

# Research Compiled Reports

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Author: Ann Tobin & Mark Robertson  
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Author(s): Ann Tobin & Mark Robertson

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## Abstract

A combined report consisting of a) a structured critical literature review of how the six competencies, identified by the European Commission as important for active ageing, are addressed in EU, national, and regional (Umbria) contexts and b) a European Cinema review exploring the way in which contemporary European cinema portrays the six competencies and whether or not European cinema could be a tool for active ageing and learning by representing the six competencies. Focus groups considered films selected by each partner county and agreed a final list of 6 films related to 6 main competences of active ageing.

## Keywords

Active ageing – Learning – Universities of Third Age - Evidence review - Competencies – Europe – Civic – Technological – Health – Financial – Emotional – Cinema – Focus Group – Film - Learning

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FG	Focus Group

## 1. Active Ageing and Learning for Active Ageing – Summary

### Background and methods

The European Commission identified active and healthy ageing as a very important area. A structured critical literature review used evidence from 2000 onwards, across UK, Italy, Slovenia and Portugal. The review considered six competencies for active ageing: Learning; Civic and Community; Health; Emotional; Financial/Economic, Technological, in EU, national, and regional (Umbria) contexts.

### Demographic context and active ageing principles

Rising life expectancy across the four countries poses challenges: in Portugal the population aged 65+ is projected to rise from 19.5% in 2011 to 35.72% in 2050; in Slovenia the proportion aged 65+ is expected to rise from 24.8% in 2020 to 33.5% in 2059; in Umbria, the population aged 65+ currently totals 23.2%, and in the UK 2030 there will be 51% more people aged 65+ compared to 2010. The four areas in the 2012 European Year for Active Ageing are employment, social participation, independent, healthy and secure living, and enabling environment (EU, 2013).

Underlying principles include sustaining a balanced lifecourse process, positive definitions, inclusiveness, multidimensional and empowering approaches.

### The competencies

**Learning.** The trend is for participation among older people to be higher in non-formal than formal learning, and to lessen with age. The University of the Third Age (U3A) has played a vital role. In Portugal U3As are mainly urban, and include diversified activities, including theatre. In Slovenia, networks of U3As and other providers support personal growth, paid or non-paid work, active citizenship and local development. In Italy, U3As play a vital role to overcome the dropping involvement of older people, in the UK U3As learning strongly engages with health and emotional interests, less strongly with others. Lifecourse inequalities impact on later life learning.

**Civic and community.** Civic and community participation can be assisted by flexible retirement transitions, supporting volunteering opportunities, recognizing and rewarding family care, and valuing creative activity. As in Portugal, project interventions can encourage active ageing through improving community environments supporting social participation and inclusion. Education can promote skills for democratic citizenship, as in Slovenia. The growth of volunteering in Italy runs alongside traditions of family care (grand-parenting). In the UK volunteering is strongly targeted in spite of cuts in financial support of the voluntary sector.

**Health.** Promoting health for active ageing needs to take account of diversity by age and health status. The Portuguese National Health Plan promotes intervention principles of autonomy, active participation, self-fulfillment and dignity. In Slovenia, a high proportion of older people have a long-standing illness: self-care depends on functional capacity, opportunities for stimulating activity, and attitudes. In Italy, the focus is on lifecourse lifestyle and on integrated home care. In the UK; influences on well-being include an asset based outlook, social engagement and setting own norms. Informal learning with social engagement can improve wellbeing.

**Emotional.** The evolution of family structures is a big factor in emotional well-being in Portugal where a focus needs to be on appropriate homes. In Slovenia mental and emotional concerns

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are a most frequent reason for using primary health care. Positive leisure activities are predictive of emotional satisfaction. In Italy the crucial role of extended family and friendship in emotional wellbeing is known, along with independence, dignity, care and support. In the UK, research highlights the importance of independence, control, autonomy and activities that reduce loneliness.

**Financial/economic.** Labour force participation, a key factor in promoting active ageing, fell substantially in Portugal from 78% in 1974 to 52% in 2008. In Slovenia, only 1 in 3 of people aged 55+ are employed. In the UK long-term unemployment is highest among over 50s. There is a need for non-discriminatory attitudes at work and pension systems rewarding later retirement to reduce financial anxiety. In Italy retirement tends to be sudden, rising proportions of the elderly live alone.

**Technological.** In Portugal where older people use computers less, training is needed for digital inclusion towards autonomy, and social participation. In Slovenia, both assistive technology and internet use needs developing: older people alone are disadvantaged if not internet users. In Italy internet use is growing among older people, but households with only older people are less skilled. In the UK older people value digital, but need support as circumstances and technology move on.

### Needs and recommendations

A lifecourse learning approach is vital, considering diversity, citizenship, creative leisure, relationships, resilience, and removing structural barriers. Strengths of U3As can be expanded through effective partnerships and activating other learning sectors.

Portugal emphasized joining up different policies, public and private initiatives, principles of autonomy, participation, selffulfillment and dignity, action for caregivers and developing more participatory and learning spaces. Slovenia emphasised the need for formal and informal education towards knowledge, culture and selfrealisation, dialogue between different older ages, and passing knowledge across generations. Older age needs a holistic, less medicalised approach, considering the balance between happy and productive later life. Gender issues need attention. Lifelong education requires more flexible transitions from work. Italy recommended a professional qualification of expert in lifelong learning; and further training for work retirement transitions. Older people's increasing commitment to volunteering needs to be seen as a strength. The UK recommended including older learners in educational planning, affordable courses, increasing preretirement training, challenging inequalities, developing opportunities to fit volunteering with informal care and leisure interests, and promoting health through peer networks. An empowering, strengths based focus is needed, respecting the variety and resources of older people. Finally, society needs challenging imaginatively.

## 2. European Cinema Review - Summary

### Selection of Focus Groups

Methodology and criteria for Focus Group Selection, including age range, gender and diversity, knowledge of cinema.

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## Notes of Meetings

Initial Meetings that introduced Focus Group Members of Cinage project and to the approach towards reviewing films, and the Final Group Meeting where members commented on the films they had viewed, the project itself and the process they had engaged in.

## Film Analysis

Methodology for selecting films for Focus Group Review, comments on each of the twelve selected films from each partner Focus Group.

## Summary of Final Questionnaires

General questions around active ageing, why they would watch films and how they would like to see the six competencies reflected in cinema were considered by each Focus Group.

## Response to CINAGE Project

Each Focus Group was asked to comment on the CINAGE Project and general enthusiasm was expressed although some members had found the viewing process onerous.

## Final Film Selection

Filmography of the final six films

## Evaluation and Conclusions

Complexity of organisation, selection of six films reflecting a cross-section of approaches towards the competencies and the quality of the six films selected for Cinage package.

# Introduction

This document presents firstly an integrated critical literature review on the topic of **active ageing and learning for active ageing**, and secondly, the reports of the Focus Groups who viewed a curated selection of twelve European films with the intention of arriving at a final six films that would form part of both the Cinage Report as a whole and the curriculum for the final Cinage Course.

## 3. Active Ageing and Learning for Active Ageing Review

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The review has been conducted by the four partners, each of whom conducted a review of evidence from 2000 onwards in their own countries (Slovenia, Portugal, Italy and UK respectively). In addition, UK and Portugal included evidence concerning European Union policies, and Italy included evidence concerning the Umbria region, since a significant amount of policy is implemented at regional level in Italy.

The national reviews from which this integrated review has been developed are available in *Wiggio/WP2 Research/Final Report Elements/2.02 Research Reports from Each Partner*. The structure of the review includes presentation of important demographic information; definitions and principles of active ageing; and a review of the six main competencies for active ageing, as specified in the project tender, namely: learning; civic and community; health; emotional; financial; and technological. The review then synthesizes findings with evidence of effective solutions, needs and recommendations. This integrated review is intended to inform the entire CINAGE project.

The Europe 2020 strategy acknowledges lifelong learning and skills' development as key elements in response to the current economic crisis, to demographic ageing and to the broader economic and social strategy for the European Union. Adult learning<sup>1</sup> can play a major role by providing a means of enhancing skills or reskilling of those affected by unemployment, restructuring and career transitions. It can also make an important contribution to social inclusion, active citizenship and personal development.

Slowly, the attitude towards population ageing is changing. Whereas early reports and analyses saw it as a demographic time-bomb that would have negative effects on Western economies and societies, more recently the opportunities that population ageing offers have been emphasised. Recent debates have identified the emerging silver economy as a potential driver of future growth and prosperity (Cedefop, 2012).

From the beginning of the new millennium, it has become clear that with active ageing, people are working longer and it is necessary to sustain health, welfare and pension systems, prompting the policies of the EU and Member States to emphasise the importance of lifelong learning. However, this does not mean that Europe is fully prepared for the challenges that ageing brings. Reaping the benefits of the knowledge and skills of ageing people remains a challenge, and older people's participation in lifelong learning remains consistently below that of younger people.

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Adult learning covers the entire range of formal, non-formal and informal learning activities – both general and vocational – undertaken by adults after leaving initial education and training.

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Making the right choices when developing active ageing policies and practices, requires credible evidence. There is a need to expand the evidence base using interdisciplinary research.

The European Commission (EC) is taking proactive measures by prioritising initiatives that will contribute to building a healthy and active population for the future. To achieve this, promoting the importance of health and being healthy throughout life is vital, starting with investment in these ideals in the early years and continuing through into old age.

The European Commission has identified active and healthy ageing as being a major societal challenge common to all European countries and an area which offers considerable potential for Europe to provide innovative responses.

On 28 November 2011, the Education Council adopted a resolution which lays out a renewed European Agenda for Adult Learning (Council Resolution, 2011/C 372/01). The resolution provides specific priorities for the adult learning sector as part of the overall strategy for European cooperation in education and training. It calls for well-developed learning provision for seniors, in order to promote active, autonomous and healthy ageing, embracing older people's knowledge and experience for the benefit of society as a whole. It highlights the need for strong commitment to promote adult learning as a means of fostering solidarity between different age groups (for example, by means of an intergenerational pact).

The CINAGE project offers innovative later life learning opportunities, engaging older people with critical analysis of European cinema and practical film making experience, thus promoting active ageing and making a contribution to the achievement of this European vision.

## **3.1 Background and policy context**

### **3.1.1 Learning**

#### **Portugal**

Reference to the Education and Training Monitor 2013/ Portugal, identifies the country's progress concerning adult participation (age 25-64) in lifelong learning. Portugal still performs below or close to the EU average in several important areas, although there has been quite significant progress recently. In 2012, adult participation in lifelong learning (10.6%), although slightly lower than in 2011 (11.6%), was still above the EU average (9.0%). However, once the age group of over 65s is excluded, the reality of the figures is clearer. Portugal still has a low qualified workforce. In 2011, 59% of the employed population aged between 15 and 64 had only attained ISCED 2 or below and only 19.7% had completed tertiary education (ISCED 5-6).

In 2011, about two thirds of the population aged 18 to 64 (68.5%) participated in non-formal learning activities, an increase of 27.7%, compared to 40.8% in 2007. Portugal's proportion of

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participants in lifelong learning improved from 8.5% below the EU average in 2007, to 3.6% above the average in 2011, largely owing to increased participation in non-formal education activities.

A particular success story about later-life learning in non-formal contexts is the Third Age Universities/ U3A, associated into the National Association RUTIS2 (Universities of the Third Age Network Association), a social non-profit association (Antunes, 2013) which supports the Senior Universities and the Portuguese Third Age Academies (UTI). By 2012 there were 175 U3A in Portugal within RUTIS, representing 30,000 senior learners and 2,500 voluntary teachers.

### **Slovenia.**

The establishment of the Slovenian Third Age University in 1984 paved the way for numerous current providers of older adult education: 46 third age universities, museums, libraries, folk high schools, hospitals, social work centres, societies of pensioners, gerontological institutes, non-governmental organisations, professional retirees' clubs, Ministry of Defence of RS, centres for older people's daily activities, older people's homes (where education existed even before 1984), etc.

Education in later life is intended to embrace different target groups of older people, to nurture personal growth, paid or non-paid work as well as active citizenship and local development, and recently, to promote the consolidation of intergenerational relationships.

### **Italy**

Levels of education and training, as well as skills, tend to be lower among older people. The proportion of people who have obtained at least a high school diploma is 71.3% among young people aged 25-34 but only 35.5% among people aged 60-64. Out of about 12 million over-65s, more than 65% have only primary school diplomas (56.4% among men and 71% of women), while 4.7% are graduates (6.8% of men and 3.2% of women). The low level of education is due to the fact that after the Second World War compulsory education was set at primary school level and though it increased over the years to secondary level, Umbria remained a mainly rural region with an agricultural economy. This affected the level of education among what is now a specific older generation compared to the present day younger generation.

### **UK**

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<http://www.rutis.org/>

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The EU has promoted lifelong learning towards meeting social, economic and demographic challenges, for example improving older people's pension contributions and supporting civic integration (Formosa, 2013). Goals, such as sustaining employability, maintaining population health, and improving financial prospects for older age, are viewed as being best pursued through a life-course education approach (European Union, 2010).

In the UK, older people who are still under 65 and/or who are still in employment are far more likely to undertake formal education or training than people over 65 and/or retired people. But being older and retired was positively associated with informal learning (Universities UK, 2010; Jenkins and Mostafa, 2012). Academic discussion further advocates providing support and skills to help people adopt meaningful, emotionally rewarding pursuits that contribute to wellbeing (Formosa, 2013). However, the contribution that learning can make to active ageing can only be considered by first taking account of the multi-dimensional, complex, holistic, and still contested nature of active ageing.

### 3.1.2. Population Demographics, factors underlying policy

#### ***Socio-demographic context***

##### **Portugal**

Portugal presents (Census 2011) a framework for rather sharp demographic ageing, with an ageing population (people 65+) of 19.15%, a young population (persons aged 14 years and less) of 14.89% and an average life expectancy at birth of 79.2 years.

It is expected that the trend of involution of the age pyramid will be accentuated by 2050 with 35.72% of people aged 65+ and children and youth accounting for 14.4% of the population. Portugal recorded in 2011, an index longevity of 79.20 (80.57 for women and 74.0 for men), leading to projections for 2050 of a significant increase to longevity of 81 years (women 84.1 and men 77.9).

In 2050, the 7.6 years that women today live, on average, beyond 80 years, will increase to 10.2, and for men the increase will be from 5.9 years beyond 80 to 7.3. The current ratio of women (58%) in the age group 65+, compared to men in the same group (42%), is also noteworthy.

##### **Slovenia**

According to the data of the Statistical Office of the Republic of Slovenia, in 2003 the number of inhabitants older than 65 in Slovenia exceeded, for the first time, the number of young people aged up to 14 years. In July 2011, the population of Slovenia was 2,052,496. Among the Eastern European countries, Slovenia is experiencing the slowest population ageing. The mean age of the total population rose from 38.8 years in 2000, to 41.8 years in 2011. In 2011 the male mean age was 40.2, whereas the female mean age was 43.4 (Slovenia in Figures 2012).

In comparison with the proportion of young inhabitants aged 0-14 years, the proportion of those over 65 will increase considerably by 2059. In 2020, 24.8% of the population is expected to be

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at least 65 years old and in 2059, 33.5% (The Older People in Slovenia, 2011). The number of the oldest inhabitants, aged 85 or more, rose the fastest. By the end of the 2050s, their number will have increased five times to represent 7.6% of the total population (ibid).

Life expectancy at birth for men is currently 76.6 and for women 82.9 (SURS 2012).

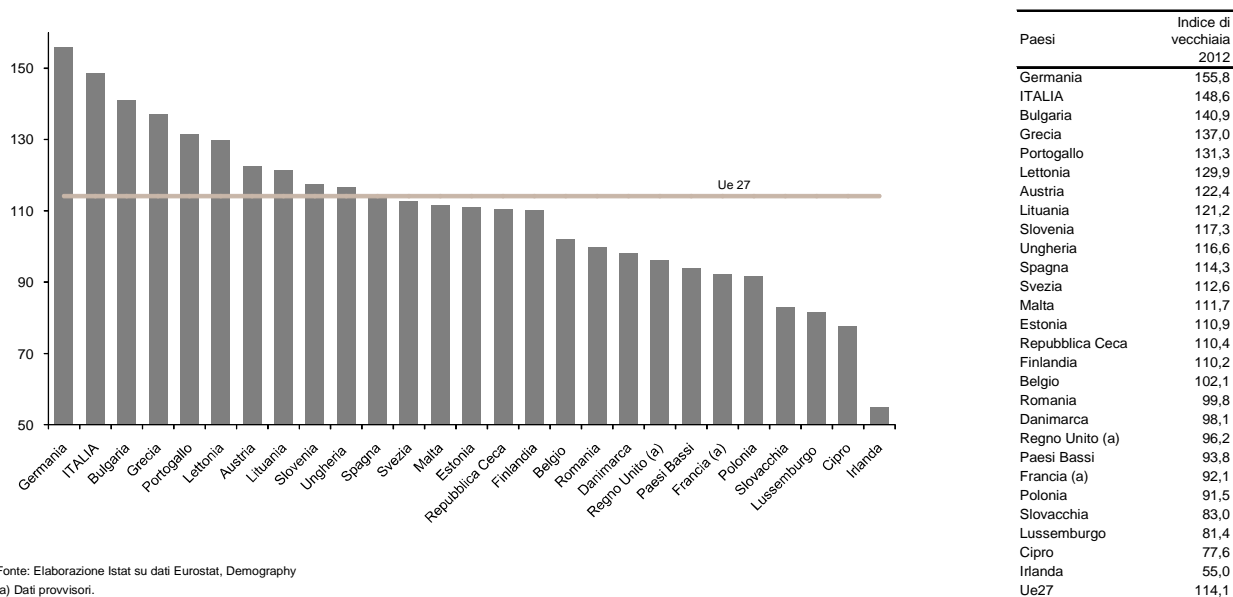
In 2012, 585,408 pensioners received a pension, an increase of 2.7 % from 2011. The number of pensioners increased in 2012 by 4.0 %, due to: pension reform, the economic crisis and more dismissals, and retirement of the baby-boom generation. The number of partly retired individuals went up by 13.1 % (Letno poročilo 2012).

## Italy

In Italy, recent demographic changes are due to the growth of the elderly population, a reduction in the youth population, the increase in the survival rate and a low fertility rate. In 2012 Italy, was ranked second in the ageing index of the twenty-seven European countries, after Germany (Istat, 2014).

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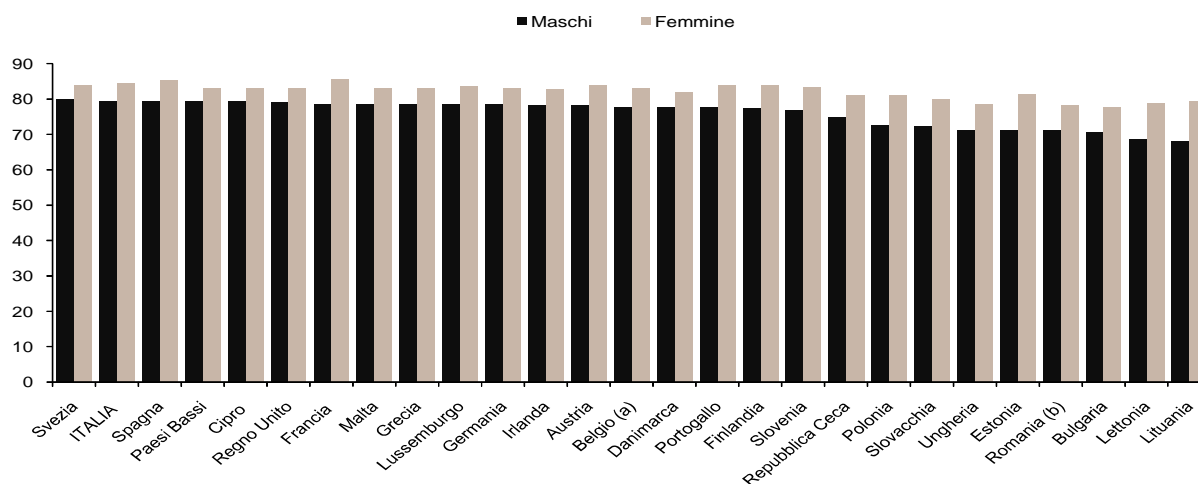
**Fig. 1: Ageing index in EU countries – Year 2012 (val.%)**



This report takes into consideration national and regional active ageing policies because provisions are managed at regional level and the Family Policies Department recommends that regions implement according to geographical demands. There are no Italian regions with more youngsters than older people. Based on long-term trends in population surveys in Umbria, the following facts have emerged: 1) an increase in the number of residents; 2) the ageing of the population; 3) an increasingly significant foreign component (Montesperelli-Acciarri, 2013).

As of 1 January 2012, the average age of the population was 43.7 years; in Umbria 45.3 years (in 2003 it was 44.7). An increase in longevity has been observed (Istat, 2014I): the average life-span of Italians was 84.5 years for women and 79.4 years for men. (Fig.2)

**Fig. 2: Life expectancy at birth by sex in EU countries – Year 2011 (in years)**



Fonte: Eurostat, Demography; Istat, Sistema di nowcast per indicatori demografici

(a) Il dato è stimato.

(b) Il dato è provvisorio.

Looking at the distribution of the population by age groups, the proportion of the Umbrian population aged 65+ totals 23.2% (about 3% higher than the country's average). 7.7% of the population (6.2% in Italy) are aged over 80 – 9.6% among women and 5.7% among men.

Based on the findings of the last ISTAT census, as of 2011 almost the entire Italian population lives within a family, with the rest co-habiting (care institutions, hospices, nursing homes, etc.). Parents and children live in close proximity, offering care, and economic support (Carlone, 2005 e 2008; Acciarri, 2008). Italian families, however, are becoming smaller. Almost one in three households is a single-person household, with a sharp increase partly due to the ageing of the population (Istat, 2013d).

According to ISTAT data, in 2012, 31% of the population was aged 65+: (19% in 2004).

## UK

By 2060 almost one in three EU citizens will be aged 65+ (European Union, 2010). Projections for the UK include: the number of people aged 80 and above will more than double by mid-2037, the number of people aged 90 and over will more than triple, and the number of centenarians will rise from 13,000 in mid-2012 to 111,000 in mid-2037, a more than eightfold increase. By mid-2037, one in 12 of the population is projected to be aged 80 and over (Office for National Statistics, 2013a). In England, by 2030 there will be 51% more people aged 65+ and 101% more people aged 85+ compared to 2010. Over 50% more people will have three or more long-term conditions by 2018 compared with 2008; while 10.7 million people in Great Britain can currently expect inadequate retirement incomes (House of Lords, 2013).

### 3.1.3. Policy paradigm

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## Portugal

The public sector in Portugal is dominant in care provision, complemented by non-governmental organisations (NGOs) and charities, directed primarily at low-income seniors. The private sector is primarily directed at higher income seniors, supplemented by the informal sector, which is the main provider to middle income seniors (CEDRU, 2008).

The Action Programme for the European Year of Active Ageing of the Portuguese Government acknowledges that new demographic trends require new lifestyles, and values challenging social stereotypical representations. Autonomous older people actively participate in family, community and social life. But other seniors are constrained by poverty, disability, disease, isolation and social exclusion. Initiatives should, therefore, cover these various dimensions and social protection should primarily respond to situations of vulnerability. The phenomenon of ageing is seen as a social policy challenge with the recognition of the importance of active ageing.

The Portuguese government (Programa de Ação para o Ano Europeu do Envelhecimento Ativo e da Solidariedade entre Gerações /Portugal, 2012) expressed the need for convergence of public and private initiatives to meet the challenges of an ageing population and to achieve sustainability of social protection systems and mechanisms.

The following dimensions should be taken into account: (1) strengthening the role of families; (2) strengthening intergenerational relationships; (3) valuing older people in society by mechanisms that encourage their active participation and the exercise of their rights; (4) facilitating access to the labour market and maintaining permanence therein; (5) investment in lifelong learning; (6) promotion of social volunteering; (7) maintaining the customary way of life for as long as possible; (8) improving prevention and coverage of situations of dependency.

Five operative axes were established: (1) employment, work and lifelong learning; (2) health, wellbeing and life conditions; (3) solidarity and intergenerational dialogue; (4) volunteering and civic participation, (5) knowledge and social awareness, with the following transversal criteria: the right to identity; gender equality; non-discrimination by age; accessibility, particularly for older people with disabilities; orientation to innovation, best practices; networking and partnerships.

### Actual critical situation and need for structural change

In effect older people are living in a critical situation in Portugal (Madeira, 2012). Around 26% of Portuguese older people over 65 are at risk of poverty and there are people without enough to live on. Various proposals concerning this, (Active Ageing/REAPN, 2009) appeal to civil society mobilisation, restoring the opportunity for older people to be an active voice in society and to take an active role in their life.

There is a need for better articulation between policies and measures, as well as improved guidelines to promote active ageing within a holistic approach. In underlining the importance of

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an integrated and coordinated approach, further promotion is required of a continuous quality policy of social responses. Proposals are needed to raise general awareness of the stereotypes of age and specific actions addressing care givers. Among key recommendations are promotion of knowledge about ageing, the creation of space for active and effective participation of older people, the combating of poverty and incentives to spread networking and intergenerational solidarity.

Joaquina Madeira (2012) affirmed a need for structural change “in the welfare and quality of life of seniors”. Praising institutions that work with seniors<sup>3</sup>, she advocates a more participative approach. Meanwhile, the economic situation is disturbing. The average wealth per inhabitant, adjusted by purchasing power will decline from 75.2% of the European average (28 countries) in 2013 to 74.8% in 2014.

## Slovenia

The Slovenian Adult Education Strategy (2007) aims at adjusting learning to meet the needs of the individual and society. The Strategy for Quality Ageing, Solidarity and Co-existence of Generations in Slovenia 2011-2015 set up a framework for active and quality ageing. The mandatory retirement age for women is currently 58 years and 4 months, 40 years of work for men, and 38 years and four months for women. By 2018, the retirement age for men will be 60 and 60 too for women by 2019.

Considerable age discrimination is evident at work and in the media. Slovenia seems to have been adopting “American” values: hard work, youth, efficiency, speed, profit, etc. to the detriment of older people’s values and sensitivities, thus squeezing older people more towards the edge of society.

No age limits apply to volunteering, in contrast with EU policies privileging young people before the European Year 2012. In the experience of a former Age Platform Europe expert (2007-2011), older people’s volunteering was not well understood (Findeisen 2013).

## Italy

The region of Umbria promotes, within its social programmes, actions to assist older people in areas of social protection, lifelong learning, culture and social tourism, civic engagement,

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The IPSS and Misericórdia in Portugal offer a daily service to more than 155,000 elderly in 1300 day centres, 402 social centres, 805 nursing homes, 33 homes, 6 holiday centres and 1288 home support teams.

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volunteering, responsibility and solidarity as well as sport and leisure for wellbeing. Italian social protection is characterised by the social pension, introduced almost 40 years ago, directed at older individuals outside the insurance pension scheme and subject to means-testing. A decade ago it was replaced, for new beneficiaries, by a similar scheme, the “social transfer for older people”.

The Italian protection system lacks a generalised minimum-income guarantee to all citizens, although local experimental minimum-income schemes were adopted by a limited number of municipalities. The level of the benefit, the mechanisms governing eligibility (the means-testing criteria), and other relevant characteristics of the social pension, have been taken as a benchmark for several proposals to introduce a generalised minimum-income benefit (Monacelli 2006).

## UK

According to the Active Ageing Index policy brief (European Commission/United Nations, 2013 p.4): “Active ageing refers to the situation where people continue to participate in the formal labour market, as well as engage in other unpaid productive activities (such as care provision to family members and volunteering), and live healthy, independent and secure lives.”

Active ageing has, however, lacked precise definition in European and national policy (Walker and Maltby, 2012; Boudiny, 2013). The European Year of Older People in 1993 introduced a new active, participative discourse (Walker and Taylor, 1993). Inter-generational solidarity has been consistently promoted (Walker and Maltby, 2012). However, since 1999-2000, dominant EU and OECD discourses have concerned raising employment rates among older workers and, connected with this, sustainable pension systems (Walker and Maltby, 2012; OECD, 2004). The Europe 2020 agenda focuses strongly on “sustaining activity and health to benefit productivity and competitiveness, limit early retirement and reduce healthcare costs” (Barret and McGoldrick, 2013, 349). Such productivist policies, which still influence European Year 2012 initiatives, risk undermining older people’s status outside the workforce, thus encouraging ageism (Walker, 2010).

More expansive conceptualisations include: broadening activity to foreground volunteering (Walker and Maltby, 2012) and creative leisure (Boudiny, 2013); redefining ageing to include older old people (Stenner et al., 2010); emphasising citizenship (Walker and Maltby, 2012); the support of rewarding relationships and fostering resilience; removing structural barriers (Boudiny, 2013).

References to active ageing have been infrequent in UK policy, with extensive references to “wellbeing” and “healthy” age (Barrett and McGoldrick, 2013). Exceptions are the strategy document Opportunity Age (DWP, 2005), and follow-up (DWP, 2009). Opportunity Age endorsed active ageing in the community, extending working lives (including greater flexibility; combining work with family commitments), healthy living, combating ageism, and extending choice and independence (DWP, 2005; Barret, 2013). No comparable strategy has emerged since 2009.

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The Scottish government highlights strategic priorities associated with active ageing: removing barriers to community participation; providing learning opportunities; improving inter-generational links; improving health and quality of care; improving infrastructure (Scottish Executive, 2007). Northern Ireland's ageing strategy (Office of the First Minister and Deputy First Minister, 2006) highlighted broader objectives: ensuring access to financial resources and to services; delivering integrated services; ensuring a decent, secure life; promoting equal opportunities for civic participation; challenging ageism. The Welsh older people strategy (Welsh Government, 2013) lacks active ageing rhetoric but highlights employment, financial inclusion, ageing well and challenging discrimination. The UK strategy for reforming care and support (HM Government, 2012b) prioritises dignity and respect, supporting people to share time and skills, staying active and independent; and extending rights to a carer's assessment.

### 3.1.4. Legislative framework

#### **Portugal**

In Portugal, the legal retirement age is 65 years for both sexes. Early retirement can be requested once a person has worked 30 full years, incurring a reduction in the pension. The effective average retirement age is 65 for men and 62 for women.

The Portuguese Constitution entitles all Portuguese to social security and responsibility for the protection of older people lies with the state. All employers contribute monthly to an employee pension fund. Individuals are free to supplement these pensions through the private sector. Demand for these supplements is increasing. Children are not required by law to provide for their parents. In 2012, the Government suspended early retirement for private sector employees and those who joined the civil service after 2006, until the end of the term of the Financial Assistance Program to Portugal, to ensure fiscal stability. Solidarity Supplement for the Elderly is a monthly monetary supplementary benefit for people aged 65 years, with limited resources.

#### **Slovenia**

The Law on Adult Education (2006) determines the fundamental principles of adult education in Slovenia, referring among other aspects to older adult education. The Law on Health Care and Health Insurance is one to which older people are more often referred, compared to other laws. The Law on the Regulation of Labour Force Market entitles pensioners to occasional work (160 hours a month). The Law on Voluntary Work was adopted in 2011, stipulating volunteering as being non-paid (and not free time activity) organised voluntary work and establishing basic principles.

#### **Italy**

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The Official Valorization of elderly people in Umbria Regional Law no. 14 of 27 September 2012: “Regulations for the valorization of active ageing” falls within the regional strategic action plan aimed at the establishment of positive synergies for the independence and wellbeing of the elderly. The law recognises the role of older people in the community and encourages participation in social, civil and economic activities, enhancing the learning, cognitive, professional and human experiences accumulated by older people throughout life, as well as their wealth of personal relationships. Older people are those who have reached 65 years of age (art. 2).

## UK

The UK Government abolished the default retirement age (House of Lords, 2013), and legislated against age discrimination in employment and services, through the Equality Act 2010 and the Public Sector Equality Duty (Age UK, 2013). However, the government withdrew commitment to equality impact assessments and launched an inquiry into PSED (Age UK, 2013a). Poverty in old age remains a major deterrent to active ageing: 6 million older people in the UK live in fuel poverty (Age UK, 2013a, DWP *Tabulation Tool*, [www.dwp.gov.uk](http://www.dwp.gov.uk); February 2012). Current pension levels are low: older women receive, on average, under £100 a week (Age UK, 2013a). Under the Pensions Act 1995, the State Pension Age for women increased from 60 to 65. Pensions Acts (2007, 2011) raise the SPA to 66 (by 2020), 67 (2036), and 68 (2046). The Pension White Paper (2013) introduces a single-tier pension after 2016.

## **3.2 Conceptual overview of active ageing**

### 3.2.1. Definitions of active ageing.

#### **Portugal**

In Portugal, the World Health Organisation’s paradigm on active ageing has been officially adopted, understood as being a full citizenship process, which optimises opportunities for participation, security and greater quality of life as people age.

The AAI (EC, Active Ageing Index, 2013) includes 27 EU countries, constructed from four different domains, each domain presenting a different aspect of active and healthy ageing. The first three domains refer to the actual experiences of active ageing (employment, unpaid work/social participation, independent living), while the fourth domain embraces the capacity for active ageing as determined by individual characteristics and environmental factors. The overall situation of Portugal is 13; in the four dimensions, Portugal is positioned as follows: employment, 4; social participation, 20; independent living, 24; capacity for active ageing, 18. The score for Portugal is 34.2, showing the extent to which older people’s potential is used and the extent to which they are enabled to participate in the economy and society. The theoretical full active ageing potential is assumed to be 100.

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## Slovenia

“Active ageing ideally means having more or less equal active access to social resources: education, culture, health, work, transport and accommodation etc. Thus active ageing means ageing in good health, being more satisfied at work, having access to decision-making processes, especially in the local community, contributing to society as an active citizen, and being able to deploy one’s talents and live independently as long as possible” (Findeisen 2013).

The active ageing index is rather low for this country, and Slovenia has been ranked 19th among the 27 EU countries. This is due mostly to poor employment measures.

**Table 1: Active Ageing Index (Source Unece.com)**

Employment (TOTAL)		1.1	1.2	1.3	1.4
		Employment rate 55-59	Employment rate 60-64	Employment rate 65-69	Employment rate 70-74
Nr.	Country	LFS-2010	LFS-2010	LFS-2010	LFS-2010
1	Belgium	53.1	20.2	4.1	1.8
2	Bulgaria	62.2	26.6	7.0	2.4
3	Czech Republic	67.1	25.2	9.5	3.6
4	Denmark	76.9	40.8	12.3	6.0
5	Germany	71.5	41.0	8.6	3.6
6	Estonia	63.1	42.8	19.7	12.1
7	Ireland	58.9	40.4	16.7	7.8
8	Greece	53.9	30.5	9.5	3.5
9	Spain	54.4	32.0	5.3	1.5
10	France	60.6	17.9	4.0	1.3
11	Italy	52.7	20.5	7.0	3.4
12	Cyprus	69.7	41.9	20.3	12.3
13	Latvia	64.3	29.4	12.8	6.7
14	Lithuania	61.1	33.8	10.7	3.9
15	Luxembourg	55.7	20.1	5.5	3.0
16	Hungary	51.7	13.0	4.9	1.5
17	Malta	49.3	14.2	5.8	3.7
18	Netherlands	70.1	37.3	12.0	6.2
19	Austria	61.0	22.3	9.3	5.9
20	Poland	45.8	19.1	9.4	5.0
21	Portugal	57.8	40.2	24.0	19.1
22	Romania	50.2	29.5	24.5	21.4
23	Slovenia	46.9	19.5	11.4	8.7
24	Slovakia	57.9	17.2	3.6	1.8
25	Finland	72.5	40.8	10.6	4.2
26	Sweden	80.7	61.0	15.4	6.9
27	United Kingdom	70.8	44.0	19.8	7.2
	Mean	60.7	30.4	11.2	6.1
	STDV	9.3	11.7	6.1	5.0
	N	27	27	27	27
	Min	45.8	13.0	3.6	1.3
	Max	80.7	61.0	24.5	21.4

Source: Active Ageing Index4

In the age category 55-59, 46.9 % people are employed while in the age category 60-64, the figure is 19.5%, in the age category 65-69, 11.4% and in the age category 70-74, 8.7%.

## Italy

Active Ageing index available on <http://www1.unece.org/stat/platform/display/AAI/Results+for+the+1st+domain%3A+Employment>

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The Official Valorization of elderly people in Umbria Regional Law no. 14 of 27 September 2012 art. 2 gives the first legal definition of active ageing, defined as “the process of optimising opportunities for health, safety and participation in social activities in order to improve the quality of life.” The Region of Umbria promotes action to assist older people in the areas of social protection, lifelong learning, culture and social tourism, civic engagement, volunteering and active citizenship, responsibility and solidarity, sport and leisure for wellbeing in older age.

Recently, at the regional level, the valorization of the elderly has become the focus of some regulations (Cesvot, 2013): law no. 11 of 2008 of the Autonomous Province of Trento; Veneto Regional Law no. 9 of 22 January 2010; Liguria Regional Law no. 48 of 3 November 2009; Umbria Regional Law no. 14 of 27 September 2012. With these regional legislative measures, the idea of active ageing changes the traditional paradigm that correlates longevity with decay. Active ageing is thus associated with independence in daily life activities, satisfaction in family relationships and friendships, economic status, feeling physically well, self-esteem, positive feelings, good interpersonal relationships, social support, participation in recreational activities, sexuality, spirituality and values. (ISFOL, 2012; Volpini, 2008)

## UK

Active ageing in policy is said to have lacked a precise consensual definition (Walker and Maltby, 2012). Debates around underlying principles have influenced the main components of definitions (see below). For 25 years, two approaches have prevailed (Walker and Maltby, 2012), the “productivist” one of extending labour market contributions (Davey, 2002; OECD, 1998, 2006) and the “healthy ageing” approach highlighting physical activities (Rowe and Kahn, 1987). Their positive attitude to ageing reversed the previous deficit focus, which legitimised early exits from employment (Boudiny, 2013). However, a broader approach is called for. It is argued that productivist and healthy ageing approaches benefit younger old people more than frail older people; and that active ageing practices need to value older people’s emotional life and relationships; support older people to adapt to and compensate for age-related limitations and losses; identify new opportunities; and remove structural barriers to autonomy (Boudiny, 2013, Boudiny and Mortelmans, 2011).

### 3.2.2 Underlying principles

As multi-dimensional approaches to active ageing developed, the European Commission included employment, civic contribution and health-sustaining activity (Oxley, 2009). Recent European Council statements highlight employment, volunteering; living autonomously and in dignity; and lifelong learning (European Council, 2010, pars 34–36, incl.). The four domains in the 2012 European Year for Active Ageing (EY2012) comprise employment; social participation; independent, healthy and secure living; and enabling environment (EU, 2013). The influential multidimensional WHO model defines active ageing as the process of optimising opportunities for health, participation and security to enhance quality of life as people age (WHO, 2002). WHO highlighted determinants of active ageing: culture, gender, health, behavioural, and economic factors, physical and social environments, and personal matters. This model emphasises the benefits of supporting people to “realise their potential for physical, social and mental wellbeing...to participate in society according to their needs, desires and capacities while providing them with adequate protection, security and care when they require assistance” (WHO, 2002, p. 12).

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## Portugal

Active ageing requires a multidimensional approach and constitutes a challenge for the whole of society, implying responsibility and participation of all, to combat social exclusion and discrimination and promote equality between women and men and solidarity among generations. Ageing well is a very heterogeneous and diverse process, each person living in different contexts and bearing different experiences and idiosyncratic life projects.

Models of quality of life range from life satisfaction or social wellbeing to models based on concepts of independence, control, social and cognitive competencies and the sense of security, personal dignity, opportunities to achieve personal goals, happiness and self-esteem. Different physical, social and human contexts influence various parameters of satisfaction and social characteristics. In turn, these influence the ageing process. A relevant aspect is the issue of psychological and social dependency and the capacity for older people to make decisions and control their lives, including having an active voice in the community and family.

## Slovenia

The approach to active ageing is based on the following underlying principles:

- active ageing is a balanced life course process;
- active ageing is based on generativity towards younger generations and one's peers;
- active ageing is about participation in social and economic development;
- active ageing is about being safe in old age.

Active ageing is viewed from both an individual and social perspective. Older individuals argue that active ageing involves the following.

"I am not excluded from society."

"You can do what you want on your own initiative."

"You are surrounded, not alone..."

"Active ageing is about being optimistic and healthy..."

"Active ageing is to change."

"Active ageing is about setting up a small group of people who meet, exchange opinions and finally may grow to become something greater."

To summarise, according to respondents in research (Knežević 2007), active ageing is about being socially included, related to other generations, being seen as a contributor, contributing to one's family, friends and local community by being active.

## Italy

Since 2012, the European year for active ageing and solidarity between generations, national coordination has been entrusted to the Department for Family Policies of the Presidency of the Council of Ministers to ensure a link between all other participants involved in planning activities. The following issues have been the subject of consideration, reflection and study:

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- promotion of a positive and a different idea of old age;
- importance of lifelong learning, also in terms of gender;
- promotion of civic engagement and volunteering activities;
- transfer of knowledge and skills from the elderly to younger people, with particular attention to overcoming conflict between generations;
- attention to solidarity, family relationships and frail older people;
- gradual retirement process;
- education towards active and healthy lifestyles;
- structural contexts enabling active ageing e.g. urban mobility and infrastructures.

## UK

Multi-dimensional principles include: activity embracing all meaningful pursuits contributing to an individual's wellbeing; maintaining mental and physical capacity; including older age groups and dependent people; intergenerational solidarity; social rights and obligations; participatory, empowering strategies/approaches; respect for cultural diversity (Walker, 2002, 2009). Active ageing needs to offer choices at all stages in life, requiring a multidimensional approach (Foster and Walker, 2013; Scharf et al., 2004, Bowling, 2009). According to research on older people's views, "living for now," accomplishing everyday activities and relationships, rather than activity-driven social or physical goals are common strategies among older elderly adults for remaining involved (Clarke & Warren, 2007). Stopping paid work and moving to supported accommodation may be actively chosen steps.

Further advocated principles have included: support for adaptation and finding new ways to stay engaged, e.g. through training (Pettigrew and Roberts, 2008; Jacobs, 2005); support for maintaining meaningful relationships; removing structural impediments (Boudiny, 2013). Multidimensional approaches reject problematizing older people (Pike, 2011). Mayhew (2005) defined active ageing as "allowing people to remain independent and achieve their potential regardless of age." Concepts of ageing in policy discourse are cultural (Williams et al., 2012) – typified in expectations that later life should be anticipated in life-course fitness regimes (Baumann, 2001). Research regarding older people's (aged 72+) own concepts highlights agency: doing what a person wants and setting one's own norms inform ideals of autonomy (Stenner et al., 2011). Participants held multi-faceted concepts of active ageing: "keeping active" suggested a lifestyle with mental, physical and social activities (Stenner et al., 2011).

### 3.2.3 Determinants and challenges of active ageing

#### Portugal

Older people in Portugal can improve their participation with voluntary activities, care of children, grandchildren, older adults, and with political participation. The capacity and enabling environment for active ageing can be improved through better and wider social connections, educational attainment and mental wellbeing. As to independent, healthy and secure living, much might be done concerning physical exercise and safety, more independent living and the encouragement of lifelong learning. A risk is that given the current socio-economic situation

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other facets, such as access to health and dental care or financial security will not improve in the coming years.

## Slovenia

### Some of the key challenges for active ageing are:

- social exclusion, emotional wants, poor access to the public sphere;
- emphasis on costs rather than the contribution of older people;
- health promotion and literacy being insufficiently targeted at older people;
- social and cultural pressure on life style; restricting older people's autonomy;
- limited access to paid activities and the low employment rate of older people;
- inequalities in access to social resources.

The WHO's definition and the Active Ageing Index 2012 are referred to with no significant impact on national policies: (Kenda and Zupančič, 2012). This research has shown limited political and legislative will to deal conceptually with old age issues. In terms of policies, Slovenia has not taken a great step forward. It has been more successful in establishing new practices (for example, a Third Age Festival, day centres for activity, intergenerational centres etc.)

The active ageing model in Slovenia does not really focus on productive ageing, more on happy ageing. Nevertheless, measures were adopted in 2010 by the government, including active labour market measures for older workers and the improvement of Public Employment Services (PES). Provision of education and training, especially for older employees and unemployed older people, is one main target. The percentage of older workers involved in lifelong learning and training was only around 5.4% in 2008, far too low compared to the other 27 EU countries. A comprehensive campaign for raising public awareness to deconstruct negative stereotypes of older people was implemented in 2008. Ageing issues are also important within the Slovenian National Reform Programme 2012 and in this framework the pension system should be reformed. The first proposal, including flexible working hours for older workers and their gradual withdrawal from the labour market, has been rejected at a referendum.

In terms of intergenerational/cross-generational approaches, the new Act on Labour Market Management encouraged publishing a lifelong learning career guidance, fostering mentorship of older people with young people entering the labour market. The recently introduced mentorship scheme, under the National Reform Programme, targets knowledge and skills exchange and preservation. Funds will be increased for providing further education and training, especially informal learning, for older workers and low-skilled people, in order to guarantee their higher inclusion into lifelong learning qualifications. (European Commission online: National Reform Programmes: Slovenia.

[http://ec.europa.eu/europe2020/pdf/nrp/nrp\\_slovenia\\_en.pdf](http://ec.europa.eu/europe2020/pdf/nrp/nrp_slovenia_en.pdf) )

Some structural barriers to active ageing have been removed, enabling those in freelance professions to work part-time and be partly retired. It is also possible to work after retirement while keeping a pension. On average, older people earn 20% more than younger ones and this seems an obstacle to their remaining in the labour market with a tendency for older male workers to be replaced by younger female workers.

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## Italy

Each “regione” (totalling 20) in Italy is autonomous in organising overall social services, with wide differences between one region and another. Reform of the National Health System began in 1992 with the Health Care Decree no. 502/1992, followed by the “Objective: Ageing Persons” project (the National Plan for Welfare), Law no. 328/2000 relating to the creation of an integrated care and social services system and finally the Guidance and Coordination related to Health and Social Integration Act of 2001. The objective of the National Plan for Elderly People was to better coordinate medical and social services to ensure their integration within the home care services system. Related services are intended to promote the wellbeing of elderly people and to help them to maintain their autonomy.

Italy provides some examples of good practice in regard to the social inclusion of old people through specific NGO activities to gather together people for sport, dancing, cooking, gardening – but also political discussion, peer helping and cooperation.

## UK

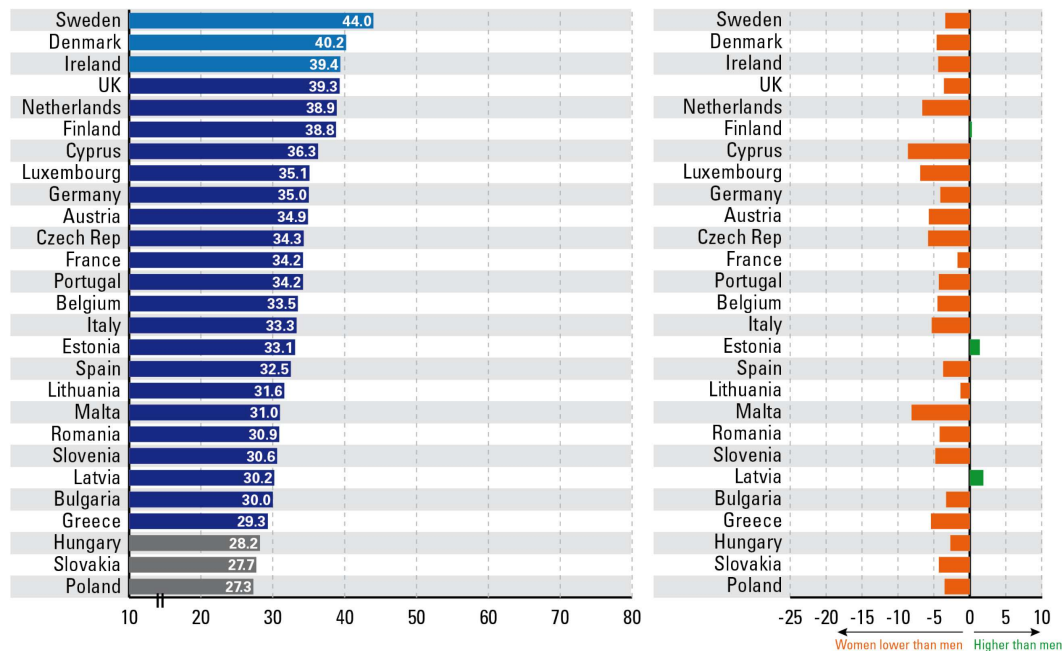
A challenge for extending employment is that older workers tend to occupy low status occupations, are disproportionately represented among the unemployed (Phillipson & Smith, 2006) and experience persistent age stereotyping and discrimination (Walker and Maltby 2012). The Equality in Employment EC Directive (2000/78/EC) implemented the principle of age-equal treatment. Healthy ageing is a *determinant* of active ageing (Boudiny, 2013). Poor health is a major factor in early retirement; employment conditions frequently worsen health issues and inhibit active ageing (Walker and Maltby, 2012).

Overall, the UK active ageing policy recognises age diversity, despite lacking an up-to-date strategic approach. Inequality and poverty remain major barriers (Age UK, 2013a). The UK strategy, Opportunity Age (DWP, 2005) took a structural approach, highlighting, under active ageing: eliminating age discrimination; ensuring that older people influence local decisions; decent housing standards; ensuring older people’s aspirations inform transport policy e.g. free off-peak local bus travel; removing age limits for higher education fee loans; providing volunteering opportunities; promoting healthy living. The principle of choice has been advanced, supporting housing choice (DWP, 2005), and personal budgets and self-directed social care (Age UK, 2012).

The active ageing index country ranking combining all domains placed the UK fourth, but women are faring considerably worse than men (see Table 2) (Zaidi et al., 2013).

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**Table 2: Ranking of countries by overall AAI (all domains together) for the total population and comparing men and women. Active Ageing Index., (Zaidi et al., 2013).**



### 3.3 Competencies

#### 3.3.1 Learning

Policy. Recent approaches

The EU has highlighted the importance of lifelong learning for: extending employability; preparing retirement transitions; empowering older people to live active healthy lives (Age Platform Europe, 2010). There is a requirement for choice and flexibility in provision, and accessible environments, recognising the diversity of post-work populations (Age Platform Europe, 2010).

## Portugal

The need to invest in raising the skills' levels of the population is heightened by the economic situation leading to the loss of jobs requiring no more than low qualifications, which are expected to be replaced by ones demanding medium qualifications. The recently created network of Centres for Qualification and Vocational Training (Centros para a Qualificação e o Ensino Profissional) will support the recognition, validation and certification of non-formal and informal competences and will provide guidance on school, professional or double certification training, as well as labour market integration. According to Jacob (2007), the Universities of the Third Age (U3A) are a model of education for older people in a non-formal context. In Portugal, the first U3A was created in 1973 but after 2002 many such institutions emerged. Overall, the U3A reach out to individuals aged over 50 and require no special level of education.

The Implementation of a lifelong learning strategy enhances opportunities for learning and education in later life and particularly considers (Jelenc 2000):

- education of older workers for work, and of employers, and making the public aware of the issues of cooperation and the symbiosis of generations in the workplace;
- training for life after retirement;
- preparing a plan for quality life of older adults;
- training older people to understand younger generations and to communicate with them; inter-generation symbiosis;
- training for different forms of self-help for older people;;
- training for work and other career paths;
- training for involvement in voluntary, non-governmental organisations;
- training older people to transfer their knowledge, acquired by experience, to their own and other generations;
- training media for reporting on quality ageing and inter-generation symbiosis.

## Slovenia

Older adult education is receiving support in Slovenia, especially non-formal education of older people. Learning has wider effects on the individual and community in terms of independence, autonomy, productivity, health, and personal growth. It also creates jobs for other generations. In the field of education, practice has influenced policies and not vice-versa.

The most important documents and programmes in the field of education are:

- Memorandum on Lifelong Learning (2000).
- Operativni program krepitve regionalnih razvojnih potencialov za obdobje 2007-2013.
- Operativni program razvoja človeških virov za obdobje 2007-2013.

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Adult education is meant for people aged over 15 who, having stepped out of the formal education system and having gained experience, have come back either to formal or non-formal education. Their experience has to be taken into account on all levels and in all aspects of their education. Older adult education means educating older people – these are older workers, persons close to retirement, and persons in the third or the fourth age and also everybody who is in contact with older people.

## Italy

In Italy, adult education is coordinated at national, regional and local levels. Nationally, a joint committee sets the strategic priorities, and defines general guidelines, available resources, and criteria of resource allocation. Regional committees are responsible for curriculum design. Based on strategic guidelines elaborated by the national and regional committees, training activities are carried out by different providers: companies, training agencies and educational institutions.

There are many different definitions and perceptions of lifelong learning. Some years ago the only existing activity in this field in Italy was adult education. During the 1980s, adult training was born. Enterprises discovered the importance of retraining employees and helping them improve their qualifications, in an atmosphere where the regard for personal success and individual promotion increased rapidly. The Minister of Education has created permanent territorial centres for life-long learning (Minister for Education 455/97), which co-ordinate the activities for adult education organised by public schools and other private institutions. Their aims are: cultural/functional alphabetisation; training and re-training; re-motivation and information about training opportunities.

## UK

The UK Government is reforming the delivery of publicly-funded informal learning. Pilot Community Learning Trusts that invite local partnerships to shape community learning have recently been evaluated and this model may be rolled out nationally (Age UK, 2013a). Older learners have been largely omitted from discussion about the future of UK higher education (Furlong and Cartmel, 2009). The fall in education activity among those aged 50+ (Universities UK, 2010) is despite the fact that active ageing is endorsed within UK public policy as “the process of optimising opportunities for health, participation and security...to enhance the quality of life of people as they age” (WHO, 2002). In higher and further education, formal opportunities for older learners have decreased with adult community learning losing over 1.4 million enrolments in recent years (EUBIA, 2010). By contrast, informal learning has flourished, the University of the Third Age (U3A) being the foremost learning organisation for older learners, with around 670 active groups and 190,000 learners.

### 3.3.2. Research

## Portugal

Age-group and education-level differences in non-formal learning participation persisted in 2011. Participation in non-formal learning decreases with age and increases relative to the level

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of education achieved. Participation in 2011 grew in direct proportion to income: it was 59.3% for the 10% of people with the smallest income and 82.2% for the 10% of people with the highest income. Three quarters of those who participated in any socio-cultural activity were also involved in some kind of non-formal learning.

People who are more civically active have higher participation rates in non-formal learning. Over 80% of those who participated in activities in political parties, trade unions or professional associations, or recreational organisations and 75.5% of those with activities in charitable organisations, participated in some kind of non-formal learning in 2011. Education level and employment status are the personal characteristics with the greatest influence on a person's decision to participate in non-formal learning. In 2011, about one-fifth of people (21.9%) did not participate in any formal, non-formal or informal learning, 26.3% lower than in 2007.

Non-participation in education, training and learning was particularly high among: the older age groups (40.1% for the age group 55 to 64 years, compared to 7.2% for the age group 18 to 24 years); the less qualified; those with equally low skilled parents; and those with non-existent or irregular reading habits.

U3As in Portugal are primarily an urban phenomenon, and concentrated in districts that are not the most aged. By 2012 there were 175 U3As in Portugal within RUTIS, representing 30,000 senior learners and 2,500 volunteer teachers. A great predominance of women (78%) attend the U3As and around 60% of the learners have a secondary qualification level. The age group most represented are learners aged from 60 to 69, a large majority of them (76%) being retired. Nearly 60% of the U3As are autonomous and were created by the users themselves and the community. U3As are not state-governed or influenced, unlike in other countries which support relevant programmes within traditional public universities. Most U3As work with volunteer teachers, but a few pay the teachers.

There are only two higher education institutions with departments dedicated to senior learning. Some are managed by municipalities. But many are aggregated to another association, such as private institutes of social solidarity, or cultural associations.

Most subjects are common to all U3As. Apart from the classes, the U3As develop several parallel activities such as theatre, jugglers, singing, pottery, etc. Fees are generally low, on average 15€, and the facilities are granted by the authorities or are their own. The vast majority of U3As receive some kind of support, particularly from municipalities. Portuguese U3As are a very attractive model for older people, enabling them to participate actively in the community (as teachers, leaders, volunteers, learners or animators). Because the U3As are outside the formal education system, this allows great flexibility.

## Slovenia

### *Participation in lifelong learning of the population aged 55 to 69*

The characterization of this specific population is based on the INE's Survey, with reference to the total population surveyed in the 2011 AES, aged 18 to 69. Of the population aged 55 to 69, 18.9% participated in lifelong learning activities, 2.3% in formal education, 17.5% in non-formal

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education and 52.0% in informal learning. This compares with 45.9%, 15.4%, 39.2% and 66.9%, respectively, for the total population. This difference is still more pronounced in the population aged 65 to 69.

It is an advantage for old people to be able to make their own decisions about their learning (“à la carte” learning) and enjoy different interests without being forced to do so (by work or in any other way) (Krajnc 2012). A network of third age universities provides systematic education for older people with other providers (mentioned above) doing so less systematically. The number of ageing people is constantly increasing; therefore networks of third age universities and other providers should be strengthened and university operations supported by public funds.

Transmission of knowledge from older to younger people is important (Findeisen 2010). Many older people, who have acquired much knowledge and rich experience; could act as mentors in everyday life or in enterprises and organisations. Learning organisations could thus contribute to nurturing more active older people and more symbiosis of generations. Educational programmes can also provide an insight into both older and younger generations.

## Italy

The percentage of people engaged in training activities is highest among those aged 25-34 but decreases sharply thereafter; likewise, cultural participation involves 52.3% of young people aged 16-19 but only 15.4 % of people aged 65+. The proportion of people with high levels of computer expertise reaches its peak for those aged 20-24 (43.5%) and thereafter decreases rapidly: only 3% of people aged 65+ use a computer with expertise. A fundamental role is played by the U3A.

## Cultural opportunities and their consumption

Gender difference is a factor in learning: women read more than men. The gender gap between the proportion of readers is 12.2 percentage points (51.9% women and 39.7% men). The gender difference is reduced significantly only among the population aged 65+, to be reversed among the over 75s (Fig. 3) – only among the very old, do men read more than women (24.3 versus 23.0%).

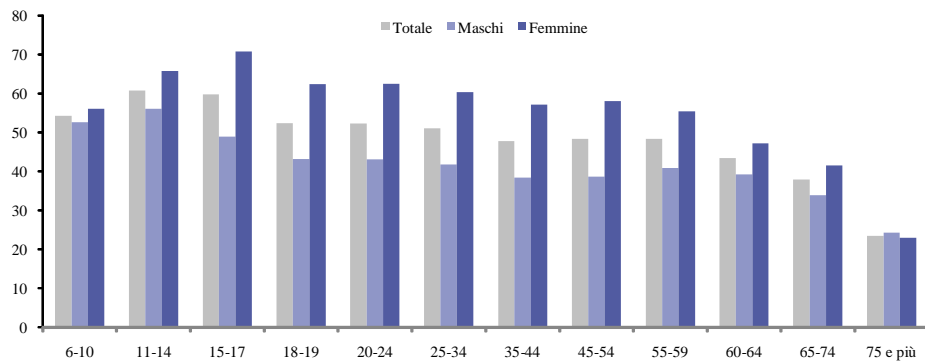
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**Fig. 3: People aged 6 and over who have read a book in the past 12 months in Italy by sex and age group – Year 2012 (per 100 people with the same characteristics)**

People from 6 years and more that have read at least a book in the last 12 months in Italy according to sex and age classes

Year 2012 (100 people with same characteristics)



Age Classes	Male	Female	Total
6-10	52,6	56,1	54,3
11-14	56,1	65,8	60,8
15-17	48,9	70,8	59,8
18-19	43,2	62,4	52,4
20-24	43,1	62,5	52,3
25-34	41,8	60,4	51,1
35-44	38,5	57,2	47,8
45-54	38,7	58,1	48,4
55-59	40,9	55,4	48,4
60-64	39,3	47,2	43,4
65-74	33,9	41,6	37,9
75 e più	24,3	23,0	23,5
<b>Totale</b>	<b>39,7</b>	<b>51,9</b>	<b>46,0</b>

Source: Istat, Multipurpose investigation on families "Daily life aspects"

AGE GROUP	Performances or entertainment outside the home							
	Theatre	Cinema	Museums/ Exhibitions	Classical music concerts	Other music concerts	Sport events	Nightclubs, dance halls, etc.	Archaeological sites and monuments
6-10	30,7	70,3	38,6	3,4	8,2	32,5	2,3	25,4
11-14	30,6	77,9	44,3	7,0	17,3	41,7	11,5	26,7
15-17	30,9	87,6	40,9	7,8	32,8	47,0	50,8	25,1
18-19	27,5	85,6	40,5	9,2	42,9	48,0	69,7	24,9
20-24	20,6	82,8	33,5	10,1	44,0	43,4	67,7	23,7
25-34	19,8	69,6	30,7	8,6	34,0	33,8	45,4	23,6
35-44	19,1	57,0	27,2	7,2	20,4	29,4	21,0	22,2
45-54	22,4	49,8	30,4	8,8	18,8	26,1	13,4	25,1
<b>55-59</b>	<b>22,8</b>	<b>39,4</b>	<b>30,0</b>	<b>10,0</b>	<b>15,4</b>	<b>18,8</b>	<b>10,0</b>	<b>25,8</b>

60-64	18,6	30,3	27,4	8,7	11,3	15,3	7,4	21,1
65-74	16,6	21,5	20,9	9,0	7,2	10,9	5,1	15,6
75 e più	7,5	7,5	8,3	3,8	2,5	4,2	1,9	5,9
Totale	20,1	49,8	28,0	7,8	19,0	25,4	20,6	21,1

Source: ISTAT, Multipurpose survey on households "Aspects of daily life"

## UK

The research community calls for higher education to respond to demographic changes by: supporting active ageing around extended economic family and citizenship roles; supporting women and men planning for decades beyond their main work careers; supporting emotional wellbeing by unlocking mental capacities in partnership with professional and voluntary groups (Universities UK, 2010). A rebalancing of policy is called for – to provide learning for personal development and social cohesion, for mid-life review, for later labour-market transitions and for establishing identities, finding constructive roles, and maintaining engagement in later life (McNair, 2009). It is proposed that universities will meet older people's needs and aspirations with focus on: coping with change; expressivity; civic contribution; and obtaining/maintaining influence (Hafford-Letchfield, 2010). The government-commissioned Foresight report urges a life-course approach to unlock mental capital, highlighting sustained learning opportunities through middle and older age to build cognitive reserves, as learning can promote wellbeing and protect against cognitive decline through social networking (Foresight Mental Capital and Wellbeing Project, 2008).

However, only a small proportion of older men and women have participated in formal education. Much recent growth of UK mature students on part-time courses has involved people in their 30s and 40s. Centres of lifelong learning often do not reflect the aspirations and needs of those beyond full-time employment (Universities UK, 2010). Analysis of WAVE 1 data from the English Longitudinal Study of Ageing (ELSA) shows that older people still under 65 and/or still in employment are far more likely to undertake formal education or training than people over 65 and/or retired people (Universities UK, 2010). However, analysis of ELSA waves 1-4 data shows that being older had no impact on informal learning, while being retired was positively associated with informal learning, as data from wave 4 on learning activities among 55-69 year olds shows (Table 3) (Jenkins and Mostafa, 2012).

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**Table 3: Learning activities by work status. (Jenkins and Mostafa, 2012)**

Learning activities by work status.	Formal Learning	Informal Learning	Any learning
Retired	9.42	33.20	38.32
Employed	26.79	31.85	51.16
Unemployed	21.47	19.12	36.43
Perm Sick/Disabled	6.22	8.17	14.40
Looking after home/family	10.93	29.76	35.80
Other incl. Semi-retired	25.55	54.84	71.45
Source: ELSA wave 4			

Informal learning has thrived with the U3A. Unlike in some European countries, U3As in the UK do not generally have close (pedagogic or financial) relationships with the formal university sector or local governments, viewing themselves as discovery-led self-help organisations (Huang, 2006, Formosa, 2010). U3A learning strongly engages with competencies around health (e.g. physical and sport activities – an example being ‘walking for health’); emotional (e.g. autonomy, agency, connectedness – examples being creative writing, photography, family history, garden group). It is less strongly associated with wider (e.g. intergenerational) civic and technological engagement, while male participation is proportionately low (Formosa, 2010). The informal sector altogether, however, holds promise of diverse synergies between civic engagement and learning: e.g. through peer-to-peer learning, and intergenerational initiatives (Robertson, 2012).

In the formal sector, withdrawal of funding support for lower-tier qualifications would be a deterrent (Universities UK, 2010). Recommended ways forward include: developing new markets among post-50 people for education and personal development programmes; courses supporting people moving from paid full-time employment to self-employment; programmes aimed at widening participation, for example making full use of online resources and centres; and learning partnerships with voluntary providers of services to older people where they live (Foresight Mental Capital and Wellbeing Project, 2008).

Research on older people’s participation in cultural/leisure activities including cinema, using ELSA shows that persistent, life-course socio-economic and educational inequalities explain many differences. Around 40–50% of the most disadvantaged social classes had a hobby or were a club member, but 75% never or very rarely went to the cinema, museums, galleries or

theatre; activities undertaken before retirement tended to be sustained (Scherger et al., 2010). A challenge is to engage with older people across diverse communities. Of high relevance to Cinage, a participatory arts learning project, is a systematic review of the impact of participatory arts on older people, showing benefits for mental and physical wellbeing at three levels: individual (confidence, self-esteem, positive identities), community (social contact and support) and societal (breaking down stigma) (Woodhouse, 2013).

### 3.3.2 Civic and community

Older people offer valuable knowledge, experience and skills through volunteering and in the workplace and provide community support as caregivers for dependents (European Union 2010). In 2009 the average age of retirement in the EU was 61 (EC, 2012a). With calls for extended working life, opportunities are needed for flexible, gradual retirement transitions (EC, 2012a). Innovations funded by the European Social Fund have supported both civic engagement and employment opportunities for older people. Knowledge transfer strategies valuing older people's expertise have been advocated, aimed at inter-generational solidarity (European Union, 2010). Civic and community participation, encouraged in policy, include volunteering, family care, and consumer or creative activity (EC, 2012a). Care obligations have particularly constituted women's unpaid civic responsibilities (European Union, 2010).

### **Portugal**

Several projects and initiatives with a bottom-up, community development perspective across the country, promote the active participation of older people.

Project "Baleizão – Village elderly-friendly" (Roa, 2012) is inspired by the "Global Guide for the Age-Friendly Cities" (2009). It developed a community intervention, addressing identified needs in the Health Diagnostic in the Village of Baleizão (2010). The project encouraged active ageing through promotion of health, participation and security, to provide support and training to improve the quality of life during the ageing process and to create urban environments that allow older people to remain active, in good health and participating in their community social life. Five areas of intervention were included: outdoor spaces and buildings (clean environment, accessibility, leisure areas); social participation (promoting community integration); community support and health services (adapted to elderly); respect and social inclusion (sharing in schools, community recognition, including economic); housing (modifications according to the degree of dependence).

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The researchers found few programmes specifically targeted at older volunteers in Portugal. The exception is “Mais Valia5” (Added Value), created by the Calouste Gulbenkian Foundation, a volunteer specialised programme for persons over 55, pensioners, unemployed or people in work who may take an extended holiday. The destination of those volunteer experts, from health, education and arts, are the PALOP (African Countries of Portuguese Official Language). Each mission lasts two months. The volunteer integrates projects into the social economy at the PALOP.

## Slovenia

In Slovenia, active citizenship among (older) people has been promoted by education for democratic citizenship, including the engagement of older people. The general aim is to make citizens aware of their interdependence. Democratic competencies are being acquired through non-formal education such as citizen forums, neighbourhood discussion groups, workshops within non-governmental organizations, local communities, and folk universities. Especially important for older people are study circles (a system of education that encourages social, cultural and self-development as well as active citizenship) and third age universities and other centres of daily activities where older citizens as well as other people can offer voluntary work.

Slovenian Philanthropy, Federation of Pensioners’ Societies of Slovenia and, above all, Anton Trstenjak’s Institute have been dealing with older people’s voluntary work. The Slovenian Third Age University has introduced cultural mediators into Slovenian public institutions, museums, hospitals, botanical gardens etc. Corporate volunteering has been introduced within Each-One-Teach-One movement at the Slovenian Third Age University (Findeisen 2012).

In the research “Social integration of older people in Slovenia,” social integration was studied through an analysis of social networks offering social support to older people at individual and community levels. Social networks are also supported by non-formal adult education and voluntary work. Recent studies show that in Slovenia the most important social networks are relatives and partners, but social exclusion of older people can be overcome by community and other education (Hlebec 2009).

Volunteering is not a political priority but it is included in the governmental coalition programme. There is no national strategy of volunteering or older people’s volunteering in Slovenia. However, public documents refer to all age groups’ volunteering. On the other hand, “Volunteering by older people in the EU” – a Eurofund report, found on the government’s portal for older people – suggests that older people have reduced capacities and “should take on only

<http://www.gulbenkian.pt/Institucional/pt/Fundacao/ProgramasGulbenkian/PGParceriasDesenvolvimento?a=4531>

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the voluntary work they are capable of” though the same principle could be applied in relation to any other age group!”

<http://www.eurofound.europa.eu/publications/htmlfiles/ef1134.htm>.

## Italy

Many older people devote time to volunteering activities, or take care of children and grandchildren. In Italy, participation in volunteer activities is growing (Istat, 2014q). Voluntary work represents the largest share (83.3%) of human resources in the non-profit sector. As of 31 December 2011, 301,191 non-profit institutions were operating in Italy (+28% compared to 2001). The field of culture, sport and recreation engages 59.2% of active volunteers (more than 2.8 million people). The increase of volunteering has mainly involved young people and older people.

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**Table 4: People aged 14 and more who in the last 12 months have been involved in at least one of the social activities listed at the top of the table – Year 2012 (per 100 people of the same sex and age group)**

AGE GROUP	Environmental, civil rights, peace associations (a) (c)	Cultural, recreational or other association (a) (c)	Unpaid activities for volunteering associations (a) (c)	Unpaid activities for non-volunteering associations (a) (c)	Unpaid activities for Unions (a) (c)	Donations (a) (c)	Attend a place of worship at least once week (b)	Never attend a place of worship (b)
6-13	-	-	-	-	-	-	54,9	10,2
14-17	2,0	7,3	9,3	3,0	0,1	4,0	25,8	22,5
18-19	2,5	9,2	12,7	4,1	0,3	5,9	16,3	32,4
20-24	2,1	9,8	12,3	5,1	0,2	7,7	12,2	34,3
25-34	1,8	9,8	10,5	4,3	0,6	12,1	17,9	27,2
35-44	1,6	8,3	9,0	3,4	1,4	16,2	23,3	22,4
45-54	2,2	10,2	10,6	4,3	1,9	19,5	24,0	20,8
55-59	2,4	11,1	12,0	4,3	3,1	20,1	28,1	20,0
60-64	1,5	10,0	10,8	3,6	1,2	19,0	34,9	16,6
65-74	0,9	9,2	9,7	2,7	0,7	15,4	42,9	14,1
75 e più	0,3	4,6	4,2	1,1	0,4	10,7	41,7	23,0
<b>Totale</b>	<b>1,6</b>	<b>8,9</b>	<b>9,7</b>	<b>3,5</b>	<b>1,1</b>	<b>14,7</b>	<b>29,8</b>	<b>21,2</b>
(a) Per 100 people aged 14 years and more of the same sex and age group.								
(b) Per 100 persons aged 6 and more of the same sex and age group.								

(c) At least once a year.							
Source: Istat, Annual survey “Aspects of daily life.”							

On the positive side, two characteristics defined as “participatory intensity” should be noted. First, the involvement of the over 50s normally gives rise to a more consistent, sustained participation compared to younger age groups; second, it is not a contingent choice, as proved by a relatively small drop in the participation of older people aged 65-74, compared to the group aged 50 years and over.

In Italy, there is a long experience of voluntary associations that have older people as main participants. For example, Auser is a voluntary and social development association, whose aim is enhancing the lives of older people and growing their societal role. Currently, the association has 260,000 members, 40,000 active volunteers and 1,412 representations across Italy.

Work in the so-called informal sector is difficult to measure, often remaining invisible. Many older people support themselves, and others, through work in this area. The informal sector also refers to support activities within the family. In research, Italy emerges as the European country where grandparents have the most predominant and intense role in the lives of children. This eludes official statistics, especially activities involving grandchildren. The elderly often provide housing, food, and transmit cultural values to their grandchildren, allowing mothers to work.

**UK**

The Equalities Act (2010) bans age and gender discrimination in service provision. The Employment Equality (Age) Regulation 2006 prohibits age discrimination in employment and vocational training. Yet deficit-focused attitudes to ageing still block civic and community inclusion. Structural impediments to civic participation with under-regulated economic globalisation include closure of close-to-home amenities such as banks, post offices, and local stores (Age UK, 2013a). Older people shopping prefer opportunities for social interaction and doing community business (Age UK/Engage Business Network, 2013).

Amidst spending cuts, (including to voluntary organisations), the UK government is actively promoting the role of civil society (Age UK, 2013a). In England, nearly 58% of people aged 65+ engage in volunteering or civic engagement and 28% of people aged 65-74 and 18% aged 75+ engage in formal volunteering once a month or more (Age UK, 2013). Barriers to older people include upper age limits and transport issues. More flexible, participatory approaches are advocated (Age UK, 2013a).

Older people are major childcare providers – valued at £3.9 billion (Age Concern, 2004; Age UK, 2013a). 43% of children under five whose mothers are working are looked after by grandparents; likewise 42% of children aged 5-10, and 18% aged 11–16 (Office for National Statistics, 2010). 20% of all carers (of partners, peers or children) aged 75+ provide 50+ hours of informal care weekly (Office for National Statistics and Department for Work and Pensions, 2012) and 70% of carers aged 60+ said looking after someone else had harmed their health

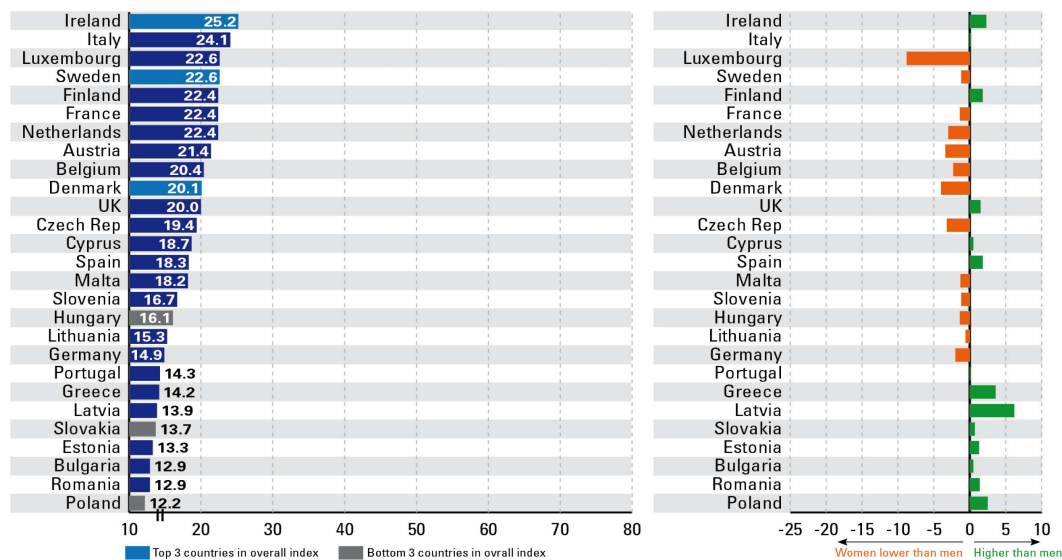


(The Princess Royal Trust for Carers, 2011). Less than 10% of people aged 65+ who provide unpaid care for a partner, family, or others, receive any carer-support services (Age UK, 2013a; Department of Health, 2013; Health and Social Care Information Centre 2011).

Evidence on gender and caring suggests that policies promoting continued employment need to be accompanied by support arrangements, part-time offers, and new forms of paid leave (European Union, 2010). Highly formal volunteering is felt to be difficult by some older people due to pressures for paid work, family care demands and increased voluntary sector professionalisation. The informal, unpaid care and community work, which older people do, requires greater acknowledgement (Lie et al., 2009). Informal work and/or low key volunteering has been seen by some older people as fitting in well with other active ageing activities (Davis, Smith and Gay, 2005). Evidence shows self-motivated participation in valued civic activity including same- and/or inter-generational work promotes wellbeing (Foresight Mental Capital and Wellbeing Project, 2008).

The active ageing index comparative ranking of EU member states on domain specific indices shows that the UK ranks less highly for participation in society (Table 5), compared with its overall ranking, including its ranking in the other domains (Zaidi et al., 2013). Structural and attitudinal barriers to older people’s civic participation remain a major challenge to active ageing in the UK.

**Table 5: Ranking of EU countries using the Participation in Society domain Index and showing differences between men and women. Active Ageing Index (Zaidi et al., 2013).**



### 3.3.3. Health

Europe 2020 – a strategy for growth in Europe, promoted new forms of work life balance and active ageing policies (European Commission, 2010b); the European Innovation Partnership 2011 (European Commission, 2012c) included the objective of enabling older EU citizens to lead healthy active and independent lives. The EU Year for Active Ageing (2012) highlighted participation and independent living.

The European Commission's DGA Sanco expert workshops (European Commission, 2010a) advocated a holistic, coordinated health care approach, and a life-course perspective, emphasising leisure activities. The workshops highlighted the importance for healthy ageing of: shifting societies' view through media, including films and TV using positive roles models; increasing participation to prevent depression; involving older people at every stage. A review of policies and interventions on healthy, active ageing (Eurohealthnet, 2012) presents healthy ageing as a precondition for quality of life. Holistic strategies should challenge structural disadvantage, address wellbeing and support regular physical activity, healthy diets, social relations, participation in meaningful activities and financial security. Socially vulnerable older minorities, migrants and economically disadvantaged groups experience higher morbidity and mortality and should be targeted sensitively. Transitions around employment or caring can encourage older people to reconsider health messages. Diversity must be considered, including age, gender, ethnicity, socio-economic status (Eurohealthnet, 2012). Active ageing needs to include those who are not still economically active and may be receiving long-term care (Ruppe, 2011).

#### **Portugal**

The Portuguese National Health Plan, 2012 (*Plano Nacional de Saúde, 2012-2016*), addresses active ageing (p.6), from the age of 65. It states that this is a period with increasing demographic and social expression, due to increased life expectancy, but also a challenge to society, the health system and social protection.

This group is heterogeneous, which should be considered in strategic implementation: including active older people, those with chronic disease, and dependent, fragile older people with cognitive and physical decline (Paw et al., 2003; Lally and Crome, 2007). Extended life expectancy also involves increasing: 1) chronic disease and co-morbidities, 2) disability and dependence with varying responsibilities for family, health care systems (Escoval, 2010) and social security. Cancer and cardiovascular diseases are the leading causes of death. The most common conditions are mental disorders including depression and Alzheimer's disease.

The Plan determines that interventions should be based on the principles of autonomy, active participation, self-fulfilment and dignity of older people, within the family, workplace and leisure, in the community, and in care institutions.

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## Slovenia

In the research entitled *The Health Status in Slovenia in 2007* the following data can be found. The higher the age, the worse older people evaluate their general health condition. Only 24% of the respondents over 75 years of age evaluated their general health condition as good or very good. The percentage of respondents who claimed a long-standing illness was 45% in the age category 55-64; 61% in the age category 65-74; and 74% in the age category 75+.

The proportion of older people with a long-standing illness or health problem was higher among women. The proportion of older people in the age category 54-64 whose usual activities were limited due to a health problem was 15.5%, in the category aged 65-74 the proportion was 18% and in the category 75+ it was 28.4%.

The most frequently reported health conditions are: low back disorder or other chronic back defect in 40.7% of respondents; high blood pressure (hypertension) in 26.3% of respondents; neck disorder in 20.1 % of respondents. The share of those suffering from severe headache, such as migraine, was found to be 15.7%. 60% of respondents in the age category 55-64 had been hospitalised prior to the research, 82.7% in the category 65-74, 83% in the category 75+.

**Table 6: Health conditions in older people**

Disease	Percent
Low back disorder / chronic back defect	40%
High blood pressure	26,3%
Neck disorder or other chronic neck defect	21%
Headache	15,7 %

**Table 7: Share of allergic asthma**

Age	55-64	65-74	75 +
Percent	11%	15%	23%

In Slovenia, the national mammography screening programme started at the end of March 2008 for women aged from 50 to 69 (Health and Health Care in Slovenia 2009). Home-dwelling older people, who are able to perform their daily activities and have good functional capacity and good family relations, tend to maintain self-care at a high level (Gorjan 2007; Železnik 2007). A higher proportion of older people who are beneficiaries of good health care with good family relations accept their future (Pahor, Domanjko 2006).

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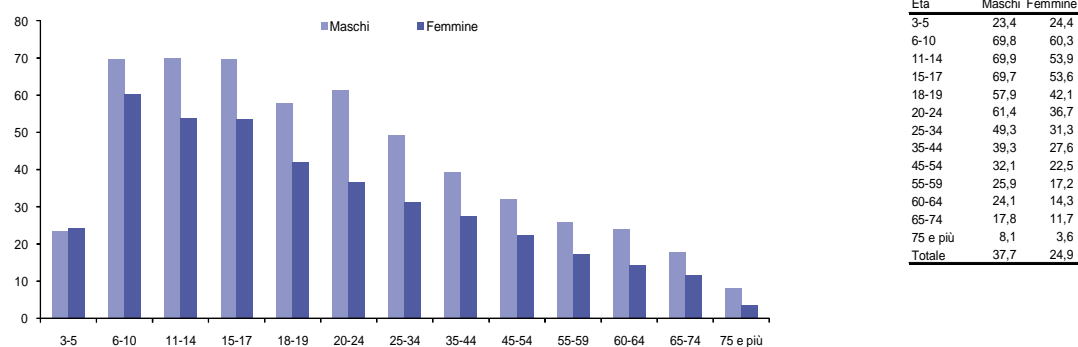
The law on Health Care and Health Insurance regulates health protection and health insurance and stipulates who the providers of social health protection are as well as their tasks. This law comprises rights for health insurance, the social protection system, health care and insurance in case of illness, maternity or death.

## Italy

Life expectancy is a measure of the welfare, environmental and health state in which a population lives (Istat, 2014). According to the latest estimates (2011), the average life-span of Italians is 84.5 years for women and 79.4 years for men. The increase from 2001 to 2011 is 2.4 years for men and 1.7 years for women. Life expectancy at birth for men continues to move towards that of women, reducing the gender gap to just 5.1 years; in 2000 this difference was almost 6 years. With increasing age, mortality from diseases of the circulatory system increases, and, among octogenarians, they constitute the most frequent cause of death.

It is accepted that the adoption of a lifestyle suitable for active ageing should begin early in life and include participation in the life of family and community, a healthy and balanced diet, exercise, no smoking and no excessive consumption of alcohol. Despite this, statistics show that high levels of alcohol consumption are more common among those aged 65-74 (45.7% men versus 11.7% women). With increasing age, interest in sports decreases – Fig. 4. Involvement in some form of physical activity reaches its maximum among those aged 60-64, (38.1%), but falls to 21.5% among those aged 75.

**Fig. 4: People who practise sports in Italy by sex and age group – Year 2012 (per 100 people with the same characteristics)**



Fonte: Istat, Indagine multiscopo sulle famiglie "Aspetti della vita quotidiana"

## Hospital care and the importance of Integrated Home Assistance

In Italy, the health-care sector has been undergoing a major revolution oriented towards a reduction in the number of facilities and available hospital beds. There is also the objective of promoting the transition from hospital care on an outpatient basis and encouraging residential care and home care. In particular, integrated home care allows the health-care system to bring

care and rehabilitation services to patients' homes, contributing as much as possible to maintaining the quality of life.

## UK

UK policy and research have increasingly promoted wellbeing: influences on wellbeing include good health; an asset-based outlook; social activities and networks; setting own norms; resilience and independence; security; a supportive home and neighbourhood amenities; mobility; income and information (Roberts, 2012; Audit Commission, 2004). Social isolation undermines wellbeing; gender is an important consideration in promoting social connections (Arber et al., 2007). In the UK, suicide is highest among men aged 75+.

UK health policy has shifted towards supporting people to maintain independence in their own homes where possible, with personalisation of services and an assets-based model of individual and community empowerment (DWP, 2005; Long-Term Conditions Alliance Scotland, 2012). Health benefits of physical and cultural activities are being promoted (Long-Term Conditions Alliance Scotland, 2012).

Research has shown that the wealthiest people in England, on average live five years longer without disability than the most deprived (Melzer et al., 2012). 70% of people over 75 have a serious long-term condition, while 40% of men and 50% of women over 75 report that these long-term conditions limit their daily activities (Melzer et al., 2012). Active ageing for many involves making reasonable adjustments for co-existing long-term conditions. If these conditions affect mobility, the risk of isolation rises. Yet services and care for different conditions often do not speak to each other (Age UK, 2013b). The Health and Social Care Act 2012 placed new duties on the NHS to promote integration of health and social care services. The draft Care and Support Bill (HM Government, 2012a) proposed similar duties for local authorities.

Research for the EU highlights that as people live longer they can stay fitter. Promoting supported self-care and self-management of health along with appropriate active ageing initiatives can encourage many older people to continue with productive lives (Gill and Taylor, 2012). Reducing age-related cognitive decline can be assisted through long-term lifestyle factors around physical exercise, stress reduction, and continuing learning (Foresight Mental Capital and Wellbeing Project, 2008). Research using Survey of Health, Ageing & Retirement in Europe data (Sirven and de Brand, 2008) highlighted that social participation helps raise the proportion of individuals aged 55+ reporting good health. The importance of promoting healthy environments for active ageing is emphasised. This includes: physical environments, for example, construction, access, community amenities and meeting places, transport and way-finding, (green) space, and safety. Older people's civic contribution could be promoted as stewards of public spaces, repositories of memory, and trainers/mentors for public planners (Foresight Mental Capital and Wellbeing Project, 2008). There is also evidence (ELSA survey data) that informal learning (e.g. music, arts, evening classes; gym, exercise classes) which engages people in intrinsically interesting activities with opportunities for social engagement improves older people's wellbeing (Jenkins and Mostafa, 2012).

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### **3.3.4 Emotional**

#### **Portugal**

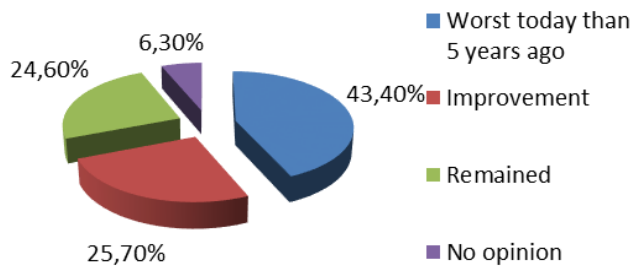
The evolution of family structures poses new challenges in terms of social needs and the organisation of public and private responses to promote individual and collective wellbeing in the ageing process.

In Portugal, as in many Mediterranean countries, family members (women, fathers, husbands) make up the bulk of caregivers for older people who experience difficulties with everyday activities (Carneiro et al, 2012). In recent times, the increase in single-person households and the emergence of new family forms could lead to an increase in institutionalised elderly.

#### **Opinion Study**

During 2007, to commemorate Grandparents' world day, an opinion study (Fonebus/Marketest, 2007) questioned a sample of 814 individuals on the situation of older people in Portugal. Compared to that of five years ago, the majority of respondents, 43.4%, think that the situation is worse. For 25.7%, the situation had improved, while 24.6% believed that it remained the same (see next figure).

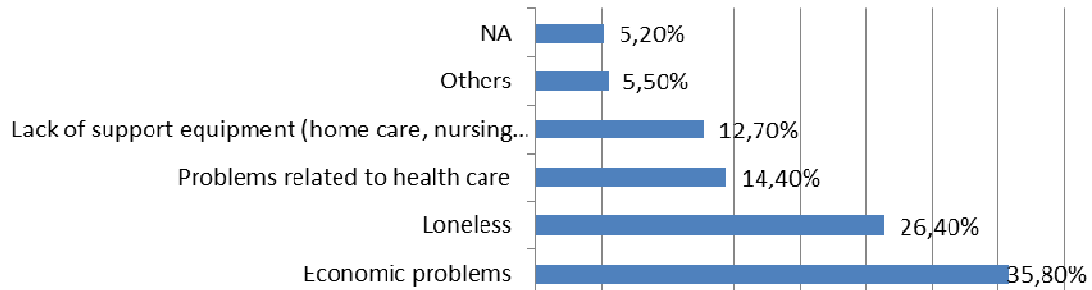
*Figure 5: Opinion study: older people's situation in Portugal*



*Source: Marketest, Fonibus, July 2007*

For 35.8% of respondents economic issues were the most important problems affecting Portuguese older people, while 26.4% referred to loneliness. The lack of support facilities was indicated by 12.7%, while 14.4% identified aspects of health.

Figure.6: Biggest problems affecting the older people in Portugal (%)

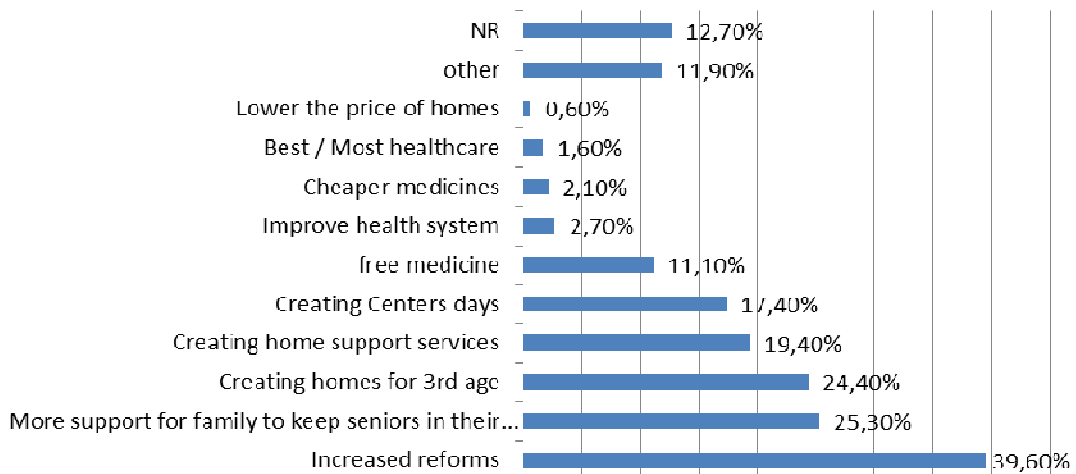


Source

e: Marketest, Fonibus, July 2007

Concerning measures to solve the problems, further reforms were the most mentioned by 39.6% of respondents. 25.3% indicated the need for more support to families to keep seniors in their homes and 24.4% reported creating more homes for older people. The creation of home support services and day centres were reported by 19.4% and 17.4% of respondents (Fig.7).

Figure 7: Measures that should be implemented to solve the problems of the elderly in Portugal (%)



Overall, the situation of seniors has not improved in recent years and there is the risk of it getting worse given the current crisis in Portugal.

## Slovenia

The most frequent complaint about/of people over 65 in Slovenia, at the primary level of the health care system, is dementia. The next most frequent complaints concern depression, anxiety disorders, and sleep disorders. At the secondary level the most frequent reasons for consultations are dementia and other organic mental disorders, followed by depression, schizophrenia and psychosis. The numbers of patients with dementia are anticipated to increase by 40% over the next 10 years (Dr. Helena Jeriček Klanšček from the Institute of Public Health, oral source).

An active and socially engaged lifestyle has long been associated with successful ageing. Leisure activities are considered predictors of positive bio-psychosocial outcomes. A study of engagement in leisure activities – from a sample of 243 older adults – indicated that older adults are, on average, engaged in 30 of 55 different activities, including private and social, physical and mental activities.

Their time investment in these activities is the highest. Advanced age and low educational levels are most consistently related to a less active lifestyle (Petrič and Zupančič 2012).

## Italy

This competency concerns independence and dignity in old age, meaningful social and emotional relationships, care and support, both at home and in the community. A crucial role is played by family and friendship relations.

Satisfaction with family relationships has always been very high (Istat 2013a), due to the prevalence of extended families where parents and grandparents cohabit or collaborate.

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**Table 8: Level of satisfaction with regard to family and friendly relationships by age – Year 2013**

AGE GROUP	Family relationships				Friendly relationships			
	Very	Sufficient	Somewhat	Not at all	Very	Sufficient	Somewhat	Not at all
14-17	40,8	49,9	5,1	1,3	46,5	46,5	3,2	0,9
18-19	34,4	56,3	4,9	1,2	39,1	50,0	7,4	0,7
20-24	34,2	54,9	6,3	1,1	33,9	53,6	7,6	1,6
25-34	35,0	55,9	5,5	1,3	27,4	59,0	9,2	1,9
35-44	35,5	56,2	5,4	1,4	24,1	61,3	11,1	2,0
45-54	30,7	58,8	7,2	1,5	20,2	62,1	13,2	2,7
55-59	28,0	60,9	7,2	1,6	18,4	62,3	13,6	3,4
60-64	31,5	59,9	5,9	1,1	19,9	62,5	12,7	3,3
65-74	32,7	57,3	6,5	1,8	19,5	59,2	15,1	4,7
75 e più	34,3	54,4	7,9	1,9	17,4	47,8	22,9	10,0
<b>Totale</b>	<b>33,4</b>	<b>56,8</b>	<b>6,3</b>	<b>1,5</b>	<b>23,7</b>	<b>58,1</b>	<b>12,7</b>	<b>3,5</b>

Source: Istat

The emotional sphere turns out to be cross-functional and for this reason we report data on life satisfaction as a whole (Istat, 2013a). In the overall population, the biggest differences emerge with age: ranging from an average of 7.5% among young people aged 14-17 years to an average of 6.4% among those aged 75+ (Tab.9).



Project acronym: CINAGE

Project full title: *Cinage – European Cinema for Active Ageing*

*Lifelong Learning Programme (Project Nr 538672-LLP-1-2013-1-PT-GMP)*

**Table 9: Level of satisfaction with life as a whole by age – Year 2013 (per 100 people aged 14 and over in the same age group and sex, mean and median)**

AGE GROUP/SEX	Satisfaction with life as a whole														
	0=not at all satisfied	1	2	3	4	5	6	7	8	9	10=very satisfied	Mean	Median		
14-17	0,5	0,1	0,3	0,5	1,6	5,8	10,8	24,3	33,2	12,1	7,5	7,5	8,0		
18-19	0,0	0,5	0,8	0,8	2,8	6,6	16,8	28,4	27,1	9,2	4,6	7,1	7,0		
20-24	0,6	0,7	1,0	2,0	2,9	10,0	16,9	29,9	21,1	7,1	4,3	6,8	7,0		
25-34	0,8	0,5	1,0	1,6	3,7	10,8	19,1	24,9	24,5	6,7	4,1	6,8	7,0		
35-44	0,9	0,5	0,9	1,7	2,9	10,7	18,1	26,2	24,5	6,8	5,2	6,8	7,0		
45-54	1,3	0,4	0,9	1,9	2,9	10,9	19,9	25,9	23,8	6,0	4,3	6,7	7,0		
55-59	1,4	0,4	1,3	1,9	2,8	12,3	19,5	25,8	22,7	5,3	4,0	6,7	7,0		
60-64	1,2	0,4	0,9	1,6	2,6	11,7	19,3	24,5	24,6	6,2	5,1	6,8	7,0		
65-74	1,1	0,5	0,8	1,7	3,1	11,2	21,4	23,7	23,2	5,7	6,1	6,8	7,0		
75 e più	2,1	0,9	2,2	2,9	5,2	14,5	21,8	20,1	18,0	4,8	6,0	6,4	6,0		
<b>Total</b>	<b>1,1</b>	<b>0,5</b>	<b>1,1</b>	<b>1,8</b>	<b>3,2</b>	<b>11,1</b>	<b>19,1</b>	<b>25,0</b>	<b>23,6</b>	<b>6,4</b>	<b>5,0</b>	<b>6,8</b>	<b>7,0</b>		

Source: Istat

## UK

Life-course factors influence older people's emotional lives. They include work and family changes and responsibilities; changing social networks, changing health; and de-standardisation of ageing. Older people may at some point require support to retain autonomy and connectedness (Leys and de Rouck, 2005).

Two most important emotional aspects of active ageing are feelings of autonomy and control and emotional connectedness. In support of autonomy, personalisation has been advanced

in the UK through introduction of personal budgets (including direct payments) and self-directed social care and support to eligible people (Age UK, 2012). These give greater options to older people choosing to spend money on areas such as housework support and personal care, home adaptations, transport to a social space e.g. cafe, computer training, or meeting shopping needs.

A review on quality of life among older people in Europe (Walker, 2005) indicates the importance of older people's perspectives on emotional satisfaction: quality of life in older age being dynamic, and multifaceted. Subjective self-assessments of psychological wellbeing and health are more powerful than objective economic or socio-demographic factors in explaining variations in quality of life ratings (Bowling and Windsor 2001; Brown et al., 2004). Feelings of independence, control and autonomy are essential for emotional wellbeing (Walker, 2005), which is most strongly influenced not by life-limiting circumstances alone but the degree of control exercised by an older person and whether the person's psychological resources enable him or her to find compensatory strategies (Baltes and Baltes, 1990).

A systematic review (Dickens et al., 2011) found that many effective interventions targeting isolation offer social activity and/or support with groups, and involve older people as socially interactive participants rather than simply recipients of a service or education. An evidence review of interventions on loneliness in older age (Age UK, 2013b) highlighted that causes of loneliness are not just isolation but also sometimes the lack of a useful social role. Interventions not specifically targeted at overcoming loneliness can have that effect; intergenerational contact can be particularly effective. Effective interventions promoting emotional wellbeing and unlocking mental capital include those involving social networking, especially group interventions involving educational and social activity, or volunteering, and focusing on the quality of social relationships (Foresight Mental Capital and Wellbeing Project, 2008). Finally, older people's own perceptions of what really matters in ageing actively focus less on the objective fact of movement or participation than the sense of setting (and living by) one's own norms (Stenner et al., 2011).

### **3.3.5 Financial/economic**

It is recognised that enabling older workers across Europe to remain in productive employment is critical for economic growth, employment opportunities for people of all ages, and supporting older people to retain income (EC, 2012a). Yet, in 2010 more than one third of men and over half of women aged 55 to 64 in the EU were not employed (EC, 2012a).

The EU White Paper (European Commission, 2012b) set out European pensions policy. Changes among different member states have recently included, for example, increasing the number of contribution years required for a full pension, or raising the minimum age (European Commission, 2012b). Many early retirement schemes have been phased out, yet average employment levels for the 55-64 age group in 2010 were still only 46.3%. It is suggested that if people are encouraged to work longer they should be able to rely on non-discriminatory attitudes at work and pension systems rewarding later retirement, e.g. through combining earnings and pension moneys during a partial transition.

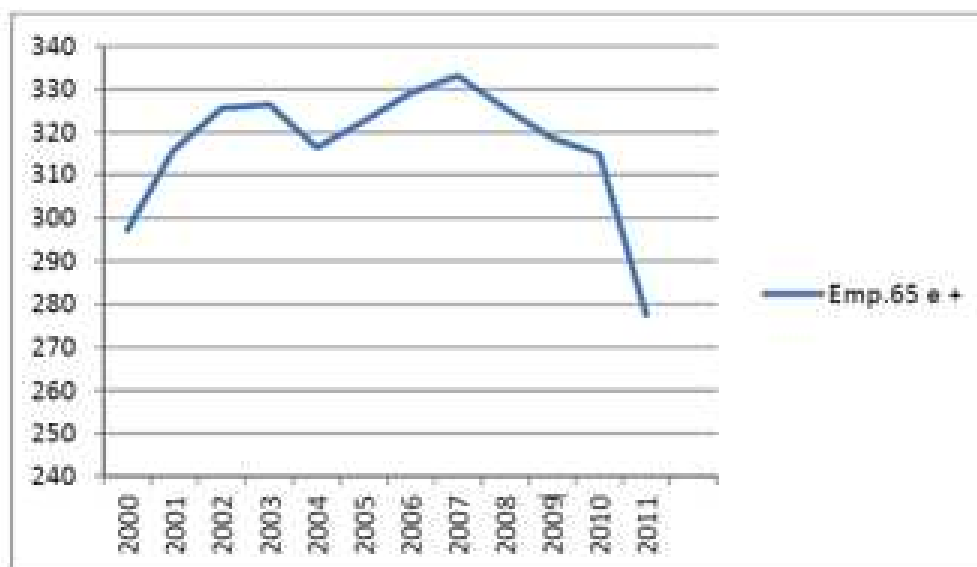
Pension gaps between men and women need to be narrowed e.g. through care credits (European Union, 2010). The main responsibility for pensions is with member states but the EU recommends linking the retirement age to gains in life expectancy; restricting access to early retirement schemes and early exit pathways; supporting longer working lives through lifelong learning, adapting workplaces, creating opportunities for older people's employment, creating gender-equal pension ages; supporting complementary retirement savings to enhance retirement incomes (European Commission, 2012a).

## Portugal

Participation of older people in the labour market is a key factor in promoting active ageing, reduction of pensioner poverty and improving the sustainability of pension systems. Employment and volunteering allow older people active participation in society with significant effects in terms of their wellbeing and health care costs.

The National Strategy for Active Ageing (2006) presents a set of goals, to stimulate the stay of older workers in the labour market; to promote more favourable conditions for longer working lives; to promote education and training, increasing strategically the qualifications and skills of older workers in the labour market; and to foster appreciation of the experience of older workers, promoting a change in attitudes and practices of businesses.

In Portugal the participation rate in the labour force of the 60-64 year old male population fell from 78% in 1974 to 52% in 2008. Up to 2007, the elderly population had a relatively high rate of participation in economic activity, after reaching the retirement age or even after retirement. In recent years, with the onset of the 2008 crisis, came a fall in employment of older people.

**Figure 8: Employed population aged 65years and over**

In Portugal, older people are one of the most economically disadvantaged groups. The population aged 65+, according to EU sources, presented for the year 2009 a rate of poverty risk (considered as below 60% of average income) of 21.0% after social transfers, slightly higher than in 2008, above the EU average (17.8%), while with advancing age, the increased risk of poverty is higher, the population of 75 years+ having a risk affecting 24.4%, compared with the figure of EU 20.3%.

## Slovenia

*Productive work and social protection.* Only one out of three persons aged 55+ is employed. In reality the average retirement age – instead of 65 targeted by the Government – is 59 and 11 months. A fair number of companies have introduced measures for increasing wellbeing among their workers, and decreasing absenteeism, with the aim of the workforce becoming more productive and competitive. In a knowledge-based society work productivity depends a great deal on adult education but participation of older workers in lifelong education is diminishing in the age category 55-64 – in 2008 only 5.4% participated (the average in EU is 7.49 %).

### *Social protection services.*

The most important laws include:

- the Law on the Regulation of Labour force market.
- The Law on Social Protection (stipulates that social services are a right in themselves).

The social protection of older people is stipulated on the basis of five-year strategies: *Strategija vseživljenjskosti učenja v Sloveniji.* (2007). Ljubljana: Ministrstvo za šolstvo in sport Republike Slovenije. The Programme of Human Resources Development 2007-2013 is planning for 75% employment in the age category 20-64 and higher employability of older workers towards 2020. Resolution on National Programme Adult Education 2012-2020. (2013). The resolution on the national programme of social protection is planning the inclusion of 5% of older people over 65 into institutional care, adopted families, sheltered

flats, daily centres, and care in the family. Strategy of Care for Older People to 2010 Solidarity, adopted in 2006, concerns inter-generational relationships and quality ageing.

In 2007 the Federation of Employers of Slovenia took part in the Ageing Workforce project. It found that approximately 40% of employers are aware that in the future older employees will have a more important role in companies than today. 12% of Slovenian companies employ more than one fifth of older workers. 42% of companies employ 5-10% of older workers. 46% of employers employ less than 5% of older workers over 55 years of age. Encouragingly, employers, in general, do not think that older workers' productivity is lower than average (Zupančič 2009).

## Italy

According to ISTAT figures (2013r), approaches to gradual transition towards retirement are not widespread in Italy: only 3.5% of the employed population aged between 55 and 69 (116.000 units) reduced their working hours in the working phase preceding retirement. 62% of employed people aged between 50 and 69 intend to stop working soon after retirement. 6.6% of employees aged between 50 and 69, who already receive a pension, are deliberately prolonging their working life. In this group, six out of ten individuals, mostly employed, continue to work for economic reasons. In 2012, the average age at which retired people aged 50-69 have begun to receive a pension was 58 (57.1 in 2006). Because of less regular career paths, women tend to retire slightly later than men. The average age is higher in the South.

In Italy, in 2011, pensions were paid corresponding to 16.8% of GDP (Istat, 2014I). Much of the income of people aged over 65 comes from pensions with a fair share of income from capital, while labour incomes are more limited.

Spending on social protection (Istat, 2014I) includes: social security, health and care. In 2012, in Italy, social protection expenditure exceeded 30% of GDP. In 2012, more than half the spending on social protection was dedicated to old age (52.3%). Compared to 2006, expenditure allocated to old age was up (+1.4%).

In 2012, 29.9% of people living in Italy were at risk of poverty or social exclusion, according to the definition adopted under the Europe 2020 strategy. Between 2011 and 2012 significant increases are reported among older people living alone (from 34.8% to 38.0%) (Istat, 2013c). Comparing different types of families, those of older people have a lower net income.

## UK

Within the EU labour market, participation of older people (aged 55-64) varies considerably between member states, ranging from around 30% (Malta) to 74% (Sweden), with the UK near 60% (European Union, 2010). The extent of part-time contracts differs greatly, the figure being 81% of older employed women in the Netherlands but around 50% in the UK, among four European countries where more than half of women workers over 55 are in part-time employment (European Union, 2010). Employers are urged to examine job design, occupational health and training needs for older workers around their strengths, skill needs, and futures, including flexible working and work-life balance (Foresight Mental Capital and Wellbeing Project, 2008).

In the UK, the forecast proportion of people age 65+ is increasing from 16% of the population in 2002 to 20% in 2020 and 23% in 2030 (Mayhew, 2005). With the raising of the pension age and changing demographic profile, an ageing society coupled with possibly reduced pension benefits could see widespread pensioner poverty, especially during episodes of falling economic growth (Mayhew, 2005).

The survey of health, ageing and retirement in Europe has shown that, across Europe, both economic status and education levels strongly correlate with wellbeing among older people (Borsch-Supan et al., 2004). Conversely, factors associated with recession and economic privation are causing older people to lead a less active lifestyle, in relation to hobbies, and socialising, thereby reducing their social capital (Fenge et al., 2012). In the UK, despite planned increases in the state pension age, long-term unemployment is highest among the over 50s (Tinsley, 2012). Older workers applying for jobs typically face more labour market discrimination than younger workers (Tinsley, 2012). While individual and community resilience built over the life-course is a buffer, anxiety about finances can lead to older people worrying about the future, feeling sad, reducing socialising, and enjoying a less healthy daily life (e.g. cutting back on heating and food bills) (Fenge et al., 2012). Costs to be met include those for care, for example the cost of respite services / formal home care allowing a carer to spend time away from the partner (Hoffmann and Rodrigues, 2010).

### **3.3.6. Technological**

Overall, across the EU, older people have adopted new technologies, though more slowly than younger generations (Malanowski et al., 2008). A key theme is the importance of user-friendly ICT for digital inclusion (Magnussen et al., 2004).

A report on active ageing and independent living services in Europe (Malanowski et al., 2008) examined policy, ICT-based applications and independent living. Applications vary from general purpose and communication applications to those for e-learning, e-work and e-health; greater coordination is needed concerning the role of ICT in these areas (Malanowski et al., 2008). Independent living and active ageing relate directly to social welfare issues, so that a purely market-driven approach prevents equal access (Malanowski et al., 2008). The range of ICT based applications of potential for active ageing includes assistive technologies for mobility, sight, hearing or cognition support; mainstream e-communication and e-learning computer and mobile technology; smart homes and workplace technology; and technology based care services (Malanowski et al., 2006). More participatory, solution-focused research is needed including focus on frail older people and family carers (Magnussen et al., 2004).

### **Portugal**

Dias (2012) researched the relationship of younger seniors (55-65 years) and older (over 66 years) with information and communication technology (ICT), based on a survey in Lisbon, Porto and Coimbra on a sample of 792 individuals. The researcher explored motivations and interests related to the use of these technologies and how far this practice contributes to inclusion of older people in technological societies and increases solidarity and intergenerational relationships. Digital inclusion emerges as a way of reducing the

differences between those who have mastered the technologies and a significant proportion of seniors in Portugal who have not. Digital literacy is related to assimilation of knowledge as a structured process with specific purpose, and the possibility of construction of citizenship (Lima, Nogueira and Burgos, 2008, *cit.* in Dias, 2012). Literacy goes beyond written information to include skills used in everyday life in a networked society.

The training of seniors in this context emerges as a means of achieving greater autonomy, social participation, knowledge and personal development, with practical skills that will enable their relationship with other individuals (Vallespir and Morey, 2007: 241 *cit.* in Dias, 2012). Although in Portugal, in 2010, there was an increase of households with access to a computer (60%) and Internet (54%) at home, their use remains different between age groups (INE, 2010). Data on the use of computers and the Internet reveals that older group (65-74 years) uses these technologies less, although there is an increasing trend for use in 2010 and 2011 (see Table 10).

**Table 10: Use of computers and the Internet as % of total individuals by age group**

Grupo etário	Computador			Internet		
	2009 %	2010 %	2011 %	2009 %	2010 %	2011 %
Total	51,4	55,4	58,2	46,5	51,1	55,3
16-24 anos	92,2	94,0	95,0	88,1	89,3	92,7
25-34 anos	82,4	82,1	85,2	77,1	79,2	82,1
35-44 anos	59,6	66,9	72,9	53,3	62,4	70,5
45-54 anos	41,3	46,7	50,5	36,0	40,6	45,7
55-64 anos	26,9	32,0	31,3	21,4	27,7	28,3
65-74 anos	8,1	12,7	13,9	6,6	10,4	12,5

Source: INE, *Inquérito à Utilização de TIC nas Famílias (a partir de 2003)*; Pordat

The use of computers and the Internet appears both as a collaborative tool, allowing the creation of spaces for communication and interaction, and as a way for older people to resolve a problem situation (e.g., health, access to services, etc.). Therefore, it is necessary to promote its use among Portuguese seniors.

## Slovenia

Assistive technology and ambient technology are of use in Slovenia when meant for older people receiving distance help at home. Social protection support (telecare) and medical care support (telehealth) are offered to older people. Communicative systems also enable participation in leisure time activities. Assistive technology in Slovenia refers to a heterogeneous group of applications like intelligent distributors of medication, fall detectors, presence detectors and more complex systems like interactive services and ambient intelligence (sensors etc.) (Zupančič 2009).

While more simple appliances are accessible in this country but rarely used, more progressive ambient solutions are in the testing phase. One of the most widespread examples is the Red Button programme (Slov. program Lifeline\_ali rdeči gumb). It includes distance protection and services at home. The number of users remains low – around 300, one third of this figure being in Ljubljana. Evaluations have shown that red button users are extremely satisfied with this service (Dom Iris: <http://www.dom-iris.si/>).



Internet use in Slovenia is far below the EU average among the retired population. Low level ICT literacy has been identified among retired, low-educated people and out of these users, 30% are women. In this group, comparatively, the respondents use cell phones less frequently; 75% have never used a personal computer, 89% have never used a DVD player. The average index of computer skills of this group is low. 76% of respondents do not use the Internet in this group (E-kompetentni državljani Slovenije danes 2011). Computer skills seem to decrease with advanced age. The main factors for participation of older people in ICT use are: level of formally completed education; profession; living settings; health and special needs; access to the Internet and ICT, use of cell phones; awareness; personal needs; fear of the unknown; accessibility of contents (Vehovar and Prevodnik 2011; Radojic, 2011).

**Table 11: Last use of Internet (pensioners and unemployed people; in %; Eurostat)**

		pensioners and other inactive persons	unemployed people
in the last 12 months	EU-27	40	69
	Slovenia	24	65
in the last 3 months	EU-27	41	65
	Slovenia	21	59
more than 1 year ago or never	EU-27	60	31
	Slovenia	76	35
Never	EU-27	57	27
	Slovenia	74	33

Among persons aged 10-74 years, 72% were regular computer users (among 65-74 years only 11%). Approximately 80% of the population older than 65 years has never used the Internet (E-kompetentni državljani Slovenije danes 2011).

Older people post-retirement who live alone or due to health or other reasons cannot engage in ICT activities are the most disadvantaged group. ICT offers important contact with the world, relatives, friends and hobbies (Vehovar and Prevodnik 2011).

There is, as yet, no legal or financial structure behind the red button service, assistive or ambient technology support. There are some general documents. In the Draft Developmental Strategy of Slovenia 2014-2020 it is argued: "Our aim is to raise the digital literacy of all target groups, for a more fair inclusion into information society".

## Italy

According to ISTAT (2013), in 2013, the use of personal computers mainly involves young people and reaches the highest levels in the age groups 15-17 (89.3%) and 18-19 (88.1%). From 20 years onwards, the percentage of users, while remaining at a high level, decreases gradually until it reaches the lowest values in the older age groups (19.5% for 65-74 years and 3.9% for 75 years and more). A similar trend is found for the use of the Internet. The percentage of men claiming to use the personal computer is 59.7% against 49.3% of women. Similarly, 60.2% of men use the Internet against 49.7% of women.

In 2013, however, it was possible to observe a growth in the number of users of personal computers, from 52.3% to 54.3% of the population considered. The significant increase includes, in particular, adults between 55 and 64 years (for the 55-59 age group from 45.1% to 50.1% and for the 60-64 from 31.3% to 36.9%). In 2013, the use of the Internet had a more substantial growth compared to the previous year. The highest growth is recorded among adults between 60 and 64 (from 30.9% to 36.4%) and 35 and 44 (from 68.9% to 73.4%). Mostly, it is people aged between 45 and 64 who use the Internet as a channel of communication and information exchange with public administration. In this regard, lack of assistance is the most reported problem from those aged 45-74 (over 22%). Households with only seniors aged 65+ are less technologically conversant: just 14.8% of them own a personal computer, and 12.7% have an Internet connection.

## UK

The UK Government announced in November 2010 a policy that public services would primarily be delivered online or by other digital means, although promising not to abandon groups that are less likely to access the Internet (Age UK, 2013a). The advantages of online access for tackling isolation and securing services or shopping are evident. Yet in spite of rising use, (Office for National Statistics, 2013b), only a quarter of people age 75+ use the Internet at home (Ofcom, 2012).

Research within the UK New dynamics of Ageing programme found that older people value the benefits of digital engagement, and that the availability of support is vital, since disengagement usually begins as a gradual result of changes in physical and cognitive abilities, in support, in technology, and in personal circumstances (Damadoran et al., 2013). Exemplifying diverse use patterns of ICT, research exploring older people's use of mobile phones in the UK (Hardill and Olphert, 2012) found that growing numbers of older adults possess a mobile phone but with varying degrees of integration into everyday life practices. For episodic users a mobile phone is used to keep in touch with family and friends when going out. For confident users the mobile phone is used in multiple ways. Overall, newer technologies hold promise to assist in promoting the mental capital and wellbeing of older adults through facilitating social networking, learning, paid and unpaid work, and health support. But a digital divide exists which can partly be addressed through involving older people in appropriate design, developing facilities in community spaces, and provision of training for digital literacy (Foresight Mental Capital and Wellbeing Project, 2008).

# 1 4. Evidence on effective solutions

Summarising proposed solutions concerning the promotion of active ageing across the competencies, it is important to adopt multidimensional definitions of active ageing. Multidimensionality involves going beyond employment and productivity, including volunteering, lifelong learning within creative leisure, maintenance of emotionally close relationships, sustaining choice, living by one's own norms, independence and quality of life, combating ageism, and including the different older ages and inter-generational connections. The different dimensions interact holistically in multiple ways. Poverty and inequalities need to be combated with targeted strategies to increase the proportion of the population who are ageing actively.

## Portugal

Despite the policies and strategies established by the government, in line with those from the European Union, and a clear improvement in the adult participation in lifelong learning in Portuguese society, there is a high risk of the situation worsening in the coming years through increased poverty and cuts in support for older groups, due to the economic and social crisis since 2008. The state has reduced the scope of its intervention, especially towards meeting basic needs and social protection of deprived older people. In this respect NGOs and charities have enhanced their complementary role close to those disadvantaged seniors and have been playing a particularly meritorious part.

Effective solutions for active ageing are coming mostly from civil society since older people and learning for active ageing are not widely regarded as high-priorities when the country is facing serious problems of employment and human resources development for the labour market. The most remarkable and effective solution, in this respect, are the U3As that are experiencing notable growth and are well-spread throughout the country and islands. These non-formal and adaptable universities are promoting most of the competencies for active ageing and a better quality of life and wellbeing of older people involved with them.

The initiatives of local authorities and various institutions, such as charities and non-profit associations have also played a key role in supporting older people either by helping to meet basic needs or by offering volunteer opportunities, community support and later life learning. Social enterprise organisations have come to play a decisive role in mitigating the effects of the crisis, especially amongst more disadvantaged groups of older people.

## Slovenia

In most areas under discussion, some effective active ageing solutions existed in Slovenia before WHO's active ageing definition. In 1984, the introduction of education for older people in this country started changing the image of old age and the process of ageing (not involution but also evolution). *Education for the third age* was initially partly inspired by the already existing *Education for older people in institutional care* which is still relatively well organised (Findeisen 2010; Gorjan 2007).

The *Strategy of Lifelong Learning* in Slovenia is comprehensive, devoting a long paragraph to learning and the education of older people (different age groups) and to the education of those who deal with older people (doctors, nurses, teachers, staff, relatives, employers, personnel directors etc.). The network of third age universities (46 universities in 44 localities) caters for: different social groups of older people, research; counselling for active later life; education of specialist mentors; civil dialogues; advocacy; public campaigning; and the creation of new networks such as Each-One-Teach-One. It has created some 1,000 jobs spread across all generations. Numerous providers of education in later life exist (e.g. museums, libraries, centres of autonomous learning, day centres for older people's activities).

In the field of culture, older people's activities are supported by the national programme on culture. They have also become voluntary cultural mediators in public institutions (museums, hospitals, botanical gardens). Public campaigning demonstrates the importance of their knowledge and culture. There are good examples of health promotion targeting older people when it is taken over by organisations of older people and for older people. "Do mature people have to use so many medications" was one of the campaigns led by Slovenian Third Age University in 2010-2011. Each citizen, regardless of age, is entitled to a personal doctor of their choice and has access to a regional patients' rights ombudsmen.

Pension reforms have raised the retirement age and have helped change the image of ageing. Part-time retirement is now possible in Slovenia for self-employed people exercising a liberal profession. A strategy for older people's leisure time and for older adult education is needed. Some companies have introduced corporate volunteering, while networks, such as Each-One-Teach-One, have been created.

## Italy

This section lists some important actions dedicated to active ageing. These interventions are somewhat cross-sectorial as they impact directly and indirectly on many aspects of active ageing.

Below are two projects that have interested the region of Umbria.

In Umbria, as in many other parts of the country, we are working towards improving technological literacy to foster the use of personal computers, especially among the elderly. In January 2014, the results of the Vintage project (enhancement of Innovative Technologies for the Elderly in Europe) were presented in Brussels by the Study Centre "Città di Foligno", Umbria Region and the Municipality of Foligno. The event represented the final stage of the Grundtvig Multilateral project "Exploitation of Innovative Technologies for the Elderly in Europe", co-funded by the European Commission. The main objective of Vintage was to provide senior citizens with the skills needed to cope with change and remain active in society by learning how to use new technologies. Open source software was developed, based on needs expressed by the target groups. More than 300 people were introduced to the use of personal computers in the six partner countries: Greece, Italy, Portugal, Romania, United Kingdom and Turkey. It was one of the most significant European level actions to promote computer literacy among the over-60s. The initiative, piloted in Umbria, involved private companies and government agencies donating their disused PCs, which were

regenerated with the open source software and then gifted to some Cesvol associations, to implement computer literacy courses among older people.

The Municipality of Foligno was the promoter of the project CAFÉ in Europe – Civic Awareness of adults in Europe funded by the EU under the Lifelong Learning Programme-Grundtvig. Partners of the project were various institutes of learning and government departments from Italy, Poland, Austria, Romania and Turkey. The goal was to identify a European adult education methodology on safeguarding cultural and natural heritage from anthropogenic and environmental risks. The objective was – through training courses, seminars, thematic meetings, experiential activities and forums – to increase civic and personal awareness about approaches to specific emergency situations. The over-70s who attended the training learned of risks and how to behave in critical situations. The activities strengthened older people’s confidence, enabling them to participate actively in community development. The programme was designed to develop solidarity between adults and young people and help older people to use their lifelong experience and act as counsellors and mediators. Guides and a documentary were published. The products were translated into six languages. Two international seminars, including “Civic Protection for the elderly” (Austria and Turkey) were organised.

Other examples have been included in annexes to this document, the first one is from the Region of Liguria, which refers to specific actions related to active ageing; the second is an extract of 9 projects aimed primarily at intergenerational exchanges (<http://www.assessoratowelfare.regione.umbria.it>)

## UK

Asset-, rather than deficit-based approaches to active ageing have been strongly advocated (Roberts, 2012). Asset-based approaches build opportunities around individuals’ and communities’ practical skills, interests, networks and connections, and social and physical resources that enhance wellbeing (Foot and Hopkins, 2010). [Reference to examples of such approaches have been included in annexes to this document.

Research in the UK has recommended several roles for higher education to support active ageing. These include: extended economic, family and citizenship roles; supporting women and men planning for decades beyond their main work careers; unlocking mental capital through reflective practices; promoting wellbeing; and supporting professional and voluntary groups on behalf of older people (Universities UK, 2010). Policies promoting continued employment need to be accompanied by carer-support arrangements, part-time offers and new forms of paid leave (European Union, 2010). The informal, active, unpaid care and community work undertaken by older people requires greater acknowledgement (Lie et al., 2009). Active ageing, for many, means being supported to make adjustments for chronic long-term conditions (Gill and Taylor, 2012). Higher rates of social participation can improve health (Sirven and deBrand, 2008). Two important aspects of emotional wellbeing are feelings of autonomy and control within life-limiting circumstances; and emotional connectedness (Walker, 2005). Effective interventions to target isolation include social activities, with a participatory approach, involving setting one’s own norms (Stenner et al., 2011), and playing a socially useful role (Dickens et al., 2011). People wishing to work longer should be able to rely on non-discriminatory attitudes at work and adapted pension systems

to reward later retirement. Pension gaps between men and women need narrowing (European Commission, 2012a; European Union, 2010). It is important to address anxiety about finances which can lead to deteriorations in older people's wellbeing and social connectedness (Fenge et al., 2012). Older people value the benefits of digital engagement, while the availability of support is vital (Damodaran et al., 2013).

## 2 3.5 Needs and Recommendations

### Portugal

Active ageing requires a multidimensional approach and constitutes a challenge for the whole of society, implying responsibility and participation of all, to combat social exclusion and discrimination, and promotion of equality between women and men and solidarity among generations.

There is a need for better articulation between the various policies and measures aimed at older people, as well as a need for more and better guidelines to promote active ageing within a holistic approach. Further promotion of a continuous high quality policy of social responses is required.

Also, it is relevant to combat stereotyping related to age that can encompass both the physical, cognitive, emotional and social field. This approach would reinforce, for older people, the opportunity to have an active voice in society and take an active role in the various dimensions of their lives. This includes the promotion of ICT among Portuguese seniors, especially among older women.

There is a need for specific actions addressing caregivers, including a focus on the qualification of staff working with older people. In addition informal caregivers (family, neighbours, friends, etc.) need greater support, training and specific information. These interventions are important, as recent developments in family structures encourage the institutionalisation of the elderly. There is a need for more innovative solutions that facilitate social inclusion and wellbeing of older people.

Increasing knowledge about ageing, the creation of space for active and effective participation by older people, fighting against poverty as a political priority, incentives to network and promote intergenerational solidarity are some of the key messages.

## Slovenia

### 1) The need for knowledge, culture and self-realisation.

Both formal and non-formal studies for older people are needed.

### 2) The need to be integrated, respected and involved in decision making.

Municipality policy on old age and ageing should develop in three directions. (1) A permanent dialogue between those who have just retired and those retired for some time. (2) Development of services in close collaboration with families and their neighbourhood. (3) Creation of opportunities for older people to be, on an equal basis, a part of the community. The government should regularly consult with older people when preparing new laws.

### 3) The need to reshape and support intergenerational relationships.

The cultural model of the organisation of different ages has been changing as a result of new production modes, which seems to be at the origin of the crisis called ageing society. The life course model is being changed and relationships among generations are slowly changing but not without friction. Older people want to be educated to participate in community affairs as active citizens and volunteers. Intergenerational councils could be set up to help this.

### 4) The need for lifelong education but also lifelong (voluntary) work.

Occasional paid or voluntary work for older people can result in new jobs for younger people. Older retired people are interested in work but are mostly not interested in having a full-time job. Younger people facing the responsibility of raising a family, acquiring a home etc. do not have time to wait for occasional work to develop into a secure, full-time job. Older people's occasional work can develop into this kind of job that is taken on by younger people. The Slovenian Third Age University has currently around a thousand working contracts for mentors of all generations, and for a number of younger mentors these are the only source of income. Pension reforms and an increased mandatory retirement age have contributed to changing the image of retired older people. The third age has changed too and is now often referred to as "the time between work, education and old age". Older people should not go into retirement without a transition, lasting some years. Part-time work is now possible also for those who are self-employed, which is an advantage. Older people could be partly retired and partly employed. During the last five years of professional work they should be systematically used as mentors, in tandem with a younger person. Their paid and voluntary work should be encouraged.

### 5) The need for new technologies (not just assistive technologies).

If older people are without access to information and technology they cannot integrate in the community, keep pace with progress, enter e-economy, e-government, e-education, e-communication, and, thus, they are dependent on the active working population. Telecare and telehealth could become tasks for retired qualified volunteers, students of third age universities and members of other structures. This field is currently over-regulated and lacking adequate support.

6) The need for older people's knowledge to be recognised and utilised.

A fair number of older people with readily available and experientially validated knowledge are now available for the benefit of all. Structural support is needed.

7) The need to have one's psycho-social needs met.

Quality of life depends also on how well older people's higher psycho social needs are met. These psycho social needs are often left out of ageing policies.

8) The need to have adequate accommodation and access to transport.

Various forms of co-habitation could be set up. The Slovenian Federation of Societies of Older People has started educating older people to consider co-habitation. Public transport should be adapted to take into account impairments. Those who are in charge of public transport of older people should be adequately educated and trained.

9) The need to consider older people as a distinctive group.

Slovenian policies are of a nature that older people are still frequently treated together with disabled people. They are implicitly considered as poor, with restricted mobility, suffering from impairments and lowly educated. Once retired, a stereotype image is applied to them. .

## Italy

In conclusion, the following recommendations are made:

- Strengthening/improvement of the use of new technologies (digital literacy and computer skills) and initiatives to facilitate intergenerational exchanges;
- Interventions related to work-retirement transition;
- Enhancement of activities for healthy ageing (physical activity, memory training, healthy lifestyles);
- Promotion of older people as a source of knowledge and a tool for intergenerational exchanges;
- Strengthening of active citizenship as a response to the negative portrayal of older people and of ageing;
- Revision of regional policies to promote access to training programmes financed by the ESF for people up to 75 years of age;
- Development of a professional qualification of expert in dynamics and learning methodologies in old age (later-life learning);
- Promotion of the transnational mobility of projects aimed at the over 65s, through the promotion of intercultural exchange;
- Improving policies and innovation within social housing programmes;



- Identifying intelligent mobility solutions to limit the isolation of the elderly population residing in suburban areas.

## UK

- 1) Consideration of older learners, beyond full-time employment, needs to be included in planning the future of higher education (Furlong and Cartmel, 2009).
- 2) There is a need for affordable courses, including those supporting transitions from full-time to part-time employment. There is also the need to widen participation and social inclusion (Universities UK, 2010).
- 3) The informal sector is best represented by U3A which does not primarily focus on occupational or civic/volunteering skills: there are gaps, and gender and age imbalances, for the formal and informal sectors to fill (Formosa, 2010).
- 4) Lifelong learning can be tailored to foster awareness around resilience, wellbeing, and social engagement. Campus-community partnerships involving voluntary organisations can help engage older learners (Foresight Mental Capital and Wellbeing Project, 2008).
- 5) In terms of civic engagement and extending working lives, there is a need to support more flexible transitions from full-time work (EC, 2012a), to challenge institutional discrimination, value the assets of older workers, including mentoring (which requires training), and to take better account of those with care obligations (European Union, 2010). This implies workplace learning opportunities for mid-life future planning, concerning health, finance, leisure and relationships, enabling people to make better lifestyle choices, and develop appropriate skills (TAEN, 2008).
- 6) There is a need to protect accessible local amenities, affording a space for social interaction (Age UK. Engage Business Network 2013).
- 7) There is a need to develop flexible participatory approaches to volunteering, taking into account informal care obligations and other leisure aspirations (Age UK, 2013a).
- 8) Concerning health: the importance of leisure activities and a life-course approach have been recognised; society's views can be shifted through diverse media with positive roles models (European Commission, 2010b). Older people's views and experiences need promoting in society, to develop healthy environments for active ageing (Foresight Mental Capital and Wellbeing Project, 2008).
- 9) There is a need to promote active ageing initiatives with adjustments to meet aspirations and capacities of people who manage long-term conditions (Gill and Taylor, 2012) or may be frail and receiving care (Ruppe, 2011, Boudiny, 2013).
- 10) Self-motivated participation in activities, including learning, which involves purposeful peer to-peer or inter-generational interaction, can enhance resilience and wellbeing (Foresight Mental Capital and Wellbeing Project, 2008).
- 11) There is a need to support older people's emotional needs for autonomy and control, for example over finances for care and support (Age UK, 2012). There is a need to develop ways of continuing to offer older people useful roles, with participatory, consultative, empowering approaches and to support individuals to live by their own norms (Stenner et al., 2011).
- 12) Engaging with older people further in development of appropriate ICT applications and support can contribute to active ageing. Where older people use new technologies successfully in ways they see as relevant, e.g. to learning, leisure, social networking or health support, enhanced wellbeing can be the result (Damadoran, 2013; Foresight Mental Capital and Wellbeing Project, 2008)
- 13) To enable older people to cope better financially, the EU recommended the support of longer working lives through lifelong learning, adapting workplaces, challenging

discrimination, supporting active and healthy ageing; creating gender-equal pension ages; and supporting complementary retirement savings (European Commission, 2012a, b).

- 14) Underpinning the above, society needs to be challenged to rethink the concept of older age, focusing on the positive, diverse assets and potentials of older people (Foresight Mental Capital and Wellbeing Project, 2008). This requires a holistic creative and realistic approach emphasising the mutual influence of the active ageing competencies on people's lives.

## 3 3.6 Conclusions

With demographic changes in the EU, a life-course approach to adult learning is recommended to support active ageing. It is important for learning to take a holistic, multi-dimensional understanding of active ageing, considering citizenship, creative leisure, maintenance of rewarding relationships, fostering resilience and adaptability, and removing structural barriers e.g. concerning poverty and inequalities.

### Portugal

In Portugal the diagnosis of the situation and needs of older people has been made and plans have been drawn up in the light of the most progressive and humanistic existing international policies to promote active ageing. But the country needs to successfully create better conditions, returning to economic growth and development, and with political will and social dialogue for an effective implementation of a supportive and comprehensive active ageing policy.

The ageing population is a challenge to social agendas and policies. It requires public and private initiatives to meet the challenges not only of an ageing population and the profile of the needs, capacities and expectations of older people, but also to achieve sustainability of the systems and mechanisms – formal and informal, national and local – of social protection. And these interventions should be based on the principles of autonomy, active participation, self-fulfilment and dignity of the elderly.

### Slovenia

National strategies concerning some aspects of later life are well developed (educational, health, social protection), but some are less developed or missing.

Older people's work is being debated and supporting measures have been introduced with pension reforms, though a lot has still to be done concerning employers' attitudes. Transmission of experiential knowledge from older to younger workers has not been provided for in policy making. Active ageing in Slovenia is more about "happy" than it is about "productive" later life. Policies that encourage active ageing are mostly associated with older

people being involved in free time activities belonging more to accidental than to serious free time (constructing the individual and community). Old people's health and social protection have been in focus but the emphasis should be shifted from receiving treatment and help to prevention and older people's health literacy. Functional illiteracy is an obstacle to active ageing. The mental health of older people is less often dealt with, except senile dementia and Alzheimer's disease.

Old age is still over-medicalised and thought to mainly refer to advanced old age with people needing help and assistance. Residences for older people are still the most representative institutions conveying the image of frail dependent older people. Medicalisation overlooks older people's higher order needs. Gender issues are not taken into account except in the area of health, with evidence that morbidity and mortality of men and women differ.

Though Slovenia has widely provided for public access to new technologies, and though Slovenian households have computers, older people rarely use the Internet. Computer literacy and use of computer applications decreases after retirement. Assistive technologies are limited in number and scope and not state-financed. Organised volunteering in ex-socialist countries was not valued and now it is slowly returning, though as individual volunteering within families it has always been present. There are no legal limits imposed on older people's volunteering.

Slovenia needs national strategies on: active ageing; alleviating functional illiteracy in older people; overcoming the digital divide; and older people's volunteering.

## Italy

We can conclude by reporting the most important points contained in the last CENSIS research realised for A.N.L.A. (Associazione Nazionale Seniors d'Azienda): "Older people, a resource for the country".

The research demonstrates:

- among the factors that characterise the lifestyles of today's older people and contribute to the improvement of their health is the attention by the elders themselves to their own physical and mental condition, a concern which is expressed in a series of choices and behaviours in daily life;
- a commitment to volunteering, which makes older people a pillar for the community. In 2012, nearly a million (969mila) – i.e. 7% of the population over 65 – seniors were involved, in different fields, in volunteering activities.
- from 2007 to 2012, while the number of employed young people (aged 15-34) has fallen (from 7.237.000 to 5.789.000 units – almost one and a half million jobs lost), the number of workers aged 55 and more has increased from 2.766.000 to 3.445.000 (+24.5%).

This shows that the expertise and experience of older people can be put to the service of the community. 68.8% of large companies prefer to employ older people when it comes to management and organisational skills, recognition of the company's values (58.8%), expertise (51.5%) and leadership (52.1%).

## UK

The approach to active ageing in UK policy recognises diversity, although the lack of an up-to-date long-term strategic approach has impeded coherence. Active ageing has been highlighted in UK policy in an inconsistent way, with different terminology across policies and between nations. However, legislation (the Equality Act 2010) requires equal treatment in access to employment and services regardless of age. It is vital to keep sight of the diversity of older people, in terms of age, gender, lifestyle, economic opportunity, health and wellbeing. Poverty remains a major structural deterrent to active ageing, with health differentials influenced by economic circumstance. Active ageing needs to offer lifestyle choices with a strong focus on ordinary needs, actions and relationships rather than paternalistic constraint. It is essential to provide support to people to adapt to changing circumstances and capacity, e.g. around transport to social venues, while setting their own norms.

Concerning learning, the strengths of informal learning (U3A) need complementing in other sectors. Affordable adult courses need to embrace the multi-dimensional interdependent competencies for active ageing. Higher education needs to respond to demographic changes by: supporting extended economic, citizenship and family roles; supporting emotional wellbeing through later life, and by unlocking cognitive/creative capacities, and partnering with voluntary groups.

Concerning civic and community engagement, an attitude shift is needed towards affirming the specific qualities older people offer. This should start with challenging institutional discrimination in job application processes and supporting more older people to remain in employment if they wish to do so on flexible terms that fit with wider lifestyle needs e.g. caring. Volunteering, and caring for family members should be celebrated as forms of civic engagement. Full account needs to be taken of caring responsibilities in developing support for wider civic engagement, and civic engagement offers should be flexible for best fit with the wider active ageing activities that people wish to take part in.

Concerning health, since the wealthiest people in England on average live five years longer than the most deprived, strong action on inequalities is a prerequisite to effective active ageing policies. Older people need to be protected from poverty through challenging discriminatory and inflexible employment practices and reducing pension gaps. Holistic, co-ordinated and life-course approaches are recommended. High rates of social participation can improve health status; appropriate support towards self-care and self-management of long-term conditions can assist older people to remain active later. Emotional wellbeing is influenced by social connectedness, a sense of autonomy, control and agency, and resilience or adaptability (i.e. having a range of compensatory strategies). Handing older people control over the costs of remaining active is important, e.g. through personal budgets. Interventions focused on activities (such as learning) that incidentally promote social connection and a positive social role can impact on emotional isolation. There is great potential for enhancing active ageing through harnessing new technological advances. Technology (including for learning) needs to be available in forms that respect variations among older people in physical and cognitive abilities, in personal circumstances, and in potential needs for enhanced support over time. Older people's potential for lifelong learning,

and their life-course experiences and complex, accumulated identities, are potential assets that can contribute to a holistic creative approach, promoting and exemplifying active ageing.

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Author(s): Ann Tobin; Mark Robinson

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Active ageing – European commission – several links from here

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Age Platform Europe

<http://www.age-platform.eu/age-policy-work/employment-and-active-ageing/latest-news-on-active-ageing/>

Active Age UK – Cardiff University active ageing research group

<http://www.activeageing.co.uk/>

Centre for Policy on ageing

<http://www.cpa.org.uk/index.html>

Agenda – newsletter of the English forum on ageing

<http://www.agenda-efa.org.uk/site/tag/active-ageing/>

UK Government publications - DWP -- active + ageing. Includes reports on: Link age +, Active at 60, Extending working Life, Predictors of attitudes to age across Europe.

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## 4. EUROPEAN CINEMA REVIEW

### 4.1 Objectives

In its proposal to the 2013 Lifelong Learning Programme, the Cinage project identified the need to provide a response to the challenges presented by the rapid changes in ICT in order to ensure that senior citizens are able to actively engage in learning and cognitively stimulating leisure activities. Recognising that the interface of older age and cinema is a “fascinating yet rather unexplored territory within the andragogical learning theory” a central element of the initial research programme was to explore the way in which contemporary European cinema portrayed the six competencies. This research was conducted in parallel to the research into active ageing and learning described above.

In order to conduct this research each partner was responsible for establishing a Focus Group that would view a curated selection of twelve European films with the intention of arriving at the selection of a final six films that would form both part of the Cinage Report as a whole and the curriculum for the final Cinage Course.

### 4.2 FILM ANALYSIS

#### 4.2.1 Selection of 12 films for Focus Groups (*Template 1*)

The films selected for viewing by the Focus Groups were based upon nominations from each partner group. At the Cinage partner’s meetings, each partner was allocated a number of EU countries – in addition to their own country - from which to select the nominated films as follows: Italy had to select from Malta, Greece, Hungary, Estonia, Croatia and Austria, Portugal from Spain, Poland, Bulgaria, Belgium, Cyprus and Latvia, whilst the UK selected from Ireland, France, Luxembourg, Netherlands and Sweden. The films generally were selected by members of each team who had expertise in the area of European Cinema.

In the case of the United Kingdom the selection was overseen by Ann Tobin, who is a senior lecturer in screenwriting and has worked in the film and television industry for over 25 years screenwriter, script editor, programme producer and development consultant. The UK had to select four films from either the UK itself, Denmark, Ireland, France and Sweden. A number of films appeared possible, for example the Irish film *How About You* (2007), set in a home for the elderly. However, this had to be rejected because the only DVD’s available came without any subtitle. As far as the UK itself was concerned, *Venus*, *A Song for Marion*, and *Quartet* were all rejected because of their similarities to *Best Exotic Marigold Hotel*. An extensive research was conducted of the film databases for the other countries, via their national Film Agencies and Cultural bodies, and as a consequence *Saraband* and *Amour* were the chosen films from the UK.

In Slovenia, again the personal expertise of the team was called upon to develop the selection process with experience in programming Film encounters, together with experience

in researching the value of films that feature old age. A variety of films were watched by the team before final selection and the team also called upon experts elsewhere – the Art Cinema, Ljubljana, Professor Hrapkova from Comenius University, and students involved in studying Critical Geragogy. Databases were also used as a source, and as with the UK some films selected could not make the final selection because of practical difficulties: for example the Austrian film *Late Bloomers* could not be accessed from the Austrian TV archive.

The countries identified by Portugal for selection were Spain, Belgium, Bulgaria, Poland, Cyprus and Latvia. As an initial start the databases for each country were consulted and titles were cross-checked against the synopses. Films that contained older characters but that did not have the specific thematic of old age per se were rejected. Films that concerned old age but did not explore active aging as such were also rejected. No films were chosen where senior citizens were not the main characters of the film. Email-outs were also conducted with collaborators of AidLearn, particularly with regard to Cyprus and Latvia but although there was considerable support neither country could identify a film with the relevant requirements that was produced after 2000.

Institutes contacted included: Instituto do Cinema e do Audiovisual); for Spain; I.C.A.A. (Instituto de la Cinematografía y de las Artes Audiovisuales) and A.C.C. (Acadèmia del Cinema Català); for Belgium, C.F.W.B. (Centre du Cinéma et de l'Audiovisuel de la Fédération Wallonie-Bruxelles) and V.A.F. (Vlaams Audiovisuel Fonds); for Poland, P.I.S.F. (Polski Instytut Sztuki Filmowej); for Bulgaria, the Bulgarian National Film Center; for Latvia, N.K.C. (Nacionālais Kino Centrs); for Cyprus, G.F.C. (Greek Film Center). All of these institutes compile yearly list of films produced with their financial support and the films released per annum. Other sites included: European Film Academy; Cineuropa; Cinemateca Nacional (Lisbon); Academia de Cine (Spain); Cinematek (Brussels); Cinergie.

## **Appendix 1: Full reports on the selection of films by partner countries**

### 4.2.2. Selection of Focus Groups (Template 2)

The selection criteria for each Focus Group required a cross-section by gender, with ranges ranging from 55 – 90+. The intention was that Focus Group members should include people who were involved in active learning, whether as participants or as deliverers and/or providers; experts on active aging, as well as being interested in or experts on European Cinema. (Further details of individual country selection are provided below)

The first inaugural meetings of the Focus Groups were held at the beginning of February 2014 with a second and final meeting in March 2014. It had been hoped that by the time the first meetings were held the selection of the 12 films that the members would view would have been selected.

However this process proved more complicated than expected and by the time of the first meeting partners as a whole were still in the process of resourcing and delivering the

appropriate films.<sup>6</sup> This meant that by the time of the second and final meeting of the Focus Groups many of the individual members had not been able to view all the films. However, by the time of the 2<sup>nd</sup> partner meeting in Slovenia, all Focus Group members had been able to view all the selected films and the selection of the final six films was thus made according to schedule. This process did, however, have an impact upon the reflections of the various Group members and will be identified later in this report.

Apart from the general criteria outlined above each country devised their own approaches towards recruiting members of the Focus Group and these are outlined below.

### Slovenia

The basic method was through mail outs and via the Slovenian Third Age University e-News. As a result Slovenia was able to contact 3000 individuals through their e-news, 114 mentors through their mailing list, and 100 persons via Facebook. In addition 18 people attended a lecture at the University on the subject and phone calls were also made. As a result the Slovenian Group consisted of 9 Senior Learners, 2 Educators of Senior Learners, 1 Senior Learning Provider, 1 Active Aging Expert and 1 European Cinema Expert. In addition there were three additional members who combined an interest in all these areas.

It should be noted that although there was considerable interest in the project through the call, some potentially interested members felt that watching 12 DVD's in a month would be too onerous and were therefore unable to participate. The Slovenian partners also felt it was essential to ensure that the members of the Focus Group were informed to an extent on social issues, movies and active aging and this approach informed the final selection of the Focus Group.

### United Kingdom

The United Kingdom adopted a similar approach in terms of mail-outs with the University of the Third Age being a primary focus. Additional mail-outs were made to the Lions' Club and Rotary Clubs<sup>7</sup> within a 50 mile radius of Leeds (the location for the Focus Group meetings); libraries within the West Yorkshire area and to the Seniors' Club at the UK's National Media Museum, located in Bradford. In addition there were articles and interviews in the Yorkshire Post and Yorkshire Evening News and interviews on the local BBC news radio station. Press releases were sent to local newspapers and a mail-out went out via Age Concern.

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<sup>6</sup> The difficulties encountered were mainly practical: ensuring that the selected films were available with subtitles for the selected region, that DVD's were playable in each region and that members of the Focus Group were able to access either films streamed online or had access to DVD players.

<sup>7</sup> Lions Clubs are a volunteer organisation that originated in the United Kingdom but is now worldwide. It runs local community schemes including projects such as improving adult literacy. The Rotary Club is a similar organisation operating in the UK and Ireland and internationally. They too develop projects within the community. Age Concern is a UK campaigning and charitable organisation specifically aimed at supporting the elderly in areas such as loneliness, money concerns and health issues.

As a result 2 Senior Learners, 2 Educators of Senior Learners, 3 Senior Learning Providers, 1 Active Aging Expert and 1 European cinema expert were selected for the Focus Group.

As with Slovenia there was considerable interest in the project and a mailing list has been compiled for those who were interested but who were not able to participate in the Focus Groups and they are now sent regular updates on the progress of the Cinage project.

It should be noted that two members of the Group decided to withdraw before the second Focus Group finding that the task was too onerous, particularly as a result of the difficulties encountered in supplying the full range of films in sufficient time.

### Italy

The Italian partners focussed upon contacting senior learners that they had previously worked with. In addition, Zoe Teatro, a cinema association active in the area was contacted with a view to accessing European Cinema experts. Additionally members of the team who were both senior learners and a senior learning educator participated in the Focus Group. To some extent this approach reflected the small community based in Fogligno where the linguistic requirements were harder to identify than in some of the larger centres involved in the Cinage project. Again it should be noted that 2 members of the group withdrew before completion. The final participants consisted of 1 expert on European cinema, 1 specialist on theatre and art, 2 senior learners and 2 senior educators.

### Portugal

There was no open call for the focus group members. Due to the fact that these people needed to be fluent in English in order to understand the subtitles and write the final reports, a large list of known professional acquaintances that could meet the required parameters was compiled. They were film translators, people who had studied or lived abroad and film technicians/artists who had a long experience with working with foreign crews. After the first choice, the list was progressively diminished as the CVs were studied and the needed linguistic competencies were found lacking. Ultimately, a final focus group list was achieved and these people were contacted by phone. Some of them rejected the idea straightforwardly, mostly because they didn't have enough time.

The final focus group list, prior to the contacts, had 7 cinema specialists, 8 senior citizens, 8 adult educators. All of them were from Lisbon or the outskirts of Lisbon. The first cinema specialist (also a senior citizen) accepted to be part of the project straight away, making it pointless to get in touch with the other six possibilities. It was more difficult to get educators and active ageing specialists, due to a professional overload and there were several rejections in this category.

The senior citizens who were contacted were very enthusiastic about the project and all of them wanted to be part of it. However, the amount of work required and the small time window in which to do it, made some of them either during the first telephone contact or before the first film screening, which made it necessary to find substitutes. In the end there were only two seniors, whereas in the beginning there were 4 of them.

The method proved to be good insofar as the chosen people, indeed, had the linguistic requirements and were committed to the project. Still, if we had had more time, we would have been able to make an open call and approach institutions instead of individuals. The grids would also have been delivered more rapidly than they effectively were, because we would have been able to choose people with more free time.

## Appendix 2: Selection of Focus Groups

### 4.2.3 FOCUS GROUP FILM ASSESSMENTS (*Template 3*)

All partners were supplied with assessment/questionnaire grids so that they could score and comment on aspects of the films. The questionnaires were aimed at providing a critical analysis of the films based upon their approach towards the six competencies. There was some debate about the questions. However despite this, the analysis of films did provide a number of clear guideline leading to the ultimate selection of the six films that will form the Cinage package.

In the case of Italy, Slovenia and Portugal, the survey questions were entered via Survey Monkey and the data has been analysed through this system. In the case of the United Kingdom, all the participants opted to enter their analysis upon the paper grids provided.

Some differences of approach can be seen in the responses to the films. Where Focus Group were viewing films from their own country they tended to be more critical about whether the portrayal of the ageing and their circumstances were realistic. For example, the Slovenian group questioned whether *Good to Go* was a realistic portrait of old people's homes, and whether the depiction of the ageing was paternalistic.

In the case of the United Kingdom, many of the UK respondents felt that *Best Exotic Marigold Hotel* was both unrealistic (focussing upon people who clearly had a not inconsiderable income) and also patronising, particularly with the portrait of the Indians who provided the hotel and services for the white English characters. However, other viewers found the film uplifting because of its positive attitudes towards some of the competencies, particularly towards "Learning".

There were also differences with regard to the cinematic quality of the film. *Amour* and *Saraband* were both rated very highly in cinematic terms as films made by undoubted masters of European cinema. But despite the fact that *Amour* did deal with issues of emotional wellbeing and health, ultimately it was felt by the majority of the partners that its approach was not positive enough, although some respondents felt that it was more honest and realistic in its depiction of issues faced by dementia.

Below are selected comments from the film analyses.

#### Saraband

Version: 2		Author(s): Ann Tobin; Mark Robinson
Date: 23.9.2014		Page 95 /

It is relevant to my interests. Dialogue is perfect. (ITALY)

A difficult challenging film which carries an important message about the impact of intergenerational relationships in the family, the common alienation within the family and in society, the cold that can be transmitted from generation to generation – selfishness, fear and disorientation which are also present in our society (SLOVENIA)

In which age is seen almost as time past – you are what you are. Other films suggest that in old age you become something different, but not this one. (UK)

### Best Exotic Marigold Hotel

Nearest film to my taste. Most cheerful and pleasant film to watch./Perfect example of active aging, encouraging for old people, entertaining (ITALY)

A relaxing romantic comedy, funny and touching film about older people with a rich storyline. ...Older people in the movie are active and also in their old age learn to adapt to change and accept new challenges. (SLOVENIA)

### Amour

I chose it for aesthetic reasons. Actors are wonderful. /I didn't choose it for relevancy but for its ability to describe aging. (ITALY)

A movie with pedigree. Immensely lively narrative of the relationship which due to illness changed but retains its essence: love, affection, reciprocity. A film that reveals the profound depths of love and illness. (SLOVENIA)

### Night Boats

The film is elegiac and elegant (ITALY)

### Mid-August Lunch

Cheerful (ITALY)

This is a film which restores hope. It's nice to see that warm human relations are still important. Our daily life is all we have, that is why we need to make it beautiful and manageable....the importance of preparing good food which we know how to enjoy, the pleasure of small things.../An original solution for the elderly who are at times redundant to the members of the family. (SLOVENIA)

No sense of economic activity/Initially hostile the four women find friendship and companionship. (UK)

### Good To Go

All the competencies are represented. (ITALY)

Interesting. Uses teaching and learning as a route for an oldman to find friendshi/love. Rather unappealing old people's home, but shows the elderly responding to each other and providing emotional support. /A sense of isolation and of the old becoming separate from family so honest and realistic. / Good film. In top 6. (UK)



Vindage Perdu

A realistic movie which opens up several important topics of the elderly population. /The movie shows that because we are older all is not lost. (SLOVENIA)

About an old man who is very grumpy living with his daughter and decides to go home. Realistic about relationships with family. Not so realistic about love affair with younger woman. But comes to terms with old age and goes on a visit to Paris to see his granddaughter. Quite adventurous. (UK)

Cloud 9

Shows elderly still physically active, able to swim, cycle/No engagement with six competencies beyond small civil/community involvement/An intriguing film that ultimately ends very depressingly saying you cannot start a new life at this stage. (UK)

A Lady in Paris

A very slow start, bt an interesting film in which age is not an issue. The need of the elderly to be looked after is significant/More about Moreau than old age. (UK)

Empties

Sweet film but not particularly exciting/don't quite believe the relationships. No reason for it dramatically or narratively except to provide a happy ending./Health an issue. Emotional wellbeing an issue/Good material upon finding an active life, but on the other hand he resigned from teaching rather than being made to retire. (UK)

After Twilight

About a number of people being active, deciding to do something at the end of their lives/showed active involvement with young people as well/positive action rather than being thrown into something/rather romantic but appealing in terms of community, the decision to be positive and the way in which old people react with the young. (UK)

Elsa and Fred

Honest and realistic regarding health, emotional wellbeing and finance/not realistic with regard to learning and technology. Not particularly informative (UK)

At the Final Focus Group meeting all members were given a certificate (Template 4)

**Appendix 3          Focus Group Grids****4.3      NOTES ON FOCUS GROUP MEETINGS**

Version: 2		Author(s): Ann Tobin; Mark Robinson
Date: 23.9.2014		Page 97 /

All groups had an initial inaugural focus group meeting at which the Group members met each other, and the Cinage project was explained in more detail. Members of the group were then asked to watch each of the 12 selected films and score them according to a common grid template. (**Template 1**) After approximately one month the Focus Groups came together in each country for a final meeting and were asked for their comments on both the project and the process.

### United Kingdom

The first meeting was held on Monday 10<sup>th</sup> February in a screening theatre at Leeds Metropolitan University. In addition to the Focus Group members the meeting was also attended by Ann Tobin, Cinage Research Fellow (and Senior Lecturer in Screenwriting at the University's Film School); Mark Robinson, Senior Research Fellow for Health and Wellbeing who was also the lead CINAGE researcher for the review on active aging across the Cinage partner countries and the EU.

The participants introduced themselves giving a brief description of their working status and occupation as well as talking about the reasons for their participation. Ann Tobin introduced the approach towards the research, providing copies of the research grids and also information about the twelve films that were selected.

At this point one of the UK selections *The Best Exotic Marigold Hotel* was screened and this was followed by a discussion with the group, aimed in part at getting opinions about the film, but also primarily as a 'dry run' that would provide opportunities to explore both the six competencies themselves and how they might this understanding of the competencies towards the analysis of the films. Each member of the Focus Group were given 12 copies of the Research Grids. At this point electronic versions of the grid were not available and several members of the group expressed their preference for completing the grids on paper.

After the viewing we were able to give copies of *Saraband*, *Amour*, *Good to Go*, *Empties*, *Wolke 9* and *Good to Go*. However, there were at this point not enough copies of these films to provide to each member, and the other films selected were still awaiting delivery. Arrangements were made for delivery of the remaining films. It was agreed that the final UK Cinage Group meeting would take place on 10<sup>th</sup> March.

The Second Focus Group meeting took place on 10<sup>th</sup> March 2014 in the same venue. In addition to Ann Tobin and Mark Robinson this session was also attended by Jenny Granville, Principle Lecturer in Filmmaking at Leeds Metropolitan Film School and the UK Cinage Project Manager. Nina Aleksandrowicz, Administration Assistant for the UK Cinage project was also present.

Two Senior Learners who had attended the first meeting did not attend and afterwards they indicated that the task of watching so many films, particularly those that were "streamed" was too onerous. After a short discussion about the research process the film *Before Twilight* was screened to the group. At this point the group had not been able to view all the films.

The group felt very strongly that they enjoyed the discussion about the films and this was a more satisfying way of developing an understanding than filling in the grids. There was a lively debate around two key issues: firstly were the cinematic qualities of the films more important than the reflection of the six competencies; and secondly was the purpose in selecting films intended to show “positive” images of active ageing or should the films selected be those that were more “honest” about the difficulties faced by the aging population. This issue was reflected in the final grid reports and in the final summaries of the Focus Group.

All members of the group expressed an interest in continuing to be involved and in particular were keen to be involved in the pilot film projects.

### Portugal

The inaugural focus group meeting in Portugal took place on 20<sup>th</sup> February 2014 in the AidLearn facilities. All group members were acquainted with each other over a cup of tea whilst Maria Helena Antunes explained the profile and objective of the Cinage project. Fatima Chinita explained in detail the methodology adopted for the choice of the 12 films that were to be watched by the members and a copy of the research grid was provided to each member. The competencies were also defined and discussed in detail so that the group knew what was at stake. There was some questioning about the grid itself, for example what was meant by an “honest representation”, and how to approach the section regarding Overall Storyline. After some debate the consensus was reached that honest representation reflected the view of the filmmaker. A list of links to the project and website was also provided.

Fatima also identified the links to films on line. One member of the group identified his difficulty in watching films on line and a pack of DVD’s had been prepared in advance to cover this situation. The film *Elsa and Fred* was then screened followed by an extremely lively discussion with people having different opinions about the film. The unrealistic nature of the film was finally accepted as intentional since the film is a sort of cinematic fairy tale based upon Federico Fellini’s anti-illusionist films. The issues of health and making the most of life were also discussed. Although there were differences of opinion participants were enthusiastic about the project and were eager to watch the remaining films. The date of 20<sup>th</sup> March for final delivery of all the film grids was also set and then photographs of the proceedings were taken for the website.

The final meeting for the PT CINAGE Focus Group took place on Thursday, 20<sup>th</sup> March at AidLearn office. Fatima Chinita and Maria Helena Antunes, from the PT team, were present and coordinated the work.

Although all the films had already been seen by the participants, they still had some unfilled grids. Was asked to complete this work as quickly as possible. The delay is due in part to the fatigue that caused them to fill the grids. Although participants particularly enjoyed the

viewing of films and discussions that were being made, the more paperwork seemed to them very detailed and with some unnecessary questions.

The discussion that followed focused on the choice of the six films, was particularly interesting and shared by all. There was great unanimity in the choice of films (Elsa y Fred; Before Twilight; Empties; Vidange perdue, Good to go and Best Exotic Marigold Hotel) which in the opinion of the participants illustrate better what we were looking under CINAGE. These were not necessarily the movies that participants enjoyed more, but they were the ones that best responded to the framework established for the work of the focus group.

Then followed a debate on the best way to explore the films within the course CINAGE, to develop in the next stage of the project. The group considered that it should always start with the viewing of the film together, followed by a group debate and in accordance with a script previously established, capable of guiding the discussion on active ageing relate themes and promote the self-reflection and sharing of experiences.

A suggestion was made that we should make a video for each of the countries with the development of the pilot course, that illustrates the process of film production and being itself one more example of active ageing.

### Slovenia

The first meeting was held on 14<sup>th</sup> February 2014. The discussion was extremely lively leading to the conclusion that the *image of old age is after all less stereotyped than it used to be two decades ago*". The group viewed *Good to Go*, chosen for the first meeting because it was Slovenian and it was thought that the evaluation would therefore be more objective. There was an engaging discussion on the reality of the situation in the film, and how far the presentation of the old people's residence was realistic. Members concluded that having a single room as not always possible unless you could pay, and that the majority of old people's residences had been build after World War Two and were not that "cosy". However, not all of the members of the Focus Group were familiar with old people's residences and found the film informative as a result. Some members doubted whether computers would be available for older people in residences, but others were pleased to learn that internet access was available. One of the actors in the film had died recently and he had been resident in an old people's residence. It would have been interesting to have had his perceptions about reality and the film, but he had been active in organizing old people's reading groups that were well attended.

The final meeting for the SI CINAGE Focus Group took place on Tuesday, 11st March 2014 at Slovenian Third Age University. Alenka Gabriela Čeh gave a welcome address and presented the agenda of the meeting. Participants were invited to give their impressions on European movies. One participant has not watched all movies because of lack of time. There was some discussion on the questionnaires. Some of the participants found that the questionnaires were hard to answer, and that some questions seemed incomprehensible. There was also a discussion on the final questionnaire.

Following this there was a discussion about the films and members of the Focus Group expressed their pleasure with both the movies and Focus Group. They were glad to participate in Focus Group because they had chance to watch movies from

another perspective and thinking about active ageing and social issues. Discussion brought out many rich thoughts on active ageing, European movies, and images of the ageing in EU society. They touched on the fact, that they always watched movies also from personal point of view. As a result, some of the members found that watching the film *Amour* was very uncomfortable to watch because of the personal experience of the particular illness and death.

Finally the group agreed that they would email the completed questionnaire during the next week.

### Italy

The first meeting for the Italian CINAGE Focus Group took place on Wednesday, 12<sup>th</sup> February at the Study Center City of Foligno. Each participant introduced themselves and explained why they are interested in the project. The main objectives of the Cinage project were then explained, together with an explanation of the aims for the focus groups, and an explanation of the structure and methodology of the research. The grids and the competencies were also explained and discussed. All participants were given a table with an explanation of the six competencies and all copies for the Focus Group film grids.

There was a screening of *Mid-August Lunch* followed by a discussion about which of the competencies might be applied to the film. Each participant shared their opinions of both the film and how the competencies might be interpreted through their representation in the film. This was followed by each participant completing the first film grid. Finally a pack comprising the selected films and copies of the grids were provided to each participant.

The final meeting of the focus group was organized at the Study Center on the 27<sup>th</sup> of March. All the participants to the focus group took part to the meeting managed by Altheo Valentini, Project Manager.

First of all, each participant was asked if they been able to watch all movies and to give us a first feeling on how was for them the experience, if they wanted to report particular positive or negative thoughts about it. From the point of view of the senior learners some movies, especially *Amour*, were not focused on active ageing but rather to other aspects of ageing, such as death, health issues etc. As a result it seemed difficult to fit the film into the aims of the focus group.

Generally speaking all participants of the focus group appreciated the movies and the participation to the focus group, showing the will to take part to further project activities.

The only common difficulty was represented by the movie analysis grid, because questions and modalities for compilation were not clear enough to the majority of the focus group members. We need to highlight that during the first focus group, the grid was explained to all participants and analyzed. However, at that time most of the participants were a little puzzled by the questions and some doubts still remained.

Participants suggested that it would have been better if an easier and more comprehensible grid, taking into account that had to be fulfilled by people in four different countries, with different languages and linguistic structures, had been supplied.

The meeting proceeded with the questionnaire regarding the overall assessment of the focus group and the selection of the six final movies. Each participant answered the questions and at the end a discussion about the selected movies was made. Apart from the general votes, *Good to Go* was highlighted as representing the competencies in a particularly detailed and effective way in comparison to the other films.

## Appendix 4 Notes of Focus Group Meetings

### 4.4 SUMMARY OF FINAL QUESTIONNAIRES

Each member of the Focus Groups were also asked to consider some general questions around the themes of how they would define active aging, the reasons for watching films, and which of the competencies they would most like to see reflected in the cinema. (**Template 5**) Below is a summary of the various findings.

#### 4.4.1 How they would define the terms Elderly, Ageing and Senior.

There were an interesting series of responses that suggested a considerable difference of opinion to the way in which the six competencies reflect attitudes towards ageing. Comments included:

#### United Kingdom

Age 55: earliest age in the UK when you can cash in personal pensions, etc., but is also middle-aged by some accounts;

Elderly: 80+ years. It implies a frail state. The last stage of life before illness or death.

Ageing: Happening to us all the time. But after 60 the signs begin to show, lines, wrinkles, greying hair, aches, pains, slower to heal after injury.

Senior: means being able to claim discounts at cinema or on the price of lunch;

There are huge variations: for reasons of bureaucracy elderly is set at a certain age – pensions, etc., but 60-75 is very different to 75+. A huge swathe of the population is included in the term elderly and they are not at all a homogenous group, even before you consider differences such as gender, ethnicity, sexuality. Grandparents can start at the age of 50 or younger. Useful to think of “older” and “Elder”. Elders reflects respect and a certain wisdom. Should be used more often.

Three Stages: younger elder, 70+ that equals middle stage of aging when energy begins to fade, harder to begin new activities; last stage perhaps 80+ and linked to increasing physical and mental health issues.

Can be chronological, but would prefer it to be linked to capacity, physical and mental. Ageing would mean that those capacities were in the process of diminishing.

#### Italy

...one more chapter in life. The last one!

The more advanced age of a human being. Time going by inevitably.

Realizing that the mind didn't change but that the body isn't the same anymore.

A process in life when people have to face issues, changes (of mind and body skills);

Ageing is being wise.

Sometimes being in a weak condition.

### Slovenia

Old are those who are over 60; those who are in the third age after retirement; those who have entered the time when they can be what they really are, real deep down;

Older are those who learn about themselves and their true nature. One can be involved thirty years or more, shall we say, in journalism and in old age one can discover that he has not really been himself or herself.

Being old means being old biologically (biological and physiological aging) but old age is also a social construct.

### Portugal

Definitions are related to three main aspects: chronology, change in social role (retirement) and change in capabilities. A more cultural approach to old age suggests that change in social role is the predominant means of defining old age. There is no standard numerical criterion for this, as the pensionable age set by governments is set as a standard definition. The age of 60 or 65, commonly set as retirement ages, is said commonly to be the beginning of old age.

Elderly or senior people are simply people that having reached a certain age can look back in their lives with maturity and fulfilment. It's a way of moving forward, looking back. It's not a frozen state, but a daily movement that encompasses learning and adaptation to new realities and challenges. Being old is not a closure or an end. Ageing demands an attitude: being active.

Someone with a lot more years and experience than the average adult. Unfortunately there are also some physical handicaps but for me they are not a big problem. I continue to dance as I did before. I try to keep fit and don't think of myself as "old". Instead I prefer the word knowledgeable.

I prefer the expression "old adult" to refer to a person of 65 years or more.

## 4.4.2 Reasons for Watching Films

In order to contextualise the information and responses of the Focus Groups, members were also asked to provide information about their film-watching habits.

### Slovenia

We all like dreaming; that's why we watch films; We are interested in arts and film is an art; In old times there were wise older men and young generations who listened to their stories. We

like stories, feature films are about stories; Film introduces us to different cultures; Through films we live in several cultures; Films make us learn about ourselves and about others.

### United Kingdom

Mainly to be entertained. Escapism. Sometimes I might want to see the life of a great person or a historical event made easier to understand through the enjoyment of its presentation on film;

I like to be amused and made to laugh or really be touched by the expression of some deep emotion; but I don't like to be totally depressed with the subject matter like in *Amour*. That can affect my mood for days and life is too short to go round feeling weighted down.

When I get the flu I have comfort films that I like to watch to cheer me up. They are usually feel good films like *Groundhog Day*

I enjoy the film versions of classic novels, particularly Dickens stories

My favourite film of all time is *Cabaret* – Liza Minelli is just stunning...the film is the most ironic way of showing how indoctrinated Hitler youths were, and yet how innocent and wholesome they looked.

I like modern 3D films, especially of nature.

I like to see different locations that I will never get the chance to visit in person

Sometimes I will go to see a film because of an actor or actress

I like the cinema experience – the anticipation at the outset, the large screen and the greater sense of occasion than you get from watching TV

### Italy

The Focus Group members identified film watching as: a hobby, for entertainment, to have fun, and because cinema is a universal language that describes reality and creates imagination.

### Portugal

For many reasons. Cultural habit, enjoyment, to relax, to know new stories, to escape from reality for a while. Also to appreciate the images and photography. And sometimes cinema is a way of life and better than reality.

All my life has been about cinema personally and professionally since I was a cinematographer and a teacher at the Portuguese Cinema School. Watching films is just an essential part of what I am. Also, sometimes cinema is better than reality and I've had the privilege to learn that from my own experience.

I have always watched films, why shouldn't I keep on doing it now. My eyesight is not as good as it was, but my love for culture remains the same. I am a very artistic person by nature and cinema is a means of culture. I usually don't watch commercial films. I prefer films that tell a simple story in a complex manner.

The same reason I read books, because I like to do so.

For enjoyment and cultural pleasure



Movies sometimes allow us to escape, take us to places we've never been and inside the skin of people quite different from ourselves.

Because I like cinema and image. Photography is my hobby.

#### 4.4.3 Relevance of Competencies

Generally speaking all the Focus Groups found the competencies of relevance to them. However, it should be said that in the UK many felt that the overriding aspect of being able to join old age was probably economically based: that health, the ability to learn new things and engage in new technology, and activity in the community was dependent upon having the wherewithal to be able to do this.

In Portugal, 3 felt that Economic and Financial issues whilst 3 felt that it wasn't so significant; Learning was relevant with cinema being identified as a tool of knowledge; and was also a way of sharing social experiences. Health was also significant, although, like some UK correspondents *Amour* was identified as a hard film to watch because of its approach. Similarly emotion wellbeing was identified as significant – emotion is the basis of humanity.

## Appendix 5 Summary of Final Questionnaires

#### 4.5 Focus Group Response to the Cinage Project.

Generally speaking there was a positive response in all the Focus Groups to the project with comments such as “innovative and socially necessary initiative; society needs to be more aware of senior citizen problems, it provides an interesting panorama of the various European perceptions”.

There was some concern about the amount of work that the participants were required to do, not so much watching the 12 films although some found this onerous, but the completion of the film grids and questionnaires proved a tiresome to a number of members. Similarly there was some concern that the six competencies were a complicated way of assessing the relevance of the films to the concerns of ageing citizens.

However, most participants expressed a desire to continue to be involved in the project and many were particularly interested in the opportunity to participate in the film and atelier pilots.

#### 4.6 Final Film Selection

As has been said above there were some differences of opinion between the various Focus Groups on particular films. It was decided at the second partner meeting that the fairest way of selecting the films was to amalgamate the votes from the four Focus Groups and that the

six films that achieved the highest amalgamated scores would form the Cinage Film Package.

The final six films are:

*Vidange Perduu/ The Only One* (2006) Dir: Geoffrey Enthoven. Belgium

*Vratné lahve/ Empties* (2007) Dir: Jan Sverák, Czech Republic, UK, Denmark

*Srecen za umret/Good To Go* (2013) Dir: Matevz Luzar. Slovenia, Croatia

*The Best Exotic Marigold Hotel* (2011); Dir: John Madden, UK, USA, United Arab Emirates

*Jeszcze nie wieczór/Before Twilight* (2008) Dir: Jacek Blawut. Poland

*Pranzo di ferragosto/Mid-August Lunch* (2008) Dir: Gianni Di Gregorio: Italy

#### 4.7 Evaluation and Conclusions

This was a complicated project to organise in a relatively short period of time. The initial research into ageing in the EU and in particular the four partner countries was conducted by Mark Robinson, of Leeds Metropolitan University. This provided a number of insights into the situation in the EU, but at the point of the initial meeting of the Focus Groups the research had not yet been completed. As a result, although the Groups were focusing upon the six competencies as reflected in the films being viewed, it would perhaps have been a useful exercise if the research had been completed so that it was fed into the work of the Focus Groups.

Nonetheless, this is a substantial review of the available research providing not only a strong contextualisation to the continuing development of the Cinage project but also a valuable research document in itself.

As can be seen from the above, the selection of 12 films and the circulation of those films to each member of the Focus Group was not as smooth as might have been hoped but ultimately the practical difficulties of distribution, on-line streaming and appropriate sub-titling was overcome so that by the end of the Focus Group period all partners were able to report upon substantial progress. As a consequence the selection of the final six films that will become part of the Cinage package were selected.

The films reflect a cross-section of approaches towards active ageing and the six competencies. This in itself is a valuable resource, but perhaps just as valuable is that the selection of films reflect the value and quality of European cinema itself.

This document is just a summary and it is this summariser's hope that the report conveys a full and accurate flavour of the considerable work and input into the reviews of European cinema by the Focus Group members in each partner country. Their effort and commitment was considerable and it is to be hoped that they will continue to participate in and help develop the Cinage project through its next stages.

Ann Tobin

## 5. GLOSSARY

### Active ageing

The World Health Organisation has defined active ageing as a full citizenship process which involves creating the most opportunities for participation, security and greater quality of life as people age. Active ageing involves independence in activities, social contribution, emotional connections, supporting people to adapt to age-related limitations, resilience, creative leisure, sexuality, retaining own values, and removing structural barriers to participation. Some aspects, such as health and wellbeing, can be seen as enabling active ageing, whereas aspects such as creative leisure activity, volunteering and paid work are elements of active ageing.

### Autonomy -

Autonomy in older age means having or keeping independence or freedom of action, rather than being treated as dependent.

### Competency -

This word has different meanings. In relation to active ageing, it means what is required for older people to live and participate actively within communities and society. Although competency is often considered in terms of abilities of individuals, in this project there is a society competency level, which can be considered at least equally important. For example the 'health' competency for active ageing not only requires individual behaviours which promote health, but also social structures such as healthcare systems that support older people to manage their health.

### Civic and Community -

This competency concerns what is required to be an active older citizen, taking part in activities of benefit to the individual and society. The activities could involve doing voluntary work, or possibly some form of employment or paid work, also it could mean caring work in the family, or for others in the community. The community to which an individual contributes can be a family, local service, neighbourhood, town, region, nation or global.

### Demography -

This is the study of human populations, using statistics to examine such aspects as the size, growth, structure and distribution of groups of people. Demographic analysis can be applied to a particular population group such as men and women aged over 65, and can take account of changes across geographical space and across time, in relation to dimensions such as birth, death, migration, and ageing.

### Digital inclusion -

Digital inclusion for older people concerns overcoming an aspect of social inequality where older people who are unable to access and use technologies (such as computers and internet) are disadvantaged, marginalised and digitally and socially excluded. Digital inclusion involves overcoming financial and other barriers to access, and overcoming barriers to use which include skills and competencies, social factors, and on-going support.

**Emotional -**

This competency concerns what is required for older people to maintain autonomy and dignity in older age, and to be able to feel in control. It also involves maintaining meaningful social and emotional connections, care and support, at home and in the community.

**Empowerment -**

Empowering approaches to active ageing encourage older people to draw on and extend their own capacities to make effective choices in life, and to exercise autonomy and decision-making power in relation to their lives and their social environment. Social challenges to empowering older people include economic inequalities e.g. concerning employment and pensions and social provision for learning, health support, and opportunities for civic participation.

**Financial/Economic -**

This competency concerns what is required for older people to have financial security to be able to live an active, meaningful life. This includes having an adequate income across the lifecycle, opportunities for continuing to work without age discrimination, and adequate social protection, including pensions and other allowances.

**Health -**

This competency concerns what is required for older people to maintain their health and well-being in older age. Health and wellbeing involve physical, mental and social aspects. The quality of health services and support, people's lifestyle, their opportunities for social networks, social care and environmental security can all influence health and well-being.

**Holistic -**

Holistic approaches to active ageing focus positively on the importance of the whole person, including social, physical, and psychological aspects, rather than separating out different parts such as physical health only, or a particular limiting condition only.

**Learning -**

The learning competency concerns what is required to continue to learn in older age, and to learn in a way that is relevant for older age. This might include formal and/or informal learning, and could involve a wide range of possibilities including learning skills and knowledge, learning something creative, or learning new technology like e-technology (computers and the internet).

**Lifelong learning -**

This is the ongoing pursuit of learning for personal or professional reasons throughout life and in a range of situations. Learning can take place not only in formal settings but also in non-formal learning groups, through daily interactions and in a wide range of environments. The Lifelong Learning Programme has been a European funding programme which has supported education and training for all age groups across Europe.

**Life-course –**

A lifecourse approach to learning for active ageing stresses the importance of all ages and stages of life and acknowledges the intergenerational context within which individuals live. It re

cognises that ageing and learning occur within a broad life process, and that cultural experiences earlier in life shape later experiences, decisions and outcomes. A lifecourse approach also emphasises that events that matter to individuals in later life may not necessarily be best ranked in chronological order – most recent events are not necessarily the most important.

#### Multi-dimensional –

The concept of active ageing is multidimensional because it has several aspects: and several competencies are required to support active ageing. This involves going beyond employment and productivity, including volunteering, lifelong learning and creative leisure, maintaining emotionally close relationships, sustaining choice, living by one's own norms, independence and quality of life, combating ageism, and including the different older ages and intergenerational connections. Different competencies of active ageing like learning, health and emotional can interact in many ways.

#### Self-care –

This means looking after personal health and wellbeing rather than being looked after. It can also include living a healthy lifestyle and staying active doing things that are important to the person concerned. It involves focusing on what older people can do rather than what they may not be able to do, and this includes obtaining support to be able to remain active and live in a healthy way.

#### Technological –

This competency concerns what is required for older people to have access to and be able to use technology for active ageing such as computers, mobile phones and apps; for social networking, and for communicating and learning online. It also concerns assistive technologies. Assistive technologies may include mobility aids, and forms of equipment that assist with getting support and care.

## 6. FILMOGRAPHY

The films viewed by the Focus Groups but not selected were:

*Amour* (2012), Wr/Dir: Michael Haneke, France, Germany, Austria

*Elsa y Fred* (2005) Wrs: Marcos Carnevale, Lily Ann Martin, Marcxela Guerty,  
Dir: Marcos Carnevale, Argentina, Spain

*Une Estonienne a Paris* (2012), Wrs: Agnes Feuvre, Lisa Marcheboeuf,  
Dir: Ilmar Raag, France, Belgium, Estonia

*Saraband*, (2003), Wr/Dir: Ingmar Bergman, Sweden, Denmark, Norway, Italy,

Finland, Germany, Austria

*Nocni brodovi* (2012) Wrs: Elvis Bosnjak, Igor Mirkovic. Dir: Igor Mirkovic,  
Croatia, Serbia, Slovenia

*Wolke 9*, (2008), Wr: Andreas Dresen, Jorg Hauschild, Laila Stieler, Cookyt Ziuesche,  
Dir: Andreas Dresen. Germany

## 7. APPENDICES

Appendix 1	Selection of Films
Appendix 2	Selection of Focus Groups
Appendix 3	Focus Group Grids
Appendix 4	Notes of Focus Group Meetings
Appendix 5	Final Questionnaires