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Inclusion and participation of older persons in situations of dependency

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Summary

This report is made after the fourth meeting (Strasbourg, 4-6 October 2000) of the Group of Specialists on Improving the Quality of Life of Dependent Elderly Persons (CS-QV), of the Council of Europe¹, Strasbourg. It focuses on *Inclusion and Participation of Elderly Dependent Persons and Measures to Delay the onset of Dependency*. The report provides a *theoretical framework* on inclusion and participation in Part 1, while Part 2 gives *examples of good practices* concerning inclusion and participation that have been contributed to the Group from different member nations. Part 3 is a conclusion in which some of the tendencies from the examples are pointed out. The examples are organised into three main categories or themes: (1) law and policy making at a national and international level which prepare the ground for inclusion and participation, (2) technical solutions and innovations which makes inclusion and participation practically possible in the community, and (3) concrete activities by and for the older persons themselves.

Themes: Older persons, participation, Europe

Dette er en rapport som ble laget til Europarådets "Group of Specialists on Improving the Quality of Life of Dependent Elderly Persons (CS-QV) (Strasbourg, 4-6 oktober 2000). Rapporten fokuserer på "Inkludering og deltakelse av eldre hjelpeavhengige personer samt tiltak for å utsette hjelpeavhengighet." Rapporten gir et teoretisk rammeverk for inkludering og deltakelse i del 1 og del 2 gir noen eksempler på inkludering og deltakelse i noen av de forskjellige medlemslandene. Siste del (3) er en konklusjon der noen tendenser i eksemplene blir fremhevet. Eksemplene i rapporten er organisert i tre hovedkategorier: (1) juss og politikk på et nasjonalt og internasjonalt nivå som kan forberede grunnen for inkludering og deltakelse, (2) tekniske løsninger og nyvinninger som gjør inkludering og deltakelse praktisk mulig i lokalsamfunnet, og (3), konkrete aktiviteter av eller for de gamle.

Emneord: eldre, deltakelse, Europa

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INTRODUCTION: CONTEXT, OBJECTIVES AND LAY-OUT OF THE REPORT

This report is made after the fourth meeting (Strasbourg, 4-6 October 2000) of the Group of Specialists on Improving the Quality of Life of Dependent Elderly Persons (CS-QV). It focuses on *Inclusion and Participation of Elderly Dependent Persons and Measures to Delay the onset of Dependency*.

The various contributions to the debate at the fourth meeting covered a wider area than the topic of this report. The report will not deal with themes which have been reported elsewhere or in other ways fall outside the scope of inclusion and participation. For example, the bio-medical reasons for the older people's need of care. It will neither discuss further the question of quality of care as pertaining to care systems and their functioning. These themes have been dealt with in Professor Defleur's report on care systems for older persons in situations of dependency, especially those suffering from dementia (CS-QV 2000-3).

The present report will provide a *theoretical framework* on inclusion and participation in Part 2, while Part 3 give *examples of good practices* concerning inclusion and participation that have been contributed to the Group from different member nations. Part 4 is a conclusion in which some of the tendencies from the examples are pointed out.

The examples are organised into three main categories or themes: (1) law and policy making at a national and international level which prepare the ground for inclusion and participation, (2) technical solutions and innovations which makes inclusion and participation practically possible in the community, and (3) concrete activities by and for the older persons themselves. The intention is to represent as wide as possible the different ways of approaching these areas in which inclusion and participation is at stake, however, it is difficult to do this in a way which represent the different member states equally. The limited size of the report restricts the use of examples, therefore, only a few are included. In each of the three main themes in Part 3 there will be one or two more extensive examples while other examples are included very briefly in order to add other aspects of interest under that particular topic.

1. INCLUSION AND PARTICIPATION OF OLDER PERSONS IN NEED OF CARE

1.1 AGEING AND SOCIAL CHANGE

Every country in Europe is going through demographic and socio-economic changes, which affects important social structures like the organisation of the family and household composition as well as the position and role of the individual in society (Bartorelli and Nico Fazio 2000; Defleur 2000; Vollmer 2000). The effects will probably be even more felt as the increase of older persons will increase rapidly after 2010-2015. The rhythm of the demographic change differs from country to country, and the socio-economic change varies from prosperity and an economic comfortable situation in some countries, to a situation of national scarcity in others. However, the effects of the changes concern the older people in need of care in special and individual ways as well as it affects our ways of meeting the problems. The possibility for inclusion and participation is often associated with factors such as living conditions, housing standards, health and nutrition as well as access to various socio-economic resources, which in concrete and important ways influence the life situation of older dependent persons. However, behind these concrete and important issues there is also a basis of ideas and thoughts constituted of ethics, attitudes and images concerning older persons in need of care. These basic issues are fundamental for how the different nations eventually seek solution to the concrete problems in their respective national and cultural context. This report will seek to include both aspects: the practical solutions as well as the ideas behind these specific approaches to the need of older dependent persons. The Group of Specialists (CS-QV) also emphasised that inclusion and participation in society is important in order to delay dependency and to counteract further development of dependency.

It is important to bear in mind that older people constitute a very heterogeneous group. The problems older people faces are also located in time and space specific for the society they live in. Therefore, the challenging situation have to be approached in ways which take into account older person's individuality as well as differences in social, economic and cultural situation. For this to be possible it is not simply to look at history for solutions. Neither is there any example of societies where ideal ways of inclusion and participation have been found. There are no Golden Islands or Golden Past where solutions to present day problems in Europe may seek its solution (Gaunt 1991; Laslett 1984). Thus, the situation of the increasing number of older people in need of care under changing social, economic and cultural circumstances have to be approached in ways specific for each society. Therefore, when we later mention cases of good practices, they are not meant for direct copying but intended as inspiration for creative solutions in the respective nations. The way one chooses to approach the problem is also a mirror of the values and characteristics of each society.

1.2 INCLUSION AND PARTICIPATION

Two perspectives: the society and the individual:

The subject of this report "the inclusion of and participation in society of elderly people in situations of dependency" need some clarification. A key element of this subject is 'activity' or 'active ageing'. The stress on activity in relation to older people has an underlying assumption in which activity is believed to be good for the individual as well as for society. The following section will briefly outline this perspective.

In Keynote Introductory Report for the European Commission on Active Ageing, Prof. Alan Walker says that in Europe a strategy of active ageing is the answer to the policy challenges of including older people in society (Walker 1999). By this one may prevent exclusion in later life even for the most frail

ones (Ibid.: 9). However, he maintains that there are many conditions which have to be fulfilled in order to allow inclusion and participation to take place. The European area covers a large and culturally varied number of states. They have different socio-economic situations and this will influence how we approach the situation, therefore, it is likely that efforts to make value judgements about what is 'best' practice will be problematic.

One way of characterising the European approach to active ageing is that it is wider or more holistic than the US emphasis on production and the labour market. "... the essence of the emerging European concept of active ageing is a combination of the core element of productive ageing but with a strong emphasis on quality of life and mental and physical well-being" (Ibid.: 11). Walker mentions seven principles which are embodied in the concept of active ageing in the European perspective. Firstly, "'activity' consists of all meaningful pursuits which contribute to the well-being of the individual concerned, his or her family, local community or society at large and is not concerned only with paid employment or production" (Walker 1999: 12). Secondly, frail and dependent persons are also included in the concept. Thirdly, prevention of dependency should be central. Fourthly, intergenerational solidarity is a central feature of the European understanding of active ageing. Fifthly, rights to social protection, life-long education and training will not be reduced but the obligations that these rights do entail will be emphasised. Sixthly, top-down policy actions to enable and motivate activity must be combined with opportunities for citizens to participate and take action as well as develop their own forms of activity. Seventhly, national and cultural diversity must be respected (Ibid.: 13-14).

The idea behind these seven principles is that active ageing will represent an answer to four challenging policy areas connected to demographic and social changes in Europe. These are related to: (1) fear of increased pressure on the pension system, (2) the combination of an ageing workforce and changes in the nature of work which is suggesting new approaches and thinking about education and exit from the workforce, (3) the fact that increased longevity and changes in the family calls for the state to take actions regarding the growing needs of social care as well as health care and prevention of ill-health and disability, (4) measurements which work against tendencies of social exclusion of the oldest citizens (Ibid.: 8-9). According to Walker, these large policy dimensions related to pensions, employment, health and social care, and citizenship should be met by a strategy of active ageing. It is argued that from the point of view of society as a whole, policies should have 'active ageing' in mind. Society as a whole should also fight the biggest obstacles for inclusion and participation, that is the so-called 'ageism'. Ageism is the attitude of prejudice about older person's lack of abilities and their burden on society. This attitude is likely to affect the 'old' old persons more than those who are still not restricted by physical or mental decline. Therefore, an important part of a European strategy of inclusion and participation is to work against discrimination and promote self-reliance and self-determination for all ages and to get even the oldest of the old into arenas of activity.

The above mentioned principles suggest that a European strategy of active ageing build on interrelationship and partnership between the citizen and society. It emphasises that the older persons in need of care or assistance should be part of the strategy. One of the fundamental question related to this issue, is to what extent actually older people want activity, or to what extent they want to withdraw from social interaction. There are different views or theories that try to suggest answers to this question.

The individual perspective:

Theories on ageing differ in two major ways related to the way they explain the changes that happen to an ageing person. The first group of theories tend to seek explanations in the person's surroundings. They see that society to a large extent form and in a way is responsible for the changes taking place while the individual is more or less passive. Reduced social activity is thus explained as a result of less available social roles for older persons. For example will retirement from work be such a significant reduction of social roles. So called 'activity' theory is found in this category. Following this theory it will be correct to find new roles for the older citizens and by this keep them active. The other way of seeing ageing put more emphasis on the person's own wishes and choices. The explanatory power is accordingly found in the human nature and not in the social surroundings. Theories of 'disengagement' and 'gerotranscendence' are found in this category. Reduced activity and solitude will in this perspective be seen as a natural part of the ageing process and nothing that should be counteracted by pushing persons into activities which are not their choice. A third paradigm encompasses theories which suggests that the changes taking place in the ageing process is a

combination of inner forces of the individual and exterior influence of the society. The person's access to resources (own personal resources as well as material ones found in society) will modify the person's ability to influence own situation and by this also modify the individual's expectations to personal influence (Solem 1995). It should be kept in mind that the different theories do not cultivate ideas found under one paradigm only. Theories tend to emphasise and to some extent build up under a main paradigm, but is modified by ideas outside of it. For example, the emphasis on availability of roles found in the activity theory is modified by the weight one puts on personal history, interests and motivation. Likewise, will culture also play an influential role and modify the emphasis on natural development found in disengagement theories. The individual's inner will and inclination to disengagement is likely to be influenced by cultural values and indications of what is meaningful to do. The third category of theories found under the dialectic paradigm, tend to take more account of a balance between inner and outer forces, however, none of the above mentioned theories are fully satisfactory. Theories in social gerontology are still wanting in refinement, but nevertheless, theories like this influence our thinking about ageing and what we tend to believe is good for older people.

The activity theory has been the most influential theory in relation to old age care since the 1960s and studies have confirmed cause-effect relationships between social activity and well being (Ibid.: 12). According to this then, the best way to treat older persons would be to give ageing persons possibilities to be active. However, too eager promotion of activities may sometimes push older persons into activities they do not want to participate in. The theory of gerotranscendence is a reaction to exaggerated weight on activities in old age care. Gerotranscendence is partly based on ideas from disengagement theories but do not accept the idea that social disengagement is a necessary and natural development (Tornstam 1994).

The lesson to learn from gerotranscendence theory is that activity and participation must not be pushed onto the ageing person but be the result of own choices. The arenas of participation and inclusion may be very different from one person to another person. Activities may range from different types of employment to the ability to make decisions about own care. The latter might be manifested in daily and seemingly small decisions, like the ability to decide whether to have the window open in your room or not. Control over own life, even in small and seemingly insignificant situations, is seen as very important for the person's ability to cope with ageing as a whole.

Coping with ageing

Coping with ageing has to do with the person's physical and cognitive ability to handle acute situations as well as the gradual experiences of ageing (Daatland and Solem 2000: 78). However, the way we cope with decline in physical and mental strength varies a lot. A person's ability of coping with ageing is not only depending on personal effort but is to be found as an interplay between the person and his or her surroundings. A person who feels in control over the situation will cope better with the challenges of ageing. The problem is that older persons often learn to be passive and helpless because of social prejudice against them. First they have to retire from wage labour at a certain age. Secondly, they may be expected to withdraw from political and volunteer organisational work which is dominated by younger people. Older people don't have the same confidence in themselves as younger people and due to this they may be pushed from being active members of society to being passive observers.

On the other hand, different material resources (financial resources and living conditions), individual resources (personal abilities, attitudes etc) and social resources such as the support and attitude met in the in the social environment, may stimulate and contribute to the older person's feeling of control. Daatland and Solem maintains that those who perceive themselves to be in control over their own lives, feel better than those who see themselves as having little control (2000:83). It is even found examples where the mere possibility of controlling own situation have proved to add years to life (Ibid:84).

Participation and inclusion is here given a very wide definition to include even the possibility of deciding over own situation. In this respect it is a lot to learn from the work of other groups that see themselves at the margins of society. Especially the organisations of and for people with disabilities have since the 1970s opposed existing ideas about care and rehabilitation which they see as detrimental and discriminating. In this work the term empowerment have been central.

Empowerment

Empowerment is a very complex and all-inclusive term for a theory which explains the problem of weak groups in society as deprivation of influence over political issues related to the group as well as the ability to decide over personal situation. At the macro-level its supporters work to increase a group's power in society, for example by introducing relevant laws in order to change power relations and social structures which maintain existing oppression. At an individual level it concerns the process of developing individual control not necessarily related to social structures but to the personal abilities. Efforts in this sense can be directed towards the increase of self-confidence, more knowledge and better ability to identify and break down barriers to self-realisation and control over own life. The term is used by its proponents with an understanding of the dialectic relationship between individual and society. Empowerment is also a flexible term which takes on its own characteristics according to the context and the group involved and it is not reserved only for persons with disability, but have maybe become most conspicuously used in the debate on disability. However, for the present report it is interesting to learn that groups of older persons in the US have since the mid 1980s, adopted this way of thought and its terminology (see for example Eustis and Fischer 1992; Simon-Rusinowitz and Hofland 1993; Doty et al. 1996; cited in Askheim 2000). If this tendency of alliance building between organisations of people with disabilities and organisations of older people continues, it is likely to become a challenge for the established care-structures in society. Askheim see this as a quite likely scenario because the present generation of adults that are tomorrows older people will certainly have higher demands to own influence and possibilities of choice (Ibid.).

At the moment there is no consensus of definition but Askheim cites some characteristics made by Braye and Preston-Shoot (1995: 48) which indicates various elements according to the way it has been used (in Askheim 1998: 88):

Empowerment means:

- extending one's ability to take effective decisions.
- Individuals, groups and/or communities taking control over their circumstances and achieving their goals, thereby being able to work towards maximizing the quality of their lives.
- Enabling people who are disempowered to have more control over their lives, to have greater voice in institutions, services and situations which affect them, and to exercise power over someone else rather than simply being recipients of exercised power.
- Helping people to regain their own power.

Empowerment implies both an ideological and a methodological approach which has to do with transfer of power to so called vulnerable groups in society. However, how this transfer is supposed to take place and what it implies is quite different depending on political stance. Used in an unconscious way it may get unwanted consequences for the target group. The term has both a left-wing political base but have also been taken to the political right wing meaning "consumer empowerment". This is a much narrower approach to empowerment than what is promoted by the other political view. Thus empowerment as a goal cannot be isolated from the methods implied. On the right wing political side the emphasis is on the clients ability to choose between different offers of care and service. The left wing emphasises the way economic, structural and organisational conditions in society lead to lack of power, alienation and inequality (Askheim 1998:89). Thus, the left wing empowerment movement has become very critical to existing capitalist social structures as they see it as depriving persons with disabilities from making own choices and deciding over own situation. The empowerment tradition has also in its extreme form been criticised for having a too single-minded emphasis on material wants and practical solutions, and that it is a naive theory which does not take account of the fact that there will always be vulnerable groups and individuals who are not able to promote their own case. These people will always be in need of professional supporters with competence and position in society to talk their case (Ibid.).

Since the UN conference on older persons in Vienna 1982 the social participation and political influence of older persons have become reinforced by Senior citizen councils which are established in 10-15 European countries (Daatland 1999:9). Senior citizen councils represent a new instrument for the older persons to organise to influence and organise their activities.

Dependency

There has been a tendency to focus on the aspects of loss, impairment and decline of abilities, and there has been less focus on the positive sides of ageing (Daatland and Solheim 2000:219). One way to avoid this negative approach is to heighten awareness concerning the terminology applied about

the situation of an older person. The phrase 'dependent person' is for example seen by the Group as a politically incorrect term as it 'typecast' the individual. Plus, given this report is about participation, the idea is about enabling people to become, or to remain, more independent. Thus, it is necessary to have a view of dependency as not a situation which is stable/permanent, but which is characterised and influenced by changing socio-cultural parameters (meaning, attitudes and expectations) which are under the influence of change. In this context it is important to be cautious and not generalise too much about terms which are value laden and highly dependent on cultural context and therefore will vary from country to country.

2. EXAMPLES OF INCLUSION AND PARTICIPATION

The examples mentioned in this part can be divided into three categories: (1) Law, policy and attitudes concerns political and juridical measures at national and international level. (2) Housing and living conditions includes housing and activities related to living conditions in specific social context. (3) Activities of inclusion and participation is about activities in which the older person is included in the activity. This last category is more case oriented, on a micro level and with examples of activities with older persons in need of care as the target group.

2.1 LAW, POLICY AND ATTITUDES

International and European instruments related to the quality of life of dependent older persons

The work of the CS-QV group is based on ideas laid down in European and International instruments relating to the quality of life of older dependent people. The international Federation on Ageing (IFA), have provided an overview of covenants, conventions, treaties, declarations and other agreements which are more likely to impact directly on the quality of life of dependent older persons. An excerpt of this is presented below while the specific articles and recommendations are to be found in Appendix I.

United Nations

The United Nations (UN) have developed four major instruments aimed directly towards the concerns of older people or have older people included as part of a wider mandate. None of these instruments are legally binding, however, their implementation is watched over by appointed commissions or by a Special rapporteur (The Standard Rules). Their impact depends on the moral weight they carry for the member states to abide by a set of common standards.

The International Plan of Action on Ageing (Resolution 37/51) is regarded as the first international instrument on ageing. Its aim is to encourage governments and institutions with regional mandate (like the Council of Europe) to direct work and attention towards the ageing of populations (Morral 2000:4). There are 62 recommendations and the ones which directly refer to older dependent people can be found in the Appendix.

The UN Principles for Older Persons (Resolution 46/91) is a set of principles regarding Independence, Participation, Care, Self-fulfilment and Dignity, which the UN encourages member states to incorporate in their national programmes whenever possible.

The Universal Declaration on Human Rights from 1948 concerns every individual. For example the articles concerning rights to own property (Article 17); the right to social security (Article 22) and the right to a standard of living adequate for the health and well-being (Article 25), are all very relevant rights for older dependent persons.

Of special interest concerning older dependent persons is *The Standard Rules on the Equalization of Opportunities for Persons with Disabilities*. Rule 5 emphasises the importance of 'accessibility in all spheres of society', and Rule 9 encourages States to 'promote the full participation of people with disabilities in family life'.

Council of Europe

All the Council of Europe member states have ratified *The European Convention on Human Rights (ECHR)*. The Convention is, therefore, legally binding and makes it possible to bring a case to the European Court of Human Rights in Strasbourg after all appropriate domestic remedies have been

tried. For example does Article 8 (the right to respect for private and family life) "add weight to the argument that older people should be cared for at home or allowed to stay with their partner at home" (Morrall 2000:2).

The European Social Charter is a Treaty of the Council of Europe concerning the protection of human rights. As at 18/10/00, the revised Charter had been ratified by only eight of the then 41 Member States. This treaty differs from the ECHR in that cases of violation cannot be brought forward by individuals, but only by certain organisations and trade unions. Of special interest in this treaty is article 23 which concerns older people's quality of life as full members of society and to 'lead independent lives in their familiar surroundings for as long as they wish and are able'.

The Convention on Human Rights and Biomedicine also concerns older dependent people in that "the Convention lays down principles and prohibitions concerning bioethics, medical research, consent, rights to private life and information, and organ and tissue removal" (Morrall 2000:3). Articles 1, 3, 6.3 and 10 are especially pertinent to older dependent people as they concern respect for integrity, access to care, protection of persons not able to consent and Private life and right to information. This Convention is legally binding for the countries who have signed up to it.

The European Union

The EU has adopted a *Declaration of Principles to mark the end of the European Year of Older People* (1993). This concerns among other things Housing and mobility as well as Provision of care and services. These provisions encourage flexibility, independence, privacy, physical, mental and social well-being, co-ordination of various health and social services, and avoidance of institutionalisation. Preventive measures aimed at forestalling or delaying the onset of disease and the beginning of dependence. The Declaration is not legally binding for the member countries.

Long-Term Care Insurance in Germany

Most people in Germany in need of permanent care used to depend on means-tested welfare up to 1995 when a Long-Term Care Insurance Act (LTCI-Act) was put in effect. Approximately 1.86 million people or approximately 2 per cent of the total German population (82 million) are at the moment in need of permanent non-medical care. About 550.000 of these are cared for in nursing homes while the rest 1.31 million are cared for at home by relatives, neighbours, volunteers or professional carers. Beneficiaries are people of all ages, however, the majority (approximately 1.52 million) are over 60 years old. In very general terms one may say that a person is eligible for this care if he or she needs help to carry out normal activities of daily life.

Without going further into the details of costs, finance and administration, it is worth mentioning that one of the aims of the scheme was to strengthen home care in preference to institutional care. In the home care people may choose between cash or in kind. Although the cash benefit is lower than the non-cash benefit, it is preferred by 67% of the beneficiaries.

The scheme has been evaluated and many positive effects have been found. The cash benefits are seen as a token of recognition for volunteer and informal care and has been a strong incentive for relatives and friends to engage themselves in care functions. This has led to less pressure on nursing homes and the waiting list for a place in a nursing home has now more or less disappeared, mainly due to increased home care.

Less people, although still a big minority, live in nursing homes. In order to give the older people living in nursing homes influence over own situation, the Government has introduced a Home Council formed by the old people themselves through election at the nursery home. At present their function is to have a say in the daily structuring of their lives. They are especially active in social and festive arrangements, but the Government wants them to be more active about the quality of service. In the home care each old person has the right to get information about alternative care providers, quality and prices and thus by their own choices have more influence on their own situation.

Charter securing the rights of old persons in France

In 1987 the National Foundation of Gerontology (Fondation Nationale de G erontologie) and the Ministry of Work and Solidarity (Minist re de L'Emploi et de la Solidarit ) together made a text in order to support the rights and liberties of older persons in need of care (Aubry 1999). It is not much different from the European Charter but it has been built up in France and by French professionals, therefore, it takes into account the special reality of older persons of France. The Charter is posted in places where older people gather to make them aware of it. Professionals use the Charter as a reference basis for their decisions and the older people themselves have become more aware of their basic rights than before. The Charter is not legally binding but it is quite unique in that no other country has a charter regarding the rights of older persons, although many countries have patients' charter and charters for people with special diseases like Alzheimer's disease.

Being young and growing old - learning attitudes in Ireland

In Ireland there has been many initiatives to mark the UN International Year of Older Persons (1999). For example, the National Council for the Elderly made a CD-ROM-based learning programme and teacher's manual intended to promote a more positive image of ageing and older people in primary and post-primary schools (National Council for the Elderly 1993a and 1993b). The material is also available via the Internet. The learning sequences also include visits and communication with older persons in the classroom. The intention is to foster solidarity, communication and understanding between the generations. This programme is in line with the overall intention of promoting a society for all.

Summary

The examples in this part demonstrate general intention and will in Europe to put the quality of life of older persons on the agenda. In addition to the examples mentioned there were others in the same line. For example, Spain has elaborated a national gerontological plan in which participation is one of the main points (Ministerio de Asuntos Sociales 1992). Most of the international instruments only carry a moral weight, however, the different states have picked up the challenge and direct their attention to the situation of older citizens in general and older persons in need of care in particular. The work did range from national social policy and law making, to work with attitudes. These measures at a national and international level are important for the older person's identity and feeling of respect in society.

2.2 HOUSING AND LIVING CONDITIONS

Svein Olav Daatland writes in an article on "Future Housing for the Elderly" in the Nordic countries that there are three factors which in a significant way have influenced the present emphasise on housing for the older age group in the Nordic countries (Daatland et al. 2000). First, the demographic transition has already reached a significant level in these countries. In Sweden for example 17% of the population is now above 65 years old and the other countries are coming after. Second, the trend away from shared and intergenerational household has been going on for some time in the Scandinavian countries. Third, old age pension and the welfare state have made it possible for a larger part of the old people to be economically independent.

The question of housing for the elderly population has been an issue for planners for some time and it seems that the preferred norm is for children to live close to older parents who live in their own household. Most elderly people also prefer to live in their original dwelling the whole life through. However, there are some that due to needs or simply preference chose to move to new house or apartment in order to live a better senior life (Ibid.: 5-7). As mentioned before, the life careers and the needs of the elderly person varies a lot. One may also expect the new generation older people to have other demands and expectations than former and the present older people. Therefore, the housing should not be standardised but rather have as a goal to meet the great variety of needs and

preferences in old age. Although most old people will try to modify the place where they have been living while young rather than move to a new place. However, many will also have to seek other solutions when they are in need of housing especially adapted for their old age needs. Some examples of the latter will be presented below.

Marjala Model: Barrier-free living and services for all in Finland.

Finland has various examples of good practise, which include the use of modern technology, planning and architecture for dependent elderly persons. The present example has been chosen because it is a model area where the concerns of all ages and varying needs, are taken into account.

Marjala is a modern suburb of Joensuu, a town in eastern Finland, which has been designed with the objective to provide a barrier-free living environment for the town inhabitants from birth to old age. The concept 'barrier-free' is not limited only to concern the built environment or people with limited mobility, but is extended to cover services and social interaction as well. Barrier-free living, in the social sense, is largely based on opportunities offered by modern information technology. Each flat in the area is equipped with fast telecommunication connections, and altogether the suburb is progressive as regards the use of telematic services. The city of Joensuu has brought social security services within easy reach of the inhabitants by offering Internet services free of charge at two service points. The telematic services can be used to get in touch with home-nursing services, to apply for social security benefits, to pay bills or do teleshopping. Telematic services are crucial for Marjala as it is six kilometres away from the city centre and presently has no shops. Marjala has its own team of professionals who provide instruction in the use of computers.

Some of the flats in the blocks have been designed to serve as a combined home and office, whereas people with disabilities may rent flats with adjustable kitchens, various aids for environmental control or specially designed bathrooms. It is easy to move around in Marjala. The needs of children, elderly people, people using a wheelchair and those with visual impairments have been considered in the planning. The streets and pavements are clearly marked with different colours, materials and optical symbols that serve as guides. Kerbs are practically non-existent. All sloping surfaces have support-rails on the sides.

The underlying idea of a barrier-free environment is visible everywhere. The doorways are wide, entrance doors open automatically, thresholds are low and blocks of flats have lifts. The barrier-free idea is also applied in human contacts. Providers of municipal planning, social, nursing, youth and day-care services, as well as representatives of the church congregation of various associations and of the residents have joined to form a multiprofessional network. Within the network the services are divided into three groups, one for computers and data processing issues, one for assistance for families with children and one for urban planning. The association of local residents, situated in a one-family house, is active and organises activities for youths and adults alike. Visitors have access to computers.

Marjala is surrounded by forests and lakes and is ideal for recreational outdoor activities. Right in the centre there is a marina, a beach and a marketplace. A multiservice-house is going to be built in 1999, which will have schools, sports halls and a welfare-service point. Marjala is expected to grow into a centre of 3000 inhabitants by the year 2010.

This multi-service model has an Internet presentation in English where one may inspect the project visually and its main ideas are presented in a simple manner ([Http://www.jns.fi/palvelut/marjala/life/index.htm](http://www.jns.fi/palvelut/marjala/life/index.htm)).

Foundation "De Wielborgh" in the Netherlands

In the Netherlands there are other examples of housing facilities which like in Finland and other countries, aims to cater for independent living and self determination when it comes to choice, or as they say in their Internet site: "Support is applied so far it is necessary, wanted and possible, regardless of social standing, race, religion, ideology, gender and sexual inclination. Key terms are:

independence, care & welfare, autonomy, privacy, respect, care "to size", coherence and quality" (<http://wielborgh.tripod.com/english.html#English>). The example underlines the service aspect of care - the older person is a customer who rent an apartment and apart from this can choose the service functions wanted.

"Foundation "De Wielborgh" offers care for the elderly who have received an official indication for a residential care home or a nursing home and who want to continue living independently as long as possible, without giving up their privacy. ... Its residential care complexes offer a variety of care possibilities: from the home care as given by external home care organisations, to De Wielborgh's own home care, and even to nursing" (CS -QV 2000b).

De Wielborgh collaborates with two external home care organisations and with two nursing homes. The majority of its 268 senior apartments fall under the social housing sector which means that in principle everybody can afford to pay the rent and if necessary they get rent rebate. Occupation of an apartment and the costs of care are kept which gives the residents full control over own income. "De Wielborgh sees the elderly living in its apartments as its customers. In mutual arrangement with the employees you decide for yourself how the necessary care will be applied. This will be executed in close collaboration with the other care organisations" (Ibid.).

Care and assistance at home - A right within the welfare service of the Republic of Croatia.

"Until the nineties, accommodation in an old people's home was the only programme of state assistance available in the area of elderly persons' welfare" (Balenovil 2000). During the last decade there has been a gradual change of decentralisation to local governmental units and reduction of the role of the State. The following is an example of The Care and Assistance at Home Service:

"The Rijeka Home for the Elderly and Infirm offers services of care, assistance and meals for 270 clients in their own homes. The Care and Assistance at Home Service provides its services once or twice a day, depending on the needs of the client. The services are provided by a team consisting of 12 nurses, 14 care-providers, 2 medical workers, 2 driver-handymen and 2 cooks.

The Care and Assistance at Home Service in Rijeka provides services at home for 132 clients. In this work a care-provider together with a nurse work in team. Generally this service consists of housework, keeping up personal hygiene as well as organising the meals for the client. In addition "Meals on wheels" service is used by 154 clients a day and 25 persons use the canteen. Finally, a "Life-line telephone" for elderly and physically disabled persons at home are in the process of being introduced. This service will be available 24 hours a day and consists of an extension to the telephone which can be activated by the client if need be to call for help.

Summary

The use of modern technology is conspicuous in some of the examples, however, there is also a strong awareness of varying personal needs. The examples presented under Housing and living conditions reflect in many ways intentions laid down in law and policy measures as mentioned before. In all countries there is a gradual change from institutional care to home based care in which service according to need and client's will is being emphasised. But also in the institutions one find a change in attitude. In the Old People's Home in Prague, Czech Republic, it is up to the client to whether he or she opts for a particular activity and the staff help clients to retain their decision making ability as long as possible (Fuchs 2000).

2.3 ACTIVITIES OF INCLUSION AND PARTICIPATION

An important part of the examples of documentation to the Group concerned norms for how inclusion and participation should be ensured through law, policy and attitudes as well as with the help of technical solutions. However, there are probably many examples of good inclusion and participation of and by older people which are not documented in any way. The reason being that projects or activities are often run by a few idealists on the local level who are concerned about the activity itself, and not the documentation of it. For example the headmaster of a school in a remote and sparsely populated area in the north of Norway, informed the Consultant that the older people in that area were invited to the school once every month by pupils of the age between 11 and 13 (personal communication). At every encounter there were between 25 and 30 older persons, who came by bus or taxi. This is a considerable number of persons as the total population of this rural area is only 238 persons, including all ages. Most of the participants at the arrangements are above 70 years of age and receive help at home in order to be able to continue to live in their homes. In the school there is a program prepared by the children, including coffee and a light meal and usually there is a cultural contribution from invited persons. The schoolchildren have now got to know the older persons in their society, greet them when they meet them in the street and they know them by name. The older persons themselves like it very much and it is for many of them the only activity they partake in outside of their own home. The school has now run this for nine years and it has become accepted by the school authorities as part of the curriculum. There are probably many similar initiatives to be found in the local communities in each country, however, they are not visible in this report.

Other activities are better documented because they are run by persons with access to modern means of communication and with the interest of putting the activities of elderly people into a broader perspective. The following is how Oddgeir Synnes one of the founding fathers of "Pedagogy of ageing" (PEP), presents an initiative which aims at activating the creative resources of elderly people at differing levels of dependence.

Pedagogy of ageing in Norway

"Pedagogy of ageing as a subject of study has a relatively short and limited history in Norway. Even internationally the concept of pedagogy of ageing is relatively little known. Apart from the Center of Education and Research of Qualified Pedagogical Care of the Elderly in Denmark, the most notable is the tradition of geragogy (another term for pedagogy of ageing) which can be found both as a field of practice and as a field of academic investigation. However, geragogy, mainly found in the US and to a lesser extent in various European countries e.g. Germany and France, is largely a marginalised tradition on the very outskirts of the often overwhelming field of gerontology. During the 1990's, the scientific paradigm of gerontology has been challenged to some degree by various scholars, most notable the loosely connected group found under the term «critical/humanistic gerontology». Their critical examination of the fundamental assumptions of gerontological research, emphasises what they designate as the «biomedicalization of gerontology». The term refers to the approach to gerontology where the study of ageing is dominated by biological and medical approaches, and where the positive images of ageing are overlooked by disease models and biological reductionism. This approach paired with the predominant influence of empiricism in gerontology must change if one is to alter the images of ageing. Given these presuppositions it is no coincidence that the field of gerontology is

dominated by psychologists and sociologists, and where humanistic approaches are rarely seen. The same approach can be found in geragogy which is mainly a psychological tradition, not a pedagogical, emphasising the cognitive possibilities of ageing.

It is on this background one must see the development of a pedagogy of ageing in Norway. The lack of opportunities for older people in Norway, and the lack of interest in old people in the realm of pedagogy, have caused among the five founding members of Project Pedagogy of Ageing (Prosjekt Eldrepedagogikk) an uneasy feeling of an unfulfilled need, and an unfulfilled potential. Since the start of this project in the autumn of 1998, PEP has focused on the creative potential in older people through creative writing courses. At these courses the participants write poetry, short stories, essays and prepare and perform oral histories. During the last two years four courses have been arranged with a total of 35 participants at the age of 67-84 years. Most of them had never written creative texts. The experiences and the results from these courses have so far shown that everyone has the ability to create wonderful texts that move and enthrall the reader. Apart from the texts, we have experienced several side-effects from these courses. Through creative work with language, through interaction with poetic language we come to understand French philosopher Paul Ricoeur's notion of the poetic language, as an emancipatory reflective process of the self. A process which turns both the creator and the recipient towards their inner feelings. The writing-courses help people get to know each other in a special, often intimate way which creates relationships that continues after the end of the course. Several participants have explained how the course has had a therapeutic effect when encountering serious diseases, depressions etc. We have experienced strengthened identity when participants have come forward with stories that have had an enormous impact on them, but which they have seldom or never told before. We have also experienced increased abilities and increased confidence towards own abilities, and finally we have heard the participants express the positive impact these courses have had on their everyday life.

We are currently working on a course for elderly people suffering from dementia. It is still too early to draw any conclusion from this course, but we feel that we have gained several positive insights. In the autumn of 2000 the initiators of PEP started working on a new project called "Old people as a resource in the knowledge mediation of schools" (Eldre som ressurs i skolens kunnskapsformidling). The inclusion of old people in education is not a new concept, but in Norway this is often very arbitrary, depending on the initiative and interest of the teacher. With this project we hope to create arenas for generations to meet, and help develop this as an integrated part of everyday life in Norwegian schools" (Synnes 2000).

This initiative by a few enthusiasts have received goodwill as well as economic support from the local authorities, and the County Council has also made a home-page where the elderly can chat as well as publish their written and artistic work (<http://hordaland.kulturnett.no/tema/eldreleven/>). Elderly people are also given courses in the use of data. The home-page thus contains information about activities where the elderly can participate, as well as it is a show case of their work and it is a place where they can interact with other elderly persons as well as other interested of all ages.

Use of the Internet by organising special Web sites for older persons, is something which has been organised in different countries. A browse of the Net shows that senior web sites are found in Austria, Britain, Finland, Germany, The Netherlands, Norway, Sweden, Switzerland. The following example is found in The Netherlands:

SeniorWeb in The Netherlands

SeniorWeb is an independent organisation for drawing attention to what Information and Communication Technology (ICT) can offer to senior citizens and those interested in what seniors are involved in.

In the first place this is done by developing a relevant Internet package, the Senior Website. But making the electronic highway more accessible may be equally important. In order to do this we need to take care of a number of things like information, education, and support. Providers of services on the Internet, whether hardware or software, need to gain insight into specific wishes of this target group.

SeniorWeb's activities

- development and extension of the SeniorWebsite, by:
 - collecting of information which is relevant to seniors and their organisations
 - extending the sites' function as a gateway to the World Wide Web
 - setting up opportunities for contact and exchange
 - providing support and service to the visitors of the site
 - offering hosting facilities to organisations willing to be associates
 - stimulating implementation of local SeniorWeb-sites
 - experiments with electronic shopping and payment
- educational projects, such as:
 - instructing SeniorWeb ambassadors on how to deliver demonstrations and trainings all over the country
 - finding local organisations who can co-operate with ambassadors and provide support to them
 - spreading information about courses in the use of computers and internet
- introduction of computers in residential homes
- service and promotion, by:
 - advice to organisations looking for access to internet
 - a seniors' Feedback Group for evaluation of internet productions, either operational or in state of development
 - workshops, lectures, and demonstrations

Participation

To organisations and individuals SeniorWeb means a framework for mutual contact, exchange of information, and gaining inspiration. To a large extent SeniorWeb is being made by seniors:

- site visitors themselves give flesh to sections such as Favourite Links, Reviews of books and films, Visiting Cards, Webbies and Debate
- senior volunteers take care of editing sections like PC-help, E-mail Group SeniormailNL, the tourist section, and SeniorWeb Debate.
- watching the whole SeniorWeb set-up the Seniors' Steering Committee also functions as a think tank for development of new ideas and conceptions
- the Feedback Group critically evaluates the site's user-friendliness, navigation, and design
- SeniorWeb co-operates with many associated organisations" (CS-QV 2000d).

Another example of similar, but more specialised activity on the Net is the The Ageing and Ethnicity WEBThis website <http://www.aeweb.org/index.html> accommodates the Dutch website of Facilitair Netwerk Allochtone Ouderen (URL: <http://www.fnao.nl/>) with information on good practices with regard to older migrants (only in Dutch) (CS-QV 2000c).

Summary

Modern information technology is present also in the activities of the older persons. This was also the case in Part 2 about housing and living conditions. Communication in the old way of speech and interaction is still dominant, but the examples presented here are probably a sign of what is to come. The modern information technology offers opportunities for participation and integration that have not existed before. The older persons seem to be actively taking part in what is going on around them. This does not only concern the use of Internet, but also the use of leisure activities, for example is the only IMAX movie in Norway making special arrangements for groups of older people (personal

communication). Another important activity by the older citizens, also those in need of assistance, is travelling. This is an activity which is probably made use of more by affluent people, however, due to better means of transportation older people like every one else are more mobile than before.

3. CONCLUSION

The examples mentioned in this report show some ways of inclusion and participation in society by older people and especially for those in need of care. The contributions indicate that inclusion and participation is used in a very wide and all-encompassing way. Almost everything can be considered part of a strategy for including older persons in social life. This tendency indicates that there is a need to be more specific about what is at stake. As indicated in Section 2 on empowerment, this term is often used without any concern for the different meanings implied. One way of raising awareness of the consequences of different choices of methods of inclusion and participation, is to analyse projects from the perspective of two radically different ideologies. That is the difference between the more narrow approach concerned with the ability to choose services and another approach which is concerned with the older person as a whole human being.

This is not in any way an attempt of categorising the examples mentioned according to whether they are market liberal and service oriented, or if they have a holistic approach to the situation of the older people. The examples mentioned here have not been studied for that purpose. However, it can be said that it is evident that both approaches are to be found among the examples. It may be said that some of the examples have been more influenced or dominated by one of the two ways of thinking about inclusion and participation. Often they may have some of both and, unfortunately, in some cases there might not have been any valuation in this respect. The critical point here concerns the way the ideological emphasis comes about. It is a problem if the public, the older persons themselves and their organisations, as well as policy makers and professionals are not aware of the differences in meaning and methods which are intrinsic to the terms used about inclusion and participation. It has been said that the post-modern critique of the welfare state with emphasis on individual rights and choices have covered up the impact of emerging market liberalism which may engender increased difference and marginalisation of the most vulnerable groups in society (Askheim 2000b). Awareness of the differences in meaning which may be implied in terms like inclusion and participation may be very useful for everybody involved in this type of work. More so if the organisations of older persons in Europe adopt the same strategy as their US counterparts and develop alliances with organisations of people with disabilities.

Another tendency in this report is the very positive and optimistic approach to the modern technology which is found in many of the different examples. Undoubtedly, the most spectacular examples were those which have made use of modern Information and Communication Technology (ICT). Many countries are already actively introducing ICT as an arena where older persons can communicate, get information and be creative. Likewise, the use of ICT is being developed to enable people in need of care to live in their own homes and avoid institutionalisation. There are also examples of down to earth projects of intergenerational co-operation between schoolchildren and senior citizens when they learn from each other and also learn about each other. ICT can in this respect function as a bridge between the generations by facilitating communication in ways that is both interesting and accessible for all generations.

A very relevant question to ask in relation to older persons use of the Internet is the extent to which they will use it as well as what purpose they use it for. In The Netherlands there has been carried out a qualitative study with the purpose of finding out more about these issues in relation to a course of Internet use for older persons (CS-QV 2000b).

Interviews of 25 older persons, average 79,5 years, showed that the main reason for using the Internet were not so much the practical possibilities that it offered but rather the sense of belonging socially again. The presence of an Internet café at a housing care centre then became an important catalyst for this interest and they said that they would not otherwise have used the Internet. Once they started to use the computer, they found it less difficult than expected. The users of this opportunity to learn about Internet can be divided into three groups. Those in the first group were interested in carrying on and actively finding out about further possibilities. They saw the Internet as an enjoyable pastime. Those in the second group were happy with whatever they could pick up on the course and use the computer mainly for e-mail and games. The last group was happy that they finally could know what the Internet is. They will complete the course but doubt if they will carry on using the Internet afterwards. In general they do not see any reason to use the Internet if you do not have friends or

relatives living abroad. All three groups - including the people who did not finish the course - reported that they had felt a sense of 'belonging' again" (Ibid.).

According to the contributions from the different nations, inclusion and participation means a wide range of activities where the older person's level of contribution varies from creative and full participation by the older person to participation where the older person's activity is more indirect. Older people as well as other groups in society need their own societies and organisations, however, it is also evident that there is a need for arenas which can function as bridges between age groups and generations. This concerns ageing in general and even more so the older persons in need of care. The examples in this report show that this is a concern which is being approached actively in the Council of Europe member countries

APPENDIX 1: INTERNATIONAL AND EUROPEAN INSTRUMENTS RELATED TO QUALITY OF LIFE OF DEPENDENT OLDER PERSONS

European Convention on Human Rights

Article 5 Right to liberty and security (extract)

1. Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law:
 - e. the lawful detention of persons for the prevention of the spreading of infectious diseases, of persons of unsound mind, alcoholics or drug addicts or vagrants.

Article 8 Right to respect for private and family life

1. Everyone has the right to respect for his private and family life, his home and his correspondence.
2. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic wellbeing of the country, for the prevention of disorder of crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

Article 14 Prohibition of discrimination

The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

Protocol 1, Article 1 Protection of property

Every natural or legal person is entitled to the peaceful enjoyment of his possessions. No one shall be deprived of his possessions except in the public interest and subject to the conditions provided for by law and by the general principles of international law.

The preceding provisions shall not, however, in any way impair the right of a State to enforce such laws as it deems necessary to control the use of property in accordance with the general interest or to secure the payment of taxes or other contributions or penalties.

European Social Charter

Article 15 The right of persons with disabilities to independence, social integration and participation in the life of the community

With a view to ensuring to persons with disabilities, irrespective of age and the nature and origin of their disabilities, the effective exercise of the right to independence, social integration and participation in the life of the community, the Parties undertake, in particular:

3. to promote their full social integration and participation in the life of the community in particular through measures, including technical aids, aiming to overcome barriers to communication and mobility and enabling access to transport, housing, cultural activities and leisure.

Article 23 The right of elderly persons to social protection

With a view to ensuring the effective exercise of the right of elderly persons to social protection, the Parties undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular:

- to enable elderly persons to remain full members of society for as long as possible, by means of:
 - a) adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life;
 - b) provision of information about services and facilities available for elderly persons and their opportunities to make use of them;
- to enable elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of
 - a) provision of housing suited to their needs and their state of health or adequate support for adapting their housing;
 - b) the health care and the services necessitated by their state;
- to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution.

UN International Plan of Action on Ageing

Health and nutrition

Recommendation 1

Care designed to alleviate the handicaps, re-educate remaining functions, relieve pain, maintain the lucidity, comfort and dignity of the affected and help them to reorient their hopes and plans, particularly in the case of the elderly, are just as important as curative treatment.

Recommendation 2

The care of elderly persons should go beyond disease orientation and should involve their total well-being, taking into account the interdependence of the physical, mental, social, spiritual and environmental factors. Health care should therefore involve the health and social sectors and the family in improving the quality of life of older persons. Health efforts, in particular primary health care as a strategy, should be directed at enabling the elderly to lead independent lives in their own family and community for as long as possible instead of being excluded and cut off from all activities of society.

Recommendation 3

Early diagnosis and appropriate treatment is required, as well as preventive measures, to reduce disabilities and diseases of the ageing.

Recommendation 4

Particular attention should be given to providing health care to the very old, and to those who are incapacitated in their daily lives. This is particularly true when they are suffering from mental disorders or from failure to adapt to the environment; mental disorders could often be prevented or modified by means that do not require placement of the affected in institutions, such as training and supporting the family and volunteers by professional workers, promoting ambulant mental health care, welfare work, day-care and measures aimed at the prevention of social isolation.

Recommendation 7

(a) The population at large should be informed in regard to dealing with the elderly who require care. The elderly themselves should be educated in self-care;

(b) Those who work with the elderly at home, or in institutions, should receive basic training for their tasks, with particular emphasis on participation of the elderly and their families, and collaboration between workers in health and welfare fields at various levels;

(c) Practitioners and students in the human care professions (e.g. medicine, nursing, social welfare etc.) should be trained in principles and skills in the relevant areas of gerontology, geriatrics, psychogeriatrics and geriatric nursing.

Recommendation 8

The control of the lives of the ageing should not be left solely to health, social service and other caring personnel, since ageing people themselves usually know best what is needed and how it should be carried out.

Recommendation 11

The promotion of health, the prevention of disease and the maintaining of functional capacities among elderly persons should be actively pursued. For this purpose, an assessment of the

physical, psychological and social needs of the group concerned is a prerequisite. Such an assessment would enhance the prevention of disability, early diagnosis and rehabilitation.

Recommendation 13

Efforts should be intensified to develop home care to provide high quality health and social services in the quantity necessary so that older persons are enabled to remain in their own communities and to live as independently as possible for as long as possible. Home care should not be viewed as an alternative to institutional care; rather, the two are complementary to each other and should so link into the delivery system that older persons can receive the best care appropriate to their needs at the least cost.

Special support must be given to home care services, by providing them with sufficient medical, paramedical, nursing and technical facilities of the required standard to limit the need of hospitalization.

Recommendation 17

International exchange and research cooperation should be promoted in carrying out epidemiological studies of local patterns of health and diseases and their consequences together with investigating the validity of different care delivery systems, including self-care, and home care by nurses, and in particular of ways of achieving optimum programme effectiveness; also investigating the demands for various types of care and developing means of coping with them paying particular attention to comparative studies regarding the achievement of objectives and relative cost-effectiveness; and gathering data on the physical, mental and social profiles of ageing individuals in various social and cultural contexts, including attention to the special problems of access to services in rural and remote areas, in order to provide a sound basis for future actions.

Housing and environment

Recommendation 19

Housing for the elderly must be viewed as more than mere shelter. In addition to the physical, it has psychological and social significance, which should be taken into account. To release the aged from dependence on others, national housing policies should pursue the following goals:

(a) Helping the aged to continue to live in their own homes as long as possible, provision being made for restoration and development and, where feasible and appropriate, the remodeling and improvement of homes and their adaptation to match the ability of the aged to get to and from them and use the facilities;

(b) Planning and introducing -under a housing policy that also provides for public financing and agreements with the private sector- housing for the aged of various types to suit the status and degree of self-sufficiency of the aged themselves, in accordance with local traditions and customs;

(c) Coordinating policies on housing with those concerned, with community services (social, health, cultural, leisure, communications) so as to secure, whenever possible, an especially favourable position for housing the aged vis-a-vis dwellings for the population at large;

(d) Evolve and apply special policies and measures, and make arrangements so as to allow the aged to move about and to protect them from traffic hazards;

(e) Such a policy should, in turn, form part of the broader policy of support for the least well-off sectors of the population.

Recommendation 22

Special attention should be paid to environmental problems and to designing a living environment that would take into account the functional capacity of the elderly and facilitate mobility and communication through the provision of adequate means of transport.

The living environment should be designed, with support from Governments, local authorities and non-governmental organizations, so as to enable elderly people to continue to live, if they so wish, in locations that are familiar to them, where their involvement in the community may be of long standing and where they will have the opportunity to lead a rich, normal and secure life.

UN Principles for Older Persons

The United Nations Principles for Older Persons were adopted by the UN General Assembly (resolution 46/91) on 16 December 1991. Governments were encouraged to incorporate them into their national programmes whenever possible. Some highlights of the Principles are:

Independence

Older persons should:

- have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help;
- have the opportunity to work or to have access to other income-generating opportunities;
- be able to participate in determining when and what pace withdrawal from the labour force takes place;
- have access to appropriate educational and training programmes;
- be able to live in environments that are safe and adaptable to personal preferences and changing capacities;
- be able to reside at home for as long as possible.

Participation

Older persons should:

- remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being, and share their knowledge and skills with younger generations;
- be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities;
- be able to form movements or associations of older persons.

Care

Older persons should:

- benefit from family and community care and protection in accordance with each society's system of cultural values;
- have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness;
- have access to social and legal services to enhance their autonomy, protection and care;
- be able to utilise appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a human and secure environment;
- be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect of their dignity, beliefs, needs and privacy for the right to make decisions about their health care and the quality of their lives.

Self-fulfillment

Older persons should:

- be able to pursue opportunities for the full development of their potential;
- have access to the educational, cultural, spiritual and recreational resources of society.

Dignity

Older persons should:

- be able to live in dignity and security and be free of exploitation and physical or mental abuse;
- be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities (extracts)

I Preconditions for equal participation

Rule 1. Awareness-raising

States should take action to raise awareness in society about persons with disabilities, their rights, their needs, their potential and their contribution.

Rule 4. Support services

States should ensure the development and supply of support services, including assistive devices for persons with disabilities, to assist them to increase their level of independence in their daily living and to exercise their rights.

II Target areas for equal participation

Rule 5. Accessibility

States should recognize the overall importance of accessibility in the process of the equalization of opportunities in all spheres of society. For persons with disabilities of any kind, States should (a) introduce programmes of action to make the physical environment accessible; and (b) undertake measures to provide access to information and communication.

Rule 8. Income maintenance and social security

States are responsible for the provision of social security and income maintenance for persons with disabilities.

Rule 9. Family life and personal integrity

States should promote the full participation of persons with disabilities in family life. They should promote their right to personal integrity and ensure that laws do not discriminate against persons with disabilities with respect to sexual relationships, marriage and parenthood.

Rule 10. Culture

States will ensure that persons with disabilities are integrated into and can participate in cultural activities on an equal basis.

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