. They are also available to other people but, in this case, must be paid for. Each social support service includes 4 people (1 manager, 2 drivers and 1 care worker,



or 1 manager, 1 driver and 2 care workers, depending on the area's requirements) and is equipped with one vehicle.

These services therefore have several objectives: to compensate for the lack of local public services, to help with daily life, to help with learning how to live with a disability, to help with the achievement of personal projects, etc. For example if a person loses their sight, the support service can provide help for adapting their home, learning new habits, informing the person of their rights, and so on.

The social support services saw a considerable disruption to their organisation in 2008.

Before this date, each service systematically received 8 million HUF per year (approx €30,000). Support services could be created by private or public initiative without regional or national control and therefore, equality between regions was not ensured.

Since the reform, the funding of services is done "by services given". The services receive an opening authorisation that is valid for 3 years on the condition that the staff hired can justify their skills (qualifications required). After 3 years, each service must justify its activity to receive new accreditation.

Since the reform, Hungary has seen a balancing-out of the geographical breakdown of assistance services. They are spread out in a more balanced way over the territory as a whole. The Regions monitor the solutions provided by these services to fulfil the needs of the population and may, if necessary, encourage the creation of new entities (creation and development programmes).

Today, each service receives 3 million HUF each year from the government for its basic operations (€11,000). If the service achieves more than 3000 "acts" per year, it receives an additional grant of 1800 HUF per "act" (approx. €7).

Workshop 1 - Spotlight on the experience next

To conclude this presentation on access to care and the creation of a network across the territory through infrastructures, **Mrs Klára Csörsz, Head of the "solidarity hamlets" network** presented her organisation's work. By law, a village can be classed as a "solidarity hamlet" when it is isolated and counts less than 600 people (or when it includes more than 600 people but over 70 of them live in isolated hamlets). The aim of this classification is to set up services that make up for the isolation of the village and its inhabitants, and the lack of public services available.



To date, there are over 1200 "solidarity hamlets" in Hungary (70% are villages, 30% are hamlets). Once a village is classed as a "solidarity hamlet" two types of actions are implemented:

- ▶ *mode of transport (most of the time an 8-person minibus) is allocated,*
- ▶ *a trustworthy person, usually from the village, is employed to help people with various daily tasks.*

Since 1999, the "solidarity hamlets" network "label" must be requested from the Government. In 2000, the law also listed the services that must be provided in "solidarity hamlets": these could be small manual jobs in the home, shopping, help with administrative documentation, transport to the doctor, etc. On average, in

a village of 600 people, around 200 of them ask to use these services.

The person employed to work in the village must complete 260 hours of training (classes in communication, law, economy, etc.). Their position is funded by the government (once attendance at the training is validated).

This "solidarity hamlets" network initiative has seen real success and has helped many people. It is primarily an infrastructure for making services available, for creating social links. That said, the people employed do not stay for very long in their role (intense work, often subject to offers of work locally - by the mayors for example).

This is why the "solidarity hamlets" network provides support and contacts for these employees, and protects their interests, etc.



The manager of the company SAN-AT Bt, a transport business, presented on? the transport system for elderly people, which in Hungary is funded in various different ways. The government finances some of these services. Private companies can be created and developed freely.

For people who are ill or socially isolated, the service is funded by the Hungarian Ministry of Health and the National Health Fund. The latter pays an annual contribution to local transport services (even private ones) and when this grant has been used up, the service stops.

In the cases where this grant is paid to private companies, these have public service obligations to fulfil. In the event of a request from a patient or a person who is able to benefit from the transport service for a reason related to social services, the transport company is obliged to respond between 6 and 24 hours after the request.

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For each km travelled, the health fund pays €0.5. The cost of transport is free for a person who is ill (on the condition that the request is made by prescription from the doctor) and for people with no financial resources. Otherwise, the price is set in accordance with the person's income.

In Baranya, 5 transport services have been established. Altogether they have a fleet of 21 vehicles. This represents 470 vehicles nationally, which is an average of 1 vehicle per 15,000 people.

Mr Gyula Szalay, a lawyer specialising in the protection of patient rights, spoke on the system developed in Hungary. Hungary started to develop these rights in accordance with European requirements and with the necessary transposition of community benefits (EU social charter, European Convention on Human Rights, etc.).

Several laws have therefore been passed for increasing the rights of children, the protection of the elderly and people with disabilities, in order to develop authorities to protect these rights. As a result, successive waves of rights have been observed:

- ▶ *human rights,*
- ▶ *the right to high-quality facilities, access to services, knowledge of the law, etc.*
- ▶ *the right to "access to law" (development of jurisdictions, mediation units, etc.).*

The government provides free legal aid for those who are not capable of paying the cost of legal help. In each Hungarian region, 3 places are open where this free legal service is accessible. In these cases, the lawyers are paid by the government.

There is also now an organisation which observes the accessibility and the application of equality of access without discrimination (independent public organisation).

In the event of problems within institutions, mediators are accessible for settling disputes with facilities' management. In each facility, a commission for the protection of patients' rights and interests has been created. In the event of any problems or mistreatment, this commission must be alerted within 48 hours.

Mrs Rideg Lászlóné, Manager of the "Hospice" organisation, completed the information given so far by presenting the work of her home help organisation. This began its activities in 1996 and now covers the whole area of Baranya and carries out around 450 home visits per month. The organisation is also working on the development of palliative treatment in the home.



Workshop 2

WORKSHOP ORGANISED BY ŁÓDŹ VOIVODESHIP (Poland)	
<i>WORKSHOP n°</i>	2
<i>Organisation</i>	VOIVODIE DE ŁÓDŹ
<i>Date</i>	28 and 29 June 2010
<i>Place</i>	Łódź
<i>Participants</i>	40 people (Styria, Varna, Nord, Kujawy Pomerania, Lodz, Baranya)
<i>Topics</i>	Inclusion of the elderly The ethical challenge of "learning to age well"
<i>External experts</i>	<p><i>Mr Zerzy Krzyszkowski</i>, University of Lodz: presentation of problems and ethical aspects relating to the care of elderly people in Poland.</p> <p><i>Mrs Zdzislawa Kawak</i>, University of Lodz: presentation of ethical and sociological issues relating to ageing.</p> <p><i>Mr Krzysztof Rosa</i>, teacher at the IUFM in Lodz: presentation of his research on the issue of suicide in the elderly and its causes.</p> <p><i>Mgr inż. Agnieszka Trzupiek</i>, Principal of the University of the Third Age at Lodz polytechnic school had to be replaced. She asked one of the students from the school to present their work</p>
<i>Visits</i>	<p>Tour of the "mutual support centre" in Sławno (town located in the Łódź Voivodeship) by <i>Mr Tadeusz Wojciechowski</i>, Mayor of Sławno and <i>Mrs Jolanta Kubiak</i>, Chairwoman of the organisation that runs the mutual support centre.</p> <p>Tour of the "people's house" in Sławno by <i>Mr Tadeusz Wojciechowski</i>, Mayor.</p>

Photos of the Workshop 2...

Welcome and presentation of Łódź Voivodeship, by **Mr Dariusz Klimczak**, Vice-Marshal of Łódź Voivodeship. The issue of the ageing population is crucial for this area. The population of Łódź is older than the rest of Poland. This project encourages people to talk about this topic, which is otherwise somewhat underestimated in this province.



Mrs Anna Mroczek, Manager of the Regional Centre for Social Policy, then specified the importance of the "Better Ageing" project for her structure and presented the two days of work.



Presentation of the information charts on the theme of "inclusion" and discussion with the room.



After the debate, **Mrs Brygida Butrymowicz**, Principal of the Łódź Voivodeship University of the Third Age and Doctor of Human Sciences, thanked the organisers and asked that the elderly people be given more chance to speak since they are

the in the best position to talk about their needs, hence the importance of structures like the Universities of the Third Age. In Lodz, the University of the Third Age is open to over 60s, but the participants are very elderly.



Photos of the workshop 2... next

Retirement is not sufficiently prepared for, even though this time of a person's life is very particular, with characteristics that did not exist before.

The Universities of the Third age are one of the possible solutions to the isolation that retirement and ageing may bring, by enabling elderly people to take part in a social, cultural life, etc. and giving them a chance to express themselves. They should be encouraged by local authorities.

*Participant welcome at the mutual support centre in Sławno by **Mr Tadeusz Wojciechowski**, Mayor of Sławno, and **Mrs Jolanta Kubiak**, Chairwoman of the organisation that manages the mutual support centre.*



Tour of the mutual support centre



Welcome by the centre's residents.



Through this centre and other initiatives, the town of Sławno pays a lot of attention to people who are isolated, disabled or elderly. The aim of the mutual support centre is to make sure these people are more included and to better integrate them. It was created in 2007 on the basis of a contract signed between the town of Sławno and the organisation. Currently, around 60 people mainly from Sławno are welcomed to the centre. The staff at the centre are paid by the town using government funds redistributed by the province.

The centre's main objectives are to teach patients to live a more autonomous life, to fight discrimination, and to promote the skills of each individual. Social integration (or reintegration for people who have a dependence, such as alcohol for example) is the main aim.

An individual approach to care is provided for each patient, the idea being to concentrate on each person's strengths.

Help is provided for increased autonomy by assisting with the small tasks of day-to-day life. One of the important elements of the therapy set up by the centre is eating meals together. In addition, music, sport, IT and art are also widely used. Psychological advice for residents and their families can be organised.

According to **Mr Tadeusz Wojciechowski**, the mutual support centre is the key to the entire integration policy developed across the town. Originally, no-one thought there would be so much enthusiasm and support from the residents (7800 people live in the Sławno area). None of this would have been possible without one key factor: the encouragement of the Regional Centre for Social Policy. Partnership and governance are particularly important for taking action on inclusion.



Tour of the premises.



Photos of the workshop 2... next



The group then moved on to the "people's house" in Sławno, a multi-purpose hall for the town's inhabitants. Here, **Mr Tadeusz Wojciechowski** presented the activities organised in his town for "ageing well". In 1983, the town created its seniors club from which came the fantastic group that welcomed the participants today.

The first meetings between senior citizens were organised on the initiative of the Łódź Province. Seeing the results of these meetings and their benefits to intergenerational relations, the town decided to further invest from the 1990s onwards. Thus, inclusion and improved ageing became priority issues for Sławno: Today there are 18 "farmers' wives clubs", as well as 11 "multi-purpose" halls like this one.



A programme funded by the World Bank was then presented. In 37 towns in the Łódź Voivodeship and 39 towns in Kujawy-Pomerania, a specific programme for excluded people in poorer area is in progress. This programme helps the development of certain services for elderly people. One such service is the intergenerational integration club in Gabrow.

Mrs Anna Mroczek presented the social policy developed by the Łódź Voivodeship. The Voivodeship counts 2,548,861 inhabitants. 18.31% of this population is retired, which places the Łódź Voivodeship as the most "elderly" province in Poland.



To start the discussions on the topic "ethical challenge for learning to age well": a presentation was made by **Mrs Marie Aude Gourand**, deputy chairwoman for the Department of solidarity for elderly people and people with disabilities (Nord, France) of a slide show on "ageing well" created by two people aged 70 and 72 years old.

Their recipe for ageing well: take your time, accept the way things are, make life simple, stay active, and so on.



Presentation of the analysis of the "learning to age well" information charts by **Mrs Isabelle Damblin**, Deputy Chairwoman of Solidarité aux Personnes Agées et aux Personnes Handicapées (solidarity for the elderly and people with disabilities) in the French Département du Nord,

Mrs Aline Parent Project manager of "Ageing better in Europe" and **Mrs Nathalie Périlleux** in charge of European programmes at the International relations and Europeans programs division of the Département du Nord - followed by a discussion with the room.



Workshop 2 - Spotlight on the exp

Mr Zerzy Krzyszkowski, from the University of Łódź gave an overview of the problems and ethical aspects relating to care for elderly people in Poland.

First of all, according to him, the 2004 social assistance law lacks diagnostic elements and monitoring tables. There are no social welfare laws exclusively focused on elderly people.

There is a significant problem concerning the setting of income thresholds, thresholds that entitle people to social support. Indeed, these thresholds do not take into consideration all of the expenses that elderly people are faced with. As a result, many elderly people do not reach the thresholds that give them access to social support, even though if their expenses were all added together, they would be entitled. This makes many people more vulnerable and their situations more precarious. In addition, a number of them are currently entitled to receive this support but due to a lack of information or ignorance, they do not undertake the necessary procedures (it is estimated that this currently applies to 25 % of elderly people).

Another problem was raised by **Mr Zerzy Krzyszkowski**: the training of care workers. Poland lacks trained specialists and this is partly due to the lack of recognition, particularly in terms of salary and the difficult working conditions involved in the job of a care worker. It is also worth noting that many people with training leave for Western Europe to benefit from better wage conditions.

Furthermore, better coordination is also required between the care given in public institutions and the care given in a family environment. Family caregivers are isolated and do not currently have enough support.

The 2004 law requires local authorities to cover part of the funding for placing elderly people in institutions. As a consequence, and through a lack of resources, local authorities turn to the families,


who are also often unable to participate in the cost of placements. As a result, families try to keep elderly people at home, even though some of them need to be placed in an institution and there are even some institutions with empty beds due to the inability of families and authorities to pay!

Currently in Poland there is a lack of bodies that monitor violence, mistreatment and abuse. Private facilities have observation offices but this is not the case in general, not even locally.

This is partly due to a lack of resources allocated to the policies for helping the elderly. The situation in towns and cities is better than the situation in rural environments.

Mr Zerzy Krzyszkowski then gave some recommendations, concerning Poland :

- ▶ *develop legislation in favour of elderly people (legal regulations for the responsibilities of people working with the elderly, change the way the income threshold is calculated for receiving social welfare);*
- ▶ *make the staff who work for elderly people more specialised;*
- ▶ *change attitudes towards these people and with regard to ageing in general, train and educate;*
- ▶ *develop support policies for caregivers;*
- ▶ *reorganise the social services system and prioritise better coordination between the health and social sectors.*



Mrs Zdzislawa Kawak, from the University of Lodz, addressed ethical and sociological issues surrounding ageing. She pointed out that in 1999, people over 60 represented 1/10th of the global population. In 2020, they will represent 1/6th and 1/3 of the population of industrialised countries. The proportion of elderly people within the working population is rapidly increasing.

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European society is marked by "gerontophobia": a dismissal or rejection of elderly people, a worship of youth that is based on a number of reasons:

- ▶ *functional causes: elderly people "no longer work", a phenomenon of exclusion;*
- ▶ *political causes: politics is "monopolised" by elderly elites, which is a source of dismissal for younger generations who must wait a long time to reach power.*
- ▶ *moral causes: refusal to age, fear of death.*
- ▶ *aesthetic causes: aversion to deterioration, loss of ability, fear of illness.*
- ▶ *philosophical causes: fear of the future.*

In order to better integrate elderly people and encourage people to learn to age better, people's views of the elderly must change. The educative challenge is huge since there are so many stereotypes. The ageing process must firstly be addressed in schools, from a very young age. Ageing must be thought of positively, seen differently.

Mr Krzysztof Rosa, teacher at the IUFM in Lodz addressed the issue of suicide in elderly people and its causes. First of all, he outlined a typology of suicidal behaviour.

- ▶ *suicidal thoughts*
- ▶ *the "para-suicidal" act, which calls for a reaction*
- ▶ *the suicide attempt*
- ▶ *successful suicide.*

Often there is not just the one objective of death by suicide, but multiple objectives. Different reasons are at the source of this behaviour: intent to self-harm, the idea that the suicidal act will change the situation, feelings of ambivalence (the person does not just want to die but reach for something, ease themselves, sometimes even try to progress), suffering, renunciation, a lack of perspective, a lack of communication.

Suicidal thoughts in an elderly person are much less visible than in other people. They are not often talked about but suicide attempts in elderly people have a specific nature: an elderly person who commits suicide is not calling for help.

They want to die. In young people, 1 suicide is accomplished for every 200 attempts. This ratio drops to 1 successful suicide for every 4 attempts in elderly people.

Hungary, Bulgaria and France have the highest suicide rates for elderly people in Europe. It seems that women think about it more than men, but are less likely to act on it. In 2006, 5805 suicides were counted in Poland, among these people, 1163 were over 60 years of age.

The suicide of elderly people relates to various factors :

- ▶ *their state of health (illnesses with chronic pain, mental illness, etc.)*
- ▶ *psycho-social factors: affective disorders, rejection, self-acceptance, lack of openness, etc.*
- ▶ *demographic factors: social isolation, a life-changing event (e.g. loss of spouse/partner) which causes an imbalance in social support and sometimes financial instability*
- ▶ *external factors: retirement, entering a facility (loss of liberty), poor treatment, loss of position in the family hierarchy, etc.*

It also has several characteristics:

- ▶ *elderly people prepare for their suicide more. Suicide is planned.*
- ▶ *there are fewer signs beforehand, less talk of their suicidal intentions.*
- ▶ *the motivation is death, rather than a cry for help or a change of situation.*
- ▶ *often suicides are "passive" for elderly people who are dependent or in a facility: refusal of treatment/care, refusal to eat, which may be considered as a certain sort of suicide (semi self-destructive behaviour). These people*



Workshop 2 - Spotlight on the experts next

*often cannot commit suicide any other way.
They give up on life.*

The prevention of suicide in elderly people must be improved and considered as a priority, on a level with suicide in younger people. Care workers, including GPs, must therefore be better trained to recognise and identify the suicidal process, factors, etc. Elderly people must have better access to treatment of depression and alcoholism, and dependence on medication must also be better considered.



Mgr inż. Agnieszka Trzupek, Principal of the University of the Third Age at Lodz polytechnic school had to find a replacement. She asked one of the students from the school to present their work.

The University of the Third Age aims to create social connections. Łódź Voivodeship has 7 Universities of the Third Age on its territory; they are in places that are specifically chosen for their ease of access. In each university, the participants decide the classes that they will be given, and the topics that will be addressed. All classes are free, as well as certain related activities put on by the organisers: outings, IT lessons, sports (self-defence class), art classes, photography, etc.

Workshop 3

WORKSHOP ORGANISED BY STYRIA (Austria)	
<i>WORKSHOP n°</i>	3
<i>Organisation</i>	STYRIA
<i>Date</i>	4 and 5 October 2010
<i>Place</i>	Graz
<i>Participants</i>	30 people (Styria, Varna, Nord, Kujawy Pomerania, Lodz, Baranya)
<i>Topics</i>	Employment of senior citizens Solutions for specific populations
<i>External experts</i>	<p>Mr Günter Klug, Psychiatrist, Neurologist and Psychotherapist: presentation of the Gerontology pilot project. See. p 86.</p> <p>Mr Martin Kurz, psychiatrist and head of the fight against drug addiction at the Sigmund Freud Hospital in Graz: presentation of addictions in elderly people</p> <p>Mr Helmut Willegger, manager of the Styria employment agency: presentation of best practices for the employment of senior citizens in Styria. See.p 90.</p> <p>Mrs Sabine Oswald, Psychotherapist: presentation of the characteristics of people suffering from dementia, and solutions offered by architecture and a new concept of assistance.</p>
<i>Visits</i>	<p>Graz geriatric health centre. Speech given by Mr Gerd Hartinger</p> <p>"Haus am Rucklerberg" medical retirement home in Graz. Speech given by Mrs Claudia Locker-Tucek</p>



Photos of the workshop 3...



Welcome and presentation of the two days of work on the topics "employment of seniors" and "solutions for specific populations" by **Mr Ludwig Rader**, Manager of Styria's external relations and **Mrs Barbara Pitner**, Manager of social action services in Styria.



As an introduction, **Mr Günter Felbinger**, Head of the Styria "social planning" division, presented the social organisation system in Styria.



Presentation of solutions offered by partner authorities to the "employment" reading grid and discussion between participants. **Mrs Aline Parent**, Project manager and **Mr Grégory Blin**, Head of International relations and Europeans programs division of the French Département du Nord





Mr Hristo Bozov, Deputy Mayor of Varna, pointed out that in Bulgaria, a grant system is currently being established for people who have not contributed enough for their retirement. In particular.

The idea is to enable people to buy back years of study. This will be set up using special funds managed by the government.



Mrs Monika Kampfl-Kenny, from the Styria Health Department and a nurse, presented on the organisation of mobile care and home care in the Styria State.



Participant welcome at the Graz geriatric health centre by **Mr Gerd Hartinger**, Director. He presented on the Albert Schweitzer hospitals, public hospitals in Graz devoted to the care of elderly people, whose developments are a result of several observations: diagnoses are too late, patients suffer from the lack of interdisciplinarity between care workers, work with families is not developed enough, society is not sensitive enough to elderly people, there is a lack of trained staff where dementia is concerned.

The hospital counts 650 beds over 3 sites, and receives around 20,000 people per year. It is financed by the city of Graz and the Styria state. The daily price is set by the State for the hospital part. The patients provide some funding, as well as medical insurance and social benefits if necessary.

Photos of the workshop 3... next

The "Graz geriatric health centre" (Geriatrische Gesundheitszentren Graz - GGZ) is composed of several buildings (several "hospitals"), each with different types of services:

→ **the Albert Schweitzer I and Albert Schweitzer II hospitals: which offer various services:**

- ▶ an emergency geriatric service (intensive care centre). The intensive care centre for elderly people is a recent service, open to people who have just had an operation, etc. It is a hospital exclusively for the elderly, and people stay an average of 3 weeks. The rooms are like small apartments, all rooms are west-facing, all spaces are open plan (except the bedrooms and the room where medication is kept).
- ▶ a rehabilitation centre for elderly people.
- ▶ a service specialising in the treatment of people with dementia (the "Memory klinik"). With a capacity of 22 spaces, this service is also designed to be as much like home as possible, the furniture is in wood, all spaces are open plan (except the bedrooms and the room where medication is kept). In this service, certain types of technology are used: at the foot of the each patient's bed is a carpet that warns the care workers if someone gets up in the night. The patients in this service also have a microchip, which when in contact with the machines positioned at the exit point, warns the staff when a person leaves. The idea is to always leave the patients as much freedom as possible, this measure is only used when necessary for the person's protection. The "memory garden" lets patients be alone outside with no risk to themselves (path in a figure of 8), there is a telephone box outside (if they lift the receiver, patients can hear the radio for reassurance), olfactory and visual stimulation points are installed in the garden.
- ▶ a day care centre for elderly people.
- ▶ a centre for people who are severely disabled and dependent, suffering from brain damage following a stroke for example. ("wahrcoma" ~ active coma). This service is not exclusively for elderly people.

→ **the Albert Schweitzer hospice is a palliative care service.**

The palliative care service has a capacity of 12 beds. It receives people of an average age of 70 for, on average, 52 days (younger people, however, can also be admitted). This service also includes a palliative "day" care service where people can come to recharge their batteries, get treatment and care, massages, etc.

Finally, apartments with some medical monitoring are also available ("betreutes Wohnen").

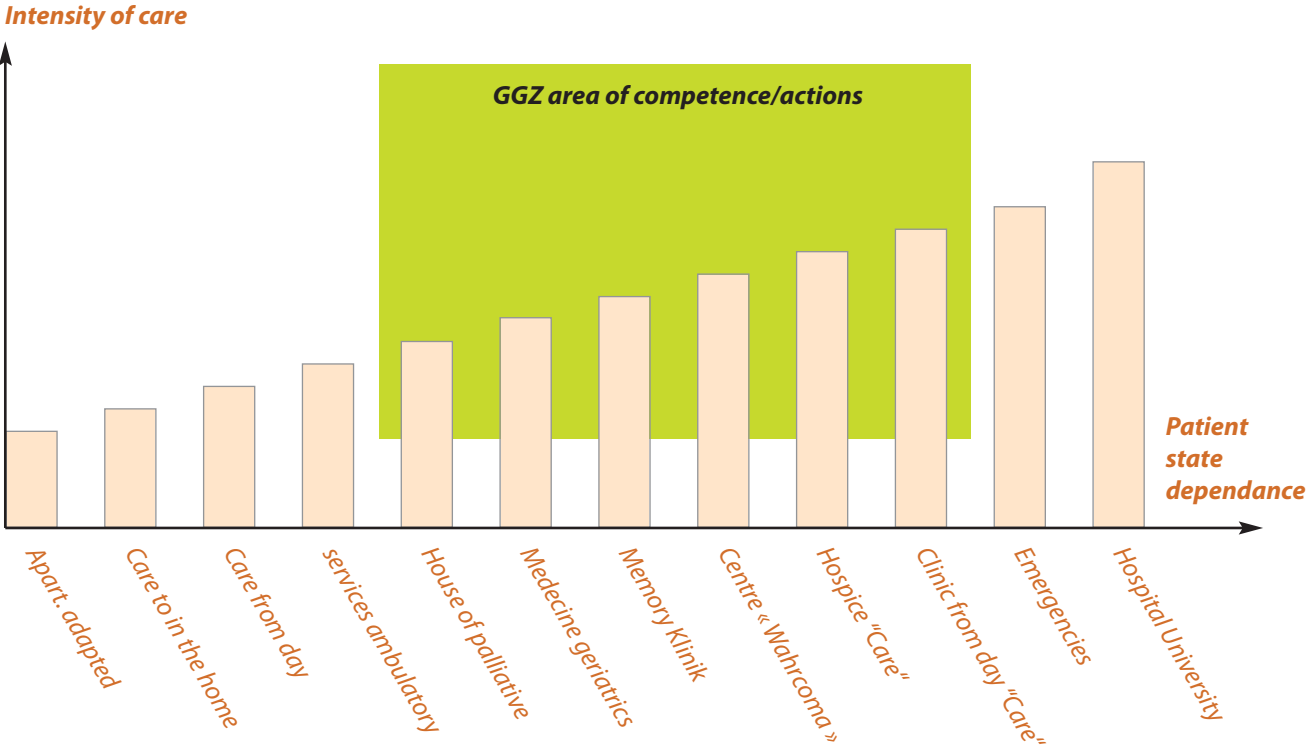
Care and support provided in the services of the Albert Schweitzer hospitals follow the precepts of Erwin Böhm, an Austrian specialist, founder of the theory of psycho-biographical care and the psycho-biographical care model. Mr Böhm has created an overall approach, based on geriatrics, gerontological psychiatry and psychological geriatrics.

All care workers in clinics (330 people) are trained in this theory, which aims to improve well-being, increase empathy and continuously develop care. After several weeks of care in accordance with these precepts, a clear improvement in patients can be observed.

Mr Gerd Hartinger also emphasizes the need to strengthen prevention :

- ▶ primary prevention: recognising health problems, especially with regard to food.
- ▶ secondary prevention: stop illnesses by diagnosing them quickly,
- ▶ third-level prevention: prevent the deterioration of the illness.

Mr Gerd Hartinger also presented an organisation chart of solutions for elderly people in Austria. Ranked in order of assistance/care from the lowest to highest level of intensity:





Photos of the workshop 3... next



Tour of the hospital.

In the "Memory klinik" service's garden, there is a phone box where patients can go to be alone - if they pick up the phone, they hear the radio.





The palliative day care centre and its head doctor.



Balconies that open out at the bottom to enable people in chairs to see the street.



The Memory klinik "figure of 8 garden"

Photos of the workshop 3... next

The visits continue in the "**Haus am Rucklerberg**" house, medical retirement home for elderly people managed by **Mrs Claudia Locker-Tucek**. She welcomed participants and presented the facility. It includes:

- ▶ 9 apartments of 12 people,
- ▶ 3 apartments of 14 people,
- ▶ a day service for people with dementia (12 people maximum welcomed per day, from Monday to Friday. The frequencies of visits are irregular, some people come every day, others once or twice a week),
- ▶ an advice centre to assist daily life (advice on IT and/or technical equipment that aims to help people with disabilities, especially to communicate with another person).

Each apartment is managed by a team of care workers. All activities take place within the apartment, as well as meals (eaten together in the apartment and also prepared there). There is therefore no communal kitchen or centralised monitoring for patients, everything happens individually in each apartment, which work like "institutions within an institution".

Mrs Claudia Locker-Tucek pointed out that such an organisation is not simple, as each apartment must respect the laws and obligations set for the elderly institutions, and at the same time, try to reproduce the family environment as much as possible. The idea is to give a high quality of care in a space which is above all a living space. Cooperation with families is very important.

Each apartment was built around the communal living room with an open kitchen. The construction was also carried out depending on daylight: all communal areas in the 12 apartments have openings in each of the walls and an outside area. Services in apartments start at 7am and are provided until 9.30pm (an initial shift works from 7am to 2pm, then a second shift provides services from 2pm - 9.30pm). As well as the teams of care assistants in each apartment, a qualified person is responsible for the three apartments.

Since the patients always progress and develop with the same people in the apartments, strong links are created between the care workers and the elderly people, and between the patients themselves. As a result, every death has a considerable impact. On the other hand, each entry of a new resident in an apartment is prepared by a specific protocol (establishing contacts, introduction, presentation, etc.).

There is a waiting list for this institution, which is not the case for all institutions for the elderly in Styria (strong offer of adapted housing and placements, and high quality care in the home). The price per day varies in accordance with the dependence and income of the person.



Presentation of solutions offered by partner authorities to the "needs of specific populations" reading grid and discussion between participants.



The Hungarian delegation

Workshop 3 - Spotlight on the experts

Following this presentation, **Mr Günter Klug, psychiatrist, neurologist and psychotherapist** presented a pilot project developed in Styria. The "gerontology pilot project" has been in place for about ten years and its purpose is to provide geronto-psychiatric treatment for the over 65s. See p 86.



50s will rise by over 11%. It should increase by 18.4% between 2012 and 2018. The study also reveals the business lines that will lose its senior citizen jobs (manufacturing, finance, production, transport), or on the contrary create some (health, economy, care, teaching, gastronomy, maintenance).

Mr Helmut Willegger also noted that ageing societies are going to create jobs in the support sector, for helping and caring for elderly people.

The aim of the Styria employment agency is to develop the tools for promotion the employment of senior citizens:

- ▶ *development of temporary work for senior citizens*
- ▶ *help with creating a new business*
- ▶ *requalification of certain target groups via the ESF*
- ▶ *development of lifelong training programmes*
- ▶ *coaching.*

Mr Helmut Willegger, manager of the Styria employment agency, then presented the characteristics of Styria's employment of senior citizens. In Europe, we speak of "employing senior citizens" for over 45s, or even over 50s. Since 2004, in Styria, the increase in the unemployment rate for senior citizens is higher than for other age categories. This increase has particularly affected men (because of the closure of factories and industries), but overall men over 50 have a higher employment rate than that of women.

A research institute in Styria produced a forecast document for coming years (forecast between 2009 and 2012).

Over this period, the rate of employment for over



In 2009, around 72,000 people were registered at the Styria employment agency, 17,000 of which were over 45 years old. In 2009, 35 million euros were invested in Styria for employing over 45s.

Workshop 3 - Spotlight on the experts next

Mr Helmut Willegger then presented two "best practices" developed in Styria by the employment agency :

→ **the "experience counts 45+" programme** (led in collaboration with the employment agency and the State of Styria).

It is a programme that works by a "pack" of measures based on training, guidance and employment prospects. Between 1999 and 2010, this represented 3615 senior citizens involved, 60% of whom returned to employment. The advantage of this programme is that it means help can be given very quickly to senior citizens who are unemployed, which is an essential condition for their return to employment.

→ **the "SIP 50+" programme.** *This is a programme set up by the employment agency in which senior workers are "lent out" to companies to complete a specific job. In return, the companies enable a return to work, training, etc. The time spent in the company is around 6 months. Thanks to this programme, 60% of people found regular work again. See p 90.*

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Mr Martin Kurz, psychiatrist and head of the fight against drug addiction at Sigmund Freud Hospital (Graz) presented the characteristics of addictions in elderly people.



According to **Mr Martin Kurz**, three notions should be separated: "social use", i.e. using substances subject to social rules, habits and customs (especially the case for alcohol: this use depends on societies' habits and the notion of abuse is defined in accordance with the extent of this "social use"). The notion of "abuse", i.e. behaviour relating to use that leads to physical, psychological and social damage. Finally, the notion of "dependence" is a syndrome characterised by at least 6 criteria, at least 3 of which must be visible in the patient in order for them to be considered "dependent" (namely urges, loss of control, psychological dependence, the development of tolerance to the substance, all spare time taken up with use, use despite the damaging effects).

Mr Martin Kurz explained that in his opinion, specific treatments for each stage of the illness should be developed. It is also worth bearing in mind that people are not all equal when faced with situations of dependence as we now know that genetic factors play an important role.

Mr Martin Kurz then addressed the issue of "alcohol and elderly people". In central Europe, according to recent studies, 15% of men over 60 have problems with alcohol, and 5% of women of the same age. In this same category of the population, 3% of men are dependent, as are 1% of women. Alcohol has a high impact on elderly people, as their age means even a small quantity can have considerable consequences. This phenomenon is amplified by the fact that illnesses related to alcoholism in elderly people are often confused with classic age-related problems (cognitive impairment, incoherence, falls and fractures, dehydration, brain damage, disorientation, depression, etc.).

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2/3 of these people were dependent before 60, but 1/3 became dependent after this age. For treatment, it is necessary to distinguish between two groups:

- ▶ *for people aged 60 to 70, coming off substances may be done over a longer period with suitable medication*
- ▶ *for people over 70 coming off substances is more complex, the objectives should be less ambitious.*

In many cases, contrary to popular belief, it is beneficial to talk about alcohol consumption in the elderly because results can be achieved, at-risk behaviour may actually be reduced.

Mr Martin Kurz then presented the case of dependence in elderly people to tranquillisers like benzodiazepines (BZD). They are part of a class of psychotropic drugs used in the treatment of anxiety, insomnia, psychomotor agitation, etc. Up to 25% of people use these tranquillisers on a regular basis. 2/3 of them are long-term users, and this rate increases to 40% in institutions. In Europe to date, 50% of tranquillisers are used by the over 65s (in addition to use of antidepressants for many users).

Certain factors increase the risk of using benzodiazepines: social isolation, sleep problems, poor health, regular contact with the health system (even if doctors are paying increasing attention to prescriptions), depression or pain.

The problem with this type of tranquilliser is that they do not treat the illness, they treat the complaint. People therefore stop complaining but remain isolated from their close friends and family or carers. In addition, use of BZD increases the risk of falls, cognitive losses and loss of reactivity.

Treatment also exists for the abusive use of BZD:

- ▶ *sleep regulation using other preparations is a necessary condition. Medication is often prescribed because friends and family can no longer manage the symptoms linked to ageing.*
- ▶ *there needs to be more open discussions with the elderly people in question. Medication should not be stopped all at once, as this frightens the person, it is important to put their use into words. Weaning them off should be done very carefully and very slowly.*

Today, given the ageing population, doctors specialising in dependence are confronted with the ageing of the "first wave" of dependents which exploded in the 60s and 70s (treatment of hepatitis, aids, etc. leading more and more people to live with their dependence for a long time). The institutions for elderly people are not well enough prepared to manage and care for these people, who often do not adapt well to "classic" institutions.

The main challenge of the ageing of populations with dependencies is :

- ▶ *damage control;*
- ▶ *developing individual processes;*
- ▶ *trying to reintegrate people.*

In the future, the networking and cooperation of care workers and multidisciplinary teams needs to be strengthened. Short stay centres need to be increased.



Workshop 3 - Spotlight on the expert next

Mrs Sabine Oswald, Psychotherapist, presented her work with elderly people suffering from dementia, especially Alzheimer's. In the future, dementia will need more and more staff and resources to provide care. These people need to be seen in a new light, to assist them as they are.



Mrs Sabine Oswald firstly presented certain features of the illness:

1 / Dementia leads people to use their "primitive" reflexes.

Though numerous parts of the brain are damaged, the "hunter gatherer" survival instinct remains. Prehistoric men lived in caves, and people with dementia like to stay in closed spaces, where they feel safe. Men were dressed in skin, and we observe that the patients much prefer the feeling of covers on them, rather than being heavily dressed. In prehistoric times, men lived in groups for protection, especially at meal times.

People with dementia feel reassured in a group, they need to feel the presence of other people, to touch them, to hear voices. It is therefore important to be able to care for them in places where they feel safe, to put the lights on, to respect their

pace of life, and most of all never to isolate them in rooms, but where possible to put them in communal living spaces with, if necessary, screens or means of separation. A person with dementia may respond in one of three ways: attack, play dead, flee. When they are stopped from attacking (for the safety of others), when they are stopped from fleeing (for their own safety), there remains the option of playing dead, of giving up. It is essential that close relatives (family and care workers) take action to avoid this situation of abandonment as much as possible.

2 / People with dementia, on a number of points, are like children aged between 3 and 6 years old.

Children in this age group get on very well with people suffering from dementia. Mrs Sabine Oswald incidentally gave a concrete example: "they too see bandits and wizards and they too cry out when they are scared". Children have objects to reassure them, and patients also appreciate having a familiar object with them at all times. Children can play for hours doing things that are judged to be useless, but they are still left to do so. This is also what we must do with people who have dementia.

3 / The notion of space and time is disturbed in people with dementia.

When a person says they want to go home, they are not talking about their home but about returning to the place where they had the most love, where they felt the safest. These people need affection without restriction, it is important to get them to feel the unconditional love that they felt when they were young.

Mrs Sabine Oswald then presented the aspects that disappear with dementia. Patients lose their memory, their orientation in time and space, the meaning of objects, speech is affected, all cultural benefits also disappear.

Patients still have sensations/feelings (dementia patients are very instinctive) and emotions. Persons with dementia are very appreciative of music

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and especially singing. Personality traits remain, as well as tastes developed during life (for these reasons, it is important for care workers to have the details of the patients' lives.)

To better help these people, it is important to reinforce their identity, who they were, and to talk to them about their past. It is necessary to engage with feelings and not to hesitate to touch them, make them feel a human presence.

In Styria, there are 3 types of housing for people with dementia:

- ▶ *apartments (a kind of flat share) for patients (6 to 8 people) with a team of people in charge,*
- ▶ *houses, a kind of hostel, which groups together 12 people, with teams who also look after them,*
- ▶ *institutions, "islands", that welcome patients.*

The basic idea is always to limit fear, to let them know people are present. It is important, in all cases, to have a communal area, and meals must be, for as long as possible, eaten together. More than just a place to eat meals, these communal areas let the patients feel the presence of someone else, hear noise, etc. Their movement should be stimulated (even when ill, human beings are made to move). In addition to communal spaces, people must be able to be isolated from the rest of the group and get away from others for protection.

Rooms must be very light (patients do not like shadows), with lots of colour. The architecture of institutions must be at the service of the patients, especially the creation of spaces stopping them from fleeing (this is also true for gardens: example given in the "figure of 8" gardens). Accessibility must of course be maximal, and at the same time, there needs to be "niches", spaces away from people's stares where the patients feel protected. The presence of animals can help.

Mrs Sabine Oswald then presented the participants with several examples of structural best practices for people with dementia. (See the book *"Heimat für Menschen mit Demenz - Aktuelle Entwicklung im Pflegebau - Beispiele und Nutzungserfahrungen"* by Sibylle Heeg and Katharina Bäuerle / *Demenz Support Stuttgart Zentrum für Informationstransfer*)



"THE CHALLENGE OF AGEING: COOPERATION IN ACTION"



10

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→ <http://www.urbanaudit.org/>

80% of the European population lives in towns or cities. Institutions in charge of urban planning need to respond to the ever increasing demands of elderly people in terms of public transport, housing, health services, cultural offerings. etc. Created in 2003 by the DG regional policy of the Commission (in partnership with Eurostat), the urban audit enables the comparison of over 250 towns in Europe. (The audit does not only concern demographics, but this is one aspect of the study.)

→ http://www.senioractu.com/Espagne-Carte-senior-50-des-personnes-agees-andalouses-en-beneficient-deja_a910.html

Magnetic card developed by Andalusia to simplify access to infrastructures for elderly people (individual, free and multi-purpose chip card).

INCLUSION

For actions on housing and infrastructures aiming to promote inclusion: see the documentation suggested in the analyses of workshop no.1.

→ <http://www.cnle.gouv.fr/Une-revue-par-les-pairs-sur-la.html>

"Review by peers" PROGRESS: measure the impact of inclusion policies and other measures for combating poverty

→ http://www.peer-review-social-inclusion.eu/peer-reviews/2009/measuring-the-impact-of-active-inclusion?set_language=fr

Final report + reactions from Belgian and Bulgarian specialists

→ <http://ec.europa.eu/social/main.jsp?langId=fr&catId=637>

Web page of the year in the fight against exclusion European Commission DG employment, social affairs and equal opportunities.



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► Freddy Klopfenstein (Humanitude, essay, Geneva, Ed. Labor et Fides, 1980.)

→ <http://www.age-platform.eu>

→ http://ec.europa.eu/employment_social/spsi/elder_abuse_fr.htm

European Conference, Brussels, 17 March 2008
Protecting the dignity of older persons - the prevention of elder abuse and neglect

→ <http://www.seniosphere.com/index.php?action=seniosimulation>

On the age simulator:

→ http://www.igm-formation.net/index.php?option=com_content&task=view&id=20&Itemid=39

On humanitude

The Gineste-Marescotti care method is protected in France and abroad. Registered trademarks: "Toucher tendresse", "Gineste-Marescotti", "Philosophie de l'humanitude", "Capture Sensorielle", "Manutention Relationnelle", "Mourir Debout".



EMPLOYMENT OF SENIOR CITIZENS

→ <http://www.share-project.org/>
SHARE - Survey of Health, Ageing and Retirement in Europe

→ <http://www.share-project.org/austria/>
For Austria

→ <http://www.irdes.fr/EspaceRecherche/Enquetes/SHARE/EnqueteSHARE.html>
For France

→ <http://www.cenea.org.pl/share/index.html>
For Poland

→ http://ec.europa.eu/employment_social/missoc/db/public/displayResults.do

► The database contains the regularly updated MISSOC tables, covering all areas of social protection. The database allows the user to easily select the country or countries of interest and select the specific information fields they want to view on the screen and/ or print-out. The database also enables downloading of the selected information into a standard Microsoft™ Excel spreadsheet, which allows for more advanced comparisons, table designs and print-outs.

→ <http://www.senior-competence.eu/spip.php?rubrique15>
European project "senior skills"





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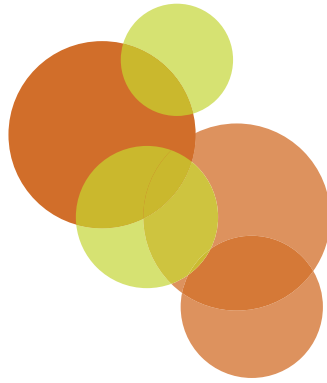
→ http://ec.europa.eu/health/major_chronic_diseases/diseases/alzheimer/index_en.htm
European Commission web pages dedicated to Alzheimer's disease.

→ <http://www.active-ageing-of-migrant-elders.com/index.php>
The Active Ageing of Migrant Elders across Europe project

→ <http://www.enpp-boehm.com/fr/enpp-boehm-sarl/erwin-boehm.html>
Böhm Concept

Heimat für Menschen mit Demenz - Aktuelle Entwicklung im Pflegebau – "Beispiele und Nutzungserfahrungen" par Sibylle Heeg et Katharina Bäuerle / Demenz Support Stuttgart Zentrum für Informationstransfer





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