



PEER REVIEW
IN SOCIAL PROTECTION
AND SOCIAL INCLUSION
2010

A GOOD PLACE TO GROW OLDER

LONDON, 18–19 JANUARY 2011

SYNTHESIS REPORT



On behalf of the
European Commission
Employment, Social Affairs
and Inclusion



PEER REVIEW
IN SOCIAL PROTECTION
AND SOCIAL INCLUSION
2010

A GOOD PLACE TO GROW OLDER

ANNA HOKEMA AND CLEMENS TESCH-RÖMER
GERMAN CENTRE OF GERONTOLOGY

LONDON, 18–19 JANUARY 2011

SYNTHESIS REPORT



On behalf of the
European Commission
Employment, Social Affairs
and Inclusion



This publication is supported for under the European Community Programme for Employment and Social Solidarity (2007–2013). This programme is managed by the Directorate-Generale for Employment, Social Affairs and Inclusion of the European Commission. It was established to financially support the implementation of the objectives of the European Union in the employment and social affairs area, as set out in the Social Agenda, and thereby contribute to the achievement of the Lisbon Strategy goals in these fields.

The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-27, EFTA-EEA and EU candidate and pre-candidate countries.

PROGRESS mission is to strengthen the EU contribution in support of Member States' commitments and efforts to create more and better jobs and to build a more cohesive society. To that effect, PROGRESS will be instrumental in:

- providing analysis and policy advice on PROGRESS policy areas;
- monitoring and reporting on the implementation of EU legislation and policies in PROGRESS policy areas;
- promoting policy transfer, learning and support among Member States on EU objectives and priorities; and
- relaying the views of the stakeholders and society at large.

For more information see:

<http://ec.europa.eu/social/main.jsp?catId=327&langId=en>

Further information on the Peer Reviews and the Policy Assessment as well as all relevant documents are available at: <http://www.peer-review-social-inclusion.eu>.

The content of this publication does not necessarily reflect the opinion or position of the European Commission Directorate-General for Employment, Social Affairs and Inclusion. Neither the European Commission nor any person acting on its behalf is responsible for the use which might be made of the information in this publication.

2011

PRINTED IN BELGIUM



Table of content

Summary	5
A. 'A good place to grow older' — The policy debate at European level	7
B. Main elements of the UK's policy	13
C. Experiences in peer countries and stakeholder contributions	19
D. Discussions at the Peer Review meeting	28
E. Conclusions and key lessons	32
References	37





Summary

This Peer Review focused on strategies for building ‘a good place to grow older’. Held in London (United Kingdom) on 18–19 January 2011, the Peer Review was hosted by the UK Department for Work and Pensions. In addition to the host country, six peer countries were represented: Cyprus, Denmark, Finland, Hungary, Romania and Spain. The stakeholder representatives were the European Social Network (ESN) and AGE Platform Europe. Taking part for the European Commission were representatives from DG Employment, Social Affairs and Inclusion and DG SANCO (Health and Consumer Policy).

The main characteristics of the UK’s approach to developing ‘a good place to grow older’ are:

- Emphasis on long-term strategic reforms of public services (including pensions, benefits, health and care);
- Development of ‘good places to grow older’ locally, through the empowerment of communities, for instance, through the concept of “Big Society” and the Age-Friendly Cities Programme;
- Prioritising older people’s perspectives and creating institutions that guarantee the involvement of older people in policymaking;
- Changing attitudes and the behaviour of individuals, in order to promote equality of opportunity for older people.

Important lessons learned during this Peer Review are as follows:

- Older people are an underutilised and significant resource in demographically changing societies.
- Volunteering is an important means by which to enhance services to older people and to enable them to contribute to the community.
- Active ageing and the extension of working life have become an economic necessity in many European countries, and many older people actually wish to remain in work too.



-
- Easier access to information for older people and their relatives could help to solve a number of age-related problems.
 - Civil society, and especially forums of NGOs and senior citizens, with or without government participation, could pioneer new approaches.
 - Strategies are needed for scaling-up age-related pilot projects, since it is often not easy to translate the lessons learned from these projects into national policy.



A. 'A good place to grow older' — The policy debate at European level

Although demographic developments are different across Europe, the overwhelming trend is for citizens to live longer and birth rates to drop. Policymakers at the European level recognise this presents certain challenges and have outlined a range of political actions and initiatives tackling the growth of ageing societies (for a more extensive discussion see Hokema & Tesch-Römer, 2011).

The policy framework at European level

The goals of the European Commission were identified as (a) expanding working lives and (b) reforming public services such as pension, health and long-term care systems to limit public spending (European Commission, 2004; Gothenburg European Council, 2001; Lisbon European Council, 2000). The integration of health and long-term care, and shaping systems of social protection to meet the challenges of ageing societies, strengthening social cohesion, and preventing individual poverty were also outlined as important aims.

The Commission's 'Renewed Social Agenda' makes it clear that the challenges posed by an ageing society need to be addressed by a variety of actors and institutions (European Commission, 2008). Besides the governments of Member States, the agenda names regional and local authorities, social partners and civil society as important actors. The 'Year of Active Ageing 2012' extends thinking beyond the economics involved in ageing societies. Indeed, the European Council recently described active ageing as 'creating opportunities for staying longer on the labour market, for contributing to society through unpaid work in the community as volunteers or passing on their skills to younger people, and in their extended families, and for living autonomously and in dignity for as much and as long as possible' (Council of the European Union, June 2010¹).

¹ See p.4 http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lisa/114968.pdf



European and international comparative aspects

The European Commission published “The 2009 Ageing Report” to investigate progress in meeting the long-term goals and objectives to tackle the challenge of demographic ageing in the European Union up until 2060 (European Commission (DG Economic and Financial Affairs) & Economic Policy Committee (Ageing Working Group), 2009).

Elderly population

Demographic ageing is characterised by three factors: (a) dropping birth rates, (b) raising life expectancy and (c) migration. The first two lead to an increase of the elderly population in comparison to the rest of the population. In the UK, about 16.4% of the population is 65 and over today; this is expected to go up to 24.7% in 2060. The increase will be even more extreme for the population of 80 years and older and it is expected to double in the next fifty years.

The estimated number of years in good (and poor) health over a lifetime is a rough indicator of quality of life in old age — and the need for support and services. “Healthy life years” is an indicator which combines information on mortality and morbidity; a healthy condition is defined by the absence of limitations in functioning/disability. Although life expectancy has increased over the last decades, poor health can still be a part of life; the number of years in poor health varies widely between European Member States. In the UK, life expectancy at 65 is about 17 years for men and 19 years for women. This is quite similar to Denmark and Germany. However, despite similar life expectancies, there are differences between these three countries: the number of healthy years is highest in Denmark and lowest in Germany. Discounting measurement issues which might lead to cross-country differences, this difference illustrates the importance of societal characteristics in influencing health in old age.

Active Ageing

Countries have chosen different strategies to lower expenditure on pensions, but most commonly countries raise the retirement age and/or



restrict access to early retirement schemes (European Commission, 2009a). Keeping older workers in their job for a longer time has two consequences: (a) higher pension and tax payments and (b) lower pension expenditures. In addition it could also mean that older persons have a better chance of living an independent and active life. The Lisbon strategy set a goal to increase the employment rate of older workers to 50% by 2010 (Council of the European Union, 2010, p. 4). This goal has nearly been reached; on average 48.9% of the age group of 55–64 year olds are currently in employment in the European Union (European Commission, 2009b).

The discussion about the growing ‘burden of ageing’ and the expenditure related to old age must not neglect the substantial productive potential of the elderly population outside the workforce. A substantial proportion of the ageing population is active in various forms of civic engagement and social participation. Empirical research has shown that retirement does not necessarily result in higher participation rates (Naumann & Romeu Gordo, 2010). Nevertheless, when it comes to hours of volunteering the impact of older people is at least as good, if not better, than that of younger people. Civic engagement is embedded in the organisation of societies and is dependent on opportunity structures and social norms. However, there are large differences between EU Member States (Hank & Erlinghagen, 2007).

The European policy debate: the relevance of the local level

Although it follows the same basic trend, demographic ageing varies across the EU Member States, and within Member States, at the regional and local level, variability is even more pronounced. In the UK for example, the challenges and opportunities associated with demographic change differ between geographical areas. In fact, in 2008 the Audit Commission found that many local councils were not successful at creating ‘a good place to grow older’.

International initiatives to strengthen ageing-friendly environments

A number of international organisations and institutions have recognised the importance of supporting local places adjust to their changing demographic



situation. The World Health Organisation (WHO) started the Global Age-friendly City Project and the Age-friendly Environment Programme to address the environmental and social factors that contribute to active and healthy ageing in societies (WHO, 2007). In the UK the city of Manchester is participating in this programme (as outlined in the host country report). In the US the Centre of Long-term Care Policy & Research started the AdvantAge Initiative and developed a survey with thirty-one indicators of an elder-friendly community (AdvantAge Initiative, 2003; Feldman, Oberlink, Simantov, & Gursen, 2004). The survey was carried out in over twenty-five communities and the results can be used to compare communities with each other or against their own goals (Stafford, 2009).

In Europe, the Council of European Municipalities and Regions (CEMR) and the Ministry for Intergenerational Affairs, Family, Women and Integration of the state of North-Rhine Westphalia (Germany), in partnership with the Committee of the Regions and under the patronage of the European Parliament started the project 'Active Ageing of Migrant Elders Across Europe' (2007–2009). Local governments and NGOs were encouraged to provide examples of good practice focusing on the promotion of active ageing, social, cultural and economic integration of migrant and minority ethnic elders; emphasising volunteer activities and new goods or services which recognise the changing demographics, for instance in terms of housing, care, education, leisure, culture and marketing (Ministry for Intergenerational Affairs, Family, Women and Integration of the state of North-Rhine Westphalia, 2010).

Main characteristics of ageing-friendly environments

The peculiar characteristics of different counties and regions make it difficult to identify general characteristics of ageing-friendly environments. However, a number of international studies have identified common characteristics of environments which seem to be conducive to people ageing well. The overarching goal of ageing-friendly environments is to enable older persons to live self-determined and independent lives, and to enhance their general well-being (Gabriel & Bowling, 2004; Kreuzer, 2006; WHO World Health Organisation, 2007). The diversity of the population (with respect to migration, demographic composition and social inequality) and the differences between



rural and urban communities, are recognised as presenting distinct needs in the process of creating ageing-friendly environments and communities (Council of the European Union, 2010; Eales, Keefe, & Keating, 2008; Ministry for Intergenerational Affairs Family Women and Integration of the state of North-Rhine Westphalia, 2010; Scharf, Phillipson, & Smith, 2005).

Related Peer Reviews

A number of Peer Reviews in the past have dealt with the issues connected with an ageing society, including service provision in this context and the importance of regional and local contexts for quality of life in old age.

The Romanian Peer Review 'Achieving excellence in social service provision' (Maas & Rodrigues, 2010) and the Danish Peer Review 'Combining choice, quality and equity in social services' (Glendinning, 2009) have both provided the opportunity to share best practice in the area of social services. In Romania the emphasis was on increasing the availability of services and insuring a certain measure of quality through an accreditation system, because services are provided by profit and non-profit organisations. The Danish government presented their initiative to create a local market for services especially relevant for elderly persons (e.g. home help, meals on wheels etc.).

The German Peer Review 'Ensuring a functioning healthcare system in regions with declining and ageing population' (Maynard, 2009) highlighted the need for regional solutions to demographic change. The Swedish Peer Review 'Freedom of choice and dignity for the elderly' (Tesch-Römer, 2007) emphasises the importance of the local level. Whilst the framework for long-term care in Sweden is decided on the national level, the concrete designs of services are decided at the regional level. Furthermore, this Peer Review drew attention to the importance of the perspective of the user and the importance of recognising human rights in the provision of long-term care.

The importance of a good, workable, long-term care system was the topic of the Dutch Peer Review 'Long-term Care: How to organise affordable,



sustainable long-term care given the constraints of collective versus individual arrangements and responsibilities' (Rothgang & Engelke, 2009).

The present Peer Review on 'a good place to grow older' builds on previous Peer Reviews, and in addition provides a fresh perspective on how to manage and make a success of the growth of ageing societies.

B. Main elements of the UK's policy

The UK has a rapidly ageing society; average life expectancy in the UK has increased by thirty years over the last century and the number of people over 65 years of age is expected to nearly double over the next fifty years. Public expenditure on people over 65 years of age is projected to increase by nearly 5% of GDP by 2059 — equivalent to £70 billion a year in today's terms.

Background of the policy framework for 'A good place to grow older'

The UK policy framework for creating "good places to grow older" incorporates a variety of policies, programmes and projects. Three important aims influenced the development of the policy framework:

- (a) *Maintaining financial sustainability*: for the demographic shift to be affordable, working lives need to be longer (reducing expenditure on pensions) and ageing needs to be as healthy and active as possible (reducing expenditure on healthcare and social care).
- (b) *Improving health*: active participation and good health influence each other in a 'virtuous cycle'. Active participation leads to augmented ability, confidence and opportunities for the persons involved. In turn, this stimulates increased well-being and stable social networks, which result in better personal health — and more active participation. The consequence of better health is a reduced need for social care services.
- (c) *Stimulating local contexts*: local contexts get more important in old age (the notion of 'ageing in place' implies the ability to age at home). Hence villages, towns, and cities play a major role in establishing the preconditions for this 'virtuous cycle'. The present policy attempts to spell out the relevant actors and instruments for developing good places to grow older. The host country report states that actors of civil society (the 'Big Society') and among them especially older people themselves should play a major role. The policy framework attempts to shift the emphasis from 'providing care' to 'stimulating ageing well'.



These background aims are closely connected: if local service providers are encouraged to link services together and to offer opportunities for the participation of the (older) population, this initiates the “virtuous cycle of social inclusion” — leading to better health, enabling longer working life and reducing the need for health and social care, and ultimately, improving sustainability of the social security systems. This is clearly an innovative way to cope with the challenges of an ageing society and improve individual quality of life at the same time. Recent evidence points to the benefits of active societal participation and volunteering for health in later life (Pillemer, Fuller-Rowell, Reid, & Wells, 2010).

It should be mentioned, however, that the “virtuous cycle” is not automatic, intervention may be necessary to set it in motion, to steer it and to correct it where need be. For example, the transition into retirement is accompanied by gains and losses; there is a gain in free time but a loss in the participation opportunities of gainful employment. Whilst highly educated persons seem likely to volunteer, less educated persons need encouragement. Hence, it is highly relevant to create ‘low threshold’ opportunities for pensioners to stay or become active. In addition, organisational support, i.e. choices of volunteer activity, training, and ongoing supervision, has more positive effects (higher number of hours committed, stronger perception of personal benefits) for older volunteers with low socio-economic status compared to volunteers with higher socio-economic status (Tang, Choi, & Morrow-Howell, 2010).

Goals and objectives of the policy framework ‘A good place to grow older’

There are three sets of goals in the policy framework creating ‘a good place to grow older’. The first goal concerns the conditions for ageing well (focus: the older person), the second goal concerns the development of villages, towns, and cities into ‘good places’ for ageing well (focus: the local arena), the third goal concerns financial costs (focus: financial expenditures).



Encouraging ageing well

What constitutes ageing well? There is a tradition in European gerontology, led by researchers in the UK, to describe and analyse the determinants of 'quality of life in old age'. Ageing well — or quality of life in old age — is a multifaceted notion covering subjective well-being, personal control and mastery, good health and functional status, trusting and dependable social relations and support, sufficient financial means, good environmental conditions and opportunities for leisure activities (Mollenkopf & Walker, 2007). Another approach emphasises the importance of social inclusion, the dignity of older people, adequacy of pensions and minimum pension schemes, access to quality health and long-term care services and technologies for independent living, labour activation for older workers, adequate housing and heating, accessible education and lifelong learning, and good transport and communication services (AGE Platform, 2009).

Evidently, the notions 'quality of life' and 'social inclusion' are broad umbrella constructs. Some aspects might be most suited to interventions on the local level (e.g. societal participation) and other aspects might be most suited to interventions at the national level (e.g. financial security).

The *prevention of social exclusion* (e.g. resulting from a low probability of: limiting long standing illness, poor self-rated health, absence of physical exercise, low subjective well-being, limited income, poor housing and local infrastructure²) focuses on different subgroups of the ageing population. The *stimulation of social inclusion* (e.g. built on a high probability of good health, societal participation, good income and housing) applies more broadly to older people in general. Policies aimed at reducing social exclusion in later life should acknowledge the life course dimension, especially the impact of age-related changes (the transition to widowhood, the adjustment to living alone, the loss of close family, friends and neighbours, the onset of chronic health conditions, withdrawal from the labour market, and the experience of crime³), the accumulation of disadvantages throughout an individuals' lives, and community characteristics.

2 see page 37–38 of the host country report

3 Scharf, Phillipson, & Smith, 2005, p. 30.



Creating 'good places' to grow older

What constitutes 'a good place to grow older'? At the local level there is a substantial degree of variability, namely differences between rural and urban areas, between municipalities with a diverse ethnic population and municipalities with a more uniform ethnic population, between demographically 'younger' and 'older' communities. Hence, the policy framework suggests 'to help local authorities find their own innovative solutions to improve local services and to enhance the quality of later life for older people and future generations by continuing to improve the provision of joined up services for older people'. In preventing social exclusion, communities, families, voluntary and community organisations and particularly older people themselves, can play a key role in:

- identifying and supporting individuals at risk;
- helping overcome behavioural barriers for that group;
- designing and delivering information and low-level interventions;
- signposting to public services, and helping shape those services;
- empowering local communities;
- outreach practices in day-to-day social care for elderly people, especially for those experiencing isolation must also be outlined.

This means, however, that despite geographical variability there are some general characteristics of 'good places to grow older', namely local contexts which offer rich employment and volunteering opportunities, a variety of leisure and social activities, a choice of learning opportunities, and good transport infrastructure. The Ageing Well programme has three components to help local authorities diagnose what areas of work need to be prioritised, using different improvement tools and sharing a wide range of information on good practice. Similarly, the United Nations provides a conceptual guide to determine the 'liveability' of age-friendly cities which refers to outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community support and health services (WHO, 2007). Manchester is on its way to becoming an age-friendly city.



An indication of ‘a good place to grow older’ can come from the shift in emphasis from a duty to deliver social care to a more developed role for the local authority. The local authority should understand the requirements of their community and be able to mobilise the potential in their community, maximising opportunities for the (older) population, ensuring that services are accessible to as many of the older population as possible, and providing services aimed at promoting independence and well-being in later life (Audit Commission, 2008, p. 33).

Maintaining financial sustainability

Quite often, services for older people focus on improving individual quality of life, rather than taking a cross-cutting, value-for-money approach, which involves evaluating the financial sustainability of services. Furthermore, for the time being social care dominates the debate. As has been described by the Audit Commission — an independent watchdog aiming to improve economy, efficiency and effectiveness in local government, housing and the health service — local councils see growing social care costs as the biggest financial implication of an ageing population, yet these costs result from services provided for a minority of the older population (Audit Commission, 2009). There are other domains of local spending which could be acknowledged (and which serve a broader range of citizens); besides funding for social care, funding for housing, transport, the built environment and opportunities for learning and leisure activities are all important. Funding services which push the potential of older people (leading to better health and more volunteering) might contribute to cost savings in the long run.

Implications of the UK policy for European Member States

The UK’s programmes for creating good places to grow older, e.g. LinkAge Plus (LAP) and Partnerships for Old People Projects (POPP), display the high standards of policy development, implementation and evaluation typical in the UK. The results of the programmes are described comprehensively; reports and executive summaries have been published and are available online. Nevertheless, these projects show how difficult it is to evaluate the impact of



complex programmes. An analysis of the impact of these programmes faces the problems of quantifying preventive measures delivered to the general population. For local governments, tools have to be available to simplify the process of evaluating interventions and which can link expenditure of intervention to outcomes, to demonstrate value for money.

All Member States are similar in having established different systems of governance at the national, regional and local level. The local level is extremely important for the well-being of citizens. As a reaction to that, several initiatives are giving voice to local issues at the European level. For instance, the Council of European Municipalities works to promote a united Europe based on local and regional self-government and democracy⁴. Although not mentioned explicitly, the concerns of an ageing population are highly relevant in this Council (cf. working group on social affairs). The Committee of the Regions⁵) is trusted with the mission of involving regional and local authorities in the European decision-making process on key policy areas of regional concern. These considerations impact the policies in peer countries and the contributions of stakeholder organisations.

4 www.ccre.org

5 www.cor.europa.eu



C. Experiences in peer countries and stakeholder contributions

In line with their different cultural, political and social traditions, European Member States have different welfare state systems. Some Member States bear similarities, others are very different. However, this Peer Review made it clear that all Member States and their respective national governments are searching for the right balance between national policies and their role as a facilitator for local communities to develop their own innovative solutions to become good places to grow older. In this section, the main objectives of the policies of the European Member States who took part as peer countries in the review process on the topic 'A good place to grow older' — Cyprus, Denmark, Finland, Hungary, Romania, and Spain — will be introduced. In addition, the position of two stakeholder organisations (AGE, and the European Social Network) will be briefly presented⁶. The following presentation will highlight legislation, policies, programmes and projects at (a) the national level and (b) the local level.

Cyprus

National level

The Cypriot government's policies concerning older people aim to promote respect and inclusion, social and civic participation, encourage employment ('active ageing'), and to optimise quality of life through supportive and age-friendly communities. One way of guaranteeing this is through the programmes, schemes and services offered by the Social Welfare Services for the elderly population, and through benefits such as the scheme for self-employed elderly to encourage their activation, creative work and social integration. The Ministry of Health aims to establish more health centres, nursing home care services, rehabilitation services and training for geriatric and primary health care. Measures for the prevention of illness are being developed through a network of programmes which include timely diagnosis

⁶ More detailed information can be found at <http://www.peer-review-social-inclusion.eu/peer-reviews/2010/a-good-place-to-grow-older>



and prevention of chronic illnesses, as well as the promotion of healthy lifestyles. Furthermore, the Ministry of Health is planning to introduce a long-term care scheme which puts an emphasis on community care.

Local level

The long-term care scheme mentioned above includes plans to provide local authorities with technical and financial assistance in order to develop actions in communities including programmes and services for the elderly (care support, integration programmes, safety and security, environments which cater for seniors' needs and transportation).

Denmark

National level

The three major initiatives in the field of services for elderly and disabled people in Denmark developed in the past few years are: the quality of care services reform (better learning among local authorities and sectors, the development and implementation of welfare technology through the ABT Foundation), the Strategy on Dementia (developing new and better respite services for carers; continuation of the National Centre for Dementia; development of clinical guidelines for the assessment and treatment of dementia; national information campaign on dementia) and the Civil Society Strategy (promotion of active citizenship and systematic involvement of civil society and voluntary organisations working with socially vulnerable people and families). In addition, a National Framework of Mechanisms to Monitor Quality in the Care for Elderly is currently being developed.

Local level

In Denmark, the overall principles applying to long-term care are decided at the national level. The local authority is responsible for offering personal and practical assistance, which is free of charge. Local authorities also determine the level of home help services in the local authority (the service level). Finally, the local authority decides who is entitled to receive home help services. Through the so-called 'free choice reform' local authorities have



been obliged to establish a framework enabling private providers to enter the market for personal and practical assistance. The National Framework of Mechanisms to Monitor Quality in the Care for Elderly (mentioned above) will function as a guideline for local authorities to develop and evaluate their services for older people in the future.

Finland

National level

The main goals of the Finnish government concerning older people — set out in the ageing report (2009) by the Prime Minister — are to enhance functional capacity, independent living, and active participation in society. The Ministry of Social Affairs and Health is responsible for implementing legislative schemes, quality guidelines, programmes and projects. Furthermore, the government launched three important policy programmes; two of which concern older people: the Policy Programme for Employment, Entrepreneurship and Work Life and the Policy Programme for Health Promotion. Other important Finnish initiatives at the national level are pension reform, the programme for the Enhancement of Public Sector Productivity, a National Memory Programme, and The Government Resolution on the Health 2015. Of special importance is the National Framework for High-quality Services for Older People, which shapes government policy on the national, regional and local level.

Local level

The National Framework for High-quality Services for Older People (2001, updated 2008) is intended to function as a tool for decision-makers and managers in municipalities and cooperation districts for developing and evaluating their services for older people. Resources are allocated to the local municipalities so they can develop services for older people. The framework stresses the importance of partnerships between the public, private and third sectors and underlines the involvement of local people, clients and their families. Two further national programmes stress the importance of local level involvement: (1) is an advice and service network



for promoting the well-being and health of older people (Ministry of Social Affairs and Health, initiated in 2009). In this project municipalities have to develop advice services on the promotion of well-being, health and social security which are easily available in the local community. (2) The INNOKYLÄ is a new innovation service platform which enables representatives of municipalities to seek advice on how to develop services for various areas of concern and to find out about the latest service models that have been developed. The community comprises a number of hands-on activities, including an innovation bank, college and library and an innovation clinic which will enable different actors to develop new kinds of services.

Hungary

National level

In 2009 the National Old-age Strategy was adopted by the Hungarian Parliament. It defines long-term goals until 2034 including: increasing the number of years in good health, keeping life active for longer, creating financial security for older people, promoting social integration, harmonising different services, considering the interests of the elderly and old people, supporting life-long learning of the elderly, and 'age management'. During the development phase older people and care experts were consulted, and international good practice was reviewed to guarantee the practical relevance of Hungary's plan; the Strategy observes the EU, UN and OECD thinking concerning older people. The Strategy initiated fundamental changes in ageing policy and represents a paradigm shift from the former 'deficit approach' (loss of abilities) to the 'development approach' (concentration of existing capabilities, recalling latent skills).

Local level

Long-term care in Hungary is organised on the local level but is financed by the national budget. Over the past ten years important changes have occurred in the field of long-term care; institutional care lost its importance and home care and more individualised care came into focus due to a more heterogeneous ageing population; home care services were created; and



two important initiatives from the national government helped to explore the field on the local level: the “Old-age Friendly Local Government Award” (to foster mutual learning between local authorities), and the “Old-age-friendly home project” (funding for practical projects to stabilise the living situation of older persons in their own home).

Romania

National level

The single most important action taken by the Romanian government regarding the ageing population was a reform of the pension system in December 2010. To limit public spending the new act aims at reducing the numbers of people qualifying for the Romanian pension systems (e.g. for civil servants from armed forces, police, foreign affairs/diplomacy). The retirement age and minimum contribution were increased and the pension was linked to the number of years of contribution and mean earnings. In 2000, the National Council of Elderly Persons (NCEP) was set up as an autonomous consultative body. The main objective of this Council is to formalise the institutionalisation of social dialogue between public authorities and elderly people and their main task is to support the governmental institutions in their endeavours to implement the recommendations of the UN Assembly on Ageing.

Local level

In Romania local authorities are responsible for managing and financing social assistance measures for elderly people. According to the law, older people in need are entitled to receive a wide range of social services such as counselling, advocacy, accompaniment services, food delivered by social canteens, meals on wheels services, aid for small home repairs and care services to accomplish daily activities with a view to helping keep older people independent for as long as possible. Local authorities can deliver social services by themselves or they can collaborate with NGOs. Over the last decade, mixed arrangements, based on public-private partnerships, were encouraged. NGOs are the main formal providers of home care and



the promoters of innovative projects within communities. Furthermore, legislation in the field of social services states the obligation of service providers to involve the users at all stages of service planning and delivery. NGOs develop their own rules in order to facilitate the users' involvement in service provision (this topic is defined as one of the quality standards).

Spain

National level

The two major goals of the Spanish government dealing with an ageing population are the promotion of active ageing and the promotion of personal autonomy and care for dependent persons. The latter received notable attention with the implementation of the "Personal Autonomy and Care for Dependent Persons Act" (2008) which recognised a new right for all Spanish citizens, independent of their age: the right to receive benefits and services whenever they need long-term care. The Act created a new system of care which is organised by the Territorial Council (including representatives from the Autonomous Communities, the State General Administration and the Local Entities). The main tasks of the Council are to develop: standards for the evaluation of dependency, criteria for determining the level of protection of the services, criteria of quality and safety for centres and services, quality indicators for assessment, best practice guides, and service charters. Important programmes for the meeting of both these goals are the Tourism and Social Spas Programmes, which enable older people to enjoy tourist, cultural, artistic activities or being close to nature, as well as the health services such as spa treatments. These programmes have been shown to have a very positive impact on the physical and psychological well-being and social relations of older people.

Regional level

The Spanish Constitution divides power between the national state and several autonomous communities. In the area of services for older people and health care the division of responsibilities works with the regions running the services and the state evaluating and ensuring the equity of the system. The



Interterritorial Council of the National Health Service has the coordinating role and is comprised of representatives from the regional and national level. This council signed the Pact for Health in 2008 with the aim of strengthening the National Health Service through: improving human resources policy, the creation of a common portfolio of services, the rationalisation of health care spending, increasing the quality of, and facilitating innovation in, health services; facilitating universal access to palliative care; boosting preventive care and implementing policies to counter illicit drug consumption.

AGE

National level

AGE is responsible for overseeing measures for inclusive health, long-term care and pensions systems at the national level. AGE promotes four rights-based principles which apply to all levels and social actors, they are: participation (creation of an active model of citizen-centred engagement in innovation and change based on processes of co-design and co-creation), motivation (shared understanding of a 'highly desirable and attractive' unified social, economic, environmental and ethical framework for 'inclusivity'), inclusive design (the principles of inclusive design need to be prioritised in all social, technical, political and economic processes) and organisation (for the creation of change new forms of collaboration, knowledge sharing, resource sharing, and leadership need to be developed and individual, corporate, regional, state, and union actors need to work together).

Local level

The responsibility for the built environment, housing and transport to guarantee dignified ageing and active participation lies — according to AGE — with local authorities. AGE supports the concept of Age-Friendly Cities (WHO), as a useful method for local authorities and municipalities to assess the needs of the local ageing populations and to develop solutions adapted to the local context. AGE has developed several principles to fight social exclusion and isolation of older people on the local level: (1) desirable and sharable urban places; (2) health and well-being in publicly used buildings;



(3) sustainable neighbourhoods for all ages; (4) wellness in sustainable housing; (5) seamless public transport; (6) responsive and integrated personal transport.

European Social Network

National level

A selection of members of the European Social Network (Dortmund/Germany, Madrid/Spain, Reykjavik/Iceland and Stockholm/Sweden) presented a number of key priorities for tackling challenges caused by demographic ageing at the national and local level. For national governments and the society as a whole it is important to increase the pension age to 67, but at the same time companies need to be encouraged to employ people over the age of 50 and to guarantee their financial security during retirement. In addition, prejudices against older people need to be challenged, including educating people that not all older people are dependent on the care system. Due to the change in family structures, generations of older people need to be informed that self-help initiatives will be of greater importance (e.g. for shopping, to guide older neighbours to the doctor or bank etc.). It is important to create and promote preventive health care programmes organised by the state or insurance companies depending on their welfare system. Care dependency definitions need to be adapted so that people with dementia or mental health issues are recognised fairly. Training programmes for social workers, nurses, social care staff and other workers working with older people need to be reviewed.

Local level

Regarding the local level, members of the European Social Network call for the following: more project funding for new volunteering initiatives in order to make self-help possible, adaptation of ordinary houses to accommodate older people better, more and better case management structures to help older people stay at home for as long as possible, making better use of ICT in older people's lives (e.g. helping people keep in touch with their relatives) and care (e.g. monitoring a person's movements at home), exploration of



new living concepts, improvement of the identification of fragile older people at risk of isolation, abuse or social exclusion and the provision of social and health support to them, better support for carers and the promotion intergenerational solidarity that enables young and older people to learn from each other and build shared values.



D. Discussions at the Peer Review meeting

As in many European countries, British life expectancy for those aged 65 is now rising fast. Some 10 million people currently alive in the UK (more than 1 in 6) are likely to reach the age of 100. This is seen first and foremost as a cause for celebration. Positive policies on issues ranging from transport and housing to health can help citizens to “age well”. In turn, older people can be active contributors to society. However, there are also some important challenges. The years of good health after age 65 are increasing, but so are the years spent in poor health. Without reforms, UK public spending on over-65s is predicted to increase by the equivalent of almost 5% of GDP by 2059. If this rise were to be funded through taxation on people in work, the basic tax rate would go up by 17%. Left unaddressed, the growth in age-related spending could more than wipe out all of the UK’s efforts to reduce public deficits. Reforms are therefore considered essential.

Pension reform

28

Some progress is being made on pension reform. From 2011 onwards, the basic state pension will increase each year by whichever is the greatest of three factors: the growth in average earnings, the growth in prices, or 2.5%. Further measures to strengthen the basic pension are currently under discussion, they include measures to provide a foundation for people to build up workplace pensions, supplementing the basic state pension. A new workplace-based scheme will come into effect from 2012; under it, employees will save a percentage of their earnings, and the employer and the government will top it up. People will be auto-enrolled into the scheme; opting in will be the default position, but will not be mandatory. In future, there will no longer be a legally prescribed retirement age.

Reforms to health and social care

Reforms to health and social care will include a strong emphasis on prevention. The UK’s National Health Service (NHS) is free of charge to the end-user, so there is little scope for directly reducing the public cost of health



care for older people. However, the NHS is putting money into social care as a way of boosting prevention and creating a new focus on public health. New structures will include Health and Wellbeing Boards, which will oversee the local commissioning of health and social care services. Reducing cost pressures on health and social care is an unresolved issue for the UK (and for other peer countries as well); an important means through which to do this is to encourage healthy active ageing measures. In the discussion, the fact that the public spending issue will be a manageable change, not a fiscal crisis, was emphasised.

The role of the “Big Society”

The “Big Society” is now a major, though controversial, theme behind policy in the UK. Its elements include encouraging more participation in social action within communities, creating more opportunities for organisations within communities to make a difference, and making public institutions more responsive to local people and their needs. A new emphasis on well-being is also emerging, and could have positive implications for policy on the quality of later life. The UK strives to enable older citizens to contribute in later life (through extending their working lives, volunteering, mentoring and intergenerational activities).

Principles behind the UK reforms

There are several principles behind the UK reforms. The most important of the principles are as follows:

- **“Nudging”**

One of the principles behind the UK reforms is the conviction that attitudes and behaviours are more likely to change by encouraging personal responsibility for ageing (savings, public health etc.) and active and productive lives (working longer or volunteering) — than through imposing mandatory measures.



- **Community-based responses**

There is currently a strong emphasis on “localism” — letting communities decide their own responses in line with their needs. A holistic approach on the ageing dimension is essential as it concerns a very large number of socio-economic and clinical factors (physical activity, food habits, intensity of social life, education level, and cultural background); fighting loneliness and improving (or creating) social lives and social networks which benefit elderly people have also been identified as key factors for a good ageing process.

- **Partnerships between government and the voluntary and community sector**

The voluntary and community sector make a significant contribution to shaping good places to grow older. Identifying examples of good practice could help to show how co-ordination and joined-up approaches between government and the voluntary and community sector could help improve value for money for all actors involved.

- **Co-production with older people**

Traditionally, older people are seen as passive recipients, consumers, users or subjects of care. Increasingly, an active model of old age is being adopted and older citizens are seen as contributors to innovation and change. Hence, one of the main principles behind the UK’s reforms involves getting older citizens to participate in the design and delivery of services as co-designers and co-creators.

- **Focus on outcomes**

Quite often, social policy is evaluated by input indicators (e.g. government expenditure on pensions, health, and long-term care); one of the UK’s principle concerns is to focus on outcomes. For instance, with respect to community services it is more important to look at results than imposing prescribed activities (an



improvement in well-being for those with the poorest quality later lives is especially important). Although the UK has made some progress in reducing income poverty, social inequality is still high in the UK compared to other EU Member States.

- **Innovative financing**

A Big Society Bank is planned and will lend money for preventive activities that can show a social return on investment. In addition, the allocation of public finances will be based on expected outcomes. Hence, a careful economic analysis concerning the question of whether interventions are efficient (i.e. as least as effective as an alternative intervention and less costly) will be carried out.



E. Conclusions and key lessons

The European Year for Active Ageing and Intergenerational Solidarity, 2012, corresponds to the year in which the EU's working-age population will start shrinking. While social policy remains the competence of Member States, both the European Parliament and the European Commission are taking a strong interest in age-related issues — especially active ageing and the quality of long-term care.

The policy framework for establishing 'a good place to grow older' is relevant to all Member States since securing a good quality of life, prevention of dependency, and cost saving are important aspects of the European policy debate. In general, this Peer Review should help Member States to learn from each other's experiences and to promote the transferability of good practice; nevertheless Member States will often take different approaches. The main conclusions and key lessons to emerge from the Peer Review were:

Transferability of the UK reforms

Some aspects of UK policy might be transferable to other countries; the variety of programmes, the importance of scientific evaluation and a value-for-money approach, the emphasis on long-term strategies, the idea of prioritising older people's perspectives and creating institutions that guarantee the involvement of older people in policymaking, and the focus on empowering communities (through the concept of "Big Society" and the Age-Friendly Cities Programme, for instance) are some examples of transferable policies.

Older people as a societal resource

The economic and social capital accumulated by older people represents a significant resource for societies; however, social expectations of older people usually underestimate this potential. The local policies in Manchester emphasise and recognise older people as active citizens, as opposed to



mere recipients of health and social care. Public discourse can play an important role in promoting this notion, for example, bringing new “images of ageing” into the mass media and into the consciousness of the general public can raise people’s expectations of older people. Older people are also relevant consumers, with significant potential to boost markets; a successful scheme in Spain enables hotels to provide senior citizens with low-season holidays, helping to maintain employment in major tourism areas. Health care and long-term care already constitute around 10% of employment in the EU, and services to older people will be a major source of jobs in the future.

Old age as part of life’s course

It may be helpful to promote ideas of a life course perspective so that “old age” is seen as part of life’s course — albeit one that needs to be planned for. Whilst experiences and events in earlier phases of life’s course do not determine an individual’s living situation in later adulthood, they are important factors for many aspects of the ageing process. An example of this is supporting younger people’s capacity to plan for life, for instance in terms education, health behaviour or pension planning. This whole-life approach would serve to ensure that ageing does not take people by surprise, and would encourage measures in a variety of areas to account for the needs of older people.

Diversity

Communities, counties and cities have considerably different migrant populations. Some municipalities are quite advanced in their attitudes and thinking about migrants, simply because they have a lot of them. It is important for local governments to adapt inclusive policies for diverse populations, for example special outreach work involving staff who speak the language of a particular community would be particularly relevant for municipalities and cities characterized by diversity.



Active ageing and the extension of working life

Active ageing and the extension of working life have become an economic necessity in many European countries, but they also correspond with many older people's wish to remain in work. A number of EU Member States which had already intended to raise their pension age, for demographic reasons, may do so more rapidly in response to the economic crisis. Considering a higher retirement age or pegging retirement age to the increasing life span also means creating environments which enable older workers to remain healthy and productive, a responsibility borne not only by policymakers but also by companies and individuals themselves.

Volunteering

Volunteering is an important means of enhancing services to older people and of enabling them to contribute to the community. Although volunteering is usually thought of as an altruistic activity, volunteers benefit too, in terms of skill development, social integration or simply enjoying their leisure time. Hence, volunteering is part of ageing well — and might be promoted in this respect. Higher education organisations could get involved in supporting the development of volunteering, particularly through training and evaluation. For instance, Denmark has a new civil society strategy to increase volunteering: organisers can apply for funds to launch projects that engage volunteers.

Partnerships across sectors

Local initiatives and projects are more successful if they involve partners from different sectors. These partners could come from research bodies, local businesses or civil society, such as football clubs or other clubs. It is also important to acknowledge older people's interests and to enable them to work with various organisations.



The role of stakeholder organisations

The role of stakeholder organisations should be acknowledged and their competence should be used in the search for innovative solutions. NGOs which pursue wider social aims with political implications may help to develop “civil society”, or in terms of the UK’s policy, “Big Society”. Forums of NGOs and senior citizens, either with or without government participation, could help to pioneer innovative approaches and help to ensure that these ideas are not lost because they are not acted upon. “Free money” (top-slicing of government budgets to guarantee a small fund for social innovation) may also serve to promote fresh thinking.

Access to information

Easier access to appropriate, timely information on the needs of ageing people for older people themselves and their relatives could help to solve a number of age-related problems. Advice desks would be one way of achieving this, and information technology represents a crucial tool. It should be kept in mind, however, that there are inequalities in access to computers and the internet. On the other hand, older people come into contact with many professionals: medical services, care services, banks, public administrations etc.; these professionals could be provided with simple diagnostic tools as a basis for giving advice to their older clients.

The role of the environment

Inclusive designs for housing, neighbourhoods, and traffic systems should address both functional and social inclusion. It is important to move beyond an inclusive design approach that is solely concerned with the removal of barriers, and towards the creation of desirable places and spaces, hence motivating citizens to participate in their neighbourhoods.

Strategies for scaling up pilot projects

Finally, strategies are needed for scaling-up age-related pilot projects. It is often not easy to translate the lessons learned from these projects into national policy. Hence, there should be an emphasis on developing strategies for translating or scaling-up the insights from projects into policies.



References

- AdvantAge Initiative. (2003). Indicator chartbook: National survey of adults aged 65 and older. Retrieved 13. 11. 2010, from http://www.vnsny.org/advantage/ai_chartbookfinal.pdf
- AGE Platform. (2009). AGE Assessment of the 2008 National Strategy Reports on social protection and social inclusion. Brussels: AGE — the European Older People's Platform.
- Audit Commission. (2008). Don't stop me now. Preparing for an ageing population. London: Audit Commission.
- Audit Commission. (2009). Financial implications for local authorities of an ageing population. Policy and literature review. London: Audit Commission.
- Council of the European Union. (2010). Council conclusions on Active Ageing. Brussels: Council of the European Union.
- Eales, J., Keefe, J., & Keating, N. (2008). Age-friendly rural communities. In N. Keating (Ed.), Rural ageing (Vol. 2008, pp. 109-120). Bristol: Policy Press.
- European Commission. (2004). Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the 'open method of coordination' (No. COM(2004) 304 final). Brussels: European Commission.
- European Commission. (2008). Renewed social agenda: Opportunities, access and solidarity in 21st century Europe (No. COM(2008) 412 final). Brussels: European Commission.
- European Commission. (2009a). Dealing with the impact of an ageing population in the EU (2009 Ageing Report) (No. COM(2009) 180/4). Brussels: European Commission.
- European Commission. (2009b). European Economy No. 2/2009 — 2009 Ageing Report: Economic and budgetary projections for the EU-27 Member States (2008-2060) — Statistical Annex. Brussels: European Commission.
- European Commission (DG ECFIN), & Economic Policy Committee (AWG). (2009). The 2009 Ageing Report: economic and budgetary projections for the EU-27 Member States (2008-2060) Joint Report prepared by the European Commission (DG ECFIN) and the Economic Policy Committee (AWG). Brussels: European Commission.
- Feldman, P. H., Oberlink, M. R., Simantov, E., & Gursen, M. D. (2004). A tale of two older Americas: community opportunities and challenges (AdvantAge Initiative 2003 national survey of adults aged 65 and older). New York: The Center for Home Care Policy and Research [CHCPR].
- Gabriel, Z., & Bowling, A. (2004). Quality of life from the perspective of older people. *Ageing & Society*, 24, 675-691.



Glendinning, C. (2009). Peer Review: Combining choice, quality and equity in social services — Synthesis Report. Retrieved 13. 11. 2010, from <http://www.peer-review-social-inclusion.eu/peer-reviews/2009/combining-choice-quality-and-equity-in-social-services>.

Gothenburg European Council. (2001). Presidency Conclusion. Gothenburg: European Council.

Hank, K., & Erlinghagen, M. (2007). Volunteer work. In A. Börsch-Supan, A. Brugiavini, H. Jürges, J. Mackenbach, J. Siegrist & G. Weber (Eds.), *Health, ageing and retirement in Europe* (pp. 259-264). Mannheim: Mannheim Research Institute for the Economics of Ageing.

Hokema, A. & Tesch-Römer, C. (2011). A good place to grow older. Discussion Paper for the Peer Review in the UK, January 2011.

Kreuzer, V. (2006). Ziele für die Gestaltung von altengerechten Quartieren [Aims for the design of communities suitable for the elderly]. In V. Kreuzer, T. Scholz (Ed.), *Altengerechte Wohnquartiere: Stadtplanerische Empfehlungen für den Umgang mit der demografischen Alterung auf kommunaler Ebene* [Communities suitable for the elderly] (pp. 71-93). Dortmund: IRPUD.

Lisbon European Council. (2000). Presidency Conclusions. Retrieved 13. 11. 2010, from http://www.europarl.europa.eu/summits/lis1_en.htm.

Maas, F., & Rodrigues, R. (2010). Peer Review: Achieving excellence in social service provision — Discussion Paper [Electronic Version]. Retrieved 13. 11. 2010, from http://www.peer-review-social-inclusion.eu/peer-reviews/2010/achieving-excellence-in-social-service-provision/discussion_paper_ro10/download.

Maynard, A. (2009). Peer Review: Ensuring a functioning healthcare system in regions with declining and ageing population — Synthesis Report [Electronic Version]. Retrieved 13.11.2010, from <http://www.peer-review-social-inclusion.eu/peer-reviews/2009/ensuring-a-functioning-healthcare-system-in-regions-with-declining-and-ageing-populations/synthesis-report-de09/download>.

Ministry for Intergenerational Affairs Family Women and Integration of the state of North-Rhine Westphalia. (2010). Report on the Project 'Active Ageing of Migrant Elders Across Europe'. Retrieved 13.11.2010, from http://www.aamee.eu/Final_project_report/Project-report.pdf.

Mollenkopf, H., & Walker, A. (2007). *Quality of life in old age: International and multi-disciplinary perspectives*. Dordrecht Springer.

Naumann, D., & Romeu Gordo, L. (2010). Gesellschaftliche Partizipation: Erwerbstätigkeit, Ehrenamt und Bildung. In A. Motel-Klingebiel, S. Wurm & C. Tesch-Römer (Eds.), *Altern im Wandel. Befunde des Deutschen Alterssurveys (DEAS)* (pp. 118-141). Stuttgart: Kohlhammer.



Pillemer, K., Fuller-Rowell, T. E., Reid, M. C., & Wells, N. M. (2010). Environmental volunteering and health outcomes over a 20-year-period. *The Gerontologist*, 50(5), 594-602.

Rothgang, H., & Engelke, K. (2009). Peer Review: Long-term Care — How to organise affordable, sustainable long-term care given the constraints of collective versus individual arrangement and responsibilities — Synthesis Report [Electronic Version]. Retrieved 13.11.2010, from http://www.peer-review-social-inclusion.eu/peer-reviews/2010/achieving-quality-long-term-care-in-residential-facilities/discussion_paper_de10.

Scharf, T., Phillipson, C., & Smith, A. E. (2005). Multiple exclusion and quality of life amongst excluded older people in disadvantaged neighbourhoods. London: Office of the Deputy Prime Minister (Social Exclusion Unit).

Stafford, P. B. (2009). Ageing in the hood: creating and sustaining elder-friendly environments. In J. Sokolovsky (Ed.), *The cultural context of ageing* (pp. 418-440). Westport, Connecticut: Praeger.

Tang, F., Choi, E., & Morrow-Howell, N. (2010). Organisational support and volunteering benefits for older adults. *The Gerontologist*, 50(5), 603-612.

Tesch-Römer, C. (2007). Peer Review: Freedom of choice and dignity for the elderly — Discussion Paper [Electronic Version]. Retrieved 13.11.2010, from <http://www.peer-review-social-inclusion.eu/peer-reviews/2007/freedom-of-choice-and-dignity-for-the-elderly/austria-se07/download>.

WHO (World Health Organisation). (2007). *Global age-friendly cities: A guide*. Geneva: World Health Organisation.

Windle, K., Wagland, R., Forder, J., D'Amico, F., Janssen, D., & Wistow, G. (2009). *National evaluation of Partnerships for Older People Projects. Final report*. Kent, London, Manchester: Personal Social Services Research Unit.







<http://www.peer-review-social-inclusion.eu>

A good place to grow older

Host country: **United Kingdom**

Peer countries: **Cyprus, Denmark, Finland, Hungary, Romania, Spain**

Facing a novel situation in which the number of citizens over the state pension age exceeds those younger than 16, the UK is on a mission to make each village, town or city a place where the independence, well-being and participation of older people is supported and developed, and where the challenges and opportunities of an ageing society are addressed.

UK Government departments and agencies and other local umbrella organisations have been invited to sign up to a national commitment to translate this joint vision into practical, local responses.

A number of guiding principles, such as involving the whole community – tomorrow's older people as well as today's – promoting equity between different groups within communities, and maximising collaboration between statutory and non-governmental organisations, form the basis of the agreement. To ensure these pledges make a practical difference, the signatories have undertaken to develop activity plans and jointly review progress against the common vision.

The Peer Review will serve to assess the UK experience and to foster learning on how to release the creativity and energy of citizens, interest groups and policymakers to achieve a practical response to the demographic challenge at local level.