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Safeguarding the Human Rights of Older People Through an Intergenerational Solidarity and Active Citizenship Approach

Interactive PDF

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Project Overview



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Handbook of
Good Practice



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Position Papers



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Postcards



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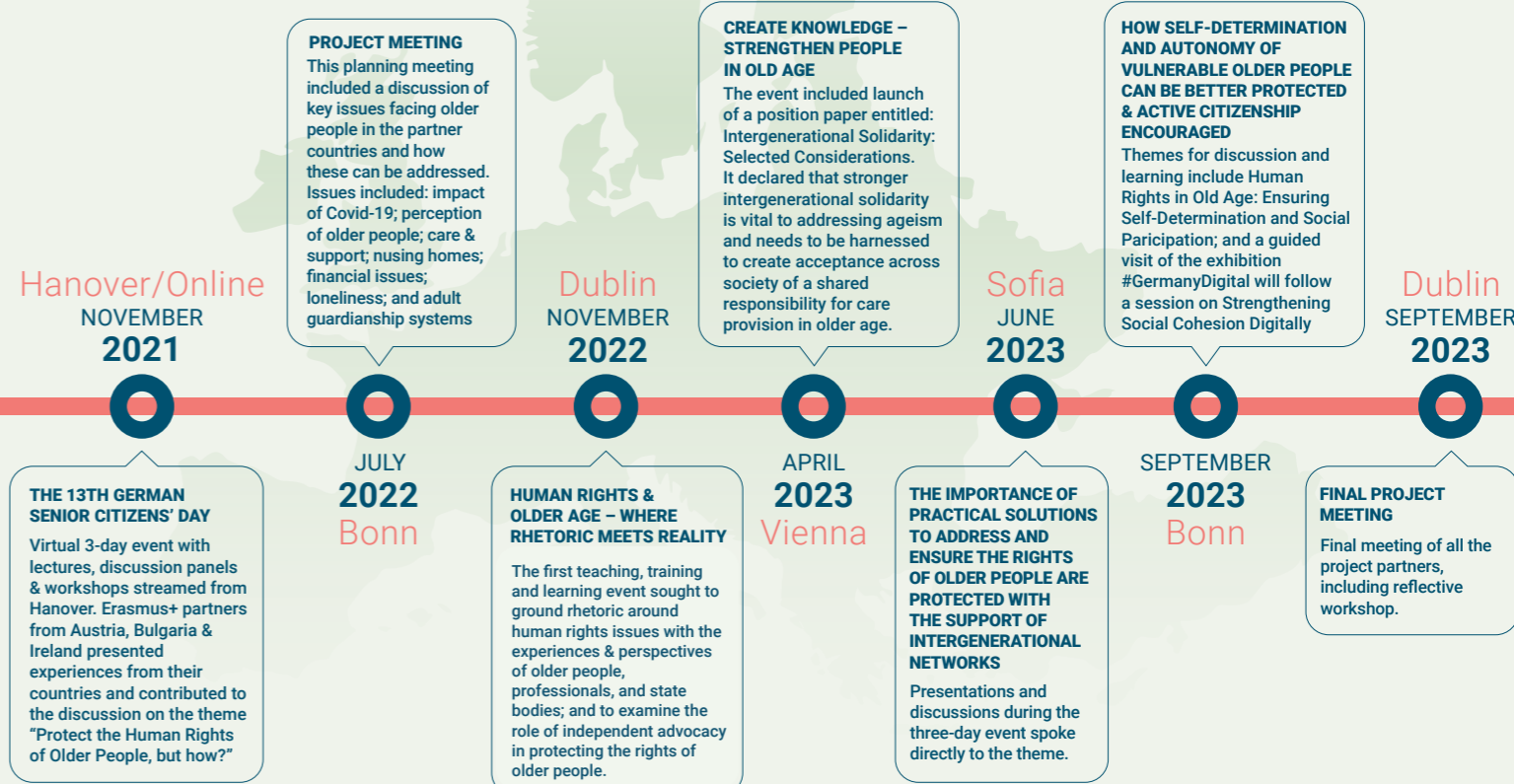




SAFEGUARDING THE HUMAN RIGHTS OF OLDER PEOPLE

THROUGH AN

INTERGENERATIONAL SOLIDARITY AND ACTIVE CITIZENSHIP APPROACH



Each Learning & Training event will be evaluated by an independent evaluator.



PROPOSED OUTCOMES



To develop, through learning and exchange of practice, how an active citizenship and intergenerational response to protecting the human rights of older persons in the participating countries can be achieved.



Engage learners in looking at ways of protecting the rights of older people, both as individuals and as a population group.



Raise awareness about older people's legal and human rights among both older persons and in civil society generally.



Highlight areas where older persons' rights may be infringed; and identify good practice where these exist.



Sage Advocacy received funding through the KA2 – Cooperation for innovation and the exchange of good practices stream of Erasmus+ – administered by Léargas. The project has focused on safeguarding older persons' legal and human rights through active citizenship and an intergenerational approach. It involves a partnership between Sage Advocacy (Ireland), Pro Senectute (Austria), Tulip Foundation (Bulgaria) and BAGSO (Germany).

PROJECT OUTPUTS

Webpages produced in each partner country

Interactive PDF Handbook for good practice

Synthesis report

Postcards developed in all partner languages to highlight four key issues affecting the human rights of older people

Intergenerational Statement

Position Papers:
● Intergenerational Solidarity: Selected Considerations
● Loneliness & Isolation

www.sageadvocacy.ie/resources/erasmusplus



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A Rights-based Approach to Supporting Older Persons: Handbook of Good Practice



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Foreword

I am pleased and honoured to have been invited to write a Foreword to this Handbook of Good Practice on A Rights-based Approach to Supporting Older Persons which is a rich repository of recommendations. The Handbook was developed by the four Erasmus+ Project Partners and is an important contribution to enhancing the human rights of older people, not only in the four partner countries but also in the EU generally and, indeed, in a wider international context. The Handbook is necessary for a number of reasons, not least because the protection of the human rights of older persons has not yet percolated through to impact on the lives of individuals requiring services and supports.

Through the Handbook of Good Practice, the Project partners demonstrate the importance of human rights in old age in different areas of life. Multiple areas of good practice are identified in the Handbook based on the experience and perspectives of the partners and insights gained from the learning and training events and transnational partner meetings. The Handbook demonstrates the diversity of possibilities for positive action by Governments and by citizens at all levels of society.

Notwithstanding the fact that in recent decades, there has been much new thinking about people's human rights, service provision for older persons in many instances continues to be based on vague definitions of entitlement and a somewhat arbitrary understanding of need rather than on rights per se. This thinking permeates the approach to a

range of areas affecting older persons – income, housing, opportunities for civic engagement and life chances in general, including the right to ongoing education and quality work opportunities in later years. It also results in a failure to give adequate attention to the voice of older persons, their legal capacity and their right to self-determination irrespective of their decision-making capacity. It is also the case that abuse perpetrated on vulnerable older persons – financial, psychological, physical, sexual and coercive control – may be closely associated with a failure by society to give due recognition to the fact that older persons, as human beings and citizens, have equal entitlement with others to be protected by the whole of society, including families, communities, services and the law.

The Handbook provides a comprehensive and detailed set of guidance across multiple areas which, based on a human rights perspective, outlines ways in which society should and can treat its older members. It sets out a range of measures that can be taken by older people themselves, by communities, by public services and by Governments to give effect to a human rights approach.

The concept of intergenerational solidarity in protecting the human and legal rights of older persons is a recurring and important theme in the Handbook. Safeguarding the human rights of older people is an intergenerational matter in terms of supporting people who require services, ensuring they retain connectedness with their communities and, very importantly, that adequate resources are available

to provide high quality care for the relatively small proportion of older people in any country who need long-term care at any given time.

The need to address digital exclusion among older populations is highlighted in the Handbook with particular reference to ensuring timely and equal access to services in an age of increasing digitalisation of both public services and financial services.

The Handbook makes the very important point that that inequities among the older population, to some extent, at least, mirror inequities in society in general and that addressing structural inequalities throughout society would have positive outcomes for older people, in particular, disadvantaged older people. The Handbook also draws attention to the need to pay particular attention to protecting the human rights of older women.

The fact that there is no Convention expressly dealing with the rights of older persons has been noted in the Handbook (for example, as is the case for women, children and people with disabilities). While a number of important steps towards the improvement of the lives of older persons have been taken under the auspices of the EU, the lack of a dedicated, legally binding Convention on the Human Rights of Older Persons may have some bearing on the lack of awareness by Governments and health and social care providers about the need to respect the human rights of older persons, particularly those who require long-term care.

While it is not the main objective of the Handbook of Good Practice to make the case for a UN Convention on the Rights of Older Persons, it clearly implies a need for a further elaboration on and enumeration of the rights of older persons in order to guarantee their safeguarding and equality of access to justice during all stages of the ageing process. The Handbook emphasises the very important points that older people should not be arbitrarily deprived of their liberty, should be fully supported to maximise their decision-making capacity, and should provide valid consent for all interventions in their lives, especially in relation to long-term care provision.

The Handbook brings into sharp focus what is required in order to ensure that the human rights of older persons, particularly those who are vulnerable or at risk, are protected. Put simply, it sets out clearly what needs to be done to achieve this.

David Byrne SC

Former Attorney General of Ireland and Former European Commissioner for Health and Consumer Protection

Section One

Introduction and Context

Introduction

This Handbook of Good Practice is based on the learning and outcomes of the Erasmus Plus Project, Safeguarding Older Persons' Legal and Human Rights through an Active Citizenship Intergenerational Approach which involved four organisations - Sage Advocacy (Ireland), BAGSO (Germany), Tulip Foundation (Bulgaria) and Pro Senectute (Austria). The main objective of the Project was to develop through learning and exchange of practice how an intergenerational response to protecting the human and legal rights of older persons in the participating countries can be advanced. The Handbook draws on the presentations and discussions at the 3-day learning events in each partner country and the deliberations and exchange of ideas at Transnational Partner Meetings.

The Project highlighted the possibilities for action by older persons' organisations as well as broader civil society in addressing human rights violations against older persons, including abuse, poverty and inadequate provision for long-term care.

The Project raised awareness of the role and potential of NGOs to improve the rights of older people and also highlighted the role of individual citizens in different roles, be it in the family, regional and local committees, associations and networks and, very importantly, the role of Governments and public services.

The project has highlighted the increasing need for action to protect the rights of older people. Special attention is given to the importance of lobbying by and for older people in the current national, European and international processes to protect the rights of older people.

With the Handbook of Good Practice, the project partners demonstrate the importance of human rights in old age in different areas of life. Multiple areas of good practice are identified in the Handbook based on the experience and perspectives of the partners and insights gained from the learning and training events and transnational partner meetings. The Handbook demonstrates the diversity of possibilities for positive action by NGOs, Governments and citizens at all levels of society.

It should be noted at the outset that there may be something of a paradox in the fact that while older populations are increasing in most Western societies and many have significant assets and purchasing power and make significant contributions to society, older people as a group remain largely under-valued in many countries.

Purpose of Handbook of Good Practice

The purpose of the Handbook is to contribute to shaping public discourse and to inform the policy-making agenda in respect of older people in the partner countries and throughout the EU. In accordance with the Project objectives, the Handbook of Good Practice is aimed at:

- Promoting the concept of intergenerational solidarity in protecting the human and legal rights and older persons;
- Identifying best practice identified through training and Transnational Project Meetings and staff training;
- Outlining key messages relating to what constitutes an intergenerational rights-based approach to identifying and addressing the needs of older people;



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- 2 Overarching Components
- 3 Human Rights Instruments
- 4 A Shared Responsibility
- 5 Social Isolation and Loneliness
- 6 Addressing Infringements
- 7 Need for a Continuum
- 8 Social and economic divide
- 9 Need for a UN Convention

Outline of Handbook

The Handbook contains nine main sections:

| | |
|---------------|---|
| Section One | Introduction and Context |
| Section Two | Overarching Components of Good Practice |
| Section Three | International Human Rights Instruments |
| Section Four | Supporting Older Persons – A Shared Responsibility |
| Section Five | Addressing Social Isolation and Loneliness |
| Section Six | Addressing Older Persons’ Human Rights Infringements |
| Section Seven | A Continuum of Health and Social Care Services to Meet a Range of Changing Needs |
| Section Eight | Bridging the social and economic divide among older populations |
| Section Nine | Human Rights and Older Persons: Need for a UN Convention |

The Handbook also contains a number of Good Practice Vignettes from each partner country.

Why a Handbook of Good Practice is important

Need to address the relatively low status of older persons in Western society

This Handbook of Good Practice takes as its starting point the fact that older persons continue to experience a relatively low status in contemporary Western society. This results in a lack of opportunity to engage in a meaningful way in society and inadequacies of the support services provided for them. This situation is not an accident – it is the result of perceptions and attitudes, policies and practices over many years. Despite public attitudinal changes in recent decades, many policies and practices in Western society are ageist in attitude and in effect.

In order to understand the overall issue of older people in society and to challenge certain dominant attitudes, it is necessary to look at older people, not only in terms of their adjustment to retirement and/or termination of familial responsibilities but, also, and more importantly, perhaps, at other prevailing social and economic processes that impact on their lives.

In addition to the low status that arises out of displacement from the work force, and termination of family responsibility, there is the general issue of dependency which is to some extent socially determined. For example, people who are pension-dependent are likely to experience difficulty providing out of their own resources for ongoing house maintenance; and for other items of expenditure necessary to maintain a decent quality of life. For example, older people are likely to experience

difficulty in getting loans from financial institutions in such circumstances.

The trend towards the centralisation of many services in recent decades also creates a dependency on others, particularly in rural areas where public transport is frequently non-existent and because the incidence of car ownership reduces with age.

The Handbook of Good Practice is important in order to help sustain an ongoing dialogue about the need to change perceptions. One reason that social attitudes and policies need to change is that demographics are changing in many EU countries. Also, the situation of older people has changed radically and will continue to change, for example their education, their skills, their competencies, their living arrangements, their health. These factors have resulted in older persons individually and collectively rightly having higher expectations than heretofore.

The first perception we need to change is that older people are a homogeneous group, essentially different from the rest of us. Older people are exactly the same as the rest of us, with all our individual differences, only more experienced. In fact, people in later years are the rest of us, only later in life. Chronological age does not define a person and their ability to do things. Growing older does not imply irremediable deterioration; it does not in itself affect our competencies.

Concentrating on difference, and this is what societies regularly do, results in discriminatory practices and exclusion of older persons.

The second common perception that needs to change is that older people are ill, frail, dependent and in need of help and support, and that they cannot make decisions for themselves or without help. This perception is at variance with reality. Of course there are people in later years who are frail, vulnerable and dependent, and of course there are age-related illnesses, but it is well established that only a small proportion of people suffer ill-health and are dependent in their later years and that the majority live relatively healthy lives to the end.

Thirdly, our policies need to be more proactive in maintaining social participation by all older persons and in empowering them to lead full and independent lives as distinct from focusing only on protecting them and providing them with necessary health and social care services, the latter which, of course, are critically important.

Fourthly, there is a need for a stronger acknowledgement of older persons' actual and potential contribution to society and the economy rather than being regarded as somewhat peripheral to it and a drain on resources.

A rights-based approach to older persons involves regarding and respecting them as equal to other groups both as citizens and in all aspects of living. Respecting older persons' human rights requires that they have equality of access with others to opportunities for education and civic engagement. It also requires adequate income support, accessible public transport and infrastructure and a continuum of care provision for those who need care – housing, community services, hospital services and long-term care provision.

Good practice means that there must be coherence between the different parts of the social support infrastructure – income maintenance, community care policies, employment policies, education, housing and residential care for people with high nursing care needs.

Need to acknowledge the diversity of the older population

The older population is not a homogeneous group and old age is marked by much diversity. While there are important common factors in ageing which shape current experience, the perspective that views the older population as a homogeneous group ignores the pre-existing divisions within the group. This may result in the impact of those factors not being taken account in social responses to need. While much of the policy discourse deals with ageing as a period of frailty, the reality is that the experiences of older persons, including their health and life chances, are mediated through inequalities based on class, gender and previous life experience.

It is also the case that people have differential access to resources as they age. Indeed, for more affluent older people, it is likely that many of the deleterious experiences of ageing may be circumvented, minimised or delayed.

What are perceived by older persons as valued goals to pursue and the kinds of strategies adopted will be shaped and constrained by the resources available to the individual (for example, socio-economic situation and social support networks) and the expectations, normative obligations and roles attached to being and becoming old.

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Section Two

Overarching Components of Good Practice

What a human rights approach to older persons means

A human rights-based approach puts older persons at the centre of the discourse, empowering them to participate in decision-making and to claim their rights. At the same time, a rights-based approach demands accountability from the State and from institutional actors who bear responsibility to uphold these rights.

The underlying principles of a rights-based approach have been summarised as:

- The inestimable dignity of each and every human being
- The concept of autonomy or self-determination that demands that the person be placed at the centre of all decisions affecting him/her
- The inherent equality of all regardless of difference
- The ethic of solidarity that requires society to sustain the freedom of the person with appropriate social supports

A rights-based approach avoids the compartmentalisation of identities (viz. older persons, people with disabilities) and focuses on people in terms of the challenges and opportunities faced at each stage of the life-cycle, including as they age.

A human rights approach does not contradict the reality of age-specific needs – on the contrary, a rights-based approach enables society to better meet needs, as required, while framing them within a human rights-based narrative.

Despite the emergence of a strong human rights discourse, it is likely that ‘old people’ are often thought of as a burden, especially those who need high levels of support. This understanding of ageing is reflected in policy discourse that focuses primarily on the physical or decision-making ‘deficits’ associated with the ageing process, and on how these ‘needs’ should be met rather than on older people as bearers of human rights.

Nils Muižnieks, the former Council’s Commissioner for Human Rights, stated in a Human Rights Comment in 18 January 2018 as follows:

“Older persons have exactly the same rights as everyone else, but when it comes to the implementation of these rights, they face a number of specific challenges. For example, they often face age discrimination, particular forms of social exclusion, economic marginalisation due to inadequate pensions, or are more vulnerable to

exploitation and abuse, including from family members.”²

The European Union Agency for Fundamental Rights 2018 Report³ dedicates its focus chapter to equal treatment for older people and respect for their fundamental rights. It recognises growing awareness of the issue and how policies are changing to better respect their rights. However, it advises against a one-size-fits-all approach as barriers faced by women, ethnic minorities and people with disabilities may be compounded as they age. This highlights the need to broaden protection against discrimination on the grounds of age through implementing the EU’s Equal Treatment

Directive,⁴ which extends anti-discrimination protection beyond employment to access to services, housing and healthcare.

The UN Open-ended Working Group on Ageing states that:

“Although the Universal Declaration of Human Rights proclaims that all human beings are born free and equal, it is evident that the enjoyment of all human rights diminishes with age, owing to the negative notion that older persons are somehow less productive, less valuable to society and a burden to the economy and to younger generations.”⁵

There are gross inequalities in terms of the access people have to goods and services because of where they live, and these inequalities are often felt particularly by older people. Spatial issues to do with location, proximity to goods and services, transportation, traffic planning and land use all need to be taken into account of in policies for inclusion and equality.

A rights-based approach presents challenges for all of us, individually and collectively, including requiring:

- ✓ States to provide appropriate services and put in place relevant rights-based legislation;
- ✓ Employers to provide equal access to work and promoting a positive culture within the workplace;
- ✓ Trade Unions to provide support for all age-groups;
- ✓ The media to report a positive image of older people;
- ✓ Non-governmental organisations (NGOs) to provide a forum for older people to voice their concerns and to lobby with and on behalf of older people.

All these sectors must be prepared to look at their policies and procedures to see if they promote or diminish the role of older people in society. It may be the case that frequently older people still tend to be regarded more as passive

1 Quinn, G. and Degener, T. (eds.) with Bruce, A., Burke, C. Castellino, J., Kenna, P. Kilkelly, U., Quinlivan, S. Human Rights and Disability, United Nations, New York and Geneva.

2 <https://www.coe.int/en/web/commissioner/-/the-right-of-older-persons-to-dignity-and-autonomy-in-care> 3 https://fra.europa.eu/sites/default/files/fra_uploads/fra-2018-fundamental-rights-report-2018_en.pdf

3 https://fra.europa.eu/sites/default/files/fra_uploads/fra-2018-fundamental-rights-report-2018_en.pdf

4 <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52008PC0426&from=en>

5 Report from the Eighth working session of the UN Open-ended Working Group on Ageing, 28 July 2017, <https://undocs.org/A/AC.278/2017/2> p.8

recipients of care rather than as active participants in identifying their own care and support needs and actively shaping policy and practice responses. Good practice requires a cultural and attitudinal change in this regard.

A rights-based approach to older persons means providing:

- Opportunities to engage in paid work
- Adequate income to enable people to live lives according to prevailing standards
- Access education, training and cultural pursuits
- Access quality social and health care
- Access to appropriate housing
- Access the necessary social supports to maximise independence.

Principles underpinning rights-based policies and practice

1: Recognition

- ✓ The esteem that one feels based on the respect that is afforded by others;
- ✓ Legal recognition involving rights and duties;
- ✓ Each individual being able to experience valued and respected social roles;
- ✓ Feelings of belonging in the broad sense of national identity.

2: Citizenship and social inclusion

- ✓ The “umbilical connection between rights and citizenship”;
- ✓ The right of individuals “to live the life of a civilised being according to the standards prevailing in society”;
- ✓ Access to resources, as well as to opportunities to participate in society;
- ✓ Attachment to and engagement with neighbourhood/community.

3: Agency

- ✓ The ability of a person to act, make choices and decisions and express views;
- ✓ People, irrespective of their cognitive ability, being able to participate in critical decisions that affect their lives;
- ✓ Need to change from a deficits view of individual agency to one that embraces more social, relational and collaborative dimensions;
- ✓ Expanding horizons in relation to the way people with reduced decision-making capacity are engaged in decision-making and choices.

4: Voice

- ✓ The right of a person to express their views freely in all matters affecting them:
 - Choosing where and with whom you live;
 - Control over one’s accommodation, daily routines, activities, and general life direction;

- Opportunities at all stages of the life-cycle for participation in valued activities;
- Crucial distinction between ‘decisional autonomy’ and the ‘autonomy of execution’.

5: Capabilities

- ✓ Being able to be treated as a dignified being whose worth is equal to that of others;
- ✓ Being able to love those who love and care for us and being able to grieve at their absence;
- ✓ Being able to experience longing, gratitude, and justified anger;
- ✓ Being in a position not to have one’s emotional development blighted by fear or anxiety;
- ✓ Being able to engage in critical reflection about the planning of one’s own life (Martha Nussbaum, *Frontiers of Justice*).

6: Equality

- ✓ All members of a society equally enabled to maximise their potential;
- ✓ The needs of each and every individual are of equal importance.

“While people may differ profoundly in capacity, character and intelligence, they are equally entitled as human beings to consideration and respect and that when that happens, the wellbeing of a society is likely to be increased” (R. H. Tawney 1931).

7: Self-realisation

- ✓ The development of the human person in all their dimensions;

- ✓ People coming to think of themselves as unique individuals with chosen rather than prescribed or standard identities;
- ✓ Being able to envision the future and think ahead.

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Section Three

International Human Rights Instruments

Protecting the rights of older people is part of various UN, EU and Council of Europe conventions, action plans and recommendations. The general principles of the Universal Declaration on Human Rights and the European Convention on Human Rights are relevant to the rights of older persons.

Although no Convention expressly dealing with the rights of older persons has been adopted – as in the case of women and children – a number of steps towards the improvement of the lives of older persons have been taken under the auspices of the European Union.

Charter of Fundamental Rights of the European Union and the rights of older people

The Charter⁶ constitutes primary EU law and encompasses a very broad spectrum of rights. It does not distinguish or limit the enjoyment of rights on the basis of age. Included are valid fundamental rights relating to civil, political and socio-economic rights that are universally unequivocally applied to everyone, regardless of age:

- Human dignity
- The integrity of the person
- The prohibition of torture and inhuman or degrading treatment or punishment

- The right to private and family life
- Freedom of expression
- The right to property
- The right to access vocational training, to engage in work
- The right to social assistance and health care

The Charter prohibits discrimination on the grounds of age (Article 21) and, very importantly, sets out the rights of older people ‘to lead a life of dignity and independence and to participate in social and cultural life’ (Article 25). With this, the Charter is signalling acceptance and respect for the fundamental rights of older people. It aims to ensure their equal participation in society and their independence, which is pivotal in shifting perceptions about people’s agency in older age.

Transforming the new rights-based approach reflected in the Charter of Fundamental Rights into concrete EU legislative measures and policy actions has been a slow process. The EU has not yet succeeded in delivering a comprehensive secondary legal framework ensuring substantive equality for older people. The only exception is the Employment Equality Directive⁶ which raised awareness on the rights of older people in the area of employment and contributed to changing

⁶ <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32000L0078&from=EN>

⁷ <https://rm.coe.int/168007cf93>

attitudes of state authorities and private employers on a range of issues.

European Social Charter⁷

The European Social Charter, adopted in 1961 and revised in 1996, was the first human rights treaty to specifically protect the general rights of older people. Article 23 concerns the right of older people to social protection and seeks to ensure that older people remain full members of society for as long as possible by means of adequate resources to help them play an active part in public, social and cultural life. Article 23 stipulates that States parties undertake to adopt measures to:

- Enable older people to remain full members of society for as long as possible by providing adequate resources and information about available services;
- Enable older people to choose their life-style freely and live independently for as long as possible by providing adequate housing and services; and
- Guarantee support for older persons living in institutions.

Article 15 refers to the right of persons with disabilities to independence, social integration and participation in the life of the community and to the need to ensure that persons with disabilities, irrespective of age and the nature and origin of their disabilities, can exercise their right to independence, social integration and participation in the life of the community.

⁸ <https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-principles-older-persons>

⁹ ‘2022 ROME MINISTERIAL DECLARATION “A Sustainable World for All Ages: Joining Forces for Solidarity and Equal Opportunities Throughout Life”’.

UN Statements on Ageing and Older Persons

In 1991, the **United Nations Principles for Older Persons**⁸ identified the principles of independence, participation, care, self-fulfilment and dignity as essential to older persons. Principle 14 states that:

Older persons should be able to enjoy human rights and fundamental freedoms when residing in a shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

These UN Principles were followed up in 2002 by the **Madrid Plan of Action on Ageing (MIPAA)**. It called for changes in attitudes, policies and practices so that the enormous potential of ageing in the 21st century may be fulfilled. This was necessary in order to ensure that people can age with dignity and security while continuing to participate in their community.

The MIPAA is the only international instrument dedicated to older persons. It was adopted by 159 UN Member States in 2002. It was not, however, developed as a human rights document. A 2022 review references the importance of human rights in its implementation⁹.

Because neither the principles nor the action plan are legally binding, States are under a moral as opposed to a legal obligation to follow their recommendations regarding the treatment of older people. It is noted that The UN has in place a dedicated Open-Ended Working Group (OEWG)¹⁰

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to consider the existing international framework of human rights of older persons and identify possible gaps and how to best address them.

Council of Europe Statement on the Rights of Older Persons

The Council of Europe Recommendation on the Promotion of Human rights of Older Persons gives guidance to duty bearers on the rights of older persons and how to implement them.¹¹ The Statement includes a requirement on States to provide medical, health and care supports in

- Enable older people to remain full members of society for as long as possible by providing adequate resources and information about available services;
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¹⁰ <https://social.un.org/ageing-working-group/>

international framework of human rights of older persons and identify possible gaps and how to best address them.

Council of Europe Statement on the Rights of Older Persons

The Council of Europe Recommendation on the Promotion of Human rights of Older Persons gives guidance to duty bearers on the rights of older persons and how to implement them.¹¹ The Statement includes a requirement on States to provide medical, health and care supports in accordance with need. The following are some of the relevant provisions in the Council of Europe Statement:

1. Older persons in principle should only live in residential, institutional or psychiatric care with their free and informed consent. Any exception to this principle must fulfil the requirements of the European Convention on Human Rights, in particular the right to liberty and security (Article 5).
2. Older persons should be able to fully and effectively participate and be included in society.
3. All older persons should be able to live their lives in dignity and security, free from discrimination, isolation, violence, neglect and abuse, and as autonomously as possible.
4. The full and equal enjoyment of all human rights and fundamental freedoms by all older persons should be guaranteed and respect for their inherent dignity promoted.

5. Older persons shall enjoy their rights and freedoms without discrimination on any grounds, including age.
6. Older persons are entitled to lead their lives independently, in a self-determined and autonomous manner.
7. Older persons have the right to receive appropriate support in taking their decisions and exercising their legal capacity.
8. Member States should provide adequate measures of support to enable older persons to have housing adapted to their current and future needs.
9. Member States should take appropriate measures, including preventive measures, to promote, maintain and improve the health and wellbeing of older persons. They should also ensure that appropriate health care and long-term quality care is available and accessible.
10. Services should be available within the community to enable older persons to stay as long as possible in their own homes.
11. Older persons should receive medical care only upon their free and informed consent, and may freely withdraw consent at any time.
12. In case an older person is unable, in the particular circumstances to give consent, the wishes expressed by that person relating to a medical intervention, including

¹¹ Recommendation CM/Rec (2014)2 of the Committee of Ministers to member States on the promotion of the human rights of older persons. (Adopted by the Committee of Ministers on 19 February 2014 at the 1192nd meeting of the Ministers' Deputies).

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life-prolonging measures, should, in accordance with national law, be taken into account.

13. When an older person does not have, according to law, the capacity to consent to an intervention, in particular because of a mental disability or a disease, the intervention may only be carried out with the authorisation of his or her representative, an authority or a person or body provided for by law.
14. Member States should provide for sufficient and adequate residential services for those older persons who are no longer able or do not wish to reside in their own homes.
15. Older persons who are living in institutional care have the right to freedom of movement. Any restrictions must be lawful, necessary and proportionate and in accordance with international law.
16. Member States should offer palliative care to older persons who suffer from a life-threatening illness or an illness limiting their life expectancy, to ensure their wellbeing and allow them to live and die with dignity.

Again, since these provisions are not legally binding, they impose a moral as distinct from a legal obligation.

European Pillar of Social Rights

The European Pillar of Social Rights¹² includes a number of principles specifically relevant to older people:

- ✓ Equal opportunities (Principle 3)
- ✓ Work-life balance (Principle 9)

- ✓ Old age income and pensions (Principle 15)
- ✓ Inclusion of people with disabilities (Principle 17)
- ✓ Long-term care (Principle 18)

In addition to the key principles directly referring to older people, most of the rights and principles in the Pillar are recognised on equal terms, regardless of any differentiating ground, including age. This is the case, for example, regarding the right to:

- Life-long learning (Principle 1)
- Adequate minimum income benefits ensuring a life in dignity at all stages of life (Principle 14)
- Affordable, preventive and curative health care of good quality (Principle 16)
- Access to social housing or housing assistance of good quality (Principle 19)
- Access to essential services of good quality (Principle 20)

Proclaiming all these social rights and principles on equal terms to everyone, the Pillar reaffirms the importance of older people exercising their rights, and participating in all aspects of life equally, as already enshrined in the EU Charter of Fundamental Rights. While this was a positive development towards a more social and respectful EU for older people, given its non-binding nature, it is up to EU institutions and Member States to transform their expressed political commitment into concrete legal action and policies.

¹² https://ec.europa.eu/info/sites/default/files/social-summit-european-pillar-social-rights-booklet_en.pdf

¹³ https://www.age-platform.eu/sites/default/files/European%20Charter_EN.pdf

European Charter of the Rights and Responsibilities of Older People in Need of Long-term Care and Assistance Care

The European Charter of the Rights and Responsibilities of Older People in Need of Long-term Care and Assistance Care¹³ recognises and respects the rights of older people who are more likely to come to depend on others for care, to lead a life of dignity and independence and to participate in social and cultural life. Any restriction of these rights, if caused by age and dependency, must rest on clear legal grounds and transparent legal proceedings, must be proportionate, reviewable, and above all, considered in the best interest of the party concerned. Disregard of and contempt for these rights must be considered unacceptable. Member States should develop policies that promote these rights at home and in institutional care settings, and support individuals asserting them. The Charter also recognises that the vast majority of frail and vulnerable older people are women: two out of three people aged 80+ in Europe are women. More than a third of them suffer from Alzheimer's disease or dementia, making them even more vulnerable to abuse. Health and long term care, including prevention and early intervention, should be considered not as a cost but as an investment that benefits all age groups. EU health care and long-term care services should be based on solidarity between generations, to reflect the provisions of the Lisbon Treaty which state that the EU "shall combat social exclusion and discrimination, and shall promote social justice and protection, equality between

women and men, solidarity between generations and protection of the rights of the child".

The Charter (Article 4.1) refers to the right to receive high quality, timely and affordable health and long-term care services that are adapted to your individual needs and wishes and without discrimination of any kind.

UN Convention on the Rights of Persons with Disabilities (UNCPRD)

While older people with disabilities are recognised in the text of the UNCPRD, e.g., in Article 25 (b) on the right to health services and in Article 28 (b) on the right to social protection programmes and poverty reduction programmes, the Convention does not specifically focus on the human rights of older people per se. However, in its Preamble, concern is expressed about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination, on the basis of, inter alia, age. Also, States parties are required to adopt immediate, effective and appropriate measures to combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on age, in all areas of life (Article 8).

The UNCPRD seeks to 'ensure the full, effective and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities and to promote respect for their inherent dignity'.

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A large number of older persons are persons with disabilities. Many individuals acquire age-related sensory or physical disabilities or may experience reduced decision-making capacity. Individuals who acquired their disabilities at a younger age experience double discrimination as they become older, and also have particular needs and concerns as older persons, including a likelihood that they will experience concerns as older persons at a younger chronological age than others.¹⁴ This may be due to the nature of a person's disability or frailty, social factors or a combination. The most discriminatory treatment against older persons is directed against older persons who have or are perceived as having disabilities, particularly those who may need a great deal of support. In particular, restriction of legal capacity and institutionalisation without the person's prior free and informed consent are practices used against older persons as well as younger persons with disabilities.

The Convention sets out civil and political rights as well as economic, social and cultural rights: the right to life (Article 10), equal recognition before the law (Article 12), access to justice (including age-appropriate accommodation) (Article 13), liberty and security of the person (Article 14), freedom from torture (Article 15), freedom from exploitation, violence and abuse (Article 16), integrity of the person (Article 17), liberty of movement and nationality (Article 18), freedom of expression and opinion, and access to information (Article 21), respect for privacy (Article 22), respect for the home and the family (Article 26), education (Article 24), health (Article 25), work and employment (Article

27), adequate standard of living and social protection (Article 28) and participation in political and public life (Article 29), the right to protection and safety of persons with disabilities in situations of risk (Article 11), the right to personal mobility (Article 20), the right to rehabilitation (Article 26); and the right to participation in cultural life, recreation, leisure and sport (Article 30).

Article 19 of the UNCRPD is particularly relevant in the context of people requiring long-term care and support. It stipulates that States Parties should recognise the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- (a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- (b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

¹⁴ <https://social.un.org/ageing-working-group/documents/fourth/CenterfortheHumanRightsofUsersandSurvivorsof-Psychiatry.pdf>

The UNCRPD Committee, in its General Comment on Article 19, stated that barriers to living independently also include the denial of legal capacity, negative attitudes, stigma and stereotypes and the lack of available services such as transport.¹⁵ The Committee has stated further that often people with a disability “cannot exercise choice because there is a lack of options to choose from”.¹⁶

Equality before the law is one of the key provisions provided for in Article 12 of the Convention,

affirming people's right to exercise their legal capacity by providing necessary support. The capacity to make one's own decisions is a precondition to individual autonomy. Depriving an individual of legal capacity – be it partially, regarding certain decisions, or fully restricting their right to make any legally binding decisions – results in a clear denial of legal personhood.

The 2019 Report of the UN Special Rapporteur on the Rights of Persons with Disabilities¹⁷ states that the UNCRPD applies to disability experienced at any age but medical definitions and approaches dominate international discussions of ageing, with older people still largely perceived as “mere beneficiaries of care and welfare”.¹⁸ The Special Rapporteur states that the fragmentation of policies for older persons and for persons with disabilities results in the “invisibility in

law and in practice of experiences of disability in later life”¹⁹ and that “human rights violations against older disabled people are often neither monitored nor categorised as such”.²⁰

The right to personal liberty

The right to personal liberty is one of the most fundamental human rights and is particularly relevant in the context of how long-term care is provided. It includes the right to freedom of movement and freedom from arbitrary detention by others. Along with the right to life, the right to liberty is one of the most fundamental human rights. Every declaration of rights includes the right of liberty. Article

of the Irish Constitution protects the right to liberty, stating that no citizen shall be deprived of his personal liberty save in accordance with law.

At the international level, the right to liberty and security of the person found its first legal formulation in the Universal Declaration of Human Rights (UDHR) which states that “Everyone has the right to life, liberty and security of person” (Article 3) and that “No one shall be subjected to arbitrary arrest, detention or exile” (Article 9).

Article 9(1) of the International Covenant on Civil and Political Rights (ICCPR)²¹ states that “everyone has the right to liberty and security of person. No-one shall be subjected to arbitrary arrest or

¹⁵ Committee on the Rights of Persons with Disabilities, General comment No. 5 (2017) on living independently and being included in the community, <https://bettercarenetwork.org/sites/default/files/CRPD.C.18.R.1-ENG.pdf> ps. 3-4.

¹⁶ Ibid. p. 7.

¹⁷ United Nations (2019) Report of the Special Rapporteur on the rights of persons with disabilities: General Assembly 74th Session. (A/74/186, 17 July 2019) <https://undocs.org/en/A/74/186> p.5.

¹⁸ Ibid. p.7

¹⁹ Ibid. p.5

²⁰ Ibid. p.10

²¹ https://treaties.un.org/doc/treaties/1976/03/19760323%2006-17%20am/ch_iv_04.pdf

detention. No-one shall be deprived of his liberty except on such grounds and in accordance with such procedure as are established by law.”

Article 5(1) of the European Convention on Human Rights (ECHR)²² defines exhaustively the instances in which a person may be deprived of their liberty. These must be in accordance with a procedure prescribed by law.

Article 14 of the UNCRPD (Liberty and security of person) requires that States Parties ensure that persons with disabilities, on an equal basis with others:

- (a) Enjoy the right to liberty and security of person;
- (a) Are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty.

Ageing continues to be associated more in public and policy discourse with a ‘deficits’ perspective related to a progressive loss of physical and decision-making capabilities and on meeting their health and social care needs rather than with the positive aspects of ageing related to accumulated wisdom and experience and older people’s contribution to society.

Nils Muižnieks, former Council of Europe’s Commissioner for Human Rights, stated in a Human Rights Comment in January 2018 as follows:

“Older persons have exactly the same rights as everyone else, but when it comes to the implementation of these rights, they face a number of specific challenges. For example, they often face age discrimination, particular forms of social exclusion, economic marginalisation due to inadequate pensions, or are more vulnerable to exploitation and abuse, including from family members.”²³

The United Nations Secretary-General António Guterres has commented that the energy and ideals of the old and the young are vital to realising the UN 17 Sustainable Development Goals (SDGs).

“The youth and the older persons in this room have wisdom, experience, energy and ideals... We are going to ensure that all people, young and old, recognise themselves as the owners, drivers and beneficiaries of the SDGs”.²⁴

Legal capacity

Legal capacity is conceptually very different from decision-making capacity. Legal capacity is the ability to hold rights and duties (legal standing) and to exercise these rights and duties (legal agency). Decision-making capacity refers to the decision-making skills of a person, which vary from one person to another.

²² https://www.echr.coe.int/documents/convention_eng.pdf

²³ <https://www.coe.int/en/web/commissioner/-/the-right-of-older-persons-to-dignity-and-autonomy-in-care>

²⁴ <https://www.un.org/sustainabledevelopment/blog/2017/08/solidarity-across-generations-is-vital-for-sustainable-development-un-special-event-hears/>

The Council of Europe Statement on the Rights of Older Persons²⁵ urges Member States to provide for appropriate and effective safeguards to prevent abuse in all areas that relate to decision-making and the exercise of legal capacity of older persons, including possible restrictions which may be required for protection purposes.

Good practice requires the use of the term ‘decision-making capacity’ (the ability to understand at the time a decision is being made the nature and consequences of the decision to be made) rather than ‘mental capacity’ and a person’s will and preferences rather than their ‘best interests’.

²⁵ Recommendation CM/Rec (2014)2 of the Committee of Ministers to member States on the promotion of the human rights of older persons. (Adopted by the Committee of Ministers on 19 February 2014 at the 1192nd meeting of the Ministers’ Deputies).

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Section Four

Supporting Older Persons Rights – A Shared Responsibility

Responsibilities of various groups/actors in protecting older persons' human rights

| Group/Actor | Observe & Identify | Prevention | Report to an intermediate | Report formally | Record. Investigate | Take action |
|---|--------------------|------------|---------------------------|-----------------|---------------------|-------------|
| Older persons | ✓ | ✓ | ✓ | ✓ | | |
| Family members | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Neighbours/friends | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Others with regular contact – NGOs/Community Services | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Members of the public | ✓ | ✓ | ✓ | ✓ | | |
| Family solicitors | ✓ | ✓ | ✓ | ✓ | | |
| Independent advocates | ✓ | ✓ | ✓ | ✓ | | |
| Health and social care workers in residential care settings | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Health and social care workers in community settings | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Public officials administering social welfare payments | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Staff in financial institutions | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Persons appointed to legally represent older persons | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Statutory safeguarding teams and Quality Care systems | | ✓ | | | ✓ | ✓ |
| Ombudsman / Human Rights Institutions | | ✓ | | | ✓ | ✓ |
| Police | | ✓ | | | ✓ | ✓ |
| Courts | | ✓ | | | ✓ | ✓ |
| Educational Institutions | | ✓ | | | | |
| Researchers | | ✓ | | | | |
| Media | | ✓ | | | | |

Good practice requires that everybody in society plays their role in protecting the rights of older persons. There is a wide range of groups and individuals directly or indirectly involved in interfaces where the breaches of the rights of older persons can be identified and responded to at different levels.

Good practice requires all of the above actors assuming responsibility and acting accordingly – this would involve, in the first instance, recognising situations where rights infringements occur or are likely to occur and taking appropriate actions in accordance with a person’s social and professional role. There are some categories of people and groups who have a heightened role, older persons themselves, informal social support networks involving relatives, neighbours and social networks, and professionals associated with service delivery and the administration of justice.

Good practice policies for older populations need to be based on an integrated, clear and inclusive vision and related values which acknowledge the interdependency of all of us and our right to live to our full potential. This requires an intergenerational life course perspective, which sees ageing – as opposed to old age or old people – as a key concept around which social policy is constructed.

A intergenerational approach has the potential to create a more cohesive, coherent, cooperative and inclusive society, and it has to do with all of us, because such a policy needs to be formulated and put in place by all of us – not in the future, but now – and it will be of benefit to all of us now and in the future.

The categories of relationships with a potential rights protection role include familial, neighbours and social networks, and professionals associated with service delivery and the administration of justice.

Intergenerational solidarity

Intergenerational solidarity and human rights

The EU Charter of Fundamental Rights has long affirmed older people’s right to live in dignity and to participate in social and cultural life. Diverse initiatives introduced during the past decade have helped increase awareness of human rights and their potential to bring about change. However, there is a need for a much stronger focus on moving from thinking about old age in terms of

‘deficits’ that create ‘needs’ to a more comprehensive one encompassing a ‘rights-based’ approach towards ageing. A human rights approach does not contradict the reality of age-specific needs – on the contrary, a rights-based approach enables society to better meet the needs of all age-groups, as required, while framing them in a human rights-based narrative.

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Good Practice

- ✓ There is a need to focus more on the broader concept of all of society (young, middle-aged and older age-groups) having a shared responsibility (based on the concept of social solidarity) to look after people experiencing vulnerability across the life-cycle – children, disabled people, people with mental health difficulties and older persons who require care and support.
- ✓ While the role of individual families is critically important in supporting older people with care needs and should be supported by public policy accordingly, this should not be a family responsibility only.
- ✓ Younger generations need to not only acknowledge the wisdom and experience of older generations but, also, and perhaps more importantly, acknowledge the need to ensure that they are safeguarded and are provided with the best quality care possible when they need it.

Good Practice Components

- ✓ The promotion of intergenerational equity and solidarity needs to be enshrined in the institutions of all States – education, employment and the policy-making and service delivery systems.
 - ✓ Good practice policies in relation to older generations must be built on the belief that we can identify and respond to a range of needs that cut across generations and across different sectors and regard older
- people, like younger people, as a potential resource rather than a problem to be solved.
 - ✓ Such a policy needs to begin, not by addressing specific problems of particular groups, but by identifying and responding to a range of needs that cut across generations and across different sectors.
 - ✓ There needs to be a stronger focus in public and public discourse about how society collectively and individually can meet these needs and what the appropriate balance might be between the State and other providers.
 - ✓ Public and policy discourse needs to focus on older people, like other people, as potential resources and positive contributors to society in terms of experience and skills rather than on older people's shortcomings and support service requirements.
 - ✓ Responsibility for providing care and support for older people who require such is broader than family and needs to be promoted across all of society as an essential part of the social support infrastructure.
 - ✓ Discussions around the costs to the exchequer of caring for and supporting older people must be counter-balanced by a similar focus on the very significant social and economic contribution older people make in providing informal support for family and friends, helping with childcare and household responsibilities and working in NGOs.

Addressing ageism²⁶

Ageism includes prejudicial attitudes toward older people, old age, and the ageing process; discriminatory practices against older people; and institutional practices and policies that perpetuate stereotypes about older people. Ageism is more covert than racism or sexism, being based as it is in paternalistic and generally benevolent attitudes, but it still results in older people being marginalised in our society, and, because it is subtle, it is difficult to combat and eradicate. But the policies of our society are constructed by us, and so are also changeable by us. It is up to us to ensure that our social policies address the needs of our whole society, including older populations. Our perceptions colour our attitudes and our attitudes colour our practices, procedures, policies and services. In order to eradicate ageism from our policies, we need first to eradicate it from our attitudes and perceptions.

The transition to retirement frequently signals a loss of status and role. Retired people are often seen as “naturally” disengaging, and may often feel that have little choice but to accommodate and adapt to these negative expectations and act accordingly.

²⁶ A 2021 WHO report, <https://www.who.int/publications/i/item/9789240016866> has noted that ageism characterises and divides people in ways which are unjust, and which lead to disadvantage and the undermining of human rights. Another important finding in the WHO analysis of research on ageism was that older people can internalise ageist stereotypes, for example, that old age is a time of social isolation and low social participation and that, as a result, older people withdraw from society.

Section Five

Addressing Social Isolation and Loneliness

Many EU countries have an increasingly ageing population. The older people are, the more likely they are to live alone, increasing the likelihood of loneliness and social isolation. It is generally acknowledged that social isolation is the primary cause of feelings of loneliness among older people. Where financial, community, voluntary and natural supports are in place, people report less feelings of loneliness. Where there are deficits in these supports, loneliness becomes an issue of concern. In practice, many older persons make a significant input into local voluntary services.

There is a cost attached to the pursuance of any hobby or interest, however minimal that may be for some activities. The reality is that for many older people social outings can be costly and unaffordable and adequate income is a necessary condition for ongoing participation in society.

Enabling participation by older persons in socially valuable and valued activities

Context

One of the most damaging threats to older people is likely to be a loss of life purpose and disengagement. The focus on ageing as a process of learning and adjustment in which older people themselves are actively involved in developing their own coping strategies lays the foundation for an empowering rather than dependency-based conception of need. It makes transparent the degree to which older people can define a quality of life for themselves. The implications of this approach for assessing unmet need are that it begins with older persons' definitions.

- ✓ Maintaining a sense of purpose, meaning and competence;

- ✓ Being able to retain involvement in valued aspects of life;
- ✓ Engagement in meaningful activities;
- ✓ Retaining continuity with place and relationships;
- ✓ Sufficient income;
- ✓ Health and social care delivered in a manner that ensures autonomy and a sense of self-determination.

Good Practice

Good practice requires that we should start from the lived experience of older persons and not from how need is conceptualised by policy-makers. It is only when these dimensions of older

people's experience and perceptions are understood by policy-makers and service providers that authentic needs assessment can take place.

There are multiple ways in which older people can engage in meaningful participation in society:

- ✓ Working as mentors to younger, less experienced population cohorts - in business settings, schools and colleges, local community development initiatives, training and development programmes; Health promotion by older people for older people;
- ✓ Working with and supporting parents and families who are experiencing difficulty in coping;
- ✓ Involvement with voluntary/ community organisations to enhance capacity building²⁷;
- ✓ Working with children and younger people to promote community arts and the crafts of the hands;
- ✓ Involvement in the Trade Union movement, sports federations and religious organisations.

Participation in decision-making

- ✓ There is a clear need for a more systematic and planned approach to participation by older persons in all aspects of societal functioning, particularly for those excluded under current systems of consultation.

Flexible retirement

The role of older people in the workforce is receiving increased attention in recent years at EU level. Active ageing in the form of ongoing participation in the workforce is being promoted because of increasing employment and reduced numbers of young people. While the emphasis is mainly on economic factors and maximised a hitherto untapped resource, there are the benefits to be gained from a mixed workforce. It is also important to bear in mind that the quality of working life has everything to do with determining if, when, how and why people should stop working.

Good practice

- ✓ People who are past traditional retirement ages (e.g. 65 years) should have the option to work if they so wish without affecting their social welfare pension entitlements.

Lifelong learning

The concept of lifelong learning is particularly apt for people as they age. People, free from the routine of 'having to work for a living' and/or from the responsibilities of child rearing may now feel free to explore new horizons, educational, artistic or travel. They may wish to pursue learning for its own sake away from the climate of competitiveness that pervades much of our 'economic' activity.

²⁷ It is frequently the case that older people working with NGOs play a central role in service delivery to other older people who require such services.

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Good practice in combatting loneliness and social isolation

- ✓ Programmes targeted at older people should not settle for the mediocre but should operate on the basis that people of all ages want to maximise their learning and creative abilities;
- ✓ The needs of older populations should be considered in terms of services that facilitate their continued participation in valued activities on the basis that participation is central to people's perception of themselves as competent and contributing to society;
- ✓ Maintaining continuity of place (in the sense of their own home and community) is hugely important as people grow older and should be actively promoted – it offers a familiar environment within which to negotiate increasing frailty;
- ✓ There should be a stronger emphasis on the concept of social health by health care services, particularly GPs;
- ✓ Policy and social infrastructure provisions should promote social exchange organically in local communities;
- ✓ Day activity centres and active ageing groups have much to offer and should be actively promoted – however, these may not suit everybody;
- ✓ Public awareness campaigns based on intergenerational responses to social isolation are important in raising awareness about loneliness among some older people;
- ✓ The role of community and voluntary services is critically important and these should receive adequate support from Governments;
- ✓ Supports, including transport and choice of activities are important for older people who wish to attend day services and activities;
- ✓ Each local community should select dedicated personnel to work on identifying people likely to be at risk of social isolation and loneliness, and to establish with them creative and meaningful responses to their situation;
- ✓ Such link persons would have the role of social prescriber and would identify individually- tailored responses by providing information, discussing options and organising any infrastructural supports required;
- ✓ Such social prescribers could also help to identify valuable social roles in the community and opportunities to contribute to community wellbeing, thereby enhancing their own wellbeing;
- ✓ Such designated key people linked with older people in the community but also with relevant key stakeholders have the potential to offer a holistic, integrated approach to social connectedness and related social care;
- ✓ While mobile services such as meals on wheels are invaluable to older people and help to combat loneliness, other targeted visiting supports are required to explore ways of identifying and responding to people's interests;

- ✓ There is a clear need for an identified person or persons in each local community whose role is essentially to promote social participation among older age-groups and with a particular brief to target and work with people who are 'hard to reach' because of factors such as poor health, lack of transport, scarce finances, mental health difficulties or social anxiety.

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Section Six

Addressing Infringements of Older Persons' Human Rights

Abuse of older persons

A number of different types of abuse of adults at risk can be identified:

- Physical abuse – includes hitting, slapping, pushing, kicking and misuse of medication, restraint or inappropriate sanctions;
- Sexual abuse – includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or into which he or she was compelled to consent;
- Psychological abuse – includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;
- Financial or material abuse – includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
- Discriminatory abuse – includes ageism, racism, sexism, and abuse based on a person's disability, and other forms of harassment, slurs or similar treatment;
- Neglect and acts of omission – includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating;
- Institutional abuse – may occur within residential care and acute hospital settings, including nursing homes and may involve poor standards of care, rigid routines and inadequate responses to care and support needs;
- Coercive control – a pattern of behaviour that is used to make a person dependent; to isolate them in order to exploit them; to deprive them of their independence; and to exercise control over their behaviour and choices;
- Discrimination through negative stereotyping – language, pictorial representations and media reporting.

Research²⁸ shows that in many abusive situations the mistreatment is multi-faceted and that some people may, for example, be simultaneously subjected to coercive control, undue influence, financial abuse, neglect and other forms of exploitation.

Good Practice

- ✓ There is a need for an overarching regulatory body in each country with responsibility for receiving and dealing with complaints of all types of abuse – physical, psychological, sexual, emotional, financial abuse, neglect;
- ✓ There is a need for easy-to-understand protocols for addressing breaches of older people's legal and human rights, including, in particular, failures to respect their will and preferences;
- ✓ More consideration needs to be given to the different communication requirements of some older people related to hearing or vision loss or speech problems associated with reduced performance of the sensory organs – by health and social care professionals and by society generally;
- ✓ There needs to be a strong awareness in society generally and by health and social care professionals of the need to ensure that people's liberty is fully protected in the manner in which long-term care services are provided.

Valid consent

Context

Consent is at the very core of human rights protection and is centrally relevant in ensuring that people are treated justly. The UN Independent Expert on the enjoyment of all human rights by older persons has stated that: "Safeguards to free and informed consent should be adopted through legislation, policies and administrative procedures in conformity with international and regional standards. Particular attention should be given to older persons with underdeveloped literacy skills or persons with less formal education." The three foundational principles of what is valid consent have been identified as: voluntariness, information giving and decision-making capacity.

Good practice relating to consent

- ✓ People should never be forced to make choices under duress from relatives, service providers or others;
- ✓ There should never be a situation where another person can give consent to something on behalf of an older person unless such a person has the legal right to do so;
- ✓ Asking people to consent to something (e.g., residential care in a nursing home) without offering them alternative choices is meaningless and becomes a form of coercion;

²⁸ See Browne, M. et al (2022), Identifying RISKS – Sharing RESPONSIBILITIES: The Case for a Comprehensive Approach to Safeguarding Vulnerable Adults, Safeguarding Ireland, https://www.safeguardingireland.org/wp-content/uploads/2022/05/6439-Safeguarding-Risks-Resp-Report-FA4_lowres.pdf

- ✓ People should be advised that, in consenting to a residential care placement, they may also be consenting to loss of autonomy, deprivation of liberty, loss of functional independence and loss of privacy.

Supported decision-making

For many people with dementia, there are likely to be some aspects of their lives where they can make decisions and others where they are unable to do so - recognising these aspects and providing support accordingly is at the very core of a rights-based approach.

Good practice

- ✓ All people with reduced decision-making capacity must be fully supported in exercising their will and preferences;
- ✓ Each individual's will and preference must be ascertained as far as possible and fully respected in all social and health care interventions;
- ✓ Facilitating individual choice and supported decision-making in respect of care options must be at the very core of this vision, in order to reflect the underlying principles of a rights-based approach;
- ✓ It is crucially important that there is legislation in place in order to ensure that people with reduced decision-making capacity are fully supported in exercising their will and preferences.

Independent advocacy

Since many older persons require support in asserting their rights, in having their voice heard and in articulating their will and preferences in relation to long-term support and care and require support to do so.

- ✓ There should be an embedded role in health and social care delivery systems for independent advocacy, in particular non-instructed advocacy.²⁹

Supporting people to assert their rights to services and supports

- ✓ A rights-based approach requires that people have easy and affordable access to complaints and redress mechanisms, including legal aid and advice and independent advocacy support;
- ✓ Easily accessible information should be available in all health and social care settings about where and how to make a complaint or seek redress and how to access support to do this;
- ✓ Clear information should be available about the respective roles of various redress structures, including Human Rights and Equality Bodies, Ombudsman Offices, the Courts and independent advocacy services in enabling people to seek redress;
- ✓ Information about rights-related legislation should be publicly available in Plain Language and easy-to-read formats;

²⁹ Non-instructed advocacy has been defined as: "Taking affirmative action with or on behalf of a person who is unable to give a clear indication of their views or wishes in a specific situation. The non-instructed advocate seeks to uphold the person's rights; ensure fair and equal treatment and access to services; and make certain that decisions are taken with due consideration for their unique preferences and perspectives."²⁹ (Scottish Independent Advocacy Alliance 2009:5).

- ✓ All financial institutions and utility providers should be legally required to have Codes of Practice and monitoring mechanisms in place to ensure that older people who may be at risk of fraud are protected.

Adult safeguarding

High levels of dependency and/or a lack of decision-making capacity almost certainly results in some vulnerable older people not being adequately safeguarded.

Good practice in adult safeguarding

- ✓ There should be a clear obligation on the State, state agencies and NGO service delivery organisations to safeguard at-risk adults;
- ✓ The matter of safeguarding vulnerable older people should be broader than the domain of health and social care and should include financial services and utility providers;
- ✓ There should be a statutory obligation on state bodies and organisations providing care and support services on behalf of the State to prevent abuse in all its forms, as distinct from responding post facto to safeguarding concerns reported to statutory safeguarding and protection agencies.
- ✓ Statutory safeguarding and protection teams should have enforceable rights of entry and inspection where a safeguarding concern has been identified;

Adult safeguarding legislation is clearly necessary to ensure compliance with Article 16 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD), which provides that state parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects. Article 16.5 of the UNCRPD requires that effective legislation and policies are put in place "to ensure that instances of exploitation, violence and abuse are identified, investigated and, where appropriate, prosecuted."

Legislative provisions

The UNCRPD requires that people have equal recognition before the law (Article 12 and access to justice (including age-appropriate accommodation) (Article 13).

- ✓ The EU should develop a comprehensive secondary legal framework ensuring substantive equality for older people which would be mandatory across all EU countries;
- ✓ Each country should have legislative provisions to give effect to:
 - The UN Convention on the Rights of Persons with Disabilities
 - The UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment;

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- ✓ There should be legislative provision for access to independent advocacy (defined as advocacy that is independent of families, service providers, and systems interests);
- ✓ Advance Health Care Directives should be legally binding and protocols should be in place to ensure compliance with their terms in the event of a loss of decision-making capacity by the relevant persons who have put them in place.

Each adult with decision-making capacity should be encouraged and facilitated to make an advance healthcare directive, sometimes also known as a 'living will' that will cover the type and extent of medical or surgical treatment and care they want in the future if they ever lack the capacity to make healthcare decisions for themselves.

Legal aid and legal advice

- ✓ There should be in place in each country easily accessible legal advice and legal aid services in various situations, including, in particular for:
 - People creating an Enduring Power of Attorney (EPA);
 - People making an Advance Healthcare Directive;
 - People who are the subject of applications for court protection;
 - People experiencing coercive control in domestic situations or in residential care settings;
 - People experiencing financial

abuse or exploitation;

- People protecting their property rights, e.g., in relation to property transfers and succession;
- Deprivation of people's liberty in places of care;
- Drawing up of long-term care contracts;
- People's right to self-determination and a related need to uphold the principle of valid consent.

Section Seven

Need for a Continuum of Health and Social Care Services to Meet a Range of Changing Needs

A rights-based approach requires that societies move from the treatment of people with long-term care and support needs as 'objects' of health and social care policies towards viewing them as 'subjects' with rights who are capable of claiming those rights.

Developing an integrated rights-based system of long-term care

Context

A continuum of health and social care services for older persons includes acute hospitals,

rehabilitation, community care supports, residential nursing home care, day care and supports for family carers. A comprehensive system requires adequate provision of each care option along the continuum, allowing people to select the appropriate care option as the need arises. If there are gaps at different points, then there is no real choice and older people's ability to select the appropriate care for them is seriously hampered.

Demographic changes and population ageing will require growing levels of public expenditure on long-term support and care. Good practice requires that that health and social care services for older people should look beyond a purely medical model of 'care'. Instead,

they should take a broader, more holistic view in which older people's wellbeing and quality of life and their preferences regarding support and care are central to the design of services, in line with existing human rights standards. There is an urgent need to articulate and implement a social (as distinct from a medical) model of older persons' needs. The key components of good practice in service delivery – quality, choice, user participation in planning and delivery, accessibility, timely availability – need to become the norm.

Handbook based on the experience and perspectives of the partners and insights gained from the learning and training events and transnational partner meetings. The Handbook demonstrates the diversity of possibilities for positive action by NGOs, Governments and citizens at all levels of society.

It should be noted at the outset that there may be something of a paradox in the

fact that while older populations are increasing in most Western societies and many have significant assets and purchasing power and make significant contributions to society, older people as a group remain largely under-valued in many countries.

Good practice components

The underlying components of good practice in long-term care are:

- ✓ Enabling people to live at home or in a place that feels like home;
- ✓ All services and supports grounded in the concept of strong community connectedness;
- ✓ People provided with the kinds of support that most closely resemble what communities do 'naturally';
- ✓ Formal support in the community in the form of multi-purpose hubs with sheltered housing options and full-time nursing care for people with complex nursing support needs;
- ✓ Meaningful and realistic guaranteed supports for families caring for older persons with support needs;
- ✓ People with reduced decision-making capacity facilitated to make choices and to assert their will and preferences;
- ✓ High levels of clinical governance and medical support in facilities where nursing care is provided;
- ✓ A central role for supported housing with a range of in-house and community support services targeted and individually-tailored;
- ✓ The creation of a 'village' feel and sense of place through the

provision of communal facilities that promote and encourage social interaction and engagement:

- ✓ The availability of a range of services, supports and amenities, designed to facilitate independence and autonomy;
- ✓ An integrated approach to building mixed tenure and vibrant, mixed intergenerational communities;
- ✓ Home support service in an older person's home e.g., Home Care Package commensurate with need;
- ✓ Home sharing with registered and vetted tenants who provide basic support;
- ✓ Co-located housing with 2-3 generations onsite in different units;
- ✓ Foster families for older people who have no suitable family supports;
- ✓ Supported independent living in dedicated housing units with 24/7 support and care available;
- ✓ Care villages involving clusters of age-friendly housing with strong supports for social interaction;
- ✓ Cooperative housing, where groups of older people pool resources and are able to share home support and care services;
- ✓ Small communities of older people living in shared facilities with an element of shared services across a campus;
- ✓ Residential nursing units located in multi-purpose hub;
- ✓ Integration of supports, particularly between the housing and health

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sectors in order to realise the full potential of supported housing as part of a continuum of support and care;

- ✓ Publicly funded long-term support and care provided for the most part in people's own homes or in local community-based settings;
- ✓ The provision of appropriate and adequate supports for family in the form of income support, day care, respite care services and mobile support services;
- ✓ Each country should establish an Observatory on Long-term Care for Older Persons, which would act as a monitoring mechanism in relation to ensuring that people's human rights are fully protected in the way long-term care is delivered;

It would seem reasonable and highly desirable that each residential nursing care unit should be required by law to have an official board or committee comprised of residents, relatives, staff representatives and interested citizens.

End-of-life care

For most people, home is where they would like to spend their final days.

“The factors that facilitated good end-of-life care at home were families being suitably informed and prepared for the realities of end-of-life care; access to specialist palliative services in complex cases; continuity and coordination of care across medical providers; timely access to care, especially for pain management; suitably resourced medical teams; and a supportive environment for care in the home”.³⁰

³⁰ <https://hospicefoundation.ie/wp-content/uploads/2023/09/Dying-Well-at-Home-Report-Irish-Hospice-Foundation.pdf>

Section Eight

Older Populations: Bridging the social and economic divide

Context

Research³¹ in Ireland has shown that people living in cities were more likely to have higher disposable incomes and a third-level degree compared to those in rural areas, according to a new report from the Central Statistics Office (CSO). The report found the areas with the highest average age (41) were remote rural areas, and the youngest areas were satellite urban towns with an average age of 34.

Need for integrated and socially inclusive development

Social exclusion does not only mean insufficient income, and/or non-participation in working life or inequality of access to housing, health and social services, but it also relates to those “who are subject to discrimination, segregation, or weakening of traditional forms of social relations.”

Rural development is particularly important in promoting social and economic inclusion generally, which is an important consideration in ensuring sustainable communities for people as they age.

Good practice components

- ✓ Policy and practice should have the following components:
 - o Grounded in a place/area-based approach;
 - o An acknowledgement that there is no one-size-fits-all approach to rural development and rural communities;
 - o Younger people having sustainable work opportunities in their own areas and thereby enabling stronger intergenerational solidarity;
 - o Local rural communities facilitated and funded to identify their own local development priorities using a grassroots, ground-up approach;
- ✓ Based on the principle that local communities know best what is needed in their own communities, adequate Government funding should be available to support locally-generated projects for social enterprises, amenity development, social activities and innovative care and support services for those who need them;
- ✓ Remote working, which is critically important for rural communities, should be proactively promoted by national Governments and by the EU, including the provision of digitally-

connected remote working hubs and high-speed fibre broadband in all rural towns and villages.

Good practice in housing provision for older persons

Good practice in housing provision for older persons requires that Governments:

- Enable older people to stay in their homes as their needs change;
- Ensure that people are not displaced from their communities and forced to move away from their families and social networks;
- Prepare for the impact on housing demand from an ageing population;
- Address suitability issues in relation to some of the current (older) housing stock occupied by older people;
- Provide meaningful choice in housing options with appropriate supports;
- Provide a range of housing options that enable people to move house as their needs change. This would include:
 - o More availability of smaller accessible housing units

- o Dedicated sheltered (supported) housing for older people
- o Nursing units (for those with complex care requirements) as part of local community hubs;
- Enable older people to remain in their existing homes through a properly resourced and easy-to-navigate home adaptation system.

Poverty and income in old age

Context

Work is a primary determinant of income for most people, either arising from current work or through the accumulation of state and/or occupational pension rights while working. Inadequate income can lead to social exclusion and a poorer quality of life generally. Intergenerational equity requires that those who are displaced from the workforce should benefit from an adequate income relative to the population as a whole. This makes the adequacy of social welfare pensions a major factor in any assessment of intergenerational equity.

31 See <https://www.oireachtas.ie/en/debates/debate/dail/2023-06-14/16/>

Poverty severely restricts the scope for action and excludes equal participation in the activities and equal participation in social activities. It contributes to social isolation.

While there are some older people who are relatively well off and have accumulated wealth and assets, there are others who experience poverty above the rates for society as a whole, for example some women, and who are, therefore, socially excluded.

Good practice components

- ✓ The current social income maintenance systems for older people need to be such as to maximise dignity, independence and living in the community;
- ✓ Rates of social welfare payments should be benchmarked against average income and cost of living increases;
- ✓ There should be mechanisms in place to maximise the income generating potential of home ownership through more comprehensive remortgaging and equity release schemes, to provide older people with greater purchasing power in respect of support services and enable them to be more effective consumers in the market sense.

Women and poverty

A combination of social, cultural, administrative and legislative provisions have contributed to a situation where women tended not to enter the paid work force or retired from paid employment upon assuming child care responsibilities.

Particular attention is required in each EU country to ensure that women have equal access to adequate pensions, irrespective of their history of employment outside the home.

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Section Nine

Human Rights and Older Persons: Need for a UN Convention

A rights-based approach relates fundamentally to the empowerment of all citizens. Policies designed to combat discrimination against older persons have to be accompanied by a firm commitment to the value of empowerment and the rights of all citizens. Citizens' right to participate in the formulation of policies and practices that pertain to themselves is crucial for rights-based policy and practice. As a rights-based approach becomes more embedded in our health and social care delivery systems, it is vital also that we maintain inclusiveness rather than allowing different groups to compete for rights. The needs of those older people who are frail, vulnerable and voiceless must not be forgotten in the struggle for the rights of the majority of the older population who are healthy and independent and able to maintain their place in society.

Context

Changes in macro-level thinking may not as yet have percolated through to impact on the lives of individuals requiring services and supports. Despite such new thinking, service provision in many instances continues to be based on vague definitions of entitlement and arbitrary understanding of need rather than on rights. This thinking permeates the approach to a range of areas affecting the status of older persons – income, housing, opportunities for civic engagement and life chances in general, including the right to ongoing education and quality work opportunities and flexible retirement options.

The position of older persons in society depends not just on their income but also on their command over other assets such as property, savings and interest on capital, which they can realise as appropriate.

In exploring the concept of good practice as it applies to the way society regards and treats its older members, it is important not to take a sectoral approach but to take full cognisance of the fact that inequities among the older population, to some extent, at least, mirror inequities in society in general. Addressing structural inequalities throughout society will obviously have positive outcomes for older people. However, the price of improving the position of disadvantaged older people should not be paid by other equally disadvantaged groups in society.

Why a UN Convention on the Rights of Older Persons is necessary

Although no Convention expressly dealing with the rights of older persons has been adopted – as in the case of women (UN Convention

on the Elimination of All Forms of Discrimination against Women) and children (UN Convention on the Rights of the Child) – a number of steps towards the improvement of the lives of older persons have been taken under the auspices of the European Union. However, the lack of a dedicated, legally binding Convention on the Human Rights of Older Persons is likely to contribute to a lack of awareness by Governments and health and social care providers about the need to respect the human rights of older persons, particularly those who require long-term care. Indeed, a 2021 Update to the 2012 Analytical Outcome Study on the normative standards in international human rights law in relation to older persons highlights the “silences, neglect and relative invisibility” of human rights issues experienced by older persons³².

The UN Convention on Rights of Persons with Disabilities (UNCRPD) seeks to ‘ensure the full, effective and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities. A large number of older persons are persons with disabilities. Many individuals acquire age-related sensory or physical disabilities or may experience reduced decision-making capacity. Individuals who acquired their disabilities at a younger age experience double discrimination as they become older, and also have particular needs and concerns as older persons, including a likelihood that they will experience concerns as older persons at a younger chronological age than others.

The UNCRPD marks an important shift from a traditional narrowed welfare state approach, based on needs to compensate for ‘deficits’, to a more comprehensive participatory approach based on dignity, autonomy and rights. It introduces the concept of “reasonable accommodation” that entails necessary and appropriate modifications in the physical environment, public transport, schools and universities or workplaces to ensure that persons with disabilities enjoy or exercise on an equal basis with others all fundamental rights.

The Convention on the Rights of Persons with Disabilities directly applies to all older persons who are persons with disabilities or who are targeted for discrimination because they are perceived as persons with disabilities.

The lack of a prohibition of age discrimination in a legally binding UN Convention could explain why, in international law or national law, differential treatment on the basis of age seems to be considered tolerable. This is in stark contrast to existing treaties that oblige States parties to take steps to eliminate racism, sexism and ableism.³³

There is a clear need for a further elaboration on the rights of older persons which not only should not derogate from the rights guaranteed to older persons with disabilities under the UNCRPD but should enumerate other basic rights as these apply to older people in general who experience discrimination based on age alone.

³² <https://www.ohchr.org/sites/default/files/2022-01/OHCHR-HROP-working-paper-22-Mar-2021.pdf> p.5

³³ Report of the Independent Expert on the enjoyment of all human rights by older persons, Violence against and abuse and neglect of older persons (Claudia Mahler), <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G23/152/56/PDF/G2315256.pdf?OpenElement>

Appendix: Good Practice Vignettes from each partner country



DigitalPakt Alter

www.digitalpakt-alter.de

Actors

In places of experience, senior volunteers explain digital devices and applications to seniors and help with digital problems.

Description

The DigitalPakt Alter (DiPA) is the network that connects all relevant groups and people who can pave the way for seniors to digitise. This includes a partner network with representatives from politics, society and business. In a joint declaration, they advocate that all older people, regardless of their income, education, personal health condition and place of residence, should be given the opportunity for digital participation. Data security must be guaranteed just as much as analogue access - at least until really all older people can safely use digital offers and tools, services, etc. The website of the DigitalPakt Alter provides information about its work, presents the „Erfahrungsorte“, collects good practice examples and offers input on the content of the thematic half-years. A map can be used to find local offers - „Erfahrungsorte“ as well as other initiatives. There is also a service hotline that provides information about all the offers of BAGSO's digitisation projects and refers seniors to initiatives in their region, if available.

Context

The DigitalPakt Alter (DigitalPact Older Age) is a cooperation of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and BAGSO. A study of 2022 shows that 8,5 million people in Germany over the age of 60 do not have or do not use the internet. At the same time, many places are increasingly switching to online services.



Safeguarding the Human Rights of Older People through an Intergenerational Solidarity and Active Citizenship Approach





With each other – for each other Solutions for loneliness in old age

malteser.de/miteinander-fuereinander

Actor
Malteser Hilfsdienst e.V.

Description

We need to talk about loneliness. The number of people in old age who are lonely is increasing. The group of 80 to 90-year-olds is fast growing and is expected to double by 2050. Currently, more than two million older people in Germany live alone – without a partner or, without any personal contacts. We want to educate and raise public awareness about this issue. Social contacts are key to health and wellbeing. To reduce loneliness in old age, Malteser Hilfsdienst is exploring new methods of access to the target group and offers a variety of volunteer-based services for support and companionship. In addition, opportunities for engagement are established to contribute to the prevention of loneliness.

Context

The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth is supporting more than 110 Malteser locations throughout Germany in the project “With each other – for each other; solutions for loneliness in old age” until the end of 2024.



Safeguarding the Human Rights of Older People through an Intergenerational Solidarity and Active Citizenship Approach



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Network Office “Local Alliances for People with Dementia”

www.netzwerkstelle-demenz.de

Actors

Network office "Local Alliances for People with Dementia"

Description

Because our society is getting older, the number of people suffering from dementia will increase steadily in the coming years. In many places in Germany there are already local dementia networks in which citizens, municipalities, companies and associations work together to support people with dementia and their relatives.

In order to support this important work and the formation of new networks, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth funded 500 local help networks nationwide from 2012 to 2018 in the federal model program "Local Alliances for People with Dementia". They provide orientation when searching for existing local offers, bring stakeholders together, coordinate their offers and develop new offers if necessary. In 2020, the federal program was relaunched as part of the national dementia strategy. Further local alliances are to be created in a total of five funding waves by 2026.

Context

The network office "Local Alliances for People with Dementia" supports local dementia networks with the exchange of experiences, expert impetus and the transfer of know-how. It is part of the BAGSO – German National Association of Senior Citizens, and is funded by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.



Safeguarding the Human Rights of Older People through an Intergenerational Solidarity and Active Citizenship Approach



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The model project "Brückenbauer*innen Palliative Care" in Cologne

www.brueckenbauerinnen.de

Actors

The „Brückenbauer*innen“ are employees of the Diakonisches Werk Köln und Region gGmbH.

Description

The model project „Brückenbauer*innen Palliative Care“ wants to better reach and inform migrant people in need of care in order to give them equal access to care, hospice and palliative care.

The „Brückenbauer*innen“ accompany specialist advisors on visits to patients at home, in the hospital, in the nursing home or in the hospice, and provide linguistic and culturally sensitive support here. They have been extensively trained on all important topics relating to care, advice for the elderly, preventive home visits, palliative care, migration, communication and language mediation. They speak a total of 13 languages (besides German): Albanian, Arabic, Azerbaijani, Berber, English, French, Italian, Catalan, Kurdish, Russian, Spanish and Turkish. The offer of the „Brückenbauer*innen Palliative-Care“ is free of charge for patients.

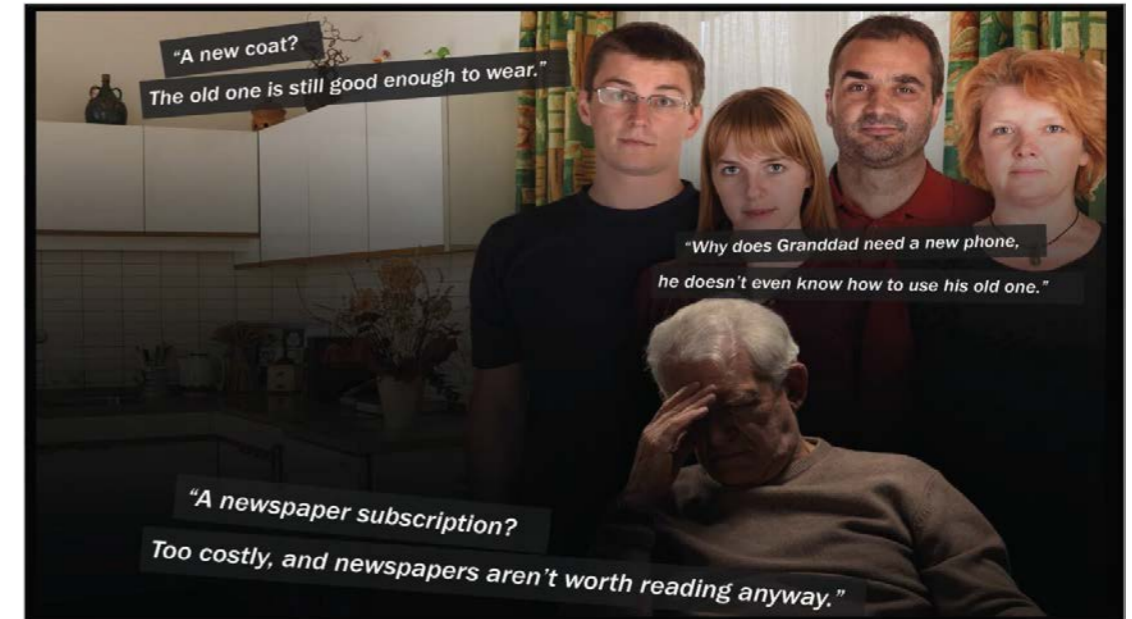
Context

The proportion of older people in Germany who are in need of care and who are migrants is increasing. Some 40% of the 1,088,040 inhabitants of Cologne have a history of immigration. People from 183 nations live in the nine districts. Around half of all households are single-person households. There are currently 36,000 people in care in Cologne; 80% of these are treated as outpatients at home. Against this background, hospice and palliative care advice, support and care for seriously ill and dying migrants will also gain in importance.



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Safeguarding the Human Rights of Older People through an Intergenerational Solidarity and Active Citizenship Approach



Travelling Exhibition: Stand up against elder abuse!

www.prosenectute.at
www.presono.com
www.sozialministerium.at.at

Actors

Pro Senectute – NGO promoting Old Age in Austria, Petrinumstraße 12, 4040 Linz – sponsored by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection

Description

The travelling exhibition invites visitors to see, touch, listen, reflect and get active. On the one hand, it shows the many facets of violence and the impacts on the victims; on the other hand, it points out ways out of violence and provides information about contact points and support services. The main objectives of the project are to promote the prevention of violence against older persons, to raise social awareness in all groups of society and to provide low-threshold information, especially for older persons, on where and how to get help and support in violent situations.

The exhibition also aims at encouraging exhibition visitors to reflect about the complexity and lack of visibility of violence against older persons as well as to encourage them to take action and seek help in violent situations.

An exhibition that moves continuously from place to place brings the topic to the people as easily as possible and can create a broad basis for information, awareness and prevention. The exhibition focuses on physical, psychological and financial violence. These three categories of violence are presented in the context of the places where violence can occur: at home, in institutions or in public spaces. The main messages are:

- Violence against older persons is a violation of human rights
- Violence against older persons has many forms
- Violence against older persons is location-independent
- Violence against older persons is often invisible to external persons
- Violence against older persons must and can be avoided

Context

The travelling exhibition is a nationwide, low-threshold campaign that is intended, on the one hand, to sensitise all social groups to the issue of violence against older people and, on the other, to point out support and prevention options. It is a two-year project with stops lasting one to several weeks in many districts of all Austrian provinces. The exhibition consists of short films, images, texts, information material and interactive elements. Special attention is paid to encourage school classes to visit the exhibition.



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Safeguarding the Human Rights of Older People through an Intergenerational Solidarity and Active Citizenship Approach





Together in the Museum. Art education with people with dementia and forgetfulness

www.belvedere.at
www.khm.at
www.dementia-und-art.de

Actors

Mag.a Julia Haimburger, Bakk., Belvedere
 j.haimburger@belvedere.at
 Julia Häußler, B.A., Kunsthistorisches Museum
 julia.haeussler@khm.at
 Art Educators

Description

(de)mentia+art (Cologne) has developed a model of cultural participation for people with dementia. It faces the demographic development, wants to actively shape the associated social change in the sense of inclusion and also involves the relatives. The need for culture and social participation is not automatically lost with cognitive decline. On the contrary: a visit to a museum or a concert, forms of theater, opera and dance, but also cinema and literature, an environment characterized by art and culture can be keys to the emotional world of people with dementia. Therefore, it is important to create accessibility in order to allow those affected and their relatives to participate in the beautiful things in life. After a training the Belvedere's art education department and the Kunsthistorisches Museum have been regularly offering participation-oriented tours and interactive workshops for people with dementia or forgetfulness and their accompanying persons. Looking at a painting awakens memories and leads to conversations and discussions, professionally guided by the art educators.

Context

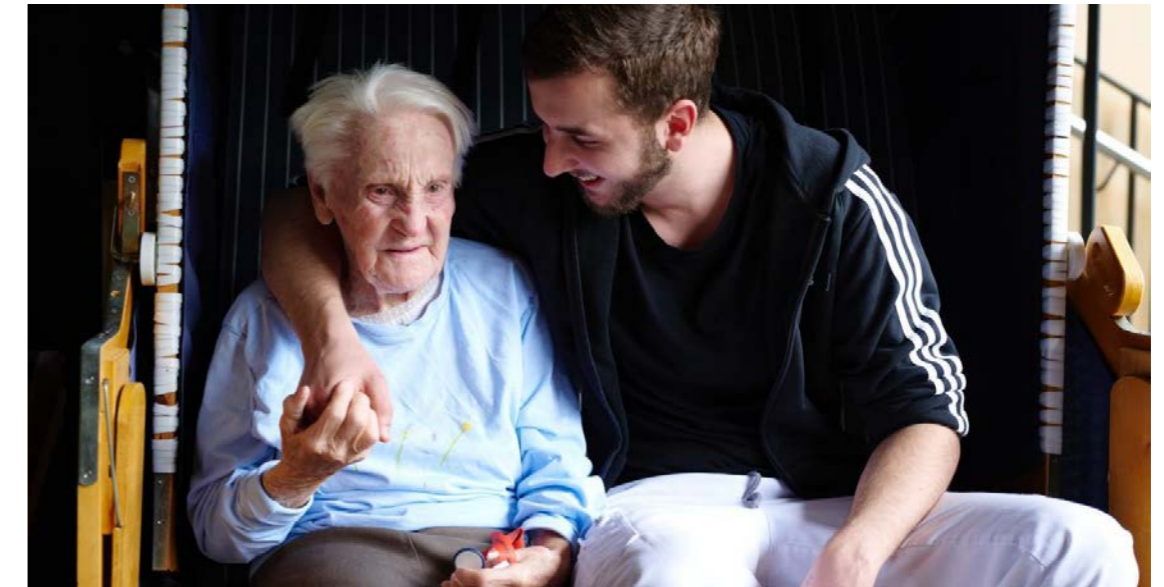
In Vienna, 30,000 people live with dementia. In the current Vienna Dementia Strategy low-threshold offers from sports, leisure, art, culture and religion for people with dementia and their caregivers are established, existing offers are dementia-sensitive and adapted to the individual support needs of people with dementia. The aim is to use synergies and to jointly create a holistic good living environment for people with dementia and their caregivers.



Safeguarding the Human Rights of Older People through an Intergenerational Solidarity and Active Citizenship Approach



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National Quality Certificate for Retirement and Nursing Homes in Austria (NQZ)

www.sozialministerium.at
www.nqz-austria.at
www.presono.com.presono.com

Actors

NQZ Certification Agency
 Association for the promotion of quality in care for the elderly
 1230 Wien, Erlaaer Platz 4
 sponsored by the Ministry of Social Affairs, Health, Care and Consumer Protection

NQZ – For a life like at home

Home is a place where you feel comfortable and secure, where you can be yourself. When a person leaves this familiar place, neither his habits nor his personality change. Homes for the elderly and nursing homes must therefore be a place where people feel at home and safe, where they are valued and professionally accompanied and can lead a self-determined life.

The National Quality Certificate (NQZ) supports them in achieving this goal, so that residents can spend their twilight years in a valued manner and receive the best possible support in their new home.

The certification process focuses on the living and working conditions in nursing homes. The certification teams check, for example, whether processes are geared to the needs of residents and what measures are taken to ensure that residents, relatives and employees are satisfied.

In addition, business and care-related factors are examined and it is determined whether the available resources are being used optimally for these concerns.

Specially trained and independent experts with experience in LTC, personnel and quality management regularly monitor the continuous development of quality in the participating retirement and nursing homes. Only measures that go beyond the fulfilment of legal requirements are evaluated.

Since the focus is on sustainable quality development, the certification teams formulate specific recommendations for action for each certification. From this, the nursing homes derive essential goals and measures for the quality of life of the residents. The implementation is re-evaluated in a further certification.

Context

The National Quality Certificate for Homes for the Elderly and Nursing Homes is a brand of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection and is awarded jointly by the federal government and the federal states. The use of managers from the nursing home sector as certifiers ensures that specialist knowledge is incorporated.



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Solidarity between Generations Campaign

www.tulipfoundation.net

Actors

Tulip Foundation and local organisations around Bulgaria

Description

29 April 2009 was the first European Day of Solidarity between Generations. It was announced by the European Commission and followed by 2012 European Year of Active Ageing and Solidarity between Generations. Solidarity is connection. It has many forms and faces. It happens in all areas of life. Tulip Foundation launched an annual campaign to mark the day of intergenerational solidarity. It promotes solidarity between people from all ages in the context of poverty and social exclusion; pension systems; access to minimal standards for quality of life; family policies; educational policies; environment and sustainable development; housing and urban environment; transport and mobility; quality of work conditions; health care and long term care; civil initiatives. The campaign is aimed at people from all ages and happens every spring. The aim is to stimulate people and organisations to set up an event that brings together people from two to three generations – to spend time together, to talk, to share, to get to know each other's joys and difficulties, similarities and differences. Each year at the end of April there are tens of different initiatives in cities and small settlements across the country. These are organised by local civic organisations, schools and kindergartens, community clubs, cultural institutions, organisations of older people etc. Various concerts and performances, competitions, public readings, lectures and discussions, visits and storytelling events take place.

Context

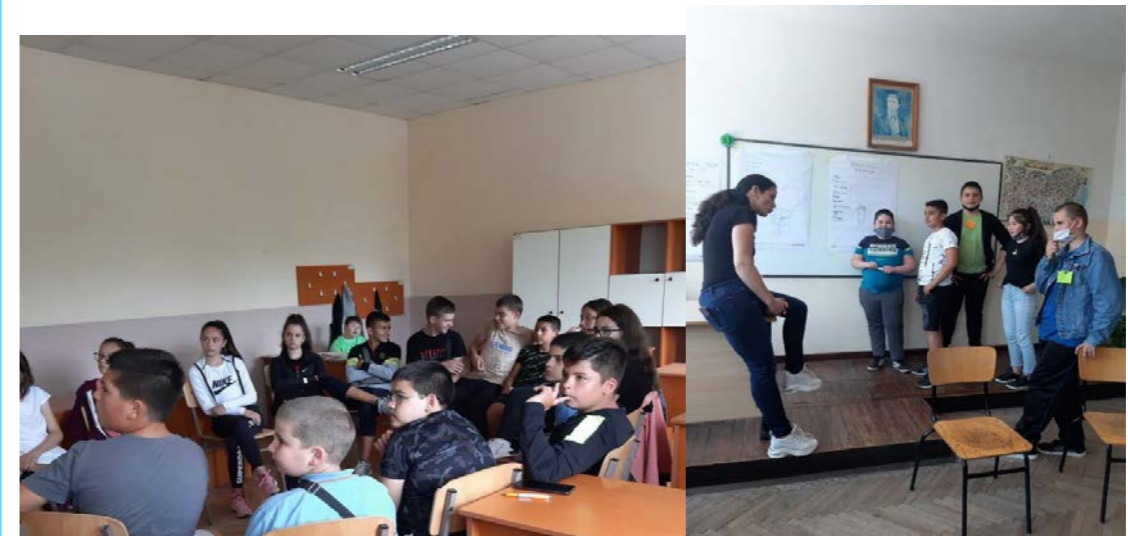
The world is changing; it is a global world. Families and generations do not live in the same house, country, continent. In the digital world some are natives, others are visitors. Three/four generations live and work together, but contacts among them are often limited. Some things have not changed – older people are not a homogeneous, but an extremely diverse group. They contribute enormously to their families, communities and economies. Their expertise, knowledge and experience is highly beneficial for the entire society.

BULGARIA



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Prevention of violence programme

www.centermaria.org

Actors

Centre Maria Association, Gorna Oriahovitsa

Description

Centre Maria Association developed a programme for prevention of violence in 2021. It is based on an interactive work with different groups, yet the focus is on children and young people. The aim is to support them to acquire knowledge and skills to recognize the symptoms of violence and to equip them with practical ways to look for and find support and help. The programme includes trainings for professionals, children aged 12 to 18 years old and students at Veliko Tarnovo University. The content covers themes like violence and different forms of violence; organisations/agencies that can provide support and help; the hidden domestic violence and its harm; physical and behavioural indicators of violence; legal measures etc. Most children and youngsters share their insights with relatives, mates and friends, which increases the impact of the trainings. There are cases of adults who look for contact and help, after learning about the services of the association by a youngster, involved in the anti-violence programme. The team has already worked with a number of older people, victims of violence, who received support and practical help from their grandchildren.

Context

Violence against older people is a wide spread, but difficult to identify and prevent due to various reasons. One of the findings of the programme is that young people are highly critical about violence in general and especially domestic violence. They recognise it, don't accept it and are willing to quickly find a solution. This is a way to overcome the model of violence, replicated in families and communities.

BULGARIA



Safeguarding the Human Rights of Older People through an Intergenerational Solidarity and Active Citizenship Approach





Family Groups Decision Making for Older People

www.tulipfoundation.net

Actors

Tulip Foundation and partner organisations

Description

FGDM / FGC is a practical instrument for enabling people to find solutions to various problems as they come together with children, parents, members of the (extended) family, friends, neighbours... to make a plan. The approach has been widely used for children and young people for more than 25 years. Now it is applied to give voice to older people in making decisions about for their own lives. And it is not just about a plan, but a plan that reflects and respects the understanding, the opinion, the preferences of the older person. The model is practically applicable in many different situations when support is needed in terms of medical treatment, home assistance, long-term care, social inclusion etc. It provides a good balance between the understanding, the expertise and the responsibilities of family members and professionals in a safe and supportive environment, as the older person decides who will be involved.

FGDM is based on discussing different options and solutions, sharing (professional or life) experience, making sure everyone has expressed their concerns and suggestions, taking responsibility and being part of the implementation. In many other cases, these are the older persons who provide advice, support or care for family members, children, grandchildren, friends, neighbours.

Context

To live well, humans need to be part of a community; be accepted; receive support; be able to contribute and participate in social life. The best way to achieve this is by engaging the circle of close people in their daily life. Families and friends know themselves best. Safeguarding the rights of older people is achieved with the daily involvement of other people.

The FGDM model is based on human and legal rights and is in a full compliance with international human rights conventions including the UN Convention on the Rights of Persons with Disabilities and others.



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Media literacy courses for older people

www.gramoten.li

Actors

Media Literacy Coalition in partnership with local organisations

Description

Seniors have smartphones. They are an active part of the society and they want to be heard in public debates. Social networks provide an opportunity for older people to have a social life, make friends, connect with others and not to spend their old age in isolation. However, many older people are not familiar with the dangers and opportunities of social networks and online media. Older people are excluded from most civic participation initiatives, which are mainly targeted at young people in Bulgaria. Media Literacy Programme for Seniors is tailored to this target group. It aims to develop basic skills through practical activities and discussions, without unnecessary complications for older people. It lasts three hours and includes a sub-programme for training of mentors and trainers in media literacy for older people. The team includes trained journalists and staff of libraries, community centres and organisations working with older people. The agenda covers: How to distinguish credible from non-credible sources of information; How to recognise fake social media profiles; How to protect yourself from online scams; What are the risks associated with our personal data online. By 2023 more than 400 seniors and mentors have been trained. Ten experienced journalists are active across the country. More than 30 local libraries, community centres and NGOs are involved and deliver trainings. More confident seniors are coming in with new skills and a desire to express themselves on social media.

Context

Bulgaria is one of the most vulnerable countries in the EU in terms of disinformation, according to a 2023 OSIS report. The Media Literacy Index is an instrument for measuring the societal potential for sustainability in the context of post-truth, fake news and disinformation.



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Intergenerational Solidarity and Active Citizenship

APHASIA CAFÉS – DONEGAL AND UNIVERSITY COLLEGE, CORK (UCC)

<https://bit.ly/43UR2YM>

Actors

Donegal Aphasia Café: Dr Louise Sterritt Senior SLT HSE
 Donegal North louise.sterritt@hse.ie / 087 104 7333
 UCC Aphasia Home Café: Dr Helen Kelly, College of
 Medicine & Health - Helen.Kelly@ucc.ie

Description

Aphasia Cafés have been set up, on an intergenerational basis, in the far north of Ireland in Co. Donegal; and in the very south in Co. Cork. Both projects provide options for meeting face-to-face as well as digitally. Aphasia is an acquired language impairment most commonly caused by stroke. It can result in social isolation and low mood, since it is more difficult to have conversations. These cafés enable peer support as well as learning between generations, as students develop relationships with older people dealing with aphasia and an understanding and appreciation of the issues they face and the support they might need. The Aphasia Conversation Group in Donegal started in October 2022 as a result of planning and collaboration between Dr. Louise Sterritt, Senior Speech and Language Therapist, and Larry Masterson, Aphasia Advocate and Stroke Survivor and Thriver. Dr Sterritt said: “The group is the first of its kind in Ireland as the fortnightly meetings alternate between face-to-face meetings [in Central Library, Letterkenny, with plans for a roadshow] and online meetings using the Webex platform. This hybrid format has made the meetings more accessible to people living with aphasia all across Donegal.” The UCC café started in 2017, facilitated by the Haven Café in Cork city, and arising out of extensive research by members of UCC Clinical Therapies Society, a group made up of occupational therapy and speech therapy students. The initiative of Dr Helen Kelly in the College of Medicine & Health has since gone from strength to strength and runs every fortnight, whether online or in person, facilitated by student volunteers.

Context

Aphasia affects about one in three people with stroke; and there are around 7,500 strokes each year in Ireland. People aged over 65 account for approximately 75% of stroke cases in Ireland. According to the first Irish National Audit of Stroke Care (2008), the mean age of stroke onset is 72 (male) and 78 (female).



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Intergenerational Solidarity and Active Citizenship

YOURS: YOUTH AND OLD, UNDERSTANDING, REMEMBERING & SHARING

www.facebook.com/YOURSintergenerational

Actors

Sharleen Tinney, Project Coordinator, Donegal County Council. SEUPB / PEACE IV
sharleen.tinney@donegalcoco.ie

Description

The project began in June 2019, continued throughout the Covid pandemic, and many of the groups have continued with their activities beyond the official conclusion of the programme in June 2021. YOURS involved 200 participants and featured six strands, with a vision to improve the wellbeing of older adults in County Donegal; and to reduce the stigma associated with aging and discrimination against older adults, while also supporting youth development. The six themes (arts & cultural activity; shared past local history; bridging the generation gap; wellbeing and physical activity; addressing stereotypes; and personal skills) gave rise to activities spanning the 4,860 km², largely rural north-western region, with skill-sharing, physical activity and exploration of social histories to the fore in the programming. One of the project outputs was a shared past local history book, *Back To The Future*, which brought together stories, timelines and geographies of a group that included older people alongside teenagers. Project Coordinator, Sharleen Tinney said: “Everyone involved has been so enthusiastic and dedicated. Bonds were made and skills shared. Both groups have learned a lot from each other, making these intergenerational activities magical.” Councillor Paul Canning, Chair of Donegal Peace Partnership, praised the project and said: “The more generations talk to each other, the better they can understand each other’s concerns and perspectives. Intergenerational connections can make a big difference, not only for how long we live, but how well we live. Relationships between the elderly and the younger generations make us feel linked not only to each other, but also to something bigger, to the past and to the future.”

Context

Co. Donegal is a region with issues of social isolation due to being mostly rural, spread out and poorly connected. It is also a region that has suffered from socio-economic deprivation and issues/community divisions relating to the conflict along the border. Between 2016 and 2022, the percentage of people aged over 65 in the county increased by 19% to 29,623. There has traditionally been strong intergenerational solidarity in Donegal, and this bore out during the pandemic, with initiatives such as Inishowen Together’s Self-Isolation Help Shop & Drop Service emerging to ensure that the cocooning generation was supported.



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Intergenerational Solidarity and Active Citizenship

CYCLING WITHOUT AGE – IRELAND

<https://cyclingwithoutage.ie/>
<https://bit.ly/44b9Pzr>

Actors

Clara Clark – clara@cyclingwithoutage.ie

Description

Cycling Without Age started up in Ireland in 2017, driven by Clara Clark and inspired by the concept developed in Copenhagen. It is run and powered by volunteers and its services are available nationwide. There are now more than 50 trishaws across the country, facilitating older people and those with mobility issues to enjoy the outdoors and interaction with volunteer ‘pilots’ from different generations – likewise the volunteers enjoy the benefits of company, conversation and exercise along with their passengers. Clara Clark told Irish Cycle: The initial intake of trishaws was to care homes, but more recently the uptake is from local authorities.” The organisation’s website announces its motivation as: ‘The right to wind in your hair’, which Ms Clark expands on, saying: “With an ageing population, more people will live longer and may lose their independence. Cycling Without Age offers people an exciting element of freedom and the feeling of wind in their hair, a concept we all need and would benefit from, from time to time.”

Context

The Cycling Without Age movement was started in 2012 by Ole Kassow. Its website at www.cyclingwithoutage.org states its purpose: “We dream of creating a world together, in which the access to active citizenship creates happiness among our fellow elderly citizens by providing them with an opportunity to remain an active part of society and the local community. We do that by giving them the right to wind in their hair, the right to experience the city and nature close up from the bicycle and by giving them an opportunity to tell their story in the environment where they have lived their lives. That way we build bridges between generations and we reinforce trust, respect and the social glue in our society.” In Ireland, according to the 2016 census, some 27% of females aged 70-74 have a disability and 73.3% of females over age 84. In the 2022 census, the percentage of people experiencing a long-lasting condition or difficulty ‘to a great extent’ increased sharply after the age of 74; and some 76% of people suffered, to some degree, with a long-lasting condition or difficulty.



Intergenerational Solidarity and Active Citizenship

AGEING IN PLACE – AVA HOUSING AND THE HOMESHARE

<https://bit.ly/3R1oWlg>

Actors

Ava Housing: www.avahousing.ie Founder: Michelle Moore
 THE HomeShare: www.thehomeshare.ie
 Founder: Lucie Cunningham

Description

A number of social enterprises have emerged in recent years in Ireland, with a focus on innovating to enable people to remain living in their own homes for as long as possible. Two that feature an intergenerational solidarity component are Ava Housing and The Homeshare.

Ava Housing works with older homeowners who live alone, helping them upgrade and adapt their home for the future so they can rent out a redesigned space upstairs. This provides extra income and promotes peace of mind through intergenerational living. The organisation was recently featured as an international case study by the American Association of Retired Persons (The AARP) as a project that puts into action its principles of **Equity By Design**. AARP remarked on the **project**: “Through their holistic approach, Ava expands the scope of aging in place modifications of the older adult’s home to also incorporate a separate rental unit, thereby addressing multiple societal challenges: the dire need to create affordable one-bedroom rental capacity in very stressed markets; combating an epidemic of loneliness and isolation; and providing a source of income needed by older adults.” Ava Housing is currently expanding its scheme via a callout for expressions of interest in a pilot programme for the Beaumont Artane area of Dublin.

The HomeShare proposes an affordable and safe way for older people to remain living independently at home, while also ‘providing a lifeline to struggling renters’. It is Ireland’s only not-for-profit homeshare programme. It provides a person-centred face-to-face process that explores both people’s needs, personalities and interests in order to create ‘happy and lasting matches’. Its mission is “to create positive homesharing experiences between older and younger adults in Ireland, that inspires mutually beneficial social and practical supports and empowers independent living”.

Context

Ireland is in the throes of a housing crisis, which is impacting all sections of society. For older people, the issues include problems with housing quality (some 25% of adults over 50 living in rural areas lack central heating; and over half of all adults over 50 report some housing problem such as damp/structural issues/heating difficulties). There is a high level of housing security in the older population, with 83% owning their homes outright as of 2016. See [this](#) study on Housing conditions of Ireland’s older population. It is a matter of State housing policy that people should be enabled to live in their own home “with dignity and independence for as long as possible”. See ‘Housing Options for Our Ageing Population’ [here](#).

Position Paper 1a

Intergenerational Solidarity: A Position Paper, April 2023



“Safeguarding the Human Rights of Older People through an Intergenerational Solidarity and Active Citizenship Approach”

Intergenerational Solidarity: Selected Considerations

A Position Paper

Dr Michael Browne

Introduction

The context for this Position Paper is the ERASMUS Plus: Exchange of Good Practices Project, *Safeguarding Older Persons' Legal and Human Rights through an Active Citizenship Intergenerational Approach*. The overall aim of the Project is to develop through learning and exchange of practice how an active citizenship and inter-generational response to protecting the human and legal rights of older persons in the participating countries¹ can be advanced.

¹ The participating organisations are: Sage Advocacy (Ireland), BAGSO (Germany), Tulip Foundation (Bulgaria) and Pro Senectute (Austria).

Intergenerational solidarity

The term 'intergenerational solidarity' has been used a great deal in recent years.

Essentially, it is the idea of different age-groups working together for a common goal. It is about acknowledging that we all have different experiences and expertise to offer and that we can support and learn from each other. It is generally acknowledged that there are many benefits to intergenerational solidarity, both for individuals, for different age cohorts and for society as a whole.

The literature on intergenerational solidarity makes a distinction between the macrosocial level of populations and societies with age groups such as "youth" and "older people" and the micro-social level of age groups, i.e., that of small groups, most notably within the family.²

Another distinction noted in the literature is that between solidarity and conflict. The absence of conflict between generations may not be the same as solidarity between the generations.

Nature and extent of intergenerational solidarity

While there is little evidence, in Ireland or in Europe, of actual or impending conflict between the generations, population ageing is often viewed as an impending threat to the economic and social stability of post-industrial societies. The upshot of a demographic shift associated with an ageing population is that social protection and healthcare systems may become unsustainable as the demands upon them intensify while the number of net contributors decline.³ The creation of dependency among older people in contemporary society may be due as much to policies, social institutions, rules and social and cultural attitudes than ageing *per se*. Much of our economic philosophy

² https://www.un.org/esa/socdev/unyin/documents/egm_unhq_oct07_bengtson.pdf

³ <https://www.finance.gov.ie/wp-content/uploads/2018/09/Population-Ageing-and-the-Public-Finances-1.pdf>.

has contributed to the marginalisation of older people, disregarding their potential as workers, and viewing them as burdens on society.

In order to counteract these more negative views, it is useful to focus on the positive (an often unrecognised) contributions to society by older persons. Discussions around the costs to the exchequer of caring for and supporting older people very often neglect transfers in the other direction. Older people make a significant social contribution in providing informal support for family and friends and helping with childcare and household responsibilities. The reality is that older people very often use their pay and pensions to provide essential financial support to their families. This sharing of resources enables many families to keep their heads above water during economically challenging periods across the life-cycle.

The full acknowledgement of the vital contribution that older people make to society fosters solidarity and understanding between generations. Older people are frequently a social resource, and there are many who can and do make an economic contribution if given an opportunity. The unpaid contribution of older to voluntary activities and caring is often overlooked. Even among those who are unable to work, or who are frail and needing care, there is potential for social integration that would benefit them, and society, by bringing the generations together and fostering greater understanding between young, middle-aged and old.

Research on attitudes to older people and ageing in Europe⁴ provides a degree of confidence that understanding and reciprocity between the generations is strong at present. The vast majority of research respondents believed that governments must

⁴ <https://www.resolutionfoundation.org/app/uploads/2018/05/A-New-Generational-Contract-Full-PDF.pdf>

make more money available for pensions and care for older people who require it.

The Changing Generations study,⁵ published in Ireland in 2013 (somewhat dated at this stage but, perhaps, still relevant), yielded little evidence of intergenerational conflict, either within the private or the public sphere. Notwithstanding the fact that this research involved a relatively small cohort of people and took place in a strong recessionary climate, its findings are of some interest. The research found that older people were almost universally perceived as a deserving group that merited more and improved transfers and services from the State. It should be noted that the then recession in Ireland underpinned much of the evidence gathered by the Changing Generations study which found that family generations were providing high levels of support for one another through periods of unemployment, emigration and in meeting repayments to banks.

Socio-economic status was also found to be a key variable in shaping attitudes towards care and support. Families with more economic resources can ‘contract out’ elements of intergenerational solidarity, in particular care of both children and older family members. Expectations regarding future family care from adult children and their families were particularly low among middle and high socio-economic status older adults whose adult children and children-in-law were in employment. An important finding was that socio-economic status was a stronger factor in difference in attitudes than generational factors.

It is reasonable to suggest that this perceived intergenerational solidarity does not fully take into account the long-term care and support needs of older persons and how this is to be provided and how it is to be paid for. There may be an inherent generational

⁵ <https://www.lenus.ie/bitstream/handle/10147/299852/ChangingGenerationsReportjune2013.pdf?sequence=1&isAllowed=y>

conflict (certainly in Ireland) between people’s wish to protect their inheritance and the right of people to get the best quality care possible in their later years.⁶

A Public Opinion Poll in Ireland⁷ carried out in 2020 found that just 21% of adults had personally considered where their preferred place of care would be if they were seriously ill or nearing death and just 17% had discussed this with a family member, friend, or other trusted person and only 5% had documented their preference. This suggests, perhaps, a tendency to assume that their family, the next generation or the State will take care of these matters. A key question arises as to whether or not this is a well-founded belief and whether intergenerational solidarity will be sufficiently strong to ensure that this happens.

The final report of the Intergenerational Commission set up by the Resolution Foundation in the UK⁸ noted that there was a tendency to drift into decisions and policies which weakened our generational contract without being aware of what we were doing. This was seen as applying both to younger and older generations, with particular reference to the significant challenges in providing the health and care that older generations expect. The point made in that report that “no longer can anyone deny the challenge facing us as a country in maintaining a fair deal between the generations” (p.8) is likely to be equally applicable to EU countries. People in employment were seen as increasingly reluctant to pay taxes and social contributions to support older people. Therein lies the basic conflict that needs to be acknowledged openly by society and addressed.

⁶ See Browne, M. (2020), Funding Long Term Support and Care for Older People – A Safeguarding Perspective, <https://www.safeguardingireland.org/wp-content/uploads/2020/10/Web-Version-Funding-Long-Term-Support-and-Care-for-Older-people.pdf>

⁷ <https://www.safeguardingireland.org/80-have-not-considered-where-they-would-like-to-be-cared-for/>

⁸ <https://www.resolutionfoundation.org/app/uploads/2018/05/A-New-Generational-Contract-Full-PDF.pdf>

Intergenerational solidarity and ageism

Ageism includes prejudicial attitudes toward older people, old age, and the ageing process; discriminatory practices against older people; and institutional practices and policies that perpetuate stereotypes about older people. While ageism is not a new concept,⁹ it has been given new impetus by the World Health Organisation (WHO) which published a landmark study on ageism in 2021.¹⁰ The report noted that ageism characterises and divides people in ways which are unjust, and which lead to disadvantage and the undermining of human rights. Another important finding in the WHO analysis of research on ageism was that older people can internalise ageist stereotypes, for example, that old age is a time of social isolation and low social participation and that, as a result, they withdraw from society.

The WHO report also states that ageism starts in childhood and is reinforced over time.

“From an early age, children pick up cues from those around them about their culture’s stereotypes and prejudices, which are soon internalized. People then use these stereotypes to make inferences and to guide their feelings and behaviour towards people of different ages and towards themselves. Ageism often intersects and interacts with other forms of stereotypes, prejudice and discrimination, including ableism, sexism and racism”.¹¹

The transition to retirement frequently signals a loss of status and role. Retired people are often seen as "naturally" disengaging, and often have little choice but to accommodate and adapt to these negative expectations.

⁹ Age Action (Ireland) (2021), *Ageism and Age Equality*, https://www.ageaction.ie/sites/default/files/ageism_and_age_equality_position_paper_1.pdf

¹⁰ WHO (2021), *Global Report on Ageism*, <https://www.who.int/publications/i/item/9789240016866>

¹¹ *Ibid.*, p. xv

Intergenerational solidarity and human rights

The EU Charter of Fundamental Rights has long affirmed older people’s right to live in dignity and to participate in social and cultural life. Diverse initiatives introduced during the past decade have helped increase awareness of human rights and their potential to bring about change. However, there is a need for a much stronger focus on moving from thinking about old age in terms of ‘deficits’ that create ‘needs’ to a more comprehensive one encompassing a ‘rights-based’ approach towards ageing. A human rights approach does not contradict the reality of age-specific needs – on the contrary, a rights-based approach enables society to better meet the needs of all age-groups, as required, while framing them in a human rights-based narrative. There is also a crucial need to create a stronger intergenerational discourse on these matters.

In light of these dynamics, international advocacy groups, including Help Age

International and Age Platform Europe, national advocacy organisations and national human rights institutions are calling for a paradigm shift in the way societies think about ageing and the ‘aged’, shifting the policy discourse to focus more clearly on States’ responsibilities to protect and work towards realising the rights of older people individually and collectively. Societies need to move from the treatment of people with long-term care and support needs as ‘objects’ of health and social care policies towards viewing them as ‘subjects’ with rights who are capable of claiming those rights based on social justice and social solidarity.

The underlying principles of a rights-based approach have been summarised as¹²:

- The inestimable dignity of each and every human being.

¹² Quinn, G. and Degener, T. (eds.) with Bruce, A., Burke, C. Castellino, J., Kenna, P. Kilkelly, U., Quinlivan, S. *Human Rights and Disability*, United Nations, New York and Geneva.

- The concept of autonomy or self-determination that demands that the person be placed at the centre of all decisions affecting him/her.
- The inherent equality of all regardless of difference.
- The ethic of solidarity that requires society to sustain the freedom of the person with appropriate social supports.

Despite the emergence of a strong human rights discourse nationally and internationally, it is likely that 'old people' are often thought of as a burden, especially those who need high levels of support. Ageing continues to be associated more in public and policy discourse with a 'deficits' perspective related to a progressive loss of physical and decision-making capabilities and on meeting their health and social care needs rather than with the positive aspects of ageing related to accumulated wisdom and experience and older people's contribution to society.

Nils Muižnieks, former Council of Europe's Commissioner for Human Rights, stated in a Human Rights Comment in January 2018 as follows:

"Older persons have exactly the same rights as everyone else, but when it comes to the implementation of these rights, they face a number of specific challenges. For example, they often face age discrimination, particular forms of social exclusion, economic marginalisation due to inadequate pensions, or are more vulnerable to exploitation and abuse, including from family members."¹³

The United Nations Secretary-General António Guterres has commented that the energy and ideals of the old and the young are vital to realizing the UN 17 Sustainable Development Goals (SDGs).

¹³ <https://www.coe.int/en/web/commissioner/-/the-right-of-older-persons-to-dignity-and-autonomy-in-care>

"The youth and the older persons in this room have wisdom, experience, energy and ideals...We are going to ensure that all people, young and old, recognize themselves as the owners, drivers and beneficiaries of the SDGs".¹⁴

A key question arising from the above points is - how can a stronger inter-generational dialogue about paying for long-term care in later years be instigated? In addressing this question, it needs to be recognized that generations do not operate as a binary and that solidarity across generations is key for social development and social cohesion. The issue of paying for long-term care takes on an interesting focus in the context of overall health inequalities. For example, a Central Statistics Office Research Paper in Ireland shows that people in the top layer of Irish society live five years longer than those at the bottom.¹⁵ This is surely a key consideration in terms of both social solidarity and intergenerational solidarity.

While ageing populations need to work with younger populations to foster successful and reciprocal intergenerational relations and partnerships, younger generations need to not only acknowledge the wisdom and experience of older generations but, also, and perhaps more importantly, acknowledge the need to ensure that they are safeguarded and are provided with the best quality care possible when they need it.

Younger generations

While this paper has focused primarily on intergenerational solidarity from the perspective of older people, it is important to note that prejudices surrounding age work both ways. A World Health Organisation Global Report on Ageism noted that ageism

¹⁴ <https://www.un.org/sustainabledevelopment/blog/2017/08/solidarity-across-generations-is-vital-for-sustainable-development-un-special-event-hears/>

¹⁵ <https://www.cso.ie/en/releasesandpublications/in/mdi/mortalitydifferentialsinireland2016-2017/>

against younger populations occurs in institutions such as the workplace and the legal and political systems, and in Europe it appears to be more prevalent than ageism against older people.¹⁶ Also, for example, it has been suggested that societal attitudes, beliefs and policies create a formidable barrier to young women's full participation in their communities and that negative stereotypes can exacerbate harmful norms and stigmas that prevent young women's full participation in their communities across the world.¹⁷

Overview

In order to understand the overall issue of older people in society and to challenge certain dominant attitudes it is necessary to look at older people, not only in terms of their adjustment to retirement and/or termination of familial responsibilities but, also, and more importantly, perhaps, at other prevailing social and economic processes. In addition to the low status that arises out of displacement from the work force, and termination of family responsibility, there is the general issue of dependency which is to some extent socially determined. For example, people who are pension-dependent are likely to experience difficulty providing out of their own resources for ongoing house maintenance; and for other items of expenditure necessary to maintain their quality of life. Older people are likely to experience difficulty getting loans from financial institutions in such circumstances. The trend towards the centralisation of many services in recent decades also creates a dependency on others particularly in rural areas where public transport is frequently non-existent and because the incidence of car ownership reduces with age.

¹⁶ WHO (2021), *Global Report on Ageism*, <https://www.who.int/publications/i/item/9789240016866> p. 83.

¹⁷ UN Women Statement for International Youth Day, 12 August 2022, <https://www.unwomen.org/en/news-stories/statement/2022/08/statement-intergenerational-solidarity-creating-a-world-for-all-ages>

Demographic ageing is an issue for all generations and can best be responded to through a strong inter-generational dialogue. This needs greater impetus. For example, the final report of the Intergenerational Commission set by the Resolution Foundation referenced above noted that there was a tendency to drift into decisions and policies which weakened our generational contract without being aware of what we were doing. This was seen as applying both to younger and older generations, with particular reference to the significant challenges in providing the health and care that older generations expect.

There is a strong argument that stronger intergenerational solidarity is essential in order to address ageism in western contemporary society. A shift in attitudes is required towards the valuing and utilisation of the qualities associated with age – experience, reflection, time and a different outlook on life. This, it is suggested, would be facilitated by a clear acknowledgement that the social diversity of older people, and their related actual and potential contribution to society, is often hidden by the homogenous stereotyping of 'older people' as a group. Clearly older populations are as diverse as other population groups. This diversity and the positive contribution of many people in their later years should not be lost sight of as societies and governments deal with the challenge of greater numbers of people reaching very old age and greater proportions begin to live alone or experience physical dependency.

There is a need to focus more on the broader concept of all of society (young, middle-aged and older age-groups) having a shared responsibility (based on the concept of social solidarity) to look after people experiencing vulnerability across the life-cycle – children, disabled people, people with mental health difficulties and older persons who require care and support. While the role of individual families is critically important in supporting older people with care needs and should be supported by public policy



accordingly, this should not be a family responsibility only. Intergenerational solidarity in respect of care provision is broader than family and needs to be promoted across all of society as an essential part of the social support infrastructure. This will become all the more important as greater numbers reach very old age and greater proportions begin to live alone or experience physical dependency or reduced decision-making capacity associated with, for example, dementia or stroke.

Position Paper 1b

Statement on Intergenerational Solidarity on International Intergenerational Solidarity Day

The Intergenerational Solidarity Statement was prepared to coincide with European day of Solidarity between Generations on 29th April 2023 *with the view to have it included along with the related position paper on the Age Platform. EU*



Intergenerational Solidarity: Selected Statements developed by the Erasmus+ Project "Safeguarding the Human Rights of Older People through an Intergenerational Solidarity and Active Citizenship Approach"

Preamble

The Madrid International Plan of Action on Ageing" (MIPAA 2002), has a clear reference of solidarity between generations in Article 16:

"We recognize the need to strengthen solidarity among generations and intergenerational partnerships, keeping in mind the particular needs of both older and younger ones, and to encourage mutually responsive relationships between generations" (MIPAA, article 16, p. 4)

Statements

"The European social welfare systems work rather well in many countries. We have to continue to provide adequate retirement incomes and sufficient basic social services, such as health and social care, for all ages."

"Social sustainability and intergenerational solidarity are intertwined, a balance between pension adequacy and financial sustainability is required."

"'Competition' for limited resources across young and old, driven by populist politics, is to the detriment of both generations, and has to be avoided. "

"It should be made very clear that work-sharing between younger and older workers is to the advantage of both, and good for the whole economy as well. Companies perform better when there is a mixture between young and older people in the workplace. When companies replace the experienced people who retire, with older people who are in the

early stages of their career, consideration should be given to investing in meaningful opportunities for the necessary transfer of skills between the generations.”

“We have to strengthen a positive yet realistic image of the ageing phenomenon and older persons, with a plea to all stakeholders (civil society, media, academia, governments and EU).”

“Local authorities, public volunteering centres and schools should be enhanced in promoting interactions and solidarity across young and old generations.”

“There should be public centres where older people are helped to find opportunities to volunteer for tasks that match their skills and wishes.”

“Promotion through all media channels that a manifold of common values and common interests between generations exist.”

“Find and promote intergenerational issues of common interest, e.g., fighting climate crisis or preserving natural habitats and biodiversity.”

“The role of grandparents and great grandparents in promoting cohesion between family generations is grossly underestimated.”

Position Paper 2

Loneliness

Position Papers

Loneliness – A challenge for politics and society

In a current “issue of loneliness”, the BAGSO pleads - Federal working group of senior citizens' organizations to bring the loneliness of older people into focus at all levels of politics: “On the one hand, the number of older people who suffer from loneliness will continue to increase due to demographic change. On the other hand, the risk of loneliness becoming chronic increases with age.” The topic sheet was created together with the Health Equal Opportunities Cooperation Association and the Joint Welfare Association - General Association. Loneliness has become a more pressing socio-political and social issue in recent years, according to the issue sheet from August 2023. It is evident across all age and population groups.

Loneliness as a painful or unpleasant negative experience

In the article “Loneliness - Findings and Need for Action,” Yvonne Wilke, head of the Loneliness Competence Network Office at the Institute for Social Work and Social Education (ISS), describes loneliness as a painful or unpleasant negative experience. Although it is a subjective feeling and experience, according to Wilke, the negative consequences of loneliness are not only visible on an individual level, such as for those affected's own health, but also on a societal level, for example with regard to the social and political Participation of those affected. “The quality or number of one's own social relationships are perceived as unsatisfactory, as deficient,” says Wilke with reference to Perlmann and Peplau 1981).

Increasing age does not necessarily lead to greater feelings of loneliness

From a socio-demographic perspective, says Wilke, it shows that socio-economic status, living situation and a migrant background increase the risk of loneliness. In particular, women, people with a low level of education, a direct migration background, unemployed people, single parents, people with a low income and older people aged 75 and over are among the risk groups (Entringer 2022). However, increasing age does not necessarily lead to a greater feeling of loneliness. However, certain accompanying factors such as need for care, mobility restrictions and poverty in old age have a significant influence on this (Huxhold and Engstler 2019).

“The constant lack increases loneliness, makes me feel worthless, my self-esteem and acceptance of myself decreases, it makes me sick.”

Quote from Ms. K. from the Joint Poverty Report 2022 “Between Pandemic and Inflation” (updated), p. 28

Create new offers and enable engagement

During the Corona pandemic, according to BAGSO, issues such as loneliness and social isolation became more of a focus and it became clear how the loss of low-threshold offers, support and meeting opportunities has exacerbated loneliness. Older people in particular became more visible not only with their vulnerability, but also with their potential for engagement.

According to the BAGSO, the central goal of politics for an aging society must be to enable participation and engagement as well as to create opportunities for activation and self-organization. This is a key contribution to reducing loneliness. Civil society organizations and their structures and institutions could create offers, places and framework conditions for this.

It is also noted that some municipalities are already setting out to implement new prevention and intervention options with innovative care for the elderly. However, a reliable financial framework is required for the municipal tasks of social planning, coordination, networking and control.

In conversation: A society of togetherness

Peter Stawenow (Competence Center “Open Work for the Elderly” of Sozialwerk Berlin eV) advocates in an interview with BAGSO for the further development of outreach offers such as visiting and accompanying services, preventive home visits or low-threshold meeting opportunities in the immediate living environment. This applies especially to those who have health problems or are affected by disadvantage and exclusion. Last but not least, the options for psychological support and treatment also need to be expanded.

According to Silke Leicht, Deputy Managing Director of BAGSO, we must pay particular attention to those who are affected by disadvantage and exclusion and are at a particularly high risk of becoming lonely. Seeing the diversity in old age also means seeing the people who withdraw from public life due to poverty in old age or, for example, experiences of discrimination. It must also be about addressing the causes of loneliness work and eliminate them. Therefore, the prevention of loneliness is also closely linked to questions of pension policy, migration policy and health policy.

Last but not least, it is important to see that loneliness occurs in all age groups. “We see great potential in the generations exchanging ideas, developing understanding for each other and their respective life situations and developing new things together locally. There are great approaches here that can contribute to greater social cohesion overall.”

Cooperation Association for Health Equal Opportunities
Topic sheet 1/2023

Loneliness

www.gesundheitliche-Chungengleichheit.de

| | | | |
|---|---|---|---|
|  | Press release on the federal government's development of a strategy against loneliness at https://t1p.de/f9pau |  | Competition organised by BAGSO and the Federal Ministry for Family, Senior Citizens, Women and Youth (BMFSFJ) “A Sam? Together? Together!” (2018) at www.bagso.de/themen/einsamkeit/preistraeger-vergleich |
|  | Statement from the German Center for Aging Issues (DZA) “Look at loneliness in a differentiated way – take a look at the life situations of older people” at https://t1p.de/muhjt |  | BAGSO film “Lonely in Old Age – Experiences” (2019) at http://www.bagso.de/themen/einlichkeit/film/loneliness |
|  | BAGSO special issue “Together instead of lonely – initiatives and projects against social isolation in old age” (2019, reprint 2021) at https://t1p.de/oqvkw |  | Video from the Coordination Office for Health Equal Opportunities (KGC) Bavaria “Loneliness in old age – a health risk?!” (2022) at www.youtube.com/watch?v=QkV2YrTsYzs |
|  | The Parity Poverty Report 2022: “Between Pandemic and Inflation” at https://t1p.de/92b81 |  | KGC Brandenburg specialist booklet “Ways out of loneliness – strengthening participation in the community!” (2022) at https://t1p.de/fp5ux |
|  | The article <i>Loneliness: A Challenge for Politics and Society</i> by Yvonne Wilke, Institute for Social Work and Social Education (ISS), Frankfurt/Main can be found online at www.gesundheitliche-opportunitaengleichheit.de/service/melden/wilke-einsamlichkeit |  | Project “Association against Loneliness” (2022-2024) of the German Olympic Sports Confederation (DOSB) at https://gesundheit.dosb.de/angebote/vereint-gegen-einsamlichkeit |
| | |  | Evaluation: Community Nurse Plus works against loneliness in old age (2023) at https://t1p.de/hmgwd |

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Sage Advocacy Erasmus Postcards

Postcards



Most children love and respect their parents. Sadly some 'adult children' see growing frailty in a parent as an opportunity to take control of their assets; usually when they are in hospital for a prolonged period. Sometimes they justify it to themselves because they believe it is their inheritance. It is mean, it is dishonest and it is a crime.

Sage Representatives deal with issues like his every day.

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Sometimes people are forced to live in congregated care settings because of the lack of supports and services in their community. Sometimes they are tricked or threatened into residential care facilities because others question their ability to make the decision for themselves and make the decision for them. Protection of liberty in places of care is vital if they are not to become informal places of custody.

Sage Representatives deal with issues like his every day.

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Some older people and people with disabilities are, on occasion, encouraged to use incontinence wear; even though they are continent. Sometime 'convenience medication' is used in the process of encouragement. Inappropriate use of incontinence wear for the convenience of staff, even if they are short-staffed on night duty is a gross violation of a person's human rights. It constitutes inhuman and degrading treatment.

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Do healthcare Professionals always know best?



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Wissen Fachkräfte im Gesundheitswesen immer alles besser?



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Some of the finest doctors and nurses in the world work in the Irish health service. They are highly respectful of the will and preference of their patients and act as advocates for them within the limits of their role. Some, however have more authoritarian values and their paternalism/maternalism shows in the way that they seek to make decisions in their patient's 'best interests'. Sometimes, inappropriately, they take the side of family members who confuse their own interests with their relative's 'best interests'

Sage Representatives deal with issues like his every day.

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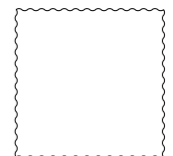




Im Gesundheitswesen in Deutschland und Österreich arbeiten einige der besten Ärztinnen und Ärzte sowie Pflegekräfte der Welt. Sie haben großen Respekt vor dem Willen und den Wünschen ihrer Patientinnen und Patienten und setzen sich innerhalb ihrer Aufgaben und Befugnisse für sie bestmöglich ein. Einige hingegen haben eher autoritäre Werte. Ihr paternalistisches Verhalten zeigt sich in der Art und Weise, wie sie versuchen, Entscheidungen im "besten Interesse" ihrer Patientinnen und Patienten zu treffen. Manchmal stellen sie sich in unangemessener Weise auf die Seite von Familienmitgliedern, die ihre eigenen Interessen mit den "besten Interessen" ihrer Angehörigen verwechseln.

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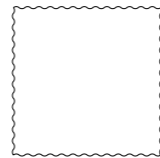




Manchmal sind Menschen gezwungen, in stationären Pflegeeinrichtungen zu leben, weil es in ihrer Gemeinde an Unterstützung und Dienstleistungen mangelt. Manchmal werden sie mit Tricks oder Drohungen in Pflegeeinrichtungen eingewiesen, weil andere ihre Fähigkeit anzweifeln, selbst entscheiden zu können, und dann die Entscheidung für sie treffen. Der Schutz der Freiheit in Pflegeeinrichtungen ist von entscheidender Bedeutung, wenn sie nicht ungewollt zu Orten der bloßen Verwahrung werden sollen.

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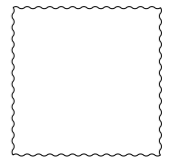




Die meisten Kinder lieben und respektieren ihre Eltern. Leider sehen einige "erwachsene Kinder" die zunehmende Gebrechlichkeit eines Elternteils als Gelegenheit, die Kontrolle über dessen Vermögen zu übernehmen; in der Regel dann, wenn dieser für längere Zeit im Krankenhaus liegt. Manchmal rechtfertigen sie dies vor sich selbst, weil sie glauben, es sei ihr Erbe. Es ist eine Schande, es ist ein Betrug und es ist ein Verbrechen.

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Einige ältere Menschen und Menschen mit Behinderungen werden gelegentlich dazu angehalten, Inkontinenzprodukte zu benutzen, obwohl sie diese nicht benötigen. Die Aufforderung wird mit „höherer Sicherheit“ unterstrichen. Die unangemessene Verwendung von Inkontinenzartikeln stellt selbst bei Personalengpässen eine grobe Verletzung der Menschenrechte dar und ist eine inhumane und erniedrigende Behandlung.

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Wissen Fachkräfte im Gesundheitswesen immer alles besser?

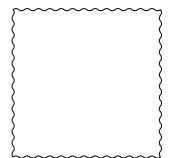


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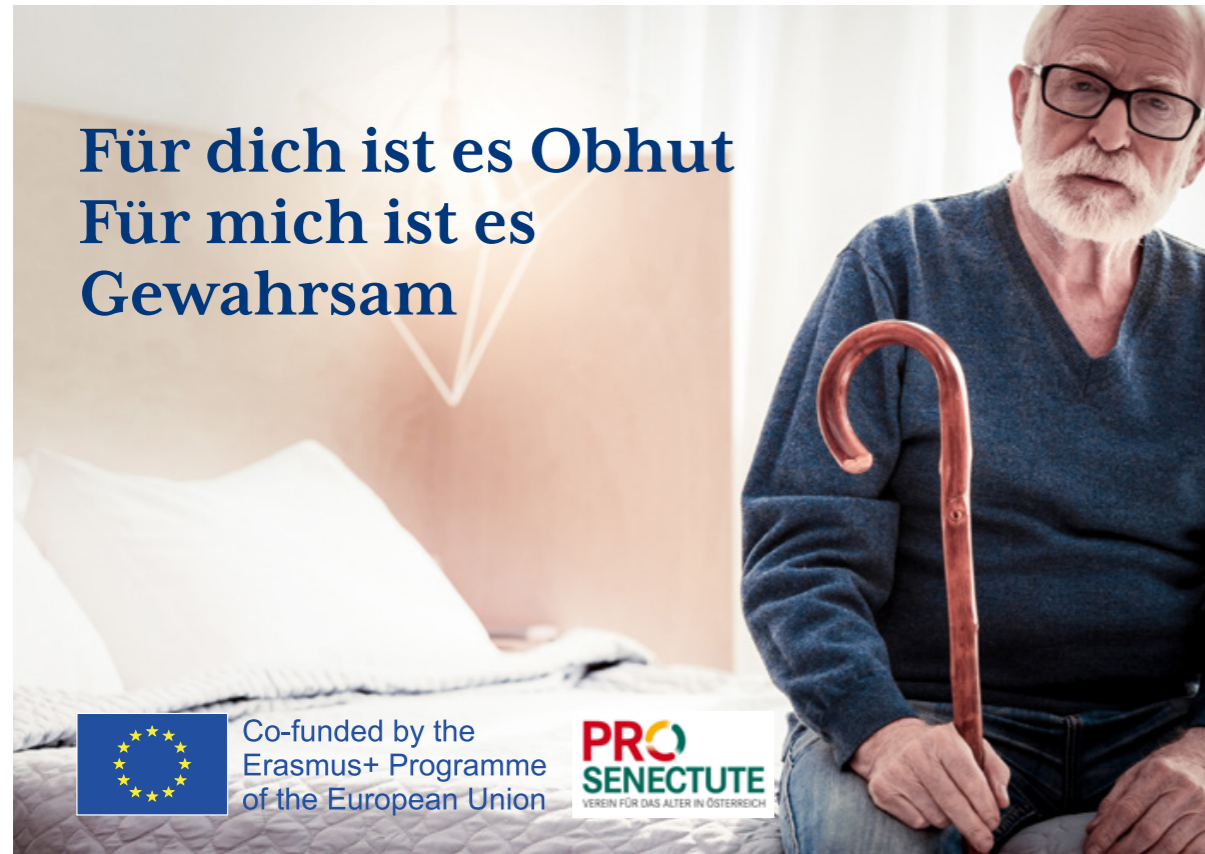


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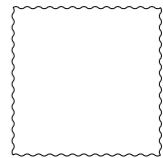
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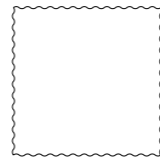
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Дали здравните професионалисти винаги знаят най-добре?

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фондация Лале
В добри ръце

фондация Лале
В добри ръце

Едни от най-добрите лекари и медицински сестри работят в здравната система. Те уважават волята и предпочитанията на пациентите си в рамките на своята професионална роля. Някои от тях, обаче, имат по-авторитарни ценности и това се вижда в начина, по който настояват за решения в „най-добрия интерес“ на свои пациенти. Случва се, не съвсем коректно, да вземат страната на членове на семейството, които смесват своя собствен интерес с „най-добрия интерес“ на възрастните си роднини.

Фондация Лале

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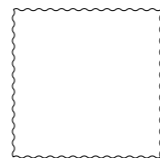




Понякога хората са принудени да живеят в големи домове за грижи поради недостатъчни схеми на подкрепа и услуги в общността. Понякога те са подведени или настанени против волята им в домове за възрастни хора, защото хората около тях се съмняват в способността им да вземат сами решения за себе си. Защитата на свободата в местата за грижи е особено важна, за да не станат те неформално места за ограничаване на свободата.

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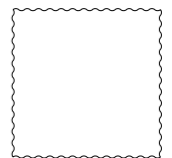




Повечето деца обичат и уважават родителите си. За съжаление някои „пораснали“ деца виждат нарастващата слабост на родителите си като възможност да поемат контрол над тяхната собственост, обикновено докато те са в болница за продължителен период. Случва се децата да се оправдават за това пред себе си като мислят, че това е тяхно наследство. Това е жестоко, нечестно е и е престъпление.

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Не всеки е доволен с памперс



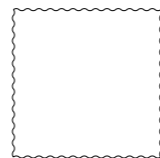
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Някои възрастни хора и хора с увреждания са насърчавани да ползват памперс, въпреки че могат без това. Понякога се използват медикаменти „за удобство“. Ненужното ползване на средства за задържане за улеснение на персонала, дори по време на нощни смени с ограничен брой полагащи грижи, е грубо нарушаване на правата на човека. Това е нехуманно и унижаващо отношение.

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Minding your Marbles Video



Watch the video:

<https://youtu.be/Cqac57r2ByY?si=NfCwxTj6D6snaJRM>

Partner webpages

Web Links to our Partners



Pro Senectute
Austria

<https://prosenectute.at/aktuell>



Фондация **лале**
В добри ръце

Tulip Foundations
Bulgaria

<https://www.tulipfoundation.net/en/index/>



Bagso
Germany

<https://www.bagso.de/english/>



<https://www.sageadvocacy.ie>

Resources

<https://www.oireachtas.ie/en/debates/debate/dail/2023-06-14/16/>

The rights of the elderly - European Commission (europa.eu)

<http://tinyurl.com/y9tcke5w>

The European Social Charter - Social Rights (coe.int)

<https://www.coe.int/en/web/european-social-charter/>

European Pillar of Social Rights - Building a fairer and more inclusive European Union - Employment, Social Affairs & Inclusion - European Commission (europa.eu)

<https://ec.europa.eu/social/main.jsp?catId=1226&langId=en#:~:text=The%20European%20Parliament%2C%20the%20Council%20and%20the%20Commission,and%20full%20of%20opportunity%20in%20the%2021st%20century.>

UN Convention on the Rights of Persons with Disabilities

<https://nda.ie/disability-policy/uncrpd#:~:text=The%20Convention%20applies%20established%20human%20rights%20principles%20from,areas%20like%20education%2C%20health%20care%2C%20employment%20and%20transport.>

Resources

Access to Justice

<http://tinyurl.com/4mnoxarvk>

Choice matters

<https://www.sageadvocacy.ie/resources/long-term-care-support>

Address by the Independent Expert on the enjoyment of all human rights by older persons at the 27th session of the Human Rights Council | OHCHR

<http://tinyurl.com/zsdk6hh9>

Déclaration de Rosa Korfeld-Matte, Experte Indépendante chargée de promouvoir l'exercice par les personnes âgées de tous les droits de l'homme à la 33ème session du Conseil des droits de l'homme | OHCHR

<https://www.ohchr.org/fr/2016/11/declaration-rosa-korfeld-matte>

Deprivation of Liberty - Claudia Mahler

<http://tinyurl.com/36z4dkm9>

Ageism Statement - Claudia Mahler

<https://www.ohchr.org/en/special-procedures/ie-older-persons>

Safeguarding Ireland Resources Including; Identifying Risks - Sharing Responsibilities

<https://www.safeguardingireland.org/resources/>



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