

# Pliegos de Yuste

N.º15, 2013 Revista de cultura, ciencia y pensamiento europeos

PVP: 9€

Versión electrónica (<http://www.pliegosdeyuste.eu>)

## Envejecer en Europa

Commissioner Andor  
Almuth Fricke  
Angela Kydd  
Anne-Sophie Parent  
Georgina Siklossy  
Lisa Schönenberg  
Alejandra Betegón  
Salamanca  
Soeren Hougaard  
Barbara Keck  
Maude Luherne  
Viviane Brunne  
Vitalija Gaucaite Wittich  
Claudia Kaiser  
Ursula Lehr  
Diego A. Bernardini



FUNDACIÓN  
ACADEMIA EUROPEA DE YUSTE

# ENVEJECER EN EUROPA

Esta revista ha recibido el apoyo financiero de la Unión Europea.

Las opiniones vertidas a través de los textos publicados en Pliegos de Yuste son responsabilidad únicamente de sus autores, sin que la Agencia Europea de Educación y Cultura de la Comisión Europea tengan responsabilidad alguna del uso que pueda hacerse de la información contenida en dichos artículos.

ISSN: 1697-0152

Nº15, 2013

[www.priegosdeyuste.eu](http://www.priegosdeyuste.eu)

## FUNDACIÓN ACADEMIA EUROPEA YUSTE

*Director:*

Enrique Barrasa Sánchez

*Asesor:*

Miguel Ángel Martín Ramos

*Coordinación:*

Carlos Rodríguez Iturriaga

*Documentación:*

Rafael González Martínez de Tejada

*Administración:*

Fernando Iglesias García

*Comunicación:*

Nuria Verdiguier Cerón

*Secretaría:*

Beatriz Cartas Gómez

*Mantenimiento:*

Adolfo Rico Rodríguez

## PEDIDOS Y SUSCRIPCIONES

Real Monasterio de Yuste

E-10430 Cuacos de Yuste (Cáceres)

Tels.: +34 927 01 40 90/327 01 40 92

Fax: +34 927 01 47 11

[coordinacion@fundacionyuste.org](mailto:coordinacion@fundacionyuste.org)

## IMPRESIÓN Y DISEÑO

Gráficas Luengo

## DEPÓSITO LEGAL

S. 1.255 -2003

## CONSEJO ASESOR

Marti Ahtisaari

Umberto Eco

M.<sup>a</sup> Del Carmen Iglesias Cano

Gustaaf Janssens

Hans Küng

Ursula Lehr

Antonio López

Monica Luisa Macovei

Federico Mayor Zaragoza

Manuela Mendonca

Marcelino Oreja

Peter Piot

Juan Carlos Rodríguez Ibarra

Miguel Sáenz

Margarita Salas

Zsuzsanna Sandorné Fergé

Inge Schoenthal Feltrinelli

Reinhard Selten

Peter Shaffer

Abram De Swaan

Alain Touraine

Tzvetan Todorov

Gilbert Trausch

Joaquim Veríssimo Serrão

Edoardo Vesentini

# ÍNDICE

The European Year for Active Ageing and Solidarity between Generations 2012: What did we do and the next steps .....	5
Creating a New Old .....	11
'What do you mean by difference?': The artistic use of digital media builds bridges between the generations .....	15
The Goals and Actions to Achieve Active Aging: What about care home residents? .....	21
Towards an Age-Friendly European Union by 2020 .....	29
The EU's hidden ageing population: Improving policies for older ethnic minorities and migrants .....	37
Retaining and regaining independence and inclusion in later life. Notes and practice examples from ESN's Autumn Seminar 2012 .....	43
Fundación Cibervoluntarios: aumentando los derechos y oportunidades de las personas mayores a través de las TIC .....	47
Ageing and Hearing .....	51
Medienkompetenz im Alter .....	55
The European quality framework for long-term care services .....	59
Active ageing and solidarity between generations in Europe and beyond. A view from the United Nations Economic Commission for Europe .....	63
Aktives Altern und Solidarität zwischen den Generationen: Theoretische Konzepte und praktische Umsetzung des Europäischen Jahres 2012 in Deutschland .....	73
2012 Año Europeo del Envejecimiento Activo y la Solidaridad Intergeneracional. Una mirada multidimensional a un fenómeno global .....	85
Autores .....	97





## THE EUROPEAN YEAR FOR ACTIVE AGEING AND SOLIDARITY BETWEEN GENERATIONS 2012: WHAT DID WE DO AND THE NEXT STEPS

COMMISSIONER ANDOR

### Europe is getting older

In recent years, the European Union and its Member States have faced an unprecedented financial and economic crisis together with its employment and social consequences. Government measures had to respond to financial but also social emergencies. At the same time, however, we also have to find the right answers to long-term challenges, such as Europe's demographic transformation. The European Year has provided a framework for this.

Today, Europeans are living longer and healthier than ever before. Since 1960, life expectancy has risen by eight years, and demographers predict a further five-year increase over the next five decades. This is a historic achievement and the most tangible sign of progress of our societies.

It also means, however, that the European Union is experiencing significant population ageing. By 2060 there would be only two European people of working age (15-64) for every person aged over 65, compared to a ratio of four to one today.

So the fact that people are living longer is good news, but it also brings challenges, and in particular for our welfare systems and solidarity between generations. Indeed, the rapidly growing number of older people is potentially seen as a heavy burden on younger people. Others are afraid that the younger generation will reduce its support to older people who will become increasingly poor. And many expect tensions between older and younger generations.

These negative scenarios are not inevitable, though. They neglect that older people have valuable skills and experience that allow them to make a significant contribution to society, from which also young people can benefit. They also neglect that people have strong personal ties across generations and that old and young care for each other.



## **Active ageing as a response to ageing societies**

The challenges of ageing societies can be dealt with, if we offer more opportunities to older people to realize their full potentials. We need to create more work opportunities for older workers. Also, we need to enable older people to stay healthy for longer, and be active in their communities. They also need an environment where growing old does not mean becoming dependent on others. 'Active Ageing' has to become a reality for all so that we can remain in charge of our own lives much longer than today. This is why the aim of the European Year 2012 for Active Ageing and Solidarity between Generations was to enable people, as they grow older, to continue to contribute to the economy and society and to look after themselves.

Making active ageing happen is complex, though. This cannot be achieved by decree. It requires all levels of government, businesses and social partners, civil society, the media and individual citizens to adapt and to play their part in changing society to make it fit for an ageing population.

## **The European Year 2012**

The European Year for Active Ageing and Solidarity between Generations 2012 developed a framework for action on the three dimensions of active ageing: employment, participation in society and independent living. It has been a major effort in communicating and raising awareness and in mobilising action in this area. The Eu-

ropean Year website was the central hub of all these activities ([www.europa.eu/ey2012/](http://www.europa.eu/ey2012/)).

The EU is one partner among many others who need to cooperate to make active ageing happen. Through the European Year, we wanted to get different players to get together and to commit to specific actions and goals during this year, so that we will see older people's opportunities improve tangibly. In that spirit, the European Year has been a shared effort. The European Union set up the EU website and introduced two action days. The first of them was *generations@school*, and took place around the 29th of April, which was designated, in 2008, as the European Day of Solidarity between Generations. The idea of *generations@school* is that schools invite older people into the classrooms to discuss with pupils about their respective experiences and expectations, to learn from each other and about each other and to explore what the generations could achieve together. The second action day was called Seniorforce and took place around October 1st. All around Europe, events were held to promote senior volunteering. There was also the Award Scheme in which inspiring practices promoting active ageing at the workplace, in the media, through local authorities or by actions of social entrepreneurs were recognized. All these initiatives could only succeed thanks to the very active involvement of national administrations and in particular the national coordinators of the European Year, and the civil society organisations that established, under the leadership of AGE

Platform Europe, a European stakeholder coalition.

## Follow up to the European Year 2012

The European Year has now come to an end. As Commissioner responsible for it, I believe the topic we chose for the Year was the right one at the right time; and we can already see some good results.

By highlighting the contribution that older people make to society, this European Year has brought a positive change in the way people view ageing. The Year has contributed to changing the perception of older people and their contribution to the economy and society. Where we once saw the rise in the number of older people only as a problem, we now see older people as part of the solution. It has popularised the concept of active ageing in many countries.

These are first, and admittedly subjective impressions. It is too early to have a full assessment on what has been achieved during the European Year 2012, but there can be no doubt that it has mobilised a wide range of stakeholders across Europe. It gave rise to hundreds of events and initiatives at European, national, regional and or local level dealing with employment, social participation and independent living of older people. The European Year website present many of them.

Some Member States chose to focus on promoting employment among older people, while others concentrated on older people's participation in society and

independent living. Member States face different challenges, so it makes sense that they set their own priorities.

Let me give you some examples: Austria has adopted a new Federal Plan for Senior Citizens. Ireland has decided that every county will have its own programme for becoming age-friendly by the end of 2013. Poland has adopted a government programme to promote social activities involving older people. Belgium established a federal advisory council for the elderly. The European Year has been pivotal to the development in Wales of the first national integrated ageing well programme, which will start in 2013.

In addition, the EU Member States have developed together with the Commission the "Guiding Principles for Active Ageing and Solidarity between Generations", which were endorsed by the EU's Social Affairs Ministers on 6 December 2012. The Guiding Principles are addressed to Member States, regions and cities, companies and other relevant organisations which all have a role to play in further improving the conditions for active ageing over the coming years. The Guiding Principles do not tell the Member States and stakeholders what they have to do. That makes sense, because their needs are so diverse, as are the arrangements for responding to them. So it will be for the national governments, regions, cities, companies, trade unions and civil society organisations to apply the guiding principles according to their own situations and challenges. But they could play a useful basis for discussions between different authori-

ties and stakeholders on how to achieve in a concerted manner certain goals in relation to active ageing.

The European Year has taught us that promoting active ageing calls for integrated policy-making, involving many levels of government and departments and agencies responsible for many different policy areas. To facilitate this process, the Commission plans to offer financial support for the development of comprehensive active-ageing strategies through a call for proposals in early 2013.

Setting goals for integrated strategies and monitoring their success require good indicators. As part of the legacy of the European Year a new policy tool was developed, namely the Active Ageing Index (AAI). The AAI was developed in a joint project between the European Commission and the United Nations Economic Commission for Europe (UNECE) and the European Centre for Social Policy and Reform in Vienna. The index will help the EU Member States to identify challenges and unrealized potentials and to monitor progress in the area of active ageing.

The first results show that the three countries that come at the top of the overall Active Ageing Index are Sweden, Finland and Denmark, followed by the Netherlands, Ireland and the United Kingdom. In contrast, most Central and Eastern European countries as well as Malta and Greece, are at the bottom and have much scope for further improvements and policy actions to promote active ageing outcomes. In each of the countries, there are differences in the results for

women and men, showing the need for more targeted and gender-sensitive policies.

### Beyond the European Year 2012

Overall, I am convinced that this European Year has been a great success, but it is only a start. A lot more remains to be done in the coming years to promote active ageing and to improve the quality of life of older people. We need to build on the political momentum created and make sure that we follow up on this issue in the future. The Commission is keen to support the Member States and stakeholders engaged in various initiatives.

The role of the EU with regard to active ageing goes indeed far beyond the European Year. The EU deals with a wide range of policy areas, including employment, public health, information society, transport and social protection, which all have to contribute to active ageing.

As one of the initiatives for the coming years, the Commission is planning a joint project with the World Health Organisation (WHO) to set up a European Network of Age-Friendly Cities. This project should feed into the European Innovation Partnership on Active and Healthy Ageing. The Partnership brings key stakeholders together with a view to overcoming potential barriers to innovation and increasing the average individual's healthy lifespan by two years by 2020.

Active ageing is also crucial to the success of the Europe 2020 Strategy for smart, sustainable and inclusive growth.

Europe 2020 sets a number of targets, including achieving a 75% employment rate for people aged 20 to 64, and lifting 20 million people out of poverty and social exclusion by 2020. Active ageing policy is critical for the sustainability of our pension systems, and thus to meeting those targets.

Pensions, as we know, are a thorny issue. Many people see the reforms being implemented across Europe as depriving them of hard-earned rights. But we have to come to terms with the fact that rising life expectancy and a shrinking working-age population demand some adjustment. Only by maintaining a good balance between the years we spend working and the years we spend in retirement can we ensure that we will have decent pensions at a reasonable cost.

The Commission presented its thinking on pension reform in a White Paper in February 2012. The general thrust has been translated into specific recommendations addressed to many Member States. Extending people's working lives is crucial to meeting the Europe 2020 employment rate target and balancing budgets in the long run. It means encouraging people to stay on the labour market longer and — most of all — enabling them to do so by improving their employability.

Of course, we also need to combat unemployment among young people and make it easier for them to get into the labour market. The European Social Fund can be very useful for promoting employment of young and older workers alike.

## Social Investment

Tackling challenges like population ageing calls for innovative policy and practice. Many excellent examples of social innovation emerged during the 2012 European Year, which, I hope, has helped disseminate new ideas. Many social innovations promoting active ageing are already being tried and tested across the EU. The challenge is to scale them up.

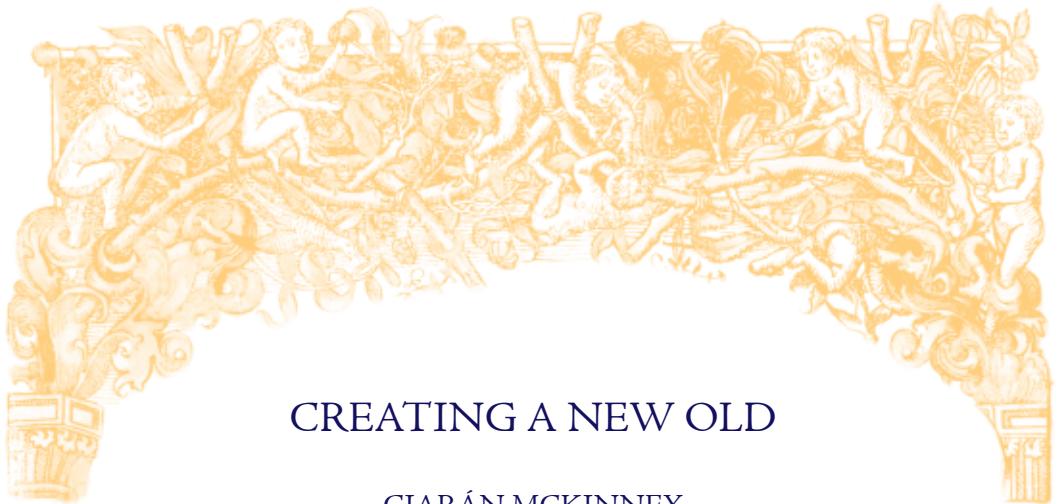
Social innovation is also closely linked with social investment. The social investment approach recognises that social policy is a productive factor, and that it is necessary for economic development and employment growth. Social investment is based on the idea that social policy — implemented via well-designed, activating, flexible systems — can yield a high economic and social return. I intend to look at this in an ambitious social policy initiative at the beginning of 2013.

Overall, the European Year 2012 has been a great success, but it is just the beginning on our journey of making full use of the potential that ageing societies bring.





JAF



## CREATING A NEW OLD

CIARÁN MCKINNEY

MARINO INSTITUTE OF EDUCATION, IRELAND

Let me begin this article by asking you a couple of questions;

What kind of world do you want to grow older in?

How do you want to grow older?

The reason I ask those questions is that there has never been a better time to be an older person in European society. We are living longer and the majority of us are living healthy lives in older age, lives that have opportunities for learning and taking part in the community. This is something to be celebrated and, of course, is an opportunity to imagine the future and be part of creating the vision for future generations. Ageing is something that happens to all of us so, let's plan for the world in which we will grow older and imagine the kind of older person you want to be.

During EY2012 the European Year for Active Ageing and Solidarity Between Generations there were many events to celebrate and highlight the benefits associated with active ageing. Active ageing is about making the best of our lives at each stage as we grow older and includes helping

ourselves to be as physically, mentally and emotionally well as possible.

The Year was also celebrating solidarity between generations and Member states highlighted the many ways in which intergenerational contact and solidarity is encouraged and maintained. A society that is age friendly is one that brings benefits to all ages.

We are currently witnessing significant changes to the make-up of society across the globe. Europe (as with other Western countries) has an ageing population and life expectancy is increasing. Recent demographic data show that the European population aged 65 years and over is growing, and will continue to grow for the next few decades.

According to the United Nations<sup>1</sup> one out of every nine people in the world is over 60 yrs of age (this is 810 million people). By 2050 people over 60 will outnumber the population of children (under 14) for the first time in human history and one out of every five people will be over 60 (over 2 billion people).

However, this demographic change is predominantly portrayed as a problem or a challenge i.e. how will society be able to afford the needs of a growing ageing population? The discourse on ageing is often confined to the costs of pensions and healthcare rather than the opportunities or bounty presented by an ageing population.

We posed the two questions above because we have a vision for the future where older people realise our full potential and participate fully in an inclusive society. These two questions are being faced by lots of us as we get older, particularly because many of the expectations and norms associated with older age no longer apply. For many of us older age is a time of opportunity in which we continue to grow and flourish rather than accepting the view that older people should passively retire and cease to live lives of autonomy.

As an organisation we focus on physical activity, learning and personal development and creativity as ways to facilitate active ageing. Our work in creativity led us to develop the Bealtaine festival – celebrating creativity as we age- which is now in its seventeenth year and is the largest cooperative festival in Ireland. This year we invited guests from all over Europe and beyond to a conference to consider how participation in the arts brings huge benefits to the ageing process. “Creating a New Old<sup>2</sup>” was an exciting and engaging three days of sharing good practice and networking.

For some people creative ageing has already become a strategy to age well and, consequently, recent years have seen pro-

jects and research that facilitate and address the impact of the arts on the health and wellbeing of older people from a broader perspective than the previously dominant problem-oriented approach to ageing.

Creativity has been characterised as a key factor in adaptation to ageing (Smith & Andersson, 1989)<sup>3</sup>, and as promoting resilience in older people (McFadden & Basting, 2010)<sup>4</sup>. Maintaining and widening activity levels as one ages was found to lessen some negatives associated with ageing like functional decline, and to help people adapt to the ‘fourth age’ (Silverstein & Parker, 2002)<sup>5</sup>.

Re-thinking how we regard ageing and older people will have a significant impact on policy making – in this instance arts/culture policies and policies on ageing. An international network, established and supported by Age & Opportunity will be a lead player in sharing and contributing to world-wide best practice, innovation and creativity.

We organised “Creating a new Old” to bring people together so that they could share ideas and use the conference as a platform to encourage collaboration. It was a huge success and delegates left the conference feeling inspired and energised. Many of them expressed a desire to stay in touch with us and each other, which in effect was the start of a European network.

If you are interested in being part of this network get in touch with me. We envisage this becoming a Europe-wide plat-

form of people (arts practitioners, teachers, people involved in delivering services to older people and policy makers) who share a vision for the future; making meaningful arts participation possible for older people in every society. You are invited to take part.

## NOTAS

<sup>1</sup> UN, 2012, Population Ageing & Development, 2012.

<sup>2</sup> See our website for more details; [www.bealtaine.com](http://www.bealtaine.com)

<sup>3</sup> Smith, G.J., & Andersson, G. 1989. Creativity as a key factor in adaptation to old age. *Psychological Research Bulletin*. 1989. 29(7) p.24-28

<sup>4</sup> McFadden, S., & Basting, A., 2010. Healthy Aging persons and their brains: promoting resilience through creative engagement. *Clinics in Geriatric Medicine*, 26, p.149-161

<sup>5</sup> Silverstein, M., and Parker, M.G., 2002. 'Leisure Activities and Quality of Life Among the Oldest- Old in Sweden,' *Research on Aging*, Vol. 24, No 5. pp528-547







## 'WHAT DO YOU MEAN BY DIFFERENCE?': THE ARTISTIC USE OF DIGITAL MEDIA BUILDS BRIDGES BETWEEN THE GENERATIONS

ALMUTH FRICKE  
INSTITUT FÜR BILDUNG UND KULTUR E.V., GERMANY

Projects fostering intergenerational bonding and dialogue are increasingly in demand: The demographic profile of Europe is changing and by the year 2050 almost half of Europeans will be over 50, while at the same time the birth rate continues to fall. Demographic ageing is strongly affecting the relationships among generations. Family structures are changing: More and more children and young people are growing up far away from their grandparents and an increasing proportion of the population grows old without having children and grandchildren. Nevertheless, older people often wish to keep in touch with younger people to transfer own experiences and to keep up with a quick changing world. Young people value the wealth of experience and knowledge of the older generation and are keen on learning about past times. The demand for organising engagements between the generations is on the increase.

The European project "mix@ges - Intergenerational Bonding via Creative New Media," explores in five European coun-

tries how the artistic use of digital media can bring together both young and old. The project aims to encourage intergenerational bonding and support social linkage in order to challenge and overcome negative stereotypes between the generations and to foster cross-generation interaction. It endeavours to bridge both the generational gap as well as the digital divide by enhancing media literacy of older people, strengthening media competence of young people and allowing intergenerational access to digital media.

Through its outcomes, products and recommendations the project aims to contribute to the European Year of Active Ageing and Intergenerational Solidarity in 2012 by enabling more older citizens to develop, enhance and use their skills in new ways. This complements the EY2012 consideration that older people 'still have a lot to give and to experience even after they have reached an advanced age'. It encourages older people to partake in intergenerational activities and allow them to get involved in many social activities that

are currently digital, such as social networks, new media and wikis.

Furthermore "mix@ges" aims to create incentives and access to social, civic, cultural and intercultural competences and creativity in intergenerational learning. In general, the ideas behind intergenerational project work endeavour to bring together young and old to establish new relationships across the age groups, to reassess the participants' view of the other generation and to help them recognize differences and, in particular, similarities. However, bringing together different age groups is not enough to create a successful intergenerational dialogue. The content, the activities and the methods employed when groups are brought together, need to appeal to and cater for both generations.

Artistic projects are well-suited to stimulate an exchange between the generations. The non-formal learning environment provides opportunities for every participant, regardless of his or her formal educational background, to bring and share individual skills and personal experiences. Creative activity tends to take place on both an emotional and personal level. Projects introducing new topics for both generations have the potential to provide a perfect setting for intergenerational communication as they offer opportunities to share learning on equal terms. Successful intergenerational collaborations in the arts are perceived as rewarding and interesting by all participants. Furthermore, such projects can be highly motivational and increase the desire

for more intergenerational learning experiences.

The project "mix@ges - Intergenerational Bonding via Creative New Media" wants to provide new spaces for such creative exchanges between the generations by exploring innovative approaches and methods. The project, funded by the European Union within the Lifelong Learning Programme, runs from 2011 to 2013 and involves a consortium of partners from Scotland, Germany, Austria, Slovenia and Belgium. In their respective countries, the partners implemented creative new media workshops in collaboration with national organisations such as museums, schools, youth or senior associations. In each country several intergenerational workshops under the guidance of artists and media experts, have involved the creation of artistic media products. The media products include iPod movies, audio guides for a museum, art blogs, Tag tool performances, digital music and photographs. Most important, the groups got to know each other and had fun together. All workshops were evaluated and the results are published in a bespoke handbook for media educators, trainers, artists, and practitioners.

### **More similarities than differences: "Tagging Sculptures" in Germany**

The first mix@ges workshop was held in May 2012 at the LehmbruckMuseum in Duisburg, Germany. This workshop consisted of a group of young people aged 14 to 20 and people over the age of 60. Under the guidance of two Tag tool artists and an

art educator the group created narrative light installations with the help of a digital drawing board and a Tag tool console. Visitors of the museum observed the group 'tagging' visual sculptures on canvas, on the walls of the museum halls and on real sculptures.

The participants, artists and organisers carried out an evaluation after the workshop. While the young participants expected to 'meet new people' or 'to gain new experiences', the older participants were 'curious about new media', wanted to 'reduce their fear of the computer' and most importantly wished to 'do something together with young people'. Both generations shared a mutual curiosity and a desire to have a meaningful and enjoyable time together.

The liveliest exchanges between young and older participants took place when the group work was topic or biography based. Personal photos provided by the participants offered the opportunity for some of the group to describe the depicted event, while the others re-enacted the images with the Tag tool. Other thematic exercises like painting to music or the improvisation of short plays, and the added potential of the intervals, provided enough space for generation-spanning discussions. At the suggestion of both a young and an older participant, the group expressed the desire to establish a regular Tag tool group and to continue to meet after the four day workshop had finished.

One participant outlined why the Tag tool workshop was so successful in fostering intergenerational dialogue, 'It does

not matter whether you are old or young, stupid or smart.' 'We all had fun using our creativity', said an older participant who in the beginning was quite apprehensive about the new media. The young people expressed unanimous that they had enjoyed the workshop and learned a lot. For them it was an enriching experience, 'that the young and the older people worked so well together'. A 16-year-old got straight to the point: 'What do you mean by difference? People always talk about the gap between the generations; we should really be talking about the similarities.'

### **A plethora of opportunities: Mix@ges musicians in Scotland**

The Scottish musical media workshop was a learning partnership between younger students from the Royal Conservatoire of Scotland, community music initiatives and older members of the Learning in Later Life Traditional Music Club at the Centre for Lifelong Learning at Strathclyde University in Glasgow.

A shared passion for music, composition and performance provided the starting point for the theme of this innovative workshop 'Scotland – Transitions and Transmissions'. Motivated by our enthusiastic media trainer, this creative group of fellow musicians developed and performed a sparkling repertoire of 11 traditional Scottish melodies and songs. The warm and friendly ethos of mutual respect and encouragement created an enjoyable workshop setting for the group and an animated exchange of skills and expertise. The new media experiences opened up a

plethora of opportunities to record, capture and present the results of their lively learning collaboration. The group explored the workings of camcorders and digital cameras to record the musicians making music together. The development of the mix@ges Musicians wiki space, as the core repository for their work, was acclaimed a major success by the entire group. Part of the trials and demonstrations involved inserting text, uploading images and YouTube videos to the wiki. A digital recorder was used to record musical arrangements and excerpts were uploaded to the wiki using SoundCloud software.

Transitions in learning, sharing and bonding between generations are visible for all to see in the practice and results of this workshop and transmissions via the mix@ges Musicians wiki are now publicly available via the wikispace.

'How easy it was to work with the older generations and the power of music to bring us together', one of the young participants concluded.

### **Half of the photo is yours: Cell-photo art in Slovenia**

Today's cell phone is a versatile, multi-functional tool which has the facility to create audio, textual, video and photo files. Users of cell phones create files to share with their chosen audience. Intentionally or unintentionally, today's cell photography contributes to modern photography styles. Photographs taken with mobile or cell phones have become, by their uniqueness and widespread use, an

independent globally recognised genre called 'cell-photo art'. The young and the older participants of the Slovenian workshop, organised by ZDUS (the Slovenian Pensioners' Federation in Ljubljana) came together over one week to learn, share and create cell-photo art.

Older people seldom have opportunities to interact with the younger generation other than in their family setting. When they do have such an opportunity, it seems that the type and level of communication changes. Today's teenagers communicate mainly via new media and social networks, whereas older people have certain concerns about using such media. Following retirement, culture and the arts constitute the main themes for older people, thus approaching new media through the arts was very different for them from the usual routes they might take. Developing the programme for the workshop was quite challenging, since the organisers had to overcome stereotyping and look for activities with the potential to bridge the gap between the younger and older participants while keeping both generations motivated and interested.

Icebreakers have proven to be a good way of overcoming any initial awkwardness and shyness of the participants, and can also reduce the distance between individuals at the start of the workshops. The younger participants were reticent because of their respect for the older participants and the older participants could not find a topic which would interest the younger participants. The older participants initially came across as the dominant

party in the group. A series of questions related to cell phone photography and social networks prompted a discussion between the generations and they began to share their views and opinions. The approach proved to be a good way to explore the potential of both generations and to overcome any initial difficulties in respect of interaction.

Using the cell phone camera, participants were asked to capture 'handshaking' images of people both in motion and in portrait. When the group were involved in the task, creativity became the focus and there was no room for generational difference to interrupt the learning flow.

Non-formal learning has proved to be an excellent opportunity for the older to learn how new media can be used in a creative way. Furthermore, the creative collaboration supported social linkage between the generations. Assessment by the facilitator indicated that the participants also connected in their initial common misunderstanding of modern art. This shows that generations do not only bond in similarities, but also in differences.

### The mix@ges experience

In total, fifteen creative intergenerational new media workshops took place in the five mix@ges-countries: In Belgium, young volunteers used their iPods to create short films together with older persons living in a seniors' home or attending a day-care centre. One of the most outstanding results is the film "Ada", shot by a 22-year old boy born in D.C. Congo who teamed up with an Alzheimer's German

lady aged 88. The result is a tear-jerking short movie full of positive vibes. In Scotland, young and old created an app about their neighbourhood for the "Commonwealth Games" in 2014 and in Germany an intergenerational group learned how to produce an audio guide for an art exhibition. In Austria, several museums invited school classes and retired persons to create media collages, real time visuals or a web app related to their on-going exhibition of contemporary art.

All creative results of the project will be showcased at the closing conference in Ljubljana to be held on 16th May 2013. At this 'International Encounter with Generations, the Arts and the Media' a handbook with the findings and lessons learned of the project will be presented and discussed with experts, artists, trainers and learners from all over Europe. Feel welcome to join this inspirational event!

Further information on the project and registration for the conference is available on the website: [www.mixages.eu](http://www.mixages.eu)







# THE GOALS AND ACTIONS TO ACHIEVE ACTIVE AGING: WHAT ABOUT CARE HOME RESIDENTS?

DR. ANGELA KYDD

SENIOR LECTURER RESEARCH INSTITUTE OF THE OLDER PERSON'S HEALTH AND  
WELL BEING

UNIVERSITY OF THE WEST OF SCOTLAND

## Abstract

**Theoretical Background:** It is clear from the demographics that an ageing population is now a factor affecting developed countries. The fact that people are living longer is both a celebration and a challenge. The celebration involves extending each individual's life, which is adding years to life; but the challenge is to ensure that those who do live into old age enjoy a healthy old age – which is adding life to years.

**Objectives:** To review current policies and available literature on active ageing with reference to older people in long term care settings.

**Method:** The paper explores the global and national recommendations on active ageing and points out that although the strategy is aimed at every citizen, in reality it would appear that older people in care settings are not given access to such activities. A literature search was undertaken between 2002-2012 to review strategies see-

king to address active ageing in a care home setting to see if this was the case.

**Results:** The search yielded 86 articles, but many of these articles included activities of daily living rather than activities as an enjoyable pastime, which would suggest that older people in long term care are not having their needs met with regards to access to meaningful and enjoyable activities. Given that active ageing is a relatively new agenda, the search date parameters were narrowed to 2010-2012 which yielded 29 articles, but only 9 of these addressed activities for enjoyment within a nursing home setting.

**Discussion:** There are many strategies being implemented to give individual's the opportunity to engage in activities across the life course. However, it would appear that such opportunities are not extended universally to frail older people within a care home setting, which negates their rights as citizens and renders them victims of passive neglect. This paper seeks to highlight the rights of older people in care

homes, specifically the right to have the opportunity to engage in activities. It also seeks to stress the benefits that such an agenda can have on the quality of life of the oldest old.

**Key words:** active ageing, nursing home, oldest old, care home resident,



## Background

Active ageing is high on the political and economic agenda in Europe. Active Ageing is defined by the World Health Organization (WHO) (2002) as

*the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. It allows people to realise their potential for wellbeing throughout their lives and to participate in society according to their needs, desires and capabilities, while providing them with adequate protection, security and care when they need assistance.*

This definition focuses primarily on the rights rather than the needs of the individuals and this is inherent in the philosophy underpinning the active ageing agenda. The WHO key policy addresses the three pillars of active ageing: health, participation and security and these tenets underpin the current work taking place on active ageing. 2012 is the European Year for Active Ageing and Solidarity between Generations (EY2012). It marks the tenth anniversary of the Madrid International Plan of Action on Ageing (MIPAA) and its Regional Implementation Strategy (RIS) which put forward ten commitments to be implemented (United Nations, 2002). The first of these commitments pledged to 'mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages'. This mainstreaming is taken as the overarching goal, with the further nine commitments of participation, economic

growth, social protection systems, labour markets, lifelong learning, quality of life health and wellbeing, gender, intergenerational solidarity and regional cooperation. Building on this work, in 2008, the United Nations Economic Commission for Europe (UNECE) formed a Working Group on Ageing. This group decided that its key focus would be on capacity building activities in the form of national 'Road Maps for Mainstream Ageing', the aim being to help countries translate the internationally agreed policy frameworks of MIPAA. The Road Maps appraise the conditions and opportunities of the ageing populations of a country in terms of current policies. Armenia was the first country to be appraised in 2010 and at the second UNECE meeting in 2009 a representative from the Republic of Moldova requested that Moldova became the second country. The Moldovan representative on the UNECE Working Group, Larisa Rotaru was nominated as the coordinator of the Road Map Project and she represented Moldova's Ministry of Labour, Social Protection and Family (MLSPF). This organisation, with guidance from the National Commission on Population and Development, was responsible for the National Strategic Programme on Demographic Security for 2011-2025. The Road Maps for Mainstream Ageing are now considered in conjunction with this strategy.

The purpose of this paper is to call for the direct inclusion of frail older people in care homes. It highlights the rights of this client group and the need to provide active ageing strategies that provide opportunities for each individual to enjoy life. Such

activities that will keep them physically and mentally active, socially engaged, occupied - within the confines of their existing health status - and provide opportunities for them to mix with the younger generation.

### **The Rights to Active Ageing for Older People in Care Homes**

In reviewing the Road Map self-appraisal form (UNECE, 2011) it is clear that people living in care homes are addressed under the 4th commitment 'To adjust social protection systems in response to demographic changes and their social and economic consequences'. Under this heading, the guidelines suggest Member States should protect the weakest groups in society and that social protection systems should be adjusted so that they can fulfil their basic functions of assisting those who are deprived and safeguarding those who are at risk. The guidelines state that in completing a country appraisal, Member States should note their country's policies on addressing 'in a timely manner the needs of older persons for a variety of social and health services, including sheltered housing and long-term care'. They should also 'demonstrate actions to improve standards of living for persons with disability and for fragile older persons which allow them to maintain their independence and dignity' (UNECE, 2011:7).

The work is to be discussed and evaluated in a conference in Vienna this September with representatives of fifty six Member States. The four overarching themes to be discussed are:

- Promoting active ageing in employment
- Promoting active ageing in the community through volunteering and caring
- Promoting healthy ageing and independent living
- Enhancing solidarity between generations in order to create a society for all ages

Three of these themes could be seen to be valuable to the care home community, with volunteers established in care homes; positive strategies to ensure residents maintain what levels of fitness they have; and working with other organisations – such as school children visiting care home residents – to encourage intergenerational work within the care home setting. Coupled with the 4th commitment on social protection, it is clear those individuals who live in care homes, usually the vulnerable frail old, have the right to opportunities to be engaged in the active ageing agenda.

Age Platform, a coalition of European stakeholders who are actively working on the EY2012 agenda, are campaigning to create an Age-Friendly European Union by 2020 (Age-Platform, 2012). The vision involves fostering solidarity between generations and enabling the active participation and involvement of all age groups in society while providing them with adequate support and protection. Age Platform have listed ten benefits of such a union and these are:

1. A positive attitude to ageing that recognises the value of all age groups' identities and contribution to society

2. An inclusive labour market
3. Accessible outdoor spaces, adapted buildings and available transport
4. Goods and services that are adapted to the needs of all
5. Digital inclusion to enable participation in information and technology
6. For individuals to have a voice in the decision-making and research processes that affect them
7. The opportunity to actively participate in volunteering, cultural, sport and recreational activities, thus creating and/or maintaining their social networks
8. Access to lifelong and intergenerational learning to acquire new skills and knowledge at any age
9. Social protection systems based on intra- and inter-generational solidarity that prevent and alleviate poverty
10. Conditions and opportunities to grow and age in good mental and physical health through disease prevention and the promotion of physical activity.

Apart from the second, inclusion in the labour market, all benefits listed have a clear message for those caring for frail older people in care homes.

The human right to active ageing- such as the right to participate in meaningful activities, to have the opportunity to engage in social interactions and to have access to exercise should be available to all (WHO, 2002) yet all too frequently older people in care homes are being treated only as recipients of custodial care and

there is a need to recognise a concept of active ageing, which embraces frail older people (Walker 2002; Bowling, 2008; Cook 2010).

### The Literature on Active Ageing

A literature search was conducted using databases from EBSCO, these were CINAHL, Health Source: Nursing and Academic Edition, Medline, PsychINFO, SocINDEX and SPORTdiscus. The term active ag\* (wildcard to search for all derivatives of the word age) was used with the 'and' option to add nurs\* home 'and' older people. The parameters were set for peer reviewed articles with abstracts and full text from January 2006-2012. This search yielded 2 articles; Scourfield (2006) and Cook (2010), both highly relevant to this paper. The search was changed to 'activities' rather than 'active ag\*', with the same two added options. This search yielded 86 articles, but many of these articles included activities of daily living rather than activities as an enjoyable pastime, which would support the suggestion of Scourfield (2006) who states that older people in long term care settings are treated as 'service users' and not as citizens. The date parameters were narrowed to 2010-2012 which yielded 29 articles, only 9 of which addressed activities within a nursing home setting.

### The Benefits of Active Ageing

In an increasingly older population the main drive of any society is to ensure that adding years to life is not as important as adding life to years (Scottish Executive,

2002). It is never too late to start active ageing (Spirduso, 2005) and the effects can be dramatic even for frail older people (Bowling, 2008). The benefits of active ageing have been well documented. Keeping active mentally and physically can help maintain independence and contribute to mental health (Mountain Mozley Craig Ball, 2008). Activities to promote social engagement are strongly associated with life satisfaction and quality of life (Ball, Corr, Knight Lowis, 2007). This is also relevant to older people with cognitive decline, Phinney Chaudhury and O'Connor (2007) reported that older adults who had mild to moderate dementia enjoyed activities which allowed them to be active because it evoked feelings of a sense of belonging and sense of autonomy and identity. Engaging in an active lifestyle maintains gait, muscle strength which in turn can reduce the risk of falls (Skelton et al, 2005) and physical activity can decrease the development of conditions such as obesity, cardiovascular disease and osteoarthritis at any age (Laventure, 2005).

### Example of a Project that Supports Active Ageing in Care Homes

Active or passive denial of opportunities and resources for older people, limited resources, and situations of isolation are forms of restraint (Wilcock, 2005). Cook (2010) states that when people settle into care homes older people work hard to do meaningful activities and this should be encouraged. It is important that people in care environments do more than just exist and there are many projects that highlight best practice in providing meaningful ac-

tivities to this client group. The care of older people remains deeply problematic as they have frequently been seen to receive substandard or undignified care (Tadd et al, 2011). There are improvements, but care of frail older people in care homes need to be less custodial and the potential each individual has to engage in activities needs to be nurtured and encouraged.

One such improvement was a project started in England by the National Association for Providers of Activity (NAPA). The project was titled Go For Gold which fit very well with the current [at the time] enthusiasm for the Olympic games. The Go For Gold project challenged residents and staff in care homes to increase their physical activity. A choice of events was available and these included games, walking and dancing. Residents from care homes and day services took part; some people involved were over 100 years of age. The organisers invited communities to get involved and the uptake was good. Some pictures are available on internet and can be accessed on <http://www.youtube.com/watch?v=79V15jdR6Uk>.

The benefit of such a project encompasses the three pillars of active ageing – health, participation and security. The author attended one of the dancing sessions – which included people in wheelchairs. The local community attended the day which took place in a large hall in the local council offices. Most of the older people who attended were over eighty years of age and came from either the local day hospitals or from local care homes. The

event was staffed by council workers, nursing and care home staff and volunteers. The overarching feeling on that day was one of fun. People of all ages attended and the day was a great success.

## Discussion

Active ageing is essential for all individuals regardless of age. Studies have demonstrated that any activities aimed at health promotion and also aimed at enjoyment and inclusion is beneficial to all individuals regardless of age. However, frail older people in care homes are frequently the victims of passive neglect due to the attitudes of staff who feel that rehabilitative activities for residents in care homes are no longer of any benefit. This client group therefore are often denied the opportunities to participate in meaningful activities or indeed to get out of their care home and into community settings.

It is time for the rights of this client group to be recognised. The need for residents to regain their citizenship within communities is essential not only to re-establish they have rights, but to provide an inclusive agenda for all health promoting strategies and interventions such as the active ageing agenda.



## References

- Age Platform Manifesto for an Age-Friendly European Union by 2020. 2012 Available at: [http://www.age-platform.eu/images/stories/EN/EY2012\\_Manifesto\\_FINAL.pdf](http://www.age-platform.eu/images/stories/EN/EY2012_Manifesto_FINAL.pdf) (Accessed May 4th 2012).
- Bowling A. Enhancing later life: How older people perceive active ageing? *Aging & Mental Health.* 2008;1(3):293–301.
- Cook, G. Ensuring Older Residents Maintain their Unique Identity. *Nursing and Residential Care.* 2010;12(6):290-293.
- Laventure B. Active for Later Life Resource. 2005. Available at: <Https://www.bhfactive.org.uk/older-adults/publicationss>. Accessed April 22nd 2012.
- Ball V, Corr S, Knight J, Louis M. An Investigation into the Leisure Occupations of Older People. *The British Journal of Occupational Therapy.* 2007;70(9) 23-31.
- Mountain G, Mozley C, Craig C, Ball L. Occupational Therapy Led Health Promotion for Older People : Feasibility of the Lifestyle Matters Programme. *British Journal of Occupational Therapy.* 2008; 71(10): 313-327.
- Phinney A, Chaudhury H, O'Connor Doing as Much as I can do: The Meaning of Activity for People with dementia. *Aging & Mental Health* 2007;11(4)51-62.
- Scottish Executive, Adding Life To Years. 2002; Available at:
- [www.scotland.gov.uk/Publications/2002/01/10624/File-1](http://www.scotland.gov.uk/Publications/2002/01/10624/File-1) (Accessed April 14th 2012)
- Scourfield, P. (2006) Helping Older People in residential Care Remain Full Citizens. *British Journal of Social Work.* 2007; 37, 1135-1152
- Skelton D, Dinan S, Campbell M, Rutherford O. A 9 month tailored group exercise (FAME): An RCT in community dwelling women aged 65 and over. *Age & Ageing.* 2005; 34 (3)636–639.
- Spirduso W. Physical Dimensions of Ageing. 2005. Champaign, Illinois, Human Kinetics
- Tadd W, Hillman A, Calnan S, Calnan, M, Bayer A, Read S. Right place-wrong person: dignity in the acute care of older people. *Quality in Ageing and Older Adults.* 2011;12(1):33- 43.
- World Health Organisation Active Ageing: A Policy document. Second United Nations World Assembly on Ageing, Madrid. 2002. Geneva Switzerland: WHO.
- Wilcock A. Older people and occupational justice. In A. McIntyre & A. Atwal (Eds.), *Occupational therapy and older people.* 2005:14-26. Oxford: Blackwell Publishing.
- United Nations Economic Commission for Europe. Guidelines for Reporting on National Follow-up to the UNECE Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA). 2002;
- Available at:

[http://www.un.md/job\\_opp/2011/036\\_UN\\_FPA/Guidelines\\_on\\_National\\_Reportin\\_g\\_in\\_the\\_Context\\_the\\_2nd\\_R\\_A\\_Cycl e\\_EN.pdf](http://www.un.md/job_opp/2011/036_UN_FPA/Guidelines_on_National_Reportin_g_in_the_Context_the_2nd_R_A_Cycl e_EN.pdf) August 1st 2012

Walker A. (2002). The evolving meaning of retirement. A strategy for active ageing. International Social Security Review. 2002;55(3):121–139.

World Health Organization Active Ageing: A policy framework. 2002. Geneva. WHO

Towards an Age-Friendly European Union by 2020





# TOWARDS AN AGE-FRIENDLY EUROPEAN UNION BY 2020

ANNE-SOPHIE PARENT  
SECRETARY GENERAL OF AGE PLATFORM EUROPE

## Introduction

AGE Platform Europe is a European network of around 160 organisations of and for people aged 50+ which aims to voice and promote the interests of the 150 million senior citizens in the European Union and to raise awareness on the issues that concern them most. Its work focuses on a wide range of policy areas that impact on older and retired people. These include issues of anti-discrimination, employment of older workers and active ageing, social protection, pension reforms, social inclusion, health, elder abuse, intergenerational solidarity, research, accessibility of public transport and of the built environment, and new technologies (ICT). The Platform takes also active part in several EU projects, mostly funded by the 7th Framework Programme.

On the framework of the European Year for Active Ageing and Solidarity between Generations 2012 (EY2012), AGE coordinated a coalition of stakeholders, the so-called EY2012 Coalition, in order to promote active ageing and intergeneratio-

nal solidarity through the creation of an age-friendly European Union. The coalition was an informal group who committed to working together to achieve a society where everyone is empowered to maintain their physical and mental capacity, play an active part in society and enjoy equal rights and opportunities in all stages of their life regardless of age, sex, race or ethnic origin, religion or belief, social or economic status, sexual orientation, physical or mental condition, or need for care.

The article below gives an overview of the activities and vision of the EY2012 Coalition and makes an initial assessment of the main outcomes of the European Year 2012.

## The European Year 2012 at a glance

2012 was the European Year for Active Ageing and Solidarity between Generations (EY2012). It marked the 10th Anniversary of the United Nation's International Plan of Action on Ageing

that was adopted in Madrid in April 2002.

The EY2012 served as a framework to raise awareness, identify and disseminate good practices and encourage policymakers and stakeholders at all levels to promote active ageing and support greater intergenerational solidarity. In particular, the Year aimed at:

- Helping people to stay at work longer by promoting active ageing in employment
- Combating social exclusion among older people by promoting active citizenship, volunteering and caring
- Preventing dependency through enabling healthy ageing and independent living
- Promoting a society for all ages and enhancing cooperation and solidarity between generations

This European Year was the result of the advocacy work of AGE Platform Europe and the EY2012 Coalition, including the Yuste Foundation.

### **The EY2012 Coalition and its vision of an age-friendly European Union**

In order to promote active and healthy ageing, as well as solidarity and cooperation between generations, the EY2012 Coalition used the European Year as a key opportunity to promote an age-friendly European Union by 2020.

The Coalition believed that empowering

older people to age in good physical and mental health and to contribute more actively to the labour market and to their communities should help our societies better cope with our demographic challenge in a way that is fair for all generations. In order to promote active and healthy ageing, as well as solidarity and cooperation between generations, the Coalition called for an age-friendly European Union by 2020. This was the goal of its joint Manifesto that was presented at the European Parliament in November 2011 and is available on AGE website in English, French, Italian, Spanish, Dutch, Slovenian, Bulgarian and Polish. The document also included a list of recommendations on how to reach this goal at EU, national and local levels.

### **What are the benefits of an age-friendly European Union?**

Promoting age-friendly and supportive environments across the EU contribute significantly to the following Europe 2020 key objectives:

- Increase the employment rate of both young and older workers;
- Reduce the number of younger and older people at risk of poverty and social exclusion;
- Help older people to remain healthy and autonomous as they age, thus increasing the average healthy lifespan of European citizens;
- Develop more efficient health, long-term care and social services for our

ageing population and support innovative solutions for active and healthy ageing;

- Help better match training and skills demand through occupational training and life-long learning opportunities for workers of all ages.

### **The EY2012 Coalition's key recommendation at EU level: an EU Covenant on Demographic Change**

Many of the services and policies that enable citizens of all ages to play an active role in society and stay in good health are provided by local and regional actors: transport and urban infrastructure policies, health and long-term care services and trainings are just some examples. Therefore, we need to support local and regional actors to adapt to demographic change in a way that is fair and sustainable for all generations.

There is at present no EU network in existence which enables all stakeholders interested in promoting and supporting age-friendly environments (AFE) to link up, benefit from each other's experience and work together on shaping the EU agenda on active and healthy ageing. For this reason, the EY2012 Coalition members and an increasing group of stakeholders joint forces to campaign for the launch of an EU Covenant on Demographic Change that will seek to create the necessary political and technical framework to bring together local and regional authorities – and other stakeholders – across the EU who want to find smart and

innovative evidence based solutions and to facilitate the creation of an EU repository to support active and healthy ageing and develop age-friendly environments.

The objectives of the Covenant would be to:

- promote a comprehensive and integrated approach of ageing in linking all relevant stakeholders working at local, regional and national levels on the promotion of age-friendly environments;
- create a European network of age-friendly local and regional authorities supporting the same vision of a society for all ages;
- build synergies between local and regional initiatives and relevant EU policy processes, such as the development of national programmes to support local and regional initiatives to create age-friendly environments, the Knowledge and Innovation Community for healthy living and active ageing etc;
- facilitate the exchange of good practices, experiences and ideas.

### **Initial assessment of the outcomes of the 2012 European Year and overview of the EY2012 coalition activities**

#### *Awareness raising activities*

The European Year succeeded in raising awareness of the need for an age-friendly European Union, identifying and disseminating good practices and encouraging po-

licymakers and stakeholders to make commitments in this direction. AGE and the EY2012 Coalition actively contributed to make it possible.

AGE Platform Europe participated in about 200 seminars, events or meetings to promote the campaign and all the Coalition members organised events to mark the European Year. More than 20 Coalition members published and disseminated position papers, publications and reports on different aspects of ageing and intergenerational solidarity. The promotional material of the campaign was also translated in different European languages and thousands of copies were disseminated. Good collaborations were created at national level between our Members and the National Coordinators. In some countries, like in France and Italy, AGE members managed to coordinate national coalitions and agreed on common recommendations to national policy makers.

Many best practices of the Coalition were promoted on the official website of the Year. And some were presented at the Year's closing conference in December. Other initiatives were illustrated in the EY2012 Roadmap, a document that presents some of the concrete commitments to promote an age-friendly European Union. The European Commission also launched the European Year 2012 Awards to celebrate organisations and individuals that promote active ageing and solidarity between generations through their activities and more than 1100 applications were received.

### *Political commitments*

The Year enabled us to mobilise more than 65 stakeholders that have joined the EY2012 Coalition. It also encouraged a growing number of local and regional stakeholders to promote an age-friendly European Union and to join our campaign. In particular, AGE closely collaborated with the European Local Inclusion and Social Action Network (ELISAN), the European Network of Social Authorities (ENSA) and the Social Inclusion Regional Group (SIRG), the Council of European Municipalities and Regions (CEMR) and EUROCITIES, the network of major European cities. It also encouraged policymakers to support the creation of an age-friendly EU.

The idea of the EU Covenant was picked up in the Committee of the Regions' opinion on "Active Ageing: Innovation – Smart Health – Better Lives", which was unanimously adopted on 4 May 2012. It stressed the need to promote age-friendly environments and called on the European Commission to launch the EU Covenant as a legacy to the European Year 2012. It also recommended that EU funds should be allocated for the adequate development of an EU network in close cooperation with WHO and recommended that the Commission should initiate research into providing for the growing numbers of older people a priority.

On 4 June 2012, the European Commission organised a conference on "Good Governance for Active and Healthy Ageing" to look at how different levels of government can cooperate in designing effective

and comprehensive strategies for active and healthy ageing. It gathered about 150 participants from different levels of governance and stakeholders, so that they could move forward jointly. The conference thus aimed to prepare the ground for the development of integrated strategies for active and healthy ageing to be adopted in the wake of the European Year 2012 for Active Ageing and Solidarity between Generations.

The Year encouraged a growing number of local and regional stakeholders to promote an age-friendly European Union and to join our campaign.

On 20 November 2012, AGE co-organised with the Committee of the Regions a thematic seminar on “Creating an Age-Friendly European Union by 2020” in order to reflect on how to make this Covenant possible and what should be done at grass-root level to adapt goods, products and services to the specific needs of all age groups. Together with CEMR, EUROCITIES and WHO, AGE will also keep on meeting with DG EMPL, SANCO, CONNECT, JUST, MOVE and REGIO to discuss the proposal of an EU Covenant on Demographic Change.

### What next?

Now that the European Year is officially coming to an end, the joint work by the EY2012 Coalition, coordinated by AGE, will be continued, using the momentum of the European Innovation Partnership on Active and Healthy Ageing (EIP AHA).

The EIP AHA was released in October

2010 as part of the flagship initiative “Innovation Union”. It aims at enabling citizens to live longer independently in good health by increasing the average number of healthy life years by two by 2020. As suggested by AGE, the EIP AHA includes the promotion of age-friendly environments as one of its 6 priority actions.

AGE committed to setting up and moderating an EU virtual forum on Age-Friendly Environments (AFE) to link stakeholders (public authorities, NGOs, service providers, industry, researchers) interested in the promotion of AFE at local, regional, national and EU levels. AGE launched the virtual network at the beginning of June and more than 150 stakeholders have already joined the network. In addition, with some of the EY2012 Coalition members and other relevant stakeholders, AGE committed to continuing the campaign to convince the European Commission to launch the above mentioned EU Covenant on Demographic Change. Together with EUROCITIES, CEMR and WHO Europe, AGE also prepared and disseminated a survey addressed to local and regional authorities on the needs of regions, cities and towns regarding a European Initiative supporting age-friendly environments. The results of the survey will be available in April 2013.

### Conclusions

“We are very satisfied with the large mobilisation around the European Year 2012 (EY2012)”, declared Anne-Sophie Parent, AGE Secretary-General, at the closing

conference of the European Year 2012. "The EY2012 has clearly highlighted the need to rethink our economic and social policy framework in order to meet the needs of the growing number of older people while enhancing solidarity between generations. We hope that the numerous actions and commitments made during the Year will lay the first milestone towards a European society for all ages." AGE is also happy to see that the collaborations built in 2012 will continue in 2013 in the framework of the EIP. This confirms that EY2012 has not just been an awareness raising initiative. The work that has started in 2012 will continue in the years to come with all the interested parties who got mobilised during the Year.

### **For more information**

The EY2012 campaign material is available on AGE website.

Please find also below the first part of the joint Manifesto for an Age-Friendly European Union by 2020, co-signed by the members of the EY2012 Coalition.

### **Manifesto for an Age-Friendly European Union by 2020**

**Achieving a society for all ages will require decision makers and all relevant stakeholders to take collective responsibility for designing new ways of organising our societies to ensure a fairer and more sustainable future for all generations. We believe that the current demographic change is a key opportunity for everyone to work together to create an Age-Friendly European Union by 2020.**

### **What does creating an Age-Friendly European Union mean?**

Creating an Age-Friendly European Union means fostering solidarity between generations and enabling the active participation and involvement of all age groups in society while providing them with adequate support and protection. Through an Age-Friendly European Union, every age and population group will benefit from:

1. A positive attitude to ageing that recognises the value of all age groups' identities and contribution to society;
2. An inclusive labour market that ensures the participation in paid work of younger and older people, including those with disabilities or chronic conditions, supports the intergenerational knowledge transfer and enables workers to both maintain their health and reconcile their work and private lives;
3. Accessible outdoor spaces, buildings and transport as well as adapted housing and physical activity facilities that promote independent living and participation in society for longer, while increasing opportunities for exchange within and across generations;
4. Goods and services that are adapted to the needs of all;
5. Digital inclusion to enable participation in the increasingly ICT-based society as citizens, employees, consumers, service users and carers, friends and family members;
6. The possibility to have a voice in the

- decision-making and research processes that affect them;
7. The opportunity to actively participate in volunteering, cultural, sport and recreational activities, thus creating and/or maintaining their social networks, gaining new competences and contributing to their personal fulfilment and wellbeing;
  8. Access to lifelong and intergenerational learning to acquire new skills and knowledge at any age;
  9. Social protection systems based on intra- and inter-generational solidarity that prevent and alleviate poverty, guarantee adequacy of old-age income and sustainability of pension schemes for both current and future generations, ensure access to quality social and healthcare services across the life course and support informal carers;
  10. Conditions and opportunities to grow and age in good mental and physical health through disease prevention and the promotion of physical activity, a healthy diet, wellbeing and health literacy, as well as action on key social determinants of ill-health.

\*\*\*

I <http://www.age-platform.eu/en/about-age/age-members>

II <http://www.age-platform.eu/en/age-policy-work/solidarity-between-generations/campaign/927-list-of-contacts>

III [http://www.age-platform.eu/images/stories/23598\\_poster\\_everyone2012\\_v4.pdf](http://www.age-platform.eu/images/stories/23598_poster_everyone2012_v4.pdf)

IV [http://www.age-platform.eu/images/stories/23598\\_poster\\_everyone2012\\_FR\\_V1.pdf](http://www.age-platform.eu/images/stories/23598_poster_everyone2012_FR_V1.pdf)

V [http://www.age-platform.eu/images/stories/EN/EU\\_Covenant\\_on\\_Demographic\\_Change\\_Infosheet\\_Dec2012.pdf](http://www.age-platform.eu/images/stories/EN/EU_Covenant_on_Demographic_Change_Infosheet_Dec2012.pdf)

VI [http://www.age-platform.eu/images/stories/23748\\_manifest\\_poster\\_everyone2012\\_ES.pdf](http://www.age-platform.eu/images/stories/23748_manifest_poster_everyone2012_ES.pdf)

VII [http://www.age-platform.eu/images/stories/EN/EY2012\\_Manifesto-NL.pdf](http://www.age-platform.eu/images/stories/EN/EY2012_Manifesto-NL.pdf)

VIII [http://www.age-platform.eu/images/stories/Manifest\\_za\\_starosti\\_prijazno\\_Evropsko\\_unijo\\_do\\_leta\\_2020.pdf](http://www.age-platform.eu/images/stories/Manifest_za_starosti_prijazno_Evropsko_unijo_do_leta_2020.pdf)

IX [http://www.age-platform.eu/images/stories/Manifesto\\_EY2012\\_BG.pdf](http://www.age-platform.eu/images/stories/Manifesto_EY2012_BG.pdf)

X [http://www.age-platform.eu/images/stories/EY2012\\_Manifesto\\_PL.pdf](http://www.age-platform.eu/images/stories/EY2012_Manifesto_PL.pdf)

XI [http://www.age-platform.eu/images/stories/EN/EU\\_Covenant\\_on\\_Demographic\\_Change\\_Infosheet\\_Dec2012.pdf](http://www.age-platform.eu/images/stories/EN/EU_Covenant_on_Demographic_Change_Infosheet_Dec2012.pdf)

XII [http://www.age-platform.eu/images/stories/Updated\\_EY2012\\_Roadmap\\_Coalition\\_FINALVERSION1.doc](http://www.age-platform.eu/images/stories/Updated_EY2012_Roadmap_Coalition_FINALVERSION1.doc)

XIII <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2012:225:0046:0051:EN:PDF>

XIV <http://europa.eu/ey2012/ey2012main.jsp?langId=en&catId=970&eventsId=594&furtherEvents=yes>

XV <http://www.age-platform.eu/en/age-policy-work/accessibility/lastest-news/1544-age-thematic-seminar-on-creating-an-age-friendly-european-unionq>

XVI [http://ec.europa.eu/research/innovation-union/index\\_en.cfm?section=active-healthy-ageing](http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing)

XVII *For more information on AGE work to promote age-friendly environments, please read AGE publication "Towards an Age-Friendly European Union by 2020":* [http://www.age-platform.eu/images/stories/EN/towards\\_an\\_age-friendly\\_eu\\_by\\_2020-en.pdf](http://www.age-platform.eu/images/stories/EN/towards_an_age-friendly_eu_by_2020-en.pdf)

XVIII <http://www.age-platform.eu/en/age-publications-and-other-resources/age-publication>





## THE EU'S HIDDEN AGEING POPULATION: IMPROVING POLICIES FOR OLDER ETHNIC MINORITIES AND MIGRANTS

GEORGINA SIKLOSSY  
ENAR, EUROPEAN NETWORK AGAINST AISBL

Europe has long been a destination for many migrants and for the first time, Europe's ageing population includes significant numbers of ethnic minority people and migrants from a diversity of backgrounds. These numbers will continue to grow within the EU in line with projected demographic trends towards an ageing population, as migration is increasingly needed to sustain EU Member States' welfare schemes, and mobility will further increase between EU Member States and third countries.

Migration dynamics have changed enormously since the arrival of the first generation of migrants in the 1960s as a labour force. Since this evolved to situations of long-term residence and citizenship, a whole range of issues need to be addressed concerning not only 1st generation migrants (many of whom are now elderly), but also the 2nd and 3rd generations, who were born or raised in host countries and who are now approaching mid-life.

Moreover, the current economic crisis exacerbates the various difficulties faced by these groups in terms of accessing and claiming their rights and, in a broader context, with regard to their societal and local community integration. Growing populist rhetoric and blaming migrants for economic difficulties makes the need to empower migrant communities of all ages even more urgent.

### Policy context

Both at European and national levels, policies and strategies address either ageing or racism or poverty, but not the combination of issues facing older ethnic minorities. Another problem is that governments still tend to consider migration as a temporary phenomenon.

Moreover, older migrants have specific concerns and needs that are not always effectively met through the infrastructures in the countries in which they live.

The most challenging or vulnerable situations include: 1st generation migrants from 3rd countries, 2nd and 3rd generations in mid-life, older people from 3rd countries who have joined their younger family members working in the EU under family reunification measures and who may be at particular risk of isolation, as well as older people from ethnic minorities such as older Roma, who face many similar problems.

Additionally, the current EU approach to migration focuses on the economic necessity of highly skilled migration, but lacks recognition of the broader contribution that migrants have made and continue to make to European society. Those migrants not defined as 'highly skilled' are not recognised as having an economic value and their economic, social and cultural importance to European society is often negated.

### Key challenges

#### *Social inclusion*

The extent to which older migrants and minorities are able to participate in economic and social life is relatively small. There is a clear tendency for them to be more excluded from participation in civic, social and cultural life than older people of non-ethnic or from non-migrant backgrounds.

Some migrants are in a disadvantageous situation due to a lack of knowledge about the society in which they live or national social security schemes and how they can use these to acquire eligible benefits. Voting rights, for example, are ex-

tremely limited for migrants in most Member States. Equal participation in society for young and old, migrant and nationals, should thus be addressed for a more inclusive society.

#### *Employment*

Older migrant and ethnic minority workers face the same problems of lack of access and opportunity in the labour market as any other older worker, but this can often be compounded by racism, obsolete skills, lack of access to training and lifelong learning and history of working in the grey economy, non-recognition of qualifications obtained in their home country, as well as de-skilling and segregation in industries that pay lower wages.

In cases when members of ethnic minorities did manage to find jobs, these often did not reflect their qualifications, as stated in ENAR's Shadow Reports on racism from the Czech Republic, Finland, Germany and Malta. This reflects a number of issues, including difficulties in getting qualifications recognised, the need to take any jobs available, and a reluctance by some entities and companies to have ethnic minorities represented within better ranked positions.

Older ethnic minorities face discrimination and other problems, such as precarious or dangerous working conditions, lack of compliance with minimum standards set out in national legislation, lower wages, exploitation, as well as the 'glass ceiling effect' for older women migrants. Retired migrants face particular difficulties due to substandard living conditions

and insufficient pension / national insurance contributions due to undocumented or incomplete employment records in the EU. Rights to social security are highly variable and dependent on the label under which the older migrant initially entered the country and has since acquired over time. These rights may be limited if the older migrant has arrived in the recent

being excluded from the housing market than older non-ethnic native groups. They experience this exclusion in relation to discrimination in the allocation of housing, poor quality housing, and the high cost of housing relative to income. This situation poses challenges for their effective integration into their local communities and cre-



past, if qualifications were not recognised, if the individual was denied access to the labour market, and was underpaid or exploited.

### *Housing*

In the EU older ethnic minorities and migrants are generally at a greater risk of

ates broader societal problems that are damaging to social cohesion.

Poor and sometimes harsh housing conditions compound problems related to ageing for some older people in ethnic communities. Beyond poverty, the fact that long-term care facilities are not always adapted to the diverse cultural, reli-

gious or linguistic needs of older minorities and migrants, requires that local assessment be carried out to determine how best to accommodate the needs of these older residents.

#### *Healthcare*

Again, older migrants and ethnic minorities share the same difficulties that any ageing person may encounter in accessing healthcare and long term care, but with additional factors, including premature ageing due to harsh working and housing conditions, as well as a loss of command of their host country language, particularly if they suffer from dementia/Alzheimer. Other challenges include insufficient knowledge of the host country's language, reluctance to talk about certain symptoms, and lack of knowledge of existing services and healthcare systems. In addition, long term care facilities are often not adapted to the cultural, religious or linguistic needs of older migrants and ethnic minorities.

The challenge in terms of access to health and long-term care of older migrants in the EU will be to find an integrated approach where all residents' rights and human rights are addressed so that health inequalities are reduced. It is therefore necessary to look for ways and means to better inform older migrants about these services.

#### *Intergenerational solidarity in diverse societies*

Older migrants and ethnic minorities in Europe are often no longer being cared for by the younger generations. While family

structures are evolving rapidly, social services and family assistance programmes are often focused on majority populations and can be insensitive to the cultural diversity of families in need of help or the importance of intergenerational solidarity among different communities.

On the other hand, engaging migrant and ethnic minority communities in intergenerational solidarity initiatives together with majority communities is crucial and provides a means of breaking down harmful stereotypes by bringing communities closer together and creating a framework for dialogue.

Consequently, it is essential that local authorities support initiatives between older generations of ethnic and religious minorities and migrants and younger generations. The contact and interaction between them is known to lessen intergenerational misunderstanding and help combat marginalisation and vulnerability among older age groups.

#### *Recommendations*

When devising migration, integration and social policies and laws, EU and national policy makers need to take adequate consideration of this vulnerable and diverse societal groups' needs and take specific steps to facilitate their social and economic inclusion.

#### *Social inclusion*

- Formulate policy guidelines at national level to ensure that older migrants and

ethnic and religious minorities can age with dignity;

- Mainstream the objectives of inclusion, non-discrimination and anti-racism in all relevant EU strategies and policies, including in health, housing, and education;
- Use the renewed social Open Method of Coordination to address the social integration and inclusion of older migrants who face difficulties in accessing employment and training or lifelong learning.

#### *Employment*

- Ensure that the EU Employment Equality Directive (2000/78/EC) is adequately implemented;
- Ratify the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICRMW);
- Tackle the multiple discrimination faced by older ethnic and religious minority and migrant workers in employment;
- Guarantee an adequate minimum pension to prevent poverty among the most vulnerable older people, including older minorities who for justified reasons are unable to contribute to social protection schemes. Social protection, provided by the state, should be a necessary safety net for all.

#### *Healthcare*

- Develop a clear policy framework for health services that are equally accessible to ethnic and religious minorities and migrant older people;
- Tackle the persistent healthcare inequalities between different ethnic groups including through cultural sensitisation of health workers
- Use the renewed social OMC to address the health care needs of older migrants and older people from ethnic and religious minorities who face additional difficulties in accessing affordable health care services and eligibility to social protection systems;
- Develop and apply appropriate policies and strategies for dealing with specific health and healthcare problems faced by older ethnic minorities and migrants.







## RETAINING AND REGAINING INDEPENDENCE AND INCLUSION IN LATER LIFE. NOTES AND PRACTICE EXAMPLES FROM ESN'S AUTUMN SEMINAR 2012

LISA SCHÖNENBERG  
POLICY OFFICER. EUROPEAN SOCIAL NETWORK

The European Social Network (ESN) is a network organisation that brings together people who design, manage and deliver social services in public authorities across Europe. The 2012 Autumn Seminar " Retaining and regaining independence in later life: the role of social services", took place in Stuttgart, Germany, on 24-25 October, and was organised by ESN in cooperation with the City of Stuttgart and the German Association for Public and Private Welfare. The seminar, which focused on prevention and rehabilitation in social services for older people, brought together 60 ESN members from 20 different countries, including managers, senior professionals and researchers from public social services.

### Promoting prevention and rehabilitation

The number of people aged 60 and above in Europe is increasing and there is consequently a growing demand for care. The seminar delegates discussed two key questions in order to consider the issues raised by this demographic change: Firstly, how can social services prevent the

loss of independence and social or family links amongst older people? Secondly, how can these services support older people to regain independence and social/family links as quickly as possible following illness, health problems or bereavement? With this article, we would like to share the outcomes of the seminar and present local practice examples that are relevant to independence and inclusion in later life.

The approach of prevention and rehabilitation in social services for older people is important as it both enhances older people's quality of life and reduces the burden of long-term care and health expenditure. However, it has proven difficult to reform systems that are focused on dealing with severe care needs when they arise, often at hospital in the first instance. A stronger focus on person-oriented approaches, which embed prevention, in disease and crisis-oriented long-term care systems is needed. The seminar addressed how to design social and health services which assist older people in retaining and regaining independence, and inclusion in later life. Speakers and delegates also

stressed the importance of factors beyond social and health care that influence older people's quality of life. Measures which enable older people to remain at home and participate actively in their local community, such as health promotion, volunteering and life-long learning opportunities, and the contribution of family carers were examined.

### **Design social and health services that favour prevention and rehabilitation**

The main focus of the seminar was how to transform services to promote prevention and rehabilitation. Opening the seminar, ESN's vice-chair, Christian Fillet observed that the EU tends to speak about 'long-term care', noting, "Perhaps we ought to be talking more about short-term care: a quick short burst of care, support, training to help a person regain independence and inclusion after an illness or a fall." Among the examples presented, the municipality of Fredericia, Denmark, supports people with potential care needs by focusing on the essential tasks of daily life under the heading 'life-long living'. When an older person applies for personal care and practical help, they are offered 72 hours of intensive training over 31 days, focusing on the essential tasks of daily life. Older people no longer see themselves as 'patients' but as happy and independent, whilst the municipality saves approximately 20,000 Euros per person each year. Prevention and rehabilitation strategies from Portugal and the Netherlands were also presented. The Portuguese National Network of Integrated Continuous Care focuses on developing integrated social and health care with a focus on short-term

care and rehabilitation. The Dutch region of Noord-Brabant has developed ICT solutions in cooperation with local businesses which enable older people to remain at home for longer and meet their real needs.

In order to design social services that promote independence in later life, the delegates stressed that:

- A shift from intervention to early prevention and health promotion is needed. This should be achieved by integrated local services promoting prevention, active ageing and an age-friendly environment.
- Structural reforms at national and local level, alongside financial support, would promote integrated services which identify the needs of older people, help older people achieve social inclusion and build trust amongst older people.
- The role of older people with care needs has to change from passive recipient/'patient' to empowered participant by involving service users in the planning and delivery of services.
- Stronger case management is needed to support older people as individuals. Health and social services should work together closely and cooperate with public, private and family carers to work in a network around older people.

### **Working together with other sectors to promote independence in later life**

"It's about livable communities for all ages," said Daniel López Muñoz, in his report on a project conducted in a number of European regions about 'declining,

ageing and regional transformation' (DART). He emphasised the factors beyond social and health care that influence older people's quality of life. The valuable contribution made by volunteering and health promotion completed this session on adapting to demographic change. Carolyn Akintola, herself a wheelchair user with chronic health problems, shared a moving testimony of caring for her elderly mother "with a total of six hours help a week". She admits it is hard at times, but "I wouldn't have it any other way." She concluded: "Nothing that's worthwhile is ever easy. She's my mum, and I should look after her."

Social and health care services should also work together more closely with other sectors in order to:

- Provide more support to allow older people to remain at home and active in their local community longer, whilst preventing social exclusion, especially in rural areas. Measures could include barrier-free housing, ICT solutions, intergenerational volunteering projects, public transport and meeting places in the community.
- Develop and deliver universal product and service design for all when approaching age-friendly products and services.
- Involve employers in promoting both intergenerational learning amongst older and younger workers and age friendly work places that focus on healthy ageing.

- Acknowledge the contribution of informal/family carers towards the welfare state, for example, by offering leave and relief programmes to carers.

### What role is the EU playing?

ESN's aim is to connect and inform our members, who act at local or regional levels, with the initiatives of social policy at European level. The European Union is actively playing a role in a number of ways, not least through the European Year of Active Ageing and Solidarity between the Generations in 2012. This has brought political attention to the approach of active ageing based on longer and more flexible working lives, and solidarity and understanding between young and old. Many local, regional and national initiatives promoted the contribution of older people within society.

The European Innovation Partnership on Active & Healthy Ageing brings greater attention to prevention, screening and early diagnosis, care and cure, active ageing and independent living. The overall aim of the project is to add two healthy years to the life of every EU citizen by 2020. The European Innovation Partnership brings together actors from all levels and sectors to exchange knowledge, whilst mobilising available resources and expertise, and providing an open platform for innovative ideas. A consultation by the European Commission on personal and household services in 2012, and a conference focusing on the job creation potential of care services in January 2013, have drawn attention to the employment potential of the sector. Alongside the challenges

of demographic change, there is a focus on the opportunities brought about by this period of transition. In October 2012, the EU held a peer review on age friendly products and services. The WHO's age-friendly cities and communities programme compliments EU efforts on active & healthy ageing. The WeDO project (Wellbeing and Dignity of Older people) involves 18 partners from 12 countries, and a number of European stakeholders, including ESN. The programme aims to develop a lasting and growing partnership of organisations at all levels, in order to promote the wellbeing and dignity of vulnerable and disabled older people. The project also seeks to prevent elder abuse at all levels and in all settings through the promotion of quality long-term care. The project has developed a European Quality Framework for long-term care services.

In the final session, delegates of the seminar stressed that they would like to work with the EU in order to:

- Help to promote a positive image of older people and raise awareness of their social contribution.
- Invest in collaboration, knowledge and idea exchange, and provide better access to mutual learning opportunities and their results for all stakeholders.
- Provide financial support for local and regional policies, including the use of structural funds to promote independence and inclusion in later life, and which recognises the specific challenges of rural regions.

Overall, delegates felt strongly that the image of 'being old' has to change in order that older people and their contribution to society is valued more highly, and that this would underpin better policy-making in many areas. Everyone with an interest in the dignity and wellbeing of older people should contribute to this cultural change within society.

### About the Organisation

The European Social Network (ESN) brings together people who design, manage and deliver social services in public authorities across Europe. We support the development of effective social policy and social care practice through the exchange of knowledge and experience. ESN is a network of Member organisations which are associations of directors of social services; regions, provinces, counties and municipalities; funding and regulatory agencies, universities, research & development bodies working closely with public authorities in the development of social services. We believe that social services should: protect and support vulnerable people, respect the dignity and independence of people using services, pursue excellence in social work and care practice, listen to service users and respond to their needs, promote solidarity with disadvantaged people and communities and promote equality and non-discrimination.

[www.esn-eu.org/home/index.html](http://www.esn-eu.org/home/index.html)



# FUNDACIÓN CIBERVOLUNTARIOS: AUMENTANDO LOS DERECHOS Y OPORTUNIDADES DE LAS PERSONAS MAYORES A TRAVÉS DE LAS TIC

ALEJANDRA BETEGÓN SALAMANCA  
COORDINADORA NACIONAL DE CIBERVOLUNTARIOS  
FUNDACIÓN CIBERVOLUNTARIOS  
[WWW.CIBERVOLUNTARIOS.ORG](http://WWW.CIBERVOLUNTARIOS.ORG)

Muchas personas mayores aprenden, disfrutan, se relacionan y se comunican gracias a las TIC, esta es una realidad que en Fundación Cibervoluntarios llevamos comprobando desde hace 11 años. Este motivo nos ha hecho desarrollar varias intervenciones formativas dirigidas a personas mayores, con el objetivo de que descubran un mundo de posibilidades a su alcance para conseguir que su participación social, crecimiento personal y aprendizaje, continúe y evolucione en el tiempo.

Fundación Cibervoluntarios somos y nos definimos como una entidad sin ánimo de lucro compuesta por emprendedores sociales cuya visión es utilizar las TIC (Tecnologías de la Información y la Comunicación), como medio para la innovación social y el empoderamiento ciudadano, es decir, queremos aumentar los derechos, las oportunidades y capacidades que tiene cada persona dentro de su entorno gracias al uso de herramientas y aplicaciones tecnológicas que están a su alcance. Para ello

centramos nuestra misión y trabajo en “Conseguir que todas las personas tengan, por igual, la oportunidad de acceder, conocer y utilizar las Nuevas Tecnologías con el fin de paliar la brecha digital, eliminar brechas sociales existentes y fomentar la Sociedad del Conocimiento”.

Dirigimos nuestra acción a personas que por razones de género, edad, entorno profesional, educativo, falta de recursos materiales o económicos u otros se encuentran en riesgo o en una situación de exclusión sociodigital, adaptando el uso de aplicaciones tecnológicas para paliar esas brechas sociales a nivel laboral, social, de participación, salud... En los últimos cuatro años su foco de acción se está ampliando a Europa y Latinoamérica donde ya tiene representación de la entidad en Argentina, Ecuador y Brasil. Y próximamente está previsto abrir delegación en México.

Estamos finalizando la celebración del 2012 como el Año Europeo del Envejecimiento Activo y Solidaridad Intergeneracional, un año dedicado a ensalzar buenas prácticas relacionadas con el mayor, visibilizar sus actividades, su participación dentro de la Sociedad, sus conocimientos fruto de la experiencia, y promover acciones que propicien su envejecimiento activo y aprendizaje constante en esta etapa de la vida. En estos objetivos o razones por las que se proclama este año, las TIC juegan

aprendiendo, a romper con la soledad, con su falta de participación, comunicación, relación e incluso ayudando a que realicen actividades de voluntariado tecnológico para que su ejemplo pueda ayudar a otros mayores a descubrir un mundo de posibilidades y capacidades implícitas a su uso.

Desde hace 8 años llevamos a cabo varios proyectos de alfabetización básica, dirigido a Asociaciones de Personas mayores, con el objetivo de que mejoren su gestión, relación y difusión gracias al



un papel muy importante y esencial. Desde la Fundación Cibervoluntarios no solo este año, sino desde nuestro comienzo, hemos comprobado cómo las Tecnologías son herramientas para el mayor y del mayor, y cómo su conocimiento y uso propicia ese envejecimiento activo, esperanzador, ayudando al mayor a que siga

uso de Internet. “Evoluciona en red” fue creado para dotar a nuestros mayores de habilidades para el buen uso de Internet y abrir un campo de posibilidades que tenían a su alcance y que por distintas razones desconocían. Mediante este proyecto hemos llegado a más de 500 Asociaciones

de personas mayores desde 2008 y hemos formado alrededor de 2.300 personas.

Cómo no y dentro de este proyecto de Evolución gracias a la Tecnología, no debemos olvidar el uso de dispositivos móviles, los cuales han aportado una mayor autonomía e independencia a la hora de usar esta herramienta, tan beneficiosa y necesaria para el mayor, tanto para su seguridad (en personas que viven solas, cuando se desplazan, viajan), su comunicación y relación.

Pero la idea clave, es seguir evolucionando en conocimientos y posibilidades, por eso y gracias al apoyo de UDP (Unión Democrática de Pensionistas y Jubilados de España) y Fundación Vodafone desarrollamos "Soy Mayor y me Gusta Navegar" que desde 2011 y a lo largo de todo este Año Europeo, hemos tenido la oportunidad de enseñar distintas herramientas tecnológicas como las Redes Sociales, la creación de un Blog, herramientas para desarrollar su ocio, información, cultura, relación... Gracias a este proyecto más de 590 personas han seguido descubriendo el poder que tienen y que les aportan las TIC en la sociedad de la información y la comunicación.

Además de todas las intervenciones formativas y de capacitación de personas mayores con respecto al uso de las TIC, nos gustaría ensalzar al mayor como Cibervoluntario, generador indiscutible de conocimiento que siendo consciente del papel social de las Tecnologías de la Información y la Comunicación, de su potencialidad como herramienta generadora de Integración, de participación y de elimina-

ción de brechas sociales entre ciudadanos, ha querido tomar partido y compartir su experiencia en su uso.

Ha sido todo un lujo para nosotros y como no, para los y las Cibervoluntarios jóvenes y adultos, encargados de realizar las formaciones, el comprobar como la Tecnología es un espacio de oportunidades sin límites para el mayor, un libro abierto, un viajero incansable o como muchos lo definen un "gran médico", y el saber que las TIC además de mejorar todos los aspectos sociales de la persona, son herramientas que forman parte de terapias necesarias para la actividad neuronal y entrenamiento cognitivo. Un elemento esencial para conseguir un envejecimiento activo, solidario, educativo, social y relacional de nuestros mayores.

Una apuesta de la Fundación Cibervoluntarios, que tras 11 años de trayectoria, el año pasado hemos recibido de manos de los Príncipes de Asturias un reconocimiento a "la creación de nuevas formas de participación e innovación social en apoyo a colectivos en riesgo de exclusión" y el reconocimiento económico y social de Google.org, como una de las entidades que está cambiando el mundo, la primera y de momento, la única, organización reconocida con tal mérito en España.

Como no, cerrar este artículo, inyectando de energía a esas personas mayores que no han descubierto aún este escenario donde ¡¡la igualdad, la libertad y el poder están en nuestras manos!!!.





## AGEING AND HEARING

SOEREN HOUGAARD  
SECRETARY GENERAL, EHIMA

When people in general talk about “healthy ageing”, they usually think about physical health: cardio-vascular diseases, cancer, diabetes – you name it. Once in a while, mental ailments are also touched upon: depression, dementia – or simply: general self-reported health. Despite the fact that it affects an estimated 80 million Europeans (1), hearing loss and its many consequences are rarely discussed. This can perhaps be explained by the fact that hearing loss is invisible; it typically emerges gradually over several years and not in a sudden, dramatic way and it is not considered a life-threatening handicap.

And yet the sad fact remains that hearing loss does indeed have a host of sometimes severe psycho-social consequences. In a large, pan-European health survey ca-

rried out in 2006 and again in 2010 (2), it was shown that the group having hearing loss in 2006 surveyed 4 years later showed:

- 22 % Increased risk of having developed depressive symptoms.
- 24 % Increased risk of having developed lower self-reported general health.
- 19% increased risk of cognitive impairment.

These trends were confirmed by recent surveys in Germany, France, United Kingdom, Italy, and Norway (3) where it was also shown that the use of hearing aids had a positive influence on both depressive symptoms and the risk of developing cognitive impairment or mild dementia.

**Table 1: Depression symptoms. Hearing aid owners have lower risk of being depressed**

Depression %	U.K.	Germany	France	Italy	Norway
With H. aid	16	19	17	32	9
No H. aid	41	29	21	37	21

*Note: the group without hearing aids had similar hearing losses to the group using hearing aids.*

The same pattern applies to the group with cognitive impairment.

**Table 2: Dementia. Hearing aid users have lower risk of being forgetful compared to hearing impaired non-users**

Dementia %	U.K.	Germany	France	Italy	Norway
With H. aid	60	61	57	72	45
No H. aid	73	74	68	79	57

The numbers vary from country, but the trend is clear.

Already back in 2005, the WHO found that hearing loss reduces the number of healthy life years. (4) This is doubly sad, first of all for all those affected, but also for national and EU finances. A European Commission standard sets a statistical value for ‘one quality year’ of life at €44,000 (5). This “social cost issue” was further highlighted by a recent report from the Netherlands (6) where it was found that hearing loss is the 6th most expensive health condition in that country: Hearing loss costs Dutch society 950 million € per year and the situation gets worse with the ageing of society.

The prevalence of hearing loss increases with age. The demographic development in Europe is well-known: from 2010 to 2050, the proportion of people over 65 with disabilities will increase by 77% (7). An ageing society, in consequence, is one where the number of hearing impaired people will rise exponentially. A society focusing on “healthy ageing” is therefore one which keeps its citizens well-informed about the risks of hearing loss, the effects – and the possible remedies. And one which makes hearing rehabilitation accessible to all its citizens without any kind of discrimination – as outlined in the United Nations’ Declaration on the Rights of Persons with Disabilities (8)

From a personal health point of view, as well as from a national finances point of view, it is clear that early detection of hearing loss and professional hearing rehabilitation are vital and fundamental for healthy ageing. In this light, EU member states should avoid unjustified cuts in social protection for people with hearing loss under the austerity policies introduced in many countries in response to the economic crisis. In a sustainable, competitive and innovative society, the focus must be on long-term investment for people with hearing loss rather than short-term cost-cutting.

- Report on mobility and inclusion of people with disabilities and the European Disability Strategy 2010 – 2020. July 7, 2011. Rapporteur: Ádám Kósa, Member of the European Parliament.
- SHARE: Survey of Health, Ageing and Retirement in Europe. Article on ageing and hearing by Dr Karen Andersen-Ranberg in preparation.
- EuroTrak 2012, Anovum/EHIMA
- WHO, Global Health Report, 2005
- “Evaluation of the Social and Economic Costs of Hearing Impairment”, October 2006, Hear-it AISBL

- Healthy Ageing, University Medical Center, Groningen, 2011
- Report on mobility and inclusion of people with disabilities and the European Disability Strategy 2010 – 2020. July 7, 2011. Rapporteur: Ádám Kósa, Member of the European Parliament.
- UN Convention on the Rights of Persons with Disabilities (UN CRPD), 2011







## MEDIENKOMPETENZ IM ALTER

DR. BARBARA KECK  
BAGSO SERVICE GMBH, BONN

Einen eigenen Blog zu haben, über ein soziales Netzwerk zu kommunizieren, im Internet einzukaufen oder das nächste Reiseziel auszusuchen, ist für viele jüngere Menschen selbstverständlich, aber noch lange nicht für die Mehrheit der älteren Generationen.

“Wir müssen lernend altern – und Altern lernen. Das heißt im 21. Jahrhundert auch, sich mit den Herausforderungen des Internets auseinanderzusetzen und die Chancen, die es bietet, zu nutzen!”, so die BAGSO-Vorsitzende Prof. Dr. Ursula Lehr, die sich als aktive Internet-Nutzerin für die älteren Noch-Nicht-Nutzer einsetzt. 40% der 60- bis 69-Jährigen und drei Viertel der über 70-Jährigen in Deutschland haben das Internet noch nicht für sich entdeckt ((N)OnlinerAltas 2012).

Zwar verzeichnen die Älteren die größten Zuwachsraten bei der Internetnutzung, dennoch bedauern es gerade auch die älteren Internetnutzerinnen und Internetnutzer selbst, dass noch zu wenige von

ihnen im Netz sind, wie Brigitte G.-Z.:

“Nur schade, dass viele meiner Bekannten und Freunde dieses Medium immer noch ablehnen. Warum, frage ich mich? Der Einstieg geht schnell – die Programme sind mittlerweile so gemacht, dass selbst wir Dinosaurier sie relativ schnell verstehen. Wer schon einmal unfallfrei ein Regal von Ikea zusammengebaut hat, wird auch Windows überstehen. Versprochen. Ich werde im Oktober 70 Jahre alt und bin nach wie vor begeistert von der Möglichkeit, mit der ganzen Welt in Verbindung zu stehen ... und informiere mich ... welche Aktivitäten in meiner Stadt laufen.“

Ein wunderbares Zitat aus dem Schreibwettbewerb, der im Online-Jahr 50plus „Internet verbindet“ 2006 von der Bundesarbeitsgemeinschaft der Seniorengesellschaften (BAGSO) durchgeführt wurde. Dieses Zitat verdeutlicht zwei Aspekte:

- 1- Wir haben einen **digitalen Graben zwischen den Älteren**. Die einen

nutzen das Internet bereits und sehen darin ein hervorragendes Medium, sich zu informieren, auszutauschen und/oder ihre ehrenamtliche Tätigkeit effektiver zu gestalten. Die anderen sehen für sich keinen Nutzen. Dies ist sehr verständlich, denn anders als in der Schule oder im Beruf kommen ältere Menschen weitaus weniger mit dem Internet in Berührung. Es gilt: je älter desto geringer ist der Anteil, der im Netz ist. So sind nur 28 % der über 70-Jährigen im Netz ((N)Onliner Atlas 2012). Bei Frauen ist dieser Effekt verstärkt. Kein Wunder also, dass Frau Brigitte G.-Z. bedauert, dass so wenige ihrer Altersgruppe via Internet zu erreichen sind.

2- Der Einstieg ins Internet ist rückblickend oft viel leichter als vorher gedacht. Dennoch, eine gewisse Energie kostet es schon, die neue Technik zu installieren. Für die, die noch nicht im Netz sind, erscheint der **Aufwand im Verhältnis zum Nutzen** als zu hoch. Medienberichte über die Gefährlichkeit des Internets verschärfen hier die Ängste der Nichtnutzer, mangelnde Bekanntmachung von Serviceangeboten und unverständliche Werbung sind weitere Hemmschuhe. Die Werbung erweckt oft den Eindruck, dass man in eine völlig neue Welt eintaucht, zumindest erschließen sich viele verwendete Worte nicht, selbst wenn man der englischen Sprache mächtig ist. Diejenigen jedoch, die den Schritt gemacht haben, entdecken, dass das Internet ihr Leben bereichert und relativ leicht zu nutzen ist. Allerdings, wie so

oft im Leben, sind auch hier gewisse Vorsichtsmaßnahmen wichtig. So ist besonders der Schutz vor wie Viren und Spams (unerwünschte Mails) durch entsprechende Programme oder Programmeinstellungen wichtig. Diese müssen verstärkt im Standardpaket inklusive angeboten werden, so wie beim Auto der Airbag mittlerweile zum Standard gehört.

Internet – Das brauch ich nicht! So sehen es die älteren Menschen, die das Internet selber nicht kennen. Sie erkennen für sich keinen Mehrwert und damit auch keinen Sinn, sich damit zu befassen. Verschiedene Projekte der BAGSO setzen hier an. In Zusammenarbeit mit ihren rund 110 Verbänden verdeutlicht sie die Chancen des Internets und schafft Erfahrungsräume für 50plus.

So initiierte sie in 2012 die BAGSO-InternetWoche, bei der vor allem ältere Menschen, die das Internet nutzen, selber zu Wort kommen, um so den Nutzen des Internets aus ihrer Sicht aufzuzeigen. Die Mitwirkenden bei dieser Aktion sind Seniorenenorganisationen und Unternehmen wie die Deutsche Telekom und Google Deutschland. Jedes Jahr am 29. Oktober, dem internationalen Internettag, startet diese gemeinsame Aktion ([www.bagso.de](http://www.bagso.de), Bereich BAGSO-InternetWoche). Eröffnet wurde die InternetWoche mit der Prämiierung zum Wettbewerb „Die schönen Seiten des Internets“. Hier zeigten ältere Menschen in Filmen, Blogs oder einfach durch einen Erfahrungsbericht per E-Mail, wie sie das Internet nutzen und welchen Mehrwert es für sie hat. Gemeinsam

richteten „Deutschland sicher im Netz (DsiN e.V.)“, Google Deutschland und die BAGSO diesen Wettbewerb aus.

Die Möglichkeiten des Netzes, die 50plus Generationen zu begeistern sind vielfältig. So ist der Kontakt zu den jüngeren Generationen, der Austausch mit ehemaligen Klassenkameraden oder Berufskollegen, der Kontakt zu Bekannten und Freunden gefragt. Neben Emailen spielen dabei auch das Telefonieren via Internet und Skypen für einige eine Rolle. Eindrucksvoll auch hier das Zitat von H.C. „Ich - geboren Jan. 1915 - besitze seit Herbst 2002 ein Notebook und bin seit April 2003 im Internet. .... Mit meinen Kindern, vor allem aber mit meinen 10 Enkeln habe ich nie zuvor so viel Kontakt gehabt wie jetzt über E-Mails. - Negatives kann ich nicht vermelden!“

Aber auch Informationen rund um Gesundheit, Produkte und Reisen verfügbar zu haben, löst Begeisterung aus. Reisen zu buchen, bequem von zu Hause einzukaufen und Online-Banking zu tätigen, wird noch eher von einer kleineren Gruppe genutzt. Die, die es machen, schätzen die Bequemlichkeit.

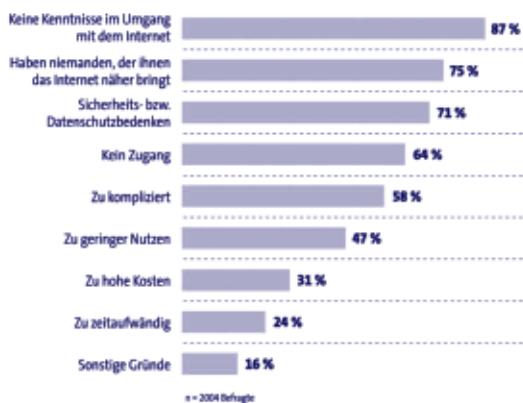
Auch das Ehrenamt ist oft ein Motivationsfaktor, um ins Internet einzusteigen. Denn Informationen auf dem Postweg zu versenden ist oft aus Kostengründen oder Personalmangel nur sehr begrenzt möglich.

Internet – Interesse ja, aber: Im Rahmen der Initiative „Internet erfahren“ des Bundesministeriums für Wirtschaft und Technologie zeigte sich bei Fokusgruppen

der BAGSO: Es gibt durchaus auch über 50-Jährige, die den Nutzen des Internets sehen, aber den Schritt nicht wagen, ins Netz zu gehen. Zum einen sind es die negativen Erfahrungen der Onliner, die sie abhalten. Daher ist es wichtig, dass in den Medien verstärkt auch Beispiele dargestellt werden, wie Ältere das Internet nutzen, weshalb sie es schätzen und wie sie mit Problemen umgehen.

Zum anderen fehlt es an Kenntnissen und Begleitung, wie die Studie von TNS Infratest in der nachfolgenden Abbildung zeigt.

*Abb. 1: Gründe für die Nichtnutzung des Internets*



Besonders Frauen erwarten einen Service aus einer Hand, der bei Problemen hilft. Ein Installationsservice, den die Provider anbieten, ist ein Schritt in die richtige Richtung. Ein begleitender Hotmail-Service und Abholservice bei technischen Problemen sind weitere gute Ansätze. Hier muss zum einen der Vertrieb noch stärker geschult werden, diese Angebote bekannt zu machen. Andererseits ist auch ein Bewusstsein zu schaffen,

dass dieser Service sein Geld wert ist. Gerade ältere Menschen schätzen zwar Service, sind aber oft auch sehr preisbewusst.

Schließlich ist auch die Werbung ein Hemmschuh für Ältere. Unübersichtlichkeit, Kleingedrucktes, Bilder überwiegend von jüngeren Menschen und die Vielzahl fremder oft englisch klingende Begriffe schrecken ab, statt Interesse zu wecken. Ein Weg ist der frühzeitige Einbezug älterer Menschen bei der Entwicklung der Ansprache und natürlich auch bei der Entwicklung der Produkte und Bedienungsanleitung.

### **Dreiviertel der Deutschen sind im Netz – Reicht uns das?**

Immer wieder wird von den erfreulich gestiegenen Zahlen der Internetnutzer gesprochen und alltägliche Kommentare wie „Dreiviertel sind im Netz, das reicht, die anderen kommen schon von selbst“ lassen die Frage auftreten, ob noch Aktivitäten erforderlich sind, um Ältere ans Netz zu führen. Betrachtet man allerdings die Zahlen detailliert, dann zeigt sich: Es sind vor allem die Älteren, die in Deutschland und in anderen europäischen Ländern nicht im Netz sind.

Wir haben in der Vergangenheit schon viel erreicht. Besonders die Seniorenorganisationen aber auch Schulen und Bildungseinrichtungen wie die Volkshochschule haben auf unterschiedlichen Wegen viele ältere Menschen ans Netz geführt und begleiten sie im Netz. Bei dem Wettbewerb „Internet – Keine Frage des Alters“, den die Telekom Deutschland zusammen mit Klicksafe und der

BAGSO durchführte, zeigten Multiplikatoren hier ihre vielfältigen Wege auf. Aber auch innovative Ansätze im Bereich des E-Learnings wie ELSE, das von der Universität Erlangen in einem europäischen Projekt entwickelt und national weitergeführt wurde, sind sinnvoll Ansätze.

Die BAGSO wird weiter nicht müde, sich dafür einzusetzen, dass Ältere die Chance erhalten, das Internet kennenzulernen, denn nur wer etwas kennt, kann sich bewusst dafür oder dagegen entscheiden. Es ist eine Aufgabe für Verbände sowie für die öffentliche Hand, aber auch eine Marktchance und Herausforderung für die Wirtschaft, die älteren Generationen an das Internet heranzuführen. Dies „Gemeinsam von Anfang an“ national und europäisch anzupacken ist eine Aufgabe jetzt und in Zukunft.

Ältere Generationen, die heute 60 Jahre sind, haben oft noch 20-30 Jahre vor sich. Eine Haltung: „Das Problem wird sich auswachsen“, der wir immer wieder begegnen, verkennt, dass es 17 Millionen potentielle Kunden gibt, auf deren Bedürfnisse bisher zu wenig eingegangen wurde. Auch gesellschaftlich können wir es uns nicht erlauben, bei der Meinungsbildung, die immer mehr via Internet erfolgt, auf einen Teil der Bevölkerung zu verzichten. Es ist wichtig, heute und in Zukunft verstärkt die älteren Generationen bei den neuen Medien im Blick zu haben.



# THE EUROPEAN QUALITY FRAMEWORK FOR LONG-TERM CARE SERVICES

MAUDE LUHERNE

On 14 November 2012, AGE Platform Europe<sup>8</sup> together with eighteen partners<sup>9</sup> from twelve European countries launched in the European Parliament the European Quality framework for long-term care services<sup>10</sup>. This document is one of the main results from the WeDO Project, a European Partnership for the wellbeing and dignity of older people (2010-2012), awarded by the European Commission DG EMPL call for proposal for a pilot project on preventing elder abuse.

The project builds on the results from the EUSTACEA project (2008-2010) which developed a European Charter of the rights and responsibilities of older people in need of care and assistance<sup>11</sup>. Both projects helped to identify existing good practices to support the development of innovative solutions across the EU in fighting elder abuse and improving quality long term care. They contributed to build an opened community of stakeholders committed to improve the wellbeing and dignity of older people in need of care and assistance in Europe. The EU Quality framework and the European Charter aim to become reference documents at EU level and in the member states, and to influence

ongoing reforms on long-term care so these include quality development.

## **Introduction to the eu quality framework for long-term care services**

### *Challenges for quality long-term care in the eu*

One of the key challenges for Europe is to transform the longer life expectancy into longer active and healthy life years. It is also to ensure that our ageing population will receive the care and assistance they need to age in dignity and be protected from elder abuse. In the last years the fight against elder abuse and the improvement of the life and care quality of older people have gained importance at international and European level with the support of several EU Presidencies, the European Parliament and the European Commission. Answering a call for proposals from DG Employment and Social affairs on 'Preventing Elder abuse' in 2010, AGE Platform Europe and eighteen partners were involved in the development of the WeDO project.

*The EU Quality framework for long-term care services (EQFL) states that*

*"ensuring high quality and dignity in care should contribute to improving the quality of life for all older people receiving care and assistance and to preventing elder abuse. We can and need to develop care models that are socially and financially sustainable in the long term and fair to all generations and social groups. All relevant stakeholders i.e. public authorities, service providers, older people's and carers' organisations, funders, need to be responsive, proactive, and innovative. They need to be aware of existing practices which offer older people high quality social and long-term care services while improving their cost efficiency."*

### A first step: the european charter of the rights and responsibilities of older people in need of long-term care and assistance

The European Charter of the rights and responsibilities of older people in need of long-term care and assistance is the result of the EUStaCEA project (a EUropean STrategy to Combat Elder Abuse, 2008-2010). Based on existing French and German charters, this EU Charter aims to become a reference document at EU level concerning the rights of older people in need of care and assistance in Europe. It includes a set of ten articles including rights such as self-determination, privacy, redress, communication, etc. and an article on responsibilities.

The Charter claims in the preamble that:

*"Age and dependency cannot be the grounds for restrictions on any inalienable human right and civil liberty acknowledged by inter-*

*national standards and embedded in democratic constitutions. Everybody, regardless of gender, age or dependency is entitled to enjoy these rights and freedoms and everybody is entitled to defend their human and civil rights."*

Some countries already used the Charter as a reference document in the care sector like in Slovenia, while in other countries (Austria, Sweden) the Charter became a key lobbying tool to claim for dignity and wellbeing of older people in need of care and assistance. At EU level, the Charter is becoming a useful tool for ongoing discussions on the rights of older people by the Council of Europe and the United Nations in which AGE Platform Europe is involved, and on the long-term care topic.

### Introduction to the eu quality framework for long-term care services (eqfl)

Based on a common vision and analysis on long-term care services throughout Europe among the project partners, the EQFL is inspired from the Social Protection Committee 'voluntary quality framework for social services' and the EU Charter for the rights and responsibilities of older people in need of long-term care and assistance, and proposes eleven quality principles and seven areas of actions where quality of long-term care services can be improved. For each of them, an explanation ('What does it mean?') and a case example from different EU countries are provided. Guidelines for implementation, including recommendations and examples for quality tools, as well as a methodology to develop a participatory ap-

proach in improving quality long-term care are provided in the second part. Finally, a list of twenty-eight good practices and useful resources is available in the end.

The Quality framework is available in ten languages in its longer version (fourty-eight pages) and in twelve languages in its shorter version (four pages)<sup>12</sup>.

### **The wedo eu partnership for the dignity and wellbeing for older people in need of care and assistance**

The WeDO project was developed with the active involvement of eighteen partners working with twelve national coalitions, one in each partner country. The success of the WeDO project can be explained by the active participation of these coalitions which gathered a wide range of stakeholders: older people's organisations, service providers, carers organisations, local and national policy makers, research centers, etc. The coalitions actively worked on the different draft versions of the EU quality framework for long-term care services, gathered good and bad practices in their countries, and reflected together on how to improve the situation of long-term care in their country. They developed national strategies to be developed after the end of the project.

Some countries already used the WeDO EU quality framework at national level:

- In Slovenia, the EU quality framework for long-term care services and the European Charter for the rights and responsibilities of older people in need of

long-term care and assistance are used as reference documents in care workers contracts

- In Sweden, the EQFL was used to inspire the ongoing reform on long-term care
- In Ireland, the EQFL will become a reference document for upcoming legislations and action plans: the positive ageing strategy, the dementia strategy, the national carers' plan, etc.

At EU level, a pool of EU-wide organisations was gathered in an EU coalition, which contributed to the EQFL and developed an EU strategy for the wellbeing and dignity of older people. The Strategy is based on four main objectives:

1. The adoption of a European Quality framework for long-term care
2. Age-friendly environments across the European Union
3. An EU legal and policy framework for the elimination of all forms of discrimination in care, including ageism and elder abuse
4. The promotion of adequate protection and support to older people in need of care, formal and informal carers and volunteers across the EU, including the smooth cross-border provision of services

Each objective is illustrated by a list of actions that the European Commission mainly, but also the Council and EU agencies should take to reach the objectives. This EU Strategy is used by the WeDO partnership as a lobbying tool targeting

EU policy makers and member states, but also as a common reference to monitor progress at EU level.

During the project, the partners gathered more than 200 good practices which are now available on an online database; twenty-eight were selected to be included in the EQFL. Each good practice is associated to a country and to a quality principle or area of action, to facilitate the research. A great variety of ideas is therefore available online, on the WeDO website, such as initiatives on informal carers support, prevention, improvement of older people with cognitive impairments' quality of life, the fight elder abuse (at home and in residential care homes), initiatives to improve quality of end-of-life care, on how to involve older people in decisions, etc.

### **What's next? Join the wedo eu partnership!**

All the organisations, involved in the national and EU coalitions or not, are now invited to continue to contribute to the WeDO EU partnership, which will open to new organisations and new countries.

The WeDO partnership is setting up a follow up strategy to be developed in all countries already involved in the WeDO project. This strategy is based on the involvement of all partnership members, who will contribute by providing news, good practices, resources and other relevant information to the partnership. Some virtual meetings will be organized, and all efforts will be gathered to make representatives from each country meet again in 2013 and 2014 to share experiences, and monitor the progress made and decide on

follow up strategies. New countries can step in and contribute to this follow up strategy.

The WeDO partnership is a great opportunity to share knowledge, meet other organisation working in long-term care issues and to exchange experiences. So the WeDO project has not ended. It is just a start, so join us!

### **More information:**

- Website: [www.wedo-partnership.eu](http://www.wedo-partnership.eu)
- Contact person: Maude Luherne, [maude.luherne@age-platform.eu](mailto:maude.luherne@age-platform.eu)

Join the LinkedIn group WeDO partnership!

### **NOTAS**

<sup>8</sup> European Platform of older people's organisations – more information : [www.age-platform.eu](http://www.age-platform.eu)

<sup>9</sup> To see the list of partners, go to [www.wedo-partnership.eu](http://www.wedo-partnership.eu) – Section "13 coalitions"

<sup>10</sup> <http://www.wedo-partnership.eu/european-quality-framework-long-term-care-services>

<sup>11</sup> [www.age-platform.eu/en/daphne](http://www.age-platform.eu/en/daphne)

<sup>12</sup> For more information, see [www.wedo-partnership.eu](http://www.wedo-partnership.eu), Section "EU quality framework for long-term care services"

<sup>13</sup> All the national strategies are available on the WeDO website: [www.wedo-partnership.eu](http://www.wedo-partnership.eu), section "Events".

<sup>14</sup> The EU strategy is available on the WeDO website : [www.wedo-partnership.eu](http://www.wedo-partnership.eu), section "Events".

<sup>15</sup> To see the database: [www.wedo-partnership.eu](http://www.wedo-partnership.eu), section 'good practices'

<sup>16</sup> More information on [www.wedo-partnership.eu](http://www.wedo-partnership.eu), frontpage section « Join us ! »



# ACTIVE AGEING AND SOLIDARITY BETWEEN GENERATIONS IN EUROPE AND BEYOND. A VIEW FROM THE UNITED NATIONS ECONOMIC COMMISSION FOR EUROPE

VIVIANE BRUNNE, VITALIJA GAUCAITE WITTICH

## **Ageing in the UNECE Region**

Population ageing is one of the distinctive traits in the region covered by the United Nations Economic Commission for Europe which spreads from North America over Western and Central Europe to Eastern Europe and Central Asia. In 2010, the number of people aged 65 years or above reached 174.5 million and presently accounts for 14.1% of the region's total population. This proportion is expected to exceed 20% by 2030. In Germany and Italy, a fifth of population was 65 years old or above already in 2010, and is projected to reach over a quarter by 2030. This will also be the case in Austria, Finland and Portugal. Out of eight UNECE countries where presently the proportion of people aged 65 years or older is below 10%, only four are projected not to breach this threshold by 2030 (Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan). The proportions of older olds - 80 years or above - are also set to rise: currently at 3.7%, this age group will account for more

than 5% of UNECE population by 2030, and in Austria, Finland, France, Germany, Italy, Sweden and Switzerland it will exceed 7%. In 2000-2010, some slowdown in the pace of population ageing was characteristic for countries with older population structures, while it speeded up markedly in 'younger' countries (Azerbaijan, Turkey, and Uzbekistan).

Ageing as a phenomenon means rising share of older populations relative to other age groups. It is a consequence of lower fertility rates and increasing life expectancy. At a country or regional level it also could be affected by migration trends. Fertility rates are lower than the replacement level of 2.1 children per woman in 45 countries of the region. With the UNECE average being at 1.79 children per woman (2010), it is below 1.5 in 18 countries<sup>17</sup>. Some countries still have above replacement level fertility, namely Azerbaijan, Iceland, Israel, and the five Central Asian countries Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

Average life expectancy at birth in the region was 74.2 years for men and 80.5 years for women (2010). In some countries male life expectancy is an issue of concern, being below 70 years in Belarus, Kazakhstan, Kirgizstan and Latvia, Lithuania, Republic of Moldova, Russian Federation, Tajikistan and Ukraine.

Population ageing has an impact on all areas of society. Ageing populations means more older workers who need to pursue new life-long learning strategies to stay well-adjusted for the changing requirements of the labour market. It means that there are fewer working-age people to pay into social security systems to support pensioners. It also means new challenges for the health and care system, which has to treat more old-age-related conditions and which needs to develop new forms of care. Markets need to get used to the special needs of a growing older consumer group. Transport systems and buildings need to accommodate the needs of a potentially less mobile target group. At the same time, more older people come with a huge set of experience that they can contribute to public life, for example through voluntary engagements, as active members in political parties and civic organizations or as entrepreneurs. Older retired people make important contributions to caring for grand-children or other older persons. Societies do have to adjust to the new balance of a larger share of older people in the total population. At the same time, if managed well, there is a lot to be gained from more people living longer.

## The United Nations' strategic framework on Ageing

Member States of the United Nations have recognized ageing as an important issue, putting it on the international agenda as early as 1982 when the first World Assembly on Ageing took place in Vienna. They took the issue on even more vigorously with the second World Assembly on Ageing, taking place in 2002 in Madrid where they adopted the global UN framework on Ageing, the Madrid International Plan for Action on Ageing (MIPAA)<sup>18</sup>. It sets out three main priority directions, namely (I) Older persons and development, (II) Advancing health and well-being into old age and (III) Ensuring enabling and supportive environments. Ageing being considered particularly important in the region, UNECE member states gathered in the same year in Berlin to develop a Regional Implementation Strategy (RIS)<sup>19</sup>. The Strategy singled out ten commitments of where progress should be made. There was a major call to mainstream ageing into all policy-areas, meaning that all political activity – be it on labour, health, transport or education – should take ageing systematically into account.

### **Box: The 10 Commitments of the Regional Implementation Strategy for the Madrid International Plan of Action on Ageing (MIPAA/RIS) 2002:**

1. To mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages

2. To ensure full integration and participation of older persons in society
3. To promote equitable and sustainable economic growth in response to population ageing
4. To adjust social protection systems in response to demographic changes and their social and economic consequences
5. To enable labour markets to respond to the economic and social consequences of population ageing
6. To promote lifelong learning and adapt the educational system in order to meet the changing economic, social and demographic conditions
7. To strive to ensure quality of life at all ages and maintain independent living including health and wellbeing
8. To mainstream a gender approach in an ageing society
9. To support families that provide care for older persons and to promote intergenerational and intragenerational solidarity among their members
10. To promote the implementation and follow-up of the Regional Implementation Strategy through regional cooperation.

The year 2012 stood in the sign of the tenth anniversary of the Madrid Plan and its Regional Strategy. For the second time, following a five-year cycle, countries were requested to report on progress made in implementing these commitments. Based on the reports received, a regional synthesis was prepared, identifying major trends

in the region<sup>20</sup>. It was found that, over the past 10 years, UNECE member States have made significant progress in adapting social protection systems, promoting health and independent living and adjusting labour markets to the needs of an increasingly ageing population. However, these are also among the top areas where major challenges are still identified.

With regards to social protection systems, the reports confirmed that these expenditures make for a large share of public budgets and finding ways to sustain social protection systems has been one of the priorities in member States, despite accrued fiscal constraints since the financial crisis of 2008. Eighteen countries have introduced pension system reforms, for example by increasing required contributory periods, limiting early retirement options and increasing the retirement age. Incentives for employees to work beyond retirement age are also amongst the measures that have been introduced. Challenges remain in fully implementing the reforms. Some countries have had difficulties in developing functioning private pension systems. In the Republic of Moldova, for example, two private pension funds are registered but reportedly do not operate.

To adapt health and care sectors, several countries have developed integrated ageing-strategies to enhance access to affordable services while ensuring sustainability. Most countries provide a continuum of care, privileging individual choice and independent living. Major investments have been made in offering home-based care, further developing long-term care, geriatric and palliative care as well as ins-

titutional care for those in need. Countries have expanded their activities to address challenges around Alzheimer's disease and other forms of dementia. Some countries have also strengthened their legal frameworks with regards to abuse and violence against older persons, also setting up support structures and launching awareness raising initiatives.

Looking at labour markets it is worth to note that labour force participation has increased sharply for persons aged 60-64 years between 2000 and 2010, from 39.6% to 46.5% for men and from 22.7% to 31.5% for women. More modest increases have been registered at age 65+, from 11.7% to 12.6% for men and from 5.7% to 7.1% for women. The raised retirement age over the last decade in many parts of the region was an important factor. However, this also reflects the efforts made by many countries to develop strategic frameworks to promote longer working lives. Employers hiring older unemployed workers may benefit from subsidies. Adjusting the setup of the workplace and allowing for more flexible work time arrangements have proven equally important to accommodate the special needs of older workers. Some countries, including Lithuania, the Republic of Moldova and Slovenia have supported entrepreneurship opportunities for older persons, some of them especially targeting older women (Cyprus, Lithuania, the Republic of Moldova, Portugal and Serbia).

Most countries have understood the need to adopt ageing-related strategic frameworks to streamline policy-making and

to ensure that ageing is considered by all ministries. Thirteen countries have already adopted specific ageing-related strategic frameworks or action plans.<sup>21</sup> Several countries have established national multi-stakeholder bodies with advisory functions to government that also include older persons or their representatives.

The culminating event of the stock-taking among member States was the UNECE Ministerial Conference on Ageing in Vienna, on 19-20 September 2012. Under the motto Ensuring a society for all ages: promoting quality of life and active ageing delegations from 50 countries and 27 Ministers and vice ministers or state secretaries gathered to reflect on their experiences made during the previous five years and to discuss the way forward. The outcome of this discussion was presented in the format of a Ministerial Declaration<sup>22</sup> which sets out four priority goals for the MIPAA/RIS implementation period 2013-2017, namely to (I) encourage longer working life and maintain ability to work; (II) to promote participation, non-discrimination and social inclusion of older persons, (III) to promote and safeguard dignity, health and independence in older age and (IV) to maintain and enhance intergenerational solidarity. Under each of these goals, a number of more specific measures are identified by way of guidance.

On the side of the Ministerial Conference, a poster exhibition was prepared to highlight good practice examples in implementing MIPAA/RIS across the region. It demonstrated that there are a lot of good

examples already in place. Many posters have pointed to initiatives in the work place, such as Siemens Norway with their strategy to retain senior competence. When in 2011 a reform opened up new options to combine pension and work, the company decided to take steps to actively motivate seniors to prolong their senior career in the company. So-called „Milestone Dialogues“ are held between managers and employees at age 55 and 60 to discuss motivation, competence and possibility to work longer, addressing potentially necessary development actions or changes in job content. This allows a better planning of the future for both employer and employee. Seniors over age 64 who are employed full-time receive two extra weeks of spare time and seniors over age 60 can exercise fitness training two hours per week within normal working hours. Since the introduction of the programme, average retirement age has increased by close to two years and seven employees have decided to work beyond the former age limit of 67 years. A number of good practice examples also showcase ways of better integrating older people into society. Under title “We Are Glad to See You, We Enjoy Being Together”, a project from the Slovak Republic was presented where residents of the Nursing Home and Social Services Home in Kremnica cooperate with local schools and a local children’s home, organizing events where children present little shows they have prepared, singing songs, playing musical instruments or staging fairy tales. These programmes are followed by socializing and exchanging gifts so that children can find new “grandparents“ and the older people can

find new “grandchildren“. In Austria, a project Sustainable Learning in the Community empowers older people to become active citizens, encouraging the development of skills and competences through formal and informal learning opportunities. Personal skills profiles and actions plans are developed together with participants to help them become aware of their existing skills and competences and to serve as a starting point for volunteering or other civic engagement. Many of the examples presented in the poster exhibition showed how active ageing is already now a desire for many older persons, and how communities have helped to create new opportunities for active ageing thus contributing to more enabling framework.

### **Active Ageing and Solidarity between Generations**

Active ageing as a concept has received considerable attention during the year 2012 which was designated European Year for Active Ageing and Solidarity between Generations. Given the motto of the Ministerial Conference, the topic has taken centre stage there, too.

Active ageing as a concept itself is not new. In fact, it was developed as a contribution of the World Health Organisation (WHO) to the Second World Assembly on Ageing. The definition developed then is still used today. According to WHO, ‘Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age’.<sup>23</sup> The idea is, that staying physically fit throughout the life course

can help not only to live longer but also to stay healthier in old age, thus contributing to better quality of life, including physical, mental and social wellbeing. Active ageing requires investments at the individual level. Everyone has a personal responsibility for their active ageing. Even the perceptions of ageing that people adopt when they are younger impacts on the quality of their ageing processes. At the same time, governments and societies can strategically invest in conducive frameworks that set the right incentives and enable all members of society to live actively throughout their lives. As a result, people may be less dependent and contribute more to society. This can also help generate considerable cost savings for both individuals and public budgets. At the same time, whether or not people live long and in good health does not only depend on their activity, but also on some biological conditions which cannot be influenced. Therefore, in ageing societies, provisions also have to be made for people who are frail and in need of help.

The priority goals that UNECE member States have set themselves with their Ministerial Declaration all support the idea of active ageing. In all these areas, both investments at the individual and at the societal level are needed to make active ageing work: In terms of (I) encouraging longer working lives, workers need to prepare for the realities of longer work lives and also consider entrepreneurship or self-employment opportunities to stay engaged professionally. At the same time, the policy framework needs to be conducive to longer working lives, for example by allowing

flexible retirement or phased retirement. In terms of (II) promoting participation, non-discrimination and social inclusion, individuals need to actively seek out available opportunities to participate in cultural, social and political life while policy-makers should create favourable conditions for participation in society through cultural, political and social activities for example by offering reduced prices and by ensuring accessibility of cultural sites for less mobile people. To (III) promote dignity, health and independence in older age and the individual responsibility to be physically active, eat healthily and avoid abusing tobacco or alcohol should be complemented by health promotion and disease prevention programmes. In order to (IV) maintain intergenerational solidarity, older and younger people themselves have to have an open approach to each other, free of prejudice while governments may start campaigning against age-discrimination and set up supportive frameworks or provide the organizational framework for intergenerational learning.

To better explore the potentials of active ageing, the UNECE, in cooperation with the European Commission and the European Centre for Social Welfare Policy and Research in Vienna, developed an Active Ageing Index for countries of the European Union. The objective was to measure older people's economic and social activities as well as their capacity for active and healthy ageing, thus identifying unused potential for active ageing. The Index makes use of a dashboard of indicators, organised under four different do-

mains: (1) Employment of older workers; (2) Social activity and participation of older people; (3) Independent and autonomous living of older persons; (4) Capacity and enabling environment for active ageing.

The results of the Index, presented at the closing Conference of the European Year for Active Ageing, in Nicosia, Cyprus, show that older people living in the three Nordic EU countries (Sweden, Finland and Denmark) as well as in the Netherlands, Ireland and the United Kingdom fare the best in terms of active ageing. In contrast, the majority of the Central and Eastern European countries and Malta and Greece have to catch up with the rest of the EU. When looking at the different domains of the index it was found that, for example, Cyprus, Portugal, Estonia and Bulgaria do particularly well in the employment domain; while Italy, France and Spain lag behind in the same domain.

Thanks to the activities throughout the European Year, active ageing has become much more anchored on the policy agenda. Even though the WHO concept was initially developed as a contribution to the second World Assembly on Ageing, the political declaration adopted there mentions the concept only once in Article 12: 'The empowerment of older persons and the promotion of their full participation are essential elements for active ageing'.<sup>24</sup> The Madrid Plan itself makes no mention at all. The Regional Implementation Strategy makes no direct reference to the concept either.<sup>25</sup> However, the ideas

that are behind the concept of active ageing are ingrained in both documents. Accordingly, when looking at the synthesis of the country progress reports of 2011-2012, the policies described there reflect an active-ageing approach with respect to each of the commitments of MIPAA/RIS. However, direct reference to active ageing-related measures is mostly made with respect to implementing the European Year and future planned activities.<sup>26</sup>

In the spirit of the 2012 European Year, the Ministerial Declaration adopted in Vienna has active ageing already as a central element of the title Ensuring a Society for All Ages: Promoting Quality of Life and Active Ageing. As the Declaration sets out the priorities for the next five-year cycle of implementation, it firmly counts on active ageing, as formulated under number 11: 'For reaching the policy goals in the implementation of the UNECE RIS/MIPAA during the period 2013-2017, we stress the importance of mainstreaming ageing and promoting active ageing as defined by the World Health Organization (WHO) in the national policy processes, notably by incorporating the life course approach. We also note a need to build where possible on recent international commitments relevant to the promotion of active ageing, including prevention and control of non-communicable diseases, and addressing the social determinants of health'.<sup>27</sup>

Since the adoption of MIPAA/RIS, the UNECE has supported the implementation of active ageing strategies in many dif-

ferent ways. It has prepared Road Maps on Mainstreaming Ageing to improve the active ageing policy framework in countries like Armenia and the Republic of Moldova.<sup>28</sup> It has organized capacity building seminars on different aspects of active ageing and it has published a Policy Brief Series that shows avenues to enhance active ageing in different areas of the MIPAA/RIS.<sup>29</sup>

### Where from here?

We know that ageing is here to stay and with the help of population projections we have a pretty good understanding of the likely development of the composition of populations within the region. Furthermore, UNECE countries are entering into the third cycle of implementation of MIPAA/RIS (2013-2017) with an increasing recognition of both challenges and opportunities that population ageing generates in the region.

Within the overall framework of a mainstreamed and integrated approach towards ageing, UNECE member States will continue to focus on a number of specific policy-areas, set out in the MIPAA/RIS framework:

Health and care will remain high on the agenda, in particular with regards to better integration and coordination of social and health services, financial sustainability, promotion of independent living and ageing in place, developing integrated models of long term care, supporting informal and family care givers and preventing violence and abuse.

Changes in labour market policies have aimed to allow persons to continue working if they wish so, by increasing the retirement age and abolishing incentives for early retirement. Such reforms need to be further implemented. They need to go hand in hand with reforms of pension and social protection systems that aim to ensure sustainability while safeguarding minimum subsistence levels and countering poverty among older persons.

Countries will continue working on life-long learning to keep the ageing workforce well-adjusted to changing realities at the workplace and also empowering older persons to live active and fulfilling life.

Overall, gender aspects are given more and more importance when formulating and analysing policies, using for example gender impact assessments or performing gender budgeting. Additional efforts will be required to facilitate reconciling work with family and care responsibilities.

New technologies are increasingly being used, especially in the health sector, but also in terms of enabling older people to use modern communication technologies to stay connected, be informed and independent

The recent economic downturn in many parts of the UNECE region is likely to have a lasting impact on the social and economic environment in which the MIPAA/RIS commitments will be carried out. At the same time, not tackling ageing now will have economic consequences that may even be more important than the ones now related to the economic crises.

The UNECE, with the help of the Working Group on Ageing, stands ready to support countries in the region to take on the right strategies on the way to building societies for all ages.

## NOTAS

<sup>17</sup> These are Andorra, Austria, Belarus, Bosnia and Herzegovina, Cyprus, Germany, Hungary, Italy, Latvia, Liechtenstein, Malta, Poland, Portugal, Romania, Serbia, Slovakia, Spain, Ukraine.

<sup>18</sup> Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002, A/CONF.197/9, <http://www.unece.org/fileadmin/DAM/pau/ggp/iwg/Budapest/Madrid2002Report.pdf>.

<sup>19</sup>

<sup>20</sup> Synthesis Report on the implementation of the Madrid International Plan of Action on Ageing in the UNECE region, [http://www.unece.org/fileadmin/DAM/pau/age/Ministerial\\_Conference\\_Vienna/Documents/Synthesis\\_report\\_19-11-12.pdf](http://www.unece.org/fileadmin/DAM/pau/age/Ministerial_Conference_Vienna/Documents/Synthesis_report_19-11-12.pdf).

<sup>21</sup> Countries include Armenia, Austria, Cyprus, the Czech Republic, Finland, Ireland, Iceland, Lithuania, Macedonia, Serbia, Slovenia, Ukraine, and the United Kingdom.

<sup>22</sup> 2012 Vienna Ministerial Declaration, Ensuring a society for all ages: Promoting quality of life and active ageing, ECE/AC.30/2012/3, [http://www.unece.org/fileadmin/DAM/pau/age/Ministerial\\_Conference\\_Vienna/Documents/ECE.AC.30-2012-3.E.pdf](http://www.unece.org/fileadmin/DAM/pau/age/Ministerial_Conference_Vienna/Documents/ECE.AC.30-2012-3.E.pdf).

<sup>23</sup> WHO (2002), Active Ageing: A Policy Framework, [http://whqlibdoc.who.int/hq/2002/WHO\\_NMH\\_NPH\\_02.8.pdf](http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf)

<sup>24</sup> Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002, A/CONF.197/9, <http://www.unece.org/fileadmin/DAM/pau/ggp/iwg/Budapest/Madrid2002Report.pdf>.

<sup>25</sup> Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002, ECE/AC.23/2002/2/Rev.6, [http://www.unece.org/fileadmin/DAM/pau/\\_docs/ece/2002/ECE\\_AC23\\_2002\\_2\\_Rev6\\_e.pdf](http://www.unece.org/fileadmin/DAM/pau/_docs/ece/2002/ECE_AC23_2002_2_Rev6_e.pdf)

<sup>26</sup> Direct reference to active ageing is made by several countries, including, Austria, Italy, Portugal, Serbia, Slovenia, Spain, UK, cf.

Synthesis Report on the implementation of the Madrid International Plan of Action on Ageing in the UNECE Region [http://www.unece.org/fileadmin/DAM/pau/age/Ministerial\\_Conference\\_Vienna/Documents/Synthesis\\_report\\_19-11-12.pdf](http://www.unece.org/fileadmin/DAM/pau/age/Ministerial_Conference_Vienna/Documents/Synthesis_report_19-11-12.pdf).

<sup>27</sup> 2012 Vienna Ministerial Declaration Ensuring a society for all ages: Promoting quality of life and active Ageing, ECE/AC.30/2012/3, [http://www.unece.org/fileadmin/DAM/pau/age/Ministerial\\_Conference\\_Vienna/Documents/ECE.AC.30-2012-3.E.pdf](http://www.unece.org/fileadmin/DAM/pau/age/Ministerial_Conference_Vienna/Documents/ECE.AC.30-2012-3.E.pdf).

<sup>28</sup> <http://www.unece.org/population-unit/paupublicwelcome/ageing/2011/roadmap-for-mainstreaming-ageing-in-armenia/docs.html>, <http://www.unece.org/population-unit/paupublicwelcome/ageing/2012/roadmap-for-mainstreaming-ageing-rep-of-moldova/docs.html>.

<sup>29</sup> [http://www.unece.org/pau/age/policy\\_briefs/welcome.html](http://www.unece.org/pau/age/policy_briefs/welcome.html).







# AKTIVES ALTERN UND SOLIDARITÄT ZWISCHEN DEN GENERATIONEN: THEORETISCHE KONZEPTE UND PRAKTISCHE UMSETZUNG DES EUROPÄISCHEN JAHRES 2012 IN DEUTSCHLAND

CLAUDIA KAISER UND URSULA LEHR  
BAGSO

Das Jahr 2012 wurde auf Vorschlag der Europäischen Kommission zum „Europäischen Jahr für aktives Altern und Solidarität zwischen den Generationen“ ausgerufen. Damit sollten die Mitgliedsstaaten, ihre regionalen und lokalen Behörden, die Sozialpartner, die Zivilgesellschaft und die Wirtschaft für den Wert des aktiven Alterns sensibilisiert und gleichzeitig darin unterstützt werden, aktives Altern zu fördern, das Potenzial der älteren Menschen für die Gesellschaft zu mobilisieren und es älteren Menschen zu ermöglichen, am sozialen und gesellschaftlichen Leben teilzuhaben, um ein selbstständiges Leben in Würde führen zu können. Kurz, es ging um die Potenziale älterer Menschen, um ihre Teilhabechancen und die Sicherstellung eines selbstständigen Lebens im Alter und gleichzeitig um die Wahrung und Förderung der Solidarität zwischen allen Altersgruppen der Gesellschaft.

Auf der zentralen Abschlusskonferenz am 10. Dezember 2012 in Nikosia

(Zypern) wurden die Erfolge des Europäischen Jahres 2012 von der Politik gewürdigt. In seiner Ansprache sagte EU-Kommissar Andor: "Durch das Jahr haben wir eine neue Sicht auf das Phänomen der alternden Bevölkerung erhalten. Früher war die wachsende Zahl alter Menschen ein Problem für uns. Mittlerweile begreifen wir sie als einen Teil der Lösung - wenn sie ihr Potenzial ausschöpfen und wir davon profitieren können". Das Europäische Jahr hat demnach dazu beigetragen, die breite Öffentlichkeit für den demographischen Wandel, für aktives Altern und für die Solidarität zwischen den Generationen zu sensibilisieren.

Die Nationalstaaten haben das Europäische Jahr 2012 sehr unterschiedlich umgesetzt. In Deutschland wurde die Koordination vom Bundesministerium für Familie, Senioren, Frauen und Jugend übernommen, das mit einem nationalen Arbeitsprogramm und einem gezielten Aufruf eigene Schwerpunkte gesetzt hat. Das Ministerium wurde dabei von einer

Geschäftsstelle unterstützt, deren Träger die Bundesarbeitsgemeinschaft der Senioren-Organisationen (BAGSO) und die Forschungsgesellschaft für Gerontologie an der TU Dortmund sind.

In diesem Beitrag möchten wir im ersten Teil die zentralen Begriffe des Jahres „aktives Altern“ und „Solidarität zwischen den Generationen“ aus wissenschaftlicher Perspektive aufgreifen und aufzeigen, wie sich die Sicht auf ältere Menschen in den letzten Jahrzehnten gewandelt hat. Im zweiten Teil stellen wir die praktische Umsetzung des Europäischen Jahres 2012 in Deutschland vor. Abschließend werfen wir einen Blick auf die Rahmenbedingungen, die notwendig sind, um die vielfältigen Impulse des Europäischen Jahres 2012 auch für die Zukunft fruchtbar zu machen.

## **1. Aktives Altern und Solidarität zwischen den Generationen – Theoretische Konzepte**

### *Das Altern der Gesellschaft*

Wir leben heute in einer alternden Welt. Immer mehr ältere Menschen stehen immer weniger jungen gegenüber und immer mehr Menschen erreichen ein immer höheres Lebensalter. Doch die übliche Zweiteilung der Lebensphase Alter in sog. „junge Alte“ und – jenseits der 80 oder 85 Jahre – sog. „alte Alte“ ist problematisch. Manch einer ist schon mit 55 oder 60 Jahren ein „alter Alter“, andere sind noch mit 90 Jahren „junge Alte“. Fest steht: Gleichaltrige zeigen oft größere Unterschiede als Menschen, deren Altersunterschied 20 Jahre und mehr beträgt. Das

functional age ist vielmehr ausschlaggebend, also die Funktionsfähigkeit verschiedener körperlicher und seelisch-geistiger Fähigkeiten. Und diese Funktionsfähigkeiten sind keinesfalls an ein chronologisches Alter gebunden, sondern werden von biologischen und sozialen Faktoren, die während eines ganzen Lebens einwirken, mitbestimmt.

Altern ist somit ein Prozess, der mit der frühen Kindheit beginnt und eine lebenslange Aufgabe darstellt. Alterszustand und Altersprozess sind das Ergebnis des individuellen Lebenslaufes, ureigenster individueller Erlebnisse und Erfahrungen und der ganz persönlichen spezifischen Art der Auseinandersetzung mit diesen. Sie werden von vielen Facetten beeinflusst, von der eigenen Gesundheit, den Bildungserfahrungen, von der finanziellen und familiären Situation, aber auch von dem Altersbild und den Rahmenbedingungen der Gesellschaft. Tatsache ist: Anstelle von Altersnormen, sollte man lieber nach Altersformen suchen (Lehr 1972, 2007).

### *Vom Defizitmodell zum Aktivitätsmodell*

Die Forschung hat sehr viel zur neuen Sicht des Alterns beigetragen. Lange Zeit wurden ältere Menschen einseitig nur als Hilfsbedürftige angesehen, als passive Empfänger von Unterstützungsleistungen. Es dominierte das Defizitmodell des Alters. Bereits in den 1960er Jahren zeigten wissenschaftliche Studien jedoch positive Zusammenhänge zwischen Aktivitäten älterer Menschen und ihrer Gesundheit und Zufriedenheit. So fand man bei Langlebigen überproportional

häufig einen aktiven Lebensstil, der auf körperliches Training, auf vielseitige geistige Anregung achtet und das Zusammensein mit anderen Menschen schätzt. Weiterhin hat man ganz eindeutige Zusammenhänge zwischen einer hohen Lebensqualität im Alter und „dem Gefühl, gebraucht zu werden“ gefunden. Der Mensch braucht eine Aufgabe, die ihn zwar nicht überfordern, aber auch nicht unterfordern sollte (vgl. Lehr 1972, 2007; Lehr & Thomae 2000; Mayer & Baltes 1996). Altern muss somit nicht Abbau und Verlust, sondern kann in vielen Bereichen geradezu Gewinn bedeuten, eine Zunahme von Kompetenzen und Potenzialen, und damit auch eine Chance – sowohl für den Einzelnen als auch für die Gesellschaft (Kruse 2010).

Nach der Definition der Weltgesundheitsorganisation WHO von 2002 versteht man unter „aktiv Altern“ „den Prozess der Optimierung der Möglichkeiten von Menschen, im zunehmenden Alter ihre Gesundheit zu wahren, am Leben ihrer sozialen Umgebung teilzunehmen und ihre persönliche Sicherheit zu gewährleisten und derart ihre Lebensqualität zu verbessern.“ Der Soziologe Alan Walker versteht „aktives Altern“ als „eine umfassende Strategie zur Förderung von Partizipation und Wohlbefinden im Alter, die sowohl auf individueller (Lebensführung), organisationaler (Verwaltung) und gesellschaftlicher (Politik) Ebene, sowie in allen Lebensphasen angewendet werden soll“ (Walker 2010, p. 596).

Damit bezieht sich „aktiv“ also nicht bloß auf die Möglichkeit, körperlich und

geistig aktiv zu sein, sondern vielmehr auch darauf, am sozialen, wirtschaftlichen, kulturellen und zivilen Leben aktiv teilnehmen zu können. Die möglichen Betätigungsfelder für „aktive Ältere“ sind somit vielfältig: neben Erwerbsarbeit, Sorgearbeit, bürgerschaftlichem Engagement zählen dazu vor allem auch Sport und Bewegung, Lesen und Musikhören bzw. – machen, Einkaufen, Reisen, Treffen mit Freunden und Bekannten, sich unterhalten und erinnern. Zugleich ist damit ein aktiver Prozess der Auseinandersetzung mit dem eigenen Altern gemeint. So stellen sich auch Fragen danach, wie man älter werden möchte und was man selbst zum Gelingen beitragen kann.

#### *Aktives Altern und „gesundes Altwerden“*

Aktivität hat eine zentrale Bedeutung für ein gesundes Altwerden. Doch so neu ist diese Erkenntnis gar nicht. Schon vor mehr als 2000 Jahren empfahl bereits Hippokrates (460-377 v.Chr.) als Regeln für eine gesunde Lebensführung, die ein hohes Lebensalter garantieren:

„Alle Teile des Körpers, die zu einer Funktion bestimmt sind, bleiben gesund, wachsen und haben ein gutes Alter, wenn sie mit Maß gebraucht werden und in den Arbeiten, an die jeder Teil gewöhnt ist, geübt werden. Wenn man sie aber nicht braucht, neigen sie eher zu Krankheiten, nehmen nicht zu und altern vorzeitig“ (Hippokrates, de articulis reponendis 56; vgl. Müri 1962, p. 361).

In diesem Sinne wird körperliche Aktivität seit der Antike zu den wesentlichen Voraussetzungen für ein erfolgreiches Al-

tern gezählt. Methodisch abgesichert waren diese Aussagen damals freilich nicht; sie beruhten auf Einzelerfahrungen und Einzelbeispielen. Heute haben wir durch neuere Forschungen hinreichend Belege für die Richtigkeit dieser alten Einsichten. So haben Wissenschaftler immer wieder auf den Wert körperlichen Trainings, den Wert der Aktivierung körperlicher Kräfte und der Abforderung körperlicher Leistungen sowohl als Prävention bzw. Geroprophylaxe und als Therapeutikum hingewiesen (Steinbach 1970, 1971). Ebenso wurde gezeigt, dass körperliche Aktivität, Bewegung und Sport auch auf kognitive Fähigkeiten von Einfluss sind und die Gehirndurchblutung steigern. Schnellere Reaktionszeiten, bessere Gedächtnisleistungen, besseres Abschneiden bei Problemlösungsaufgaben konnten u.a. Birren u.a. (1995), Oswald u.a. (1996), Baumann u.a. (1999) nachweisen.

Aber wir brauchen auch geistige Aktivität. Wie die bekannten internationalen Längsschnittstudien übereinstimmend feststellen: Geistig aktiver Menschen, Personen mit einem höheren IQ, einem breiteren Interessenradius, einem weitreichenderen Zukunftsbezug erreichen ein höheres Lebensalter bei psychophyschem Wohlbefinden als jene, die weniger Interessen haben, geistig weniger aktiv sind. Damit bestätigte sich die Inaktivitätstheorie in der Medizin oder die „dissuse-Hypothese“ in der Psychologie, die besagen: Funktionen, die nicht gebraucht werden, verkümmern (Steinwachs 2011). Der Volksmund sagt schlicht: „Was rastet, das rostet“.

Neben körperlicher und geistiger Aktivität ist auch soziale Aktivität entscheidend: der Kontakt zu anderen Menschen, auch über die Familie hinaus. Freilich, mit zunehmendem Alter schrumpft der Freundeskreis, mehr und mehr nahestehende Menschen sterben, so können leicht Einsamkeitsgefühle auftreten. Man muss versuchen, neue Kontakte zu knüpfen – was nicht jedem älteren Menschen leicht fällt. Aber Wohlbefinden im Alter hat auch etwas mit „Gebrauchtwerden“, mit dem feeling of being needed zu tun. Solange Menschen noch im Berufsleben stehen, bieten sich gute Möglichkeiten, Bestätigung und Anerkennung zu finden, das eigene Wissen einzubringen, und „dazugehören“. Für andere kann die Sorge für die Familie diese Funktion übernehmen. Wiederum andere kümmern sich etwa um Nachbarn oder engagieren sich sozial und ziehen daraus die Bestätigung, gebraucht zu werden. Mit all dem tun ältere Menschen etwas für sich selbst, aber gleichzeitig auch für andere.

#### *Aktives Altern in der Arbeits- und Wirtschaftswelt*

Aktives Altern meint auch, so lange wie möglich und gewünscht in die Arbeitswelt eingebunden zu sein, evtl. mit reduzierter Stundenzahl. In einer modernen Industrie- und Dienstleistungsgesellschaft wie in Deutschland spielt bezahlte Arbeit eine ganz wesentliche Rolle für den Status der Menschen, und zwar sowohl für ihr gesellschaftliches Ansehen als auch für ihre materielle Lebenslage und die sich daraus ableitenden Rentenansprüche. Ältere sind in Deutschland aber in den vergan-

genen Jahren durch Frühverrentungspraktiken vermehrt bereits deutlich vor Erreichen der Regelaltersgrenze aus der bezahlten Arbeit entlassen worden. Viele Ältere wollen und können länger arbeiten und ihre Arbeitskraft zur Verfügung stellen. Gleichzeitig wird die Gesellschaft auf sie zunehmend nicht verzichten können. Flexibilität ist gefordert.

Über die körperliche und geistige Leistungsfähigkeit alternder und älterer Arbeitnehmer bestehen in der betrieblichen Praxis und in der öffentlichen Wahrnehmung leider immer noch falsche Vorstellungen. So denken viele, dass fortschreitendes Lebensalter mit einem generellen Absinken der Leistungsfähigkeit und nachfolgendem Leistungsabfall verbunden sei. Die Alternsforschung hat jedoch belegt, dass sich wichtige Fähigkeiten vielmehr mit steigendem Lebensalter erhöhen: z.B. die Erfahrung, das Urteilsvermögen, die Gesprächsfähigkeit, soziale Kompetenz, Selbstständigkeit, Verantwortungsbewusstsein und Zuverlässigkeit. Diese Fähigkeiten können altersbedingte negative Leistungsveränderungen durchaus kompensieren. In vielen Unternehmen setzt hier inzwischen ein Einstellungswandel ein.

Ältere Arbeitnehmer leisten einen wichtigen Beitrag zur Nachhaltigkeit des Generationenvertrages, auf dem unsere Sozialversicherungssysteme nach wie vor gründen. Auch nach Beendigung ihrer Erwerbstätigkeit tragen Ältere finanziell erheblich zum Wohlstand der Gesellschaft bei, sei es als Konsumenten von Gütern und Dienstleistungen, als Steuerzahler

oder durch eine zunehmende Zahl von durch sie veranlasste Schenkungen und Stiftungen (Heinze u.a. 2011). Die Initiative „Wirtschaftsfaktor Alter“ zielt sowohl auf die Erhöhung der Lebensqualität älterer Menschen, als auch auf die Stärkung von Wirtschaftswachstum und Beschäftigung, setzt auch auf die Entwicklung von AAL-Technologien und macht auf die ökonomischen Chancen der demografischen Entwicklung aufmerksam.

#### *Solidarität in und zwischen den Generationen*

Ältere übernehmen in vielfältiger Form Verantwortung für die Gesellschaft und bringen ihre Zeit und ihr Wissen zum Wohle der Familie, Gleichaltriger und anderer Generationen ein. Es geht dabei um Solidarität mit Jüngeren, aber auch um Solidarität innerhalb der älteren Generation.

Auch wenn die Zahl der Haushalte, in denen drei oder mehr Generationen zusammenleben, stetig zurückgeht, und gleichzeitig die Zahl der Einpersonenhaushalte immer mehr zunimmt, so steigt zugleich die Zahl der Generationen, die zeitgleich leben, an. Viele der über 60-Jährigen haben noch einen lebenden Elternteil, viele haben Enkel und Urenkel. Dabei leben die Familienmitglieder häufig an verschiedenen Orten, ggf. über die Welt verstreut als sog. „multilokale Mehrgenerationenfamilien“. Empirische Studien belegen, dass die emotionale Verbundenheit, die Art und Häufigkeit von Kontakten sowie das Geben und Nehmen von Zeit oder Geld dennoch unverändert von einer hohen privaten Generationensolidarität zeugen (Vogel u.

Künemund 2010). Der heutigen Rentnergeneration liegt das Wohl ihrer Kinder und Kindeskinder vielfach sehr am Herzen; für sie tun sie im privaten Rahmen schon heute sehr viel, - sei es durch finanzielle Unterstützung, durch Sachleistungen, durch Betreuungsleistungen und oft auch noch durch Pflege ihrer eigenen alten Eltern.

Aber auch in außерfamiliären Bereichen sind ältere Menschen sehr aktiv. Vor Ort, in der Kommune, im Stadtteil, in der Nachbarschaft gibt es viele Bereiche des täglichen Lebens, die Raum bieten für das Engagement und den Einsatz von Seniorinnen und Senioren. Das freiwillige Engagement älterer Menschen reicht von Unterstützungsleistungen in der Nachbarschaft über freiwillige Aktivitäten in Sportvereinen, Kirchengemeinden und Politik sowie sonstige Formen bürgerschaftlichen Engagements (wie Kranken-Besuchsdienste, Mentoren- und „Paten“-Programme in Schulen und Kindergarten) bis hin zum traditionellen Ehrenamt. Der Freiwilligensurvey 2009 weist auf einen Anstieg der Engagementquoten älterer Menschen in den letzten Jahren hin .

Wir wissen, dass die Motivationen zur Übernahme einer ehrenamtlichen Tätigkeit vielfältig sind. Dazu zählen zum Beispiel das Gefühl, gebraucht zu werden, noch etwas Sinnvolles zu tun, Kontakt zu Gleichgesinnten und anderen Menschen zu bekommen, sein Erfahrungswissen weiterzugeben, herausgefordert zu werden, noch etwas dazuzulernen, und Anerkennung zu bekommen. Damit kann das

bürgerschaftliche Engagement das eigene Leben bereichern, in mancher Hinsicht Erfüllung bringen, Kompetenzen erhalten und sogar steigern.

## **2. Das Europäische Jahr 2012 – praktische Umsetzung in Deutschland**

In der Wissenschaft ist das Konzept des aktiven Alters somit schön länger fest verankert. Wie die Themensetzung des Europäischen Jahres 2012 zeigt, hat die (europäische) Politik die Bedeutung des Themas vor dem Hintergrund der mit dem demografischen Wandel verbundenen Herausforderungen inzwischen ebenfalls erkannt.

Wie sieht es nun mit der Umsetzung des Europäischen Jahres in Deutschland aus? Deutschland ist eines der am schnellsten alternden europäischen Mitgliedsländer. Auf Bundesebene gibt es bereits seit Ende der 1980er Jahren eine aktive Seniorenpolitik, seit 1993 beispielsweise regelmäßige Altenberichte und bereits seit den 1970er Jahren eine Ressortforschung zum Altern. Mit der Bundesarbeitsgemeinschaft der Seniorenoorganisationen (BAGSO) existiert seit 1989 eine starke Interessenvertretung älterer Menschen, die mittlerweile über 110 Mitgliedsverbände umfasst. Sie setzt sich ein für ein realistisches Altersbild in der Gesellschaft, ein selbstbestimmtes Leben im Alter, die gesellschaftliche Teilhabe und Partizipation älterer Menschen, ein solidarisches Miteinander der Generationen, ein gesundes Altern und eine hochwertige gesundheitliche und pflegerische Versorgung sowie die Interessen älterer Verbrau-

cherinnen und Verbraucher.

Die europäische Initiative des Europäischen Jahres zum aktiven Altern und der Solidarität zwischen den Generationen wurde daher in Deutschland von den seniorenpolitischen Akteuren mit großem Interesse und Engagement aufgegriffen. Das Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ) wurde als nationale Koordinierungsstelle zur Umsetzung des Europäischen Jahres 2012 benannt. Zur organisatorischen Unterstützung der nationalen Koordinierungsstelle wurde eine Geschäftsstelle eingerichtet, die zum 1. Juli 2011 ihre Arbeit aufgenommen hat. Träger der Geschäftsstelle sind die Bundesarbeitsgemeinschaft der Seniorenorganisationen e.V. (BAGSO) in Bonn und die Forschungsgesellschaft für Gerontologie e.V. (FfG) in Dortmund.

#### *Nationales Arbeitsprogramm*

Die Bundesregierung hat auf der Grundlage des Beschlusses der Europäischen Union eigene Schwerpunktthemen für die Umsetzung des Europäischen Jahres 2012 in Deutschland herausgearbeitet:

- Altersbilder und Altersgrenzen: Abbau von altersbezogenen Klischees und Verankerung eines neuen Leitbildes des aktiven Alters
- Potenziale Älterer für die Zivilgesellschaft: gesellschaftliches Engagement und Teilhabe älterer Menschen
- Zusammenhalt der Gesellschaft: Solidarität innerhalb und zwischen den Generationen

- Potenziale Älterer für die Wirtschaft: Arbeitswelt und Arbeitsbedingungen sowie Produkte und Dienstleistungen für ältere Menschen vor dem Hintergrund des demografischen Wandels
- Eigenständiges Leben älterer Menschen durch Anpassungen in den Bereichen Wohnen, Wohnumfeld und Infrastruktur (z. B. innovative Altenpolitik in Kommunen, Verbesserung der Lebensqualität durch den Abbau von Barrieren und durch die Entwicklung und Verbreitung generationengerechter Produkte und Dienstleistungen)
- Vereinbarkeit von Pflege und Beruf bzw. Pflege und Familie

Vor dem Hintergrund der oben skizzierten Ausgangslage war ein wesentliches Ziel der Umsetzung des Jahres, Impulse für die Weiterentwicklung der Schwerpunkt-themen auf nationaler Ebene zu erhalten und innovative Aktivitäten in diesen Bereichen bekannt zu machen. Für eine erfolgreiche Umsetzung des Europäischen Jahres 2012 auf nationaler Ebene war die enge Beteiligung der Bundesländer sowie der Zivilgesellschaft und aller relevanten Akteure wichtig.

#### *Projektförderung*

Im Oktober 2011 hat die Nationale Koordinierungsstelle einen bundesweit gestreuten Aufruf zur Beteiligung am Europäischen Jahr 2012 veröffentlicht. Er richtete sich an die Verbände und Organisationen der Zivilgesellschaft, die Bundesministerien und Bundesländer sowie

weitere interessierte Akteure, die dazu eingeladen wurden, sich mit Aktivitäten an der erfolgreichen Gestaltung des Jahres zu beteiligen. Das Bundesministerium für Familie, Senioren, Frauen und Jugend hat zur Förderung dieser Aktivitäten Haushaltsmittel in Höhe von insgesamt mehr als 800.000 Euro zur Verfügung gestellt. Die Resonanz auf den Aufruf war mit mehr als 300 Projektanträgen sehr groß.

Es wurden 45 Projekte ausgewählt und in das nationale Arbeitsprogramm aufgenommen. Diese Projekte, die die gesamte Bandbreite der Themen des Jahres widerspiegeln und verschiedene Formate beinhalten, erhielten zur Umsetzung ihrer Ideen eine finanzielle Förderung und Begleitung durch die nationale Koordinierungsstelle sowie die Geschäftsstelle. Über die geförderten Projekte hinaus wurden bundesweit unzählige Initiativen ins Leben gerufen und Veranstaltungen unter dem Motto des Jahres durchgeführt.

### *Öffentlichkeitsarbeit*

Zentrale Informations- und Vernetzungsplattform für das Europäische Jahr ist die offizielle deutsche Homepage [www.ej2012.de](http://www.ej2012.de). Sie bietet aktuelle Informationen zum Jahr, macht in einem Kalender auf relevante Termine und Veranstaltungen aufmerksam und bietet allen Akteuren, die sich mit den Themen des Jahres befassen, die Möglichkeit, ihre Projekte und Initiativen vorzustellen. Knapp 400 Kalendereinträge und mehr als 200 Einträge in der Projektdatenbank zeugen von dem regen Interesse an den Themen „Aktives Altern“ und „Solidarität zwischen den Generationen“.

Mit weit über 1.000 Presseartikeln sowie zahlreichen Hörfunk- und Fernsehbeiträgen stieß das EJ 2012 bundesweit, regional und lokal auch auf ein breites Medienecho.

### *Zentrale Veranstaltungen*

Begleitend zu den ausgewählten Projekten fanden eine Reihe zentraler Veranstaltungen im Rahmen des Europäischen Jahres 2012 in Deutschland statt.

Am Montag, den 6. Februar 2012 wurde das Europäische Jahr 2012 in Deutschland im Rahmen einer großen Auftaktveranstaltung in Berlin durch Frau Bundesministerin Dr. Kristina Schröder offiziell eröffnet. Mit der Fachkonferenz sollen die Ziele des Europäischen Jahres sowie die Umsetzung in Deutschland diskutiert sowie Rahmenbedingungen zur Gestaltung des Jahres präsentiert werden. Der Tag wurde durch Impulsreferate und Foren sowie einen „Markt der Möglichkeiten“ gestaltet. Experten aus Wissenschaft, Politik und Praxis diskutierten in Fachvorträgen und in vier Foren die verschiedenen Schwerpunkte des Jahres mit den 250 Teilnehmerinnen und Teilnehmern.

Die zentrale seniorenpolitische Veranstaltung des Jahres 2012 war der 10. Deutsche Seniorentag, der vom 3. bis 5. Mai 2012 in Hamburg stattfand. Der Deutsche Seniorentag ist mit 20.000 Besucherinnen und Besuchern die größte bundesdeutsche Tagung, die sich mit vielfältigen seniorenpolitischen Themen beschäftigt und sich nicht nur an die ältere, sondern an alle Generationen wendet.

Unter dem Motto "JA zum Alter!" ging von diesem 10. Deutschen Seniorentag die Botschaft aus: Wir nehmen das Älterwerden und das Altsein in seiner Vielfältigkeit an, mit seinen Potenzialen und Herausforderungen, aber auch mit seinen Grenzen. Insgesamt 100 Einzelveranstaltungen boten den Besucherinnen und Besuchern Informationen zu allen Fragen eines möglichst gesunden, aktiven und engagierten Älterwerdens.

Am 10. Dezember 2012 wurde auf der Abschlussveranstaltung des Europäischen Jahres, zu der das Bundesministerium für Familie, Senioren, Frauen und Jugend eingeladen hatte, Bilanz gezogen. Am Vormittag kamen zunächst die Verantwortlichen der im Rahmen des EJ 2012 geförderten 45 Projekte zu einem fachlichen Austausch zusammen. Sie berichteten in drei Workshops mit den Titeln „Bürgerschaftliches Engagement älterer Menschen“, „Generationen mit einander – füreinander“ und „Aktives Altern – Schlüssel zu mehr individueller Lebensqualität“ von ihren Projekten und diskutierten lebhaft Erfolgsfaktoren und Transfermöglichkeiten ihrer Erfahrungen und Ergebnisse. Am öffentlichen Teil der Abschlussveranstaltung nahmen rund 230 Personen teil. Zu Beginn wurden die Ergebnisse der Workshops vorgestellt, bevor Vertreterinnen und Vertreter von Zivilgesellschaft, Wissenschaft, Kommunen, Bundesregierung und EU-Kommission in einer Podiumsdiskussion und einem moderierten Gespräch aus ihrer Sicht Bilanz zogen und einen Blick in die Zukunft warfen.

### 3. Ausblick

Nun gilt es, die vielen positiven Impulse des Europäischen Jahres 2012 für die weitere seniorenpolitische Arbeit fruchtbar zu machen. Die erreichte Sensibilisierung für die Themen und die Förderung von Modellprojekten sind ausgesprochen wertvoll. Aktives Altern und die Solidarität zwischen den Generationen müssen jedoch auch in Zukunft durch geeignete Maßnahmen weiter gefördert werden. Einige aus unserer Sicht wichtige Maßnahmen seien abschließend genannt:

Für ein gesundes Älterwerden sind die Förderung der Prävention in allen Lebenslagen und auch bei bereits bestehender Pflegebedürftigkeit (als Primär-, Sekundär- und Tertiärprävention), sowie der Ausbau mobiler Präventionsangebote weiterhin notwendig.

Will man ernsthaft über eine längere Lebensarbeitszeit nachdenken, dürfen Menschen nicht mehr mit diskriminierenden Vorurteilen konfrontiert werden, müssen darauf vorbereitet werden, im Laufe der Zeit erworbene Fähigkeiten zu aktualisieren und zu nutzen und müssen Zugang zu flexiblen Ruhestandssystemen haben. Es gilt zunächst, die Arbeitsfähigkeit so weit wie möglich zu erhalten und zu fördern, und das über den gesamten Lebenslauf hinweg. Maßnahmen der betrieblichen Gesundheitsförderung spielen hier eine wichtige Rolle, aber auch bedarfsoorientierte Weiterbildungs- und Qualifizierungsmaßnahmen für Ältere müssen vermehrt angeboten werden. Eine entsprechende Arbeitsplatzgestaltung, Verrin-

gerung des Zeitdrucks und eine größere Flexibilität werden gefordert.

Zur Förderung des bürgerschaftlichen Engagements sind außerdem organisatorische Hilfestellungen, Unkostenerstattung bzw. Auslagenersatz sowie ein ausreichendes Fortbildungsangebot notwendig. Modelle mit Anerkennungsgeld, wie z.B. der Bundesfreiwilligendienst, können Anreize schaffen. Die zentrale Voraussetzung für das Engagement für Andere ist jedoch, dass die eigene Lebenssituation im Hinblick auf das Alterseinkommen, die Wohnverhältnisse und die Gesundheit abgesichert ist.

Weiterhin ist beim Thema „aktives Altern“ auch die Kommune gefordert. Es müssen z.B. Konzepte der Stadtentwicklung überdacht werden - von der Verkehrsführung bis hin zu Sportstätten und Sportmöglichkeiten für Ältere. Der Wohnungsbau und die Wohnungsgestaltung sowie das Wohnumfeld sollten auf die veränderte Bevölkerungsstruktur und deren Bedürfnisse Rücksicht nehmen. Wir müssen uns Gedanken über die Erreichbarkeit von Angeboten machen. Hier spielt sowohl der Öffentliche Nahverkehr als auch die Parkplatzfrage eine ganz große Rolle. Manch einer geht nicht in die Innenstädte einkaufen, weil dieses Problem nicht gelöst ist. Körperliche Bewegung ist gesund, doch es muss auch Lösungen für mobilitätseingeschränkte Menschen geben. Es müssen zudem genügend Angebote für geistige Aktivität bereitgestellt werden, wie z.B. Vorträge, Theaterbesuche, Besuche von Ausstellungen etc. Nur so ist aktives Altern auch möglich.

Es muss zudem dafür Sorge getragen werden, dass sich die Konzepte „aktives Altern“ und „Solidarität zwischen den Generationen“ nicht nur an Bildungsbürger richten, sondern alle Bevölkerungsgruppen gleichermaßen ansprechen, unabhängig von Bildung, sozialem Status oder Migrationserfahrung. Hierfür sind zielgruppenspezifische Maßnahmen notwendig.

Solidarität lässt sich nicht verordnen, sie erwächst aus dem gegenseitigen Verständnis, aus der Fähigkeit der Einfühlung der Älteren in die Situation jüngerer Menschen – und der Einfühlung Jüngerer in die Biografien und Lebenssituation Älterer. Vor allen Dingen muss es Gelegenheiten zu gemeinsamen Erfahrungen und gemeinsamen Aktivitäten geben.

Altern ist ein lebenslanger Prozess der Veränderungen. Wir sollten unser Augenmerk weit stärker auf die besonderen Ressourcen eines jeden Älteren richten und – bei aller Akzeptanz der mit zunehmendem Lebensalter bzw. mit veränderter Lebenssituation gegebenen Grenzen – stets nach den noch verbliebenen Potenzialen und Chancen fragen.

### Literatur:

Baumann, H.; Oswald, W. D. and Hagen, B., „Bedingungen der Erhaltung und Förderung von Selbstständigkeit im höheren Lebensalter“, in Zeitschrift für Gerontopsychologie und -psychiatrie, 1999, pp. 227-244.

Birren, J.E.; Mac Rae, P.G. u. Fisher, L.M., „Behavior, aging and physical activi-

“vity”, in S. Harris; E. Heikkinen and W.S. Harris (ed.), *Physical activity, aging and sports*, vol. IV. Albany, N.Y.: Center for Study on Aging, 1995, S. 3-20.

Heinze, R.G.; Naegele, G. and Schneiders, K., *Wirtschaftliche Potentiale des Alters*, Stuttgart, Kohlhammer, 2011.

Kruse, A. (ed.), *Potenziale im Alter – Chancen und Aufgaben für Individuum und Gesellschaft*, Heidelberg, AKA, 2010.

Lehr, U., *Psychologie des Alterns*, 11. ed., Heidelberg/Wiesbaden, Quelle u. Meyer, 2007 (1.A.1972).

Mayer, K. U. and Baltes, P. B., *Die Berliner Altersstudie*, Berlin-Brandenburgische Akademie der Wissenschaften, Forschungsberichte Bd. 3, 1996.

Müri, W., *Der Arzt im Altertum*, München, Heimeran, 1962.

Oswald, W. D., „Kognitive Leistungsfähigkeit“, in K. Ettrich, U. Lehr, W.D. Oswald, G. Roether and G. Rudinger (ed.). *Bericht über den ersten Untersuchungsabschnitt der interdisziplinären Langzeitstudie über die Entwicklung im Erwachsenenalter (ILSE)*, Heidelberg, DZFA, 1996.

Steinbach, M., „Physiotherapie aus neuropsychiatrischer Sicht“, in V. Böhlau (ed.), *Alter und Physiotherapie*, Stuttgart, Schattauer, 1970, pp. 97-101.

Steinbach, M., *Medizinisch-psychologische Probleme der Wettkampfvorbereitung*, Berlin, Bartels u. Wernlitz, 1971.

Steinwachs, K. C., *Kognitive Plastizität*

und Demenzentwicklung im Alter aus interdisziplinärer Sicht, Berlin, Münster, Lit, 2011.

Vogel, C. and Künemund, H., „Familiäre Generationenbeziehungen – Befunde sozialwissenschaftlicher Studien“, in *Psychotherapie im Alter.*, 2010, pp. 289-301.

Walker, A., “The Emergence and Application of Active Ageing in Europe”, in G. Naegele (ed.), *Soziale Lebenslaufpolitik*, Wiesbaden, VS Verlag, 2010, pp. 585-601.







# 2012 AÑO EUROPEO DEL ENVEJECIMIENTO ACTIVO Y LA SOLIDARIDAD INTERGENERACIONAL. UNA MIRADA MULTIDIMENSIONAL A UN FENÓMENO GLOBAL

DIEGO A. BERNARDINI MD, PHD

## Introducción

El mundo está envejeciendo. El proceso de envejeciendo es global, no solo envejecen las personas, las sociedades en su conjunto también lo hacen. En 2006 casi 500 millones de personas tenían 65 o más años de edad, para el año 2050 serán más de mil millones lo que equivaldría a que 1 de cada 8 habitantes del mundo será un adulto mayor<sup>30</sup>. En Europa la transición demográfica es una realidad incuestionable. En el Tercer Reporte Demográfico publicado por la Unión Europea (UE) en 2011 el porcentaje de la población en la región de mayores a 65 años se incrementó desde 13.7% en 1990 a 17.4% en 2010. Las predicciones hacia 2060 estiman que este porcentaje llegaría al 30%, con un incremento de los mayores de 80 años muy significativo.

A pesar que esto pueda tener distintas interpretaciones, positivas y negativas, el envejecimiento de la población debe ser visto como un triunfo de la humanidad en

múltiples dimensiones: sanitaria, social y económica son algunas de ellas. Personas ancianas ha habido a lo largo de toda la historia, pero hoy en día la cantidad de personas que viven hasta edades avanzadas son tan numerosas como nunca antes, y no solo eso, la mayoría lo hacen con una calidad de vida muy aceptable.

El mundo vive este proceso de transición demográfica caracterizado por el envejecimiento, originado fundamentalmente por la caída en las tasas de fertilidad más que por aumento de la expectativa de vida, que creció producto del avance y el desarrollo en materia de salud y saneamiento. Las bajas tasas de fertilidad se traducen en una fracción de la población económicamente activa menor, mientras que la cantidad de adultos mayores, por efecto del aumento de la expectativa de vida, continúa en aumento. En Europa el principal motivo de envejecimiento es la caída sustancial de la tasa de mortalidad entre los adultos mayores a partir de la década del

70, fenómeno que se dio en prácticamente todos los países de la UE<sup>31</sup>. La consecuencia de este fenómeno, redundara en un aumento del efecto de las bajas tasas de fertilidad.

El proceso de envejecimiento por lo tanto, condiciona y afecta a toda la sociedad. Debemos asumirlo y considerarlo como un desafío de alta incumbencia social y determinantes consecuencias económicas que nos afectara en la forma de pensar, planificar e implementar las políticas públicas de los próximos 50 años cuanto menos. Esto sin duda, trae aparejado importantes desafíos no solo para las personas sino para los tomadores de decisión y otros agentes políticos involucrados<sup>32</sup>. En efecto este triunfo del desarrollo de las sociedades se ha convertido al mismo tiempo en un desafío para las mismas. Por tanto, considerar la aproximación al fenómeno del envejecimiento desde la perspectiva de la protección social se torna perentorio, especialmente en momentos en que pobreza y la exclusión son conceptos multidimensionales y persistentes que afectan de manera transversal todo el tejido social.

Un reflejo de la preocupación y la necesidad que implica considerar y posicionar en las agendas políticas el fenómeno del envejecimiento se ha visto recientemente. La Organización Mundial de la Salud (OMS) ha dedicado el Día Mundial de la Salud celebrado el 7 de Abril de 2012 al envejecimiento bajo el lema “La salud añade vida a los años”. La Unión Europea declaro 2012 “Año Europeo del Envejecimiento Activo y la Solidaridad Intergeneracional”

racional” con la idea de concienciar sobre la contribución que las personas mayores pueden representar para el desarrollo de las sociedades.

El objetivo de este artículo es aportar una visión integral sobre la relevancia del proceso de envejecimiento que fundamenta la adopción de 2012 como Año Europeo del Envejecimiento Activo y la Solidaridad Intergeneracional, a partir de una serie de observaciones sobre algunas dimensiones, quizás las más significativas, que este proceso involucra.

### **Porque un Año Europeo del Envejecimiento Activo y la Solidaridad Intergeneracional?**

El paradigma de justicia social que guía gran parte de la política social del siglo XXI, busca de la mano de la equidad, hacer de la salud un derecho humano entre otras cosas. Es en este punto donde la responsabilidad del Estado de garantizar seguridad a los ciudadanos se vuelve fundamental. Una seguridad que garantice educación, salud o un sistema de pensiones; pero también que permita el desarrollo de un sistema social cuya cohesión brinde un mínimo de acceso a oportunidades para las generaciones venideras.

Europa se encuentra en un proceso de transición demográfica pleno, expresado por un marcado incremento de la población de mayores de 65 años y, especialmente de aquellas personas mayores de 80. Esto presenta un sin número de desafíos, y una de las mejores estrategias de hacer frente a un desafío de estas proporciones es elevar el grado de concientización y

compromiso de la sociedad, de manera que el impacto social y económico que acarrearan estos cambios de la dinámica de la población puedan ser mitigados de una manera adecuada.

Existen dos marcos políticos de acción que resultan determinantes a la hora de analizar el porqué de un Año Europeo dedicado al envejecimiento.

El primero es la estrategia de crecimiento “Europa 2020”<sup>33</sup> en el que esta región se halla inmersa. Este marco político tiene como objetivos el crecimiento basado en la innovación, de una forma sustentable e inclusiva. Esto no podrá ser alcanzado si no se logra involucrar a los adultos mayores. El Segundo documento de referencia es “Envejecimiento Activo: un marco político de acción”<sup>34</sup> elaborado por la OMS y presentado en la Asamblea Mundial sobre el Envejecimiento de Madrid 2002. Este documento se fundamenta en tres pilares, hoy recogidos por la estrategia Europa 2020: Salud, Participación y Seguridad para las personas mayores. Con la declaración del año 2012 como Año Europeo del Envejecimiento Activo y la Solidaridad Intergeneracional, la Unión Europea no hace más que colocar en la agenda de discusión y decisión la importancia del envejecimiento, para lo cual resulta fundamental la identificación de experiencias exitosas y el estímulo a que distintos sectores de la sociedad – pública, privado y civil – promuevan la participación, la vida saludable e independiente de los mayores, el empleo y la solidaridad intergeneracional<sup>35</sup>.

### Pensando el significado de el “Envejecimiento activo y la solidaridad intergeneracional”.

El envejecimiento activo se formaliza con la aparición del documento al que hicimos referencia previa 5 y que fuera elaborado por OMS. El verdadero significado de este documento es haber sido pensado como un marco político para la planificación, implementación y concreción de políticas, en el cual se identifican determinantes económicos, conductuales, medioambientales, sociales y de salud, que al mismo tiempo están condicionados por otros dos determinantes transversales: género y cultura. Estos determinantes se entrelazan y le dan forma al Marco del Envejecimiento Activo y sus tres pilares, que son las áreas donde las políticas públicas deberían orientarse como forma de incluir en el tejido social a las personas mayores: participación ciudadana, garantizar su seguridad y brindar condiciones de salud. A pesar que el nombre del envejecimiento activo se ha usufructuado muchas veces, el verdadero sentido de este marco lógico está vigente y es más adecuado que nunca a los tiempos que estamos viviendo.

La solidaridad intergeneracional habla de uno de los valores humanos por excelencia. Solidaridad significa colaboración. En este caso la colaboración entre las distintas generaciones se torna imperiosa de cara al futuro donde por primera vez en la historia de la humanidad los mayores de 60 años son más que los jóvenes. Que el grupo de personas retiradas del mercado productivo o laboral formal, sean mayoría

encierra una serie de tensiones y desafíos para el sistema de protección social. Estas tensiones solo podrán ser resueltas con el compromiso de toda la sociedad, de allí que sin un sentido solidario los esfuerzos puedan volverse vanos. Por lo tanto el momento de oportunidad es único.

Retrospectivamente 2012 coincide con los 10 años de celebrada la Asamblea Mundial sobre el Envejecimiento en Abril de 2002<sup>36</sup> en Madrid. En lo más próximo significa una continuidad con la Reunión de Alto Nivel de las Naciones Unidas para la Prevención de Enfermedades Crónicas No Transmisibles<sup>37</sup>, celebrada en Septiembre de 2011 en New York, EEUU. Si consideramos que esta fue la segunda vez que las Naciones Unidas colocan en su agenda un tema vinculado a salud, la primera fue la Cumbre Mundial del HIV/SIDA en 2001<sup>38</sup>, y que el fenómeno del envejecimiento está fuertemente asociado a la prevalencia de enfermedades crónicas no transmisibles, no quedan dudas que este es “el” momento para colocar en la agenda de discusión y decisión política un fenómeno tan prioritario como el envejecimiento. A tal punto es evidente la necesidad de lograr compromisos políticos de alcance global el próximo mes de Septiembre de 2013 será la tercera oportunidad que durante la Asamblea Anual de las Naciones Unidas se disponga de un encuentro dedicado a la salud. En ese momento se llevará a cabo la Reunión de Alto Nivel de las Naciones Unidas sobre la Discapacidad y el Desarrollo: la contribución del sector salud. Se calcula que aproximadamente el 15% de la población mundial sufre de alguna discapacidad, lo

que equivaldría a cerca de 1000 millones de personas cuya prevalencia va en aumento a consecuencia del envejecimiento de la población y el aumento de la carga de las ECNT. Este será el marco en que los Estados Miembros tendrán la oportunidad de hacer aportaciones sobre la perspectiva del sector salud.

### **Porque importa el fenómeno del envejecimiento?**

El proceso de envejecimiento de la población a nivel global importa porque es una de las principales tendencias y cambios que se están dando en nuestra sociedad. Una sociedad donde el efecto de la globalización produjo que los límites de espacio y tiempo se borraran, y así muchos de los principios que eran utilizados para definir agendas, cumplir objetivos y solventar necesidades. Hoy tiempo y espacio son uno y las políticas públicas deben adecuarse a ello; así el envejecimiento, el cambio climático, las migraciones, el proceso de urbanización y la transición epidemiológica conforman las tendencias que marcarán las políticas sociales del futuro.

Para los sistemas de protección social, el envejecimiento significa una cantidad creciente de adultos mayores a los cuales proveerles seguridad y asistencia social, al tiempo que se deberán resolver los interrogantes de un mercado laboral sujeto a tensiones e incertidumbres. Para los sistemas de salud la reformulación de sus estrategias de cuidado y atención, la formación y el perfil de su fuerza de trabajo, la racionalización y utilización de las nuevas tecnologías, la creciente medicalización de la

sociedad y el alfabetismo médico de la comunidad, así como la financiación y utilización de los recursos financieros serán puntos claves a resolver. Así es como el proceso de envejecimiento se vuelve importante y determinante para los gobiernos, la industria y actividad comercial, y para las personas en general.

La actividad comercial se enfrentara con un nuevo mercado de consumidores, que impondrán una nueva demanda para la cual habrá que generar nuevos servicios y productos. Las personas se encontrarán con cambios en las formas de trabajo, en la dinámica y estructura familiar<sup>39</sup>, en la expectativa de vida y forma de vivir y en un futuro al cambio en el acceso y el valor de las pensiones. Mientras que para los gobiernos las tensiones vendrán en forma de desafío sobre el reordenamiento del gasto público, estrategias de afrontamiento de la gestión presupuestaria o la posible caída del PBI<sup>40</sup> producto de la transición demográfica; pero sin duda impondrá y generará un reordenamiento de políticas y agenda.

### **Algunas observaciones en la búsqueda de soluciones**

El Estado de bienestar en Europa tiene un origen y un fuerte vínculo con el empleo. Esta asociación nació de una estructura social basada en una estructura familiar con la figura del padre como sostén económico único y se ha visto modificada de manera paulatina pero permanente con el correr del tiempo. En la actualidad la estructura familiar ha cambiado. La familia extendida que tanto ca-

racterizó a una época europea, representa un modelo en extinción. Como contracara, las facetas que modelan y modelarán las familias del siglo XXI incluyen, entre otras, el aumento en divorcios, viviendas unipersonales, parejas sin hijos y formalización de parejas del mismo sexo, además de la integración de la mujer al mercado laboral como un hecho consolidado. Por si fuera poco, más recientemente la crisis financiera mundial que comenzó en 2008 y aun hoy afecta de manera notoria a varios países de la Unión Europea, incrementa la percepción de un escenario complejo e incierto. Por esto no es de extrañar que las estructuras que hacen a la protección social, la asistencia social (sistemas de salud), el aseguramiento social (sistema de pensiones) y la regulación del mercado laboral, estén atravesando momentos de tensión en cuanto a su sostenibilidad para las generaciones futuras de millones de europeos. En este sentido, un principio de la planificación subraya la importancia de diferenciar entre un problema y una necesidad, donde esta —en contraste con aquél— expresa una diferencia con el estado óptimo, es decir lo que queremos solucionar. Dado que una necesidad de salud provoca una necesidad de servicios vale preguntarse: ¿qué necesidades tendrá una sociedad modelada por transiciones y un nuevo perfil demográfico?

Una serie de transiciones están afectando y moldeando nuestra sociedad. Hoy los problemas de salud están vinculados principalmente a condiciones crónicas en detrimento de enfermedades infectocontagiosas como ocurría a principios del siglo pasado, la migración del campo a las ciu-

dades se expresa en el continuo aumento del grado de urbanización, migración que no solo se da dentro de los países sino entre ellos en forma de migración internacional; las consecuencias del cambio climático son cada vez más evidentes, y finalmente la que nos ocupa: la transición demográfica con el progresivo envejecimiento de la población.

La transición epidemiológica se caracteriza por un notable incremento en la carga de enfermedad producto de las ECNT, este cambio no se acompaña como era de esperar de la transformación de los servicios y sistemas de salud, los cuales quedaron anclados a las características de otro tipo de demanda, basada en un modelo centrado en el hospital como institución y altamente especializado; sistemas que fueron creados bajo un paradigma biológico, centrado en la figura médica, pensando en la enfermedad y no en la salud de la población. Desde la Declaración de Alma Ata<sup>41</sup> en Septiembre de 1978 se logró consenso sobre la urgente necesidad de que todos los gobiernos, todos los trabajadores de la salud y aquellos relacionados al desarrollo, así como la comunidad mundial de involucrarse en la promoción y la protección de la salud. Esta Declaración fue la primera que subrayó la importancia de los cuidados de atención primaria de la salud, los que fueron aceptados por los Países Miembros de la OMS como instrumento para alcanzar el objetivo de "Salud para Todos". El significado fue el comienzo de la búsqueda de un sistema de salud que garantice cobertura universal basada en atención primaria. Cobertura universal en salud expresa

equidad y formaliza a una buena parte de la justicia social en el sentido de que todos los ciudadanos tengan acceso a atención y cuidados de salud.

Los servicios y sistemas de salud son un complejo conjunto de estructuras, procesos y procedimientos cuyo fin es brindar cuidados y atención sanitaria de calidad con el objetivo de mejorar la salud de la población. Según la OMS<sup>42</sup> un sistema de salud es la suma de todas las organizaciones, instituciones y recursos, y dentro de este concepto se incluyen a los recursos humanos, la financiación que el sistema requiere para su funcionamiento, los sistemas de información, transporte y comunicaciones que permiten el funcionamiento de muchos de sus procesos y procedimientos, los suministros, así como los distintos niveles de gobierno hacen a su gestión. Todo esto con el fin último de poder brindar servicios y cuidados de calidad de acuerdo a la demanda de la población sin representar su acceso en una limitación económica. Los sistemas de salud basada en la atención primaria, que brindan cobertura universal de salud han mostrado ser costo-efectivos en sus resultados. España como la mayor parte de los países de la UE tiene este tipo de sistema de salud. Por fuera de la UE países como México<sup>43</sup>, Tailandia<sup>44</sup>, Brasil<sup>45</sup> y Japón<sup>46</sup> están implementando sistemas de salud que brinden cobertura universal con resultados muy satisfactorios. Al mismo tiempo EEUU uno de los países con mayor gasto per capita en salud aun se debate en su reforma sanitaria que posibilite brindar cobertura a cerca de 40 millones de sus ciudadanos<sup>47</sup>.

Hoy en día la transición epidemiológica y las ECNT hace de ello un verdadero desafío para los sistemas de salud. Las ECNT principales incluyen las enfermedades cardiovasculares, el cáncer, la enfermedad crónica respiratoria, los trastornos de salud mental, la enfermedad renal crónica, el HIV/SIDA, algunos problemas digestivos y las afecciones osteo-articulares entre otras; en conjunto son causantes de cerca de 35 millones de muertes, un 60% del total de las muertes en el mundo, y un 80% en los países de ingreso medio y bajo<sup>48</sup>. El numero y la presencia de condiciones crónicas aumenta con la edad. Hablar de ECNT significa entender que tienen causa múltiple y compleja, que su aparición suele ser gradual en las personas y en ello influye de manera muy significativa el curso de vida. En general no suelen comprometer la vida de las personas pero son causa de muerte prematura, y por sobre todo a causa de su larga duración y persistencia afectan notablemente la calidad de vida de las personas mayores<sup>49</sup>. Una personaañosa afectada por condiciones crónicas tiene por lo tanto un mayor riesgo de incapacidad y mortalidad, pero además, una necesidad de cuidados que se prolongue con el tiempo y que sea de una menor intensidad. La estrecha relación que existe entre las enfermedades crónicas y la dependencia por lo tanto se torna un factor determinante a la hora de planificar e implementar políticas sociales y sanitarias.

El desafío que impondrá una sociedad envejecida y afectada de alta carga de ECNT será la de jerarquizar las funciones de la promoción, la prevención y la reha-

bilitación de la salud, donde la persona pueda contar con un diagnóstico integral que incluya aspectos clínicos, funcionales y sociales. Así la coordinación de los distintos niveles de atención médica se vuelve otro punto clave y relevante, especialmente porque deberá interactuar con los cuidados comunitarios y el de propio paciente. Esta será una forma manera de garantizar los principios básicos del envejecimiento activo.

En el marco de la provisión de servicios resulta perentorio el replanteo sobre la necesidad de recursos humanos en salud apropiados. Hoy la situación de los recursos de salud se encuentra en pleno debate. Una de las ventajas de vivir en una era global es la posibilidad de comparar en tiempo real escenarios similares en distintos países. Un ejemplo de esta posibilidad la ofrece el debate abierto sobre la reforma del sistema sanitario en Norteamérica<sup>50</sup> y los recientes cambios en el sistema de salud en España. ¿Quién cubrirá las necesidades de casi 40 millones de nuevos usuarios en un país como USA? Dado el grado de envejecimiento y aumento de las enfermedades crónicas ¿qué tipo de profesional se requerirá para cubrir esas nuevas demandas de una población envejecida y dependiente? ¿Más médicos geriatras? ¿Más médicos de familia o más enfermeras? ¿Quiénes serán los más aptos para lidiar con el creciente número de discapacidades para la actividades básicas y funcionales de la vida diaria?... ¿Cómo habrán de acomodarse los sistemas de salud para convivir con estas tensiones?

Se necesitarán especialistas, pero además harán falta más médicos para atender los problemas de salud más frecuentes, los que más sufre la gente, lo prevalente en la comunidad —es decir, profesionales que conforman el primer contacto de la demanda, los médicos de familia o atención primaria. También se requerirán cuadros técnicos que estén inmersos en las comunidades y articulen con el nivel de resolución de mayor complejidad. Pero también será preciso educar a la población, construyendo un sentido de responsabilidad que le dé sentido a la explosión de información médica, la “medicalización de la sociedad” y el “alfabetismo médico de los pacientes”.

En el mundo actual existe un déficit de profesionales sanitarios, médicos y enfermeras principalmente. En general, faltan o están mal distribuidos. En un contexto demográfico de población envejecida, disponer de más médicos geriatras tiene sus ventajas pero también supone desventajas a medio plazo. Formar médicos es costoso en tiempo y recursos. Dificultades adicionales como la presencia de actitudes negativas hacia los ancianos son extensibles a otros profesionales de la salud<sup>51</sup>. Con el aumento de la proporción de personas mayores la necesidad de un profesional/técnico que pueda prevenir/asistir, con el objetivo de prolongar la permanencia en sus propios domicilios, disminuyendo la posibilidad de hospitalización y/o institucionalización se vuelve prioritaria. Hoy esta es una necesidad insatisfecha.

Una primera propuesta tendría que ver con que este primer nivel de atención tenga una preparación adecuada para

abordar los problemas de salud prevalentes de los mayores. La evidencia sostiene que equipos de salud basados en la comunidad y con habilidades para el trabajo con mayores retardan la hospitalización y/o institucionalización, reducen la mortalidad y mejoran la calidad del cuidado, especialmente en el grupo de mayor riesgo o vulnerabilidad; lo que todavía está en discusión es el grado de intensidad de estos cuidados y/o visitas domiciliarias<sup>52</sup>. Es necesario corregir la proporción de profesionales de enfermería en relación con la población y abordar la re-jerarquización de sus funciones en la comunidad. Pero el verdadero desafío no afecta tanto a las tradicionales «profesiones» de la salud como a satisfacer la necesidad de capacitar a nuevos profesionales para atender a una nueva demanda. Esta reformulación de quienes integran de manera formal el equipo de salud ayudara a una aproximación transversal que integre a la persona/paciente a su entorno y donde la salud y sus necesidades se vuelven el centro del sistema de atención de salud.

Los tiempos actuales obligan a permear la salud a otras dimensiones del conocimiento y disciplinas. Polítólogos, administradores, antropólogos, economistas y otros expertos, son hoy y serán cada vez más determinantes en toda política que piense una salud inclusiva y equitativa.

### A modo de conclusión

En esta era caracterizada por el fenómeno de la globalización debemos prepararnos para los nuevos desafíos por venir, donde la salud ha dejado de ser un tema

netamente sanitario para convertirse en un área de aproximación con múltiples dimensiones.

En esta nueva concepción de salud vinculada a desarrollo, a equidad y a salud como un derecho humano, la justicia social es una cuestión clave, ya que afecta el modo en que la gente vive y se enferma, donde la justicia social está influenciada por factores sociales, políticos y económicos; constituyen los llamados “determinantes sociales de la salud” y son la base en la que se asienta un curso de vida que asegure igualdad de oportunidades para todas las personas. Estas políticas sociales y económicas tienen efectos determinantes en las posibilidades de que un niño crezca y desarrolle todo su potencial, tenga una vida prospera, o que esta se malogue<sup>53</sup>. Por esto es importante señalar que cada vez hay una mayor convergencia entre países pobres y ricos, entre aquellos desarrollados y los que están en vía de serlo sobre los problemas de salud que hay que resolver.

El envejecimiento será de manera significativa uno de los desafíos que más afecte nuestra vida en sociedad. Para hacer frente a este reto los mecanismos que conforman el sistema de protección social deberán adecuarse de manera urgente y efectiva. El sistema de salud, los programas de pensiones y la regulación del mercado laboral entre los principales componentes de la protección social. Sistemas de salud que aseguren cobertura universal y, que brinden principios básicos como accesibilidad y calidad, sin que el factor económico se constituya en una ba-

rrera. Serán necesarios nuevos sistemas de gestión de la salud y la enfermedad crónica. Nuevas formas de planificar los entornos y ambientes de cara a la transformación demográfica. En resumen, un “nuevo pensamiento global” y una nueva “fuerza de trabajo global”, responsabilidad que involucra a la ciudadanía y gobernantes. En los últimos años ha habido consenso por reconocer y aceptar que la salud es un bien público y un derecho indispensable para el desarrollo de las Naciones y que los factores más importantes para conseguirla y preservarla son de tipo económico, político, ambiental y social, más que sanitario y que, por ende, precisa ser abordada de manera multisectorial y con una visión global que va más allá de las fronteras de los países.

Esta visión persigue la igualdad de oportunidades, una traducción de la solidaridad intergeneracional que es por si misma fundamento de la justicia social; de esta manera la salud y calidad de vida de los adultos mayores cobra una dimensión valida y legítima.

Hoy vivimos un nuevo paradigma donde la visión y la comprensión de que la salud es política y está socialmente determinada, que la construcción del sistema de salud debe adecuarse a la determinación social y el impacto de ello en el curso de vida de las personas. Esta nueva dimensión hace de la salud pública un asunto de estado y seguridad, un campo para las relaciones exteriores de una Nación, un área que la macroeconomía debe considerar con sensibilidad y por sobre todo, una cuestión de derechos humanos, suficientes

argumentos para entender el verdadero sentido de 2012 como Año Europeo del Envejecimiento Activo y la Solidaridad Intergeneracional.

## NOTAS

- <sup>30</sup> Why population ageing matters. A global perspective. NIH 2007.  
[http://www.nia.nih.gov/sites/default/files/WPA\\_M.pdf](http://www.nia.nih.gov/sites/default/files/WPA_M.pdf)
- <sup>31</sup> Preston SG., Himes C., Eggers M., Demographic conditions responsible for population ageing. *Demography* 1989, 26:691-704.
- <sup>32</sup> The price of maturity. Lee R., Mason A., Finance & Development, June 2011.
- <sup>33</sup> EUROPE 2020 - A strategy for smart, sustainable and inclusive growth, 2010. <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:2020:FIN:EN:PDF>
- <sup>34</sup> Active ageing: a policy framework, World Health Organization 2002  
[http://whqlibdoc.who.int/hq/2002/WHO\\_NM\\_H-NPH\\_02.8.pdf](http://whqlibdoc.who.int/hq/2002/WHO_NM_H-NPH_02.8.pdf)
- <sup>35</sup> How to promote active ageing in Europe. EU support to local and regional actors. 2011. [europa.eu/ey2012/BlobServlet?docId=7005&langId=en](http://europa.eu/ey2012/BlobServlet?docId=7005&langId=en)
- <sup>36</sup> Segunda Asamblea Mundial sobre el Envejecimiento, Naciones Unidas, Madrid 2002.  
<http://www.un.org/spanish/envejecimiento/documents.htm>
- <sup>37</sup> Reunión de alto nivel de las Naciones Unidas sobre las enfermedades no transmisibles  
[http://www.who.int/nmh/events/un\\_ncd\\_summit2011/es/](http://www.who.int/nmh/events/un_ncd_summit2011/es/)
- <sup>38</sup> Declaración de compromiso en la lucha contra el VIH/SIDA, Naciones Unidas, 2001  
<http://www.un.org/spanish/ag/sida/aress262.pdf>
- <sup>39</sup> Bernardini DA., La familia, base y eslabón primario de la salud pública del futuro. Revista Panamericana de Salud Pública 31.6 (2012): 529-530.
- <sup>40</sup> Talkin' 'bout my generation: The economic impact of aging US baby boomers. Mc Kinsey Global Institute, 2008  
[http://www.mckinsey.com/insights/economic\\_studies/talkin\\_bout\\_my\\_generation](http://www.mckinsey.com/insights/economic_studies/talkin_bout_my_generation)
- <sup>41</sup> Declaracion de Alma – Ata. Conferencia Internacional sobre Atención Primaria de Salud, Alma-Ata, URSS, 6-12 de septiembre de 1978 - [http://www1.paho.org/spanish/dd/pin/alma-ata\\_declaracion.htm](http://www1.paho.org/spanish/dd/pin/alma-ata_declaracion.htm)
- <sup>42</sup> ¿Qué es un sistema de salud? Organización Mundial de la Salud, 2005.  
<http://www.who.int/features/qa/28/es/>
- <sup>43</sup> Mexico: celebrating universal health coverage. Lancet, Volume 380, Issue 9842, 622, 2012.
- <sup>44</sup> Thailand: health care for all, at a price. Bulletin of the World Health Organization 2010 Vol 88(2), 81-160.
- <sup>45</sup> Health care in Brazil. An injection of reality. The Economist Jul 30th, 2011.  
<http://www.economist.com/node/21524879>
- <sup>46</sup> Reich M., Ikegami N., Shibuya K., Takemi K., 50 years of pursuing a healthy society in Japan. Lancet 2011 Vol 378, 9796:1051 - 1053, 17.
- <sup>47</sup> Bernardini-Zambrini DA., Cobertura universal, equidad y solidaridad. Tres casos para observar. Aten Primaria. 2012 Nov;44(11):687-8.
- <sup>48</sup> 2008-2013 action plan for the global strategy for the prevention and control of Non communicable diseases : prevent and control cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. World Health Organization, Geneva 2008.
- <sup>49</sup> Estrategia para afrontar el reto de la cronicidad en Euskadi, 2010. <http://cronicidad.blog.euskadi.net/descargas/plan/EstrategiaCronicidad.pdf>

- <sup>50</sup> Dentzer S. Reinventing primary care: A task that is far “Too important to fail”. *Health Affairs.* 2010;29:757.
- <sup>51</sup> Bernardini-Zambrini DA, Moraru M, Hana M, Kalache A, Macías Núñez JF. Attitudes toward the elderly among students of health care related studies at the university of Salamanca, Spain. *J Con Edu Health Prof.* 2008;28:86–90.
- <sup>52</sup> Bernardini-Zambrini DA., Quien cuidara a nuestros mayors? *Rev Esp Geriatr Gerontol.* 2012 Mar;47(2):81-2
- <sup>53</sup> Subsanar desigualdades en una generación – Comisión sobre Determinantes Sociales de la Salud. Informe final. Organización Mundial de la Salud, Ginebra 2008.  
[http://www.who.int/social\\_determinants/the-commission/finalreport/es/](http://www.who.int/social_determinants/the-commission/finalreport/es/)



Digitized by Google



## AUTORES

Diego A. BERNARDINI es Doctor en Medicina y Máster en Gerontología por la Universidad de Salamanca, España; formado como médico de familia en la Universidad de Buenos Aires, Argentina es profesor de postgrado de salud global en Argentina, España y México. Coordina el Grupo de Investigación en Política Pública y Salud de la Asociación Latinoamericana de Ciencia Política (ALACIP). desempeñándose en la actualidad como consultor en temas de salud en la ciudad de Washington DC. USA. - diegobernardiniMD@gmail.com

Alejandra BETEGÓN SALAMANCA. Coordinadora Nacional de Cibervoluntarios. Fundación Cibervoluntarios. [www.cibervoluntarios.org](http://www.cibervoluntarios.org)

Vitalija GAUCAITE WITTICH. Chief - Population Unit. United Nations Economic Commission for Europe  
Palais des Nations, r.C-436  
CH-1211 Geneva 10, Switzerland  
tel: +41 22 917 1462  
e-mail: vitalia.gaucaite@unece.org

Soeren HOUGAARD. Secretary General EHIMA. [www.ehima.com](http://www.ehima.com)

Claudia KAISER ist Referentin für Gesundheits- und Pflegepolitik der Bundesarbeitsgemeinschaft der Senioren-Organisationen e.V. (BAGSO) und eine der Leiterinnen der Geschäftsstelle „Europäisches Jahr 2012“. Kontakt: kaiser@bagso.de

Barbara KECK, BAGSO Service GmbH, Hans-Böckler-Straße 3, 53225 Bonn, [keck@bagso-service.de](mailto:keck@bagso-service.de)

Angela KYDD RGN, RMN, MSc (Gerontology) PGCE, PhD (Nursing). Senior Lecturer Research Institute of the Older Person's Health and Well Being. University of the West of Scotland. [Angela.kydd@uws.ac.uk](mailto:Angela.kydd@uws.ac.uk)

Ursula LEHR, Bundesministerin für Jugend, Familie, Frauen und Gesundheit a.D., Gründerin des Instituts für Gerontologie an der Universität Heidelberg, ist Vorsitzende der Bundesarbeitsgemeinschaft der Senioren-Organisationen e.V. (BAGSO). Kontakt: [vorsitzende@bagso.de](mailto:vorsitzende@bagso.de)

Maude LUHERNE, [maude.luherne@age-platform.eu](mailto:maude.luherne@age-platform.eu)

Ciarán MCKINNEY. Director of Development Age & Opportunity. Marino Institute of Education.

Griffith Avenue  
Dublin 9  
+3531 853 5181  
[ciaran.mckinney@ageandopportunity.ie](mailto:ciaran.mckinney@ageandopportunity.ie)  
[www.ageandopportunity.ie](http://www.ageandopportunity.ie)

Anne-Sophie PARENT, Secretary General of AGE Platform Europe, has 20 years' experience in dealing with policy and project development at EU level, having been Director of Autism-Europe for 6 years and President of the Social Platform for 2 mandates. She sits on various advisory committees set up by the European Commission (European Pensions Forum, e-Health Stakeholders Group, European Health Policy Forum, Advisory Board of the Assisted Ambient Living Programme, Dialogue Group on Insurance, Financial Services Users' Group, Steering Group of the European Innovation Partnership on Active and Healthy Ageing). She is also a member of the Advisory Group of the UN Economic Commission for Europe (UN-ECE) Generations and Gender Programme and a member of the Advisory Board of the World Demography&Ageing Forum (WDA). More information:  
[http://www.age-platform.eu/images/stories/2012\\_11\\_20\\_Thematic\\_Seminar\\_Speakers\\_Biographies.docx](http://www.age-platform.eu/images/stories/2012_11_20_Thematic_Seminar_Speakers_Biographies.docx)

Lisa SCHÖNENBERG. Policy Officer.

Tel: +44 (0) 1273 739039 | Fax: +44 (0) 1273 739239 | [www.esn-eu.org](http://www.esn-eu.org)  
European Social Network, Victoria House, 125 Queens Road, Brighton BN1 3WB,  
United Kingdom

Georgina SIKLOSSY. Communication and Press Officer ENAR, European Network Against Racism aisbl.



# Pliegos de Yuste

## N.º 15, 2013

### ÍNDICE

The European Year for Active Ageing and Solidarity between Generations 2012:	
What did we do and the next steps .....	5
Creating a New Old .....	11
'What do you mean by difference?': The artistic use of digital media builds bridges between the generations .....	15
The Goals and Actions to Achieve Active Aging: What about care home residents? .....	21
Towards an Age-Friendly European Union by 2020 .....	29
The EU's hidden ageing population: Improving policies for older ethnic minorities and migrants .....	37
Retaining and regaining independence and inclusion in later life. Notes and practice examples from ESN's Autumn Seminar 2012 .....	43
Fundación Cibervoluntarios: aumentando los derechos y oportunidades de las personas mayores a través de las TIC .....	47
Ageing and Hearing .....	51
Medienkompetenz im Alter .....	55
The European quality framework for long-term care services .....	59
Active ageing and solidarity between generations in Europe and beyond. A view from the United Nations Economic Commission for Europe .....	63
Aktives Altern und Solidarität zwischen den Generationen: Theoretische Konzepte und praktische Umsetzung des Europäischen Jahres 2012 in Deutschland .....	73
2012 Año Europeo del Envejecimiento Activo y la Solidaridad Intergeneracional. Una mirada multidimensional a un fenómeno global .....	85
Autores .....	97