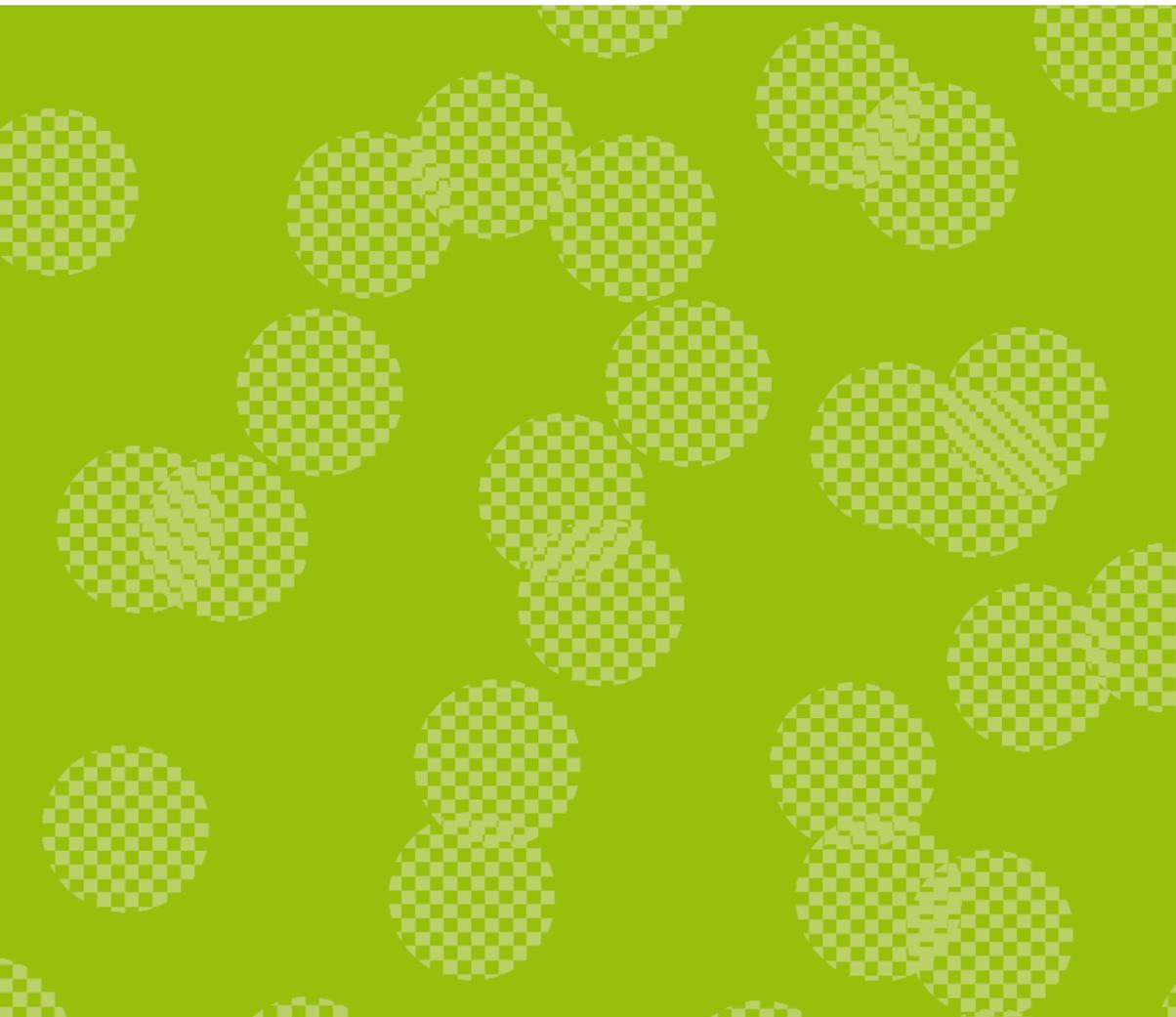


ANOTHER AGEING FOR EUROPE!

ENGS White Paper with Ageing Compass and Happy Ageing Indicators

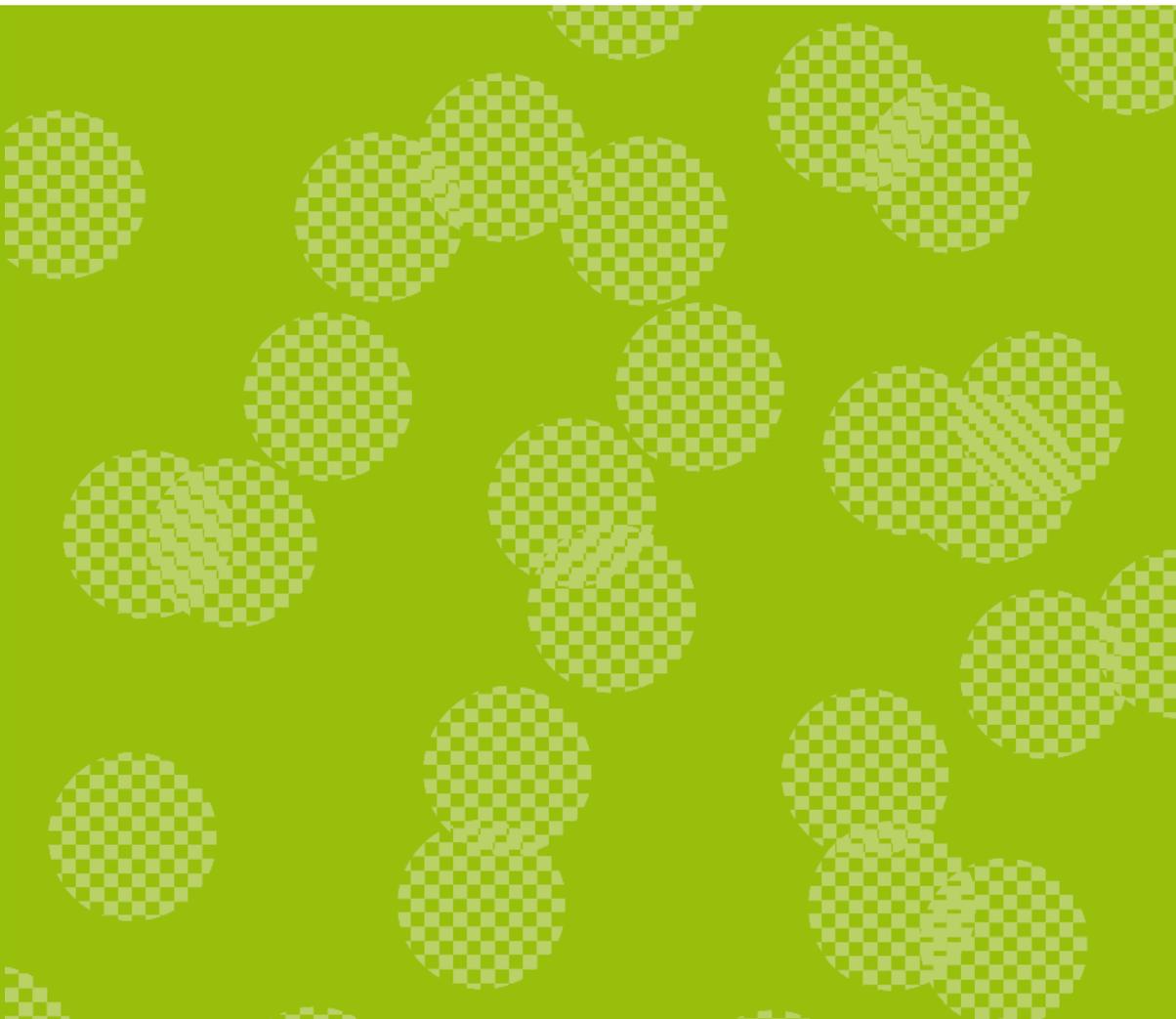
Authors: Anita Kelles, Birgit Meinhard-Schiebel, Lucille Ryan O'Shea, Ute Schmitz



GREEN EUROPEAN
FOUNDATION



ENGS
European Network
of Green Seniors



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FOREWORD

by Philippe Lamberts

Ageing is usually perceived as a threat to our social model, as it has the potential of upsetting the balance of the pensions' pillar of our social security systems. While we Greens do not underestimate this financial challenge, we believe that the increased life expectancy is good news for the entire society, as long as the seniors can enjoy it in decent conditions and can fully participate to our society. Gone are the days when after a long working life, people could enjoy just a few years of well deserved rest before fading away and this is a most welcome evolution. Also, we cannot underestimate the wealth of experience of those generations, which will undoubtedly be critical as we enter a time of deep transformation of our societies - a revolution in the true sense of the word - in order to meet the challenges of decent life for all on a finite planet.

However, the challenges are steep indeed. The working age population of the EU will fall by 20.8 million between 2005 and 2030 whereas the number of people aged over 60 is now increasing twice as fast as it did before 2007 - by about two million every year compared to one million previously, while unemployment remains around 10% (not counting undesired part-time labor, which adds to that underemployment figure). All this happens at a time when considerable demand for social services remains unserved. In the EU, 17.8 % of people aged 65 or over are at risk of poverty and it is to be expected that the current drive for government spending austerity will not improve the situation.

Meeting those challenges will require creativity from us all, and an open mind of both decision makers and citizens as to new avenues in terms of life-long education, conditions governing the transition from working age to retirement, the funding of pension systems but also on solutions that enable our senior citizens to live longer at home, in their communities of choice. This need for creativity is recognized by the European Union, which "... recognises and respects the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life" (Charter of Fundamental Rights, art.25), and has accordingly decided to launch an innovation partnership aiming to enable our citizens to live longer independently in good health.

As co-chair of the European Green Party, I am delighted that the European Network of Green Seniors has taken the initiative of this paper, tackling those key issues. ENGS is once again proving one of the most dynamic components of the European Green family; true to the principle of leading by example, they demonstrate that our senior citizens are part of the solution rather than of the problem and that creativity is not the exclusive prerogative of youth.

*Philippe Lamberts,
Member of the European Parliament
(Greens/EFA),
Co-Spokesperson European Green Party*

FOREWORD

by Claude Weinber

2012 will most likely become the European Year of Active Ageing, following a proposal by the European Commission which is expected to be endorsed by the European Parliament and Council in early 2011. This comes as no surprise, given Europe's fast ageing population and the serious demographic challenges this entails. By 2012, Europe's working population will be steadily decreasing, whereas the population aged 60 and above will be increasing by 2 million each year. This trend will be intensified when the baby-boom generations reach retirement age. Under these circumstances, a strong political commitment will be needed to find sustainable and fair solutions to the challenges posed by Europe's changing demographics.

It is high time that European Union Member States dealt with the social, economic and human implications of a rapidly growing elderly population. Special attention will need to be paid to several issues. The access of elderly people to long term preventive and integrated health care should be facilitated and guaranteed. Medical progress and a general increase to the European standard of living have insured that the life expectancy of Europeans has continually increased; however, increasing healthy life expectancy is where the policy focus should be. Poverty rates among the older European population are increasing, especially for women. In a social Europe, elderly people need to be guaranteed a dignified standard of living in Europe, including decent pensions, age adequate housing, and affordable mobility schemes, to list but a few.

The above mentioned measures demonstrate that Europe has a lot of work to do if it is to adequately accommodate a growing elderly population. However, this demographic challenge needs to be rethought in terms of a demographic opportunity. The role of elderly people in society should be rethought, and elderly people should be empowered to remain active participants in a society, be it by volunteering, opportunities for work beyond retirement age, flexible retirement schemes etc. Various solutions are available; what is still needed is the political will to ensure that the demographic challenges are tackled efficiently and in a dignified way.

This publication by the European Network of Green Seniors reaffirms the need for European politics and policies to guarantee the imperative of a dignified standard of living for Europe's fastest growing demographic. The topic of an ageing Europe must be present on European political agendas and cannot be postponed for later any longer. This is why the Green European Foundation welcomes and supports this first attempt of the European Network of Green Seniors to discuss the possibilities for another ageing in Europe.

Claude Weinber
*Secretary General Green European
Foundation
Brussels, 1 December 2010*

INTRODUCTION

by Tony Cooreman

Dear reader, dear friend,

On the occasion of this “White paper” it is nothing short of normal to introduce the group responsible for this publication to you.

The ENGS – The European Network of Green Seniors – was founded on 7th December 2005 by a group of Green seniors originating from 7 countries and 8 political parties. Seniors from Belgium (both Flanders and Wallonia), the Netherlands, Luxemburg, Finland, England, Austria and Germany created the ENGS at the European Parliament in Brussels.

Its goal was simple: to stimulate cooperation between all Green seniors represented in the European Green Party (EGP) founded since 2004. Increasingly, Europe controls and governs the social and economic aspects of our societies and both greens and environmentalists, who by their very nature are not bound by any national frontiers and think and act across borders, can and must cooperate internationally, always paying due attention to the concept of solidarity.

It is our objective to encourage the largest demographic group in Europe, people over 55, to exchange their experience and knowledge, to study from a senior citizen perspective all aspects of society and to reflect critically on them. On the basis of these reflections we would like to pass on our findings to Green MEPs. They will be invited to make sure that our critical recommendations are heard and eventually find their way into laws, resolutions and directives.

In the meantime our network has grown and now has members from 15 countries! Members

from Switzerland, Czech Republic, Romania, Ireland, Malta, Sweden, Spain and France have joined us.

In 2008, the EGP granted the ENGS the status of observer. Our short-term aim is to be accepted as an EGP member.

In the past five years we have held workshops on various issues and themes which we recorded in the ENGS Manifesto. Fringe Meetings on these issues were organised each time EGP Councils were held, on topics such as: “A new treaty between Young and Old”, “Assistance to Elderly Migrants”, “Against an increasing liberalisation of Social Services”, “Senior Citizens Rights” and, last but not least, “Ageing differently is possible”.

A task force was created for this last project. We received support from the GEF – the Green European Foundation – to publish our project in a white paper, and we hope you will appreciate this paper and find positive incentives in it so that you can age pleasantly together with us!

Why have we seized the opportunity to write a “white paper” on it?

Europe ages! Ageing takes place at a fast pace! This is both a success and a challenge! Since ageing costs money, a lot of money and even too much money according to some! Not the fact that people get older worries us, but how they get older. In this white paper we have listed a number of “Happy Ageing Indicators” (HAI). On the basis of these indicators we have examined the policies on ageing adopted in as many European countries as possible. In doing so, our HAI serve as

a compass for the implementation of political and social processes enabling people to age happily.

In addition to the HAI we have also listed a selection of “good practices – good examples” in this white paper. These concern projects set up by various bodies aiming to have a positive influence on ageing. We hope that these good examples will encourage other countries to adopt such practices and implement them in their communities.

The reader will find at the end of this book a short biography of the four authors of this white paper. Anita Kelles – Finland, Birgit Meinhard-Schiebel – Austria, Ute Schmitz – Germany and Lucille Ryan O’Shea – Ireland put

a lot of effort into the writing of this white paper. They obviously deserve our many thanks for a job well done.

We also would like to thank the Green European Foundation. Leonore Gewessler and Marina Barbalata in particular have kept us on track and their support and expert advice enabled us to write this white paper.

We hope our readers will find inspiration in it, for one thing is paramount: we would all like to age as happily as possible!

Tony Cooreman
Chairman ENGS, Antwerp
6 September 2010

I. THE OBJECTIVE

Politics must be based on facts and real life situations of people and their living conditions and environment. For that reason we have put together indicators with statistics on the situation of elderly people in the ENGS member countries.

Too long the elderly have been blamed for being tax and budget burdens. That in itself is one form of age discrimination. Banishing the elderly to a marginal status in society costs our economies billions of Euros.

Seniors are not the problem, nor is ageing a problem. Ageing is a biological fact. The problem is not that people age, but **how** they age. And how they age, is not just determined by biology. It is determined by healthy or unhealthy lifestyles, by wealth or poverty, by lack of dignity or respect for senior rights and whether seniors feel positive or are depressed. We should be concerned how to reduce personal, social and economic costs from bad ageing. It is a deeply political issue.

In order to move in the right direction, first old beliefs and practices must disappear. Old stereotypes influence policies and politics of ageing. We can highlight age discrimination in the media, in politics and in society in general. We have decided to make problems visible with the help of statistics. They point to underlying problems. We are confronted with vicious circles that produce unhealthy and costly outcomes through insufficient budgets for elderly care, decreasing pensions, lack of recognition of elderly people as valued members of society as well as lack of institutions, services and facilities for their full political participation in society.

With the help of indicators, monitored on a regular basis, we can in future formulate Europe-wide political campaigns on good ageing that are based on realities of people and not on wishful thinking of political decision makers.

When formulating new policies and strategies, we do not have to reinvent the wheel. We have also collected good practice models from our member countries from which other countries can learn. More such good practices need to be collected in future.

At the end of the paper we present best practice examples in five areas. From these examples, political strategies for the country can be developed based on the changing situations of indicators in that particular country.

II. INTRODUCTION TO THE HAPPY AGEING INDICATORS

We have put together a carefully selected set of indicators, which we call Happy Aging Indicators (HAI). Happiness means more than just a cheerful mood. Happiness for us implies a sense of well-being as a result of people feeling adequately nourished and cared for, housed in a safe environment, valued and respected as full-fledged citizens and with relative health. Our indicators approximate and capture some of this happiness. We also try to cover - fragmentarily for the time being - political institutions in our countries.

Indicators always influence policies and politics. According to Joseph Stiglitz,¹ what we measure affects what we do. If our measurements cover only one dimension, then we will end up strengthening only that one dimension. If the indicators are flawed, then the results too become distorted. We believe that new indicators

1 2008 report "Happiness and Measuring Economic Progress".

are required to monitor socio-economic progress. The UN too has called for this shift of emphasis, from measuring just economic progress to measuring people's well-being.

Our Happy Aging Indicators should be used like a political compass. They can track changes over time and political agendas need to reflect these changes, if they wish to fulfill their democratic role. Statistical data will show where progress needs to be made and where right action has been taken.

The compass consists of 10 indicators, based on two criteria: a) they reflect the status of well-being of elderly people; and b) information is readily available in statistics that are comparable between countries and collected on a regular basis.

There should not be too many indicators. Decision makers and ordinary people can only keep a limited number of indicators in mind. Geoff Mulgan has put it at about five.² We have 10 indicators, but we are covering only four areas: healthy life expectancy, at-risk poverty ratio, suicides and political inclusion.

ENGs members have contributed the political data. For this reason, we have collected data only from the ENGs member countries. Nevertheless, we had to omit a few member countries, which are not included in the European Union Public Health Information system (health being a key indicator for us). We cover Austria, Belgium, the Czech Republic, Finland, France, Germany, Ireland, Luxemburg, Malta, the Netherlands, Spain, Sweden and the United Kingdom.

Table 1: Healthy life expectancy and poverty of elderly women (w) and men (m)

Country	Healthy life expectancy at 65 in 2003		HLE trend 1995-2003		% Poverty of 65+ in 2006		% Poverty of 75+ in 2006		% Poverty of 75+ in 2008	
	w	m	w	m	w	m	w	m	w	m
Austria	6.6	6.7	+1.6	+6.2	20	13	31	17	18	12
Belgium	9.5	9.1	+2.8	+4.1	21	20	30	29	25	22
Czech	6.9	6.5	n.a.	n.a.	6	1	n.a.	n.a.	11	3
Finland	6.5	6.2	-1.2	+2.6	20	11	30	5	35	22
France	9.4	8.2	+1.5	+0.6	17	14	23	17	13	10
Germany	5.9	6.5	+0.4	+5.0	18	10	39	32	18	10
Ireland	9.9	9.1	-2.2	+0.2	45	34	63	45	28	17
Luxemb.	9.2	9.3	n.a.	n.a.	6	6	10	9	8	4
Malta	11.1	10.5	n.a.	n.a.	21	19	n.a.	n.a.	20	25
Netherl.	10.9	10.4	-3.3	+0.7	6	7	9	6	10	13
Spain	9.1	9.6	+2.5	+2.6	32	27	27	22	34	30
Sweden	10.9	10.5	+2.2	+0.5	18	9	n.a.	n.a.	28	13
UK	11.1	10.3	-0.3	+0.9	27	21	36	23	35	31

² see <http://www.oxfamblogs.org/fp2p?tag=mulgan>

We have also included information and background materials on public expenditure on health, long-term and old age care as well as dependency ratio and gini figures on the inequality of retired people.

III. HAI - INDICATORS

1) Healthy Life Expectancy

Healthy life expectancy is a better indicator³ than mere life expectancy for guiding social policy. It shows the healthy life that can be expected either from birth or after 65. We have included the latter. *Table 1* in the preceding page also shows the trend in healthy life-expectancy, whether it is increasing or decreasing. This trend is important for monitoring purposes. The cost does not come from long life per se but from long years of bad health.

From *Table 1* we can see that the situation differs between men and women. Men generally live shorter healthy lives. However, their healthy life is now increasing in all our target countries. The situation with women, however, is becoming alarming. Their healthy years decreased between 1995 and 2003: in the Netherlands (by 3 years), Ireland (by 2 years), Finland (by 1.2 years) and the UK (by 0.3 years).

There is a big gap between top countries and poor performers on healthy life expectancy of women. It varies from 11.1 years in Malta and the UK to 5.9 years in Germany. Other top performers include the Netherlands (10.9 years) and Sweden (10.9 years). Ireland (9.9 years), Belgium (9.5 years), France (9.4 years), Luxembourg (9.2 years) and Spain (9.1 years) are also doing well.

The countywide gap is from 10.5 years in Malta to 6.2 years in Finland. The Netherlands (10.4 years), Spain (9.6 years), Luxembourg (9.3 years), Belgium (9.1 years) and Ireland (9.1 years) are also among the top in our sample.

Whereas life expectancy in all our countries is higher for women than men, this is not the case when it comes to healthy life expectancy. In Austria, Germany, Luxembourg and Spain men can expect to stay healthy longer than women. National studies are required to explain why this is happening, particularly in Austria and Germany.

Many studies also point out that here social class matters too - whether you are rich or poor, highly or poorly educated. The gaps are said to be larger than gender differences. We have not found comparable statistics. If they become available, they should be included in the indicators.

For comparison's sake, Denmark is one of the best performers among the EU countries when it comes to healthy life expectancy at 65: 14.1 years for women and 13.1 years for men after age 65. It is known that Denmark has progressive old age policies that include long-term preventive and integrated health-care. We will look at some good practice examples from Denmark and from the ENGS countries at the end of the report.

How do these figures relate to information on public expenditures on health, long-term care and particularly on old age care? Some connections are visible in *Table 2*. The two top performers i.e. the Netherlands and Sweden have the highest budget contribution to long-term and old age care. Denmark also has the highest public expenditures. All three countries

also have the highest expenditures⁴ on institutional care.⁵ However, minor increases do not bring a country to the top, the increase needs to be significant. Another characteristic these three countries share is the relatively low inequality of the retired as demonstrated by the “gini rate”.⁶

2) Psychologically healthy ageing

Another important Happy Ageing Indicator is a psychologically healthy ageing. This indicator is broadly developed in *Chapter IV* of this white-book, that deals specifically with the parameters of the psychology of ageing.

3) Poverty of Elderly Men and Women

The social status of many elderly people in Europe is vulnerable. Even countries estimated high in their social progress and gender equality by the UNDP, have a high poverty incidence of the elderly, particularly of women (*Table 1*).⁷ But the elderly poverty rate may be even higher, because “Eurostat data” include only private households, excluding people living in sheltered housing and in institutions providing nursing and living care.

In 2008, about 19% of the elderly population (people over 65 years) that is 16 million people in Europe risk being poor.⁸

Table 2: Country-wise background information

Country	% GDP exp health		% GDP public expenditure long-term care	% GDP public expenditure old age	Old age dependency ratio 2010	Inequality Gini of retired mid 2000	UNDP	
	2003	2007					HDI 2009	GDI 2007
Austria	10.3	10.1	1.3	n.a.	25.9	0.28	14	23
Belgium	10.2	10.2	1.5	n.a.	26.4	0.24	17	11
Czech	7.4	6.8	0.3	n.a.	21.6	0.2	36	31
Finland	8.1	8.2	1.0	0.7	25.9	0.24	12	8
France	10.9	11.0	0.9	n.a.	26.2	0.31	8	6
Germany	10.8	10.4	0.9	n.a.	30.9	0.27	22	20
Ireland	7.3	7.6	0.6	n.a.	16.7	0.28	5	10
Luxemb.	7.5	n.a.	1.3	n.a.	20.5	0.23	11	16
Malta	n.a.	n.a.	n.a.	n.a.	21.2	n.a.	38	32
Netherl.	9.8	9.8	3.6	2.5	22.9	0.24	6	7
Spain	8.1	8.5	0.3	0.2	25.3	0.31	15	9
Sweden	9.4	9.1	3.9	2.4	28.1	0.22	7	5
UK	7.8	8.4	1.2	1.2	25.1	0.27	21	17

4 OECD and national statistics 2004-2008.

5 Discussion paper Who Cares? http://www.se2009.eu/polopoly_fs/1.15230!menu/standard/file/Discussion%20Paper-Who%20Cares3.pdf

6 Full equality is 0 and 1 means full in-equality, Source OECD statistics.

7 Eurostat data on poverty has been harmonized between the countries so that information becomes comparable between countries. Poverty or rather what is called at-risk-of-poverty is calculated by using 60 % of median income poverty threshold for each country.

8 Asghar Zaidi: Poverty Risks for Older People in EU Countries - An update. European Centre 2010.

Women are most at risk of poverty. In the ENGS member countries in 2006, poverty of women above 65⁹ was particularly high in Ireland (45%), Spain (32%) and the UK (27%). It was particularly low in the Netherlands (6%), Luxembourg (6%) and the Czech Republic (6%). In case of men highest poverty rate was found in the same countries: Ireland (34%), Spain (27%) and the UK (21%).

After age 75 the situation further deteriorated in 2006, especially with women in Ireland (63%!) and UK (36%). Poverty was still high for 75+ in Spain, but it decreased from 32% to 27% for women and from 27% to 22% for men. Germany also jumped to high poverty figures both for women (from 18% to 39%) and men (from 10% to 32%). The percentage of many others also drastically increased, particularly for women. In Finland poverty of 75+ women increased to 30% from 20% of those 65+. Curiously that of men decreased from 11% to 5%. For the best performers the increase of poverty for 75+ also increased but not much. In addition, in the Netherlands the poverty of men of 75+ decreased from 7% to 6%.

The good news is that the poverty figures for the age 75+ for 2008 indicate that poverty was declining in most countries for both men and women, except for the Netherlands and Finland. The biggest decrease took place in Ireland from 63% to 28% for women and from 45% to 17% for men. In the Netherlands the increase for women was from 9% to 10% and for men from 6% to 13%. In Finland the poverty rate increased more drastically particularly for men from 5% to 22%. In addition the already high rate of women's poverty increased there from 30% to 35%.

According to Zaidi a low poverty risk rate usually results from a mature, generous and

redistributive system of pension benefits. According to her the Netherlands, Luxembourg, Austria, France and Sweden will fall in this category. The Netherlands, for example, provide a strong social safety net in form of a basic and rather generous pension (31% of general earnings), which is paid at a single rate, regardless of people's other resources.

In general, the risk for poverty is higher for women and it is particularly high for women above age 75. The risk for poverty for this group has increased also in the three Baltic countries, i.e. Latvia, Estonia and Lithuania. Spain and Ireland have experienced a decline of poverty, because minimum pensions rose substantially. In Belgium poverty decreased too, because of a means tested supplement and the increase of minimum income guarantees for retirees respectively.

The variation of poverty rates within the European Union have also been explained by a shorter job participation and higher part-time employment of women in some countries as well as by a different form and development of pension systems. High rate of widowhood combined with lack of a work-pension and inadequate survivor's benefit for women has been proposed as another reason for high incidence of poverty in elderly women. Even though more women are in the labor force now, expected to draw more job-related pensions in future, there are nevertheless other risks on the horizon: decrease of public pensions because of current pension reforms in many countries and a more restrictive redistribution that may favor only the lowest income individuals. Another risk will come from the employment pattern: from increasing short-term and temporary employment and informal sector work in grey zones, particularly affecting immigrant populations. All in all,

risk of poverty for future elderly populations in EURO countries is expected to increase according to various studies.¹⁰ In addition, the situation will worsen also because of the current economic and financial crisis. The crisis will put pressure on budgets, cutting social safety nets in many countries.

4) Suicides

We have already observed that elderly women are most prone to poverty as well as to poor health. Curiously it is the elderly men not women, who commit most suicides in Europe.

There is a countrywide variation in suicide rates across Europe.¹¹ There are also gender differences (*Table 3*). On average suicide risk is 3.3 times higher for elderly men than for elderly women. This in spite of the fact that double to triple the number of women lives alone.¹²

Age is a risk factor. Although Eurostat has reported a decreasing trend of suicides in Europe in 2005, this is not the case with elderly suicides. In countries covered by our report and based on the WHO 2007 data the situation is grim for many countries. There is a general increase of suicides in Belgium, Finland, France, Germany, Ireland, Malta, the Netherlands and Spain. A decreasing trend is visible in Austria, the Czech Republic, Luxembourg, Sweden (except for women) and the UK. There is also a wide variation of suicide rates between the countries from 6.4 incidences in the UK to 18.8 in Finland.

There are also major gender differences. On an average the risk for men is about three to

four times, even five times higher in many countries. We can conclude that suicides have an elderly face and particularly that of an elderly man. According to the Eurostat data of 2005, those over 65 years committed 33% of suicides. Compared with the age group of 15-24 it is three times higher. The biggest risk is for men over 75 years. In Austria the incidence (per 100 000) is 75.2, Luxembourg (68.4), France (68.1), Belgium (58.7), Germany (49.8), the Czech Republic (47.6) and Finland (41.3) follow. For comparison's sake, the highest rate for women in the same age group is 18.4 in Austria followed by France (13.9), Germany (13.7) and Belgium (13.1). The good performers in life expectancy also fare relatively better when it comes to suicide. This is the case particularly with the Netherlands but also to some degree with Sweden, but not with our comparison country Denmark.¹³

What do these figures tell us? For those over 75 the pensions are often at their lowest level, but the health costs may be increasing. Some studies claim a direct link between suicides and socio-economic conditions.¹⁴ This theory, however, would make women particularly prone to commit suicide, since they are overrepresented among the aging poor. What about poor health? Some of the countries with very short healthy life expectancy of men are Finland, the Czech Republic, Germany and Austria, but most of these countries do not figure at the top of the elderly suicide statistics. Other countries with longer healthy life expectancy are found on top of the suicide statistics. The reasons must be elsewhere or more complex. Do men find it more dif-

10 Zaidi 2006; EU-SILC 2006; Eläketurvakeskuksen keskustelualoitteita 2009:8: Vanhuusköyhyyden jäljillä.

11 On **suicides**, WHO 2007 statistics (number per 100,000) were used except for Spain, for which 2005 data was only available.

12 Eurostat 2001 Census. EU SILC 2008 data.

13 see also http://www.nationmaster.com/graph/cr/sui_rat_in_age_abo_75-suicide-rates-ages-above-75

14 According to one study high suicide rates are also marked by high levels of at-risk-of-poverty and low health care expenditures

(F.Ferretti and A Coluccia: Socio-economic factors and suicide rates in European Union countries, in: *Legal Medicine*, Vol 11 2009).

difficult - because of their strong work orientation and their need to be in control - to cope with ageing and losing social status?

Looking at the gender difference as regards health approach a possible cause for an increased suicide rate in older men could also

be the tendency to ignore depressive moods or manifest depressions. The self-perception of vital strength and vitality can strongly influence the suppression of psychosocial problems and lead to suicide.

(Internet: *Der erste Deutsche Männergesundheitsbericht*)

Table 3: Suicides rates of elderly women (w) and men (m) per 100 000 people per year

Country	Suicides at 65 + in 2007		Suicides at 75 + in 2007		Country status	
	w	m	w	m	w	m
Austria	13.2	33.1	18.4	75.1	11	10
Belgium	13.9	32.8	13.1	58.7	10	9
Czech	5.6	33.0	11.2	47.6	6	7
Finland	11.2	33.8	6.4	41.3	7	8
France	13.9	36.6	13.9	68.1	11	11
Germany	9.1	27.9	13.7	49.8	9	6
Ireland	3.0	17.2	1.6	11.1	1	2
Luxemb.	0.0	36.0	5.2	68.4	2	11
Malta	0.0	20.3	6.8	10.9	4	2
Netherl.	6.2	13.3	6.0	18.5	5	3
Spain	7.1	20.6	7.8	38.5	6	4
Sweden	9.2	29.1	9.9	36.5	8	5
UK	3.3	8.4	2.8	11.7	3	1

5) The Politics of Ageing

Political participation and social influence are the rights of all citizens, including the elderly. So is political representation. Nor is politics a job from which one retires. It is a democratic right and responsibility that belongs to us all.

With politics of ageing, we will analyze political voices and institutions. We assess the existence of basic legislative structures, which are required to empower seniors and elderly people, and to include senior voices into society integrating their concerns. Institutional empowerment is a basis also for empowering

seniors in their role as citizens with full rights to influence matters, directly or indirectly relevant to them. Yet our societies tend to give the seniors only a role as recipients of decisions made by others, at worst even without consulting them.

Under politics of ageing, we look at three issues: 1) whether elderly people are recognized in constitutions as an explicit group, au par with other social groups; 2) whether legislated elderly boards exist at a local government level; and 3) the percentage of Members of Parliaments of ages 60-70 and above 70.

5.1 – Constitution

Non-discrimination on grounds of age has been a part of the principles of the European Community since the Treaty of Amsterdam (article 13 of EC). The **European Charter of Fundamental Rights** guarantees fundamental rights of the elderly in the European Union. It has been enforced now with the Lisbon Treaty. Rights of the elderly are endorsed in the EU as principles of dignity and non-discrimination. The Charter in its article 25 “recognizes and respects the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life.”

The revised European Social Charter of 1996 in addition recognizes and safeguards elderly rights to social protection.

The basic principles of general non-discrimination and social protection are also endorsed by most **constitutions of EU countries**. Yet, elderly rights are not explicitly mentioned in many constitutions. Such recognition would be important, because there is a general non-recognition of rights of elderly and subsequently discrimination in all aspects of life. The constitutional status of elderly rights is seen in *Table 4*.

Table 4: Political representation : constitutional rights, elderly boards and elderly MPs

Country	Constitutional rights of elderly	Elderly Boards	% of elderly MPs in Parliament	
			60-69	70+
	yes/no	yes/no		
Austria	yes	yes	12	0
Belgium	yes			
Czech Rep.	yes			
Finland	yes	no	25	2
France	partly (means for living)			
Germany	no	yes	20.4	1.6
Ireland	yes			
Luxembourg	no			
Malta	no	national council of elders	4.5	0.6
Netherlands	no	no	8	1.3
Spain	yes			
Sweden	in plans	no	8.8	1.1
UK	HR act & equality bill expected	no		

Constitutional rights are, however, left in limbo without institutional enforcement by Constitutional Courts. Not all countries have such

courts. Finland does not, whereas Austria, France, Germany, Czech Republic, the Netherlands and Luxembourg do.

5.2 – Legislated Senior Councils

Democracy is a process, not an outcome. It only progresses with active and equal citizens. It is constrained by any discrimination that creates barriers between people and excludes them from full participation. Social exclusion marginalizes people by making one social group less important compared to others. In addition to a less influential position, marginality also means getting access just to marginal resources and lesser rights, if at all. This is the case with elderly people in our societies. They lack full citizens' rights and are perceived as passive recipients of welfare. There are many organizations and institutions, which speak on their behalf. Their own voice, however, is missing. What applies to the voice of other easily marginalized groups, applies also to the elderly. Kalle Könkkölä, a disabled people's leader, has said "nothing about us, without us". It is not enough to be represented by others, it is important to have one's own representatives among decision-makers.

Seniors are missing in many levels of government. This is the case also with the Senior Councils in local government, but even when they exist, they are only voluntary bodies. Lack of representative senior boards is a form of institutional discrimination.

We have managed to get information on the existence of Senior Boards in many, but not all our member countries. In Finland there is only an Advisory Senior Council. As a voluntary institution it is often not consulted even on policies dealing with elder care. Youth Councils, however, are consulted on elderly care, because they are legislated with a mandatory consultative role. The existence of legislated Senior Councils is an important indicator of the political seriousness in recognizing the rights of the elderly.

There are Senior Boards – they work at a communal level and they are legislated. Unlike in Finland and Sweden, where Boards are voluntary, they are mandatory in Norway and Denmark. Moreover, in Denmark Board members are selected in communal elections from among citizens of 60 years and above.

In Denmark there are also Boards with membership of users of services and next of kin. They not only strengthen participative democracy, but also monitor good functioning of services. These Boards also participate in legislative inspection visits to care institutions in Denmark. This state of affairs in Denmark has resulted from a long and consistent reform, goal of which has been the influence and self-determination of elderly citizens in their wellbeing and in choosing their care. In many countries elderly people do not play such an active role in their well-being. They are passive subjects to be transferred from one care institution to another. Such practices are unfitting for modern times and not in line with human rights' obligations and modern democratic practices. In Denmark elderly people in institutions are not considered patients or clients, but citizens with full citizens' rights.

5.3 – Political Representation of the Elderly in the Parliaments

Society belongs to all, including people of all ages. This concept is not working if the elderly lack a voice in the political institutions. Elderly people are also not just one homogenous group. As we have seen from above, there are major differences between women and men, between rich and poor, as well as between different age groups. It is alarming that we do not seem to have many elderly any more in the Parliaments. It is due to exclusion and due to erroneous ideas of considering a political position a profession, from which one has to retire. With serious problems among

the elderly, such as poverty and suicides, as well as deteriorating health and well-being we need elderly of all ages to represent themselves. Even with our incomplete information, we can see that participation numbers are not in line with demographic numbers. Moreover, it is alarming that those over 75 years, who have the largest problems, are hardly represented any more.

6) Elderly Migrants

Migration politics is controversial in almost all European countries and only in some points correspond to the International Convention on Refugees and to Human Rights.

One has to differentiate between refugees, asylum seekers and immigrants. While young people find better chances for integration and may migrate further, older migrants are an ever growing group which has to suffer from special personal, institutional and social disadvantages.

Many of the today's older migrants came as so-called guest workers and originally planned to return to their home countries after retiring. The situation is especially difficult for older migrants in a foreign country.

Even years of stay in a country does not guarantee successful integration. Integration means to remain individually independent and thus be accepted into the culture and society of the new country. Taking stock of the life of migrants often means lacking language skills, disease, poverty in old age as well as social isolation which can be the result of dissolving family relations.

The biggest difficulties are incurred with pension and the living conditions. Apartments

are usually not barrier-free, i.e. not suited for elderly persons.

In the same age group of people in the host country usually the repudiation of foreigners, of foreign cultural behavior and distrust towards foreigners is quite marked.

Since older migrants usually are not part of the work force any longer there are hardly any institutionalized programs to support them meaningfully in the new country.

Older migrants in all European countries belong to an age group that is threatened by poverty. They are usually also inadequately cared for in case of illness or in need of care and are not dealt with according to their own cultural background.

Since the group of migrants of the first generation has reached an age where they rely on help and care, provisions have to be taken. Traditionally old people in their home countries were looked after by their families. Our institutions for elderly care are very much disliked by migrants. Inpatient care is foreign to them and unknown in most of their home countries.

In future more migrants will have to be cared for in institutions because we can assume that not all of them can live in families or neighborhood structures that care for them. Traditional family structures will also crumble. These persons will need help and therefore a special need for multi-cultural senior centers is expected.

The objective life situation and the subjective needs of the various ethnic groups and nationalities are very different. Therefore, no standard solution can be found due to the different ethnic, religious and cultural origins and the social situation.

Many migrants of the first generation have in the past contributed substantially to the economy and to the success of the social life of the new immigrants in the immigrant countries. In order for migrants to participate also in older age in the social life, ENGS advocates a policy of equal opportunities, especially in old age.

We see the integration of migrants as a process towards a life in a legal frame with equal social justice and cultural self-determination. Precise concepts will have to be developed for the near future.

The above mentioned facts are a large challenge for some European countries to provide a just solution of the problems. Immediate action is called for.

Green age policies propose the need for help in the following fields:

- a) to create contact points with multi-lingual employees, in order to avoid language and information barriers, e.g. to create a system of health guides with interpreters;
- b) also older migrants should be offered language courses in their respective language;
- c) information and provision of care, health and rehabilitation systems for migrants, forms of self-help and social care;
- d) the personnel for these services has to have specific training in the field of health, sickness and old age care, especially for the care and support of older migrants. The care and medical personnel need more communicative and inter-cultural competencies;

e) an inter-cultural opening and modernization of senior care with specific cooperation with organizations of migrants;

f) support of the European network for “development of innovative concepts for social integration of older migrants” and its proliferation [24];

g) providing practical information about the right to social benefits, pensions, health care in the host and home country by means of public institutions, community centers, migrant-organizations, cultural centers and religious institutions;

h) advice for the adaptation of age-adequate and barrier-free apartments;

i) developing models for integrated living for migrants;

j) creation of multi-cultural senior centers.

In Duisburg/Germany the first multi-cultural senior center has been established [25] DRK-Multicultural Seniorencenter „Haus am Sandberg“ in Duisburg Hochfeld-Hochheide / Germany.

The “Haus am Sandberg” is a multi-cultural senior-center. Since its foundation in 1997 the house is known all over the country and visited frequently. More than 250 visitor groups from all over the world wanted to get information about the concept of the house. It is an example for a multi-cultural residential institution.

Table 5: Countries whose citizens are the most numerous immigrants to EU Members States, 2006

Belgium (2003)		Czech Republic		Denmark		Germany		Greece (1)	
<i>Citizens of</i>	<i>Number</i>								
Netherlands	8 547	Ukraine	30 150	Poland	3 616	Poland	152 733	Albania	36 841
Morocco	8 444	Slovakia	6 781	Germany	2 743	Turkey	30 720	Bulgaria	13 210
France	8 191	Vietnam	6 433	Norway	1 880	Romania	23 743	Romania	5 034
Turkey	3 831	Russia	4 675	USA	1 840	Hungary	18 654	Egypt	4 843
Germany	2 942	Moldovia	2 377	Ukraine	1 650	Poland	152 733	Ukraine	3 290

Spain		France (1)		Italy 2003		Cyprus	
<i>Citizens of</i>	<i>Number</i>						
Romania	131 457	Algeria	28 454	Romania	74 463	Sri Lanka	1 838
Morocco	78 512	Morocco	24 054	Albania	46 587	United Kingdom	30 720
Bolivia	77 755	China	11 232	Ukraine	41 263	Philippines	1 443
United Kingdom	42 535	Tunisia	10 345	Morocco	32 369	Greece	1 236
Columbia	35 621	Turkey	8 760	Educator	16 987	Poland	941

Latvia		Lithuania		Luxembourg		Hungary		Netherlands	
<i>Citizens of</i>	<i>Number</i>	<i>Citizens of</i>	<i>Number</i>	<i>Citizens of</i>	<i>Number</i>	<i>Citizens of</i>	<i>Number</i>	<i>Citizens of</i>	<i>Number</i>
Russia	803	Belarus	647	Portugal	3 796	Romania	6 813	Germany	7 150
Lithuania	269	Russia	396	France	2 510	Ukraine	2 365	Poland	6 772
Germany	223	Ukraine	294	Germany	929	China	1 466	United Kingdom	3 583
Estonia	80	USA	141	Belgium	911	Germany	1 176	USA	3 121
Ukraine	76	Germany	84	Italy	619	Serbia and Montenegro (2)	1 120	Cina	2 908

Austria		Portugal		Romania		Slovenia	
<i>Citizens of</i>	<i>Number</i>	<i>Citizens of</i>	<i>Number</i>	<i>Citizens of</i>	<i>Number</i>	<i>Citizens of</i>	<i>Number</i>
Germany	16 223	Ukraine	7 063	Moldova	4 349	Bosnia and Herzegovina	7 871
Serbia and Montenegro (2)	7 423	Brazil	6 036	China	364	Serbia and Montenegro (2)	4 447
Poland	6 035	Moldova	2 646	Italy	313	The former Yug. Rep. of Macedonia	2 097
Turkey	4 897	Cape Verde	1 723	USA	292	Croatia	1 146
Romania	4 757	Romania	1 610	Turkey	273	Ukraine	357

Slovakia		Finland		Sweden		United Kingdom	
<i>Citizens of</i>	<i>Number</i>	<i>Citizens of</i>	<i>Number</i>	<i>Citizens of</i>	<i>Number</i>	<i>Citizens of</i>	<i>Number</i>
Czech Republic	1 294	Estonia	2 468	Iraq	10 850	Poland	59 771
Poland	1 132	Russia	2 146	Poland	6 347	India	56 850
Ukraine	1 007	Sweden	749	Denmark	5 137	China	25 927
Germany	913	China	512	Somalia	2 974	South Africa	16 213
Serbia and Montenegro (2)	640	India	504	Germany	2 883	Australia	26 004

(1) See country information in 'Methodological notes'.

(2) Country of citizenship Serbia and Montenegro refer to the country Serbia and Montenegro, which existed between 2003 and 2006.

Methodological notes:

Data sources

The data used for this publication are provided by the national statistical institutes (NSI) of the Member States, the majority of which base their statistics on data available from population registers, registers of foreigners or other similar administrative databases. Due to missing data and differences in the definitions used in national statistics, an overview of immigration in the EU as a whole is impossible without making adjustments and estimations. Eurostat estimates the annual total numbers of immigrants and the number of immigrants by citizenship group in the EU-27 based on available country data. Detailed data on Member States are presented if supplied by the NSI.

Definitions and coverage

The migration data collected by Eurostat refer to international migration. The definitions used in international migration statistics should meet the requirements of the UN Recommendations on Statistics of International Migration, Revision 1, 1998. In the Eurostat data collection, a migrant is defined as a long-term migrant, i.e. a person who establishes his/her usual place of residence in the destination country for 12 months or more. In reality, most Member States use national definitions that do not fully meet the definition.

Statistics in focus — 98/2008 11 Data: Eurostat Website: <http://ec.europa.eu/eurostat>

7) Intergenerationality

This term comprises solidarity and equality among all generations.

Due to demographic changes inequalities might occur between the generations, where we have to judge according to judicial equity. Inequality is now mostly seen between age and generation groups, especially as regards safeguards for the elderly. Socio-political measures may even increase the inequality. Here is a striking example: in the last decades poverty in old age has changed drastically, it has almost disappeared, but poverty of children and young people is increasing.

Generation conflicts may arise from this systemic inequality. Green politics warns to use this conflict as an instrument of political destabilization and demands to promote generation solidarity in all aspects.

The demographic change appears to shift power to the elderly, which is not true but could be used as an argument in the discussions.

Green senior politics wants to prevent one-sided arguments and to take responsibility for well-balanced politics showing solidarity towards intergenerationality.

Dialogue models for young and old people, alongside with developing perspectives and socially justified and secure models for securing a worthwhile life have to be available during the whole life.

Politics for young and old must not counteract the obligation of the individual countries and governments to provide social security and to make do only with private care.

Economic security for all generations also implies the common development and care for the ecological present and future.

Young and old together guarantee a sensible future-oriented ecology of the century due to their youthful curiosity and the knowledge acquired by older people.

Green politics always puts the integral human and life model at the center of its activities, contrary to other politics.

Green youth politics never was a means of recruitment of future functionaries. It is open and innovative.

Green politics for seniors is new and offers the opportunity to install real generation politics, together with the young generation.

The so-called intergenerative stress test must not lead to political abuse in order to take budgetary measures at the expense of old and young people. It may only be used as an instrument to measure generational justice.

IV. PSYCHOLOGY OF AGEING: SUCCESSFUL AGEING AND ITS PSYCHOLOGICAL PARAMETERS

1) Greening Our Ageing Process

The question: What is 'green' about happy ageing?, demands examination of green principles.

In writing the ensuing chapter, the author has maintained as a focus, the basic guiding principles of the European Green Party. Those principles provide the foundation for how we strive to uphold the dignity and the freedom of ageing people in all of Europe. The 2006 version of the *Guiding Principles of the Charter of the European Green Party* states:

We Greens believe all human beings - regardless of sex, age, sexual orientation or identity, ethnic origin or disability- have the right to make their own choices, to express themselves freely and to shape their own lives. This freedom is not exclusively about material possessions; it includes the social, cultural, intellectual and spiritual dimensions of human life.

Since the foundation of the coordination body of Green Parties in Europe in 1984, the aim of the European Greens has been to work together for all. We all – Greens at any age - by reason of those principles which guide our decisions and actions – vow to work together to ensure that ageing people everywhere are regarded with respect, dignity, equality of opportunity, representation, freedom and justice.

Many of those who wrote the original tenets for the federation of European Green Parties are now in that category we call 'young old', or in the next age group we refer to as the 'middle old'. There are even some people who started rather late in their Green political careers, who are now in the fourth age – 'the oldest old'.

Whether we are currently Young Greens, Green Seniors, or that large group in the middle, who have no name – as yet, we must all work to ensure that those who are currently old, and those who will be, can count on the Greens to uphold our right to happy, healthy autonomous ageing.

Regardless of which category the reader is currently in, he or she, will become part of the demographics of 'old' or 'elderly' or 'ageing' or 'aged'. Preparation for those stages in life begins now. Whether 16 or 96 years old, we are all responsible for those who are 'ageing', as we strive to provide happy ageing for all. Green Ageing policy means that there is enactment of the special, sustainable require-

ments for people as they become less able to perform in the way they did in the early decades of their life. But it also means that the voices and the experience and wisdom of the older members of our society be included – on electoral lists; on NGO agendas, on the social justice and economic policy planning of local communities, by national governments and in the European Parliament.

Green Ageing policy means that we plan in a green and age-friendly way: age-proof legislation; housing which accommodates changes in mobility, utilising environmentally friendly building and retrofitting technologies; health programmes which support people as they become less mobile, less resilient and more dependent on health care; transportation which accommodates the ease of the ageing person's inclusion in all social and cultural activities in his or her community; flexible working conditions; a choice of retirement age without penalty; adequate pension schemes; guarantees against prejudicial treatment in consumer matters; special programmes for economic and climate chaos migrants who are vulnerable through lack of language of their adopted country.

The one aspect of ageing that cannot be legislated is HAPPINESS. However, as the conditions for political, social, economic and health equality are met, the remaining aspects: spiritual and psychological well-being, can be more easily addressed on an individual basis. Although the spiritual and psychological are the cornerstone of happy ageing, we cannot as easily achieve that essential state without the accompanying Green Ageing Actions.

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Westport, Ireland, October 2010*

2) Psychologically healthy ageing: perspective on the past

Successful ageing consists of more than the medical, economic and social well-being. That stratum of the population, sometimes further stratified as the young elderly, the middle elderly and the oldest elderly are infinitely more complex than was thought in the mid twentieth century. As health care, social and community services increase and improve, as the potential for active participation in the family and the community returns, so does the quality of psychological well-being improve, and intergenerational dialogue and interchange – working together for the good of all, becomes the norm, not the exception.

In this chapter we will trace the history of how the field of psychology have viewed the elderly, what changes have occurred, and address the current special sensitivities of specific ageing populations and the attendant psychological aspects of healthy ageing, We shall examine those factors conditions and attitudes which have defined successful or happy ageing in the last century, not only in Europe, but in Asia, as well as the Americas, and present this century's view of successful or happy, ageing.

At the launch of the ENGS White Paper, Another Ageing IS Possible, *at the European Social Forum, in Istanbul, July 2010, Finnish sociologist, Anita Kelles, pointed out that in order to be able to evaluate the ageing process after 50, or after 60 years of age, it is essential that certain conditions be met, that it IS possible to improve the quality of the lives of the elderly in our populations, as well as that of members of society who are NOT currently elderly, but will be, eventually.*

Psychologically healthy ageing: perspective on the past

"If you live to the age of a hundred you have it made because very few people die past the age of a hundred." George Burns, American comedian, (1896 – 1996)

Until recently when professionals discussed, or lectured about successful ageing, it was done in terms of objective, observable conditions. Generally, the discussion and the research, was related to the commercial benefits accruing to corporations attempting to control the cost of health insurance and absenteeism, in pre-retirement employees. Government policy considered good housing; access to health and community services; family and general social activities; 'enough' money; unencumbered physical and mental health –and promised less cost to the (younger) taxpayers as the extent of their remit to their constituents.

It is doubtful whether, given the presence of all, or almost all of these conditions, one could state with certainty that an older person was successfully or happily ageing. The political and social conditions may be essential, but it is clear that they are not enough. These conditions are not the sole determinants of happy ageing; they are the conditions necessary for the well-being of all members of society, from which may emerge happy ageing.

The fields of geriatrics and gerontology have typically measured successful ageing in terms of the medical services needed for the frail and ill, which the state or nation provided. Here, too, it has slowly become clearer that other indicators are essential to the determination of happy or successful ageing. The elderly must have more. They must feel respected and engaged - enjoying the unconditional positive regard and reciprocal cooperation

with all age groups. It is not enough to focus on the frail and dependent, we, at all ages, must focus on those aspects of ageing that provide the additive to earn the description, Happy Ageing.

In the period during, and immediately after the Second World War, those industries, and governments seeking to maximise the output and efficiency of the war effort, and post-war recovery, were forced to employ women, and those men beyond military recruitment age. As the war progressed, and older men, with more children were called to 'duty', more work was left to be done by women, and the oldest, heretofore retired workers. Many of these workers returned to retired life, or to raising children after the war. However many remained active following wars' ends, and brought the importance of assessing the fitness of workers and the cost of production into focus. Then, it became essential to ensure that the work continued with quality, and that the older workers' lives reflected that quality. Research shows that positive regard by one's employer is an important aspect of job satisfaction and therefore, a source of self esteem.

In psychological and psychiatric research of the 1950s – 1960s, pioneers in the field, James Birren, Ross McFarland and Oscar Kaplan, were amongst the first to address the psychological aspects of ageing. However, they considered psychological well-being as measured only by such cognitive functions as memory and learning capacity- functions germane to work situations. *"The reclassification of older workers to jobs where they can perform efficiently and safely, and the re-design of jobs so that age changes are of minor importance should be based on a knowledge of the capacities of the individual in relation to the critical psychological requirements of the job"*(McFarland,1956). McFarland further assessed the influence of

ageing on mental functions: memory, learning, imagination and thinking, as psychological indicators of a general capacity. He acknowledged that psychological functions which depend on experience, reasoning and judgement are more resistant to deterioration as one ages. However, he cited (1950s) research at Columbia University, New York, which bore the authors' conclusions *that "no one under 45 should refrain from trying to learn a new task for fear of being too old to be able to learn it."* (McFarland, 1956, op. cit., p. 22) .

This 1950s attitude toward new task learning is to be contrasted with a recent research survey by AARP - American Association of Retired Persons (June 2010), which addresses the use of social internet technology (Twitter, Facebook, LinkedIn, etc) by those over 50 years of age, in both Hispanic and non-Hispanic interviewees in the US. In this survey, 40% of interviewees considered themselves extremely or very comfortable using the Internet. One quarter – 27% use social media websites, and one third get their news from newspaper websites, and another one-third get their news from 'ezines' and/or television news websites. It adds that 'other contacts' include, but are not limited to non-partisan fact verification on the Internet. There are indications that these technological skills are later-life- learned skills, usually from children or grandchildren. Interestingly, there appears to be no mention of 'third age' education in computer skills. After 45, in the 1950s, people had presumed to be past the age where they could learn new skills. Not only does this research redress the 1950s' limitation of psychological ageing to cognitive skills, but it addresses that aspect of ageing which closes the gap amongst ages, socially. The AARP survey notes that the vast majority of social media activities of the 50+ respondents extend beyond that of contact with children and grandchildren.

In Japan, journalists assessing the influence of technology on Japan's elderly, cites a 95 year old man, Hikosaburo Yasuda, who states, *"It is important to always try new things, otherwise you get left behind"*, he said, upon being asked about his plan to purchase an iPad. He related that he wanted to keep up with his younger computer club members, who look for easier ways to browse the Internet, and send emails. Another elder Japanese computer user stated that use of computers *"Could keep dementia at bay"* (Alpeyev & Eki, 2010). This attests to the rising awareness of the importance of new learning. The field of neurology has recently indicated that we continue to develop neural pathways in the brain, long into our maturity, updating the earlier held view that we are limited in the span of time in which parts of our brain develop.

"Seniors who belong to a choir report easier breathing, better posture and fewer doctor visits ... Several studies have found that singing also enhances immunity and well-being. One, conducted at the University of Frankfurt in Germany, found that choral members had higher levels of immunoglobulin A and cortisol – markers of enhanced immunity -- after they sang Mozart's "Requiem" than before. Just listening to the music did not have this effect. In another study, members of a choir filled out questionnaires to report their physical and psychological reactions to singing. The choristers reported Improved lung capacity ,high energy, relieved asthma and better posture with Singing, particularly in a chorus, seems to benefit the elderly particularly well. As part of a three-year study examining how singing affects the health of those 55 and older, a Senior Singers Chorale was formed by the Levine School of Music in Washington, D.C ..." (<http://www.sixwise.com/newsletters>).

According to a review of the influence of epigenetics¹⁵ in ageing, in a recent study demonstrated the importance of altered epigenetic state in the control of brain neuronal gene expression with :

“Environmental enrichment promoted the recovery of lost memories, which was accompanied by increased synaptic elasticity ... ”

“Remarkably, treatment ... was able to mimic environmental enrichment and promote neuronal plasticity and recovery of memory function. These findings highlight the role of epigenetic changes in memory loss associated with neurodegeneration. In addition, they suggest that loss of memory storage is distinct from loss of neural pathways that access stored memory. Given that human brain ageing is accompanied by memory loss and reduced synaptic connectivity, but not significantly by neuronal loss, it is probable that loss of the ability to access stored memories underlies age-dependent memory deficits. If this is so, there is hope that pharmacological interventions affecting epigenetic state could ameliorate some of the cognitive deficits associated with ageing and neurodegenerative disorders.”(Nature, March 2010; pps 529-535).

This indicates the great advances in the fields, not only neurology and psychology, but also hold out hope for the reformation of now outdated views of the elderly in areas of interpersonal, and community networking. The examples stated earlier from the United States and Japan, attest to its applicability. Now, the general older public does not have to accept the limitations placed upon the elderly

of more than half century ago. The extended family – stretched and extended by miles, if not continents, can stay in touch via internet telephony, and the gap that was created by the post-WWII social and geographic mobility has now begun to close. Intergenerational contact, lost for decades, may be able to gain ground, on Facebook and LinkedIn social networks. And the elderly are capable of learning and relearning.

3) Longitudinal Studies

Most research focuses in those spheres which inform health, welfare and economic policy areas, as previously stated. The basis for much research and programme planning emerges from large scale, longitudinal studies. It should suffice here, to mention two bodies that provide data on which are founded those policies and services.

Improving the psychological aspect of ageing demands ongoing, longitudinal research which informs professionals working with organisations and government bodies who provide the basis for material support with increasing frequency, research addresses those intrinsic qualities which transcend work abilities and pension plans. Following are two examples, briefly presented, of SHARE and BASE, who have been outstanding in the scope and length of their research. Improvement in health care brings about increased life expectancy, and with longevity comes more opportunity and more need for attending to the ever-expanding psychological armamentarium needed to make that larger period of the Third or Fourth Age a happy one.

15 In biology, and specifically genetics, **epigenetics** is the study of inherited changes in phenotype (appearance) or gene expression caused by mechanisms other than changes in the underlying DNA sequence, hence the name epi- (Greek: ἐπι- over, above) -genetics. These changes may remain through cell divisions for the remainder of the cell's life and may also last for multiple generations. However, there is no change in the underlying DNA sequence of the organism; instead, non-genetic factors cause the organism's genes to behave (or “express themselves”) differently.

3.1 – SHARE

SHARE [Survey of Health, Ageing and Retirement in Europe] gathers demographics of those who have attained age 50, in sixteen countries, including Austria, Belgium, Czech Republic, Denmark, France, Germany, Greece, Ireland, Israel, Italy, Netherlands, Poland, Slovenia, Spain, Sweden and Switzerland. It started its project in 2002, commenced data gathering in 2003, and currently completed gathering data on the third 'wave':

"SHARE is coordinated centrally at the Mannheim Research Institute for the Economics of Aging (MEA). It is harmonized with the U.S. Health and Retirement Study (HRS) and the English Longitudinal Study of Ageing (ELSA). SHARE's scientific power is based on its panel design that grasps the dynamic character of the ageing process. SHARE's multi-disciplinary approach delivers the full picture of the ageing process. Rigorous procedural guidelines and programs ensure an ex-ante harmonized cross-national design.

According to SHARE, "The ratio of older people to total population is higher in Europe than on any other continent - and the phenomenon of population aging will continue well into this century. SHARE, whose first wave of data was collected in 2003, is the first study to examine the different ways in which people aged 50 and older live in eleven European countries from Scandinavia to the Mediterranean. "The second 'wave' of information gathering was done in 2006, traces those life events which shape the essential elements of the lives of the elderly. A third wave was completed in 2009. There are now sixteen countries with data gathered, and assessed, and made available to researchers. Several disclosures emerged from the data:

a) two thirds of respondents said that the reason for undertaking voluntary work was to do something useful in retirement. However, people's health is an important factor in this context, and older people who are in poor health are less likely to engage in voluntary work than people of the same age who feel fit and healthy;

b) delayed retirement occurs when, according to SHARE statistics, there are "*Agreeable work place conditions [which] support later retirement*: The perceived quality of employment during the pre-retirement years - for example, how much control we have over our work and how much of a match there is between effort and reward - varies considerably across the European countries surveyed, with a clear North-South gradient;

c) quality of employment is strongly associated with emotional well-being;

d) lower quality of employment goes hand in hand with poor health and depression. SHARE also reveals significant cross-national variation in people's quality of life." (<http://www.share-project.org/>).

Quality of employment, which includes the level of esteem in which an employee is held, has always been a factor in the self worth rating of the individual. The spiral of low quality of employment, poor health and resultant depression will impact on indicators of successful ageing such as social network functioning and cognitive functioning. These factors are reciprocally inhibiting.

SHARE continues to expand its brief, and the resultant research which springs from it clearly addresses the more intrinsic aspects of ageing.

3.2 – BASE

Another significant organisation redressing the narrow view of ageing is the work accomplished by the longitudinal Berlin Ageing Study (BASE) project:

“The Berlin Aging Study (BASE)¹⁶ is a multi-disciplinary investigation of old people aged 70 to over 100 years, who live in former West Berlin. In the main study (1990-1993), a core sample of 516 individuals was closely examined in 14 sessions covering their mental and physical health, their psychological functioning, and their social and economic situation. Since then, the study has been continued as a longitudinal study, and surviving participants have been re-examined seven times. BASE uses a broadly based multidisciplinary approach with the aim of obtaining baseline data across a wide range of domains, and examination of aging- and death-related changes in very old age.

Following on from the work in the BASE project:

“Founded in 1981 by the late Paul B. Baltes, the Center for Lifespan Psychology at the Max Planck Institute for Human Development has helped to establish lifespan psychology as a distinct conceptual approach within developmental psychology. Since 2004, the Center has extended its research program into developmental behavioral neuroscience. Work at the Center is guided by three propositions: (i) to study lifespan changes in behavior as interactions among maturation, learning, and senescence;

(ii) to develop theories and methods that integrate empirical evidence across domains of functioning, timescales, as well as behavioral and neuronal levels of analysis;

(iii) to identify mechanisms of development by exploring age-graded differences in plasticity.

The Center continues to pay special attention to the age periods of late adulthood and old age, which offer unique opportunities for innovation, both in theory and practice. At the same time, it has intensified its interest in early periods of ontogeny including infancy and early childhood”. (<http://www.mpib-berlin.mpg.de/en/forschung/lip/projekte/base.htm>)

“Baltes conceptualized psychological development as the interplay between generality and individuality, self-determination and fateful experience, biology and culture. His empirical and theoretical contributions have opened up new perspectives and pathways for science and society. Paul B. Baltes examined the potential of human life in the spirit of enlightenment. He was an innovator who reshaped the fields of lifespan psychology and gerontology”. (<http://www.mpib-berlin.mpg.de/en/forschung/lip/baltes.html>)

Max Planck Institute (MPI) for Human Development Co-Director Ulman Lindenberger, one of the internationally leading researchers in the field of cognitive ageing has identified the potentials and limits of cognitive ageing by successfully combining approaches from the neurosciences, gerontology as well as developmental psychology. Lindenberger has shown that the mental abilities of older people are not predetermined by defaults such as age – but that they can be altered and even

¹⁶ BASE is a project conducted by several Berlin institutions in collaboration. It was supported by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (in German) and by the Berlin-Brandenburg Academy of Sciences' interdisciplinary research group "Ageing and Societal Development", and the participating institutions. Since 2008, it is co-sponsored by the Federal Ministry of Education and Research and the Center of Lifespan Psychology at the Max Planck Institute for Human Development

improved by [one's] own actions. In old age, perceptual processes, reasoning, and memory are strongly dependent on physical, emotional-motivational, and social factors. (<http://www.mpib-berlin.mpg.de/en/forschung/lip/projekte/base.htm>)

SHARE, BASE and Lifespan are now indicative of many organisations who are investigating those parameters of ageing and providing valuable data to other researchers. It is through their work that the recognition of the potential of ageing members of the world can be uncovered. No longer are the narrow parameters of the last century able to limit the potential for a happy older life, and greater understanding by those of the upcoming older generations. From the data gathered, it becomes obvious that the statistical treatment of data is not enough alone, to make a difference in the achievement of a happy third or fourth age.

However, whatever the researchers present, whatever programmes governments devise based on that data, it is the older person who determines his or her happiness, and what defines happiness for them.

4) There is more to happy ageing than good health, good pensions and social networking technology

"Age is an issue of mind over matter. If you don't mind, it doesn't matter". Mark Twain

A recurring theme in the literature is the isolated condition of elderly people in China, Japan, Turkey, the US, and Australia, etc. Various authors address the decline in fertility, the mobility of the worker away from family members and the migration from rural to urban living, as causes of the erosion of the contact with, responsibility to and for the elderly. Concomitant with this has been the loss

of the unconditional positive regard for their wisdom, experience and status.

In China, the Confucian precept of respect for the elders has been eroded by the increasing industrialization of the PRC (People's Republic of China). *"It was part of the filial duties imposed by Confucianism to care for one's parents when they were old, so that when you too were old your children would in turn care for you. Reciprocity was a key feature, however, for sons and fathers, mothers and daughters had rights as well as responsibilities. But today, in the 'new' China, that old order in China is breaking down ..."* (Cook, Moores & Powell, 2003). Cook et. Al., however, point to the example of the 'three', of the CCP (Chinese Communist Party). *"The CCP itself has a tradition of elderly active within its power structures, and its great leaders, Mao Zedong, Zhou Enlai and Deng Xiaoping, worked to a very great age, into their eighties".* A feature of Mao's return to power was his swim in the Yangtze River at age 73, in 1965. *"Mao built on this success to launch the Great Proletarian Cultural Revolution the following year, having reconfirmed his cult status."* (op.cit) Physical prowess and occupational functioning were the primary foci in that period. No considerations of the emotional aspects of psychological well-being were considered in the medical-behavioural model of the 1950-1960s.

However, in the 1970s, with the advent of a change in the viewpoint of psychotherapy from the psychoanalytic to the humanistic, Carl Rogers' *On Becoming a Person*; Fredrick Perls' Gestalt Therapy, and the rise of the exploration of the emotions in one's life, abruptly shifted the direction of the strict Skinnerian behaviourists. Still later, the behaviourism of Joseph Wolpe and Aaron Beck yielded to the inclusiveness of the emotions. Today, the Buddhist concept of mindfulness

forms a cornerstone of the CBT – Cognitive Behavioural Therapy modality. However, much of the popular psychology mass publications do not specifically address the emotional profile of the ageing person. The current trend to want to present as young and able – even to medical re-manufacture of one's body, to fit the description of 'young', has dominated publications for and about men as well as women; those periodicals devoted to the elderly [Ireland's Senior Times, US' AARP The Magazine (formerly known as Modern Maturity), for example] also fall into the trap of presenting their readers, ways to look (and convince others) younger than their chronological age. This is not a new idea – author Anais Nin was reported to have said, in advanced age, *"The only wrinkle I have is the one I sit on!"* This denial hides fear of ageing, fear of death, fear of rejection for not being – something usually attributed to youth – wrinkle-less, supple, slim, without grey hair etc., etc. This further cements in the minds of the younger generations that ageing is something to be dreaded and avoided.

The questions underlying this are - Will it hurt when I die? Where will I go? Will people remember me/ miss me? These questions address the point of death, and present a nebulous picture of 'what happens then,' even in the most religious of people, unless they have truly examined their death as well as their life. There are no courses of study for how to die. Elizabeth Kubler-Ross, in her seminal *On Death and Dying* in the 1970s, provided guidelines, but these appeared to be of use to the survivors, rather than the older person facing his or her death. Psychologically, the stress of fear or anxiety regarding the matters of ageing and dying will lead, in many cases, to clinical depression. This condition is usually treated with any of the very many antidepressants. However, medication does not answer the questions of mortality.

There are several subgroups within the various levels of ageing people, and they all come with unique experiences and are attended with special needs.

According to research by Halverson and Walaszek, at the University of Wisconsin: *"Older adults, especially men older than 85 years, are at markedly elevated risk of committing suicide. Although they comprise only 13% of the population, older adults account for 18% of suicides. The rates of suicide rise dramatically for men older than 65 years. Internationally, rates for women also increase after age 65, though this is not the case in the United States."* (2010 <http://emedicine.medscape.com/article/1356106-overview>). They point out that depression holds close association with other illnesses; that the presence of cancer, diabetes, asthma, anxiety, substance abuse and neurodegenerative conditions – one condition exacerbates the other. They also include that *"... Although older adults are less likely to attempt suicide than younger adults, they are more likely to complete suicide because they (1) are less physically resilient, (2) offer fewer warnings of suicides, (3) use greater planning and resolve, (4) are more isolated and therefore less able to be rescued, and (5) are more likely to use lethal means, ..."* (Halverson and Walaszek 2010). They further indicate that conditions which place elderly people at risk for depression are social isolation; early childhood sexual abuse; loneliness, bereavement, a prior history of depression and a cumulative of life stressors and resultant cognitive distortions – thinking negatively, rather than constructively - and needful of sources of support to achieve successful ageing.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR; 1980) which catalogues the gamut of mental states, is currently undergoing major revision. Roger

Peele, Chief Psychiatrist, Montgomery County Government, Rockville, Maryland, on his website, (<http://www.rogerpeele.com/topics.asp>), discusses the DSM revision. He posits the inclusion of sensitivities – cultural, ethnic, gender and age – that should be taken into consideration in treating patients; that the new version of the DSM, in presenting criteria for measuring distress and dysfunction or impairment in the elderly should include evaluation of the following categories 1. cognitive; 2. emotional; 3. physical; 4. relational, and 5. volitional. He further suggests that the new edition should include ‘sensitivities’. This consideration of sensitivities would not have been included even thirty years ago, in the physician’s formal diagnosis of his elderly patient.

Given this potential change in procedure and outlook, it appears appropriate to address the various sensitivities, to use Peele’s phrase, which comprise the elderly, and which deserve special consideration. The lesbian/gay/bisexual and transsexual (LGBT), the oldest elderly and the immigrant, are amongst the sub- groups within the broader category of elderly which warrant attention here.

4.1 – LGBT

In 2010, the Dáil (Irish Parliament) passed legislation recognising same-sex marriages, after a long battle. Currently approaching publication in Ireland are the results of research into psycho-social issues confronting the elderly LGBT population in Ireland.

This campaign resulted in additional attention to the needs of the LGBT community. In their December 2009 research tender, the Gay and Lesbian Equality Network (GLEN) stated:

“Ireland is now becoming much more inclusive of lesbian, gay, bisexual and transgender (LGBT)

people. However, older LGBT people have grown up in a time when being gay was criminalized and pathologised. Despite this, many older LGBT people successfully negotiated this difficult social context and the threats it posed to their well-being and have developed huge resilience ... [However] US research (Cross P and Brookdale Center, 1999) found that older lesbians, gay men and bisexuals have significantly diminished support networks when compared to the general older population.

There are a number of important needs and issues which older LGBT people experience, which need to be much better understood in an Irish (and international) context.

When compared to their heterosexual counterparts, therefore, older lesbians, gay men and bisexuals are 2½ times as likely to live alone, twice as likely to age without a partner or ‘significant other’ and 4½ times as likely to have no children to call upon in times of need. This translates into a lack of traditional support networks that may not be replaced by the strength of other close friendships or the size of informal support networks within the lesbian, gay or bisexual community, with the result that 20% of older lesbians, gay men and bisexuals indicate they have no one to call on in a time of crisis or difficulty – a rate up to ten times higher than that seen in the general older population.”

This means that older lesbians, gay men and bisexuals are much more reliant on and have a greater need for professional services and formal support systems in old age than is the case with their heterosexual counterparts. However, other studies in the US have shown that older lesbians, gay men and bisexuals do not access the programmes and services they need. In fact older lesbians, gay men and bisexuals are five times less likely to access services for older people than is the case in the general older population, because they fear

discrimination, homophobia and ignorance and that they will have to hide their sexuality.

4.2 – The Fourth Age

The fourth age is defined by Baltus as those individuals beyond 80-85 years of age. He states that *“the 21st century is a century of age. But our society is not a friend of age”* (<http://www.mpib-berlin.mpg.de> 2002). He goes on to indicate that *“More Good Ageing is a major cornerstone for the design of an age-friendly society that knows how to exploit the great potential of the older generation”* (op. cit).

Whilst elderly in the earlier – youngest elderly – category may live safely and happily in their own home, others may not. In Baltus’ ‘Fourth Age’, a need for tailor-made housing arises. One such project, green housing, which adapts with its residents as their needs change with age – sustainable and age friendly – is reported in the professional periodical *Construct Ireland*. (August 2010) is thus described:

“County Louth is home to Ireland’s first sustainable energy zone, Dundalk 2020 and was recently designated the first age friendly county in Ireland. The concepts behind these two initiatives are reflected in Great Northern Haven, a new housing project on Barrack Street, Dundalk, designed and project managed by MCO Projects. The project provides a new energy efficient adaptive housing model for older people that will enable residents to live independently in their homes for longer by the use of innovative sensor technology and intelligent design. The homes provide improved quality of life through a comfortable, healthy and accessible internal environment, with efficiencies in cost of living and energy provision. They are designed to achieve a strong sense of community, as well as an in-

novative care model enabled by new ambient assisted living technology ... All services, amenities and transport connections are in close proximity and the building is located adjacent to a primary health care centre. The community centre provides for social interaction for residents, and supports the wider research project and demonstration aspect, as well as providing a new focal point for a wider community ... The ground floor garden space is communal with seating and raised planting beds for residents. This area is designed to encourage social interaction while also providing privacy to internal spaces and individual terraces ... The building is designed with flexibility and adaptability to accommodate the physical and cognitive needs of the residents as they develop over time” (<http://constructireland.ie/Vol-5-Issue-1/Articles/New-Build/Dundalk-green-housing-adapts-with-its-occupants.html>).

This is one example of how communities can provide those essentials which provide a springboard for the security and comfort which allows for psychological well-being.

4.3 – The Immigrant: product of climate chaos

The special situation of immigrants, being strangers in a strange land [Heinlein, 1952] whose benefits may be limited, who may not, due to language and/or religious barriers, be integrated into the community; whose cultural background makes it difficult to comprehend either the system or the community, require especial consideration. Some migrants may be climate change or climate chaos immigrants. The various ‘natural’ disasters of the past decade – tsunamis, floods, hurricanes and earthquakes have all moved people from their chosen place of family, attachments, security and predictability. This consideration, only sometimes addressed by governments,

appears to have progressed no further than tacit recognition. Elderly climate change migrants are certain to be more vulnerable, psychologically, than younger immigrants. They have been rooted up from their social milieu, have limited access to people who speak their language, and they may be grieving from the loss not only of family members, but of their community, their way of life, and all of those elements which contributed to their comfort in their last years. The psychological adjustment required must not be underestimated. They, too, will be subject to the toll of time, made worse by their lack of familiar surroundings, language, cultural comforts and ritual. What might have been a sort of security, at a point in their lives when death approaches on unknown, unheard feet, no longer exists within their environment. In addition to feeling unwelcome, they may be treated as unwelcome. These circumstances are not conducive to happy ageing.

5) How can we age happily and approach the process of dying with courage

“Well, it’s nothing very special. Uh, try and be nice to people, avoid eating fat, read a good book every now and then, get some walking in, and try and live together in peace and harmony with people of all creeds and nations.” [Monty Python’s 1983 film, ‘The Meaning of Life’]

So, what is it that separates the happy from the unhappy ageing person? When all of the basic needs are supplied, what is left that contributes those qualities which encourage the subjective emotional description of happiness? We could examine what it is that detracts from that state – what causes the unease, the fear, the anxiety which arises at the mention of ageing or ‘getting old’. Robert Fisk, in his *Age of the Warrior* states “ [They

wanted to live in the present, not after death. Which is why, I suppose, the greatest courage we will ever have to show comes at the end of our lives” Fisk, R; 2008, p 462)

Happy Ageing cannot be legislated into being; it cannot be provided by employers or aid organisations. The answer to happy ageing must start with the consideration of the definition of ‘happy’. Is ‘content’ an acceptable synonym? Perusal of dictionaries does not provide much enlightenment. For that, we must consider happiness from a psychological point of view – what generally passes for happiness is, in the main, satisfaction of material or social wants, and does not address the ultimate – that feeling within us, that we achieve, when we extract a meaning for our lives. It is the unexplored meaning of death and dying which hampers our search for the meaning of life (Monty Python notwithstanding).

According to Moon (2010), society counters the facts of ageing and dying by valuing and pursuing the opposite: youth, health and vitality. Moon posits that the human attitude toward mortality has risen concomitantly with the increase in secularism and the unwillingness to contemplate one’s world view. He points out that the answer may lie in the search for meaning, which he refers to as POM –Pedagogy of Mortality. He states that the degree of positive outcome is dependent solely upon the extent to which the individual persists in contemplation of his life and death. He presents it as an educative process, wherein we are its best benefactors.

Moon cites what Viktor Frankl (1986) called ‘logotherapy,’ wherein he posits that if we hold a sound world view, then we do not need psychological assistance to cope with dysfunctions in our life. By recognizing the purpose of our circumstances, one can master anxiety, according to Frankl, who developed

his theory whilst in Auschwitz. He presents his search for meaning, narrating his survival of his five year concentration camp ordeal in the first half of his book, *Logotherapy, Man's Search for Meaning* (1946), and his theory in the latter half.

His theory is no less applicable today. Frankl defined the spirit as the will of the human being. The emphasis, therefore, is on the search for meaning, which is not necessarily the search for **God** or any other supernatural being. Frankl viewed the barriers to humanity's quest for meaning in life – "...*affluence, hedonism, [and] materialism...*". Mark Twain indicated in the late 1890s: "*Man is about as happy as he makes up his mind to be.*"

Philosophers and scientists have long been interested in how the mind processes the inevitability of death, both cognitively and emotionally, but we put little thought into it, instead, avoiding confrontation of the attendant state anxiety through busy, allegedly goal-directed behaviours, whilst the fear of death, unexplored, taints our potential for happiness.

Mohammad Samir Hossain, professor of psychiatry at the Medical College for Women and Hospital, Dhaka, Bangladesh states that we "*have no common methodology for examining the whole phenomenon of death. We address only the point of death; and the process of dying is buried, haunting us on an unconscious level, pushing us ever further into denial activities*" (Hossain, 2010). He posits that the finality of death represents the permanent cessation of existence, but we do not wish, or know how, to cope with the process, rather than the occasion of dying.

6) Intergenerationality

All people have a finite presence in this world. How can everyone profit from the elders' experience and knowledge and pass it on, yet again, to future generations before the experience, knowledge and wisdom becomes irrecoverable?

6.1 – Foxfire

More than forty years ago, in the mountains of North Georgia – in what is known as southern Appalachia, a group of secondary school students decided to save the wisdom of the elders, by collecting stories, folklore and information on crafts which were in danger of being lost in the forest of emerging technology (the Internet was not widely available then). Their initial idea was to create a magazine. "The articles would focus on a specific person's life or stories, the lore of a specific town or community, details or how-to information on traditional crafts and skills ... "It blossomed into a series of books called Foxfire.

[Foxfire]" is the living connection between the high school students in the magazine program and their heritage, built through interaction with their elders. Students, by their own choices, have worked for four decades to document and preserve the stories, crafts, trades, and the personalities of their families, neighbors, and friends. By doing so, they have preserved this unique American culture for generations to come ...¹⁷

The *Foxfire Approach to Teaching and Learning* is now a national program to train teachers in an alternative method of educating, "*which ... promotes a sense of place and ap-*

17 ["The term "foxfire" is a name commonly applied to several species of bioluminescent fungi that grow on rotting wood in damp forests (like the Southern Appalachians) during the warmer months. These fungi typically produce a dim blue-green glow that can be seen only in dark, starlit areas, away from any artificial lights or moonlight. Other names associated with these glowing fungi include "faerie fire" and "will o' the wisp."] <http://www.foxfire.org/>

preciation of local people, community, and culture as essential educational tools".
(<http://www.foxfire.org/>)

It is this approach which preserves our history on a very personal level, enables a positive contribution of the elderly and promotes a sense of the importance of not only the elderly, but of their wisdom, knowledge and experience, whilst connecting the generations. This is yet another aspect of promoting happy ageing – valuing our elders, and their wisdom.

6.2 – EMIL

In Europe, the European Map of Intergenerational Learning (EMIL), a relatively new project, started in 2009, to promote intergenerational learning, with the aid of regional and national organisations. Their sponsor, the Calouste Gulbenkian Foundation states:

"Over the past century our families and day-to-day lives have changed dramatically; more of our citizens are enjoying greater mobility and economic security enabling a previously unseen level of individual independence. These new freedoms have led to significant changes in traditional family structures and care patterns with increasing numbers of people living further and further away from their loved ones. For these and many other reasons, Intergenerational Practice (IP) has been gaining round at a grass-roots and policy level for a number of years as an effective preventative measure to ensure a healthy level of understanding between all ages remains. Nonetheless, the progress of IP has remained patchy,

both geographically and thematically, and requires better articulation all round if the movement is to ease the issues presented to us by an ageing population." (http://www.generationendialog.de/_uploadfiles/file/EMIL%20Newsletter%20-%20Issue%201.pdf)

According to their website, EMIL plans to launch their programme for a European inter-generational network. 2010 has been designated the European Year of Intergenerational Solidarity, and this will provide the optimum time for promoting the resurrection of the connections amongst generations, albeit with a modern face, based on experience, research and cooperation.

7) Conclusions

It is important to stress the unique qualities of all ageing people, and of their special talents, views, backgrounds and needs. As we age, we are faced with the choice of sinking into pretence that we are immortal – though we know we aren't. Perhaps the single most important aspect of ageing is the unknown of when we will die, and how. How to have a happy aged life is an individual choice, with a unique pattern. But the common theme is still that of Viktor Frankl, and we would do well to recall his words **"Everything can be taken from a man but one thing: the last of the human freedoms – to choose one's attitude in any given set of circumstances, to choose one's own way"** (Frankl, 1946). But we can also recall another sage – Mae West who said: **"You only live once, but if you do it right, once is enough"**.

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V. QUESTIONS AND ANSWERS

In the frame of European and global events (European Social Forum, July 2010, Istanbul and Global Young Green Congress, August 2010, Berlin) the participants were presented

with the draft "White Book". The questionnaire and flyer "When I am 64 ..." were used for interviews in order to test the level of information about the topics and, on the other hand, to determine individual wishes and ideas regarding their own ageing.

1) Example of Questionnaire



ENGSGreen Seniors
European Network
of Green Seniors



**GREEN EUROPEAN
FOUNDATION**

QUESTIONNAIRE

1. What social programs and projects for elderly people, both able and disabled exist in your country? Please name three [or more]

.....

.....

2. What «Happy Ageing Indicators» would you like added to our list:

This for example our H.A.I:

Healthy life after 65 and healthy life-expectancy, social connections of elderly people, age discrimination, elderly poverty, political voice of elderly people etc.

What would you like to add?

.....

.....

3. What good POLICIES for AGEING PEOPLE in your country would you like included? Where could we find out more about them?

name: e-mail address:

country: age: gender: m / f

If you think of other projects later, please send information about them to us at engs@telenet.be.

We welcome any additional information about projects in your country which especially address the needs of the elderly.

In cooperation with the Green European Foundation and with the Contribution of the European Parliament

2) Collected Answers to the Questionnaire from ESF (European Social forum – Istanbul, July 2010), GYG (Global Young Greens Congress – Berlin, August 2010) and EGP (European Green Party Council, ENGS Fringe meeting – Tallinn, October 2010)

Table 6: Answers to questionnaire on page 38 collected at the European Social Forum

ESF	Country	Age / m/f	1) Social Program	2) Happy Ageing Indicators	3) Good Policies
1	Spain	60/m		- against age discrimination - political voice	
2 3 4	Turkey/	30/f	- not enough for elderly	- more respect for elderly	- more home care - a ge groups
5	Turkey	51/f	- some elderly care	- in social, environment, political area	- availability of wheel chairs - service for counties
6 7	France/	/f /m	- project: social protection for vulnerable person	- o.k., agree with question 2	- science: against disabling diseases
8 9	Germany	50/m 60/m	- three generation housing - living in groups for dementia persons - party of the grays		- basic income for all
10	Germany	old enough/f	- I do not really know	- living with different generations - really independent - respecting each other	
11	Austria	30/f	- inter general housing - self organized home care - pension homes	- migrant and homeless related projects - access to (younger) political organizing	- elderly rights, especially for vulnerable groups
12	Sweden	23/f	- physical trainings - self trust trainings for women all ages)	- self steered feminist programs	

ESF	Country	Age / m/f	1) Social Program	2) Happy Ageing Indicators	3) Good Policies
13	Germany	19/m	- generation meeting	- art and music	
14	Switzerland	69/f	- University third age AVS, LPP, club d` diner, Council of elderly	- isolation	- revenue minimum guarantee
15		21/f	- free local travel	- travel free	
16	Great Britain	60/f	- free swimming - free bus - but might this come to an end, because many people activists are in their 80`s University 3rd Age, but it is middle class institute	- can't think	- Institute of Gerontology Kings College, University London + Age Concern - we have age discrimination policy, but it can be need In positively or negatively way
17	Belgium	63/f		- new forms of living and housing for	- living in a multi generational house of the community and a seat in a network for elderly
18	Austria	64/f	- social institution of care, but now not many initiatives for old people	- political civil society groups	
19	France	48/f	- lots of clubs - summer volunteer regular contact (since summer hot killed to many single elderly) - financial help to stay at home	- contact with youth	- to help them keep mobile with minibuses or cabs for elderly
20	Switzerland	/f			- against reduction of pensions, because this is exclusion from society

ESF	Country	Age / m/f	1) Social Program	2) Happy Ageing Indicators	3) Good Policies
21	UK	22/f	- pension, water aerobics, meals on wheels, mobile library	- fuck poverty, - access to public services	- better pension - heating
22	Great Britain	24/m	- subsidies for energy bills - free subsidized transport - meals on wheels	- access to heating, housing, care - healthy food - pensions compared to average wage	- free access to care homes
23	Czech Republic	29/f		- good pension system and secure	
24	France	55/f	- working with children and their relative (all age) - women activists	- multicultural program	- intergenerational policy
25	Australia	senior /f	- inhabitant programs for all ages - women activists		- possibility for study in 3rd age
26	UK	app. 25/f	- lunch clubs - international cooking for all ages		
27	Italy	before retirement /f	- social centers for migrants (all ages) - language courses	- integration for elderly migrants (means not assimilation)	- policy for migrants, especially elderly, because they have much more problems to learn new languages
28	Austria	/f	- homes for elderly	- science - new kind of house for elderly culture	
29	UK	/f	- rehabilitation programs without age limits	- increasing for screening of breast cancer and prostate cancer for elderly people	

Table 7: Answers to the questionnaire on page 38 collected at the Global Young Greens Congress

GYG	Country	Age / m/f	1) Social Program	2) Happy Ageing Indicators	3) Good Policies
1	Japan	21/f	- volunteer activities for elderly people at elementary school / reading books to pupils	- elderly people as knowledge bank/ they can transmit their experiences and skills to young people	- using free time after retirement for society/ that let both society and the ageing people feel good
2	Australia	23/m	- tourism information volunteers - University for the 3 rd	- active mind	
3	Taiwan	31/m	- elders singing club - subsidies about 90 Euro per year - 18% interests for savings of military, officers, teachers	- family and social connections - safe walking path	- care take seats in MRT, means 2 normal seats for one
4	Mongolia	28/m		- no loneliness after 65 years	
5	Poland	25/f	- there is a social fractal security available for economically disadvantaged - the ageing group of the society is at risk of poverty and lives mostly in precarious conditions	- life long learning possibilities and access	
6	Brazil	23/m	- public restaurants - public social assistance - public health care	- initiative to continue working	- a better public health care
7	Canada	27/m	- development of home care programs - allowing seniors to maintain independence and continue to contribute to society/ community		
8	Germany	36/m	- life long learning	- fun, spirit	
9	Tunisia	55/m	- special care for poor old people	- free medical care and rehabilitation for all	- more integration of elderly people in social life

GYG	Country	Age / m/f	1) Social Program	2) Happy Ageing Indicators	3) Good Policies
10	Tunisia	33/f	- we have many associations and organizations for the care of old people and schools to make them literate	- free prevention against cancer and other illness	- to keep elderly people at home with the financial help of the government
11	Germany	18/f	- friendship - access to education - access to internet	- intergenerationality - mobility of elderly people	- housing with all generations
12	Uganda	29/m	- making handicraft (especially for women)	- track record lessons from elderly people	- not sure of any really
13	Kenya	28/m	- cash transfer program for poor old and vulnerable older persons	- access to basic needs: food, clean water, shelter and health care - political and social voice in community	- national policy on ageing of Kenya
14	Germany	30/m	- VHS=school for adult - seniors meeting places, - day care		
15	Austria	24/f	- free of charge programs - programs for free time	- social connections - being independent - healthy	- free culture programs for elderly people
16	Taiwan	26/m	- monthly elderly gay meeting	- games for elderly people	- see program "Sun Yun"
17	Afghanistan	27/m	- old peoples homes - establishing parks, - health insurance company - hobby-programs insurance for the age		
18	Japan	23/f	- old people homes - day care centre	- volunteer activities - activity in NGO	- age pension

Table 8: Answers to the questionnaire on page 38 collected at the European Green Party Council

EGP	Country	Age / m/f	1) Social Program	2) Happy Ageing Indicators	3) Good Policies
1	Sweden	64/f	Visits at home from nurses and social service in a spec. age, maybe 75, They bring information about service of the community. They ask for the health of the older person.	Fixar Paul, a man comes home and helps in the house for small money. More information that the elderly do not fall dawn so often.	
2	Sweden	65/f	Housing for elderly with daily activities, transportation program, free help at home for people over 75	The right to be outdoors and to get realable new cooked food	There are different policies in different parts of the country as care for the elderly. Who are not ill, is a community question.
3	Sweden	71/f	Gymnastic program, nurse visits in houses, free ticket for trains and busses	Free care of teeth, specially observation of demencia people	
4	Finland	69/f	<p>1. Making seniors aware of the impor-tance of healthy life and ways to (out- and indoors exercises, nourish-ment, training of memory, social contacts)</p> <p>2. Housing: While various types of senior houses (with and without service) are being promoted the city of Helsinki has introduced the policy of making seniors remain in their houses and providing them with services (nursing, food, training, treat, shopping)</p> <p>3. Service Centres for the elderly providing facilities for indoor excercise activities (swimming, pool walking, hydrobics), Nordic walking, senior dancing, choirs, literature clubs, and serving healthy meals at a reasonable price. A lot of these exists already and more being established continuously.</p>	<p>Just a comment: Finlands activities in coherent groups (singing in choir, evening courses, etc.). Comparative study of an agree health potency between the two languages and culture groups established that this is typical of those speaking Swedish, who have a distinctly higher healthy ageing expectancy than those speaking Finnish.</p>	Finnish Alzheimer association, memory consulting stations for establishing beginning Al-heimer etc., earliest treatment by most advance methods with a view to slow down the disease by medical intervention.

3) Answers to the Flyer



Grey hair is cool - to be old not? At some point, so will you. What you want then you can say today, because happy retirement does not exist, neither now nor then.

3-Minutes-Workshop

**“When I am 64.....”
than I will**

My dream, my vision is:

- to have a very big family who loves me a lot and do everything possible in order to save the planet and I hope that our planet will be “alive”. I mean still alive;
- no weapons’ industry, democracy in every country, global solidarity, training for everybody;
- can still do the things I’m doing now, life-long learning must be achieved. Everyone should at any stage in their life have the chance to start something new. In Japan, getting older is valued much more than in Germany;
- be qualified as a professor, be able to speak English, to sail in a regatta;
- I do not want to change my life. I will continue like I did before I was 64. I want to live in a house with lots of people of different ages;
- a healthy body, open mind, be accompanied by a partner;
- working till retirement and then be healthy to enjoy the world, meet friends and travel;
- I would like to travel around the world and pass all my impressions to young people;
- I want to be more independent, it would be great to travel around the world and of course no loneliness, maybe to teach children what I experienced in my life;
- continue to improve the world while living with many friends and a large family, enjoy life;
- live with an eco-commune on a farm, on the Mediterranean in France, to be a babysitter for my grandchildren ;
- I want to have a good woman with me and some sons and daughters and a good life. I will do good things to other people and to myself. I want to be happy;
- to be happy every day and still help people as well
- I will eat all the chocolate and candies because one does not have to care about the body!
- still be able to do everything, I want to do, without being looked at stupidly because of my age and participate in social life;

- according to my strength to have a fulfilling career, have time for my children and grandchildren, to be healthy and able to travel, no need to worry about my financial existence, living in a functioning social environment;
- move to the country, to a village and be a farmer;
- play with my grandchildren, actively explore the world and the environment, travel and support projects, continue to keep healthy and fit and of course to work;
- I would be spending much of my time sharing my knowledge and experiences with young people so as to keep track and do great work;
- still have something to do, listen to good music, be open for new ideas;
- to be surrounded by my favorite people and live in harmony with the future and feel happy everyday;
- to be happy with how I have spent my life so far, to be healthy, live near friends, be involved in the community around me, help the next generation, take life easy, but keep busy and follow my passions;
- to have a wonderful garden, many grandchildren, many friends, a small house, lovely pigs, horses, cows, healthy forests and happiness;
- to have the feeling that my future is secure, that I can sometimes travel in good health and have many friends. I want to be useful and feel needed.

4) Flyer "When I am 64..." – Thoughts and Analysis

Young people from all over the world wrote down their wishes, dreams and visions which they envisage would be important for them at 64 years old. Others expressed in earlier interviews that their youth has already been so stressful that they do not know whether they will really get so old, and above all so old and healthy. Education, training and job leave little time for other things. At work often limited contracts make it difficult to plan life for the future.

From a medical point of view, in Germany every second girl born today, at least has the chance to become 100 years old.

A priority for many young people is to have their own large family and many friends in old age. The desire for harmony in the family and among generations is striking, older people are here included deliberately. They imagine a multi-generation life, often in the country side. The desire to have a strong bond to the family and to a partner is great, which is seemingly at odds with the current observation that many young people are struggling with commitment issues. It seems that the relationship has changed and/or intransigence has increased. For many adequate financial security is important so that they have much time for themselves and for lifelong learning. Traveling to foreign countries is a high priority.

Many young people imagine, that they might volunteer to pass their knowledge and experience on to younger people, thus suggesting that they value these activities of the elderly.

Some also commented that they would live in old age as they have before. This is not surprising because now they cannot imagine that there may be limitations in old age. However-

er, today's youth is better informed about a healthier way of life than previous generations were and great importance is given to prevention, which promises a healthier ageing.

These thoughts and visions about old age show, on the other hand, the expectations they have of today's elderly. They partly answer the question, "What do younger persons expect from older people?" Certainly, they expect a larger participation of older people in society.

At our fringe meeting in Tallinn we had the possibility to interview seniors with the same questions. Here are their partly different answers compared with the wishes of the young people:

**The same flyer with the sentence for seniors:
My personal wishes for the next 10 years are:**

- to maintain my physical and intellectual health, to be enjoying my housing at the senior house, where I am moving in 4 weeks from now, to see my recently acquired puppy develop into a loyal companion;
- good relations and many places for meeting;
- to live in good health, to live happy together with family and friends, to see the rate of poverty in the whole world reduced;
- to go on traveling, couch surfing (accommodation in different places) and meet new foreign people from all over the world;
- free tickets, free collective traffic in EU for people of 65 years and more, happy and independent time, more money, not so much taxes;
- a more tolerant country, more traveling in Europe, peace and happiness for more people;

- to be still active in the Green Party, be an old but not stubborn, stiff and good example of politician activity in all ages. I hope that my grandchildren will not die from contaminations of chemicals;

- to live in the utmost freedom, including freedom of choice, not to be considered a bundle of medical parts.

VI. PRESENTATION OF GOOD PRACTICE EXAMPLES

The advantage of having regionally active groups is working on common regional agendas in the EU. It is as important to learn from regional members of their good practices, so that the wheel does not have to be reinvented. The European Network of Green Seniors has collected good examples with the help of its members: Anita Kelles (Finland), Tony Cooreman (Belgium), Eva Hellung-Strohl (Sweden), Pierre van Laethem (Belgium), Birgit Meinhard-Schiebel (Austria), Marian O'Riordan (UK), Ute Schmitz and Wilhelm Knabe (Germany), Lucille Ryan O'Shea (Ireland), Jocelyne Le Boulicaut (France)

This list of good practices is by no means complete. There surely are other good examples to be covered in the next reports.

1) Promoting Healths

Improving health and increasing healthy life-expectancy of senior citizens requires new and integrated health and service models. Health care should also mean preventive health care. Prevention also needs to address a larger socio-economic and cultural context. Here there is much to be learned from **Denmark**.

An outstanding initiative '**consolidated direct service model**' [1] has evolved in Denmark over the past 25 years. In the small

municipality of **Skaevinge** it has taken the form of “**Health Centre Bauneparken**”.¹⁸ Bauneparken is one of the first 24-hour **integrated health and social care institutions**, under which fragmented services are brought together under one roof. The Health Centre provides joint training for health and social care professionals. Autonomous groups have also been established to assist good functioning. A rehabilitative and activating care approach also includes self-care. Long-term care can also be given to persons below the age of 67. There are apartments in the Centre. Domestic care can also be received. Rehabilitative services can be used. There is also a day care facility. There are two garden rooms and day-care for persons in different phases of dementia. Elderly people can also get material support in making adaptations to their housing. The Centre receives its budget from incomes and taxation. It is cost efficient in the true sense of the word: even though the number of older people has significantly increased, operational expenditures have decreased due to the preventive focus of the integrated care scheme. There is also no waiting time for apartments. The preventive efforts have also created a surplus capacity as numbers of days spent in hospitals have been reduced. Municipal expenditures are now below the average compared to all other municipalities in Denmark.

In **Sweden** too there is a new form of preventive health care for the elderly. [2] Physical activity on prescription has been introduced in recent years. Older people are prescribed exercise, particularly certain types of physical activity, in combination with medication. Doctors monitor results. Studies show that it has been effective.

There are also other interesting examples. One of them comes from the private sector in the UK. [3] Prudential has created incentives to promote healthy ageing. It operates a Vitality program, an incentive system whereby customers who improve their health, can qualify for discounts with various partner companies.¹⁹

An **EU-wide good practice-monitoring tool E-Qualin** [4] has been developed to improve quality care in old care residential institutions. It had been observed that in the care sector, staff is working in surroundings where the private life of citizens and public political/economic/administrational areas meet. E-Qualin was piloted under the EU’s Leonardo da Vinci project in about 50 old care homes in Austria, Germany, Italy, Luxembourg and Slovenia. It was later implemented in additional 200 care homes in these countries. This model is useful for European countries, many of which are struggling with elder abuse and other care problems. E-Qualin serves as an organizational learning instrument. It has 66 enabling criteria (structures and processes) to map, monitor and influence results. There are 25 key indicators to be applied to residents, staff and management. The key value comes from a participatory approach of involving various stakeholders in planning, implementing, monitoring and improving care and services. Another key value comes from the concept of continuous improvement. A classical quality management PCDA cycle i.e. plan-do-check-act is being used. In addition the Austrian Ministry for Social Affairs and Consumer Protection has piloted a “**National Quality Certificate**” [5]. In England, residents in care homes (public and private) are now protected by the **Human Rights Act**. [6] So far the application of this law has not been without problems.²⁰

18 http://www.age-platform.org/EN/article.php3?id_article=738

19 ILC The Economic Value of Healthy Ageing and Working Longer. Prudential April 2010 in UK. www.ilcuk.org.uk

20 ILC The Economic Value of Healthy Ageing and Working Longer. Prudential April 2010 in UK. www.ilcuk.org.uk

There and also in Germany is a Commission for Social Care Inspectors to inspect all care homes, enforcing regulations and national minimum standards and awarding a star rating to the care homes. The Relatives and Residents Association also monitor.

Both, **Germany and France** have a Charter of Rights for People in Need of Long-term Care and Assistance.²¹ In **Germany [7]**, a new law has also made it possible for family members to take 10 days off to attend to a family member in an emergency. **Leave for care.** For employees, there is the possibility of an unpaid six-month leave from their job to take care of relatives. When family members need care, it can be exposed in the context of the nursing time law (Pflegezeitgesetz) six months in job, without salary, but with care allowance, job protection and social security. One can also spend up to ten days a year for care. The new law is part of a comprehensive nursing care reform to improve, according to law makers, the incompatibility between work and family care.

Against the background of demographic development the problem is increasingly important, because in Germany more than 2 million people are in need of care, in 2020, the Institute for Economic Research expects 3 million. Statistically, today every 5th employee cares for a relative. An employee can stay home in an acute care situation for up to 10 days. For home care, an employee can stay home for up to 6 months. Also part-time work is possible, but it may be rejected by the employer. Employers who regularly employ more than 15 employees must grant care to their employees if duly announced. It cannot be rejected, and is valid even if the company has urgent needs.

In the **UK, [9]** Lancashire Teaching Hospital has established a transition ward for elderly patients who cannot manage anymore in serviced flats, but who do not require hospital care. A good practice has been established where patients and their family members are consulted regularly by doctors, nurses, social workers and occupational officers to see that patients' needs are met.

In **Sweden**, in the Department for Social Affairs, there is a **Minister with special responsibility for Public Health and the Elderly. [10]** Many initiatives with focus on elderly have lately been taken by the department such as:

■ **State subsidies to local authorities**

The government has invested 1,35 billion Swedish crowns/year during 2008 - 2009 to stimulate local activities in health and welfare for elderly people. The main goal has been to increase the quality of services provided on a local level. Priority has been given to activities concerning food and nutrition, preventive activities, rehabilitation, access to medical care, medicine reviews and care of elderly with dementia. Quite a few projects have started and are continuously monitored. The activities will continue in 2010.

■ **Support of relatives**

In 2009, a new paragraph was entered into the social legislation stating the right for those caring for sick, disabled or elderly relatives in their homes to get support from the local social welfare committee.

■ **Freedom of choice**

In 2009 parliament passed a new law. The law will strengthen decision making and the choice of individual caretakers. When it comes to providers of social welfare, elderly now have

a right to choose between home help and special housing by public or private operators.

■ **The National Board of Health and Welfare** has recently published a report on how to prevent falling and injury of elderly people living in residential care facilities. Eight interventions have been introduced: physical training of the elderly, risk-reducing changes in their environment, medicine reviews, ensuring safety of technical devices, promoting hip-protecting trousers, education of employees, post fall analyses and continuous maintenance of safety measures. Subsequent research has confirmed fewer accidents with the group that participated in such a prevention program. Fewer persons fell and injured themselves, and there were hardly any fractures of the femur.

■ **“Södertälje - the fall-free town”**

The city of Södertälje has also developed a program to prevent falling among elderly. The goal is to reduce the number of falls by at least 25% by identifying risks for accidents. A network of health care personnel, non-governmental organizations, local shops and private persons has been established for this purpose. A leaflet with information has been distributed to inhabitants. A special “fall-risk” telephone number has also been introduced.

■ **“Fixar Malte”**

Special municipal “fixers” are made available free of charge to the elderly in many municipalities in **Sweden**. The “fixer” offers help with things like curtain-hanging and changing light bulbs. In connection with his visit the “fixer”, when necessary, also gives advice and assistance in safety matters in order to prevent accidents.

There are many welfare programs to assist the elderly, but rarely one comes across housing for homeless elders as is found in Vienna. [11]

In **Ireland** are several others programs for elderly e.g.: **Third Age** [32]

In 1988 the Summerhill Active Retirement Group was established in response to the lack of facilities available to many members of the older community. This was the brainchild of Mary Nally, who from her first-hand experience of nursing older people at St. Joseph’s Hospital in Trim, Co. Meath, was well aware of the negative health implications of lack of activities and isolation on older people. An approach to the older people in the village was met with great enthusiasm and support. www.thirdage-ireland.com

Ireland “Independent Age” [33]

www.independentage.ie

Ireland Centre for Ageing Research and Development [34]

CARDI is a not for profit organisation developed by leaders from the ageing field across Ireland (North and South) including age focused researchers, academics, statutory, voluntary and community sector representatives with support from The Atlantic Philanthropies. It is overseen by a Steering Group and hosted by the Institute of Public Health in Ireland. <http://www.cardi.ie>

In **Ireland** the Irish Longitudinal Study on Ageing (**TILDA**) [36] was launched by Minister for Health Mary Harney in November 2006 and will provide a study of a representative cohort of up to 10,000 Irish people over the age of 50 years charting their health, social and economic circumstances over a 10-year period. www.tilda.ie

There is also the **Trinity Consortium on Ageing**

[37]. The Trinity Consortium on Ageing (TCA) is a consortium of the College’s research centres/institutes, schools, and individuals. It exists to promote research and teaching in ageing, to develop and sustain a comprehensive research

agenda on ageing, and to broaden the interest of the College and wider community in ageing through a seminar series and other initiatives. The Consortium also fulfils a strategic role in relation to promoting awareness of ageing issues and maintaining relations with relevant external stakeholders <http://www.tcd.ie/research/ageingconsortium/index.php>

Here you find the **AgeingWell Network , Ireland** [41]. The network has four key objectives:

- foster a ‘tipping point’ of support for re-framing the ageing agenda, focusing on the opportunities of an ageing population and promoting quality of life and well-being among all older people;
- influence the content and implementation of the proposed National Positive Ageing Strategy, aiming to have it based on this broader agenda and informed by the known needs of older people and the findings from reliable research;
- build lasting and good relationships between key policy makers, service providers and other critical players in the sector, seeking to optimise the alignment of their strategies and plans with the national strategy and the known needs of older people;
- motivate this group of leaders and equip them with the knowledge and evidence to bring the ageing agenda into other critical national fora and to seek ways to co-operate together on important new initiatives <http://www.ageingwellnetwork.ie/index.php?id=44>

Pobal’s mission [40] is to promote social inclusion, reconciliation and equality through integrated social and economic development within communities. Pobal is a not-for-profit company with charitable status that manages programmes on behalf of the Irish Government and the EU. www.pobal.ie

This is an example of registration for the Heat Wave Alert to avoid that elderly suffer in hot summers in **France** [45]

<http://213.30.179.215/form/FormCanicule.php>

2) Participation in Social Life

2.1 – Mobility and Participation

Regarding well-being and health of seniors, it is important that even the poorest seniors are financially able to move around. In many countries elderly persons get major reductions on tickets, even free travel. In **Belgium**, when people reach 65, they are entitled to travel free on any buses. They also pay only a low fixed cost for inland trips on railroads after 9 a.m. During the week, preceding their 65th birthday, Belgian citizens receive by post a pass 65+ for free travel on buses. Flemish authorities initially introduced the idea of free bus travel. It was later adopted by other regions. The idea of reduced travel and promoting seniors on trains came from the Green federal minister Isabelle Durand. [12]

In France is a special service for elderly CYCLOPOUSSE [39] The feeling of loneliness of an old person increases when going out is not possible anymore. In Lyon, the local Councillor in charge of the elderly has found it necessary to ease a door to door service for the elderly. The Cyclopousse can «transport» one or two people. The cyclist is specially trained to accompany old people. This is 100% ecological, original and fun, socially enriching and safe.

It also constitutes a measure against unemployment the cyclists are recruited in agencies that help people find a new job. And they receive a special training.

Service is available 4 days a week, Tuesday to Friday, from 9 to 12 a.m and 2 to 5 p.m

The service costs 1,70 € per person per trip, with a subscription cost of 27 € per year. Without subscription, the service costs 3,50 € per trip. One telephone number to make the reservation. A blanket is provided and there is a small trunk for shopping if needed.

Service available in two towns:

Lyon, Villeurbanne

http://www.lyon.fr/vdl/sections/fr/arrondissements/3arrdt/se_deplacer/cyclopousse9985

2.2 – Good Public Services

Many countries also have service centers for the elderly. They are important meeting places for seniors. Civil society has also organized inter-generational and political meetings in these venues in **Finland**. [13] In **Belgium**, in Flanders and Brussels there are 172 of them providing many kinds of services to a wide variety of groups in addition to the elderly. Assistance is also provided to transportation for the disabled. (14)

In **Germany** there are service points that provide information about all questions of old age. [15]

Support bases for care

These support bases are created nearby in order to advise extensively and independently old people and those in need of care and their families. The support bases create focal points for old and dependent people and their families to advise them in all matters:

- regarding care;
- services for care and health insurance;

- social benefits by the state; and
- advice on all offers of assistance in nursing.

Furthermore, the bases co-ordinate all the institutions relevant for care in individual cases and support the people concerned when using them. Finally, the regional and various existing care and social provisions are coordinated and intertwined in order for the people concerned to provide the full scale of possible care.

The care bases are all integrated into the national care- and health insurance. It is also planned that social services and institutions be integrated into the care bases for the benefit of the people concerned.

The costs for personnel and inventory of the care bases are covered by the health insurance and the communities, according to federal law. The initial financial support by the state is € 45.000 for each base. Care bases that collaborate with volunteers receive an additional one-time € 5.000.

The Age Action [35] is a charity which promotes positive ageing and better policies and services for older people in **Ireland**. Working with, and on behalf of, older people they aim to make Ireland the best place in the world in which to grow older and to improve communication and co-operation among the organisations and individuals concerned with ageing and older people. <http://www.ageaction.ie/objectives-and-activities.htm>.

And also the [36] **Age Concern Northern Ireland**:

<http://www.ageuk.org.uk/northern-ireland/>

2.3 – Social and Cultural Inclusion

The **Swedish** National Institute of Public Health has recently published a report titled "It is never too late". [16] With this report the institute wants to increase knowledge and

inspire the establishment of meeting places that promote social interaction, physical activity and good eating habits among older people. Examples of good practice projects in municipalities, county councils/healthcare and non-governmental organizations are also included in the report.

As disabled elderly particularly face constraints in moving around, it would be important that at least those moving around with a walker be allowed to major risk care against hip and other fractures. Those decision makers who do not grasp the difficulties of disabled seniors' problems, should wear a special outfit, developed by orthopedics, opticians and geriatrists in **Germany**. [17]

Age suits reveal difficulties older persons may experience in everyday life. With a special suit, administrations and companies want to convey the state of 70 year old people or older ones and thus show how they can cope in public life, for example, how difficult is can be to ride a bus or a train. What problems they incur when they have to climb stairs or go shopping. This suit has been developed for three years by orthopedics, opticians and gerontologists. Test persons are young people who cannot usually imagine what situations older people might find themselves in. But these suits make your knees stiff, your bones heavy, inhibit your hearing and sight.

It is a good idea that people who plan for seniors now have the opportunity to realize that elevators are needed. Where there are none, at least in higher floors, especially in department stores, there should be chairs; displays and time tables should have larger scripts, since sometimes glasses might be forgotten. This experience would be especially useful for city planners. People using wheelchairs or walkers often face high pavements

and have to take a detour to reach a certain destination. The suit makes the knees stiff, limbs heavy and restricts hearing and seeing. Falling in transportation facilities is also dealt with by David Manion, [18] Director of Age Concern and Help the Aged Scotland. He has expressed his concern about the use of negative terms such as "support ratio" and "dependency ratio".²² He pointed out that older people are significant contributors to the society as volunteers, contributing £30 a year to the economy, even without including the value of grand parenting activities! Indeed, we must get rid of such negative stereotyping and start supporting active ageing. Many seniors volunteer their work. It benefits the society and the elderly themselves. It requires incentives.

Germany [26] has the programme of Multigenerational Houses (Mehrgenerationenhäuser) as community drop-in-centres for all generations. The federal programme is aiming to transfer the cooperation of the generations from private to public settings. Today already 200 houses are working, until 2010 it is envisaged that 450 houses are active in Germany. The funded houses are using the expertise and potential of by being open community drop-in-centres where all generations can meet. For EAGLE the multigenerational house in Nürnberg in the federal state of Bavaria was analysed. A multigenerational house is a meeting place for people of different ages in a specific city or community. It is planned as an open place, where young and old people offer and take mutual support, furthermore a network, which brings services and demands of different age groups together. Information: www.globalaging.org/elderlyrights/world/2007/multigenerational07.pdf

22 <http://www.globalaging.org/health/world/2010/report-germany.pdf>

In **Germany** there also are campaigns to energize cities with a new paradigm “Patenschaften von Mensch zu Mensch”/ **Sponsorships from person to person** [20] Here is a very good example from the city Arnsberg. It involves changing our ideas on ageing with a shift away from seeing ageing as a deficit to promoting the elderly as a rich source for various civil society activities. The idea is to act in mutually responsible inter-generational teams, also for the benefit of future generations.

Primary school pupils go to the Senior Residential Park Arnsberg in order to paint with dementia patients.

The artist Cornelia Büeler specializes in the creative work with dementia patients as an art therapy and has developed the following concept:

Changing groups of 5 to 8 pupils in 4th grade work for one week with dementia patients. Thus the children get to know old age and it is also a stimulating therapy for the dementia patients.

At the beginning of the project, the art therapist prepares the children for the meeting with the dementia patients and draws black-and-white portraits of the seniors to prepare for the work. When making the portraits she starts to talk to the seniors because they appreciate when somebody looks at them for a long time, since this creates a feeling of appreciation and warmth.

The children see the seniors’ portraits first and can choose one. Additionally they are instructed how to approach the sick people. This also includes repeating questions, although this might be difficult sometimes.

By asking questions and receiving answers the children color the sketches with watercolors.

The project shows that wonderful dialogues occur and that the children treat the seniors unbiased. In the end pictures result where seniors are reminded of how they looked previously, e.g. blonde instead of grey hair.

Sometimes the seniors are fascinated by the portraits when they turn out funny and weird. Thus the brain is motivated to think differently.

In Ireland there are programs for elderly too:

- **Alone** [27]: raises awareness of age-related issues in schools, community groups and through the media (<http://www.alone.ie/>)

- **Senior Help Line**: [29]: a confidential listening service for older people by older people for the price of a local call anywhere in Ireland (<http://www.seniorhelpline.ie>)

- **Third Age Foundation**: helps protect the rights of older people by providing information and accessing new ideas so that older people can make a positive difference to themselves and their community. The foundation enables older people to have a voice and to act as an advocate for other older people where necessary and supports older people to enjoy their older years by encouraging them to remain active, stimulated, and interested in life-long learning and community service. The foundation helps elderly people to avoid the potential isolation of living alone or living in a rural environment by creating a sense of belonging and encouraging older people to look out for each other and create their own “social extended family”. At the same time, it dispels myths and stereotypes about older people by showing their continued lust for life and by having loads of fun with lots of new friends. Last but not least, the Third Age Foundation promotes the physical and social well being of older people by engaging them in a never-ending contact process that provides practical and emotional support appropriate to the current needs of older people.

2.4 – Fight against poverty from elderly people

In Vienna, Austria there is a House for Homeless Seniors [30] because approx. 5.000 person in Vienna are homeless. Although there are approx. 3.600 beds provided by various social institutions, many homeless – for different reasons – do not make use of them. In 1999 dedicated persons founded – together with homeless people – in the ninth district of Vienna an association called *neunerHAUS*, aiming at providing a roof over the heads of homeless people and to enable them to lead an independent life. Three houses already exist, where the association provides a new home for approx. 16 homeless persons. In the first of these institutions in Hagenmüllergasse (3rd district) 65 men and women have found a permanent home, the house at Billrothstraße (19th district) offers a temporary home for 35 men. The third home referred to here in Kudlichgasse (10th district) – the first new house of the association – is the place of refuge for approx. **60 homeless** seniors who would not be able to manage their daily life without help. The concept called “socially supervised living” offers, if needed, all encompassing care and a daily structure, but also here the preservation and extension of the individual abilities of every occupant are stressed. The institution *neunerHAUS* Kudlichgasse is supported by the *Fonds Soziales Wien* (fund social Vienna) with means provided by the city of Vienna.
(Text: Gabriele Kaiser)

2.5 – Voluntary Work

A particularly successful model with and for older people was [31] developed by the town of Arnsberg in Germany already 20 years ago. It developed a network, in which seniors played an important role, despite limited funding to become a social city for all

generations and nations. The city did away with prejudices against older persons, recognized their dormant and unused potentials and skills and uses them. In a dialogue with politicians, administrative personnel, free representatives, institutions, associations, federations, education institutions and especially with people affected in the second half of their life a concept was developed. There was a series of projects with and for elderly, e.g.:

- senior newspaper;
- fit through yoga till old age;
- sponsorship for very old and vulnerable people
- relief for family caregivers;
- project addiction in age;
- regular walks and tours for the elderly;
- senior dance tea, senior cinema and social events;
- retired education scholars train educators on work with parents;
- seniors and kindergarten children learn together how to deal with computers and internet access;
- replacement grandparents help with language promotion and reading in kindergardens;
- education sponsorship in kindergardens
- sponsorship for a small animal yard, in which the kindergarten children keep animals;
- sponsorship and support of learning-disabled and difficult children;
- individual sponsorships for foreign children
- sponsorship for professional training;
- training by former head teachers for young people fed-up with school;
- computer workshop = PC equipment and maintenance
- offering photo workshops, music instruction, seniors as living history books;
- marketing and organization of voluntary social, ecological and cultural years.

Info-Patenschaft@t-online.de
www.patenschaft-aktiv.de

In **Germany** a honorary card with discounts is given to seniors who volunteer work for at least five hours per week or 250 hours per year. [19] When applying for the volunteers card, voluntary work must have been done already for a minimum of three years (or since the organization has existed) as well as the intention of continuing the volunteer work. The card is valid for three years and may be extended if the conditions are met.

2.6 – Life Long Learning

Getting the elderly included as full citizens – not marginal and passive recipients – in the society and in its decision-making requires action on many fronts. Both the elderly themselves and the society need to be educated on the importance of their full human and constitutional rights. In **Austria** Green Seniors have organized a series of socio-political education workshops for elderly people in Vienna. [21]

Curiosity drives people of all ages and makes life interesting. Therefore seniors too need to get access to knowledge. In **Finland** [22a] and **Germany** [22b] lifelong learning is part of the national education policy. There they have an Open University of the Third Age in 70 locations around Finland *and around Germany*. In Finland it was established in 1985 to introduce latest research findings to older people and offer them opportunities for independent academic studies without formal qualifications. It is a meeting point of scientific knowledge and life experience.

Political education has been offered by the **Green Seniors in Vienna, Austria, since 2007 till now**. [28]

The following topics were addressed in 2010:

Module 1: just distribution of wealth

Module 2: migration and integration. who are the migrants and what does “integration” mean?

Module 3: ecological thinking, ecologic action ecological advice for every day

Module 4: green cultural policy. does it exist? how should it operate?

Module 5: working in an honorary capacity. how much honor, how much capacity?

Module 6: ethical banking, where to with “good money”?

Module 7: retrospective and outlook. what happened and what should be new (and different)?

Argumentation training for the Vienna Elections 2010

Interested seniors, but also other interested persons, can participate actively in top quality workshops for socio-political education. The series focuses on relevant political as well as general Green topics such as ecology, economy, social, cultural and economic policies, etc.

This education series represents one of the “best practice models” for the White Book since it follows the principle of life-long learning and is offered on a low threshold.

3) Programs for Elderly Migrants

DRK- Multi-cultural senior center “Haus am Sandberg” in Duisburg Hochfeld-Hochheide / Germany *drk-haus-am-sandberg.de* [25] is a multi-cultural senior-center. Since its foundation in 1997 the house is known all over the country and visited frequently. More than 250 visitor groups from all over the world wanted

to get information about the concept of the house. It is a model for a multi-cultural fully-residential institution.

It is seen as an example for a multi-cultural inpatient senior institution. In collaboration with the University of Duisburg / Germany and subsidized by a foundation for welfare-care the pilot project "focus on ethnic old-age care" could be developed and care that is sensitive to culture could be provided. The growing number of foreigners in need of care should thus be met. At the moment, there are, apart from the Germans, 15 Turkish, one Tunisian and 2 Dutch residents.

18 out of 90 collaborators are migrants themselves, e.g. they come from Turkey, Russia, Kazakhstan, Poland, the Netherlands and Italy. Emphasis is put on the inter-cultural organizational development, i.e. the staff and the services have become inter-culturalized. In the course of many years and through a common learning process a collective system on how to work in a house with multi-cultural residents evolved. The staff regularly participates in multi-cultural training, e.g. language and civilization.

Hospital symbols hardly exist and are replaced by everyday ones. Residents can bring their own furniture and pets. Thus care is made possible in a normal environment.

Residents and their families receive special multi-cultural offers. Inter-cultural visiting services, prayer rooms for Christians and Muslims, an international library, a weekly Mediterranean market and international festivals are being offered.

4) Political Inclusion of the Elderly

Paradigm change should also mean recognizing full citizenship and human rights of the elderly. Denmark is an example here. Its old age homes are known to be the best in the world. They are based on the concept where the elderly are perceived neither as clients nor as patients, but as citizens. Citizenship automatically implies that old people have full constitutional rights. They have all the rights that Danish citizens have. Another characteristic, sadly missing in many EU countries, is the fact that **Denmark** has **legislative Senior Boards**. [23] These Boards are consulted on policy changes and planning, in general. The voices of the elderly are heard and they influence decisions.

Many good examples can be noticed in Ireland as well, through several institutions and initiative already described on pages 50 -51.

5) Intergenerationality

Generationen Park [42] Development of a national-wide cooperation to create, design and construct an advanced model of a Generation Active Park together with the Department for Biomechanics, Kinesiology, and Applied Computer Science, Faculty of Sport Science, University of Vienna, Austria (*info@generationen-aktiv-park.at*)

Training Equipment for Young and Old in Generation Parks [43] There are some equipment to train strength and endurance, muscles, coordination and train the brain. They are all made of wood and easy to handle. Greens in **Vienna's** Alsergrund district offer such training.

Several types of Generationen Park can be found in other European Countries as well.

[8] You can find an overview here:

<http://www.age-platform.eu/en/age-policy-work/solidarity-between-generations/best-practices>

In Germany there is the programme of **Multigenerational Houses (Mehrgenerationenhäuser)** as community drop-in-centres for all generations. [26] The federal programme is aiming to transfer the cooperation of the generations from private to public settings.

Today already 200 houses are working, until 2010 it is envisaged that 450 houses are active in Germany. The funded houses are open community drop-in-centres where all generations can meet. For EAGLE the multigenerational house in Nürnberg in the federal state of Bavaria was analysed. A multigenerational house is a meeting place for people of different ages in a specific city or community. It is planned as an open place, where young and old people offer and take mutual support, furthermore a network, which brings services and demands of different age groups together.

More information:

<http://www.globalaging.org//elderrights/world/2007/multigenerational07.pdf>

In **France** there is another good example of generational solidarity ! [44] In Villeurbanne (a suburb of Lyon) a service of little electric cars was organised that takes elderly people to the cemeteries where their relatives are buried. These cars are driven by young people who get paid 175 € a day to drive along the elderly. Prior to this, teams of young people have cleaned the tombs and carried pots of flowers during the past week, getting paid for that too.

More information:

http://www.viva-interactif.com/transport_personnes_agees_cimetieres.news

6) Appendix with detailed Projects (List of Good Practice Models and More Information)

[1] Denmark: Health Centre Bauneparken Who cares? Care coordination and cooperation to enhance quality in elderly care in the European Union 2009 see

http://www.se2009.eu/polopoly_fs/1.13915!menu/standard/file/Discussion%20Paper-Who%20Cares.pdf

[2] Sweden: Physical Activities on Prescription

[3] UK: Prudential – Vitality Programme

http://www.pruhealth.co.uk/insurance/vitality/what_is_the_vitality_programme

[4] EU-Wide Good Practice-monitoring tool E-Qualin EU`s Leonardo da Vinci Project

[5] Austria: National Quality Certificate

[6] England; The Human Rights Act

[7] Germany: Charter of Rights for People in Need of Long-Term Care

[8] Europe

Several types of Generation Parks are also in other European Countries

<http://www.age-platform.eu/en/age-policy-work/solidarity-between-generations/best-practices>

[9] UK: Patients and their Families are consulted

[10] Sweden: Minister in Department for Social Affairs with special responsibility for Public Health and Elderly

[11] Austria: Housing for Homeless Elderly

[12] Belgium: Free Travel on Busses and reduced Travel on Train

[13] Finland: Center for Elderly

[14] Belgium: 172 Service Centers

[15] Germany: Service Points

[16] Sweden: Report „It is never too late“

[17] Germany: Special Outfit which Shows the Physical Difficulties of Elderly

[18] Scotland: David Manion – Against Stereotypes Concerning Elderly

[19] Germany: The Volunteet Card

[20] Germany: Patenschaften von Mensch zu Mensch /Sponsorship from person to person
e-mail: Info-Patenschaft@t-online.de
www.patenschaft-aktiv.de

[21] Austria: Socio-Political Education Workshops

[22a] Finland: Open University of the Third Age

[22b] Germany: Open University for Elderly

[23] Denmark: Legislative Senior Boards

[24] Germany/Belgium/the Netherlands/Austria: the European network of “developing innovative concepts for the social integration of older migrants”
Documentation for this project:
Elke Obermann, ISAB Köln; „Innovative Konzepte zu sozialer Integration älterer Migrantinnen und Migranten“ (Band 14)

[25] Germany: DRK-Multikulturelles Seniorencentrum „Haus am Sandberg“
drk-haus-am-sandberg.de

[26] Germany has the programme of Multigenerational Houses (Mehrgenerationenhäuser)
www.globalaging.org/elderlyrights/world/2007/multigenerational07.pdf

[27] Ireland

Alone

<http://www.alone.ie/>

Friends of the Elderly:

www.friendsoftheelderly.ie

Third Age: a monthly magazine ‘for people who don’t act their age

[28] Austria Political education has been offered by the **Green Seniors in Vienna**, since 2007 till now.

[29] Ireland

[http://www.Senior Help Line](http://www.SeniorHelpLine)

[30] Austria

House for homeless seniors in Vienna

[31] Germany

A particularly successful model with and for older people

Info-Patenschaft@t-online.de

www.patenschaft-aktiv.de

[32] Ireland

Third Age

www.thirdage-ireland.com

[33] Ireland

“Independent Age”

www.independentage.ie

[34] Ireland

Centre for Ageing Research and Development in Ireland

<http://www.cardi.ie>

[35] Ireland

Age Action is a charity

<http://www.ageaction.ie/objectives-and-activities.htm>

[36] **Age Concern Northern Ireland**

<http://www.ageuk.org.uk/northern-ireland/>

[37] Ireland

TILDA The Irish Longitudinal Study on Ageing
www.tilda.ie

[38] Ireland

Trinity Consortium on Ageing Research

<http://www.tcd.ie/research/ageingconsortium/index.php>

[39] In **France** is a special service for elderly
CYCLOPOUSSE

http://www.lyon.fr/vdl/sections/fr/arrondissements/3arrdt/se_deplacer/cyclo-pousse9985

[40] Ireland

Pobal

www.pobal.ie

[41] Ireland

AgeingWell Network

<http://www.ageingwellnetwork.ie/index.php?id=44>

[42] Austria

Generation Park

info@generationen-aktiv-park.at

[43] Europe

Training Equipment for Young and Old in Generation Parks

<http://www.age-platform.eu/en/age-policy-work/solidarity-between-generations/best-practices>

[44] A good examples of generational solidarity !.

http://www.viva-interactif.com/transport_

[personnes_agees_cimetieres.news](#)

[45] Registration for the Heat Wave Alert to avoid that elderly suffer in hot summers

<http://213.30.179.215/form/FormCanicule.php>

[46] In the **Netherlands** there are more and more Areas for Combines Living and Care where young and old live together.

VII. CONCLUSIONS WITH THE STUDY

Well-being of all citizens including the elderly must be put at the center of political agendas, based on real facts not stereotypical assumptions. The progress must be monitored on a regular basis with a simple set of indicators, at least when party political agendas are revised and prepared.

Life-expectancy is a poor indicator and must be replaced with healthy life expectancy. With average life expectancy increasing at the rate of about two years every decade, it is important to ensure that healthy life expectancy increases at the same rate as life expectancy. Elderly women, especially over the age of 75, require special attention as long as their healthy life expectancy is decreasing. Since men's suicide rates are high particularly for those above 75, they also require support to overcome any problems that result in a high incidence of suicides.

Poverty of elderly people requires urgent attention by political parties and governments. Pension reforms should not be carried out without social and poverty impact assessments. Special attention must be paid to most poverty-prone and vulnerable countries, especially during financial crises, when social safety nets tend to weaken. In 2008 coun-

tries high at-risk-of-poverty included Estonia, Latvia and Lithuania, Greece and Portugal have since joined this group. Spain may join them too if its economy declines. But even countries, which performed well in the past, have started to slide into elderly poverty: Poland, Sweden, Austria and France. In the present economic crisis scenario, the challenge for the countries is to strike a delicate balance between current recovery strategies and future sustainability of public finances and pensions. Clear and bold social policy choices are required from national governments to devise – as suggested by Asghar Zaidi – a credible strategy to reduce public debt, but without compromising important aspects of current and future welfare systems – including those designed to protect older generations.

There should also be a flexibility, that allows those seniors, who so wish, to work full-time or part-time. There is much to be learned from employers like B&Q in the UK which has abolished barriers in senior employment. Enterprises benefit too. They not only have benefited from skills that come with life experience, they have also increased their profits, and staff turnover has drastically reduced, less absenteeism and improved customer service. An Employers Forum on Age has also been created by employers for employers to remove barriers to an age-balanced workforce.

Passive ageing has health and economic costs. Therefore, active ageing must be supported by affordable access to transport services. The “new public management model” currently in use justifying cuts of public services in the name of “efficiency” is an enemy to public services that serve citizens in general. The model is also not new, but a replication of the old enclosure movement, which started in the 17th century in England. Its objective that time and now is to use common resources

for the profit of a few. When public services, such as post offices and health clinics are cut and bus connections reduced, it will be difficult for the elderly, who have small pensions or who are sick, to manage, let alone be active. Traveling long distances is also environmentally unfriendly, increasing carbon dioxide output.

A good public service network must be promoted together with reduced fares for seniors or free travel for those living with basic pensions. Access with walkers should also be made easy.

Elderly people of all ages should be encouraged to participate in political life and in elections.

Elderly migrants need special help in order to better come to terms with their old age in their host country. Special policies need to be devised in this respect.

The old and young generations have to interact more with each other, because both sides are interested in finding common political solutions for the future welfare of everybody.

Budget cuts of essential public services and pensions must be opposed. If governments are short of funds, they need to introduce new taxes instead, new environmental taxes, taxes on affluence and flamboyant consumption as well as a financial transaction tax, e.g. Tobin tax. Governments also need to claim back public money not paid in taxes but invested in tax havens.

At the same time it is important to support true efficiency that comes with quality outputs and good networks of services with innovative planning. We must promote social innovations, which not only take care of old citizens’ rights, but also save money in the

long run. In general the governments must stop reacting to economic constraints by reflexive reactions and short-term solutions, which in the long-term become very expensive. Budgets and government programs need to integrate the concerns of elderly and be based on statistical facts and trends.

VIII. NEXT STEPS

Our indicators which we can compare based on the statistical findings make a regular check possible. In the future there might be changes in the individual European countries, since our so-called political compass reflects these changes. The statistical data show where progress has been made or where deficits appear. Green politics must reflect these changes and take measures to implement the correct political measures.

The Green New Deal – Answers for an Ageing Society

The way out of the worldwide political crisis of the economy and the environment is described explicitly and exemplarily in the Green New Deal.

Our aim is a sustainable economy together with ecology – spanning from the extension of public transportation to the promotion of renewable energy and environment-friendly technology, taking into account truly equal opportunities.

Old age is not a state of emergency, neither in the Green Deal. Concepts and measures regarding the economy and the environment which have to be taken for the benefit of everybody must not lead to generation inequality. In certain areas age has a different focus such as day to day life and special needs, but all measures also aim at giving equal opportunities to other generations, economic and

ecologic security. The big social upheaval caused by the crisis will enable us the renew capitalism and to improve our world.

IX. BIOGRAPHIES

Anita Kelles-Viitanen is a former Vice-Chair of ENGS and today a Chair of ATTAC Finland and Vice-Chair of Happy Years Association⁶⁴ in Finland. She also leads the watch group ProKuntapalvelut that monitors the Helsinki City budget and municipal social services. In the past, she also functioned as a Senior Advisor for ILO in South Asia, Manager of Social Development in the Asian Development Bank and also as an Innovation Policy Coordinator in IFAD. She holds a Postgraduate degree in Social Sciences with specialization in Social Anthropology. She has written on social development, gender, poverty and social inclusion as well as on social cohesion and post-conflict.

Birgit Meinhard-Schiebel, born in 1946 has degrees in acting, adult education, advertising and social management. Her career was mainly spent in education and the social field, her last position was area manager for social services of the Austrian Red Cross. In 2005 she started her political career with the Greens in Vienna. Since then she has been the chairwoman of the Initiative of Green Seniors in Vienna (IGS), vice-chairwoman of the Green Seniors Austria (DGS), she was the spokesperson for the Green Party of Vienna in 2008. She works on a voluntary basis. She also volunteers as the president of the Austrian representation of care-giving family members. She aims at freeing old age from its taboo status and to initiate inter-generational models. As the Austrian Delegate she is also a board-member of ENGS

Lucille Ryan O`Shea

Dr. Lucille Ryan O`Shea has a Ph.D. in Clinical

Psychology, a M.Sc. in Psychology and a B.Sc. in Literature and Education. She is a clinical psychologist, in private consultancy in the West of Ireland. Before moving to Ireland, where she became a citizen, she worked as a psychologist for more than 25 years in Palm Beach, Florida.

She has special interest in the two most alienated age groups: the adolescent and the elderly, maintaining that the two groups are widely misunderstood, and underestimated. She has also worked extensively with asylum seekers in Ireland, and has spent more than ten years working with survivors of clerical child sexual abuse in Ireland.

She has been a member of the Irish Green Party/Comhaontas Glas since 1994; has held numerous elected positions on local regional, national and international Green Party levels. She is founder and co-Convenor of the Irish Green Seniors; Convenor of the Policy on Older Persons; Treasurer of Green Islands Network, and a member of the Financial Advisory Board of the European Green Party.

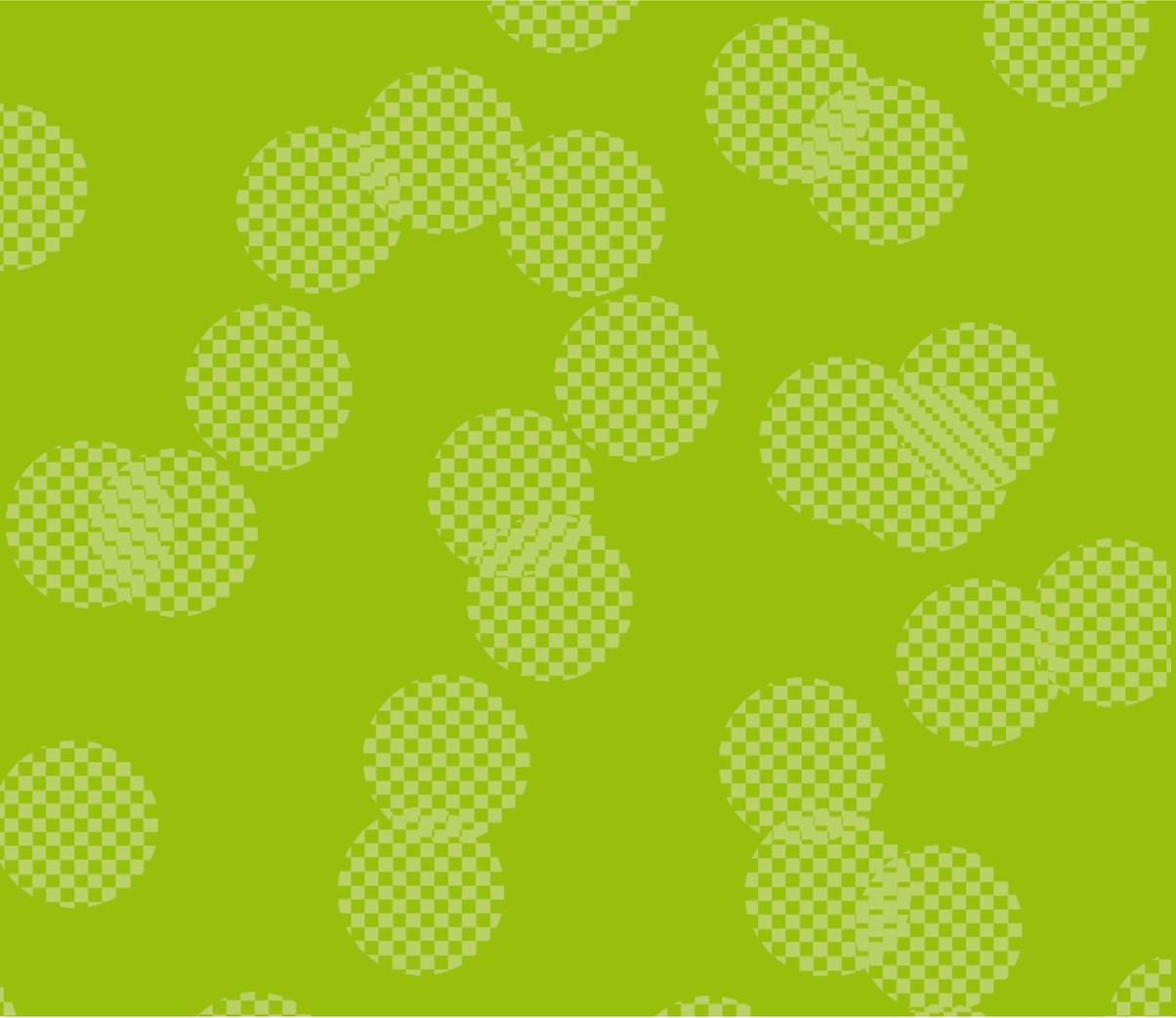
Ute Schmitz was born in June 1940, is married and has three grown children. She was trained as a teacher for Protestant Religion, Art and German and held several different teaching jobs. In the beginning of the seventies she lived in Spain for two years. By June 2005 she had worked for 14 years as a German teacher in the NATO Headquarters in Rheindahlen / Germany to teach German to British Officers. Now she is retired. At the moment she teaches illiterate migrants to read and write German.

Her political career started at the age of 60. She is in the party Bündnis 90/ Die Grünen in Mülheim an der Ruhr / in the Ruhr District of North Rhine Westphalia, where she is a member of the parliamentary group. She was in

the board for two years and still is a member of the Seniors Council of the city. She was also on the board of Grüne Alte in Germany and is one of the founders of ENGS (European Network of Green Seniors), where she holds the post of Secretary General.

Our special thanks to Kitty Weinberger for translation work and to Marina Barbalata and Leonore Gewessler, GEF, for their support.





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