


# PROMOTION OF HUMAN RIGHTS OF OLDER PERSONS

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- ▶ Recommendation CM/Rec(2014)2 of the Committee of Ministers to member states on the promotion of human rights of older persons
  - ▶ CDDH Report on the implementation of the Committee of Ministers' Recommendation CM/Rec(2014)2
  - ▶ Compilation of the member States' replies regarding the implementation of Recommendation CM/Rec(2014)2
  - ▶ Information on the CDDH Workshop on the promotion of human rights of older persons (Strasbourg, 21 June 2018)

EUROPEAN CONVENTION  
ON HUMAN RIGHTS



CONVENTION EUROPÉENNE  
DES DROITS DE L'HOMME

COUNCIL OF EUROPE



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# **HUMAN RIGHTS OF OLDER PERSONS**

The promotion of human rights  
of older persons

Recommendation CM/Rec(2014)2  
of the Committee of Ministers to member states  
adopted on 19 February 2014

**Council of Europe**

**French edition:**

***La promotion des droits de l'homme des  
personnes âgées***

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## Introduction

Given the demographic changes in Europe and the ever-increasing number of older persons in our societies, this matter is highly topical. Despite real progress, further efforts must be undertaken in order to ensure the full enjoyment of the human rights to older persons through effective measures.

This publication collects some intergovernmental work conducted within the Council of Europe with a view to strengthening the protection of the human rights of older persons:


- Firstly, it contains the text of Recommendation CM/Rec(2014)2, adopted by the Committee of Ministers on 19 February 2014 on the basis of the work conducted by its Steering Committee on Human Rights (CDDH). It is the first legal instrument of the Council of Europe developing an approach based on the rights of older persons.
- The CDDH report on the implementation of the Recommendation appears subsequently. This report highlights the good existing practices based on a compilation of national information also included in this publication.
- Useful information on a practical Workshop, organised by the CDDH on 21 June 2018 at its 89<sup>th</sup> meeting under the aegis of the German Chairmanship of the Committee of Ministers, are presented at the end of the publication. The Workshop has been prepared in close cooperation with the European Network of National Human Rights Institutions (ENNHRI) and with several specialised NGOs, notably *Age Platform*, and taking into account the outcome of recent events such as the Ministerial Conference on ageing held in Lisbon in September 2017. It allowed a very open exchange of views between representatives of the members States' Governments and representatives of the civil society. In connection with the Workshop, a photographic exhibition on older persons was inaugurated on Thursday 21 June 2018 in the premises of the Council of Europe in Strasbourg, on the initiative of the German Permanent Representation in cooperation with the Croatian Presidency of the Committee of Ministers. This travelling exhibition, which had already been presented in Geneva notably, provided reflexion elements for the CDDH work regarding the promotion of human rights of older persons.



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**Recommandation CM/Rec(2014)2  
of the Committee of Ministers to member states  
on the promotion of human rights  
of older persons**

*adopted on 19 February 2014  
at the 1192<sup>nd</sup> meeting of the Ministers' Deputies*



The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe,

Considering that the aim of the Council of Europe is to achieve a greater unity between its member States, *inter alia*, by promoting common standards and developing actions in the field of human rights;

Bearing in mind notably the Convention for the Protection of Human Rights and Fundamental Freedoms (ETS No. 5) in the light of the relevant case law of the European Court of Human Rights, the European Social Charter (ETS No. 35), opened for signature in 1961 and revised in 1996 (ETS No. 163), in particular its Article 23 (The right of elderly persons to social protection), in the light of its interpretation by the European Committee of Social Rights, as well as the relevant provisions of the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (ETS No. 164);

Taking into account Recommendation [CM/Rec\(2011\)5](#) of the Committee of Ministers on reducing the risk of vulnerability of elderly migrants and improving their welfare, Recommendation [CM/Rec\(2009\)6](#) on ageing and disability in the 21st century: sustainable frameworks to enable greater quality of life in an inclusive society, and Recommendation [Rec\(94\)9](#) concerning elderly people;

Having regard to Parliamentary Assembly Resolution 1793 (2011) on “Promoting active ageing – capitalising on older people’s working potential”, Recommendation 1796 (2007) on “The situation of elderly persons in Europe”, Recommendation 1749 (2006) and Resolution 1502 (2006) on “Demographic challenges for social cohesion”, Recommendation 1591 (2003) on “Challenges of social policy in Europe’s ageing societies”, Recommendation 1619 (2003) on “The rights of elderly migrants”, and Recommendation 1418 (1999) on “The protection of the human rights and dignity of the terminally ill and the dying”;

Recalling the provisions relevant to older persons in the United Nations Convention on the Rights of Persons with Disabilities and in the Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe (2006-2015);

Having regard to the relevant international conventions and instruments, as well as to the ongoing work of the United Nations, notably the United Nations Principles for Older Persons (1991), the Madrid International Plan of Action on Ageing (MIPAA) and the Regional Implementation Strategy for Europe, the Open-ended Working Group on Ageing for the purpose of strengthening the protection of human rights of older persons, and the

decision by the Human Rights Council on the appointment of an independent expert on the enjoyment of all human rights by older persons;

Conscious of the demographic changes in Europe and the ever-increasing number of older persons in our societies;

Stressing that the great increase in life expectancy which has taken place in the past century should not be perceived as a burden for society but as a positive trend;

Recalling the important human, social and economic contribution which older persons bring to society;

Reaffirming that all human rights and fundamental freedoms are universal, indivisible, interdependent and interrelated, and their full enjoyment, without any discrimination, by older persons needs to be guaranteed;

Recognising that while existing international human rights standards apply to persons at all stages of life and form an adequate normative framework for the protection of the human rights of older persons, additional efforts should be made to assess the protection gaps that arise from insufficient implementation of, information about and monitoring of existing law as regards older persons;

Recognising that, as a result of these implementation gaps, including in information and monitoring, older persons may be victims of abuse and neglect and have their human rights ignored or denied, and stressing therefore that effective measures should be taken to ensure the full enjoyment of their human rights;

Recognising that solidarity and respect between generations are of great importance and should be encouraged, both in the family and on the individual level, as well as on the private and public institutional level;

Stressing that older persons should be able to fully and effectively participate and be included in society and that all older persons should be able to live their lives in dignity and security, free from discrimination, isolation, violence, neglect and abuse, and as autonomously as possible;

Recalling that respect for the dignity of older persons should be guaranteed in all circumstances, including mental disorder, disability, disease and end-of-life situations,



## **Recommends that the governments of the member states:**

1. ensure that the principles set out in the appendix to this recommendation are complied with in national legislation and practice relating to older persons, and evaluate the effectiveness of the measures taken;
2. ensure, by appropriate means and action – including, where appropriate, translation – a wide dissemination of this recommendation among competent authorities and stakeholders, with a view to raising awareness of the human rights and fundamental freedoms of older persons;
3. consider providing examples of good practices related to the implementation of this recommendation with a view to their inclusion in a shared information system accessible to the public;
4. examine, within the Committee of Ministers, the implementation of this recommendation five years after its adoption.



## **I. Scope and general principles**

1. The purpose of the present recommendation is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all older persons, and to promote respect for their inherent dignity.
2. The present recommendation applies to persons whose older age constitutes, alone or in interaction with other factors, including perceptions and attitudes, a barrier to the full enjoyment of their human rights and fundamental freedoms and their full and effective participation in society on an equal basis. It takes note that Council of Europe member States have identified chronological ages at national level whereby persons enjoy specific rights and advantages by reason of their older age.
3. Older persons shall fully enjoy the rights guaranteed in the Convention for the Protection of Human Rights and Fundamental Freedoms (hereinafter: “European Convention on Human Rights”) and the protocols thereto, the European Social Charter, opened for signature in 1961 and revised in 1996, and other relevant international human rights instruments, to the extent that member States are bound by them.
4. Older persons should have access to sufficient information about their rights.
5. Older persons should be appropriately consulted, through representative organisations, prior to the adoption of measures that have an impact on the enjoyment of their human rights.

## **II. Non-discrimination**

6. Older persons shall enjoy their rights and freedoms without discrimination on any grounds, including age.
7. Member States should consider making explicit reference to “age” in their national anti-discrimination legislation.
8. Member States should take effective measures to prevent multiple discrimination of older persons.

## **Good practices**

**Austria** adopted, in 2012, a Federal Plan for Older Persons, elaborated with the participation of representatives of older persons, which forms the cornerstone of that country's policy regarding older persons. The plan contains, *inter alia*, awareness-raising and other measures against age discrimination, including multiple discrimination against women.

In **Belgium**, a local public social action centre organises training courses on « intercultural communication » for services working with older migrants. The centre elaborated a guide of good practices for professionals working with these persons about the specificities of different cultures, for instance regarding nutrition, hygiene, language, funerals, etc.

The **Czech Republic** adopted a new National Action Plan promoting positive ageing (2013-2017), which explicitly underlines the protection of the human rights of older persons as a key principle. The Council for Elderly Persons and Population Ageing was established in 2006 as a permanent advisory body promoting healthy and active ageing and equal rights for older persons in all areas of life. A special prize is awarded annually to individuals or organisations active in the field.

**Finland** published, in 2012, a Diversity Charter and established a Diversity Network among employers established aiming at developing tools for managing diversity and exchanging good practices in working life. The "Occupy your own age" movement is a network for good ageing established between seven Finnish organisations for social work for the elderly.

**Germany** established, in 2006, the independent Federal Anti-Discrimination Agency which carries out various projects and organises awareness-raising events such as the 2012 thematic year on age discrimination, during which it awarded a prize to small and medium-sized companies for applying innovative strategies for the promotion of teams of workers of all ages. Some nursing homes and specific institutions in the country have developed special units to enable older migrants to receive care in an environment that respects their cultural and social way of life.

**Sweden**, in January 2013, strengthened protection against age discrimination by including in the Swedish Discrimination Act the areas of social protection, health care and access to goods and services, to the labour market and to qualification and development resources for older persons.

**“The former Yugoslav Republic of Macedonia”** adopted, in 2010, the National Strategy for Senior Citizens (2010-2020), designed to create a coordinated policy to protect older persons, improve the quality of their lives and their social and economic status, promote their independence, prevent marginalisation and strengthen the system of social and health protection. In 2012, the country adopted the National Strategy for Equality and Non-discrimination, designed to ensure equality and equal opportunities for all.

The **United Kingdom** brought into force in October 2012 relevant provisions in its Equality Act 2010, banning age discrimination in the provision of goods, facilities and services, the exercise of public functions and the running of public clubs and associations. The government also negotiated agreements with several insurance companies with regard to older customers in areas such as motor and travel insurance.

### III. Autonomy and participation

9. Older persons have the right to respect for their inherent dignity. They are entitled to lead their lives independently, in a self-determined and autonomous manner. This encompasses, *inter alia*, the taking of independent decisions with regard to all issues which concern them, including those regarding their property, income, finances, place of residence, health, medical treatment or care, as well as funeral arrangements. Any limitations should be proportionate to the specific situation and provided with appropriate and effective safeguards to prevent abuse and discrimination.

10. Older persons should have the possibility to interact with others and to fully participate in social, cultural and education and training activities, as well as in public life.

11. Older persons have the right to dignity and respect for their private and family life, including respect for their sexual intimacy, to the fullest extent.

12. Older persons enjoy legal capacity on an equal basis with others.

13. Older persons have the right to receive appropriate support in taking their decisions and exercising their legal capacity when they feel the need for it, including by appointing a trusted third party of their own choice to help with their decisions. This appointed party should support the older person on his or her request and in conformity with his or her will and preferences.

14. Member States should provide for legislation which allows older persons to regulate their affairs in the event that they are unable to express their instructions at a later stage.

15. Member States should ensure that all measures that relate to decision making and the exercise of legal capacity of older persons, including possible restrictions which may be required for protection purposes, provide for appropriate and effective safeguards to prevent abuse. The safeguards should be proportionate to the degree to which such measures affect the older person's rights and interests.

### **Good practices**

**Belgium** adopted new legislation (in force as from 1 June 2014) reforming restrictions to legal capacity. The new legislation will protect older persons by allowing them to benefit from assistance or representation according to their legal capacity.

In the **Czech Republic**, full deprivation of legal capacity of any person will no longer be possible as from 1 January 2014. Any person being limited in his or her legal capacity will be provided with a trustee protecting his or her interest or a legal counsellor. The new Civil Code also introduces some new forms of supported decision making.

**Denmark** adopted, in 2010, a new Dementia Strategy with specific recommendations to strengthen and improve services for persons suffering from dementia. The country also allocates funds to support activities for such persons and their families.

In **Germany**, guardians have a limited mandate, being appointed according to the needs of each individual and for the performance of specific tasks. Their appointment does not suspend the individual's legal capacity to contract and self-determination.

**Greece**, in 2012, established a programme to ensure autonomy for older persons in their homes through the organisation of social services, psychological support and domestic help. The programme also encourages the participation of older persons in cultural activities and seeks to ensure that older persons live in conditions not incompatible with their dignity. Since 2009, in the framework of the programme "Parents' schools" of the General Secretariat for lifelong learning, more than 5 000 trainees attended 295 classes on the theme of old age to familiarise themselves with the physical and psychological problems that older persons may face and with the means available to prevent or remedy to them. The Centres of open protection contribute to the independence of older persons, to the

awareness raising of the general public and key actors about their needs, and to the improvement of their living conditions.

**Poland** has established “Golden Age Universities” which organise educational events for older persons in compliance with the philosophy of lifelong learning. The country has implemented a national Programme for the Social Activity of the Elderly focusing on education and volunteer work of older persons, their integration and participation in society, as well as on social services for older persons.

In **Spain**, the Council of Older Persons, composed of representatives of all administrative levels and of the civil society, deals with issues concerning the conditions and quality of life of older persons and also makes them participate in the decision-making process concerning a wide range of public policies on older population.

In **Switzerland**, private structures operating nationwide are entrusted by the federal administration with contributing to the health of older persons, ensuring them access to information and advice, and providing direct help. In many Swiss cities there is a tradition of solidary neighbourhoods (*quartiers solidaires*), in which resources are pooled and solutions to older persons’ problems provided by putting them in contact with other people and local actors (municipalities, social and medical structures, associations, etc.)

In **Turkey**, day support/solidarity services are provided for older persons at home in order to assist them in daily activities (small repairs, shopping, personal care, cooking, cleaning) and strengthen their social relationships (legal and social security consultancy services, social and cultural activities etc.). The Ministry of Family and Social Policies of Turkey has initiated a wide, community-based campaign to ensure full access and use of all public buildings and public roads by older persons.

In the **United Kingdom**, a coalition of organisations and individuals working together through research, policy and support to older persons launched the Campaign “To End Loneliness” in early 2011, intended to combat isolation in older age and help older persons to create and maintain personal connections. Since 1988, a programme has been established in the United Kingdom to encourage people aged 50 or over to get involved in local concerns as volunteers and to offer their skills and experience to the community.

In 2007, the **World Health Organisation** published a guide to help cities to become more age-friendly. Based on the principles of active ageing, the guide adopts a holistic perspective in presenting the physical and social experiences of older people in accessing the full range of places and services in cities and urban areas.

## IV. Protection from violence and abuse

16. Member States should protect older persons from violence, abuse and intentional or unintentional neglect. Such protection should be granted irrespective of whether this occurs at home, within an institution or elsewhere.

17. Member States should provide for appropriate awareness-raising and other measures to protect older persons from financial abuse, including deception or fraud.

18. Member States should implement sufficient measures aimed at raising awareness among medical staff, care workers, informal carers or other persons who provide services to older persons to detect violence or abuse in all settings, to advise them on which measures to take if they suspect that abuse has taken place and in particular to encourage them to report abuses to competent authorities. Member States should take measures to protect persons reporting abuses from any form of retaliation.

19. Member States shall carry out an effective investigation into credible claims that violence or abuse against an older person has occurred, or when the authorities have reasonable grounds to suspect that such ill-treatment has occurred.

20. Older persons who have suffered from abuse should receive appropriate help and support. Should member States fail to meet their positive obligation to protect them, older persons are entitled to an effective remedy before a national authority and, where appropriate, to receive adequate redress for the harm suffered in reasonable time.

### **Good practices**

In **Austria**, workshops are organised to create regional expertise in counselling older persons in cases of violence and regional networks of advisory contact points interlinking competent services, care homes and medical staff to provide help to victims.



**Belgium**, the **Czech Republic**, **Finland** and **France** provide helplines to report abuse cases. Local support teams do home visits, propose solutions to improve older persons' situations and offer free advice and training. In the **Czech Republic**, the new National Action Plan promoting positive ageing (2013-2017) foresees measures to support older persons in cases of abuse or neglect through psychological, legal and social help, educational material and training of professionals on how to prevent and to recognise abuse.

**Finland** adopted the Action Plan to reduce violence against women (2010-2015) which also envisages measures concerning older persons. Moreover, the Finnish Association of Shelters for the Elderly seeks to prevent violence against older persons and to raise awareness, for example by operating telephone helplines and providing other forms of support.

**France** set up, in January 2013, the National Committee for the good treatment and the rights of older and disabled persons to fight ill-treatment and promote their basic rights.

**Germany** established the programme "Safeguarding the elderly", which helps to optimise the safety of older persons and implement preventive approaches (such as women's shelters and counselling centres for older victims, and awareness raising and training of non-residential care staff to act as instances of prevention). An interdisciplinary group of experts has developed a guide for medical professionals to better detect homicide or unnatural causes of death in older persons. The German authorities have produced a brochure containing comprehensive information on fraud and deception targeting older persons. Moreover, there are training programmes for bank staff on how to recognise deception of critical financial situations for older persons.

In **the Netherlands**, the province of Noord-Holland has drafted a protocol to be used by external people in contact with older persons in residential care (for example hairdressers) in order to be able to recognise signs of abuse within the limits of their responsibilities and to act by contacting specific support teams. The city of Rotterdam has developed a Code of Conduct for detecting and reporting domestic violence. Professionals in health care and services to older persons, police and emergency services are trained to recognise abuse and report it to the Domestic Violence Advice and Support Centre.

The National Plan of Action on Ageing in **Turkey** intends to provide a reporting mechanism and vocational training for people working with older persons in order to help detect abuse and negligence and take measures in this respect.

**Portugal** has established a programme for the better security of older persons living alone and isolated, which is being implemented by the police, for example by establishing direct phone lines to police stations in older persons' homes and by organising regular visits.

In the **United Kingdom**, employers and voluntary organisations have access to information about an individual's criminal record before engaging persons providing personal care to older persons. There is also a special prosecution policy for crimes against older people to enable better tracking of such crimes. Special advocacy services for older people (such as the organisation "Victim Support") provide support to older victims.

The European Project "Breaking the Taboo", co-financed by the **European Commission** and carried out by project partners from **Austria, Finland, Italy, Poland** and **Germany** in collaboration with partners from **Belgium, France** and **Portugal**, issued a brochure on "Violence against older women in families: recognising and acting", aimed at raising awareness amongst and giving guidance to staff members of care homes and health and social service organisations.

## V. Social protection and employment

21. Older persons should receive appropriate resources enabling them to have an adequate standard of living and participate in public, economic, social and cultural life.

22. Member States should take measures to facilitate mobility of older persons and proper access to infrastructure for them.

23. Member States should provide adequate measures of support to enable older persons to have housing adapted to their current and future needs.

24. Member States should promote, either by public institutions or in co-operation with non-governmental organisations or with the private sector, sufficient supplementary services such as adult day care, nursing care or preparation of meals.

25. Member States which have not yet ratified the European Social Charter (revised) and the Additional Protocol to the European Social Charter providing for a system of collective complaints (ETS No. 158) are invited to consider doing so. Those which have already ratified the revised Charter but are not yet bound by Article 23 (The right to social protection of older persons), are invited to consider declaring that they consider themselves to be bound by that provision.

26. Member States should ensure that older persons do not face discrimination in employment, including on grounds of age, in both the public and private sectors. This should include aspects such as conditions for access to employment (including recruitment conditions), vocational initial and continuous training, working conditions (including dismissal and remuneration), membership in trade unions or retirement. Member States should ensure that any difference in treatment is justified by furthering a legitimate aim of employment policy and by being proportionate to achieve that aim.

27. Member States should include the promotion of participation of older persons in the labour market in their employment policies.

28. Member States should pay specific attention to safety and health problems of older workers in their respective programmes, action plans and other relevant policy action.

### ***Good practices***

The **Austrian** Federal Plan for Older Persons contains, *inter alia*, awareness-raising measures concerning older people in the job market and has as its highest priority the issue of quality living conditions for older persons.

In **Croatia**, older persons benefit from financial support (maintenance benefit, care and assistance benefit, personal disability benefit) and social services (accommodation in institution or in foster family, care and assistance services). Two programmes, “In-Home Assistance for Elderly Persons” and “Day-Care and In-Home Assistance”, provide food, domestic help, basic health care, mediation in exercising rights and educational, sports, cultural and entertainment activities. Priority is given to single persons and persons with low income.

In **Denmark**, a long-running campaign on age-friendly practices in the workplace is implemented at local level. Municipalities help older persons to find purpose and passion and encourage them to work for longer.

In **Finland**, employers have made efforts to increase the employment rate among older persons and arranged for flexible working hours for their well-being. Authorities have introduced a toolkit for “age management”, including a guide for older employees and their employers. A job application model emphasising applicant’s skills and decreasing the impacts of factors such as nationality, age or gender has been tested. The Finnish Parkinson’s Association carries out a project together with a local association on “Parkinson’s at work” to improve the well-being and working capacity of employees suffering from that disease.

In **France**, the law establishing the “generations contract” (*contrat de génération*), adopted in March 2013, allows companies with less than 300 employees to obtain financial support from the State for three years if they hire on a contract of indefinite duration a person who is less than 26 or more than 57 years old. A 2009 handbook on “Good practices of companies on keeping older persons among their employees or bringing them back to work” provides support to companies on these issues.

The **German** Federal Anti-Discrimination Agency started a nationwide pilot project for the depersonalisation of job applications, particularly for people from a migrant background, older job seekers and women with children. Numerous enterprises, public bodies and local authorities implement the project.

In **Greece** and in **Spain**, older people benefit from social tourism programmes offering holidays and/or hydrotherapies at affordable prices through State subventions.

In **Ireland**, older people are supported in remaining in their own homes for as long as possible. Local authorities help people with low income in need of housing and also grant an aid for the adaptation of homes. Voluntary housing bodies also provide accommodation to meet special needs of older persons.

In **Poland**, older persons in need may receive assistance in everyday personal, administrative, medical and home activities. The cost of these services is partially reimbursed. If an older person needs long-term care, he or she is entitled to receive pecuniary benefits, as well as required equipment, granted by municipalities.

**Portugal** has established, in co-operation with local communities, the voluntary initiative “Intergenerational Programme”, in order to avoid isolation of older persons living by themselves and to create an aid platform.

**Serbia** appointed a Commissioner for the Protection of Equality who has issued several recommendations on age discrimination, including in the areas of employment (avoiding references to age in vacancy announcements) and of bank services (eliminating age conditions in accessing to financial services).

In **Spain**, the website “EnclaveRural” constitutes a platform for exchanging good practices concerning the improvement of the quality of life of both older and disabled persons in rural environments and for promoting the creation of quality proximity services.

**Switzerland** contributes for a maximum of 12 months to the salary of a person over 50 years old whose recruitment was difficult and who needs in-depth training to the new job. All measures included in unemployment insurance, such as training and employment measures, are available to older job seekers. Older job seekers receive indemnities for a longer period than other age groups. When their rights expire, they can participate in new training and employment measures.

**Sweden** established the project “Cultural activities for seniors – Culture and Health” aimed at creating opportunities and cultural activities for older people.

One of the objectives of the National Plan of Action on Ageing in **Turkey** is to provide employment opportunities for all older persons wishing to work. This includes supporting older persons working in agriculture through teaching of new techniques and technologies and facilitating access to infrastructural and financial services.

The **United Kingdom** allocates resources to local authorities in England and Wales to enable older persons with disabilities to live as comfortably and independently as possible in their homes. Further funds support local handypersons’ services providing help with small repairs. Most older persons also receive an annual payment to help with fuel bills. In addition, in 2011 the **United Kingdom** abolished the default retirement age, so that individuals can no longer be forced to retire because they have reached a certain age. Employers may still set a fixed retirement age if it can be justified for objective business reasons, but this can be challenged before a tribunal.

## VI. Care

### A. General Principles

29. Member States should take appropriate measures, including preventive measures, to promote, maintain and improve the health and well-being of older persons. They should also ensure that appropriate health care and long-term quality care is available and accessible.

30. Services should be available within the community to enable older persons to stay as long as possible in their own homes.

31. In order to better assess and fulfil the needs of older persons, member States should promote a multi-dimensional approach to health and social care for them and encourage co-operation amongst the competent services.

32. Care providers should treat any sensitive personal data of older persons confidentially and carefully in accordance with their right to privacy.

33. Care should be affordable for older persons and programmes should be in place to assist older persons, if necessary, with covering the costs.

34. Care givers should receive sufficient training and support to adequately ensure the quality of the services provided. Where older persons are being cared for at home by informal carers, the latter should likewise receive sufficient training and support to ensure that they are able to deliver the care needed.

35. Member States should operate a system through which care delivery is regulated and assessed.

### **Good practices**

**Austria** grants, at federal level, a long-term care allowance covering to a certain extent the required care of the person. In the recent past, provinces have also participated in the payment. *Austria* established a project for care institutions for older people who suffer from dementia targeting health professionals and their management. The project aims at achieving greater awareness for gender equality with regard to dementia patients, taking into account their special gender-dependent needs and different life stories.

The **Belgian** Flemish Community established the “Flanders’ Care” programme which aims at improving the provision of care for older persons through the development of innovative technologies. The programme includes “demonstration projects” and “an experimental area for innovation in health care”. In addition, the Flanders’ Care programme foresees the creation of a Flemish Centre of Expertise of Assistive Technology.

**Bosnia and Herzegovina** and the UN Population Fund have signed the first fully fledged Country Programme Action Plan (2010-2014), one chapter of which is entirely devoted to older persons and the creation of a legal framework for healthy ageing and old-age care.

The municipal district of Prague, in the **Czech Republic**, runs a special multilingual web site for older persons with useful information on their daily life in the district (social and medical services, cultural events, free-time and leisure activities, etc.). The district also provides a helpline and legal counselling service for older persons.

In **Denmark**, preventive and health-promoting efforts are being made, and funds are being allocated to improve training on the one hand, and rehabilitation methods on the other, at both national and local levels. The country is also making increased use of “welfare technology” for the care of older persons whenever this increases the quality of care and reduces costs.

**Estonia** adopted a new Strategy for Active Ageing (2013-2020) covering topics like social inclusion, participation, lifelong learning, employment and social and medical service delivery. A new active ageing index is being used to measure the effectiveness of the strategy. The country has also developed guiding principles for informal carers.

**Finland** has established a project to actively engage older people who suffer from loneliness, in particular those who are in hospitals, adult day-care centres or residential care institutions. Moreover, the country adopted an Act on support for informal care, which came into effect in 2006. Support for informal care is a statutory social service ensured by the State and the municipalities.

**France** adopted in 2003 a “Charter of the rights and liberties of dependent persons in care” which recognises the right to privacy, including intimacy, security and data protection. Moreover, the non-profit organisation “*Vacances ouvertes*” helps informal carers such as family members to take a break and go on holidays, while professional carers take care of the dependent person.

In **Germany**, a whole range of local government support services are available to senior citizens. There are also benefits in kind or monetary benefits from the statutory long-term care insurance scheme (SPV), which is a stand-alone branch of social security under the German Social Code. Older persons can choose between the provision of care at home or in an institution, and between the licensed facilities or services provided by agencies. Since the beginning of 2013, patients are able to make individual care arrangements from a large catalogue of services.

In **Ireland**, a home care package initiative is aimed at older people who need more assistance to continue living in the community. The package includes services of nurses and various therapists (including physiotherapists and occupational therapists), home-care attendants and home helpers.

In **Italy**, the Long-term Care National Fund for people aged 65 or over allocates significant resources to regions for the purpose of improving and expanding health and social-care services, including at home, for older persons and strengthening the participation of older persons in society through solidarity and communication. In the province of Siena, the organisation “Un Euro all’Ora” launched a programme to support informal carers and prevent burn-out. In the province of Ragusa, public authorities co-operate with organisations active in the social field on the protection of family relationships and the management of services provided. Intergenerational family mediation allows families to co-organise such services together with the authorities.

In the **Netherlands**, the “National care for the elderly” programme was developed at the behest of the Dutch Government, with a view to improving care for older people with complex needs. Since the programme began in April 2008, numerous organisations have joined forces regionally and nationally to create a coherent array of care options which are better tailored to the individual needs of the elderly. For the elderly themselves, this programme leads to greater freedom and independence.

In **Turkey**, relatives taking care of older persons receive monthly financial support. In addition, support services are provided at home to assist older persons in daily activities (household small repairs, guidance on providing medical equipment, shopping, personal care, cooking, cleaning, etc.). Rest homes, rehabilitation homes and life homes are available to receive older persons in need of care.



**“The former Yugoslav Republic of Macedonia”** supports NGOs and municipalities developing non-institutional forms of care of and assistance to older persons. There have been intensive activities to provide older people in need with adult day care, accommodation, home services, financial support.

Within the **United Kingdom**, in England, the Care Quality Commission is the independent regulator of health and adult social-care providers; it assumes a key responsibility in assuring respect for essential levels of safety and quality of services. All providers of regulated activities must be registered and meet a set of registration, safety and quality requirements.

### ***B. Consent to medical care***

36. Older persons should receive medical care only upon their free and informed consent and may freely withdraw consent at any time.

37. In case an older person is unable, in the particular circumstances, to give consent, the wishes expressed by that person relating to a medical intervention, including life-prolonging measures, should, in accordance with national law, be taken into account.

38. When an older person does not have, according to national law, the capacity to consent to an intervention, in particular because of a mental disability or a disease, the intervention may only be carried out with the authorisation of his or her representative, an authority or a person or body provided for by law. The older person concerned should, as far as possible, take part in the authorisation procedure. Appropriate and effective safeguards should be provided to prevent abuse.

39. When the appropriate consent cannot be obtained because of an emergency situation, any medically necessary intervention may be carried out immediately for the benefit of the health of the older person concerned. Appropriate and effective safeguards should be provided to prevent abuse.

### ***Good practices***

In **Germany**, the Third Adult Guardianship Reform Act (2009) confers particular importance to advance medical directives in the area of medical interventions. The medical services of the health insurance funds also examine whether the restriction of liberty is accompanied by the required consent.

The **Czech Republic**, the **Netherlands**, **Switzerland** and the **United Kingdom** provide for the possibility of an act whereby a person can make arrangements for a third person to be authorised to make decisions on his or her behalf should the person become incapable. In addition, or as an alternative, a power of attorney may be granted to a trusted person to take decisions concerning financial affairs and medical treatment in accordance with the wishes set out in that document.

### ***C. Residential and institutional care***

40. Member States should provide for sufficient and adequate residential services for those older persons who are no longer able or do not wish to reside in their own homes.

41. Older persons who are placed in institutional care have the right to freedom of movement. Any restrictions must be lawful, necessary and proportionate and in accordance with international law. There should be adequate safeguards for review of such decisions. Member States should ensure that any individual constraints for an older person should be implemented with the free and informed consent of that person, or as a proportionate response to a risk of harm.

42. Member States should ensure that there is a competent and independent authority or body responsible for the inspection of both public and private residential institutions. Member States should provide for easily accessible and effective complaint mechanisms and redress for any deficiencies in the quality of care.

43. Older persons in principle should only be placed in residential, institutional or psychiatric care with their free and informed consent. Any exception to this principle must fulfil the requirements of the European Convention on Human Rights, in particular the right to liberty and security (Article 5).

### **Good practices**

**Austria** has introduced a national quality certificate for care homes for older persons based on a unified and objective process for assessing the quality of services on criteria such as the level of satisfaction of older persons living and staff working in those homes, as well as the organisation of daily routines to meet the needs of older persons.

In **Belgium**, a quality charter has been set up to cover various aspects of life in an institution.

The Ombudsman in the **Czech Republic** carries out visits in medical and residential institutions for older persons and issues reports and recommendations on the respect of human rights and dignity in those settings.

In **France**, structures hosting older persons provide them upon arrival with a charter informing them about their rights and freedoms. Structures have a “social life council” in which persons living in the structures also participate.

In **Finland**, a regional association is constructing a community house with 35 apartments for older persons who can manage their everyday life by themselves as an alternative to residential institutions. Communal meals and activities are organised.

**Germany** has issued a Charter of Rights for People in Need of Long-term Care and Assistance to improve the provision of residential and home care. The quality of both residential and non-residential care is scrutinised on a regular basis on the basis of standards set up at the national level. The initiative “Alliance for Dementia” was set up to implement an action plan for improvements in care given to people suffering from dementia, and to help them to remain in their homes.

In **Greece**, social counsellors are in charge of controlling institutions, by carrying out visits to check the proper functioning, the quality of care and the well-being of older persons.

**Ireland** has enacted a support scheme designed to remove financial hardship from many individuals and their families who would otherwise have to sell or re-mortgage homes to pay for the cost of nursing home care. Support under this scheme is provided irrespective of whether the person is in a public, private or voluntary nursing home.

In **Turkey**, an Equality Charter has been set up covering all care models, including home care, day care, residential care, nursing homes, palliative and institutional care, based on the care criteria as set out in the WHO International Classification of Functioning, Disability and Health (ICF).

#### ***D. Palliative care***

44. Member States should offer palliative care for older persons who suffer from a life-threatening or life-limiting illness to ensure their well-being and allow them to live and die with dignity.

45. Any older person who is in need of palliative care should be entitled to access it without undue delay, in a setting which is consistent with his or her needs and preferences, including at home and in long-term care settings.

46. Family members and friends should be encouraged to accompany older persons who are terminally ill or dying. They should receive professional support, for example by ambulatory palliative-care services.

47. Health-care providers involved in palliative care should fully respect patients' rights, and comply with professional obligations and standards.

48. Trained specialists in the field of palliative care should be available to lead education and research in the field. Programmes of palliative-care education should be incorporated into the training of all health and social-care workers concerned and co-operation of professionals in palliative care should be encouraged.

49. Member States should ensure the adequate availability and accessibility of palliative-care medicines.

50. In the organisation of their national palliative-care systems, member States should take into account Recommendation Rec(2003)24 of the Committee of Ministers to member States on the organisation of palliative care.

#### ***Good practices***

In **Austria**, the Hospiz Österreich is an umbrella association of organisations and a powerful promoter of integration of the principles of palliative care into the standard long-term care services. The province of Styria has a network of mobile palliative-care teams composed of medical doctors, care staff and social workers which collaborate free of charge with

family doctors and carers for the benefit of older persons. Palliative-care teams receive training and supervision prior to and during their service. In **Belgium**, there must be a carer trained in the field of palliative care in all residences and care structures for older persons.

**Germany** established a Charter for the Care of the Critically Ill and Dying in 2008 which contains guiding principles in the areas of social policy challenges, the needs of the individual and requirements for training, research and learning. The Robert Bosch Foundation gives geriatric nurses and care assistants the opportunity to learn basic skills in palliative care. A co-ordination office supervises palliative practice and serves as a source of information for training programmes. Moreover, non-residential hospice services, subsidised by health insurance funds, support terminally ill persons and their families in their own homes through specially trained volunteers.

The **United Kingdom** established in 2008 the “End of life care strategy”, which aims to improve care for people approaching the end of life, including enabling more people who so wish to be cared for and die at home. The strategy also aims to change people’s attitudes towards death so that they are comfortable with expressing their wishes and preferences for care at the end of life, and to develop the respective community services.

The **World Health Organisation** issued in 2011 guidelines on *Palliative Care for Older people: better practices* containing numerous examples of good practices in this field.

The **Palliative Care Outcome Scale** is a free tool available in 11 languages for palliative-care practice, teaching and research to help advance measurement in palliative care; it includes free resources and training.

## VII. Administration of justice

51. In the determination of their civil rights and obligations or of any criminal charge against them, older persons are entitled to a fair trial within a reasonable time within the meaning of Article 6 of the European Convention on Human Rights. Member States should take appropriate measures to accommodate the course of the judicial proceedings to the needs of older persons, for example by providing, where appropriate, free legal assistance and legal aid.

52. The competent judicial authorities should display particular diligence in handling cases in which older persons are involved. In particular, they should duly take into account their age and health.

53. Member States shall ensure that detention of older persons does not amount to inhuman or degrading treatment. The assessment of the minimum level of severity for a treatment to be considered inhuman or degrading depends on several factors, including the age and health of the person. Consideration should be given to alternatives to detention of older persons.

54. Member States shall safeguard the well-being and dignity of older persons in detention. In particular, they should ensure that the health of older persons is monitored at regular intervals and that they receive appropriate medical and mental health care. Moreover, member States should provide older persons in detention with conditions appropriate to their age, including appropriate access to sanitary, sports, education and training and leisure facilities. Member States should ensure social reintegration of older persons after release.

### ***Good practices***

In **Greece**, the sanctions system provides various advantages to older persons as regards alternatives to imprisonment and the calculation of the length of detention. For instance, for a 70-year-old person sentenced to life imprisonment, it is sufficient to serve sixteen years rather than twenty in order to obtain parole. Moreover, after 65 years of age, any outstanding period of imprisonment is reduced by half.

**Serbia** adopted special rules covering the detention of older persons, regarding for instance health care, accommodation (with persons of the same age, in areas allowing easy access to other facilities of the detention centres, etc.), planned activities, nutrition and social care in particular with a view to their release. A specialised detention centre provides for specific geriatric treatment, facilitation of contacts and visits with the families and support to the latter, in particular where other family members are older or disabled.

The **United Kingdom** has developed an “Older prisoner care pathway” to assist the delivery of individually planned care for older prisoners, followed by successful resettlement back into the community. A voluntary organisation (RECOOP) offers care and support to offenders aged 50 and over. A number of prisons in the country have a dedicated unit for prisoners who require palliative care. The organisation AGE UK has set up several local projects to run social engagement sessions and to provide training to staff and older prisoners.







**CDDH Report  
on the implementation of the  
Committee of Ministers'  
Recommendation CM/Rec(2014)2  
on the promotion of human rights of older persons**

adopted by the CDDH  
at its 90<sup>th</sup> meeting (27-30 November 2018)



## Background

1. When adopting Recommendation CM/Rec(2014)2 to member States on the promotion of human rights of older persons (“the Recommendation”) the Committee of Ministers agreed to examine the implementation of the recommendation five years after its adoption, that is, in 2019.
2. In view of this deadline, the CDDH has been invited by the Committee of Ministers, in its terms of reference for the biennium 2018-2019, to organise, if needed, a thematic debate on the follow-up given by states to the Recommendation (deadline: 31 December 2019).
3. In this context, the CDDH, at its 88<sup>th</sup> meeting (5-7 December 2017, CDDH(2017)R88, § 36), agreed to:
  - (i) organise during its next meeting (June 2018)<sup>1</sup> a half-day Workshop involving civil society and, in particular, social actors, National Human Rights Institutions, NGOs and other stakeholders;
  - (ii) ask the Secretariat to prepare this event in close contact with ENNHRI and several specialised NGOs, notably *Age Platform*, and taking into account the outcome of recent events such as the Ministerial Conference on ageing held in Lisbon in September 2017. Furthermore, the preparation of the Workshop should include: (i) a research of the Court’s case law and relevant decisions of the European Committee of Social Rights; (ii) a collection, through a brief questionnaire, of national information concerning the existing good practices; (iii) if possible, a collection of statistics, where appropriate, through the FRA;
  - (iii) publish the proceedings of the Workshop;
  - (iv) exchange views on the outcome of the Workshop during its meeting in June 2018 in view of the adoption of a follow-up report during its meeting in November 2018 to be transmitted to the Committee of Ministers.
4. On the basis of this decision, the Secretariat elaborated the request for information on existing measures and examples of good practices related to the implementation of the Recommendation (CDDH-AGE(2018)02). The competent authorities were invited to reply to this questionnaire by 28 February 2018 at the latest.

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<sup>1</sup> The Workshop was held on 21 June 2018 under the aegis of the Croatian Chairmanship of the Committee of Ministers.

5. The present report is based on the answers provided by 21 Member States, compiled in a separate document (CDDH-AGE(2018)03Rev), namely: Armenia, Austria, Belgium, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Greece, Ireland, Luxembourg, Lithuania, Netherlands, Poland, Portugal, Slovakia, Switzerland and Turkey. References to “all States” in the following text shall thus be meant to apply to the States which have submitted their replies. In addition, contributions were submitted by AGE Platform Europe, ENNHRI and ETUC<sup>2</sup>.

### **Item A – Impact assessment**

6. This section deals with the general impact assessment of the Recommendation; member States were asked to inform as to whether there was an authority in charge of the implementation of the Recommendation, to make a self-assessment of its impact on the human rights of older persons in their countries and to indicate relevant new measures as well as any obstacles encountered.
7. As to the question whether an authority had been assigned as responsible for the implementation of the Recommendation, almost all States answered that they had not appointed any specific authority, some of them stating that a number of institutions and authorities are dealing with the issue within the boundaries of their own competence. In Slovakia, although there is no specific authority assigned as responsible for the implementation, one central authority - the Government Council of the Slovak Republic for the Rights of Seniors and Adaptation of Public Policies to the Ageing of the Population - covers all the policies related to the rights of the elderly; in Austria the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection includes a department for fundamental issues related to senior citizens. Only in Armenia and in the Czech Republic a particular authority (in both cases the Ministry of Labour and Social Affairs) was assigned namely for the implementation of the Recommendation.
8. Regarding specifically the impact assessment of the Recommendation, several member States considered it as being “adequate” and one (Netherlands) as “satisfactory”. Some member States stressed that important advances had been made before the adoption of the Recommendation. In most cases, States have also adopted general or

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<sup>2</sup> These contributions are available in the compilation CDDH-AGE(2018)03Rev as well as on the website dedicated to the CDDH Workshop on "Protection and Promotion of Human Rights of Older Persons", held in Strasbourg on 21 June 2018 in the framework of the 89<sup>th</sup> CDDH meeting (see <https://www.coe.int/en/web/human-rights-intergovernmental-cooperation/promotion-of-human-rights-of-older-persons>).

specific measures to comply with the provisions of the Recommendation and additional measures continue to be implemented, which reflect also the work carried out by States at the international level. For some it is problematic to assess the impact, due to the lack of evaluation instruments. Two member States stated that the impact was “insufficient” (Portugal) or “to be improved” (Turkey).

9. In line with the Recommendation, member States were asked to indicate whether specific measures or actions have been adopted since the adoption of the Recommendation, including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectorial working groups for its implementation.
10. It follows from the contributions submitted that in several member States issues regarding human rights of older persons have been recently tackled in legislative reforms regarding pensions, social protection or services and family law; a possible loss of autonomy appears to be one of the main subjects addressed. Relevant national strategies, action plans and working programmes, focusing e.g. on a positive conception of the third age, active ageing, employment of older persons and their protection from violence and abuse, as well as diverse awareness-raising campaigns have also been mentioned.
11. Furthermore, most States declared not to have encountered any obstacles in the implementation of the Recommendation, except for Armenia and Poland. Armenia mentioned an insufficient level of resources and capacities, a low awareness of older persons regarding their rights and available services, a lack of community-based services and difficulties in ensuring a long working life for older persons. Finland pointed out to the poverty of older women which represents one of the biggest problems regarding elderly people. Poland underlined a lack of common knowledge of the human rights of older persons, the imbalance between the demand for care and the correspondent offer, as well as problems of access and consent to medical care.

### **Item B – Dissemination Assessment**

12. Member States were asked to indicate whether there was a specific authority responsible for the dissemination of the Recommendation, whether the Recommendation has been translated into national languages and to which authorities (including regional and local) and stakeholders it has been distributed.

13. As for the authority assigned to disseminate the Recommendation, some member States pointed to various competent authorities, notably ministries (i.e. family, labour, solidarity, health, social policies or demography, foreign affairs), while most of them reported that they had not appointed any authority to this end. In Switzerland the Unit of International Protection of Human Rights within the Federal Office of Justice has been appointed as responsible for the dissemination of the Recommendation.
14. For the purpose of the dissemination, member States were also invited to translate the Recommendation into their national languages. In this regard, apart for five member States where English or French are official languages, four others (Croatia, Lithuania, Netherlands, Poland) declared to have translated the Recommendation (officially or unofficially) into their national languages. In the Czech Republic, an official translation should be available shortly.
15. Concerning the distribution of the Recommendation, no specific figures were provided. Some member States provided links to official websites where the text could be found. In most member States the Recommendation was disseminated among the authorities at the national level. In certain member States, the Recommendation has been distributed to decentralised units of the ministries (France and Slovakia), to the federated entities (Belgium) or to regional police units (Poland). In Finland, the Government Network of contact persons for fundamental and human rights, the Human Rights Centre (part of the National Human Rights Institution), the Non-discrimination Ombudsman and the Ombudsman for Equality have been informed about the Recommendation.

### **Item C – Implementation of specific provisions**

16. In its point 3 the Recommendation invites member States to consider providing “examples of good practices related to the implementation of this recommendation with a view to their inclusion in a shared information system accessible to the public”.
17. The Recommendation already contains in its Appendix a collection of good practices provided by member States at the time when it was being drafted. Hence member States were asked to provide new information on examples of national good practices pertaining to the specific principles of the Recommendation, and to update the abovementioned collection where appropriate.

18. Regarding **non-discrimination**, eight countries reported on new good practices in this field. These include action plans or strategies for the promotion of non-discrimination (Austria, Lithuania, Turkey), creation of the institution of the Gender Equality and Equal Treatment Commissioner (Estonia), or adoption of a charter aiming at safeguarding the rights of users of healthcare, medical and social institutions (France). In Cyprus, Estonia, Finland, Greece and Luxembourg, discrimination on the grounds of age is now explicitly prohibited by the legislation, at least in certain areas such as employment. In Luxembourg the Centre for Equal Treatment was created in 2008 in order to combat discrimination. According to the Finnish Non-Discrimination Act of 2014, authorities, education providers and employers must assess and promote equality in their services, taking into account all prohibited grounds for discrimination (including age).
19. In terms of **autonomy and participation**, a broad range of measures have been adopted, including educational or other activities aimed at increasing social inclusion of older persons (**Austria, Croatia, Cyprus, Estonia, Finland, Luxembourg, Poland**) and their participation in the political life (through local advisory councils in Belgium or the programme “e-election” in Estonia), as well as legal measures aimed at protecting older persons in case of loss of autonomy (e.g. the new Family Act adopted in Croatia or amendments introduced to the Civil Code in Lithuania). Other measures intend to increase autonomy through mobility, as the “Social Card” implemented in Cyprus which aims also at encouraging participation in cultural activities, or the cultural passeport (*Kulturpass*) in Luxembourg and the programme “Accessible culture” in Poland which aims at facilitating access of older persons to cultural life. The *Info-Zenter Demenz* in Luxembourg offers information about dementia to persons concerned, their relatives and any other person interested. Important measures were oriented to home care, enabling older persons to stay at their homes as long as possible (actions have been taken in France and in Switzerland through the “Franco-Swiss cross-border Autonomy project 2020”). Various analyses about autonomy and needs of older persons have been conducted in several countries (France, Poland).
20. In the field of protection from violence and abuse, several countries such as Austria, Belgium, Finland, France or Luxembourg have put in place dedicated telephone numbers to prevent and report on abuse and violence towards older persons. It also appears critical to raise awareness about abuse, especially among professionals taking care of older persons; hence in Belgium, Croatia, Finland, France, Poland and Slovakia several projects have tackled this issue. In Finland, the police frequently cooperate with other authorities and third-sector actors in

order to take older people extensively into account in their activities; in Switzerland the independent Old Age Complaint Authority, a national association specialised in old-age conflicts, has been set up. In order to prevent fraud and deceit committed on older persons, a prevention programme “the Secure Autumn of Life” in Slovakia focuses on showing seniors basic rules of a secure behavior and on helping them to enhance their own security; in Finland, the TIKKA project funded by the Ministry of Justice prepared instructions and a checklist for bank employees to support them in recognising financial abuse of older people and intervening in it. Other measures concerning abuse of older persons have been undertaken through campaigns (Poland), national programmes and strategies (Finland, Slovakia, Turkey) or law (e.g. the Croatian Act on the Protection from Domestic Violence, the Luxembourg Penal Code).

21. Measures taken by member States to promote social protection and employment of older persons can be divided into two main categories: plans and actions to improve living conditions of older persons, and measures to improve access to and quality of employment.
22. In the area of social protection, the issues of allocating financial resources and ensuring sustainability of pension systems appear crucial to maintaining decent living conditions of older persons. Relevant measures taken by member States include a support scheme for pensioners’ households with low income (Cyprus), a development programme for housing for older people (Finland), care insurance scheme (Luxembourg), housing allowance and social solidarity benefit (Greece), a supplementary support scheme (Estonia), a cash social assistance (Lithuania), or a solidarity supplement for the elderly (Portugal). The Finnish Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons imposes on different authorities, including the police, the duty to notify social welfare authorities of an older person’s service needs, if the older person is obviously unable to take care of himself or herself, his or her health or safety. Regarding employment, Finland, France and Turkey have implemented measures to promote and support active ageing and ensure appropriate working conditions for older persons; this may include also provisions prohibiting setting up of an obligatory retirement age (e.g. in Denmark, new legal provision came into force in January 2016 making it illegal for collective or individual agreements to require employees to retire by the age of 70.). Projects have been undertaken in Cyprus, the Czech Republic, Denmark, Lithuania, Luxembourg, Estonia, France (the “new chance” work contract), setting up incentive schemes to promote employment of older persons. In Belgium, a specific programme to transfer business ownership, targeting older entrepreneurs, has been implemented by the



government of Flanders. In Finland, municipalities and the third sector run projects to promote the integration of immigrants aged over 65.

23. Considerable efforts were devoted by member States to the issue of **care**. A particular attention has been paid to home care, which is provided either through official resources or through informal civic and volunteer networks, focused on releasing families from the burden and costs of care. The measures implemented vary from the “hello help service” programme in Croatia, a new benefit to support informal care in the Czech Republic, a care insurance scheme in Luxembourg, to the “Welfare Development Plan” in Estonia. In Lithuania and Luxembourg, new norms were adopted which set up the principles and characteristics of social care and establish obligatory requirements for the quality provided by social care institutions. As coordination is crucial for the provision of care, projects aimed at creating and supporting networks of day care centres are implemented in Greece, Poland and Portugal; in Switzerland the “coordinated care project” is a part of the “Health Strategy 2020”. Other actions are aimed at training professionals, e.g. the “Mobiqual” programme set up in France. Finally, several member States allocate important resources to tackle the increasing problem of dementia; in this regard, projects are being implemented in Denmark, Estonia and Ireland.
24. In terms of **consent to medical care the Irish** Assisted Decision-Making (Capacity) Act establishes a legislative framework for advance healthcare directives. In Luxembourg the Acts of 16 March 2009 and 24 July 2014 provide for the designation of a person of trust as well as a service of health mediation; euthanasia and assisted suicide are strictly regulated.
25. Residential and institutional care has an increasing importance in member States. Most of them have adopted regulations or documents defining the quality of care and standards which should ensure human rights of the residents; this is the case of Belgium, Cyprus, Estonia, Georgia, Greece, Luxembourg and Switzerland. Moreover, initiatives such as the Irish “Nursing Homes Support Scheme”, the “Integrated Assistance Program” of Lithuania or the network of district and local offices implementing relevant programs of the Social Welfare Services in Cyprus were developed to improve access to and the quality of the care needed. In Cyprus, the Care Services Subsidy Scheme covers home, residential, day, respite and childcare of persons whose income is not sufficient to cover the cost of their care needs.
26. Platforms and centres were created, and studies conducted in Belgium, France, Ireland or Switzerland to raise awareness, provide support and training and contribute to a better understanding of palliative care. In

Poland, a programme of free of charge medicines for older persons, called “Programme 75+”, has been developed.

27. Finally, five countries provided information about measures concerning administration of justice. In France and Greece, actions regarding human rights of senior prisoners were undertaken while in the Czech Republic and Slovakia, various measures have been adopted to protect older persons as victims of crime. In Poland, regulations enable older people to benefit from a free judicial and extrajudicial legal aid. In Finland, the special status of older persons is taken into account in the field of immigration, in particular for assessing whether the person is in a vulnerable position.

#### **Item D – Follow-up**

28. Finally, member States were invited to indicate measures which they would recommend in view of ensuring implementation of the Recommendation at the national level, including measures which should be taken by the Council of Europe. They were also asked whether there any issues on which the Recommendation and its Appendix should be revised or completed.
29. As for measures to be taken to ensure that the principles set out in the Recommendation and in its Appendix are complied with in national legislation and practice, several ideas were raised: some States considered it necessary to develop long-term care systems including financial support, to adopt specific measures targeting housing, participation of older persons in public, economic, social and cultural life, and to supporting if necessary community services to enable older persons to stay at their own homes as long as possible. Promotion of participation of older workers in the labour market, including specific measures to support active ageing, were suggested by two member States. Others suggested trainings, technical assistance and exchange of best practices, fostering the dissemination of the Recommendation, using its content as a reference in the law-making process, and increasing social consciousness of the issue. Two member States suggested defining specific measures tailored to national circumstances and setting up national action plans based on evidence such as statistics and prior assessments of needs.
30. Regarding the role that the Council of Europe should play to ensure that member States are guided in their national legislation and practice by the principles set out in the Recommendation and its Appendix, workshops or conferences were evoked as a very useful tool for dissemination, as well as production of info graphics easy to translate

and distribute, with a view to raising awareness of older persons' rights. Several member States suggested quoting the Recommendation in the official documents and activities of the Council of Europe, including a specific mention to human rights of older persons in the annual report of the Secretary General. It was proposed to prepare an action plan of the Council of Europe about ageing and to ensure proper funding of the European platform for social cohesion to follow-up the Recommendation. The Netherlands suggested urging member States to ratify Article 23 of the European Social Charter.

31. As to the appropriateness of a further periodical examination of the implementation of the Recommendation by the Council of Europe, most member States considered a future and continuous assessment to be an essential task; some of them suggested to examine the Recommendation as a whole regularly, pursuing the exchange of good practices, while others would prefer to have this examination focused on specific issues such as residential and institutional care, autonomy and participation, poverty, protection from violence and abuse, the right to freedom of movement or the discrimination in employment. One member State (Luxembourg) suggested to use a « peer review » aiming at a critical exchange of experiences on a specific subject. No suggestions were received as to issues on which the Recommendation and its Appendix should be revised or completed. Two member States rather underlined that the text of the Recommendation should not be revised or no new issues should be added.

### Concluding Remarks

32. When submitting this report to the Committee of Ministers for information, the CDDH aims at:
  - i. highlighting the basic trends in the implementation of the Recommendation as shown by the replies of the 21 member States to the request for information;
  - ii. encouraging all member States of the Council of Europe to reflect on positive measures which other States have already taken in the course of the follow-up to the present Recommendation,
  - iii. encouraging the Committee of Ministers to keep the issue of older persons on the agenda of its work.
33. While some of the answers discussed throughout this report are self-explanatory, several aspects deserve some further reflection and are discussed in the following text, especially in view of enhancing the future implementation of the Recommendation. Furthermore, the

gender aspect inherent in the issue of older persons should be kept in mind in future reflections.

#### **a. Need for appointing a special authority to implement the Recommendation**

34. First of all, member States frequently replied that they had not appointed any specific authority for the implementation of the Recommendation. However, the fact that specific bodies under relevant ministries are in charge of older persons' issues or that older persons are considered as a risk group in the decision-making and policy-implementation process is to be highlighted. It is suggested nevertheless that the overall implementation of the Recommendation is monitored by a single national body, in order to ensure a systematic approach to the rights of older persons and to achieve tangible results.

#### **b. Need for more information for an appropriate assessment of the level of implementation**

35. The level of implementation is described by a majority of member States as "adequate", which is an encouraging assessment, supported by the various initiatives and good practices highlighted in the replies. All replies naturally emphasise the positive achievements by member States, in some cases indeed remarkable, but the assessment by other actors of the overall implementation of the Recommendation may be different, and the impact of these measures cannot be easily evaluated at this early stage.

#### **c. Need for more focus on older persons as a specific category**

36. Furthermore, it can be derived from the replies that many legislative and policy measures are oriented to vulnerable groups in general, and not specifically to older persons, the general legal framework being the cornerstone of protection. It appears however desirable to adopt specific measures targeting older persons. In this regard, as stated *inter alia* by the World Health Organisation (WHO)<sup>3</sup>, in many countries a challenge remains in terms of a clear definition of older persons, which also raises a question as to whether such definition should make reference to a specific chronological age<sup>4</sup> or not.

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<sup>3</sup> <http://www.who.int/healthinfo/survey/ageingdefnolder/en/>

<sup>4</sup> See, e.g., Article 2 of the Inter-American Convention on Protecting the Human Rights of Older Persons, and Article 1 of the Protocol to the African Charter on Human and People's Rights on the Rights of Older Persons in Africa (not yet in force). The Committee of Ministers asserted in its Recommendation R(94)9 concerning elderly people that it is "useless to attempt to define exactly when old age begins" and that "ageing is a process: being old depends on the individual's circumstances and the

#### d. Need for considering obstacles to implementation

37. A great majority of member States declared that they have not encountered any specific obstacles when implementing the Recommendation. Nevertheless, the difficulties mentioned by a few of them, in particular the insufficient level of resources and capacities and a lack of common knowledge of the human rights of older persons, should probably be given due consideration in all member States.

#### e. Need for a wide dissemination and translation

38. The questionnaire further revealed that most member States have ensured distribution of the Recommendation at the national/governmental level, while it appears that dissemination has rarely been carried out on lower levels. In addition, it derives from the replies that only in a minority of States the Recommendation has been translated into national language(s). Therefore, this report might also be an appropriate occasion to invite member States to reconsider the Committee of Ministers' Recommendation to "ensure, by appropriate means and action – including, where appropriate, translation - a wide dissemination of this recommendation among competent authorities and stakeholders, with a view to raising awareness of the human rights and fundamental freedoms of older persons". This appears all the more important that several States mentioned a persisting lack of awareness in this regard and also insufficient knowledge by older persons of their own rights.

#### f. Need for better consideration of specific principles

39. As to the specific principles of the Recommendation, fighting **discrimination** on grounds of age belongs to the most complex tasks. It can be deduced from the relevant replies that the Recommendation helped to improve the awareness of the risks of being discriminated against on the grounds of age, in a situation where there is no explicit normative basis in the international law to tackle age discrimination<sup>5</sup>. In

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environment". The Parliamentary Assembly noted in its Recommendation 1796 (2007) on the situation of elderly persons in Europe that "a person's age is no longer an indicator of health, wealth or social status". The World Health Organisation defined ageing as the "process of progressive change in the biological, psychological and social structures of individuals".

<sup>5</sup> It is to be noted that, according to the case-law of the European Court of Human Rights, only differences in treatment based on a personal characteristic (or "status") by which persons or groups of persons are distinguishable from each other are capable of amounting to discrimination within the meaning of Article 14. The list set out in Article 14 is illustrative and not exhaustive, as is shown by the words "any ground such as", and the words "other status" have been given a wide meaning (see *Carson and others v. the*

most member States, general anti-discrimination strategies and legislation have been implemented; however, few member States appear to have made explicit reference to “age” in their anti-discrimination legislation, as provided by the Committee of Ministers’ explicit recommendation<sup>6</sup>. Where such specific provisions exist, they are usually limited in the scope of application, such as in employment. No information was given on measures to prevent multiple (intersectional) discrimination, i.e. situation in which a person is being discriminated against for several reasons, as might often be the case of older persons<sup>7</sup>. More should therefore be done to tackle the discrimination on the basis of age and the subsequent difficulty of older persons in enjoying their human rights.

40. In terms of **autonomy and participation**, valuable efforts have been devoted by member States to enhancing the social inclusion of older persons and their participation in public and cultural life, as well as to improving services for persons suffering from dementia. However more attention should be paid to increasing information technology literacy of older persons, developing intergenerational activities, promoting self-determination of older persons and enabling them to make their own choices and lead independent lives in their familiar surroundings for as long as they wish and are able. In this regard, reference can be made to the recent draft report on the review of action taken by member States to follow up Recommendation CM/Rec(2009)11 on principles concerning continuing powers of attorney and advance directives for incapacity, prepared by the European Committee on Legal Co-

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United Kingdom [GC], no. 42184/05, § 70, 16 March 2010, ECHR 2010). The words « other status » should be interpreted as covering the criteria that are analogous or similar to those explicitly enumerated, which relate to a personal characteristic. It could be reasons linked to personal choices reflecting elements of someone’s personality, such as religion, political opinions, sexual orientation and gender identity, or reasons linked to personal features in respect of which no choice at all can be made, such as sex, race, disability and age. In this way, Article 14 could cover the grounds provided in Article 21 § 1 of the EU Charter of Fundamental Rights, such as ethnic origin, genetic features, religion or belief, disability, age or sexual orientation (see *Peterka v. the Czech Republic* (dec.), no. 21990/08, 4 May 2010).

<sup>6</sup> Likewise, in its Resolution 1793 (2011) on promoting active ageing: capitalising on older people’s working potential, the Parliamentary Assembly considered that the phenomenon of age discrimination is “often unconscious, but it undermines older people’s dignity, their human rights and self-esteem and is a huge waste of talent”. The Assembly acknowledged that ageism “is a harmful prejudice that results in widespread lack of respect for older people [...] they are the victims of physical and financial abuse, in the workplace, where they are subject to unequal treatment, or in the health sector where they do not always receive appropriate medical care and services.”

<sup>7</sup> See also [The factsheet on FRA’s multiple discrimination project ‘Inequalities and multiple discrimination in healthcare’](#).

operation (CDCJ)<sup>8</sup>. Indeed, older persons may suffer serious human rights violations stemming from the disregard of their dignity, and member States should thus continue reflecting on whether restrictions to older persons' autonomy and independence are necessary or justifiable and, if so, in which cases.

41. Important measures have been implemented by member States in order to avoid **abuse and violence** towards older persons<sup>9</sup>. However, in addition to those concerning prevention of abuse and protection of victims from violent or economic crimes through information and awareness-raising campaigns or dedicated telephone numbers, specific measures - as adopted by several member States - aimed at training professionals, at systematic and compulsory reporting and seeking accountability for cases of abuse and violence in residential homes, day-care or healthcare centres, etc., should be largely implemented<sup>10</sup>. All forms of elder abuse, in both public and private settings and perpetrated by both public and private actors, should be prevented and discouraged. Consideration should also be given to the proposal made by the Council of Europe Commissioner for Human Rights who suggested the setting up of independent complaints and inspection systems<sup>11</sup>. Furthermore, no new information has been given by member States as to the legislative or other measures to protect persons having reported maltreatment ("whistle-blower") from dismissal or other reprisals. Last but not least, attention should be paid to the most prevalent forms of elder abuse, which is financial abuse; in this regard, auto-regulatory measures or specific regulations regarding aggressive or unethical behaviour could be envisaged.

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<sup>8</sup> The draft report on this review was presented to the CDCJ at its 92<sup>nd</sup> plenary meeting (22-24 November 2017). The report will be finalised and published in 2018.

<sup>9</sup> It was noted by the UN Open-ended Working Group on Ageing at its 8<sup>th</sup> session that, according to estimates of the World Health Organization, 1 in 6 persons aged over 60 years is suffering from abuse... Violence, neglect and abuse against older persons can take many forms (physical, financial, psychological, social, sexual, etc.), can take place in different settings (within families, in homes, in the workplace, in care institutions, in public spaces, in media, in cyberspace, etc.) and can be perpetrated by a wide range of actors (family members, care givers, legal guardians, health professionals, government workers, financial representatives, etc.).

<sup>10</sup> The European Court of Human Rights has considered that older persons often are not in a position to draw attention to shortcomings concerning the provision of care on their own initiative (see *Heinisch v. Germany* (no. 28274/08), judgment of 21 October 2011, § 71).

<sup>11</sup> *Aged people are too often ignored and denied their full human rights*, Viewpoint of the Council of Europe Commissioner for Human Rights, 28 April 2008.

42. As regards **social protection**, member States are bound to ensure a minimum level of well-being for older persons. Many member States have indeed reported on new measures aimed at granting additional resources to older persons in risk of exclusion and at improving their living conditions. Those States which do not provide for such minimum social income should, in the light of the Recommendation, be encouraged to do so. More efforts should also be made in the field of social housing and adaptation of the housing to the needs and state of health of older persons.<sup>12</sup> Relevant rights are notably warranted by the European Social Charter (revised), notably its Article 23.
43. Several member States have provided good practices regarding the participation of older persons in the **labour market** and age-appropriate **working conditions**<sup>13</sup>. To enable people to continue to work according to their capacities is an important factor for active ageing;<sup>14</sup> measures encouraging and facilitating older persons to extend their active lives are hereby essential. In particular, aligning mandatory retirement age with life expectancy would be welcome in the area employment; hence, adoption of legal provisions making it illegal to require employees to retire by a certain age, as done in Denmark, could be considered by other member States.
44. It is essential that **care**<sup>15</sup> is affordable for all older persons and that they are assisted with covering the necessary costs. It derives from the replies that there is now a better understanding of the importance to have affordable home and community care services available, which

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<sup>12</sup> In its Recommendation R(94)9 concerning elderly people, the Committee of Ministers observed that adequate housing and social protection systems that take into consideration the needs of particularly vulnerable groups are an essential factor in preventing social exclusion. Moreover, the Council of Europe Commissioner for Human Rights recommended in this respect that States should ensure that their social protection systems, health care and housing policies are suited for older people (*Aged people are too often ignored and denied their full human rights*, Viewpoint of the Council of Europe Commissioner for Human Rights, 28 April 2008).

<sup>13</sup> In ensuring age-appropriate working conditions, social partners, at all levels (European, national, sectoral and enterprise level), (can) play a particular role as is illustrated by the European autonomous framework agreement on active ageing and an inter-generational approach adopted by ETUC, BusinessEurope, UEAPME and CEEP on 8 March 2017. The agreement (in different languages) as well as reports on its implementation are available at: <http://resourcecentre.etuc.org/Agreements-57.html>.

<sup>14</sup> The WHO recognised that “there is an increasing recognition of the need to support the active and productive contribution that older people can and do make in formal work, informal work, unpaid activities in the home and in voluntary”.

<sup>15</sup> The United Nations Independent Expert on the enjoyment of all human rights by older persons has noted that « Care ... has been referred to as part of the right to social security, including social insurance, and the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”



confirms the trend towards de-institutionalisation. In this regard, member States have implemented programmes enhancing day-care and home-care centres, to avoid, if possible, residential care; it would be advisable to continue efforts in this direction, as well as to develop prevention programmes such as those developed in several member States regarding the early diagnosis of dementia. Notwithstanding that the information provided by member States shows a rather positive picture of the situation in the field of care, very few information has been submitted on the practices pertaining to the consent to medical care and to the issue of palliative care<sup>16</sup>; it should be underlined in this context that older persons should, in principle, only be placed in residential or institutional care if they have consented<sup>17</sup>.

45. More attention should also be given to residential and institutional care in terms of funding, since economic and budgetary constraints may be a permanent threat and hinder access to such services. For these reasons, sustainable structures should be built. The Council of Europe Human Rights Commissioner has recently noted that, "Very worryingly, research and analyses of national policy reforms indicate that, despite the urgency of rethinking long-term care in the context of rapidly growing ageing population of Europe, many member States are not adequately planning for these future challenges, but are instead improvising, with short-term fixes... It is urgent for member States to thoroughly review, with the participation of older persons, their approach to long-term care in order to make it more human-rights-based".<sup>18</sup> A recent project conducted by the European Network of National Human Rights Institutions (ENNHRI) showed that, in spite of good practices and the hard work and dedication of many care workers, human rights concerns were found in care homes in all six countries concerned. Measures indicated by member States in reply to the questionnaire, aimed at establishing the foundations necessary for a system of long-term care, at ensuring the quality of care and defining standards of care available to persons in long-term and palliative care, as well as at improving access to such care, should thus be continued and implemented in all member States.

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<sup>16</sup> In this regard, member States are invited to follow the Council of Europe guidelines on the implementation of palliative care in Europe, detailed in the Committee of Ministers Recommendation Rec(2003)24 on the organisation of palliative care.

<sup>17</sup> See *Stanev v. Bulgaria* (no. 36760/06), Grand Chamber judgment of 17 January 2012.

<sup>18</sup> <https://www.coe.int/en/web/commissioner/-/the-right-of-older-persons-to-dignity-and-autonomy-in-care?inheritRedirect=true>

46. Regarding the **administration of justice**, member States have adopted measures designed mainly to protect older persons as victims of crime, and also to improve their situation when in prison. Nevertheless more specific measures to ensure access to justice for older persons, such as provision of legal aid or the existence of dedicated bodies to provide assistance to older persons; the deferral, reduction or exemption of litigation fees; the creation of special courts and jury systems to handle disputes involving older persons; the provision of human rights counselling services for older persons in welfare facilities; and the granting of loans to cover the expenses of trials could be considered.
47. Overall, in the light of the answers provided, there are a number of issues emerging as areas which deserve attention in the implementation of the Recommendation and which appear to be a common challenge for member States facing ageing population. This, for example, may concern: failure to recognize age as a prohibited ground for discrimination, multiple discrimination and social exclusion of older persons, their right to self-determination, sustainability of pension systems, access to social protection for care and support and human-rights-based approach in long-term and palliative care.

#### **g. Need for updating the collection of good practices, further follow-up and possible action plan**

48. While the revision of the Recommendation and the adoption of new standards do not seem to be needed at this stage, it is envisaged to update the collection of good practices appearing in the Appendix as a tool to facilitate the implementation of the Recommendation in the future. In this regard it could be useful to keep a permanent platform of exchange of good practices available to relevant authorities in member States.
49. On the basis of the above, it is suggested to invite the Committee of Ministers to take note of this report and to encourage States to continue their efforts to implement the various provisions of the Recommendation, and to translate and disseminate it as widely as possible. Given the responses from several States encouraging a proactive role of the Council of Europe to continue assessing the implementation of the Recommendation, the Committee of Ministers should be invited to consider a further follow-up in a few years' time, or even periodically, through new questionnaires, conferences or workshops. Such a follow-up could either be general, so as to allow a full comparison with the present report or focus on particular issues like those indicated above.

50. Finally, the Committee of Ministers could take action in order to mainstream older persons' issues in all the areas of activity of the Council of Europe, possibly by setting up an action plan on ageing (as suggested namely by France), and consider feasibility of cooperation programmes targeting the specific needs of certain States (or in more general context). Indeed, although existing human rights standards should apply equally to older persons as to any other age groups, if there is a lack of or insufficient understanding of their obligations among the different stakeholders involved, there is an important risk of undermining the rights of older persons.





**Compilation of the member states' replies regarding  
the implementation of Recommendation  
CM/Rec(2014)2**



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**ITEM A**  
**IMPACT ASSESSMENT**

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

The Ministry of Labour and Social Affairs of the Republic of Armenia is the state authorized body for the elderly issues in the Republic of Armenia. Thus, the Ministry is an authority responsible for the implementation of the Recommendation.

2. How would you assess the impact of the recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

The Government of Armenia is committed to the consistent reforms in compliance with international standards to ensure the protection of older people's rights and their participation in society, to combat discrimination and to promote the realization of international instruments in this sphere at the national level.

Since adoption of the Recommendation in 2014, a number of important reforms have been implemented in the country directed at social protection of the elderly and creation of a favourable and healthy environment for the latter to ensure their active and dignified ageing.

3. Have specific measures for the promotion and protection of the human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation)? If so, please provide examples of measures adopted or in preparation.

Over the past several years, the RA population social protection system, one of whose components is the social protection of the older persons, has recorded a number of very important reforms. The legislation of the social protection area has periodically been reviewed and improved. The following legal acts have been adopted:

- 1) The RA Constitution (revised in a result of constitutional referendum held on 6 December 2015);
- 2) The RA Law on Social Assistance (December 17, 2014);
- 3) RA Government Protocol Resolution No. 39 of September 18, 2014 on "Approving the Concept for Providing Social Services to the Elderly in the Republic of Armenia and 2015-2017 Action Plan and Timeframe for Implementation of the Concept";

- 4) The RA Government Protocol Resolution No. 20 of 18 May 2017 on "Approving Strategy for Overcoming the Consequences of Ageing and for Social Protection of the Elderly and the 2017-2021 Plan of Action for Implementation of the Strategy";
- 5) The RA Government Resolution N 1112-N of September 25, 2015 "On the procedure and conditions for providing care to children, older persons and/or persons with disabilities, on approval of the list of diseases, which are the basis for refusal to provide care for elderly and (or) persons with disabilities and on recognizing number of decisions of the Republic of Armenia as invalid";
- 6) Several by-laws and regulations.

The Armenian Development Strategy for 2014-2025 defines the growth of employment, elimination of poverty, enhancement of social protection system, including of the older persons, as priorities for perspective development of the country.

In 2017 the Government of Armenia has adopted a new Strategy and Action Plan for Overcoming the Consequences of Ageing and for Social Protection of the Elderly for 2017-2021. The main principles and targets of the Action Plan are the improvement of care and social services system, promoting healthy and active life, ensuring economic safety and social inclusion, participation in community life and decision making processes. The other important component is the relevant support to the families which will enable the older persons to stay in a family environment. Overall, 39 activities are envisaged by the Action Plan to be implemented under priority areas of the Strategy.

The Interagency Committee, including non-governmental and international organisations, for ensuring the implementation of the Action Plan on Ageing and coordination of the related interagency work has been established by the Decree of the Prime Minister of Armenia. At the sessions of the Committee, drafts of legal acts on the issues of elderly people are discussed, recommendations are presented, reports on the activities carried out by different stakeholders are heard, as well as other various issues are deliberated.

By the initiative of the RA Ministry of Labour and Social Affairs and partner organizations, in December 2015, the Elderly Social Protection Network was established which includes state bodies, civil society and international organisations. Regular meetings are conducted within this framework to discuss the legislative changes, reform packages, existing issues and gaps, to introduce suggestions and recommendations for further development in the sphere, to implement joint projects targeted to the needs of older persons. About 10 non-governmental organizations dealing with the elderly issues are the members of the Network, who have signed a joint Memorandum of Understanding.

Realizing the importance of joining efforts of state and non-state actors, the Ministry of Labour and Social Affairs of Armenia in 2016 has come forward with an initiative for unification of partners around the National Agreement on Social Cooperation. It is a new model of cooperation which will give an opportunity to put the traditional relationships of social partnership on the new institutional dimension and expand the scope of partners including state governing bodies, communities, non-governmental organisations, all service providers in order to have better coordination of works and to achieve more targeted results in addressing social needs and risks. The core objectives of this mechanism include, inter alia, ensuring participatory approach in the development, implementation and monitoring of public policy in social protection field. Up to date, 47 organisations have joined the Agreement which membership is open to all those concerned.

A number of studies, surveys and analytical papers have been developed in this sphere. Particularly, in 2016, in cooperation with international organisations, the Ministry carried out survey in the country to assess and identify the needs of older persons related to required services. The main goal of the survey was to clarify the framework and models of services necessary to be provided to older persons throughout the country in order to ensure more accessible and targeted community-based services, to promote their autonomy and participation in society. The results of survey have been used for further policy development.

The Government of Armenia has initiated large-scale reforms to introduce the system of integrated social services in the country. Eighteen integrated centers are already functioning in the capital and certain regions of the country. The works are in the process to establish more than fifty such centers throughout the country. The core achievement in this context is the development of social workers institute which ensures the individual work with older persons and their families to promote provision of community services based on real individual needs.

In the meantime, new standards of care in the institutions and of home-services for older persons are developed in compliance with best international practices.

High importance is given to training of social workers, care givers and family members which is being conducted on a continuous basis.

Aiming at public awareness-raising, relevant structures of the Ministry regularly inform the mass-media about reforms, activities and projects in the sphere. Since 1993, an International Day of Older Persons is celebrated annually in the country.

4. Which obstacles, if any, have been encountered in the implementation of the Recommendation?

In spite of the numerous programs implemented over the recent years in the area of overcoming consequences of ageing and social protection of the elderly, policy activities and adopted legal acts, there are still multiple problems in the area that require solutions. The main problems include:

- insufficient level of resources and capacities, including professional capacity,
- lack of financial resources,
- low awareness level of the elderly of their own rights and available services,
- lack of availability of community-based services for elderly people,
- lack of possibilities for ensuring a long working life of the elderly.

## **ITEM B DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

The Ministry of Labour and Social Affairs is the body responsible for dissemination of information on international documents in the social sphere, including the Recommendation.

6. Has the Recommendation been translated into your national language(s)?

Not yet (the Russian translation is used).

7. To which authorities and stakeholders has the Recommendation been distributed?

The Recommendation has been distributed to the members of the Elderly Social Protection Network and Interagency Committee.

## **ITEM C IMPLEMENTATION OF SPECIFIC PROVISIONS**

8. Mise à jour de l'Annexe à la Recommandation CM/Rec(2014)2 :

One of the examples of good practice is the establishment of an **Elderly Social Protection Network** in 2015, which ensures close cooperation between state bodies, civil society and international organizations. Regular meetings are conducted within this framework to discuss the legislative changes, reform

packages, existing issues and gaps, to introduce suggestions and recommendations for further development in the sphere, to implement joint projects targeted to the needs of older persons. It is an efficient platform for ensuring the coordination of efforts and existing resources.

The Network ensures that all interested opinions are considered and voices are heard, so that the policies to be applied in the sphere have as broad consensus and all-encompassing support as possible.

#### **ITEM D FOLLOW-UP**

9. Which measures would you recommend ensuring that the principles set out in the Recommendation and in its Appendix are complied with a national legislation and practice?

National legislation is constantly improving on the basis of demographic trends, international best practices and international commitments undertaken by the state.

10. Which measures by the Council of Europe would you recommend to ensure that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

In line with and to ensure the proper implementation of the Recommendation at the national level, currently the Ministry is in the process of discussion and elaboration of a project on “Promotion of sustainable employment of elderly in Armenia and their effective involvement in the labor market” for possible inclusion in the Armenia-Council of Europe 2019-2022 Action Plan.

11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

Yes.

12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

No.

\* \* \*

## IMPACT ASSESSMENT

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

Due to the fact that the „human rights of older persons“ are a crosscutting issue the responsibility for the implementation of the Recommendation lies within different Ministries. The Federal Ministry of Labour, Social Affairs, Health and Consumer Protection includes a department for fundamental issues related to senior citizens. It therefore published the Recommendation on the official home page and disseminated them through means of the Austrian Senior Citizens Council (Seniorenrat) to representatives from all essential areas of senior citizens activities in Austria.

The Seniorenrat is the umbrella organization of the large pensioner and senior citizen organizations. It is a non-partisan forum for discussion of matters affecting the elderly and therefore ensures a strong representation of all seniors. Individuals can not join.

2. How would you assess the impact of the recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

Adequate.

Austria has a long tradition of policies and a strong legal framework aimed at promoting and protecting the rights of older persons. Against this background and in light of the Recommendation we continue to mainstream these rights in all policies and programs, in order to actively combat ageism, the marginalization and social exclusion of older persons.

3. Have specific measures for the promotion and protection of the human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation)? If so, please provide examples of measures adopted or in preparation.

In general, one of the main aims of the Working Program of the current Federal Government 2017-2022 is the further improvement of the economic and social living conditions and the status of elderly people within the Austrian Society.

An upcoming specific measure for the promotion of the human rights of older persons will be an International Conference on the Human Rights of Older Persons organized by the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection to be scheduled to take place in Vienna on 12<sup>th</sup> and 13<sup>th</sup> November 2018.

4. Which obstacles, if any, have been encountered in the implementation of the Recommendation?

No specific obstacles have been encountered in the implementation of the recommendations.

## **ITEM B DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

No specific authority has been assigned as responsible for the dissemination of the recommendation. The Federal Ministry of Labour, Social Affairs, Health and Consumer Protection published it on its home page, informed the Senior Citizen Council (Seniorenrat; <http://www.seniorenrat.at>) about the content and put the recommendation forward to the Federal Senior Citizen Advisory Council (Bundesseniorenbeirat).

The Austrian Senior Citizens Council (Seniorenrat) cf. question 1.

The Austrian Federal Senior Citizen Advisory Council (Bundesseniorenbeirat) is an advisory body to the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection, consisting, additionally to the Chair, of 36 members that represent all Ministries, the Association of Towns and Cities and Municipalities, the federal states and other important organisations in the area of senior citizens. It is aimed to strengthen the participation of older persons in issues affecting them and to establish an institutionalized dialogue. The Bundesseniorenbeirat makes proposals for social, economic, health and housing policy and cultural measures.

6. Has the Recommendation been translated into your national language(s)?

The Recommendation has not been translated into the national language yet. In general, the relevant stakeholders have a good command of English.

7. To which authorities and stakeholders has the Recommendation been distributed?

The Recommendation has been disseminated to the Federal Senior Citizens Advisory Council (Bundesseniorenbeirat; cf question 5).

## ITEM C IMPLEMENTATION OF SPECIFIC PROVISIONS

8. Mise à jour de l'Annexe à la Recommandation CM/Rec(2014)2 :

### SCOPE AND GENERAL PRINCIPLES

*Following the aim of the federal plan, to raise the quality of life of all senior citizens, the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection initiated Workshops and published several studies:*

#### **Videographic study "Active Aging: Empowerment through Education"**

*Content of this videographic study will be the analysis and documentation of the effect of empowerment in educational work with the elderly and the possibilities and challenges of working with this concept. Furthermore, the study will include basics of the concept and an empirical survey with expert interviews on best practice examples.*

#### **Research Project: "Participation in Old Age: Theoretical Concepts, Practical Conditions"**

*In all relevant national and international documents, securing the participation opportunities of older people is mentioned as a central aspect. In order to determine the content of this term, this study aims to show theoretically as well as with a corresponding practical relevance what participation means.*

#### **Study "New Culture of Aging: Education as a Precondition for Sociocultural Participation"**

*Lifelong learning is one of the key concepts for active aging and social inclusion. Education in old age supports older people in keeping their autonomy as long as possible. Advanced educational activities, such as cultural education, have the potential to reach educational target groups in old age. Cultural education, like participation in education, has positive effects for the elderly. Subject of this study are the framework conditions and barriers of cultural participation, potentials of cultural activities and educational aspects of cultural activities of older people.*

### NON-DISCRIMINATION

Austria adopted, in 2012, a Federal Plan for Older Persons, elaborated with the participation of representatives of older persons, which forms the cornerstone of that country's policy regarding older persons. The plan contains, *inter alia*, awareness-raising and other measures against age discrimination, including multiple discrimination against women.

*In 2017, the Federal Plan was evaluated by independent experts. The results of the evaluation were put forward to the Federal Senior Citizen Advisory Council (Bundesseniorenbeirat, i.e. an advisory body representing all Ministries, the Association of Towns and Cities and Municipalities, the federal*



*states and other important relevant stakeholders in the area of senior citizens. It makes proposals for social, economic, health and housing policy and cultural measures). The Federal Plan has been revised and the amended measures will be implemented throughout the next five years.*

## **AUTONOMY AND PARTICIPATION**

*Austria initiated Workshops and published several studies on key concepts for active aging and social inclusion, e.g. on the content of the term “participation”, on the framework conditions and barriers of cultural participation, potentials of cultural activities and educational aspects of cultural activities of older people, and last but not least on best practice examples.*

## **PROTECTION FROM VIOLENCE AND ABUSE**

In Austria, workshops are organised to create regional expertise in counselling older persons in cases of violence and regional networks of advisory contact points interlinking competent services, care homes and medical staff to provide help to victims.

*For several years the Austrian-wide anonymous phone service on the topic of elder abuse is operating, conducting telephone consultations on elder abuse, in cooperation with regional experts (if necessary), for victims, caring relatives of victims, employees in retirement and nursing homes, 24-hours nurses, staff in counseling centers working with older persons.*

## **SOCIAL PROTECTION AND EMPLOYMENT**

The Austrian Federal Plan for Older Persons contains, *inter alia*, awareness-raising measures concerning older people in the job market and has as its highest priority the issue of quality living conditions for older persons. *In general, one of the main aims of the Working Program of the current Federal Government 2017-2022 is the further improvement of the economic and social living conditions and the status of the elderly within the Austrian Society, including age-appropriate working conditions.*

## **ITEM D FOLLOW-UP**

9. Which measures would you recommend ensuring that the principles set out in the Recommendation and in its Appendix are complied with a national legislation and practice?

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10. Which measures by the Council of Europe would you recommend ensuring that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

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11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

Yes.

12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

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 **BELGIUM**

**POINT A  
ÉTUDE D'IMPACT**

1. Une autorité a-t-elle été désignée comme responsable de la mise en œuvre de la Recommandation ? Si oui, laquelle ?

Non.

2. Comment évalueriez-vous l'impact de la Recommandation sur les droits de l'homme des personnes âgées dans votre pays (pleinement satisfaisant/adéquat/insuffisant/inexistant) ? Merci de motiver votre réponse.

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3. Des mesures spécifiques pour la promotion et la protection des droits de l'homme des personnes âgées ont-elles été adoptées suite à l'adoption de la Recommandation (y compris le cas échéant la mise en route des plans d'action nationaux, l'inclusion de la Recommandation dans des plans déjà existants ou la création de groupes de travail intersectoriels pour sa mise en œuvre) ? Si oui, merci de donner quelques exemples de mesures adoptées ou en cours d'élaboration.

Non.

4. Si des obstacles ont été rencontrés lors de la mise en œuvre de la Recommandation, de quels obstacles s'agit-il ?

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## **POINT B DIFFUSION DE LA RECOMMANDATION**

5. Une autorité a-t-elle été désignée comme responsable de la diffusion de la Recommandation ? Si oui, laquelle ?

Non.

6. La Recommandation a-t-elle été traduite dans votre/vos langue(s) nationale(s) ?

Pas d'application.

7. Auprès de quelles autorités et parties prenantes la recommandation a-t-elle été distribuée ?

Elle a été distribuée aux départements compétents au niveau fédéral et auprès des entités fédérées.

## **POINT C MISE EN ŒUVRE DES DISPOSITIONS SPÉCIFIQUES**

8. Mise à jour de l'Annexe à la Recommandation CM/Rec(2014)2 :

### **AUTONOMIE ET PARTICIPATION**

La Belgique a adopté une nouvelle loi (en vigueur à partir du 1er juin septembre 2014) qui réforme les restrictions à la capacité juridique. La nouvelle législation protège les personnes âgées en leur permettant de bénéficier d'une assistance ou d'une représentation en fonction de leur capacité juridique. *Une information concernant cette législation a été largement diffusée via le site internet du SPF Justice<sup>19</sup> et via une brochure « protéger la personne et son patrimoine » réalisée par la Fondation Roi Baudouin en collaboration avec le SPF Justice et la Fédération Royale du Notariat Belge<sup>20</sup>.*

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[https://justice.belgium.be/fr/themes\\_et\\_dossiers/personnes\\_et\\_familles/protection\\_des\\_majeurs](https://justice.belgium.be/fr/themes_et_dossiers/personnes_et_familles/protection_des_majeurs).

<sup>20</sup> [https://justice.belgium.be/fr/publications/hoef\\_zelf\\_en\\_je\\_vermogen\\_beschermen](https://justice.belgium.be/fr/publications/hoef_zelf_en_je_vermogen_beschermen).

*In Belgium, the government of Flanders stimulates the participation of older persons in the policy of local authorities. Local advisory councils for the elderly are supported through a pyramidal structure. The local advisory councils can send a delegate to regional platforms. These regional platforms are represented in an interregional steering group. The regional platforms organise intervision, facilitate the exchange of experience, transfer information (top-down and bottom-up) and explore good practices of active participation. They also organise trainings in close consultation with the Flemish Council for the Elderly. The interregional steering group coordinates and guides the regional platforms, facilitates the exchange of information and experience between the regional platforms, and explores and ensures the follow-up of projects concerning active participation.*

## **PROTECTION CONTRE LA VIOLENCE ET LES ABUS**

*In Flanders (Belgium), the Flemish Support Centre for Elder Abuse (Vlaams Ondersteuningscentrum Ouderenmis(be)handeling) has been supporting professionals who are confronted with elder abuse since 2003. The centre focuses on 5 elements : prevention, promotion of professionalism and development of expertise, support of professionals, scientific support and policy preparation. The centre offers information and advice to professionals regarding concrete cases<sup>21</sup>.*

*In 2017, a campaign about domestic violence against older persons was launched in Flanders. The objectives of the campaign were to inform older persons about the existence of 1712 (the free and confidential phone number for victims of all forms of abuse) and to encourage discussion about the problem<sup>22</sup>.*

*En Wallonie (Belgium), il existe un dispositif de lutte contre la maltraitance des aînés. Cette agence appelée « Respect seniors » est reconnue et subventionnée par le Gouvernement wallon.*

*Les missions de l'agence consistent à assurer :*

- 1. une assistance au bénéfice des aînés en matière de maltraitance, notamment par la mise sur pied, la gestion et le suivi d'un numéro d'appel téléphonique gratuit ;*
- 2. l'organisation d'actions, d'information et de sensibilisation de la maltraitance à destination du public, notamment via la création d'un site Internet ;*
- 3. l'organisation de formations au bénéfice de professions susceptibles d'être confrontées à des cas de maltraitance ;*

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<sup>21</sup> [www.ouderenmisbehandeling.be](http://www.ouderenmisbehandeling.be).

<sup>22</sup> <https://1712.be/home>.

4. *l'échange d'informations, de statistiques ou de bonnes pratiques avec des associations ou organisations similaires dans les Régions ou Communautés limitrophes ou dans d'autres pays.  
L'agence doit veiller à assurer ces quatre missions par une couverture de tout le territoire de la région de langue française avec au moins une antenne par province.*

## **PROTECTION SOCIALE ET EMPLOI**

*The government of Flanders (Belgium) has implemented an action plan to transfer business ownership, mainly directed towards older entrepreneurs. Considering the number of business owners over 55 years of age and the economic impact of these businesses, the government aims at preventing economic losses to entrepreneurs and society by raising awareness, informing and coaching entrepreneurs, and setting up fiscal and financial incentives to transfer business ownership. Since 2011, a yearly event week on the topic, "Week van de bedrijfsoverdracht", has welcomed 7840 participants. As from 2016, the Brussels and Walloon region adopted a similar policy.*

*The government of Flanders (Belgium) aims to increase the employment rate of older persons. Two initiatives can be mentioned. First, certain employers from the private sector can receive a premium for employees older than 55 years of age. This eliminates the labour cost argument used by employers to less often hire older employees. Second, the public employment service of Flanders (VDAB) hosted events in each province, organised by older job-seekers themselves in order to show employers the added value of older employees in enterprises. Due to the success of the events, they will be organised again in 2018.*

*The government of Flanders (Belgium) awarded a budget of 189 000 EUR to a study about ageing, living and care in the countryside (Vergrijzing op het platteland (2018), carried out by KUL HaUS, SumResearch and Atelier Romain, commissioned by Vlaamse Landmaatschappij). The researchers conducted comprehensive interviews with 40 older persons living in the countryside. The study was published in February 2018. It finds that ageing in place is difficult in the countryside, and therefore recommends the government to encourage older persons to move in time. This requires an integrated approach of housing, welfare and environmental planning policies. The study's findings and recommendations will help the government of Flanders to tackle the issue of ageing in the countryside.*

## SOINS

### C. Soins en résidence et en institution

En Belgique, une charte de qualité a été rédigée, *mais elle n'est pas encore en application* ; elle couvre différents aspects de la vie en établissements d'hébergement. *En Wallonie, les établissements pour aînés qui bénéficient d'un titre de fonctionnement sont tenus :*

1. *de respecter les droits individuels des résidents ;*
2. *de garantir le respect de leur vie privée, affective et sexuelle ;*
3. *de favoriser le maintien de leur autonomie ;*
4. *de favoriser leur participation à la vie sociale, économique et culturelle;*
5. *de garantir un environnement favorable à leur épanouissement personnel et à leur bien-être ;*
6. *d'assurer leur sécurité dans le respect de leurs droits et libertés individuels.*

### D. Soins palliatifs

En Belgique, dans les maisons de repos et de soins pour personnes âgées, un soignant doit avoir suivi une formation en soins palliatifs.

*En Wallonie (Belgique), il existe également des plates-formes en soins palliatifs qui sont des lieux de concertation dont l'objectif central est de promouvoir la culture palliative dans les soins prodigués aux personnes en fin de vie. Ces associations, actives tant au domicile qu'en institutions, visent l'information, la sensibilisation de la population et la formation des professionnels et des volontaires.*

## ADMINISTRATION DE LA JUSTICE

*In 2016-2017, research about the needs and situation of older prisoners was carried out by Artesis Plantijn University College, Belgium. The report is available online<sup>23</sup>. The government of Flanders is now following up on the findings of the report, within the limits of its competences.*

### POINT D SUIVI

9. Quelles mesures recommanderiez-vous pour garantir le respect des principes énoncés dans la Recommandation et dans son Annexe dans les législations et pratiques nationales?

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<sup>23</sup> <http://www.kenniscentrumisos.be/wp-content/uploads/2017/06/Oudere-gedetineerden.pdf> (Dutch only).

10. Quelles mesures du Conseil de l'Europe recommanderiez-vous pour assurer que les États Membres soient guidés dans leurs législations et pratiques par les principes énoncés dans la Recommandation?

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11. Le Conseil de l'Europe devrait-il continuer à examiner périodiquement la mise en œuvre de cette Recommandation? Si oui, cet examen devrait-il, à l'avenir, se concentrer sur des problèmes spécifiques dans le futur et, le cas échéant, sur lesquels?

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12. Existe-t-il des questions sur lesquelles la Recommandation et son Annexe devraient être modifiés ou complétés ? Si oui, merci d'indiquer lesquelles.

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**CROATIA**

## **ITEM A IMPACT ASSESSMENT**

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

For the implementation of the Committee of Ministers' Recommendation CM/Rec(2014)2 on the promotion of human rights of older persons all those bodies that are dealing with this issue in Croatia are responsible.

2. How would you assess the impact of the recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

Adequate, as the Recommendation contribute to maintaining awareness in the society on older persons as a group to whom it is necessary to provide equal access to all goods in society.

3. Have specific measures for the promotion and protection of the human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation)? If so, please provide examples of measures adopted or in preparation.

Even before this Recommendation, elderly persons in Croatia were recognized as a group that requires additional care due to the decline in psychophysical abilities that arise in the aging process. In several regulations, starting with the Constitution of the Republic of Croatia, it is set forth that the obligation of the state and the family is to protect older persons. In the Social Welfare Act, elderly persons are listed as a user group that requires additional care. The Anti-Discrimination Act as one of the grounds for possible discrimination states age. For many years now, the National Council for Retirees and Seniors in Croatia has acted as an advisory body to the Government in all major issues related to the elderly persons. Therefore, the protection of the elderly persons in the Republic of Croatia is treated with special care.

Following this Recommendation, a new Family Act (2015) was adopted, which brings news regarding deprivation of legal capacity, so that before deciding on deprivation of legal capacity, it is necessary to ensure the protection of persons by other means and measures. Furthermore, if guardianship protection is implemented, it is necessary to strive to minimize restrictions on the rights of the person under guardianship and is stipulated that a person can not be completely deprived of his/her legal capacity. Accordingly, the obligation of the social welfare centers is prescribed to review all decisions on the total deprivation of legal capacity issued in accordance with the previous laws, within specified time limit.

The Act on the Protection from Domestic Violence (OG No. 70/17) - the older persons enjoy special protection stated in the Act. The Act distinguishes several types of violence such as: physical violence; psychological violence which caused to the victim a violation of dignity or anxiety; sexual harassment; economic violence as a prohibition or disabling the use of common or personal property, disposing of personal income or assets acquired through personal work or inheritance, disabling employment, denial of funds for the maintenance of a common household; neglecting the needs of elderly persons which leads to his/her distress or insults his/her dignity and thus inflicts bodily or mental suffering.

4. Which obstacles, if any, have been encountered in the implementation of the Recommendation?

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## ITEM B DISSEMINATION ASSESSMENT

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

See question 6.

6. Has the Recommendation been translated into your national language(s)?

It was translated unofficially and has been published on the web page of the Ministry for Demography, Family, Youth and Social Policy.  
<http://www.mspm.hr/istaknute-teme/osobe-s-invaliditetom-i-starije-i-nemocne-osobe/starije-i-nemocne-osobe/zakonodavni-okvir-i-nacionalni-dokumenti/1780>

7. To which authorities and stakeholders has the Recommendation been distributed?

See question 6.

## ITEM C IMPLEMENTATION OF SPECIFIC PROVISIONS

8. Update of the Appendix to Recommendation CM/Rec(2014)2 :

### SCOPE AND GENERAL PRINCIPLES

*The Republic of Croatia is currently implementing second Social Welfare Strategy for Elderly Persons at the national level. The first was conducted in the period 2014-2017 and the second is planned for the period 2017 to 2020. The Strategy was developed because there was no legal basis as a prerequisite for providing services to elderly persons which are not defined by the existing regulations and which significantly contribute to increasing the quality of life of elderly persons living in their own home.*

*The Strategy has enabled the introduction of additional services such as a "hello help service" that makes easier for an elderly person to send out information about any problems they face in their home. "Hello help" is conceived in that way that assistance comes in a short period of time. What should be insisted upon is that this program covers all elderly persons who live alone, normally with their consent for this kind of help. Furthermore, the Strategy enabled implementation of projects that offer various types of services to the elderly persons. Namely, organized daily activities offering elderly persons the opportunity to socialize and engage in activities that are appropriate to their age and interests, and services providing transport and*

*accompanying care, or other, for elderly persons, important cases where such services cannot be provided by family members. The provision of home stay service and assistance at home to elderly persons, who such services cannot use under the law, is also provided by this strategic document. Elderly persons are voluntarily involved in the above mentioned. Moreover, the Strategy foresees that, by the end of its implementation, the legislative framework is to be established for the introduction of a national pension for persons who do not receive it on other basis.*

*It is also planned to create a legislative framework for expanding the right to the status of caregiver for elderly persons, by the end of the implementation of this Strategy. Since the beginning of the implementation of the measures set out in the Strategy, an information and awareness raising measure on the rights of the elderly persons has been continuously implemented.*

## **SOCIAL PROTECTION AND EMPLOYMENT**

*Elderly persons in Croatia are entitled to: at the national level in different areas (social care, pension insurance, health insurance etc.), local level (at the competent offices of local / regional self-government units), and through projects / programs based on strategic documents.*

*In the social welfare system elderly persons are entitled to cash benefits/ allowances (e.g. guaranteed minimum benefit, housing benefit and fuel allowance, personal needs allowance for the beneficiary of accommodation, one-off assistance, personal disability allowance, allowance for assistance and care) and the right to social services (e.g. primary social services, accommodation services, home stay services, home assistance). Social welfare rights, in the first instance, are decided by the social welfare center in whose area the person has a permanent or temporary residence. The conditions and the means of exercising the rights from the social welfare system are prescribed by the Social Welfare Act.*

*In order to enable elderly and frail persons, recognized as a particularly vulnerable category of beneficiaries in the social care system, to have the right to a dignified life and a permanent social inclusion, a comprehensive approach based on the Social Welfare Strategy for the Elderly Persons has been established. The aim of the Strategy was: to provide a higher level of social welfare quality for the elderly persons, to create the basis for funding projects of associations and to enable service providers with access to EU funds to provide services for the elderly persons in the community, not covered by the Social Welfare Act and to increase the quality of life of elderly persons, allowing them to stay in their homes as long as possible. For the implementation of the activities mentioned in the Strategy in 2016, HRK 12,465,977.00 was spent. Thus 72 projects (in 325 local committees or city districts) of daily activities for elderly persons were conducted aiming at raising the quality of their life, encompassing 7,515 older persons.*

*Furthermore, projects aimed at reducing and preventing the social exclusion of socially vulnerable groups, including projects related to elderly persons have been implemented. The focus of the tender in the part related to the elderly persons was aimed at raising awareness of the violence against elderly persons problem of (in the family and the institution) by means of a media campaign, informing the elderly persons of the potential damage of signing the contract on life-care or life-maintenance and providing those services not covered by the assistance at home assistance, such as transporting an elderly person to a healthcare facility or other important institution. 76 projects for older persons were selected and funded in this tender. These projects include 36,700 older persons.*

*During 2016, the three year program "Development and Dissemination of Social Services Network Provided by Civil Society Organizations" was implemented for the period 2014-2017. Six "hello help" programs and one support program for socially vulnerable elderly persons were funded through this tender. A total of 1,507 elderly persons was covered by these programs.*

**ITEM D  
FOLLOW-UP**

9. Which measures would you recommend to ensure that the principles set out in the Recommendation and in its Appendix are complied with in national legislation and practice?

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10. Which measures by the Council of Europe would you recommend to ensure that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

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11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

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12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

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**ITEM A**  
**IMPACT ASSESSMENT**

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

No specific authority has been assigned as responsible for the implementation of the Recommendation. Various governmental departments and ministries within the boundaries of their own competence are responsible for the implementation of the Recommendation (e.g. Ministry of Labour, Welfare and Social Insurance, Ministry of Education and Culture).

2. How would you assess the impact of the Recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

Adequate.

3. Have specific measures for the promotion and protection of human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national plans, the inclusion of the recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation? If so, please provide examples of measures adopted or in preparation.

The Social Welfare Services of the Ministry of Labour, Welfare and Social Insurance have drafted a National Strategy for Old Persons, which incorporates the Commitments of the Regional Implementation Strategy of the Madrid International Action Plan on Ageing and is in line with the principles of the Recommendation on the promotion of human rights of older persons. The key principles of the National Strategy for Older Persons are the promotion of active ageing, the protection of older persons' rights and the enhancement of intergenerational solidarity, through the cooperation of the government, semi-governmental organisations, employers' and employees' organisations, non-governmental organisations and old persons bodies and associations.

4. Which obstacles, if any, have been encountered on the implementation of the Recommendation?

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**ITEM B  
DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

No.

6. Has the Recommendation been translated into your national language(s)?

No.

7. To which authorities and stakeholders has the Recommendation been distributed?

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**ITEM C  
IMPLEMENTATION OF SPECIFIC PROVISIONS**

8. Update of the Appendix to Recommendation CM/Rec(2014)2 :

**AUTONOMY AND PARTICIPATION**

*The Programme of Adult Education Centres under the Ministry of Education and Culture adopted measures of social inclusion of persons of the age of 15 and above. People of the age 65 and older pay 50% of the tuition fee. The amount for that is €27,50 for the whole course that consists of 24 lessons and each lesson has duration of 90'. This is significantly very low compare with the private lessons.*

**SOCIAL PROTECTION AND EMPLOYMENT**

***Social Protection System for Older Persons***

*The Republic of Cyprus has an efficient social protection system, providing adequate benefits and achieving a sufficient income for all older persons. In 2013, the government proceeded to reform the General Social Insurance Scheme (GSIS), with a view to ensuring Social Insurance Fund sustainability and therefore pensions, considering the new demographic data, namely the increase of life expectancy and the continuous increase of the population ageing rate. Among the measures taken was the abolishment of early retirement incentives. Similar measures were taken to reform the Government Employee Pension Scheme (GEPS) and were also applied to the semi-governmental sector.*

Furthermore, in 2014, *Guaranteed Minimum Income* and generally the *Social Benefits Law* came into force, with the purpose to provide substantial citizen support, including the vulnerable group of the elderly. *Guaranteed Minimum Income Law* essentially replaces *Public Assistance and Services Law* and is part of the general welfare system reform. The new law has also set mechanisms for the evaluation of care needs and their provision.

The reforms aim to provide adequate benefits and achieve a sufficient income for all older persons, thus allowing them to maintain their autonomy.

- *Old-age pension: All employed and self-employed persons are compulsorily insured under the Social Insurance Scheme. Upon reaching the statutory retirement age, they are entitled to old-age pension, provided they satisfy the relevant contribution conditions. Early retirement is possible if a completed period of insurance is complement, however an actuarial decrease of the pension is applied. The Social Security law provides for the payment of a minimum pension amount to persons with incomplete insurance account. The minimum pension is equal to 85% of the full basic pension. Old age pension consists of the basic pension and the supplementary pension. The amount of basic pension amount is revised every year and consists of the basic pension and the supplementary pension (based on consumer's price index rate).*
- *Widow's Pension: Widow's pension is payable to a widow of an insured persons widow who, at the time of his death was a beneficiary of old age pension and satisfied the contribution conditions for the payment of old-age pension and at the time of his death she was living with him or was wholly or mainly depended on him. The government is currently examining the possibility for the payment of widower's pension to men.*
- *Social Pension: Social Pension is financed by general taxation and is paid to persons over the age of 65, who are not entitled to an old-age pension or any other similar pension from another source.*
- *Guaranteed Minimum Income (GMI): The GMI consists of the monthly amount corresponding to the applicant's living needs and the monthly amount that can be allocated for the provision of housing (subsidisation of rent or mortgage interest). It also covers municipal and other similar fees to the beneficiaries and aids meet emergency needs, such as the purchase of furniture and home appliances and or care needs. Aiming to improve the quality of life and promote social integration of the beneficiaries of GMI, including the elderly, an Ordinance has been published that provides for the subsidisation of their identified needs for care services (home care, residential care, day care, respite care and incontinence diapers). Under certain conditions, care services can be provided also to persons who are not beneficiaries of GMI and their income is not sufficient to cover the needs.*

- *Support Scheme for Pensioners' Households with Low Income: A supplementary allowance is provided for pensioners whose income falls below the poverty line. With the application of the Guaranteed Minimum Income and generally the Social Benefits Law, pensioners who received the allowance were transferred to the Guaranteed Minimum Income, if they met the requirements and criteria of the relevant legislation. Those who did not meet these conditions, continue to receive the allowance, thus ensuring their continued support. In 2016, an increase of the amount was decided by the Council of Ministers.*
- *Benefits for persons with disabilities: Older people who suffer from some form of severe or profound disability, are in an even worse social and economic situation, making the need for secure and satisfying their rights imperative. The Social Inclusion of Persons with Disabilities Department provides benefits such as severe motor disability allowance, allowance for quadriplegic persons, and blind person's allowance. Financial assistance is also provided for the purchase of wheelchair car, for wheel chairs, as well as technical equipment, instruments and other devices.*
- *Government Employee Pension Scheme (GEPS): The GEPS provides supplementary retirement and survivor's pensions for permanent civil servants and members of the educational service, the police and the armed forces.*
- *Semi-Government Employee Pension Schemes (SGEPS): The SGEPS provide supplementary pensions to the permanent employees of the publicly utility corporations of local authorities and of other public law authorities. Each scheme is established and regulated separately either through primary or secondary legislation.*
- *Provident Funds: Provident Funds are arrangements that are agreed within the framework of the system of free collective bargaining. They provide defined contribution lump-sum benefits. They are regulated by the Provident Funds Law, which aims to rule the establishment and operation of Provident Funds in order to secure their efficient operation in favour of their members. In 2006, the Law of Establishment, Operation and Supervision of Occupational Pension Funds Law was put into force. Its main objective is to provide a regulatory framework regarding the activities and supervision of institutions for occupational retirement provision.*
- *Self-employed Pension Schemes (Lawyers, Doctors): The pension scheme of Doctors and the Pension Scheme of Lawyers are regulated by separate secondary legislations.*

## **Labour Market Policies**

*Older persons are among the most vulnerable groups of population in terms of employment opportunities and are subject to discrimination in employment and occupation on the grounds of their age. Recognising older persons' difficulty to acquire or maintain employment, the government implements an incentive scheme for the employment of persons aged 50 and more. Furthermore, the laws for the protection against discrimination in employment and occupation on grounds of age and for the equal treatment of part-time workers, who often are older persons, provide an efficient legislative framework for the protection of older persons in labour market.*

*Due to the economic crisis that affected Cyprus, during the period 2011-2014 unemployment reached the highest recorded levels of the last decades. Persons over the age of 50 and young persons were among the groups with the higher unemployment rates. The government addressed this issue by developing and implementing employment and /or training incentive schemes, targeted towards the groups of population which evidently faced difficulties in accessing labour market. The government runs a specific scheme for the employment of persons aged 50 and over, through the subsidisation of their employment cost.*

*Protection against discrimination in employment and occupation on grounds of age, is ensured by the Equal Treatment in Employment and Work Law, which was enacted in 2004. Age discrimination is prohibited and equal treatment is promoted, ensuring equal opportunity to older persons to access labour market. Any person who considers himself wronged by a breach of the provisions of the Law, has the right to complain to the Department of Labour and the Ombudsperson's Office, which acts as Equality Authority in cases of age discrimination in employment and occupation.*

*Furthermore, the Part-time Workers (Prevention of Unfair Treatment) which was enacted in 2002, protects part-time employees and flexible forms of employment, promoting the reconciliation of family and work life, by safeguarding employees' rights to freely opt for part-time work and prohibiting unfair treatment of part-time workers when compared to employees in full time employment, regarding the terms and conditions of employment.*

## **Social Care Services**

*With the aim to ensure quality of life at all ages and maintain independent living of older persons, Social Welfare Services are responsible for the design, implementation and monitoring of social services, including long-term care. For the implementation of the relevant programmes, the Social Welfare Services operate a network of District and Local Offices. The state encourages the development of care services at local level through grants and technical support, within the framework of the policy for promoting involvement of the community and society in general in the provision of services.*



*The Social Welfare Services of the Ministry of Labour, Welfare and Social Insurance are responsible for the design, implementation and monitoring of social services, including long-term care. For the implementation of the relevant programmes, the Social Welfare Services operate a network of District and Local Offices. The state encourages the development of care services at local level through grants and technical support, within the framework of the policy for promoting involvement of the community and society in general in the provision of services.*

- *Elderly Homes (Residential Care): Elderly Homes offer round the clock care for people who need constant care and whose needs cannot be met by their family or the support services offered to the environment in which they live. The Social Welfare Services have prepared a bill amending the Homes for the Elderly and the Disabled Law and amending Regulations, which will be submitted to the Council of Ministers and the House of Representatives. The amendment of the existing legislation for the operation and monitoring of the Elderly Homes, aim at further improving the services and the redefinition of minimum operating standards and at ensuring old people rights against any form of abuse.*
- *Adult Centres (Day care): Adult Centres offer the opportunity to the elderly and disabled persons to be served during or part of the day, providing care services, creative engagement and entertainment. Day care is more flexible and serves both the elderly, contributing to their social inclusion, and the members of their family who work and are entrusted with their care. The Adult Centres operation and requirements regarding the qualifications of the staff members, are governed by the Adults Centres Law and relevant Regulations. Social Welfare Services are processing a further amendment of the relevant legislative framework.*
- *Home Care: Home care was and will continue to be the main axis of ensuring access to long-term care services within the framework of the overall aim of retaining elderly persons and persons with severe disabilities in the family. It covers an extended care package, which includes personal care and home help services. Social Welfare Services promote the adoption of legislation and regulations for home care, which will lay down conditions for the qualifications and suitability of carers and their responsibilities towards care receivers, including the elderly. Until the enactment of the legislation, the Terms and Conditions set by the Director of Social Welfare Services for the provision of home care are applied.*
- *Respite care: Respite care is a temporary / short-term care service which allows the informal carer to have a break from care responsibilities. This service supports the informal caregiver in his/her valuable role and also helps the care receiver to remain in his/her own environment. Respite care may be provided also to people who are living alone and occasionally are unable to care for themselves and need help. Respite care is determined according to the needs and preferences of the person himself and to the extent possible family and provided under the above-care items (home, residential, day care).*

- *Care Services Subsidy Scheme: For Guaranteed Minimum Income beneficiaries and non-beneficiaries who meet certain conditions of the GMI legislation and whose income is not sufficient to cover the cost of their care needs, the Minimum Guaranteed Income and generally the Social Benefits (Special Needs and Care Needs) Ordinance applies, which provides for the implementation of a Care Services Subsidy Scheme. The Social Welfare Services evaluate the needs and the capacity of the applicants and then determine the type and duration of care and the subsidy amount or the provision of services in kind. The Care Services Subsidy Scheme covers home, residential, day, respite and child care, respite care and child care. It may also cover the cost of incontinence pants for those who have this need (e.g. elderly, disabled persons). In justified cases, the travel expenses relating to the transportation of home and day care receivers, especially the persons with disabilities, is covered. Regarding home care service, some population groups (e.g. persons with increased functionality problems and single persons with increased physical and / or mental health problems) may benefit from the scheme through the provision of services in kind.*

### **Social Card**

*The Social Card is granted to persons aged 63 years and over who receive any kind of pension. With the exception of social pensioners, all other pensioners are required to have at least one year of social insurance contributions in Cyprus. Beneficiaries of the social card are entitled a 50% discount on fares for transportation by bus and reduced fees for access to museums, archaeological sites, theatres and sports events, thus encouraging participation of older persons in cultural life.*

### **ITEM D FOLLOW-UP**

9. Which measures would you recommend ensuring that the principles set out in the Recommendation and in its Appendix are complied with a national legislation and practice?

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10. Which measures by the Council of Europe would you recommend ensuring that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

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11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

Yes. The Council should examine how the authorities consecrate on

12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

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## ITEM A IMPACT ASSESSMENT

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

Ministry of Labour and Social Affairs of the Czech Republic

2. How would you assess the impact of the recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

Adequate, but not fully satisfactory. Since the adoption of this Recommendation, the Czech Republic have taken many steps toward its implementation, as it is indicated below, but there is still work to be done.

3. Have specific measures for the promotion and protection of the human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation)? If so, please provide examples of measures adopted or in preparation.

- Adoption of National Action Plan promoting positive ageing (2013-2017) and preparing of follow-up document for the period of 2018-2020.
- Better pension indexation taking more into account pensioner's consumer basket rather than the general one. Older persons pay less for medicals.
- Increase of the care allowance by 10 % in August 2016.

- Introduction of the new benefit to support informal care, enabling leave from work due to the care of a long term ill relative for up to 90 days.
- Free of charge pneumococcal vaccination for persons older than 65 years.
- Higher protection for seniors as victims of crime. Amendment to the Employment Act supporting persons over 55 years to increase their chance to find a job.
- Introduction of ESF projects to support the elderly

4. Which obstacles, if any, have been encountered in the implementation of the Recommendation?

No obstacles.

## **ITEM B DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

Yes, Ministry of Labour and Social Affairs of the Czech Republic.

6. Has the Recommendation been translated into your national language(s)?

No, but it will be ensured shortly.

7. To which authorities and stakeholders has the Recommendation been distributed?

Ministry of Labour and Social Affairs of the Czech Republic.

## **ITEM C IMPLEMENTATION OF SPECIFIC PROVISIONS**

8. Update of the Appendix to Recommendation CM/Rec(2014)2 : N/A

## **ITEM D FOLLOW-UP**

9. Which measures would you recommend to ensure that the principles set out in the Recommendation and in its Appendix are complied with in national legislation and practice?

- Development of the long-term care system.
- Financial support in old age including housing
- Employment support for active ageing.

10. Which measures by the Council of Europe would you recommend to ensure that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

- Promotion of an adequate standard of living and participation in public, economic social and cultural life.
- Support to services within the community to enable the elderly to stay in their own homes as long as possible.
- Promotion of participation of older workers in the labour market in their employment policies.

11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

Yes, it should. The Czech Republic recommends to keep the current range of issues.

12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

No.

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 **DENMARK**

#### **ITEM A IMPACT ASSESSMENT**

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

No.  
The Ministry of Health is responsible for defining the overall framework for the national healthcare system and health-related social services for the elderly.

2. How would you assess the impact of the recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

Denmark finds the recommendation sets focus on relevant themes and is both relevant and important in the context of promoting and protecting all human rights of older persons.

3. Have specific measures for the promotion and protection of the human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation)? If so, please provide examples of measures adopted or in preparation.

Danish approach to human rights. The individual right to make one's own, free choices in life is a central element herein.

#### *A dignity policy*

Older citizens should have a dignified care and care so that they can continue to live the life of the elderly, with the greatest possible self-determination. Care must be based on the needs of each individual, so that individuals can live a dignified life. Since 2016 each municipality in Denmark has been obliged to formulate a dignity policy that describes the overall values and priorities for the elderly.

#### *A national action plan on dementia*

The government and other political parties agreed to allocate DKK 470,000 million of the special social pools fund for 2016-2019 to the implementation of specific initiatives based on a new national action plan for dementia 2025. The national action plan for dementia was developed through a broad and inclusive process in which relevant actors in the field, citizens with dementia, their relatives and experts and health professionals have been involved and expressed their ideas and priorities. Five local dialogue meetings have been held in five of the first dementia friendly municipalities in Denmark. A number of visits to care homes, hospitals, counselling and contact centres and other relevant NGO's have taken place and inspiration have been sought in both England, Sweden and Norway. Furthermore, an advisory group of representatives from relevant organisations and stakeholders was established to oversee the process. Including the recommendations from a widely composed reference group, The Danish Health Authority has elaborated a professional that represents a solid contribution to the joint efforts of turning Denmark into a dementia friendly country, where citizens with dementia and their relatives can lead a dignified and safe life based on their present and individual needs, no matter where they are in the course of their illness.

In the autumn of 2016, a draft of the national plan on dementia was subjected to a public hearing among all relevant actors in order to include their views. The replies from this hearing process showed a wide and positive support for the inclusive process and for the national goals, the five focus areas and the initiatives mentioned below. Based on this process the government and the

political parties agreed on Denmark's new national action plan on dementia 2025 and the allocation of DKK 470 million to specific initiatives in the area of dementia. Three national goals for the dementia efforts towards 2025 have been set in order to contribute to a significant boost of the field of dementia and to diminish the geographical inequality between municipalities and regions.

1. All 98 municipalities in Denmark should be dementia friendly.
2. More people with dementia must be detected and 80 percent must have a specific diagnosis.
3. Improving care and treatment reduce consumption of anti-psychotic medicines amongst people with dementia with 50 percent before 2025.

The aim of Denmark's new national action plan on dementia is to make a real difference in the everyday life for all persons affected.

<http://sum.dk/English/Publications-in-English.aspx>

### *The elderly medical patient*

There is allocated 1,2 billion DKK in 2016-2019 for targeted efforts towards elderly medical patients. Hereafter there is allocated 300 million DKK yearly.

The action plan for the elderly medical patient focus on strengthened competencies in municipalities and general practice. The action plan e.g. includes:

- ✓ counteract on overlay on the medical departments
- ✓ reducing the number of patients not released from hospitals, even if they are finished
- ✓ reducing the number of preventive hospitalizations and
- ✓ create better coherence for patients who have crossed hospitals, general practice and municipalities.

Funds are also allocated for continuing and developing follow-up home visits in addition to hospitalization, in-house physicians in care centers and national clinical guidelines aimed at the weakest elderly as well as coherent solutions.

### *Employment measures*

With the employment reform – that came into force in 2015 – seniors with unemployment insurance benefits gained the right to an advanced active offer (for example education, internship and guidance) from the local job center after three months of unemployment. Furthermore, the job centers are obliged to increase the focus on establishing contact between seniors and local businesses.

New legal provision came into force in January 2016 making it illegal for collective or individual agreements to require employees to retire by the age of 70. The main message is that people should have the opportunity to work, as long as they have the desire and the qualifications. The Danish government is

planning to appoint a task force in spring 2018 aimed at improving the position of seniors in the labour market. The task force is set to be in action until June 2019.

4. Which obstacles, if any, have been encountered in the implementation of the Recommendation?

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## **ITEM B DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

No.

6. Has the Recommendation been translated into your national language(s)?

No.

7. To which authorities and stakeholders has the Recommendation been distributed?

To the health division for Elderly & Dementia under the Danish Health Authority.

## **ITEM C IMPLEMENTATION OF SPECIFIC PROVISIONS**

8. Update of the Appendix to Recommendation CM/Rec(2014)2 :

See point 3.

## **ITEM D FOLLOW-UP**

9. Which measures would you recommend to ensure that the principles set out in the Recommendation and in its Appendix are complied with in national legislation and practice?

As stated in point 2 Denmark find the recommendation sets focus on relevant themes and is both relevant and important in the context of promoting and protecting all human rights of older persons. As to measures it is important that each country has the opportunity to adapt the process to its national circumstances.



10. Which measures by the Council of Europe would you recommend to ensure that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

Workshops and the material from the workshop is a valuable contribution to the further work with the Recommendation.

11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

Should a continued examination of the implementation of the Recommendation be decided a more specific view into the residential and institutional care could be an interesting theme.

12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

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**ESTONIA**

## **ITEM A IMPACT ASSESSMENT**

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

No.

2. How would you assess the impact of the recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

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3. Have specific measures for the promotion and protection of the human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation)? If so, please provide examples of measures adopted or in preparation.

No specific measures have been adopted, but to promote that elderly people could participate at the labour market, discrimination based on age is prohibited. § 2 (2) of the Equal Treatment Act (2) prohibits discrimination of persons on grounds of religion or other beliefs, age, disability or sexual orientation upon: 1) establishment of conditions for access to employment, to self-employment or to occupation, including selection criteria and recruitment conditions, as well as upon promotion;2) entry into employment contracts or contracts for the provision of services, appointment or election to office, establishment of working conditions, giving instructions, remuneration, termination or cancellation of employment contracts or contracts for the provision of services, release from office; 3) access to vocational guidance, vocational training, advanced vocational training and retraining, practical work experience;4) membership in an organisation of employees or employers, including a professional organisation, and grant of benefits by such organisations.

4. Which obstacles, if any, have been encountered in the implementation of the Recommendation?

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**ITEM B  
DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

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6. Has the Recommendation been translated into your national language(s)?

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7. To which authorities and stakeholders has the Recommendation been distributed?

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**ITEM C  
IMPLEMENTATION OF SPECIFIC PROVISIONS**

8. Update of the Appendix to Recommendation CM/Rec(2014)2 :

## **NON-DISCRIMINATION**

*To reduce inequality in the society, Estonia has created the institution of the Gender Equality and Equal Treatment Commissioner to help people to protect their rights and prevent discrimination of any kind. The commissioner advocates for women, men, and representatives of different minority groups to have equal rights and opportunities in every sphere of social life. The Equal Treatment Act is valid in Estonia as of 2009 with the purpose of ensuring people protection against discrimination, including on the basis of age or disability.*

*Good prerequisites for the protection and improvement of the rights of disabled people have been created by the UN's Convention on the Rights of Persons with Disabilities, which was ratified by Estonia in 2012. The Government of the Republic and organisations representing people with disabilities have signed a Memorandum of Cooperation Principles with the purpose of valuing the civil society and improving the social integration of disabled people.*

## **AUTONOMY AND PARTICIPATION**

*An Older People Policy Committee has been active within the Ministry of Social Affairs as of 1997 for contributing to important decision-making processes. The committee is made up by members of the organisations protecting the rights and interests of older people, as well as representatives of healthcare and welfare service providers. The aim of the committee is to mediate between the state and the organisations protecting the rights of older people, as well as to counsel policymakers in issues regarding the older people. The committee also issues a newspaper titled "Elukaar".*

*To ensure a comprehensive approach to the improvement of accessibility, an Accessibility Council was established in 2015 with the task of leading the public discussion on accessibility and universal design in order to raise public awareness and introduce the principles of an inclusive living environment.*

*To improve access to transportation, the state has consistently invested in the renewal of the rolling stock and infrastructure. In 2011 and 2012, 110 buses corresponding to the needs of people with reduced mobility were bought, 88 of which service county bus lines and 22 city bus lines. The requirements of accessibility are considered to a limited extent in public transportation procurements in counties, but in many cases, local governments have not yet established such requirements.*

*The e-election option, which allows voting on the Internet and from a distance, facilitates participation in political life on equal grounds.*

*Participation in lifelong learning is also supported by the Seniors University Programme of the University of Tartu, which began its activity in 2009 in Tartu, Pärnu, Kuressaare and Türi. By today, the activities have extended to other*

regions. While 297 seniors graduated from the university in the academic year of 2009/2010, then the number was 1,541 in 2015. There are also several other universities (Tallinn University etc) who conduct programmes for older people.

Welcoming programmes are carried out to ensure the integration of immigrants into the society. In 2015, an amendment to the Citizenship Act entered into force. It simplified the application procedure for citizenship for people aged 65 years (and older). An interactive Russian-language module of the legal assistance portal [www.juristaitab.ee](http://www.juristaitab.ee) was launched in 2014 and 52 Estonian legal acts were translated into Russian.

## **SOCIAL PROTECTION AND EMPLOYMENT**

A minimum income is provided in Estonia by means of subsistence benefits<sup>24</sup>, local governments also pay additional social benefits. The state covers social risks with the national social security and pays social benefits to compensate for additional expenses related to disability. At the same time, the existing social security benefits, national benefits, and benefits paid by local governments are not always sufficient to ensure that people are able to cope financially and to prevent poverty.

To alleviate the abovementioned problem, the Action Programme of the Government Coalition 2015–2019 focuses on measures that facilitate increasing productivity, improving the qualification of the labour force, increasing employment, and reducing the regional and gender pay gap. Several activities are executed within the framework of the Welfare Development Plan 2016–2023.

As pensioners living alone are one of the largest risk groups, a supplementary support scheme entered into force in 2017 with the purpose of improving the financial independence of old age pensioners living alone.

In 2016, work ability reform entered into force. The aim of the reform is to provide employment for people with decreased work ability and to keep them in employment to ensure income and independence for people with a health damage, as well as to provide them with an opportunity to put themselves in practise and participate in social life. For that, a new evaluation system for work ability have been implemented – the evaluation of work ability shall identify the person's work ability and their operating limitations – which shall help identify a suitable job, working conditions, and necessary services.

In 2016, the organisation of assistive technology was restructured into a national system instead of a county-based one, which simplified and improved

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<sup>24</sup> A family or a person living alone is entitled to the subsistence benefit when their monthly income remains below the subsistence level after the deduction of fixed housing expenses as set forth by the Social Welfare Act. The subsistence level for the first family member was 76.70 euros in 2011 and 140 euros in 2018.

*the availability of assistive technology. To increase people's engagement in public life, support learning, and develop the prerequisites for acquiring or restoring the ability to work to a certain extent, changes to the national rehabilitation system were also implemented. In addition to medical rehabilitation, rehabilitation services also include social and work-related rehabilitation<sup>25</sup>.*

## **CARE**

### **A. General Principles**

*As an initiative of the Ministry of Social Affairs, a Strategy for Active Ageing 2013–2020 was addressed to people aged 50 and older. Unfortunately, the development plan was not carried out, as in 2014, a need arose to create a common strategic basis for the development of policies in different fields (work, social protection, gender equality, and equal treatment). For this reason, the actions were included in the Welfare Development Plan 2016–2023, which features, among other things to reduce social inequalities and poverty, gender equality, and a greater social inclusion.*

*Estonian Welfare Development Plan (2016-2023) highlights the challenges related to ageing society, the burden of care of families and the need of available and quality services and support for elderly, people with dementia and their families. Several initiatives will be implemented under the welfare programme (2018-2021):*

*In 2018 dementia competence center will be created. The aim of the competence center is to develop qualified and accessible dementia care in Estonia and to provide counselling, trainings and efficient support to people with dementia and their families, municipalities, health and welfare specialists, care providers and to gain public awareness in general.*

*To support home-based services several calls will be launched in 2018-2019, where local municipalities, non-profit or private companies can apply funding for develop care services (like home care, 24/7 care, day care, temporary care, support person, personal assistant) and create and develop innovative services and technologies in care providing field.*

*Another initiative is to launch a pilot project to test a model of the coordination of care. The aim of the project is to pilot comprehensive approach to the needs of the individual, focusing on the management of care, assessment of needs and the provision of services, which develops and implements a person centered long-term care. For this purpose, the InterRai standardized evaluation framework used in the health sector will be used in the project and the*

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<sup>25</sup> Social rehabilitation is designated for all disabled people and people with partial or absent ability to work who need daily assistance in coping with the restrictions posed by their disability or special need. Work-related rehabilitation services are meant for people aged 16 until pensionable age and are mediated by the Estonian Unemployment Insurance Fund.

exchange of information between specialists will be developed. The outcome of the project establishes a common framework for health and social care assessment and process of care.

**B. Residential and institutional care**

1.1. In 2016, the new Social Welfare Act entered into force. It explained in more detail the duties of a local government in providing assistance and organising social services. To unify the quality of services organised by local governments, first time the minimum requirements were established for nine social services (§ 17-§ 25 and § 27-§ 44).

See:

<https://www.riiqiteataja.ee/en/eli/ee/516012018001/consolide/current>.

*The absence of social services corresponding to needs increases the care burden of family members. As a result, a Task Force on Relieving the Care Burden was created in 2015 on the basis of clause 10.25 of the Action Programme of the Government Coalition 2015–2019 with the purpose of developing solutions and policy measures for the families with care burden. According to the task force recommendation, 2018 the Ministry of Social Affairs will propose a concept paper for the changes of the long-term care system in Estonia to the Estonian Government by the end of 2018.*

**ITEM D  
FOLLOW-UP**

9. Which measures would you recommend to ensure that the principles set out in the Recommendation and in its Appendix are complied with in national legislation and practice?

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10. Which measures by the Council of Europe would you recommend to ensure that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

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11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

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12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

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## ITEM A IMPACT ASSESSMENT

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

In Finland, each ministry is responsible for the implementation of fundamental and human rights within its own administrative branch. The Ministry of Social Affairs and Health sets out the policy concerning ageing in its strategy, in legislation, quality recommendations, programmes and projects. The aim of the ageing policy is to promote older people's functional ability, independent living and active participation in society. The National Institute for Health and Welfare (THL) studies and monitors - and develops measures to promote - the well-being and health of the population, including older persons, in Finland. The Institute gathers and produces information based on research and statistics.

2. How would you assess the impact of the recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

Adequate. The Recommendation has generally drawn attention to the human rights of the elderly.

3. Have specific measures for the promotion and protection of the human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation)? If so, please provide examples of measures adopted or in preparation.

The National Memory Plan (2012) and its implementation plan (2014) have paid particular attention to the rights of people with memory impairment. The Quality recommendation to guarantee a good quality of life and improved services for older persons (2017) highlights the good practices that safeguard the elderly's right to good care and high-quality services.

The Government of Finland is currently preparing legislation on the strengthening of the right to self-determination for social welfare and health care clients and the conditions necessary for the limitation of this right. Different client and patient groups are being taken into consideration (e.g. people with mental disabilities, those affected by memory disorders, emergency social welfare and health care cases, people with mental health or substance abuse problems). The aim is to present the bill to Parliament as soon as possible within the current government term (2015–2019).

For further information, please see answer to item C.

4. Which obstacles, if any, have been encountered in the implementation of the Recommendation?

Reducing or eliminating inequality and discrimination is a very slow process. In Finland, one of the biggest problems with elderly people is the poverty of older women. It takes time to raise the income level and cannot be achieved by recommendations only.

## **ITEM B DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

The Ministry for Foreign Affairs.

6. Has the Recommendation been translated into your national language(s)?

No.

7. To which authorities and stakeholders has the Recommendation been distributed?

To relevant ministries in Finland.

Furthermore, the Government Network of contact persons for fundamental and human rights, the Human Rights Centre (part of the National Human Rights Institution), the Non-discrimination Ombudsman and the Ombudsman for Equality have been informed about the Recommendation.



## **ITEM C**

### **IMPLEMENTATION OF SPECIFIC PROVISIONS**

8. Update of the Appendix to Recommendation CM/Rec(2014)2 :

#### **NON-DISCRIMINATION**

Finland published, in 2012, a Diversity Charter and established a Diversity Network among employers established aiming at developing tools for managing diversity and exchanging good practices in working life. The “Occupy your own age” movement is a network for good ageing established between seven Finnish organisations for social work for the elderly.

*The new Non-Discrimination Act (1325/2014) entered into force at the beginning of 2015. Its purpose is to promote equality, prevent discrimination and to enhance the protection provided by law to those who have been discriminated against. The act prohibits discrimination on the basis of age, origin, nationality, language, religion, belief, opinion, political activity, trade union activity, family relationships, state of health, disability, sexual orientation, or other personal characteristics. According to the Act, authorities, education providers and employers must assess and promote equality in their services. When fulfilling this obligation on promotion, all the grounds for discrimination/segregation prohibited in the Act (including age), must be taken into account.*

*The organisation Seta – LGBTI Rights in Finland has put rainbow activities for older people on a permanent footing with funding provided by the Funding Centre for Social Welfare and Health Organisations (STEA). Among other things, Seta provides training for professionals of different fields on taking older LGBTI people into account in services and organises peer support activities for older LGBTI people.*

#### **AUTONOMY AND PARTICIPATION**

*Liberal adult education in Finland offers learning opportunities for all age groups. An essential characteristic of liberal adult education is that there are no examinations and no legislation defining its contents. The education goals and contents are defined by actors maintaining the educational institutions and organisations, such as local governments, joint municipal boards, associations, foundations and limited companies.*

*Open higher education studies are available for all, regardless of age or educational background. All universities and universities of applied sciences offer these studies. The universities of the third age are a special type of open university teaching. The first university of the third age started in Finland in mid-1980s. The forms and level of teaching complies with traditional university teaching forms and levels. The university of the third age is intended for persons over 60 years of age. However, the teaching events are open to all. The university of the third age organises lecture series, courses and study trips.*

## PROTECTION FROM VIOLENCE AND ABUSE

Finland adopted the Action Plan to reduce violence against women (2010-2015) which also envisages measures concerning older persons. Moreover, the Finnish Association of Shelters for the Elderly seeks to prevent violence against older persons and to raise awareness, for example by operating telephone helplines and providing other forms of support.

*The implementation of the Action Plan to Reduce Violence against Women was concluded, and a separate publication was produced on it. Since that time, Convention on Combatting and Preventing Violence against Women and Domestic Violence (Istanbul Convention) has been adopted in Finland, and an implementation plan for the Convention for the period 2018–2021 has been adopted by a cross-administrative Committee for Combating Violence against Women and Domestic Violence appointed by the Ministry for Social Affairs and Health. In addition to general actions on this theme, older people have been taken into consideration especially in an action related to shelters.*

*The Ministry of the Interior has updated the Action Plan for a Safe and Secure Life for the Elderly from 2011. The updated Action Plan was published on 29 January 2018, and it contains 12 actions on improving older people's housing safety, reducing the number of accidents and preventing and combating abuse, violence and offences. The objective of the updated Action Plan is to guarantee safe everyday life for every older person. It is targeted at the authorities and NGOs working with older people, and its particular aim is to improve the safety of older persons in a vulnerable position. This includes persons who, for some reason or another, cannot access services or who have shortcomings in their safety and security which they cannot eliminate themselves, for example because of an illness. Rather than taking place exclusively through the authorities' actions, improving the safety and security of older people requires close and broad-based cooperation between different authorities and NGOs. For this reason, improving cooperation and information exchanges between different stakeholders is one of the key goals of the actions. Updating the Action Plan is part of implementing the Internal Security Strategy adopted in October 2017. The actions will be implemented before a report on internal security is submitted to Parliament in 2020.*

*The police take extensively older people into account in their activities in the areas of surveillance and emergency response missions, criminal investigations and permit and licence services alike. This issue is already addressed in the basic police education as well as at different seminars on such themes as sensitive police matters, equality and equity, intimate partner violence or human rights. The police have published their equality and non-discrimination plan for 2017–2019. According to this plan, the accessibility of police service points and digital services (the police website and e-services) will be mapped to ensure that all police services are accessible to both people with disabilities and older persons.*

*The police frequently cooperate with other authorities and third-sector actors. This cooperation takes place across different networks in which such groups as older people participate through their lobbying organisations. As best practices can be cited the following two:*

- 1) In collaboration with other stakeholders, the police have developed a 112 app that can be used to contact the police, ambulance services or the fire brigade in an emergency. When the Emergency Response Centre is contacted using this app, the caller's location data are saved automatically, which ensures that the caller can be reached quickly. The police have urged family members to ensure that older persons know how to use this app in emergencies.*
- 2) The police monitor and identify security threats targeting older persons and ensure in cooperation with their lobbying organisations that older persons are informed of them through various channels. An example of this was an extensive information campaign on fake police officers who attempted to obtain older persons' online banking IDs. The police have published several press releases about this issue as well as specific instructions on 'how to protect your money from con artists' and, for example, an information sticker for the fridge door and reminder notes that can be printed off the police website. A warning and instruction video on this matter has also been produced for Poliisi Tube, a YouTube site maintained by the police. All this material is provided in both Finnish and Swedish and can be used freely.*

*The TIKKA project funded by the Ministry of Justice prepared instructions and a checklist for bank employees to support them in recognising financial abuse of older people and intervening in it. The TIKKA project was implemented by Suvanto - For A Safe Old Age association.*

*The National Council for Crime Prevention and VTKL - The Finnish Association for the Welfare of Older People have produced safety and security guides for older people. The themes of these guides have included many types of crime, including frauds and scams.*

*The National Council for Crime Prevention prepared a Cyber guide for homes in 2017, which also comprehensively addresses online fraud and identity theft. The police have produced instruction videos explaining how to recognise fake police officers and what to do if encountering them.*

*The police have distributed large stickers for older people reminding them to watch out for fake policemen.*

*In cooperation with an NGO working with older people, the Ministry of Justice has prepared material and instructions assisting such actors as municipalities and NGOs in organising information events for older people on recognising frauds and scams and responding to them.*

*The use of a Worry form has been tested in home care in Turku together with the City and an NGO working with older persons. Its purpose is to lower the threshold for reporting the matter if you suspect that an older client has been the victim of an offence. This project was funded by the Ministry of Justice.*

*Professionals in social and health-care as well as the police have been trained in the risk assessment of serious intimate partner violence using the MARAK method. The method was introduced in Finland in 2010, and thereafter it has spread to all counties, so that at the end of 2016, there were 32 MARAK working groups in Finland. The MARAK method consists of two phases. First, the social and health-care professional or policeman working with the client makes a standardised risk assessment using a MARAK form together with his client who has encountered intimate partner violence. Thereafter, if the risk is high, the client is directed to a local MARAK working group, where his case is handled and a safety plan is drafted and other measures necessary to increase the client's safety are conducted. The MARAK documents can also be used as part of criminal investigation and when considering the necessity of other safety measures.*

*The MARAK method and its functionality have been assessed in Finland from 2010 until 2015, and the results have been very positive. The latest article on the effectiveness of this method was published in issue 3 of 2017 of Yhteiskuntapolitiikka (Social Policy). (An article of the results of the research can be found at:*

*[https://www.julkari.fi/bitstream/handle/10024/134851/YP1703\\_Piispa%26October.pdf?sequence=1](https://www.julkari.fi/bitstream/handle/10024/134851/YP1703_Piispa%26October.pdf?sequence=1). Additional information on the method: [www.thl.fi/marak](http://www.thl.fi/marak)).*

*Suvanto line is a national helpline for older persons subjected to abuse, exploitation, violence or threat of violence and for persons close to them. The helpline combines multi-professional special expertise in helping older persons and promoting their safety. The competence and expertise of the helpline combine skills related to ageing and encountering an older person with a service system for older people.*

## **SOCIAL PROTECTION AND EMPLOYMENT**

In Finland, employers have made efforts to increase the employment rate among older persons and arranged for flexible working hours for their well-being. Authorities have introduced a toolkit for “age management”, including a guide for older employees and their employers. A job application model emphasising applicant's skills and decreasing the impacts of factors such as nationality, age or gender has been tested. The Finnish Parkinson's Association carries out a project together with a local association on “Parkinson's at work” to improve the well-being and working capacity of employees suffering from that disease.

*In Finland, a development programme for housing for older people was implemented in 2013-2017 as a cross-administrative collaboration. The measures included, for example, repairing the existing building stock, as well as developing housing solutions and housing environments from the perspective of older people. The programme affected older people, municipalities and the housing and construction sector. The focus of the programme was on the renovation of residential buildings, particularly on the installation of lifts, and on other measures to promote accessibility and renovation of dwellings. Accessibility repairs and other repairs were also promoted through information and guidance, including through non-governmental organizations.*

*The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons (980/2012, section 25) imposes on different authorities, including the police, the duty to notify social welfare authorities of an older person's service needs, if the older person is obviously unable to take care of himself or herself, his or her health or safety. This must be considered a good legislative practice for protecting those older people, in particular, who do not have a personal safety network to look after them once their own functional capacity has deteriorated.*

*The purpose of the Working Life 2020 project is to promote innovation, productivity, skills, well-being at work, health, trust and cooperation at workplaces. The project has created networks with a better ability to respond to workplace development needs between working life developers. The key actors and other participants in the Working Life 2020 network are committed to the project and its objectives (including older persons' participation in working life) through pledges of cooperation in which they specify two to five key goals and the relevant actions. Some of the goals are directly or indirectly related to extending careers and improving older people's wellbeing at work.*

*Of the key actors, the Finnish Institute of Occupational Health conducts research, organises training events and develops tools for age and work ability management. The Institute has recommended that organisations record their good practices in an age programme or a HR management plan that addresses age-related issues. For example, the good practices may be relevant to recruitments, supporting career progress, training or flexible working time.*

*Of the sectoral programmes coordinated by the Working Life 2020 network, the technology industry's joint working lifespan project titled Työkaari kantaan has drawn on the Working lifespan discussion method and the Age aware workplace coaching developed by the Finnish Institute of Occupational Health. The working lifespan discussion is a meeting between the supervisor and an employee in which they examine the employee's work and individual needs. The discussion is supported by a specific form for recording jointly agreed actions. This form is filed in the agreed location, making it possible to revisit the agreed practical actions and their implementation schedule in 6 to 12 months. The meeting may also be conducted as part of a development discussion.*

*The objective of the Age aware workplace coaching method is to increase workplaces' awareness of factors that influence wellbeing at work and practical means by which employees' careers can be supported and extended. The coaching addresses such themes as work ability management, career stages and maintaining work ability.*

*The Family-friendly workplace programme launched by the Family Federation of Finland (a Working Life 2020 project actor) encourages companies and organisations to support employees' careers in their different life stages, which in practice may mean incorporating a certain management style, flexible working time or time reserved for recovering from work in the workplace's age programme or general HR policy.*

*Työeläkevakuuttajat TELA (a Working Life 2020 project actor) and other earnings-related pension providers have stressed the importance of extending careers in their activities and training events. Elo, an earnings-related pension provider, has concluded an agreement on cooperation with the Finnish Institute of Occupational Health that aims to offer companies services based on high-quality working life research and development work helping to reduce the risk of disability.*

#### *Immigrant integration*

*As no systematic language or other training to promote the integration of immigrants aged over 65 is organised, the promotion of their integration has mainly relied on projects run by the municipalities or the third sector. The advisory services, language instruction, civic knowledge, recreational activities as well as translation and interpretation services and assistance with service use provided by NGOs are invaluable for ageing immigrants. Older immigrants may also participate in language courses organised by liberal adult education institutions, for example at adult education centres.*

*Municipalities may prepare integration plans for immigrants who are not unemployed jobseekers and thus within the scope of the TE Offices' immigration plans. The number of these integration plans remains small so far, but after the forthcoming regional government reform, plans must always be prepared at least for immigrants arriving as refugees, also if they are older persons. Within the framework of its own services, a county or a municipality may also organise an initial assessment or produce an integration plan for other immigrants outside the labour market including, in other words, older persons.*

*The multiculturalism website of the National Institute for Health and Welfare contains a collection of information and links intended for professionals of immigrant integration. The site itself is an example of a good practice. <https://thl.fi/en/web/immigrants-and-multiculturalism>*

*A project carried out by the Association of Carers and loved ones in the capital region (POLLI) has developed an information package for informal carers in ten languages. The organisation provides personal advice in informal care issues by appointment and with the assistance of an interpreter. In addition, two volunteers (speaking Somali and Vietnamese) answer a helpline once a week.*  
[http://www.polli.fi/?page\\_id=129](http://www.polli.fi/?page_id=129)

*The Society for Memory Disorders Expertise in Finland has published a guide on memory-related work for social and health care professionals titled 'Culturally sensitive memory work'. Experiences from Finland 2017' in Finnish and English.*

<http://www.muistiasiantuntijat.fi/index.php?sid=156&src=ajankohtaista&udpvie w=ajankohtaista>

#### *European Social Fund projects*

*The Structural Funds programme priority axis "Employment and labour mobility", for instance, contains the specific objective "Promotion of employment among the young and other groups that are in a weak position in the labour market", which mainly implements measures that develop skills and labour market capabilities in order to improve the participants' preconditions for finding jobs. Older people are a particular target group among those in a weak position in the labour market.*

#### **ADMINISTRATION OF JUSTICE**

*In the field of immigration, the special status of older persons is taken into account, in particular, by assessing if the person is in a vulnerable position. When applying the Act on the Reception of Persons Seeking International Protection (vastaanottolaki, 746/2011), for example, special needs deriving from a vulnerable position, including age, are taken into consideration. An applicant's vulnerable position and the consequent special needs are always investigated individually. In its practical work, the Finnish Immigration Service also strives to prioritise applications in which the applicant is in a vulnerable position.*

#### **ITEM D FOLLOW-UP**

9. Which measures would you recommend to ensure that the principles set out in the Recommendation and in its Appendix are complied with in national legislation and practice?

Older persons' right to receive appropriate support in taking their decisions and exercising their legal capacity needs to be taken seriously in the preparation of our social and health care reform.
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10. Which measures by the Council of Europe would you recommend to ensure that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

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11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

Yes – particularly thematic examination focusing on specific issues (e.g. social and health care services, poverty).

12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

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 **FRANCE**

## **POINT A ÉTUDE D'IMPACT**

11. Une autorité a-t-elle été désignée comme responsable de la mise en œuvre de la Recommandation ? Si oui, laquelle ?

En France, aucune autorité n'a été formellement désignée. Toutefois, le Gouvernement français observe que la mise en œuvre de l'essentiel de la recommandation et son suivi incombent à la direction générale de la cohésion sociale, au Ministère des solidarités et de la santé.

12. Comment évalueriez-vous l'impact de la Recommandation sur les droits de l'homme des personnes âgées dans votre pays (pleinement satisfaisant / adéquat/ insuffisant / inexistant) ? Merci de motiver votre réponse.

En France, l'impact de la recommandation peut être qualifié d'adéquat. En effet, il est fréquemment fait référence à la recommandation sur le plan international, que ce soit lors des travaux des groupes ad hoc des Nations-Unies ou lors des réunions du Comité européen de la protection sociale auxquels participe le Gouvernement français. Au niveau national, l'actualisation prévue des « bonnes pratiques » devrait permettre de lui donner une portée plus large et effective.



13. Des mesures spécifiques pour la promotion et la protection des droits de l'homme des personnes âgées ont-elles été adoptées suite à l'adoption de la Recommandation (y compris le cas échéant la mise en route des plans d'action nationaux, l'inclusion de la Recommandation dans des plans déjà existants ou la création de groupes de travail intersectoriels pour sa mise en œuvre) ? Si oui, merci de donner quelques exemples de mesures adoptées ou en cours d'élaboration.

A la suite de la recommandation, la France a adopté la loi du 29 décembre 2015, d'adaptation de la société au vieillissement, qui vient réaffirmer les droits et libertés des personnes âgées. Cette loi prévoit notamment que les personnes âgées résidant dans des établissements médico-sociaux ou faisant appel à un service médico-social auront désormais la possibilité de désigner une personne de confiance dans le cas où elles rencontreraient des difficultés dans la compréhension de leurs droits.

La loi renforce également la procédure d'acceptation du contrat de séjour au moment de sa signature à l'entrée en maison de retraite, permettant de mieux s'assurer du consentement de la personne accueillie, de la connaissance et de la compréhension de ses droits.

Enfin, il est aussi prévu de mettre en place des actions de communication pour faire mieux connaître le mandat de protection future (article 477 et suivants du code civil), acte qui permet d'anticiper la perte d'autonomie et d'organiser à l'avance sa propre protection.

14. Si des obstacles ont été rencontrés lors de la mise en œuvre de la Recommandation, de quels obstacles s'agit-il ?

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## **POINT B DIFFUSION DE LA RECOMMANDATION**

15. Une autorité a-t-elle été désignée comme responsable de la diffusion de la Recommandation ? Si oui, laquelle ?

En France, aucune autorité n'a été désignée à cet effet. Toutefois, le Gouvernement français observe que comme pour la mise en œuvre de l'essentiel de la recommandation et son suivi, sa diffusion est également assurée par la direction générale de la cohésion sociale, au Ministère des solidarités et de la santé.

16. La Recommandation a-t-elle été traduite dans votre/vos langue(s) nationale(s) ?

Sans objet.

17. Après de quelles autorités et parties prenantes la recommandation a-t-elle été distribuée ?

En France, la recommandation a été distribuée aux services centraux et déconcentrés du Ministère des solidarités et de la santé, aux associations représentant les personnes âgées et aux caisses de sécurité sociale.

## **POINT C**

### **MISE EN ŒUVRE DES DISPOSITIONS SPÉCIFIQUES**

18. Mise à jour de l'Annexe à la Recommandation CM/Rec(2014)2 :

#### **NON-DISCRIMINATION**

*La France a adopté une charte visant à préserver les droits des usagers fréquentant les établissements et services sociaux et médico-sociaux (loi n°2002-2 du 2 janvier 2002 rénovant l'action sociale et médico-sociale). La charte des droits et libertés de la personne accueillie vise à prévenir les risques de maltraitance et de discrimination et le principe de la non-discrimination est inscrit à son premier article. Par ailleurs, la Mobilisation nationale contre l'isolement social des âgés (« MONALISA ») a été mise en place, afin d'encourager la participation des citoyens et des acteurs locaux volontaires pour développer la création de lien social avec les personnes fragilisées. Cette mobilisation nationale consiste pour les nombreuses parties prenantes à mener un programme d'émergence et de déploiement d'équipes de citoyens bénévoles.*

#### **AUTONOMIE ET PARTICIPATION**

*En France, la loi relative à l'adaptation de la société au vieillissement adoptée le 14 décembre 2015 a permis la mise en œuvre de dispositifs structurants pour prévenir (en réunissant les financeurs) et accompagner (en favorisant le maintien à domicile ou en réformant la tarification en établissement d'hébergement pour personnes âgées dépendantes – « EHPAD ») la perte d'autonomie, mais a aussi ciblé l'adaptation de l'environnement des personnes (offre de logements et de services, protection des droits, nouveaux acteurs...). A cet égard, d'une part, les conférences départementales des financeurs de la prévention de la perte d'autonomie (présidées par le président du conseil départemental et vice-présidées par le directeur général de l'agence régionale de santé) sont créées par l'article 3 de la loi et associent tous les financeurs de la prévention. Elles ont la charge d'établir un diagnostic des besoins des personnes âgées de 60 ans et plus. D'autre part, les offres d'habitat ont été modernisées et diversifiées et la loi renforce en particulier la transparence et l'information sur les prix pratiqués en EPHAD : un site internet<sup>26</sup> recense l'ensemble de ces établissements et informe les résidents sur les aides financières existantes. Par ailleurs, la protection des droits des résidents a été*

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<sup>26</sup> [www.pour-les-personnes-agees.gouv.fr](http://www.pour-les-personnes-agees.gouv.fr)

*renforcée, par l'adoption de deux décrets : le décret n° 2016-1743 du 15 décembre 2016 vient définir le contenu de l'annexe au contrat de séjour, élaborée pour protéger les droits de la personne et aménager au besoin sa liberté d'aller et venir afin d'éviter ainsi sa mise en danger, et le décret n° 2016-1813 du 21 décembre 2016 met en place l'obligation de signalement aux autorités administratives de tout dysfonctionnement dans les établissements et services médico-sociaux. En outre, la loi a modernisé le cadre de gouvernance en la matière en créant des instances consultatives, et en particulier, le Haut Conseil de la famille, de l'enfance et de l'âge au niveau national (décret n° 2016-1441 du 25 octobre 2016) et le Conseil départemental de la citoyenneté et de l'autonomie (CDCA), créé par fusion du comité départemental des retraités et des personnes âgées (CODERPA) et du conseil départemental consultatif des personnes handicapées (CDCPH) dans un objectif de simplification (décret n° 2016-1206 du 7 septembre 2016) et de modification de la représentation.*

*Enfin, concernant plus particulièrement le développement du maintien à domicile, l'article 41 de la loi a réformé l'allocation personnalisée d'autonomie à domicile, prestation en nature pouvant être versée à son bénéficiaire sous la forme d'un montant en argent ou du paiement de prestations externes (aide à domicile, acquisition d'aides techniques ...), et concernant les services à domicile, la loi a remédié à la dualité de régimes entre l'autorisation, délivrée par le président du conseil départemental et l'agrément par les services de l'État, au bénéfice de la première dans un souci de protection des publics fragiles.*

## **PROTECTION CONTRE LA VIOLENCE ET LES ABUS**

*La France a créé, en janvier 2013, le Comité national pour la bientraitance et les droits des personnes âgées et handicapées, dont la mission est de travailler à la lutte contre la maltraitance et à la promotion des droits. Par ailleurs, dès 2008, un dispositif national d'écoute a été mis en place, par l'instaurant d'un numéro national, le 3977. En outre, afin d'améliorer la mise en œuvre au niveau territorial des signalements dans le cadre du dispositif d'alerte et de veille, l'obligation de signalement fixée par la loi n° 2015-1776 du 28 décembre 2015 relative à l'adaptation de la société au vieillissement, s'impose désormais aux établissements et services sociaux et médico-sociaux, ce qui élargit son champ d'application et devrait permettre ainsi aux services territoriaux de l'État de mieux assurer leur mission (décret n° 2016-1813 du 21 décembre 2016 précité).*

## **PROTECTION SOCIALE ET EMPLOI**

*En France, la loi portant création du contrat de génération, adoptée le 1<sup>er</sup> mars 2013, permet aux entreprises de moins de 300 salariés de bénéficier d'une aide financière de l'Etat, pendant trois ans, dès lors qu'elles embauchent en CDI un salarié de moins de 26 ans ou de plus de 57 ans. En outre, la loi n° 2015-994 du 17 août 2015 relative au dialogue social et à l'emploi a créé le contrat de professionnalisation « nouvelle chance », qui constitue un outil de*

*sécurisation des parcours professionnels favorisant le retour à l'emploi, en permettant d'accéder à la fois à une expérience professionnelle et à une formation qualifiante. Cette adaptation du contrat de professionnalisation (durée allongée à 24 mois maximum, au lieu de 12 et action de formation devant représenter au moins 15 % du contrat) permet de répondre aux besoins des demandeurs d'emploi de longue durée et peu qualifiés, sans condition d'âge. Le recueil « Les bonnes pratiques des entreprises en matière de maintien et de retour en activité professionnelle des seniors », de 2009, constitue un appui aux entreprises sur la question du maintien en emploi des seniors. Par ailleurs, le conseil d'orientation des conditions de travail (COCT) a adopté le 8 décembre 2015 le troisième plan santé au travail qui constituera la feuille de route du gouvernement en matière de santé au travail pour la période de 2016 à 2020. Ce plan fait notamment de la prévention de l'usure professionnelle et du maintien dans l'emploi, des priorités. Il s'agira de développer une offre de services, qui vise à donner aux entreprises les moyens d'accompagner le vieillissement actif. Des dispositifs expérimentaux seront mis en place au niveau régional, dans des entreprises caractérisées par une forte sinistralité et un taux de seniors élevé, pour permettre l'analyse de la situation et l'action sur les conditions de travail (aménagement de postes, organisation, etc.) et prévenir ainsi la désinsertion professionnelle.*

*En outre, la loi n° 2014-40 du 20 janvier 2014 garantissant l'avenir et la justice du système de retraites a mis en place un compte de prévention pénibilité qui permet aux concernés d'accéder à des postes moins pénibles grâce à la formation, de réduire leur durée de travail, ou de partir à la retraite de manière anticipée.*

*Enfin, un nouveau dispositif ciblé pour les seniors a été mis en place, la prime transitoire de solidarité, destinée aux chômeurs en fin de droit ayant assez cotisé pour leur retraite mais qui n'ont pas encore atteint l'âge minimal requis pour la toucher.*

## **SOINS**

### **A. Principes généraux**

La France a adopté en 2003 la « Charte des droits et libertés de la personne accueillie »<sup>27</sup>, visant à préserver les droits des personnes au sein des établissements et services sociaux et médico-sociaux et qui reconnaît en particulier, le droit à la protection de la vie privée, y compris de l'intimité, à la sécurité et à la protection des données. En outre, mis en œuvre depuis 2006 par la Société française de gériatrie et gérontologie (SFGG), le programme « MobiQual » de mobilisation pour l'amélioration de la qualité des pratiques professionnelles est accessible sur abonnement depuis mars 2015. Il propose des outils scientifiques et pédagogiques de référence aux fins d'information, de

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<sup>27</sup> A la suite de la loi n° 2002-2 du 2 janvier 2002 rénovant l'action sociale et médico-sociale.

*sensibilisation et de formation des professionnels intervenant auprès des personnes âgées en perte d'autonomie, en établissement comme à domicile. Toujours dans l'objectif d'assurer la qualité des services offerts, l'agence nationale de l'évaluation et de la qualité des établissements et services sociaux et médico-sociaux (ANESM), créée en mai 2007, a élaboré plusieurs recommandations de bonnes pratiques professionnelles et des procédures d'évaluation interne et externe.*

*Enfin, l'organisation à but non lucratif « Vacances ouvertes » permet aux « aidants » tels que les membres de la famille, de pouvoir partir en vacances pendant que des soignants professionnels vont s'occuper de la personne dépendante.*

## **B. Soins en résidence et en institution**

En **France**, les établissements d'hébergement de personnes âgées délivrent dès l'accueil de ces dernières la charte *précitée des droits et libertés de la personne accueillie*, informant les intéressés de leurs droits et libertés. Au sein des établissements fonctionne un conseil de la vie sociale auquel participent des représentants des personnes accueillies.

## **C. Soins palliatifs**

*La France a récemment créé, auprès du ministère chargé de la Santé, par le décret du 5 janvier 2016, le centre national des soins palliatifs et de la fin de vie (CNSPFV), qui a pour missions de contribuer à une meilleure connaissance des conditions de vie et des soins palliatifs, des pratiques d'accompagnement et de leurs évolutions au service d'un renforcement de la dignité humaine.*

## **ADMINISTRATION DE LA JUSTICE**

*En France, la loi pénitentiaire n° 2009-1436 du 24 novembre 2009 prévoit la possibilité pour les personnes incarcérées d'être soutenues dans les gestes de la vie quotidienne par un aidant de leur choix. De plus, la direction de l'administration pénitentiaire a publié en février 2016 un guide des droits sociaux accessibles aux personnes placées sous-main de justice, à l'usage des personnels pénitentiaires, pour accompagner les détenues dans les démarches administratives liées à leurs droits sociaux.*

## **POINT D SUIVI**

19. Quelles mesures recommanderiez-vous pour garantir le respect des principes énoncés dans la Recommandation et dans son Annexe dans les législations et pratiques nationales?

<p>Un meilleur suivi, par les instances ad hoc du Conseil de l'Europe et en particulier, par la Plateforme européenne de la Cohésion sociale, pourrait être mis en place. En effet, cette instance n'a pas été dotée des moyens qui lui permettraient d'effectuer un suivi adéquat de la situation des droits des</p>
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personnes en situation de vulnérabilité en Europe, comme le CD-DECS (et avant lui le CD-CS) l'ont fait. Dès lors, le Gouvernement français recommande à cet effet le rétablissement d'un comité ou organe ad hoc spécifique à la « Cohésion sociale » et doté de réels moyens.

20. Quelles mesures du Conseil de l'Europe recommanderiez-vous pour assurer que les États Membres soient guidés dans leurs législations et pratiques par les principes énoncés dans la Recommandation?

Diverses mesures pourraient être mises en œuvre, afin de conduire les États à mieux respecter les principes énoncés par la recommandation.

Une conférence de bilan, sur la mise en œuvre de cette recommandation, y compris les différents exemples de bonne pratique, et qui associerait la société civile, pourrait être organisée.

Egalement, la rédaction d'un Plan d'action « vieillissement » du Conseil de l'Europe, sur le modèle de celui « pour les sociétés inclusives », pourrait être envisagée.

Enfin, afin de renforcer l'autorité de la recommandation et des principes qu'elle énonce, la situation des personnes âgées par les instances du Conseil de l'Europe devraient être mieux prise en compte et évoquée, et en particulier, dans le rapport annuel du Secrétaire Général du Conseil de l'Europe.

11. Le Conseil de l'Europe devrait-il continuer à examiner périodiquement la mise en œuvre de cette Recommandation? Si oui, cet examen devrait-il, à l'avenir, se concentrer sur des problèmes spécifiques dans le futur et, le cas échéant, sur lesquels?

Le Gouvernement français considère qu'un tel examen périodique, par le Conseil de l'Europe, devrait avoir lieu, concernant l'actualisation des bonnes pratiques - tous les quatre ans.

12. Existe-t-il des questions sur lesquelles la Recommandation et son Annexe devraient être modifiés ou complétés ? Si oui, merci d'indiquer lesquelles.

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**GEORGIA**

**ITEM A  
IMPACT ASSESSMENT**

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

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2. How would you assess the impact of the recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

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3. Have specific measures for the promotion and protection of the human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation)? If so, please provide examples of measures adopted or in preparation.

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4. Which obstacles, if any, have been encountered in the implementation of the Recommendation?

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**ITEM B  
DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

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6. Has the Recommendation been translated into your national language(s)?

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7. To which authorities and stakeholders has the Recommendation been distributed?

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**ITEM C  
IMPLEMENTATION OF SPECIFIC PROVISIONS**

8. Update of the Appendix to Recommendation CM/Rec(2014)2 :

**SCOPE AND GENERAL PRINCIPLES**

***State policy on responding to ageing***

*In order to introduce effective mechanisms for the protection of rights of the elderly the Parliament of Georgia adopted “Georgia’s policy for responding to ageing” on 27 May 2016. Based on the said policy the Government of Georgia developed National Action Plan for 2017-2018.*

*The aforementioned Action Plan on ageing issues outlines main dimensions in order to fully implement human rights of older persons. It stresses the importance of mainstreaming ageing and accords priority to the following issues with relation to the elderly: full integration and participation of older people in public, social and cultural life; the right to social protection of older persons; training and recruitment activities for enhancing employment opportunities for aged population; educational activities for ensuring lifelong learning; health care and long-term quality care for ensuring the well-being of older persons; gender mainstreaming and protection of older persons from violence and abuse etc.*

*Execution of the Action Plan is being monitored and assessed by the Ministry of Labor, Health and Social Affairs of Georgia. Review of the Interim report on Action Plan execution shall take place in 2018 and the results shall be envisaged in the next plan to be drafted for the subsequent two years.*

**CARE**

***A. Residential and institutional care***

***Standards of Service to Older Persons in Specialized Residential Institutions***

*On 23 July 2014 the Minister of Labor, Health and Social Affairs approved Minimal Standards of Service to Persons with Disability and Older Persons in Specialized Residential Institutions. The standards regulate almost all spheres of life of older persons and require of specialized residential institutions to create the safe, well-equipped and friendly environment for beneficiaries. Amongst others the minimal standards envisage facilitation to social activities of beneficiaries, provision of health care, individual approach to service delivery, protection against violence and discrimination, as well as requirements to personnel and feedback and complaint procedures.*



**ITEM D  
FOLLOW-UP**

9. Which measures would you recommend ensuring that the principles set out in the Recommendation and in its Appendix are complied with a national legislation and practice?

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10. Which measures by the Council of Europe would you recommend ensuring that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

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11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

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12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

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**GREECE**

**ITEM A  
IMPACT ASSESSMENT**

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

There is no single authority responsible for the implementation of the Recommendation. There are different authorities at national, regional and local level that may be responsible for the implementation of specific provisions of the Recommendation depending on the subject matter of the measures concerned.

2. How would you assess the impact of the recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

It is difficult to assess the exact impact of the Recommendation on human rights of older persons in Greece, since Greece already had legislation on the protection of human rights of all people, including older persons. Nevertheless, the recommendation has been put to the attention of the competent authorities and is being duly taken into account.

3. Have specific measures for the promotion and protection of the human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation)? If so, please provide examples of measures adopted or in preparation.

No for the reason provided in response to item A.2

4. Which obstacles, if any, have been encountered in the implementation of the Recommendation?

See above under A.2

## **ITEM B DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

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6. Has the Recommendation been translated into your national language(s)?

No.

7. To which authorities and stakeholders has the Recommendation been distributed?

It has been distributed to national authorities responsible for its implementation in various Ministries, such as the Ministry of Labour, Social Security and Welfare, the Ministry of Health and the Ministry of Justice, Transparency and Human Rights.

## ITEM C

### IMPLEMENTATION OF SPECIFIC PROVISIONS

8. Update of the Appendix to Recommendation CM/Rec(2014)2 :

#### NON DISCRIMINATION

*Law 4443/2016 (Official Gazette, vol. 232 A/ 9.12.2016), which substantially amended and replaced Law 3304/2005, incorporating three relevant EU directives, establishes a single and comprehensive regulatory framework for the implementation of the principle of non-discrimination and defines the bodies responsible for protecting, promoting and monitoring compliance with the abovementioned principle, expanding, in this regard, the tasks assigned to the Greek Ombudsman.*

*Age is included among the grounds of discrimination prohibited by the Law, whose scope includes:*

- *conditions of access to employment and to occupation in general, including selection criteria and recruitment conditions, in all branches of activity and levels of the professional hierarchy, as well as the terms and conditions of hierarchical and professional advancement;*
- *access to all types and levels of vocational guidance, training, retraining and practical work experience;*
- *employment and working conditions, including dismissals, remuneration, health and safety at work, reinstatement and re-employment of those that had become unemployed;*
- *membership of and participation to an organization of workers or employers or any other professional organization.*

*Most importantly, the Greek Ombudsman, an independent authority according to the Greek Constitution, is designated as the body responsible for monitoring and promoting the implementation of the principle of equal treatment in the fields covered by the Law, both in the public and the private sectors. More specifically, the Greek Ombudsman assists victims of discrimination through mediation or, in case the latter does not produce satisfactory results, by forwarding its findings to the body responsible for taking disciplinary action or imposing sanctions, conducts investigations with regard to the alleged discrimination, following a complaint or on its own initiative, publishes relevant reports and delivers opinions on the interpretation of the Law.*

*In addition, the violation of the principle of the equal treatment at work and employment, on the grounds prohibited by the Law, including age, constitutes a violation of the labor law. For this reason, the Labour Inspectorate may, among others, conduct researches for the implementation of the labor law provisions, examine complaints filed by discrimination victims, inform the citizens regarding their rights prescribed in Law 4443/2016 and undertake conciliation actions for the resolution of individual or collective labour disputes between employers and employees.*

## **AUTONOMY AND PARTICIPATION**

Greece, in 2012, established a programme to ensure autonomy for older persons in their homes through the organisation of social services, psychological support and domestic help. The programme also encourages the participation of older persons in cultural activities and seeks to ensure that older persons live in conditions not incompatible with their dignity. Since 2009, in the framework of the programme “Parents’ schools” of the General Secretariat for lifelong learning, more than 5 000 trainees attended 295 classes on the theme of old age to familiarise themselves with the physical and psychological problems that older persons may face and with the means available to prevent or remedy to them. The Centres of open protection contribute to the independence of older persons, to the awareness raising of the general public and key actors about their needs, and to the improvement of their living conditions.

*For the Protection of Older People the following programmes and policies are implemented nationwide. The main goal is to support independent living of older persons and avoid institutionalization.*

### **Housing allowance**

*Housing allowance is a programme, which provides a non - contributory benefit paid to elderly over the age of 65, who live alone or in a couple, in a rented residence, are indigent, uninsured and cannot cover their housing needs. The benefit amounts to 362 € per month and the programme is implemented by the social services of the municipalities of the country. The programme is implemented since 1985 in accordance to the legislative decree 172/1973 (Official Gazette, vol. 227 A/ 24.9.1973) and the ministerial decisions Γ3/οικ.2615/22-5-1985 (Official Gazette, vol. 329 B/ 29.5.1985) and Γ3/οικ./2435/8-7-1987 (Official Gazette, vol. 435 A/ 19.8.1987).*

### **Social solidarity benefit for the uninsured elderly**

*The Social Solidarity Benefit for the Uninsured Elderly is paid to older persons over the age of 67 who are uninsured or ineligible for a pension. The full amount of the benefit is 360 € and beneficiaries must meet the criteria described in the article 93 of Law 4386/2016 (Official Gazette, vol. 85 A/ 12.5.2016). This benefit has replaced the Pension for the Uninsured Elderly (Law 1296/1982, as amended by Law 4093/2012).*

### **Day care centres for the elderly**

*The Day Care Centres for the Elderly provide accommodation to older persons who are unable to perform their everyday tasks due to their condition, for example due to physical disabilities or dementia and the fact that the family members who are responsible for them are either working or facing serious social or economic problems and are incapable to look after them, during the*

day. These Centres have been created with the goal of improving the quality of life of older persons, facilitating their stay at their natural family environment and providing a balanced social and work life for their caretakers. The Centres are established and operated mostly by municipal enterprises and the minimum daily duration for their services is 7.5 hours since 2001.

### **Aid at domicile**

The programme “Aid at Domicile” provides nursing care, social care services and domestic assistance to older people who live permanently alone or for a certain period of time during the day and cannot provide for their personal needs sufficiently. The programme also provides services to people with disabilities who face situations of isolation, exclusion or family crisis and its primary goal is the improvement of the quality of life of the beneficiaries, as well as the support of independent living in their natural environment. More specifically, the programme “Social Care at Domicile” addresses the needs of the uninsured elderly and disabled facing socio-economic problems and the programme “Aid at Domicile of Pensioners” is aimed at securing the necessary conditions for independent living of older and disabled pensioners. The programme is mostly implemented by the municipalities of the country. The duration of the programme has been extended till 31 December 2019, in accordance with Law 4483/2017 (Official Gazette, vol. 107 A’).

## **CARE**

### **B. Residential and institutional care**

In Greece, social counsellors are in charge of controlling institutions, by carrying out visits to check the proper functioning, the quality of care and the well-being of older persons.

According to Law 4455/2017 (Official Gazette, vol. 22 A’/ 31.7.2017), the National Register for the Providers of Social Care has been legislated in order to coordinate and evaluate the quality of the social protection services, provided to vulnerable groups of the population, including older persons, and to more efficiently distribute social resources.

## **ADMINISTRATION OF JUSTICE**

In Greece, the sanctions system provides various advantages to older persons as regards alternatives to imprisonment and the calculation of the length of detention. For instance, for a 70-year-old person sentenced to life imprisonment, it is sufficient to serve sixteen years rather than twenty in order to obtain parole. Moreover, after 65 years of age, any outstanding period of imprisonment is reduced by half.

*New beneficial provisions for older people have been introduced at State level through Laws 4322/2015 (Official Gazette, vol. 42 A/ 27.4.2015) and 4356/2015 (Official Gazette, vol. 181 A/ 24.12.2015). Pursuant to the latter, for instance, a person over the age of seventy-five (75) is entitled to serve the sentence of imprisonment at his/her home.*

**ITEM D  
FOLLOW-UP**

9. Which measures would you recommend to ensure that the principles set out in the Recommendation and in its Appendix are complied with in national legislation and practice?

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10. Which measures by the Council of Europe would you recommend to ensure that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

/

11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

Yes. Autonomy and Participation, Care and Protection from Violence and Abuse are the main areas on which the such examination should in our view focus in the future.

12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

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**ITEM A  
IMPACT ASSESSMENT**

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

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2. How would you assess the impact of the recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

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3. Have specific measures for the promotion and protection of the human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation)? If so, please provide examples of measures adopted or in preparation.

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4. Which obstacles, if any, have been encountered in the implementation of the Recommendation?

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**ITEM B  
DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

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6. Has the Recommendation been translated into your national language(s)?

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7. To which authorities and stakeholders has the Recommendation been distributed?

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**ITEM C**  
**IMPLEMENTATION OF SPECIFIC PROVISIONS**

8. Update of the Appendix to Recommendation CM/Rec(2014)2 :

**PROTECTION FROM VIOLENCE AND ABUSE**

*The safety and protection of vulnerable people, including vulnerable older people, is a key objective of Government and society in Ireland.*

*In recent years there have been a number of key improvements in policy and procedures in relation to the protection of vulnerable adults, most important of which was the development of national safeguarding policy and procedures by the Health Service Executive (HSE) in 2014, "Safeguarding Vulnerable Persons at Risk of Abuse: National Policy and Procedures". This safeguarding policy was the first such HSE policy to encompass both elder abuse and concerns of abuse relating to people availing of disability services. A number of important steps have been taken to progress implementation of this policy, including the establishment by the HSE of a National Safeguarding Office, Safeguarding and Protection Teams and a National Safeguarding Committee. To date, through the work of the National Safeguarding Office, over 900 designated safeguarding officers have been appointed and over 30,000 health sector personnel have undertaken safeguarding training.*

*In December 2017 the Government gave approval to the development of a national adult safeguarding policy for the health sector. This decision acknowledges the need to build further on the existing range of policies, procedures, codes of practice and legislation aimed at protecting and safeguarding vulnerable adults in the health sector in Ireland. This will, inter alia, address a commitment to review elder abuse legislation in the Programme for a Partnership Government (May 2016).*

*The Department of Health will develop national safeguarding policy for the health sector together with such legislation as may be required to underpin it in a wide-ranging process including reviewing current practice and legislation, researching best practice internationally and wide-ranging stakeholder consultation. A public consultation process will be announced in 2018.*

*A detailed review of the operation of the HSE's safeguarding policy to date is at an advanced stage. The review findings, when completed, will be of particular value in informing the Department of Health's development of appropriate policy approaches and the preparation of such legislation as may be required in the context of developing a national safeguarding policy framework for the health sector.*



## **CARE**

### **A. General Principles**

#### ***Home support services***

*Home support services are provided to older people who require assistance to continue living in the community. These services comprise personal care, essential domestic tasks, and for people with complex care needs may include services of nurses and various therapists (including physiotherapists and occupational therapists). A new statutory scheme and system of regulation for home support services is currently being developed.*

#### ***Dementia in Ireland***

*The number of people with dementia in Ireland stands at 55,000 and is projected to double by 2036.*

*In response to this, Ireland's first National Dementia Strategy was launched in December 2014. The Strategy emphasises that most people with dementia live in their own communities and can continue to live well and to participate in those communities for far longer than many people appreciate. It contains 35 actions under the headings of better awareness and understanding of dementia; timely diagnosis and intervention; integrated services, supports and care for people with dementia and their carers; training and education; research and information systems; and leadership. The implementation of these actions is coordinated by a National Dementia Office in the HSE.*

*Dementia-specific Intensive Home Care packages are being provided to approximately 120 people at any given time to maximise independence, and to prevent or delay admission to hospitals or nursing homes.*

### **B. Consent to medical care**

#### **Overview of Legislative Provisions on Advance Healthcare Directives**

*The Assisted Decision-Making (Capacity) Act was enacted on 30th December 2015. Part 8 of the Act establishes a legislative framework for advance healthcare directives (AHDs).*

*An AHD is a statement made by a person with capacity setting out his or her will and preferences regarding treatment decisions that may arise in the future in the event that he or she lacks the capacity to provide consent to or to refuse those treatments. AHDs represent an important tool by which people can exercise their autonomy in terms of their healthcare and treatment, which is an integral component of a patient-focused model of healthcare.*

*The primary objective of the AHD provisions is to promote personal autonomy by establishing a legislative framework to enable an adult with capacity to make a legally-binding AHD as an expression of his or her will and preferences regarding treatment. Under the Act, provided particular criteria are met, a person can make a legally-binding refusal of treatment (up to and including life-saving treatment) in his or her AHD.*

*Under the Act a person may (if he or she so wishes) also appoint, in his or her AHD, a legal representative (i.e. someone the individual trusts, usually a relative or close friend) who would be involved in the healthcare decision-making process on that person's behalf should he or she subsequently lose capacity. This new legal representative is called a designated healthcare representative.*

### **Commencement of Part 8 of the Act**

*Under section 91 of the Assisted Decision-Making (Capacity) Act, the Minister for Health is responsible for the establishment of a multidisciplinary Working Group to assist in the development and preparation of the Code of Practice for the AHD provisions. Section 91(2) of the Act was commenced on 17 October 2016 and the Working Group was subsequently established. The role of the Working Group is to prepare a detailed series of recommendations for the Director of the Decision Support Service, in relation to the interpretation and operation of Part 8 of the Act. The Director shall publish a Code of Practice, with the consent of the Minister for Health. The preparation of this Code of Practice will facilitate the subsequent commencement of Part 8 of the Act, pertaining to AHDs, in its entirety.*

### **C. Residential and institutional care**

*The Nursing Homes Support Scheme is a system of financial support for those in need of long-term nursing home care. Participants contribute to the cost of their care according to their means while the State pays the balance of the cost. The Scheme aims to ensure that long-term nursing home care is accessible and affordable for everyone and that people are cared for in the most appropriate settings. Anyone who is assessed as requiring long-term residential care can avail of the Scheme, regardless of age, as long as the person's care needs can be appropriately met in a nursing home that participates in the Scheme. The applicant can choose any public, voluntary or approved private nursing home. The home must have availability and be able to cater for the applicant's particular needs.*

### **D. Palliative Care**

*Specialist palliative care services in Ireland are provided free of charge based on need. There are 223 specialist palliative care inpatient beds in 11 locations nationwide, with plans to open a further 110 beds in six additional locations by 2021. There are specialist palliative care homecare teams countrywide to support people with palliative care needs in their own homes and in nursing homes.*

*National policy on Palliative Care for adults is contained in the Report of the National Advisory Committee on Palliative Care (2001) and the Palliative Care Services Three Year Development Framework 2017-2019 in November 2017.*

*The Framework identifies gaps in the current level of adult palliative care service provision and to present a set of recommendations and actions to address these service issues and deficits, subject to available resources.*

**ITEM D  
FOLLOW-UP**

9. Which measures would you recommend to ensure that the principles set out in the Recommendation and in its Appendix are complied with in national legislation and practice?

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10. Which measures by the Council of Europe would you recommend to ensure that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

/

11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

/

12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

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**ITEM A**  
**IMPACT ASSESSMENT**

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

The national system of human rights (including human rights of older persons) protection consists of public authorities and non-governmental organisations. National protection of human rights is carried out by courts, institutions of control, law enforcement and other institutions. The Ministry of Social Security and Labour Republic of Lithuania is responsible for provision standards for social protection and employment, non-discrimination, social care and etc.

2. How would you assess the impact of the recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

In Lithuania the impact assessment of the Recommendation on the human rights of older person has not been carried out.

3. Have specific measures for the promotion and protection of the human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation)? If so, please provide examples of measures adopted or in preparation.

It is to mention that measures envisaged for the improvement of the situation of older person include various fields covered by the recommendation. They are implemented e.g. in the field of employment, combating stereotypes, improving provisions of care and others.

**The Action Plan of Motivation of Elderly People and Promotion of Voluntary Activities 2016–2020** was approved by the Order No. A1-597 of the Minister of Social Security and Labour of the Republic of Lithuania of 20 October 2015 (hereinafter referred to as the “Action Plan”).

The purpose of the Action Plan is to increase participation of elderly people in the labour market and voluntary activities by creating favourable conditions to solve social and civil issues. The target group of the Action Plan includes persons aged 55 and older (up to the pensionable age).

**The Action Plan for Promotion of Non-discrimination 2017–2019** was approved by the Order No. A1-250 of the Minister of Social Security and Labour of the Republic of Lithuania of 15 May 2017. There are measures provided to

raise public awareness on equal opportunities and non-discrimination issues that includes promotion of tolerance and acceptance of other people irrespective of gender, race, nationality, language, origin, social status, faith, convictions or views, **age**, sexual orientation, disability, ethnicity and religion.

Promoting integration of vulnerable persons in the labour market, Lithuanian labour exchange since 2018 has started to implement **ESF project “Pasinaudok galimybę” (Take the Chance)**. The project plan to involve 14 000 unemployed persons aged 54 and older: 6 500 persons will take part in the vocational training measure, and 7 500 – will be supported through employment subsidies paid to employers. In 2018–2020, project in all municipalities will be implemented by PES. Budget: EUR 24 709 450.

4. Which obstacles, if any, have been encountered in the implementation of the Recommendation?

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## **ITEM B DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

No.

6. Has the Recommendation been translated into your national language(s)?

Yes.

7. To which authorities and stakeholders has the Recommendation been distributed?

The Recommendation is published on the website of the Ministry of Social Security and Labour of the Republic of Lithuania at the following link:  
[https://socmin.lrv.lt/uploads/socmin/documents/files/veiklos-sritystarpautinis/ET/CM-rec%20\(2014\)2.pdf](https://socmin.lrv.lt/uploads/socmin/documents/files/veiklos-sritystarpautinis/ET/CM-rec%20(2014)2.pdf)

## **ITEM C IMPLEMENTATION OF SPECIFIC PROVISIONS**

8. Update of the Appendix to Recommendation CM/Rec(2014)2 :

## **NON-DISCRIMINATION**

*The Law on Equal Treatment of Republic of Lithuania was issued in 2003. This Law establishes 14 grounds of prohibition of discrimination, i.e. gender, race, nationality, citizenship, language, origin, social status, belief, convictions or views, age, sexual orientation, disability, ethnic origin, religion, in five areas: labour relations, state and municipal institutions and agencies, educational establishments, other education providers as well as research and education establishments, sellers or producers of goods, service providers, organisations of employees or employers or other organisations (associations) whose members carry on a particular profession.*

*In 2011–2016, the Ministry of Social Security and Labour of Republic of Lithuania coordinated **the** Interinstitutional Action Plan for Promotion of Non-discrimination, adopted by the Resolution No.46 of the Government of the Republic of Lithuania of 28 January 2015 (hereinafter referred to as the “Plan”). The purpose of this Plan was to ensure the implementation of educational measures of non-discrimination promotion and equal opportunities, raise legal consciousness, increase mutual understanding and tolerance on the grounds of gender, race, nationality, language, origin, social status, faith, convictions or views, **age**, sexual orientation, disability, ethnicity and religion, raise public awareness of manifestations of discrimination in Lithuania and its negative impact on opportunities for certain groups of society to actively participate in social activities under equal conditions. Besides the Ministry of Social Security and Labour, other public institutions (the Ministry of Education and Science, the Ministry of Justice, the Department of National Minorities under the Government of the Republic of Lithuania, the Office of the Equal Opportunities Ombudsperson, etc.) also participated in the implementation of measures.*

*The Action Plan for Promotion of Non-discrimination 2017–2019 was approved by the Order No. A1-250 of the Minister of Social Security and Labour of the Republic of Lithuania of 15 May 2017. In 2016–2017 21 educational measures financed with the state budget and European Union support funds were implemented.*

## **AUTONOMY AND PARTICIPATION**

*In 2015, the corrections of the Civil Code of Republic of **Lithuania** and the Code of Civil Procedure of Republic of Lithuania were approved. Since 2016 courts, when taking decision on legal capacity of a person, take into account not only medical documents, but also the municipal social worker's inference on the person ability to make decision by themselves in a certain area.*

## **SOCIAL PROTECTION AND EMPLOYMENT**

*According to the Law on Employment the Unemployed (adopted on 21 June 2016), older than 50 years of age are additionally supported in the labour market. Assisting unemployed older than 50 years old to increase their employment opportunities the active labour market policy measures could be organized.*

*Cash social assistance for poor residents (including older persons) is available under the principles established in the Law on Cash Social Assistance for Poor Residents (adopted on 1 December 2011). Pursuant to the mentioned Law the disadvantaged layer of the population receives compensations for heating and hot and drinking water expense as partial reimbursement for dwelling maintenance, including for rented dwelling maintenance.*

*Social assistance pensions system in Lithuania is aimed at ensuring a minimum standard of living for people who are at particular social risk, including older persons, who have reached retirement age. Social assistance pensions are paid by municipalities to those not entitled to benefits from the State Social Insurance Fund or for whom these benefits are very small.*

## **CARE**

### **A. General Principles**

*Social care in Lithuania is regulated by several different regulations, laws and etc. The main legal act is the Law on Social Services of the Republic of **Lithuania**. According to this Law social care is provided by social services establishments which are engaged in the provision of social services, whose social care complies with social care norms and which hold a license to provide social care.*

*The Social Care Norms were approved by the Order No. A1-46 of the Minister of Social Security and Labour of the Republic of Lithuania of on 20 February 2007. Social care norms regulates the principles and characteristics of social care provision and establishes obligatory requirements for the quality of social care provided by social care institutions. Social care norms are based on the principles of ensuring personal rights; participation and cooperation; making choices and purposefulness of social care; maintaining persons' independence and social integration; non-discrimination.*

*Different regulations, laws determine that social services can be provided by public or private providers and the persons have free choice to choose service provider (including for long-term care).*

### **B. Residential and institutional care**

*The Integrated Assistance Program was approved by the Order No. A1-353 of the Minister of Social Security and Labour of the Republic of Lithuania of 20 July 2012. This program aims at creating and developing high quality integrated assistance (nursing and social care) at home for disabled and elderly persons, consultancy aid for family members who take care of disabled and elderly persons. Services are provided by mobile teams (together working social workers, assistant social workers, nurses, assistant nurses) at home for disabled and elderly persons.*

*From the middle of 2013 pilot projects started in 21 municipalities, in 2016, the implementation of projects was extended and new 38 municipalities (in total 59 municipalities out of 60) were involved into process of providing integrated assistance (nursing and social care) at home for disabled and elderly persons.*

*In 2016 new indicators for expansion of social services were approved, which include recommendations for municipalities on the types of social services for the elderly, their scope and priority directions of development.*

*In 2017 the recommendations on the organization and provision of home assistance services were approved. Recommendations embrace the provision of home assistance for elderly.*

*From 2013 in the new social care establishments for the elderly no more than 40 people can live in one building. From 2015 every institution willing to start providing social care, must acquire license. Periodically, at least once in every 5 years, the Department of Supervision of Social Services under the Ministry of Social Security and Labour assess the quality of social care in all social care establishments.*

*In order to increase the quality and accessibility of social services for the elderly, programs for the development and modernization of social services infrastructure are being implemented using EU funds.*

#### **ITEM D FOLLOW-UP**

9. Which measures would you recommend to ensure that the principles set out in the Recommendation and in its Appendix are complied with in national legislation and practice?

Trainings, seminars, technical assistance from experts of international organisations and exchanging of the best practice are very important in order to have better understanding on the implementation of the international documents.

10. Which measures by the Council of Europe would you recommend to ensure that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

Seminars, workshops and debates concentrated on promotion of human rights of older persons and exchanging of national good practices related to the implementation of the Recommendation.



11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

No. Periodically seminars, workshops and debates concentrated on promotion of human rights of older persons and exchanging of views and national good practices related to the implementation of the Recommendation should be an adequate measure.

12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

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 **LUXEMBOURG**

#### **POINT A ÉTUDE D'IMPACT**

1. Une autorité a-t-elle été désignée comme responsable de la mise en œuvre de la Recommandation ? Si oui, laquelle ?

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2. Comment évalueriez-vous l'impact de la Recommandation sur les droits de l'homme des personnes âgées dans votre pays (pleinement satisfaisant/adéquat/insuffisant/inexistant) ? Merci de motiver votre réponse.

/

3. Des mesures spécifiques pour la promotion et la protection des droits de l'homme des personnes âgées ont-elles été adoptées suite à l'adoption de la Recommandation (y compris le cas échéant la mise en route des plans d'action nationaux, l'inclusion de la Recommandation dans des plans déjà existants ou la création de groupes de travail intersectoriels pour sa mise en œuvre) ? Si oui, merci de donner quelques exemples de mesures adoptées ou en cours d'élaboration.

La politique en faveur des personnes âgées constitue un volet important des compétences du Ministère de la Famille, de l'Intégration et à la Grande Région. Parmi les priorités se trouve la mise en œuvre d'une politique qui se base sur une conception positive du troisième âge, dont la promotion du dialogue intergénérationnel, la lutte contre l'isolement social, la réalisation d'un bilan de l'offre existante, un contrôle de qualité des activités, services et structures pour les personnes âgées, le développement de nouveaux concepts de vie, la mise en œuvre du plan d'action « maladies démentielles », l'intégration des personnes âgées non-luxembourgeoises, l'encadrement, le soutien et la formation des familles, de même que la formation des professionnels.

A côté des mesures mises en place par le Ministère de la Famille, de l'Intégration et à la Grande Région, le Ministère de la Sécurité sociale et le Ministère de la Santé sont les partenaires les plus proches en matière de mise en œuvre de la politique en faveur des personnes âgées. En effet, le Ministère de la Sécurité sociale a dans ses attributions l'assurance dépendance et le Ministère de la Santé est en charge des professions de santé.

4. Si des obstacles ont été rencontrés lors de la mise en œuvre de la Recommandation, de quels obstacles s'agit-il ?

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## **POINT B DIFFUSION DE LA RECOMMANDATION**

5. Une autorité a-t-elle été désignée comme responsable de la diffusion de la Recommandation ? Si oui, laquelle ?

Une autorité n'a à ce stade pas été nommément désignée comme responsable de la diffusion de la Recommandation.

6. La Recommandation a-t-elle été traduite dans votre/vos langue(s) nationale(s) ?

La Recommandation est à diffuser en langue française.

7. Après de quelles autorités et parties prenantes la recommandation a-t-elle été distribuée ?

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## **POINT C MISE EN ŒUVRE DES DISPOSITIONS SPÉCIFIQUES**

8. Mise à jour de l'Annexe à la Recommandation CM/Rec(2014)2 :

## **NON-DISCRIMINATION**

*Au Luxembourg, est interdite toute discrimination fondée sur la race ou l'origine ethnique, le sexe, l'orientation sexuelle, la religion ou les convictions, le handicap et l'âge en vertu de la loi modifiée du 28 novembre 2006 sur l'égalité de traitement. Le Centre pour l'égalité de traitement ([www.cet.lu](http://www.cet.lu)) créé en 2008 est l'organe luxembourgeois spécialisé dans la lutte contre la discrimination. Le CET a entre autres pour mission de conseiller et d'orienter les personnes qui s'estiment victimes d'une discrimination.*

*La loi modifiée du 8 septembre 1998 dite loi ASFT qui règle les relations entre l'Etat et les organismes œuvrant dans les domaines social, familial et thérapeutique prévoit qu'en vue de l'obtention de l'agrément, le demandeur (personne physique ou personne morale) doit garantir que les activités agréées soient accessibles aux usagers indépendamment de toutes considérations d'ordre idéologique, philosophique ou religieux et que l'utilisateur de services ait droit à la protection de sa vie privée et au respect de ses convictions religieuses et philosophiques.*

*La Charte de la Diversité ([www.chartediversite.lu](http://www.chartediversite.lu)) est destinée à la mise en place d'une politique de la diversité et un outil de communication permettant de démontrer son engagement en tant qu'entreprise socialement responsable. Certains projets intergénérationnels incluent les personnes âgées comme p. ex. le management intergénérationnel pour perpétuer un métier.*

## **AUTONOMIE ET PARTICIPATION**

*Le Conseil supérieur des Personnes âgées est un organe consultatif du Gouvernement luxembourgeois qui est chargé d'examiner tous les problèmes se rapportant aux personnes âgées et de faire des propositions d'amélioration.*

*Le Ministère de la Famille, de l'Intégration et à la Grande Région travaille à une réorganisation des services pour personnes âgées. Un accent est notamment mis sur la mise à disposition des résidents des structures pour personnes âgées de lieux de vie commune, ainsi que sur leur implication et l'animation.*

*Les Clubs Séniors régionaux favorisent la rencontre des personnes âgées de 50 ans ou plus et offrent des activités diversifiées dans différents domaines. L'objectif est de permettre aux personnes âgées de briser l'isolement social et de participer activement à la vie sociale.*

*Le Code civil luxembourgeois connaît trois régimes de protection des personnes majeures qui sont mises en place et contrôlées par le juge des tutelles : la sauvegarde de justice, la curatelle, la tutelle.*

*L'Info-Zenter Demenz est un centre d'écoute destiné aux personnes concernées et à leurs proches ainsi qu'à toute personne intéressée. Il offre des informations sur le thème de la démence.*

Le site web [www.luxsenior.lu](http://www.luxsenior.lu) et le Seniorentelefon informent les personnes âgées et leur entourage d'une large panoplie de services dans les domaines du vieillissement actif, de formations et de loisirs et d'aides et soins.

L'Académie Seniors du Service RBS-Center fit Altersfroen ([www.rbs.lu](http://www.rbs.lu)) et les Clubs Seniors proposent des initiatives et des services qui s'adressent à des personnes de plus de 50 ans dans les domaines de la formation interculturelle et intergénérationnelle, des sports et des loisirs, de la participation sociale et des contacts. Le Service RBS entend favoriser les échanges entre étudiants universitaires et institutions de soins par le biais de l'offre de postes de stages dans des institutions de soins aux personnes âgées.

La loi modifiée du 29 mars 2001 portant sur l'accessibilité des lieux ouverts au public est en cours de révision.

Le Ministère du Développement durable propose le service Transports Adapto ([www.adapto.lu](http://www.adapto.lu)) qui est destiné aux personnes à mobilité réduite.

Pour faciliter la mobilité, il existe un abonnement annuel pour personnes âgées (Seniorekaart).

Le passeport culture ou « Kulturpass » vise l'accès à la culture des personnes vivant en précarité, dont les personnes âgées.

L'Université du Luxembourg permet aux personnes âgées de participer en tant qu'auditeurs libres aux cours proposés.

## **PROTECTION CONTRE LA VIOLENCE ET LES ABUS**

La loi du 21 février 2013 portant incrimination de l'abus de faiblesse a étendu l'infraction d'abus de faiblesse, jusque-là réservée aux cas impliquant des mineurs, à des personnes vulnérables comme les personnes handicapées, âgées, gravement malades ou facilement manipulables (art. 493 du Code pénal). En cas d'abus de faiblesse, le condamné encourt une peine d'emprisonnement entre trois mois à trois ans de prison et une amende pouvant aller jusqu'à 50 000 euros.

La plateforme web [www.silversurfer.lu](http://www.silversurfer.lu) propose une série d'informations de seniors pour seniors dans le domaine de nouvelles technologies.

Le Seniorentelefon informe les personnes âgées et leur entourage des services d'information, de consultation et d'orientation.

## **PROTECTION SOCIALE ET EMPLOI**

L'assurance dépendance a pour objet la prise en charge des aides et soins offerts aux personnes dépendantes qui ont besoin d'une aide d'une tierce personne pour effectuer les actes essentiels de la vie, les activités d'appui à l'indépendance et les gardes. Pour les personnes qui ne remplissent pas les critères d'accès à l'assurance dépendance, le Ministère de la Famille participe pour les personnes n'ayant pas les moyens financiers suffisants aux frais des prestations des services du maintien à domicile suivant des barèmes établis.

*La loi modifiée du 29 mars 2001 portant sur l'accessibilité des lieux ouverts au public est en cours de révision.*

*Le forfait d'éducation appelé « Mammerent » est destiné au parent, ou toute autre personne en lieu et place des parents, qui s'est consacré principalement à l'éducation d'un ou de plusieurs enfants. Le droit au forfait d'éducation est ouvert à partir de l'âge de 65 ans ([www.fns.lu](http://www.fns.lu)).*

*L'Agence pour le développement de l'emploi (ADEM) rembourse aux employeurs du secteur privé la part patronale des cotisations de sécurité sociale pour les chômeurs embauchés à conditions qu'ils soient âgés de quarante-cinq ans accomplis et qu'ils soient inscrits comme demandeurs d'emploi sans emploi auprès d'un des bureaux de placement de l'Agence pour le développement de l'emploi depuis au moins un mois (L.541-1 Code du travail).*

*La loi modifiée du 28 novembre 2006 a introduit dans le Code du travail dans le Livre II un nouveau titre V relatif à l'égalité de traitement en matière d'emploi et de travail interdisant notamment toute discrimination fondée sur l'âge (L.251-1).*

## **SOINS**

*Les prestations d'aides et soins sont offertes entre autres par le biais des centres psycho-gériatriques qui accueillent le jour les personnes âgées dépendantes qui continuent à vivre à leur domicile. Ces personnes peuvent encore bénéficier de repas sur roues ou d'un service de téléalarme.*

*Le complément accueil gérontologique est destiné aux personnes âgées admises dans des structures d'hébergement et n'ayant pas les ressources personnelles pour couvrir le prix d'hôtellerie et les besoins personnels ([www.fns.lu](http://www.fns.lu)).*

*La loi du 24 juillet 2014 relative aux droits et obligations du patient, portant création d'un service national d'information et de médiation dans le domaine de la santé prévoit la désignation d'une personne de confiance destinée à la représentation du patient et institue un service national d'information et de médiation santé qui peut procéder à la médiation des parties à un différend ayant pour objet la prestation de soins de santé. La loi du 16 mars 2009 relative aux soins palliatifs prévoit également le recours à une personne de confiance au cas où une personne se trouverait dans une situation où elle n'est pas en mesure d'exprimer sa volonté relative à sa fin de vie.*

*L'euthanasie et l'assistance au suicide sont réglementées de manière très stricte par la loi du 16 mars 2009. Les dispositions de fin de vie consistent en une demande d'euthanasie faite à l'avance pour le cas où la personne se trouverait, à un moment ultérieur de sa vie, dans une situation d'inconscience irréversible selon l'état actuel de la science et souffrirait d'une affection accidentelle ou pathologique grave et incurable. Le patient doit, en toute hypothèse, être majeur, capable et conscient au moment de sa demande.*

*La loi dite ASFT (loi modifiée du 8 septembre 1998 réglant les relations entre l'Etat et les organismes œuvrant dans les domaines social, familial et thérapeutique) fixe un cadre légal en ce qui concerne l'agrément, les normes de qualité, l'infrastructure bâtie ainsi que le personnel des services offerts aux personnes âgées.*

*40% du personnel d'encadrement dans les structures d'hébergement pour personnes âgées et les réseaux d'aide et de soins à domicile est formée en soins palliatifs.*

**POINT D  
SUIVI**

9. Quelles mesures recommanderiez-vous pour garantir le respect des principes énoncés dans la Recommandation et dans son Annexe dans les législations et pratiques nationales?

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10. Quelles mesures du Conseil de l'Europe recommanderiez-vous pour assurer que les États Membres soient guidés dans leurs législations et pratiques par les principes énoncés dans la Recommandation?

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11. Le Conseil de l'Europe devrait-il continuer à examiner périodiquement la mise en œuvre de cette Recommandation? Si oui, cet examen devrait-il, à l'avenir, se concentrer sur des problèmes spécifiques dans le futur et, le cas échéant, sur lesquels?

En vue d'évaluer la mise en œuvre des recommandations, il faudrait trouver un accord sur la périodicité en fonction de laquelle cette analyse devrait se faire. A côté d'une évaluation générale, il serait recommandable de concentrer régulièrement les travaux sur une problématique spécifique, p. ex. à la suite d'une bonne pratique mise en œuvre par un ou plusieurs pays. Une approche pourrait être le recours à la « peer review » en vue d'un échange critique d'expériences entre les pays participants sur un sujet précis.

12. Existe-t-il des questions sur lesquelles la Recommandation et son Annexe devraient être modifiés ou complétés ? Si oui, merci d'indiquer lesquelles.

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**NETHERLANDS**

**ITEM A  
IMPACT ASSESSMENT**

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

No.  
Since the Recommendation is not a legally binding instrument. The Netherlands is already bound to the extent that it has ratified the instruments on which the principles are drawn (ECHR and ESC).

2. How would you assess the impact of the recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

Satisfactory.

3. Have specific measures for the promotion and protection of the human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation)? If so, please provide examples of measures adopted or in preparation.

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4. Which obstacles, if any, have been encountered in the implementation of the Recommendation?

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**ITEM B  
DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

No.

6. Has the Recommendation been translated into your national language(s)?

Yes.

The text of the Recommendation is available in the Dutch language.

7. To which authorities and stakeholders has the Recommendation been distributed?

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### **ITEM C IMPLEMENTATION OF SPECIFIC PROVISIONS**

8. Update of the Appendix to Recommendation CM/Rec(2014)2 :

Please see the following links with country reports.

European countries take part in the implementation of the Madrid Implementation Plan of Action on Ageing (2002). Most member states produced according to mutual commitment at the end of 2017 a country report, a review and appraisal of their elderly policies in the years before. These reports contain new legislation, new initiatives and good practices that are probably of interest and relevance to this questionnaire. All the available reports, including the one for the Netherlands are to be found at the UNECE site:

<http://www.unece.org/population/areas-of-work/pauageing/ageing/populationageing/populationmipaareviewandappraisal/pauagemica2011country-reports-2017.html>

The Synthesis Report on the implementation of the MIPAA in the UNECE Region is to found through the following link:

<http://www.unece.org/population/mipaa/reviewandappraisal.html>

### **ITEM D FOLLOW-UP**

9. Which measures would you recommend to ensure that the principles set out in the Recommendation and in its Appendix are complied with in national legislation and practice?

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10. Which measures by the Council of Europe would you recommend to ensure that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

Article 23 of the rESC that deals with the right of elderly persons to protection has not been accepted by a certain number of member states of the CoE. The CoE can urge those member states to accept this article.



11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

No.

12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

No.

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 **POLAND**

#### **ITEM A IMPACT ASSESSMENT**

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

Formally no institution was assigned as responsible for the implementation of the Recommendation, although in practice in Poland the leading institution in guiding the policy concerning older persons Ministry of Family, Labour and Social Policy.

The Recommendations are implemented by a number of Polish institutions and offices, often as a part of human rights dimension of their activities, including human rights of older persons. For example, by the Ministry of Health, Ministry of Justice, Ministry of Digitization, National Electoral Office, Ministry of Investment and Development, Human Rights Advisor to the Commander in Chief of the Polish Police, Government Plenipotentiary for Equal Treatment, Polish Commissioner for Human Rights, Ombudsman for Patients' Rights.

2. How would you assess the impact of the recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

The impact of the recommendation on the human rights of older persons in Poland is adequate and is still being developed. There are number of national good practices, as it was specified in the Item C.

3. Have specific measures for the promotion and protection of the human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation)? If so, please provide examples of measures adopted or in preparation.

In 2008 the Government appointed the Government Plenipotentiary for Equal Treatment, which is responsible for the implementation of governmental policy in the field of equal treatment, including counteracting discrimination on the grounds of age.

Document titled Social Policy for Older People 2030. Safety. Participation. Solidarity was adopted by the Council of Ministers on October 26, 2018. The document will replace the Long-Term Senior Policy in Poland for years 2014-2020. The entity responsible for coordinating the activities planned in the document is the Minister of Family, Labor and Social Policy. The implementation of social policy towards the elderly will be monitored as part of the obligation under the Act of 11 September 2015 on elderly people. The effects of the implementation of the assumptions contained in this document will be assessed as part of subsequent editions of the Information on the Situation of Elderly People in Poland. The entities responsible for the implementation of individual activities will be required to collect and presenting information on the status of their implementation. One of the key parts of the document is a summary of individual activities, in which both the coordinating entity and the entities cooperating in the implementation of the particular sub-measure, the planned date of implementation and the method of monitoring were taken into account.

On 18 May 2016 the Minister of Family, Labour and Social Policy established a consultative and advisory body - the Council for Senior Policy for the term 2016-2020.

National Health Program for 2016–2020 concerns i.a. the promotion of healthy and active aging that is dedicated directly to the needs of people aged 60+.

4. Which obstacles, if any, have been encountered in the implementation of the Recommendation?

According to the Polish Commissioner for Human Rights the main obstacles in the national policies concerning older persons is a lack of common knowledge of the human rights of older persons, the lack of sufficient formal consultations (e.g. by forms or questionnaires).

There is a constant increase in the demand for treatment, rehabilitation and care services related to the aging of the society and the lack of sufficient number of staff and facilities providing medical and nursing care services. According to the Patients Ombudsman the older persons face obstacles concerning access to medical treatment, access to hospital treatment, specialist outpatient care, rehabilitation and long-term care.

The Patients Ombudsman also expresses concern when it comes to the consent to medical care on behalf of older persons – system still lacks specific provisions concerning the possibility for the relatives of the older persons to give consent to medical services (except for a medical service not related to a medical risk).

## **ITEM B DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

Ministry of Foreign Affairs and Ministry of Family, Labour and Social Policy.

6. Has the Recommendation been translated into your national language(s)?

Yes, it has been translated by the Ministry of Foreign Affairs.

7. To which authorities and stakeholders has the Recommendation been distributed?

The Recommendation has been distributed to all authorities and stakeholders active in the field of human rights and non-discrimination policies (ministries, governmental offices responsible for the implementation of the policy concerning elder people and non-discrimination, the police units of the regional level, etc.).

## **ITEM C IMPLEMENTATION OF SPECIFIC PROVISIONS**

8. Update of the Appendix to Recommendation CM/Rec(2014)2 :

The Ministry of Family, Labour and Social Policy is implementing a number of measures for the benefit of the older people, including:

- Establishment of day care centres for older people  
This is e.g. an aim of the Multi-Annual Programme Senior+ for 2015-2020, which is addressed to local government units and consists in expansion of day care centre network for older people: Senior+ Day Care Centres and Senior+ Clubs. Under the programme, authorised entities can apply for financing necessary to establish or furnish a centre or to maintain an existing centre under an open competitive procedure.
- Support for innovative measures of non-governmental organisations for older people

A programme that improves quality of life and the living standard of older people is the Government Programme for Social Participation of Senior Citizens for 2014-2020 (hereinafter ASOS). Measures taken by non-governmental organisations for the benefit of older people are also supported under the Civic Initiatives Fund Programme implemented by the Ministry of Family, Labour and Social Policy.

- Security of older persons

In addition, the Ministry of Family, Labour and Social Policy has been implementing the Secure and Active Senior informational campaign, whose objective is to raise public awareness of issues related to security and active life of older people.

- Standardisation of quality of assistance and care services for older people

Under the pilot programme introducing tele-care to Poland, the Ministry of Family has prepared a tender under the Knowledge Education Development Operational Programme titled Professionalisation of Assistance and Care Services for Dependent Persons, which will involve development of assistance and care service quality standards, including standards covering tele-care for older people of varying degrees of dependence.

Polish Commissioner for Human Rights with the support of experts has published a theoretical model of home-based support for older persons for local communities, 2016 (the summary of chapters in English on page 263-266

<https://www.rpo.gov.pl/sites/default/files/System%20wsparcia%20os%C3%B3b%20starszych.pdf>).

An online tool was developed, which provides the possibility to answer the basic questions on fulfilling the needs of older persons in local communities by the local authorities on particular fields i.a. health care, housing, long-term care, security, social participation. The tool shall serve also as a platform of exchange for good practices. The model is now tested in some of the local communities in Małopolskie County.

A modern and economically effective model of the healthcare system should be based on intensive and long-term preventive actions which will reduce the number of people diagnosed at the advanced stage (and thus difficult and expensive to treat) of diseases. Therefore, under Operational Programme Knowledge Education Development (hereinafter OP KED) preventive programmes for diseases having a negative impact on labour resources, dedicated to working age population are developed and implemented. Preventive healthcare activities financed from the ESF focus on the highest risk groups. So far 6 preventive programmes were developed and 68 290 persons in total will gain from medical service delivered under OP KED.

Actions taken under the OP KED are compliant with the measures implemented under regional operational programmes (hereinafter ROPs), i.a. facilitating return to the labour market by supporting rehabilitation medicine, implementing preventive healthcare projects concerning diseases constituting

an important health problem in the region, implementing programmes targeted at eliminating health risk factors at workplace, development of cancer prevention targeted at detection of colorectal cancer, cervical cancer and breast cancer.

Under OP KED the models of Daily Home of Medical Care (hereinafter DDOM) are created and tested. The models were established as a response to the diagnosed need for deinstitutionalisation of medical care, understood as a transition from institutional services to services provided at local community level. DDOM is also a response to the problems of an aging society. The main purpose of their activities is to provide proper care and prolong the period of psychophysical fitness and ability to perform both social and occupational roles for people with chronic diseases, the disabled or the elderly. Pilotage projects started under OP KED in 2015 and they are to be finished till the end of 2018. So far 53 DDOMs with 658 places for patients were developed. After the validation on the national level (in autumn 2017), these models have been passed on to the regions to be implemented under ROPs.

The „Autonomy and Participation” principle is supported through Digital Poland – an operational programme for 2017 – 2020. In the framework of its action 3.1 85 billion EUR is committed to promoting digital inclusion of older persons. Non-governmental organisations or communities in cooperation with relevant associations and unions can obtain financial support for diminishing digital divide among older persons. The aim of projects supported is to promote and develop digital skills (using internet and internet-related services like e-gov application, instant messengers etc.) of persons over 65. Priority is given to persons living in rural areas.

Tasks for the promotion of health and preventive care of older people are carried out on the basis of Public Health Act and regulation of the Government regarding the National Health Program for 2016–2020 (hereinafter NHP). In the NHP the Operational Objective No. 5: Promotion of healthy and active aging has been distinguished. It is dedicated directly to the needs of people aged 60+.

Among the activities carried out within the framework of the NHP there are tasks regarding:

- proposing a patient assessment scheme for patients after the age of 60 in hospital wards and on that basis carrying out a training course for medical staff – analytical and educational task, at the supra-regional level, carried out in 2017 and continued in 2018;
- training courses for dieticians in the field of knowledge about specific needs and dietary conditions of seniors (including prevention of weight loss and metabolic diseases) – educational task, at the state level, carried out in 2017 (800 dieticians were trained);
- training courses for physiotherapists regarding geriatric care – educational task, at the state level, carried out in 2017 and continued in 2018 (over 2 000 physiotherapists are planned to be trained);

- training courses in reading food product labels – educational task for older persons, at the supra-regional level, carried out in 2017 (2 100 persons were trained);
- implementation of tasks to improve compliance with therapeutic recommendations – educational task for older persons, at the state level, carried out in 2016–2017 and planned to be continued;
- health education in the prevention of injuries and in the promotion of safety – analytical and educational task, at the state level, carried out in 2017 and continued in 2018;
- education of employers in the field of creating and implementing health management programs for aging employees within the workplace – educational and consultative task, at the state level, carried out in 2016–2017 and planned to be continued;
- analysis of adequacy and effectiveness of healthcare services provided in relation to the identified health needs of older people – expert opinions were developed in 2017 and are planned to be continued;
- conducting extensive research into individual areas of the health condition of older people, including the quality of life related to health – research arrangements were started in 2017 and is to be continued until 2020 (5 600 people are to be tested altogether).

As an example of a good practice in a health care the programme of free medications for older people “Program 75+” should be distinguished.

Since 14 February 2012 Social Insurance Institution cooperates with banks to negotiate promotional terms for older people of opening and running a bank account (0 PLN for a basic banking services, medical assistance in case of an accident, technical household insurance, access to a wide range of information from medical information to information about cultural centers for seniors and current cultural events e.g. an agreement with a Bank Pekao SA could be distinguished).

Electoral law of 2011 provides for a possibility of proxy voting for older people (Article 54 § 3). They also benefit from the facilitations provided for disabled people in a polling stations.

Polish regulations enable older people to benefit from a free judicial and extrajudicial legal aid. According to the information provided by Ministry of Justice of Poland in 2016 379.521 individuals benefited from extrajudicial free legal aid, including 191.734 individuals aged 65 and more. Same year from free legal aid benefited 385.585 individuals, including 193.238 individuals aged 65 and more (more information on [www.darmowapomocprawna.ms.gov.pl](http://www.darmowapomocprawna.ms.gov.pl)).

Introduced in 2015 by the Ministry of Culture and National Heritage programme "Accessible culture" targets older people aged 60+. It enables older people to attend cultural events and museums free of charge or for a nominal fee. The programme is described in the following link: <http://mkidn.gov.pl/pages/strona-glowna/finansowanie-i-mecenat/kultura-dostepna.php>

## ITEM D FOLLOW-UP

9. Which measures would you recommend to ensure that the principles set out in the Recommendation and in its Appendix are complied with in national legislation and practice?

The Recommendation shall enclose direct expectation on reporting by Member States what kind of assessment of needs of older persons has been introduced in the country; what needs have been identified (with numbers – the national and international statistics give already some basic source of it) and having this in mind - what kind of provisions have been introduced and planned. National action plan in this regard could be adopted.

10. Which measures by the Council of Europe would you recommend to ensure that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

Short infographics might be useful – easy to translate and disseminate among authorities both on central and local level. The infographics shall enclose the main principles and indicate the mechanism of the 5-year review of their implementation. It could make them more visible and understandable not only for authorities but also for older persons themselves and future generation of older persons as well.

It would raise awareness of the rights of older persons and could have a positive impact of speeding up the implementation by raising citizens expectations toward activities undertaken by authorities in that field. Greater emphasis should be put on economic violence issues.

11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

It might bring an added value to indicate in the next period specific fields of this Recommendation and examine the situation of the whole population of older persons in particular country in regard of access to specific goods and services (i.a. home based care, health care, palliative care, facilities for people with dementia and Alzheimer disease). The other part of examination shall focus on coordination of support services for older persons, planning the services. The expected data shall indicate the development of the facilities in past 5 years both in rural and urban areas. The numbers shall illustrate the fact number of persons with access to the facilities comparing to the number of persons with the need and lack of access to them.

12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

No issues demanding supplementation were identified.

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**PORTUGAL**

**ITEM A  
IMPACT ASSESSMENT**

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

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2. How would you assess the impact of the recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

As far as we can estimate the impact has been insufficient. It seems to us there was not much information on the existence of the Recommendation.

3. Have specific measures for the promotion and protection of the human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation)? If so, please provide examples of measures adopted or in preparation.

There are some measures that have been adopted before the Recommendation, but continue to be developed and modernized and consequently to have an impact on the protection and care of the elderly. This is the case, for example of the National Long Term Care Network (created by Decree-Law no. 101/2006, of June 6, modified and republished by Decree-Law no. 136/2015 of July 28), that constitutes the organizational model and functional approach to the development of the strategy for the progressive development of a set of adequate services in the areas of Health and Social Security that would respond to the growing need for care of these population groups. It represents a reform process developed by two sectors with intervention responsibilities in the best interest of the citizen: the National Health Service (SNS) and the Social Security System.



The Network also includes integrated mental health care units and teams for people with severe mental illness resulting in psychosocial disability for the adult population and for children and adolescents and also palliative care, which supports internment, ambulatory, and domiciliary units.

4. Which obstacles, if any, have been encountered in the implementation of the Recommendation?

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## **ITEM B DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

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6. Has the Recommendation been translated into your national language(s)?

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7. To which authorities and stakeholders has the Recommendation been distributed?

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## **ITEM C IMPLEMENTATION OF SPECIFIC PROVISIONS**

8. Update of the Appendix to Recommendation CM/Rec(2014)2 :

### **SOCIAL PROTECTION AN EMPLOYMENT**

Portugal has established, in co-operation with local communities, the voluntary initiative "Intergenerational Programme", in order to avoid isolation of older persons living by themselves and to create an aid platform.

*Portugal has since 2006 (Decree-Law no. 232/2005, of 29 December) in its legal framework of social security an important mechanism for Combating Poverty of the Elderly, designed as Solidarity Supplement for the Elderly (SSE). It is a monthly cash benefit intended for persons aged at least 66 years and 4 months (in 2018), which is granted at national level and which provides additional income of a differential nature to the pensioners in situations of economic and financial vulnerability residing in the country.*

## CARE

Portugal set up in 2016 the National Network for Continuous Integrated Care (created by Decree-Law no. 101/2006, of June 6, modified and republished by Decree-Law no. 136/2015 of July 28), that constitutes the organizational model and functional approach to the development of the strategy for the progressive development of a set of adequate services in the areas of Health and Social Security that would respond to the growing need for care of these population groups. It represents a reform process developed by two sectors with intervention responsibilities in the best interest of the citizen: the National Health Service (SNS) and the Social Security System.

The Network also includes integrated mental health care units and teams for people with severe mental illness resulting in psychosocial disability for the adult population and for children and adolescents and also palliative care, which supports internment, ambulatory, and domiciliary units.

## ITEM D FOLLOW-UP

9. Which measures would you recommend to ensure that the principles set out in the Recommendation and in its Appendix are complied with in national legislation and practice?

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10. Which measures by the Council of Europe would you recommend to ensure that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

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11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

Yes. The implementation of Recommendation should continue to be examined.

It would be interesting to examine for example points V. 26. and VI. C. 41.

12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

The recommendation continues to be up-to-date and we believe that there is no need, at this moment, for revision.



**ITEM A  
IMPACT ASSESSMENT**

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

No special authority has been assigned for the implementation, however, the Government Council of the Slovak Republic for the Rights of Seniors and Adaptation of Public Policies to the Ageing of the Population (further as the « council ») covers all the policies related to the rights of the elderly. Due to its position, the council has the competence to issue positions towards adopted measures focusing on full participation of the elderly on the public life.

2. How would you assess the impact of the recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

The Recommendation represents the basic guidelines which the states should follow in order to ensure full implementation of the human rights granted to older persons. Therefore, the Slovak Republic considers this document as an important one in order to ensure adequate standard of living for older persons.

3. Have specific measures for the promotion and protection of the human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national action plans, the inclusion of the Recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation)? If so, please provide examples of measures adopted or in preparation.

Following the establishment of the above mentioned council, the Slovak Republic has also adopted several key documents dealing with this topic, such as the National Programme of Active Ageing for 2014 – 2020, Nationwide Strategy of the Protection and Support of Human Rights in the Slovak Republic, as well as several conferences organized during the Slovak Presidency in the Council of EU in 2016, such as the Prevention of Criminality and Examples of Good Practice together with European Award for the Prevention of Criminality 2016 – Prevention of Criminality towards the Elderly.

4. Which obstacles, if any, have been encountered in the implementation of the Recommendation?

None so far.

**ITEM B  
DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

Please see the answer to question 1.

6. Has the Recommendation been translated into your national language(s)?

No.

7. To which authorities and stakeholders has the Recommendation been distributed?

To the council mentioned above, to the Ministry of Labour, Social Affairs and Family and its organizations and offices.

**ITEM C  
IMPLEMENTATION OF SPECIFIC PROVISIONS**

8. Update of the Appendix to Recommendation CM/Rec(2014)2 :

*The National Programme of Active Ageing for 2014 – 2020 was adopted by the Government on December 4, 2013 and has been carried out under the authority of Ministry of Labour, Social Affairs and Family of the Slovak Republic. It is a programme document focused the support of the human rights of older persons through their participation on the public life via a series of public policies. The document is based on the UN principles for older persons, Declaration of Human Rights, European Social Charter, Madrid International Action Plan for Ageing, etc.*

*The Nationwide Strategy of the Protection and Support of Human Rights in the Slovak Republic was created through intensive cooperation of public authorities, civil sector (representatives of organizations of seniors) and other key stakeholders (such as representatives of research and education facilities). The aim of the document is to ensure the participation of older persons on decisions related to key public questions.*

*In its part 5.4 – “Abuse and Maltreatment of Seniors”, also measures coming under the competence of Ministry of Interior of the Slovak republic are included:*

✓ *To tighten regulation and supervision of, and sanctions for the sale of goods and services in the form of presentations and competitions having a manipulative and coercive nature. To keep the public informed of unfair business practices occurring most commonly. To consider the adoption of a legal regulation, under which and under some specific conditions, it would be possible to deprive the law-breaking subjects of the license or trade authorization to provide financial services.*

✓ To enhance security, protection of life, health and properties of older persons, to prevent from abuse and maltreatment of and violence against elderly people – to continue with implementation of pre-emptive projects focused on older persons.

✓ Based on the report on the trends of crimes against older persons in 2016, proposed by Ministry of Interior of the Slovak republic, and within the implementation of the measures mentioned above, the following activities are carried out:

- implementation of **“The Secure Autumn of Life”** („Bezpečná jeseň života“) prevention project with the main idea to show seniors the particular ways to basic habits to conduct secure behavior, and with the aim to help them enhance their own security protecting against the negative socio-pathological phenomena;
- year-round carrying out activities at the nation-wide and regional levels within various public and non-public events. Mainly presentations, discussions, gets-together and meetings are in question with seniors being warned against the most common manners of committing crimes and, at the same time, provided with particular advise and recommendations of how to avoid becoming the crime victims;
- special protection of seniors against specific crimes against the elderly. Within this activity, information materials for seniors (leaflets, posters, warnings) are worked out in order to make the seniors’ protection against fraudsters and thieves more intensive (see appendixes n. 1 and 2);
- active cooperation with the Government Council of the Slovak Republic for the Seniors’ Rights in the area of seniors’ protection against the crime;
- making ongoing cooperation with ecclesiastic organizations more effective and intensive in the area of the information materials availability to seniors in churches and during Masses or at information boards;
- regular publishing of information related to the seniors’ protection against the crime at its web page [www.minv.sk](http://www.minv.sk), in the part Criminal Police, Office of Criminal Police under the headline “Frauds against seniors” (“Podvody na senioroch”)  
[http://www.minv.sk/swift\\_data/source/mvsr/odbor\\_prevenencie\\_kriminality\\_km\\_v\\_sr/smejdi\\_foto/letak-10-rad-seniorom-smejdi.pdf](http://www.minv.sk/swift_data/source/mvsr/odbor_prevenencie_kriminality_km_v_sr/smejdi_foto/letak-10-rad-seniorom-smejdi.pdf) ;
- continual reporting of particular cases of the seniors becoming the crime victims in media.

In order to enhance legal protection of the seniors, Ministry of Interior of the Slovak republic has passed the proposal of the Amendment to the Criminal Code concerning stricter penal rates for the crimes of theft, embezzlement, fraud, damage to the costumer and unfair business practices against the costumer in cases where the aggrieved person is the elderly. The proposal in question was accepted by adoption of the Act No. 316/2016 Coll. of 25 October 2016 on recognition and enforcement of property decisions in criminal proceedings in European Union, as amended. On 29 November 2016, it was published in Collection of Laws of the Slovak Republic and became effective as of 1 January 2017. Through the Act in question, the Criminal Code was amended by introducing the institute of protected person to the qualified facts

of merits of the crimes mentioned above, and thus, stricter sentences of imprisonment for the offenders were reached.

Prevention of crimes against the elderly, committed mainly by organized groups, was the key issue of the Slovak Presidency in the European Crime Prevention Network (EUPCN). As a result of the Slovak Presidency in the EUPCN, the topical document headlined “**Crimes against the seniors committed by organized groups**” („**Trestná činnosť páchaná na senioroch organizovanými skupinami**“) was published and is available at the web page <http://eucpn.org/document/eucpn-thematic-paper-no-10-organised-crime-targeting-elderly-people>.

Prevention of crimes against the seniors is carried out yearly with the financial support coming from funds for the projects of the Call of the Government Council of the SR for Crime Prevention, the Call of Office of the Minister of Interior of the SR, the Call of Ministry of Interior of the SR. In 2014, projects were supported in the amount of 20 000 €, in 2015 - in the amount of 48 800 €, in 2016 - in the amount of 55 500 € and in 2017 - in the amount of 83 900 €. In 2017, e.g. these project were financially supported: Technická univerzita vo Zvolene - Záleží na senioroch; Mesto Topolčany - Seniori v akcii; Obec Senné - Senior fit park; Seniorské informačné centrum - Účinnou osvetou predchádzajme zneužívaniu seniorov a zdravotne postihnutých, etc.

## ITEM D FOLLOW-UP

9. Which measures would you recommend to ensure that the principles set out in the Recommendation and in its Appendix are complied with in national legislation and practice?

Regular examination of the principles set out in the recommendation (set timescale – e.g. every 2 years).

10. Which measures by the Council of Europe would you recommend to ensure that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

More references to the Recommendation in specific Council of Europe documents would be helpful.

11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

Yes, but the examination should be a general one, not focusing on a specific issue as that could lead to fragmentation of the recommendation and it should be implemented as a unified document.

12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

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## SWITZERLAND

### POINT A

### ÉTUDE D'IMPACT

1. Une autorité a-t-elle été désignée comme responsable de la mise en œuvre de la Recommandation ? Si oui, laquelle ?

La Recommandation touche aux compétences de plusieurs autorités nationales, cantonales et communales.

2. Comment évalueriez-vous l'impact de la Recommandation sur les droits de l'homme des personnes âgées dans votre pays (pleinement satisfaisant / adéquat/ insuffisant / inexistant) ? Merci de motiver votre réponse.

Nous ne possédons pas d'outils pour évaluer cet impact.  
En 2016, la Confédération a mandaté le Centre suisse de compétence pour les droits humains (CSDH), lui demandant de dresser un état des lieux des droits humains des personnes âgées en Suisse. Se basant sur des entretiens avec des expert-e-s, le CSDH a identifié six domaines particulièrement pertinents concernant la concrétisation des droits humains des personnes âgées dans notre pays : travail, logement, santé, participation, situations de violence ainsi que situations de discrimination et de désavantage. La Recommandation CM/Rec(2014)2 a été prise en compte dans l'élaboration de l'étude du CSDH sur les droits de l'homme des personnes âgées (actuellement en cours). Cette étude sert de base pour d'autres projets du CSDH dans ce domaine. Sur la base des besoins en information et en sensibilisation identifiés dans le cadre de ce projet, le CSDH a également élaboré, fin 2017, un aide-mémoire spécifiquement consacré aux droits humains des personnes âgées, lequel s'adresse surtout aux personnes qui, dans leur quotidien professionnel, ont régulièrement affaire à des personnes âgées (personnel des EMS et des hôpitaux, membres d'autorités communales, cantonales ou fédérales).

3. Des mesures spécifiques pour la promotion et la protection des droits de l'homme des personnes âgées ont-elles été adoptées suite à l'adoption de la Recommandation (y compris le cas échéant la mise en route des plans d'action nationaux, l'inclusion de la Recommandation dans des plans déjà existants ou la création de groupes de travail intersectoriels pour sa mise en œuvre) ? Si oui, merci de donner quelques exemples de mesures adoptées ou en cours d'élaboration.

Nous renvoyons sur ce point à nos considérations sous le chiffre 2.

4. Si des obstacles ont été rencontrés lors de la mise en œuvre de la Recommandation, de quels obstacles s'agit-il ?

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## **POINT B DIFFUSION DE LA RECOMMANDATION**

5. Une autorité a-t-elle été désignée comme responsable de la diffusion de la Recommandation ? Si oui, laquelle ?

L'Unité Protection internationale des droits de l'homme de l'Office fédéral de la justice est responsable de la diffusion de la Recommandation.

6. La Recommandation a-t-elle été traduite dans votre/vos langue(s) nationale(s) ?

Non, le français étant une langue officielle de notre pays.

7. Après de quelles autorités et parties prenantes la recommandation a-t-elle été distribuée ?

Après des autorités concernées par la thématique, soit l'Office fédéral des assurances sociales, l'Office fédéral de la santé publique, le Secrétariat d'Etat à l'économie, le Département fédéral des affaires étrangères.

## **POINT C MISE EN ŒUVRE DES DISPOSITIONS SPÉCIFIQUES**

8. Mise à jour de l'Annexe à la Recommandation CM/Rec(2014)2 :

### **Remarque liminaire**

*La politique de la Confédération dans le domaine de la vieillesse s'effectue à travers l'action de plusieurs offices chargés directement ou indirectement des questions ayant trait à la vieillesse. Au niveau fédéral, la politique de la vieillesse comprend, d'une part, la prévoyance vieillesse financière avec le système des trois piliers (prévoyance étatique, prévoyance professionnelle, prévoyance privée). D'autre part, la Confédération s'occupe de prévoyance*



sanitaire, c'est-à-dire de la prévention, de l'assurance-maladie et du financement des soins de longue durée.

Les cantons et les communes ont pour tâche de veiller à ce que les personnes âgées disposent d'assistance et de soins, tant à domicile que dans les établissements médico-sociaux.

Outre la Confédération et les cantons, de nombreuses organisations non gouvernementales (ONG) et organismes d'entraide jouent un rôle dans la politique de la vieillesse. Parmi ces organisations, on peut mentionner, entre autres, Pro Senectute, qui est la plus grande et la plus importante organisation de services destinés aux personnes âgées et à leurs proches en Suisse (<https://www.prosenectute.ch/fr.html>), l'Association Alzheimer Suisse ou encore la Croix-Rouge suisse (CRS).

Les exemples mentionnés ci-dessous ne constituent ainsi que des exemples parmi d'autres de bonnes pratiques dans ce domaine. L'accent est mis en particulier sur les mesures prises aux plans fédéral, cantonal ou communal.

## **AUTONOMIE ET PARTICIPATION**

Le projet transfrontalier franco-suisse Autonomie 2020 encourage le maintien à domicile des personnes âgées en favorisant leur qualité de vie et leur autonomie, notamment au moyen d'outils de gérontechnologie (communiqué de presse :

[https://www.ecolelasource.ch/wp-content/uploads/CP\\_lancement\\_Autonomie2020\\_23.03.17\\_VF-1.pdf](https://www.ecolelasource.ch/wp-content/uploads/CP_lancement_Autonomie2020_23.03.17_VF-1.pdf)).

Sur la base d'une étude sur les bons de temps, l'Office fédéral des assurances sociales et la Ville de Saint-Gall ont réalisé une étude de faisabilité pour mettre sur pied un système de prévoyance-temps dans la ville de Saint-Gall. Dans ce modèle, des retraités bien portants s'occupent d'autres personnes âgées en leur apportant l'aide dont elles ont besoin au quotidien. En contrepartie, ils reçoivent des crédits de temps qui vont alimenter un compte individuel et qu'ils pourront échanger par la suite contre des prestations d'aide, suivant leurs besoins. Le projet a été évalué après cinq ans de fonctionnement et le législatif de la Ville a décidé de le poursuivre. Il est géré et coordonné par la fondation Zeitvorsorge (pour plus d'informations :

<https://www.bsv.admin.ch/bsv/fr/home/politique-sociale/alters-und-generationenpolitik/zeitvorsorge.html>).

## **PROTECTION CONTRE LA VIOLENCE ET DES ABUS**

On peut mentionner, dans ce contexte, l'Autorité indépendante de plainte en matière de vieillesse (UBA), qui est une association nationale spécialisée dans les conflits liés à la vieillesse. Elle propose ses prestations aux personnes directement touchées par des conflits et à leurs proches, aux cadres et au personnel d'encadrement et de soins travaillant dans le domaine de l'aide à la vieillesse, aux médecins, aux permanences de conseil, aux services de médiation, aux services sociaux et aux autorités et agit en tant qu'intermédiaire, arbitre et conseillère (cf. <http://www.uba.ch/>).

## SOINS

### A. Principes généraux

Le projet « Soins coordonnés » qui s'inscrit dans la Stratégie globale Santé2020 de la Confédération (adoptée en 2013) a pour but d'améliorer la coordination des soins en particulier pour les personnes âgées qui recourent à des prestations de santé à la fois nombreuses, variées et coûteuses. Dans ce cadre, des modèles de bonnes pratiques ont été explorés et transmis aux professionnels de la santé. La Fondation Promotion Santé Suisse soutient les cantons qui lancent des programmes d'action pour la promotion de la santé et la prévention chez les personnes âgées.

La Suisse dispose également d'un Plan d'action ainsi qu'un programme de promotion concernant les possibilités de soutien et de décharge en faveur des proches aidants et des stratégies en matière de soins palliatifs (2010-2015), en matière de prévention des maladies non transmissibles (2017-2024) ainsi qu'en matière de démence (2014-2019). Cette dernière a pour but de réduire la charge liée à cette maladie et d'améliorer la qualité de vie des personnes concernées.

### C. Soins en résidence et en institution

En Suisse, les directives médico-éthiques élaborées par l'Académie Suisse des Sciences Médicales apportent une aide concrète aux médecins et autres professionnels de la santé pour renforcer la qualité des soins en résidence et en institution. La thématique de la dignité, de l'autonomie et du droit à l'autodétermination des patients y est explicitement traitée. Par ailleurs, selon la loi sur l'assurance-maladie suisse, les établissements médico-sociaux doivent livrer à la Confédération des données pour les indicateurs de qualité. Un projet mené par Curaviva Suisse teste actuellement ces indicateurs. A l'issue de ce projet, les données de tous les EMS de la Suisse seront collectées et publiées par la Confédération. (Pour plus d'information: Voir notamment le rapport du Conseil fédéral du 25 mai 2016 sur l'Etat des lieux et perspectives dans le secteur des soins de longue durée, disponible sur ce lien [https://www.bag.admin.ch/bag/fr/home/service/publikationen/bundesratsbericht\\_e.html](https://www.bag.admin.ch/bag/fr/home/service/publikationen/bundesratsbericht_e.html))

### D. Soins palliatifs

La Confédération Suisse a mis en œuvre la « Stratégie nationale en matière de soins palliatifs » de 2010 à 2015. Des mesures ont été concrétisées dans des domaines comme les soins, le financement, la formation ou la sensibilisation. Depuis 2015, la Stratégie continue sous forme d'une plate-forme nationale « soins palliatifs » qui contribue à promouvoir l'échange d'expérience et de savoir entre les acteurs concernés et à aborder certaines questions dans l'objectif de proposer à tout un chacun des offres de soins palliatifs appropriées et de qualité.

## POINT D SUIVI

9. Quelles mesures recommanderiez-vous pour garantir le respect des principes énoncés dans la Recommandation et dans son Annexe dans les législations et pratiques nationales?

Une large diffusion de la Recommandation, ainsi que d'autres mesures visant à faire connaître cet instrument (conférences, publications, etc.). La Recommandation devrait également être prise en considération, comme *soft law*, dans l'élaboration de législation et de pratiques nationales.

10. Quelles mesures du Conseil de l'Europe recommanderiez-vous pour assurer que les États Membres soient guidés dans leurs législations et pratiques par les principes énoncés dans la Recommandation?

Egalement une large diffusion de la Recommandation.

11. Le Conseil de l'Europe devrait-il continuer à examiner périodiquement la mise en œuvre de cette Recommandation? Si oui, cet examen devrait-il, à l'avenir, se concentrer sur des problèmes spécifiques dans le futur et, le cas échéant, sur lesquels?

Un examen périodique de la mise en œuvre de cette Recommandation est utile, à intervalles pas trop rapprochés (5-7 ans par exemple).

12. Existe-t-il des questions sur lesquelles la Recommandation et son Annexe devraient être modifiés ou complétés? Si oui, merci d'indiquer lesquelles.

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**ITEM A**  
**IMPACT ASSESSMENT**

1. Has an authority been assigned as responsible for the implementation of the Recommendation? If so, which?

In Turkey protection and development of human rights on the basis of human dignity, the right of persons to be treated equally, to act in the direction of these principles by preventing discrimination in benefiting from legally recognized rights and freedoms, effectively combat torture and ill-treatment and fulfill the task of national preventive mechanism in this regard responsible institutions established by Law No. 6701 for "Turkey Human Rights and Equality Authority Act".

2. How would you assess the impact of the Recommendation on the human rights of older persons in your country (fully satisfactory / adequate / insufficient / absent)? Please explain your reply.

Although an important young population holds its potential, the elderly population in Turkey is a real start to increase significantly the rate of the general population. In this context, social rights of the elderly population in our country and the applications brought by these rights are on the agenda as an important issue. Current regulations on elderly rights and developments but there are still aspects that need to be improved.

3. Have specific measures for the promotion and protection of human rights of older persons been adopted since the adoption of the Recommendation (including the possible establishment of national plans, the inclusion of the recommendation in existing plans, or the creation of cross-sectoral working groups for its implementation? If so, please provide examples of measures adopted or in preparation.

*State of the Elderly National Action Plan*

The planning of services for the elderly will be presented for the purpose of improving quality in the identification of priorities and services in 2012, "Status of Elderly People in Turkey and National Plan of Action on Aging" was prepared. The priorities of the document are three: the elderly and development, the promotion of health and welfare in old age, and the provision of supportive environments that provide opportunities in old age, and area topics and targets have been determined for these priorities. Organizations responsible for the related targets and monitoring in order to ensure the applicability of the document were identified in Turkey. In this context, it is decided that the responsible institutions and organizations should send reports

to the General Directorate of Disabled and Elderly Services of the Ministry of Family and Social Policy once a year by reporting their activities for the actions they are responsible for. Launched in 2013, Turkey's National Aging Action Plan for Implementation of the National Program on Aging operates from relevant Ministries reported and were concluded in 2015.

*Active Aging Strategy Document*

The "2018-2023 Active Aging Strategy Paper" draft has been prepared by the Ministry of Family and Social Policies in accordance with the decisions of the UN AEC (European Economic Commission) Aging Working Group, which is included in the working group bureau, in order to ensure active aging in our country.

4. Which obstacles, if any, have been encountered on the implementation of the Recommendation?

There are no obstacles.

**ITEM B  
DISSEMINATION ASSESSMENT**

5. Has an authority been assigned as responsible for the dissemination of the Recommendation? If so, which?

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6. Has the Recommendation been translated into your national language(s)?

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7. To which authorities and stakeholders has the Recommendation been distributed?

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**ITEM C  
IMPLEMENTATION OF SPECIFIC PROVISIONS**

8. Update of the Appendix to Recommendation CM/Rec(2014)2 :  
**NON-DISCRIMINATION**

*Prepared from the Ministry of Family and Social Policy in the Active Aging Strategy Paper 2018-2023, "aging discrimination and exclusion" was organized under the title of Active Participation in the Labor Market.*

## **AUTONOMY AND PARTICIPATION**

In **Turkey**, day support/solidarity services are provided for older persons at home in order to assist them in daily activities (small repairs, shopping, personal care, cooking, cleaning) and strengthen their social relationships (legal and social security consultancy services, social and cultural activities etc.). The Ministry of Family and Social Policies of Turkey has initiated a wide, community-based campaign to ensure full access and use of all public buildings and public roads by older persons.

*In the 2018-2023 Active Aging Strategy Paper prepared by the Ministry of Family and Social Policies, the heading of participation in social life was organized in order to improve the participation of elderly people in social life.*

## **SOCIAL PROTECTION AND EMPLOYMENT**

One of the objectives of the National Plan of Action on Ageing in **Turkey** is to provide employment opportunities for all older persons wishing to work. This includes supporting older persons working in agriculture through teaching of new techniques and technologies and facilitating access to infrastructural and financial services.

*In the 2018-2023 Active Aging Strategy paper prepared by the Ministry of Family and Social Policy, it is organized under the title of “Active Participation in the Labor Market”. This document aims to improve employment services for elderly people and to ensure healthy working conditions.*

### **ITEM D FOLLOW-UP**

9. Which measures would you recommend to ensure that the principles set out in the Recommendation and in its Appendix are complied with in national legislation and practice?

In order to comply with the recommendations in national legislation and practice, it is first necessary to establish social consciousness and sanctions on these issues.

10. Which measures by the Council of Europe would you recommend to ensure that Member States are guided in their national legislation and practice by the principles set out in the Recommendation and in its Appendix?

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11. Should the Council of Europe continue examining periodically the implementation of this Recommendation? If so, should such examination in future concentrate on specific issues, and which specific issues would you recommend examining in that case?

Yes, the Council of Europe should continue examining periodically the implementation of this Recommendation.

12. Are there any issues on which the Recommendation and its Appendix should be revised or completed? If so, please indicate them.

No, there are not.

\* \* \*



**EUROPEAN NETWORK OF NATIONAL HUMAN RIGHTS  
INSTITUTIONS**

### **Implementation of Committee of Ministers' Recommendation CM/Rec(2014)2 on the promotion of human rights of older persons**

Good Practices from European NHRIs and European States on Protecting and Promoting the Rights of Older Persons

#### **Introduction**

In February-March 2018, ENNHRI members were invited to participate in a survey on the work they do to protect and promote the human rights of older persons. A total of 22 of ENNHRI's 42 members (52%) completed the survey. The findings showed that members were highly engaged in activities related to the rights of older persons, most notably related to monitoring rights protection, advising government and various activities to raise the awareness of various local, national and international stakeholders of the rights of older persons, human rights concerns and proposed solutions.

As well as outlining the activities in which they engage to protect the rights of older persons (including making submissions to international mechanisms, receiving complaints, issuing advice and recommendations, etc), members were asked to outline good practices they had adopted within the last five years to protect and promote the rights of older persons, and those of their government.

While a number of good practices emerged, as outlined below, some members also highlighted shortcomings in the protection of the rights of older persons within their jurisdictions. This was in spite of not being specifically asked about the current situation of human rights protection within their jurisdictions. One

NHRI even highlighted the lack of impetus (and investment) from national government to improve rights protection for older persons, suggesting that efforts from the European Union were more effective.

This suggests that the CDDH's review of the implementation of the 2014 Recommendation is timely and may point to the need for stronger rights protection for older persons, in the context of a binding instrument.

## **1) Non-Discrimination**

### *NHRI Good Practices*

- People's Advocate Institution, Republic of Albania: Recommendations on new draft laws
- UNIA (Interfederal Centre for Equal Opportunities BELGIUM): training and the development of a guide for the reception of older migrants
- Ombudsman of Latvia: Ombudsman has investigated several complaints on age based discrimination in insurance sector, when insurance companies have rejected insurance without individual assessment of an older person.
- Slovak Centre for Human Rights: We are focusing on discrimination of older persons in access to certain medical treatments (such as mammography) caused by legislative age limits for covering costs of these treatments under the public insurance. We are also monitoring discrimination of older persons in the area of bank services. These issues will be covered in the annual report. The Centre also plans to publish a report/guide on discrimination of pensioners.

### *State Good Practices*

Albania: *On improving the quality of life and meeting the needs of the elderly*, draft legislation

Georgia: Within the frameworks of implementation of Madrid international Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS) Road Map for Mainstreaming Ageing was adopted in 2015. In 2016 the Parliament of Georgia approved the "Georgia's Strategy for Responding to Aging". In November, 2017 the Action Plan 2017-2018 was also adopted. The adoption of the Strategy and Action Plan (even though adopted one year later) can be regarded as a step forward as they include all the major issues voiced in the MIPAA/RIS.

## **2) Autonomy and Participation**

### *NHRI Good Practices*

#### **Irish Human Rights and Equality Commission**

In September 2016, the Commission published *Guidelines for Consulting with Older Persons* in service provision. The Guidelines are available on the Commission's website.



### *State Good Practices*

#### Ireland

In December 2017, the Citizens' Assembly submitted its report on *How We Best Respond to the Challenges and Opportunities of an Ageing Population* to the Irish parliament. The Report contained a number of far-reaching recommendations on how to improve the circumstances of older persons in Irish society.

### **3) Protection from Violence and Abuse**

### **4) Social Protection and Employment**

#### *NHRI Good Practices*

- People's Advocate Institution, Republic of Albania: Calculation and declaration of the minimum living standard in the country:
- The Institution of Human Rights Ombudsman/Ombudsmen of Bosnia and Herzegovina: the right to a pension and delays in processing applications; recommendation to Parliament in 2015 aimed at equalization of marital and ex-marital partners in enjoyment of the right to survivor's pension.
- Irish Human Rights and Equality Commission: Through its Grant Scheme 2016, the Commission supported a project by an advocacy group for older persons (Age Action Ireland) involving a programme of research on the State Pension Gender Gap and the dissemination of its findings through the publication of a policy paper and organisation of an information seminar.
- Ombudsman of Latvia: In 2017 the Ombudsman in cooperation with Council of Europe, ENNHRI, Equinet and FRA organized social – economic rights platform meeting to attract attention of Government to poverty issue again.

During the years the Ombudsman has approached regional level organizations for assistance regarding poverty issue and rights of older persons. Unfortunately the Ombudsman did not receive support as expected from regional institutions.

In 2014, the Ombudsman investigated a case regarding the effect of application of the wage-tied insurance contribution (the capital index) on the amount of old-age pension. In other words, the pension granted in 2009 would be higher than that granted in 2011 by 21% and 24%, respectively.

- Slovak National Centre for Human Rights: In 2016, the Centre conducted a research on poverty and social exclusion of older persons in Slovakia in cooperation with Help the Elderly Forum (NGO). The research gathered information from 786 older persons (42,75% men; 57,25% women) with average age 72,58 years. The report of the research has been presented at press conference and since then in various conferences on the rights of older persons. It is available at the [website](#) of the Centre. The research followed up on a similar research conducted by the Centre and Help the Elderly Forum in 2008 and aimed to monitor developments in the area in the last 8 years.

### *State Good Practices*

Croatia: The Government has developed a document called the Welfare strategy for older persons for the period 2017-2020 which foresees significant improvements for those older persons that are most vulnerable. One of these improvements is introducing care gives status for family members that provide care to their older family members with caring needs, and the “national pension” which aims to secure a basic living standard for older persons who do not qualify for a regular old-age pension.

## **5) Care**

### *NHRI Good Practices*

- Ongoing monitoring of care facilities (NPM function): Office of the Ombudswoman of Croatia, Commissioner for Administration and for the Protection of Human Rights, Cyprus, Office of the Public Defender of Georgia, The Office of the Commissioner for Fundamental Rights, Hungary; Ombudsman of Latvia
- The Human Rights Defender's Office of the Republic of Armenia: training on a Human Rights Based Approach to Care; provision of hotline phone number and boxes for complaints installed in LTC institutions are always available for the contact for older persons
- UNIA (Interfederal Centre for Equal Opportunities BELGIUM): Training for Care workers on their anti-discrimination obligations
- Office of the Ombudswoman of Croatia: Training on LTC management and residents on the rights of older persons in LTC:
- Ombudsman of Latvia: In 2013 Ombudsman issued a report on Institutions for adults with mental disorders was submitted to the responsible institutions. The Government was introduced to previous mentioned report.

In 2015 the Ombudsman drew Parliament's attention to the fact that since 2009 a provision is in place that if a person is in a LTC institution (children left without the parental care, orphans, and clients of social care centres), it is obliged to participate in covering its expenses by paying up to 90% of pension or benefit. Previously the amount had been set to 85%. Thus, a person has left only 10% of income to cover the personal needs, which is an average of 6.4 to 17 euro per month.

- Slovak Centre for Human Rights: In its annual Report on the Observance of Human Rights including the Principle of Equal Treatment in the Slovak Republic for the year 2014, the Centre covered the monitored amendment of the act on social services that introduced scoring of quality of social care providers (including long-term care facilities for older persons). One of the criteria introduced was observance of human rights and freedoms. The Centre followed up on the issue in its annual report for 2016 and concluded that the Ministry of Labour, Social Affairs and Family has yet not started to evaluate quality of social care providers in line with the amendment and postponed deadline for implementation of this provision. The Centre recommended that the Ministry launches the process without

undue delay. It also addressed other recommendations related to active ageing (towards municipalities and grant schemes of ministries) as well as poverty and social exclusion of the elderly (referring to the above-mentioned research).

### *State Good Practices*

- Ireland: In 2016, the Health Information and Quality Authority (HIQA), an independent statutory body working to improve health and social care services in Ireland, published *National Standards for Residential Care Settings for Older People in Ireland*.
- Croatia: Neither the government nor the counties have tackled the lack of affordable LTC facilities. However, those older persons who cannot access LTC will get more help through EU-funded projects that employ women over 50 years of age to provide support to older persons in their own homes.
- Netherlands: The government has taken many measures to advance the situation in nursing homes. See <https://www.waardigheidentrots.nl/> It would be impossible to describe these.

### Palliative Care

In the context of the UN OEWG's forthcoming discussion on Palliative Care, ENNHRI members were specially asked about the work they have done in recent years around palliative care.

Only three of the 22 respondents to the survey had engaged in activities on palliative care, including making recommendations to government about expanding palliative care services, making recommendations about expanding the scheme of reimbursable medicines to include those on pain relief, monitoring palliative care services and issuing opinions on legislation regarding access to palliative care. This lack of focus on palliative care, which perhaps highlights that NHRIs are lagging behind concerted, if highly varied,<sup>28</sup> efforts by governments, civil society organisations and academic institutions to expand service provision and broaden understanding of the service from a narrow interpretation of terminal care to embrace symptom control and psychosocial support for individuals to live as well as possible (for as long as possible) while living with a life-threatening illness, provided by a multidisciplinary team. Palliative care is fundamental to health and dignity and is increasingly recognised as a key element of the right to the highest attainable standard of health (Article 12 of the UN International Covenant on Economic, Social and Cultural Rights).<sup>29</sup>

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[http://www.eapcnet.eu/Portals/0/Policy/EU%20sup\\_proj\\_/PACE/EAPC\\_PACE\\_WP1\\_De\\_liverable\\_v.1.1\\_March\\_2017.pdf](http://www.eapcnet.eu/Portals/0/Policy/EU%20sup_proj_/PACE/EAPC_PACE_WP1_De_liverable_v.1.1_March_2017.pdf)

<sup>29</sup> It is critical to provide "attention and care for chronically and terminally ill persons, sparing them avoidable pain and enabling them to die with dignity." —UN Committee on Economic, Social and Cultural Rights, 2000, General Comment 14, E/C.12/2000/4, August 11, 2000, para. 25.

## 6) Administration of Justice

### Awareness Raising Activities

Several NHRIs worked to better protect and promote the rights of older persons through awareness raising activities including:

- issuing press releases e.g. on the International Day of Older Persons,
- training for/meetings with relevant stakeholders,
- Thematic Section on the Rights of Older Persons in Annual Report,
- highlighting concerns to government, either as they arise or trends evident through complaints received
- Documentary on the human rights concerns faced by older immigrants
- Conference on the Rights of Older Persons
- Report on the Protection of the Current Status of Older Persons
- Seminars/free consultations on the rights of older persons in local libraries

### Overall Policies

Georgia: Strategy for Responding to Aging; multi-sectoral working group on Ageing

Hungary: Working Group on Human Rights (a ministrative organization) – Including this there is a thematical working group, which is responsible for the rights of the elderly Old Age Council (governmental advisory group)

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**AGE PLATFORM EUROPE**

### ***Assessment of the implementation of the Committee of Ministers' Recommendation CM/Rec(2014)2 on the promotion of human rights of older persons***

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#### **Introduction**

**AGE Platform Europe (AGE)** is a European network of more than 120 organisations of people aged 50+ representing directly more than 40 million older people in Europe. AGE aims to voice and promote the interests of the 190 million inhabitants aged 50+ in the European Union and to raise awareness of the issues that concern them most. Our vision is that of an inclusive society for all ages, based on solidarity and cooperation between generations, where everyone is empowered to participate fully and enjoy life in full respect of human rights while fulfilling their duties and responsibilities.

AGE submits this paper in response to the Council of Europe request for information on the implementation of the Recommendation CM/Rec(2014)2 on the promotion of human rights of older persons five years after its adoption. Due to the limited deadline for contributions, AGE has not managed to extensively consult all its members. Our input builds on answers received by representatives of our network in several EU member states and an overall assessment based on our engagement in European and international affairs on the rights of older persons.

### **Impact and dissemination assessment**

Available information from AGE national member organisations illustrates that the so far efforts to put the 2014 Recommendation into effect have been largely insufficient. Older people's organisations report an overall lack of information about implementation efforts related to the Council of Europe instrument.

AGE has dedicated a whole chapter on the Council of Europe in its online Older People's Self Advocacy Handbook, which includes several references to the recommendation. In addition, AGE Platform Europe and the Council of Europe-Brussels office disseminated the recommendation in a series of joint events<sup>30</sup>. However, the consultation with our members elucidates that, if it were not for these efforts, most national older people's organisations would probably lack any familiarity with this instrument. In fact, answers received by AGE members bring no evidence of concrete national attempts to raise awareness about the recommendation. Consulted organisations do not even know whether the recommendation has been translated in their national language. Similarly, the vast majority of NGOs are unaware about whether a (and if so which) national authority has been assigned to disseminate and implement this instrument. Based on the responses received, no national meetings or consultations have been arranged with regard to the implementation of this instrument by national governments or about the ongoing review of the recommendation by the Council of Europe. These findings concur with the experience of AGE Platform Europe working at EU level. No action has been undertaken by EU institutions to disseminate it or to discuss ways to operationalise its implementation.

In addition, some answers exemplify the lack of concerted governmental efforts to promote and protect the rights of older persons. It seems tempting to conclude that, just because some policy developments relating to the improvement of the living conditions of older people have taken place in several countries (for example on pensions, long-term care and work-life balance), the recommendation has positively influenced governmental action. However, the received answers have not provided evidence of any *specific* measures taken for the promotion and protection of the human rights of older persons. Even in cases where additional policies and laws on ageing issues

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<sup>30</sup> See joint events to mark the Elder Abuse Awareness Day on the AGE website: <http://age-platform.eu/policy-work/news/age-co-organises-workshop-mark-2017-world-elder-abuse-awareness-day>

have been adopted since 2014 (see for instance Germany, Netherlands and France among others), these developments do not include any reference to the recommendations' provisions neither are they necessarily framed from a perspective of rights. It could for instance be presumed that policy efforts are rather associated with the implementation of the Madrid International Plan of Action on Ageing (MIPAA)<sup>31</sup> or pre-existing national priorities and not with the recommendation. It is therefore far from being clear whether these instruments have been informed by the recommendations' human rights provisions or they are rather driven by concerns about public expenditure and other macroeconomic issues related to the ageing of the population.

Either way, bearing in mind the recent mobilisation of pensioners in several countries to claim their basic rights (see Spain and France in particular), but also increased consciousness of human rights violations against older people<sup>32</sup>, it could be suggested that national measures are far from being appropriate and adequate to respond to older people's challenges. As one of our members highlights: 'Older people are not considered a priority within limited budgets'. So, regardless of the actual impact of ongoing reforms on the rights of older persons, our findings showcase that the recommendation has failed to consolidate older people's rights in national agendas, at least not any more than these issues were already being considered by policymakers before the adoption of the recommendation. Neither has the adoption of the recommendation pushed older people's rights within the work of the EU institutions. It is particularly emblematic that age continues to be the only ground of discrimination that has not been identified as a working priority for the European Commission. Neither have discussions on an EU directive that would cover age discrimination in access to goods and services (among other grounds) moved forward since 2014. In sum, the non-binding nature of the recommendation paired with very limited public awareness has not triggered any serious governmental action to implement its provisions.

### **Implementation of good practices**

Due to time constraints it was not possible to do a comprehensive review of the good practices that accompany the recommendation. Still, anecdotal evidence from AGE members illustrates that some of these measures are either out of date or face implementation challenges. For example, in France the practice of 'contrats de générations' has not proven to be effective and has ceased. The Greek programme 'Care at Home' has been seriously underfunded creating a lot of insecurity both for care recipients and professionals involved and may be discontinued in 2019. These examples showcase that there is a need to regularly and critically evaluate national practices, avoiding the assumption that

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<sup>31</sup> See AGE assessment of MIPAA: <http://age-platform.eu/policy-work/news/age-publishes-its-review-madrid-international-plan-action-ageing-mipaa>

<sup>32</sup> See among others findings of ENNHRI on the rights of older persons in long-term care: <http://www.ennhri.org/Publications> and CoE commissioner for human rights comment: <https://www.coe.int/en/web/commissioner/-/the-right-of-older-persons-to-dignity-and-autonomy-in-care?inheritRedirect=true>

- just because they have been proposed by government officials – they actually work in practice. Good practices are for the time being conflated with measures that either do not work or face serious problems, which may create false assumptions about necessary state action to protect the rights of older persons. In addition, some of these measures may give the impression that older people's rights can be promoted by ad hoc interventions, whereas in reality a human rights based approach requires mainstreaming older people's rights across all government action and addressing the systemic prejudices and structural injustice faced by the older population.

### **Follow up**

These findings clearly demonstrate the inadequacy of efforts to disseminate and implement the recommendation. There is no evidence of human and financial resources attributed to the application of this instrument, which probably explains the lack of public awareness about the recommendation and older people's rights more generally. At the very least governments should translate the recommendation and organize meetings with civil society and other relevant stakeholders to discuss concrete measures that could be adopted as a follow-up to its provisions. However, to the extent that the recommendation has not so far stimulated such action, it seems quite unlikely that governments will advance on their own initiative. A more regular (i.e. yearly) monitoring process, including the use of indicators and benchmarks could help make tangible progress. Still, budgetary constraints and growing ageism perpetuate images of older people as a cost and a burden, reinforce and deepen inequalities and disadvantage against the older population. The recommendation lacks the legal strength and political teeth to drive change. This is why it is worthwhile considering the suggestion made by PACE regarding the adoption of a binding instrument, following the example of the African Union and the Organisation of American States. A binding framework could also more appropriately make links with other instruments (such as the MIPAA) and provide for comprehensive and efficient monitoring. These discussions should recognize the potential of older people and their contributions to society and not merely problematize them as objects of welfare who need protection. Enabling older people to participate fully in their communities, translates into true gains for societies as a whole.

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The ETUC is involved in projects particularly dealing with the protection of (particular) human rights of older persons. See below for examples.

**ETUC, BusinessEurope, UEAPME and CEEP European social dialogue framework agreement on active ageing and an intergenerational approach, March 2017**

In July 2015, the EU cross-industry Social Partners ETUC/BUSINESSEUROPE-CEEP-UEAPME adopted their fifth multiannual work programme for 2015-2017, "Partnership for inclusive growth and employment". In that work programme, they committed themselves to negotiate a framework agreement on active ageing and intergenerational solidarity (further "AAIS"), in the framework of Article 155 (2) TFEU.

In response to demographic and active ageing challenges, they have pledged that *"measures need to be implemented, where necessary at national, sectoral and company levels, to make it easier for older workers to actively participate and stay in the labour market"*. In parallel, they believe that it is also important for *"other measures to be taken in order to ease inter-generational transitions in the context of high youth unemployment"*.

Taking into consideration the Europe 2020 strategy, the EU social partners also affirm that *"the ability of older workers to remain healthy and active for as long as possible in the labour market should be significantly improved, and that longer careers would contribute to maintaining sustainability and adequacy of pensions, social inclusion and cohesion and inter-generational solidarity in Europe"*.

At its meeting of October 2015, the ETUC Executive Committee, in conformity with Article 14 of the ETUC Constitution, after having consulted national confederations and European trade union federations, gave the ETUC a mandate to seek such an autonomous framework agreement on AAIS, in accordance with Article 155 (2) of the Treaty.

Hence, on 8 March 2017, the European cross industry social partners, ETUC, BusinessEurope, CEEP and UEAPME, approved their fifth autonomous framework agreement on active ageing and an intergenerational approach. The aim of this agreement is to ensure a healthy, safe and productive working environment and work organisation to enable workers of all ages to remain in work until legal retirement age. It is also to facilitate the transfer of knowledge and experience between generations at the workplace and takes into account the changing national demographic and labour market realities. The agreement, to be implemented by the members of the signatory organisations across Europe, includes tools, measures and actions on five main domains: 1) Strategic assessments of workforce demography; 2) Health and safety at the workplace; 3) Skills and competence management; 4) Work organisation for healthy and productive working lives; 5) Inter-generational approach.



ETUC has with success applied to the Commission for a project to help further disseminate this agreement and enhance its implementation via amongst others an interpretation guide, regional seminars, etc.

**ETUC Action Programme for Welfare and Social Protection**  
<https://www.etuc.org/documents/etuc-action-programme-welfare-and-social-protection#.Wo6JsainGUk>

This Resolution, adopted at the Executive Committee Meeting of 14-15 December 2016, **outlines the main political priorities of the ETUC in the field of welfare and social protection, and proposes consistent actions on core themes and areas of intervention. It considers necessary, *inter alia*, to take stock of the changing paths of work and demography**, with the focus on more and better employment across all ages, skills development throughout the working life, and active ageing as a life-long approach to voluntary longer healthy working lives. In line with the priorities identified in this Action Programme, the ETUC committed to the European Commission and the European Council to integrate and apply the following principles in all EU policies and actions:

- Universal access to public, solidarity-based and adequate retirement and old age pensions must be granted to all.

Public pension sustainability must be ensured, mainly by increasing employment rates and quality jobs across all ages, improving working and employment conditions, and by committing the necessary supplementary public spending. The fiscal sustainability of pension systems cannot rest merely on the prolongation of working lives linked to life expectancy, ignoring real job opportunities and quality for elderly people.

Member States must fix the legal retirement age taking into account a series of factors impacting on life expectancy including health (e.g. exposure to arduous work, life expectancy gaps linked to the socio-economic status of workers, educational and integration levels, etc.), dignity and inclusion, as well as labour market conditions and capacity. Adequate public pension income must be ensured to all workers. Public funding must be engaged in order to ensure adequate pensions after a full life at work. Pension system sustainability and pension adequacy, in the given European demographic, employment and economic situation, cannot merely rely on labour income.

Public systems must take account of the situation of millions of workers in Europe, particularly women, youngsters and self-employed, suffering insecure, atypical employment, periods of involuntary unemployment and working-time reduction. Additionally, the gender pension gap is extremely worrying. Public expenditure must be put into compensation systems which ensure adequate pension incomes to those who have inadequate or no pension entitlement at all, due to fragmented and discontinuous contributions.

European minimum standards for publicly funded pension systems must be identified, with reference to median wage, minimum wage and especially living wage in a given country, as well as to adequacy criteria and prevention of risk of poverty, in order to allow decent living standards for all.

Pension reforms must offer clear and transparent eligibility conditions to all.

- Against the backdrop of a very jeopardised situation across the EU, the right to quality and professional long-term care must be established in all EU Member States, with common European standards covering access to care provisions, quality to ensure dignity for all ages and conditions, leave entitlements for carers and compensation for care leave.

**ETUC Position on the European Pillar of Social Rights - Working for a Better Deal for All Workers (“Priority 6 social protection and strong public services”)**, September 2016:

<https://www.etuc.org/documents/etuc-position-european-pillar-social-rights-working-better-deal-all-workers#.Wo6KFKinGUk>

#### *Priority 6 social protection and strong public services*

The European Pillar of Social Rights must bring about tangible improvements in living standards, not just in terms of income but also issues affecting the quality of people's lives and their ability to work, such as public services including access to child and elderly care, transport, health and housing. It must also improve incomes for those who rely on social protection. Social welfare needs to be increased in real terms and substantial progress achieved towards targets for decent living standards for people who rely on welfare for tackling social exclusion and inadequate income, whether due to under-employment, unemployment, old age or disability, along with the right to occupational benefits. Social protection must cover people in and out of work, regardless of the employment contract and, in particular, be extended to the self-employed.

Welfare systems need to be about rights, not just assistance. The Pillar of Social Rights should therefore bring forward recommendations to secure a number of key rights including:

1. The right to good quality social protection benefits, in all branches of social security, including disability and social assistance systems and minimum income;
2. The right to provision of good quality, affordable and accessible social services adequately financed and provided by qualified professionals, including long-term care and childcare, good quality preventive and curative healthcare and a right to quality, safe and affordable social housing for those who need it;
3. The right to an adequate pension, indexed to protect purchasing power. The upward convergence of standards at EU level for national pension reforms should be considered;

4. A European Directive on adequate minimum income schemes to establish common principles, definitions and methods to grant rights throughout the EU;
5. A common European standard on the right to quality and professional long-term care, to include provision of care, leave entitlements for carers and compensation in respect of care leave;
6. The removal of the requirement on Member States to link statutory retirement age to life expectancy, and recognition of the impact of arduous work.

**ETUC positions in the framework of the so-called “European Semester” and whereby also a lot of attention is devoted to how the European Semester (and the related Country-specific Recommendations) deal (or not) with issues of social protection (and welfare) in general and of older persons in particular):**

The ETUC Executive Committee adopted on 25-26 October 2017 ETUC’s early stage inputs for Broad Economic Guidelines for the European Semester cycle 2018. It considered, *inter alia*, that the criteria underpinning the economic governance of the EU aim at neutralising societal costs in governmental budgets, but this is done by unloading the underlying risks of an ageing population or of economic cycles onto individuals, reducing pensions, health, long-term care and survival in case of long-term unemployment. Pensions reforms envisaged in Country Specific Recommendations are conducive to cuts in public expenditure on retired and elderly people, while increasing statutory retirement age with reference merely to increased life expectancy, with too little attention to pension adequacy in the future. The assumption behind such pension policy trends is that public spending allocation for the next decades should not increase in line with demographic trends. Intergenerational gaps primarily suffer from these new trends, hampering access to adequate pensions and a dignified retirement.

In particular, pushing for ‘privatisation’ of social protection insurance-based schemes jeopardises adequacy, transparency, fairness, solidarity, and fiscal efficiency, thus boosting inequalities and social exclusion. Efficient insurance-based social protection systems should be coupled with the role of public expenditure for social protection, providing safety nets for those who do not fulfil the minimum requirements for benefit entitlement.

It has to be acknowledged that:

- a. life expectancy projections already present huge variations across the workforce, affecting very important groups such as low-skilled workers, those performing arduous jobs, those suffering poor education and poor living and working conditions;
- b. effectively longer working lives are not a reality yet, and can be achieved only in presence of an adaptation of workplace and labour market

- approaches to an ageing workforce, requiring investments in skills which will take time to produce their results;
- c. longer working lives may produce appreciable sustainability results only on condition of an early entrance into the labour market, fair remuneration, good working conditions, continuity of employment and swift re-integration into the labour market after unemployment.

Whereas labour market is unable to absorb and retain a still huge rate of population in working age, and provide workers the means to ensure themselves adequate benefit entitlements, efficient insurance-based social protection systems should be coupled with public expenditure for social protection, providing both guarantee of adequacy, and ensuring adequate minimum safety nets for those who do not fulfil the minimum requirements.

Public spending for pensions, therefore, should evolve consistently with the needs of an ageing population to retire in dignity. Its fiscal sustainability should be assessed in the medium to long term, to allow automatic stabilisers to come into play. Systemic efforts must be undertaken to ensure the rationalisation of design and functioning of insurance systems and funds together with fairer taxation systems and contributory policies. Trade unions are convinced that pillars of social protection are crucial to maintain the EU integration progress on the right track. This means an immediate change of direction in EU policies to achieve tangible social progress. Social protection aims at banning poverty and moving people away from the poverty threshold. But we should ask more of our social protection systems: they should create conditions in which people are motivated to invest in themselves, are more confident about the future and restoring the reproduction rate in population trends, and accept the positive contributions that migrants bring to our economy and intra-society solidarity.

**ETUC, FERPA, EPSU and Solidar publication “Who Cares? Experiences and possibilities to reconcile work and care responsibilities for dependent family members” (2015)**, available in several languages at: <https://www.etuc.org/publications/who-cares#.Wo6KmKinGUK>:

In the context of demographic, social and societal change in Europe, it is likely that an ever increasing number of workers will have responsibilities to (help) look after an elderly or disabled relative at home. The main goal of the project was to gather and assess policies and initiatives which have been taken by social partner organisations to influence and provide for a supportive legislative and policy framework to assist workers to combine work with such (non-professional) caring responsibilities.

**EPSU - CEMR “Future of the Workplace” project - Providing high quality, modern and sustainable jobs within local and regional government”, Theme 2 focuses on “Recruitment and retention (with special focus on youth and elderly employment)”**, report available in several languages at <https://www.epsu.org/article/recruitment-and-retention-special-focus-youth-and-elderly-employment>.

**EPSU report on “Care Services for Older People in Europe - Challenges for Labour” (2011);** report and executive summaries in different languages are available at <https://www.epsu.org/article/care-services-older-people-europe-challenges-labour>.



## **WORKSHOP**

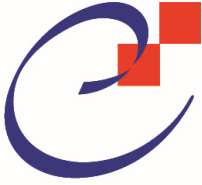
### ***Promotion of human rights of older persons***

organised by the CDDH at its 89<sup>th</sup> meeting  
under the aegis of the German Chairmanship  
of the Committee of Ministers

**Strasbourg, Agora, Thursday 21 June 2018**







**CHAIRMANSHIP OF CROATIA**  
Council of Europe  
May - November 2018

**PRÉSIDENCE DE LA CROATIE**  
Conseil de l'Europe  
Mai - Novembre 2018

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE

## PROGRAMME

### 14:15 Opening Session

**Mr Hans-Jörg BEHRENS**, Chair of the Steering Committee for Human Rights (CDDH), Council of Europe

**Ambassador Miroslav PAPA**, Permanent Representative of Croatia to the Council of Europe, Chair of the Minister's Deputies

**Ms Gabriella BATTAINI-DRAGONI**, Deputy Secretary General of the Council of Europe

### 14:35 **WORKING SESSION I** **Presentation of the Recommendation CM/Rec(2014)2**

**Ms Brigitte KONZ**, former Chair of the Steering Committee for Human Rights (CDDH), Council of Europe

**Ms Ayşegül ELVERİŞ**, Secretary to the Committee on Social Affairs, Health and Sustainable Development, Secretariat of the Parliamentary Assembly

**Discussion: *Towards a binding legal instrument?***

### 15:20 Coffee break

### 15:50 **WORKING SESSION II** **Implementation of the principles of the Recommendation in view of the current challenges of population ageing**

**Professor Antonio CHERUBINI**, Professor of geriatric medicine

**Mr Maciej KUCHARCZYK**, Policy Director of [AGE Platform Europe](#)

**Mr Alain KOSKAS**, President of [FIAPA](#), representative of the Conference of the INGOs of the Council of Europe

**Ms Marina MONACO**, [ETUC](#), Advisor to ETUC Confederal Secretary

**17:20**      **Discussion: *Ways and means for achieving at the national level the principles set out in the CM Recommendation***

**Conclusion**

Concluding remarks by Mr Hans-Jörg BEHRENS, Chair of the CDDH  
Closing by Ms Nada ZRINUŠIĆ, Assistant Minister, Ministry for

**17:30**      Demography, Family, Youth and Social Policy

***Vin d'honneur* offered by the Croatian Chairmanship of the Committee of Ministers**



**Information on the CDDH Workshop on the  
promotion of Human Rights of Older Persons**

(Strasbourg, 21 June 2018)



## **Mr l'Ambassadeur Miroslav PAPA**

*Permanent Representative of Croatia to the Council of Europe,  
Chair of the Minister's Deputies*

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- Not very long ago, the issue of ageing was considered a matter of importance for only a handful of countries. Nowadays population ageing is to become one of the most significant social transformations of the twenty-first century (globally, population aged 60 or over is growing faster than all younger age groups).
- In Croatia, the elderly aged 65 and over now make up more than 17 percent of the total population (also, Croatia participated in the ENNHRI<sup>33</sup> project "Human rights of the elderly and long-term care" run from 2015 to 2017). In this respect the demographic trend in Croatia resembles the overall pattern in other European countries: the share of the elderly is becoming increasingly larger while the share of the working population is declining<sup>34</sup>.
- Implications for nearly all sectors of society.
- This calls for changes in attitudes, policies and practices at all levels to fulfill the enormous potential of ageing in the twenty-first century.
- Besides, rights do not change as we grow old. Human rights laws are made to protect the rights of all persons, including older persons.
- Specific recommendations for actions respectful of human rights of older persons set out in the Recommendation CM/Rec(2014)2 of the Committee of Ministers to member States on the promotion of human rights of older persons, the implementation of which should be examined by the Committee of Ministers in 2019.
- Our today's task: need to explore the challenges faced by older people; raise public awareness of the issue: identify, exchange and promote best practices relating to the promotion and protection of human rights of older persons.

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<sup>33</sup> European Network of National Human Rights Institutions.

<sup>34</sup> Source: Elderly Care System in Croatia, Belgian Trade and Investment Office Zagreb, December 2016

[www.awex-export.be/files/.../Elderly-care-system-in-Croatia-final-140317.docx](http://www.awex-export.be/files/.../Elderly-care-system-in-Croatia-final-140317.docx)

## **Ms Gabriella Battaini-Dragoni**

*Deputy Secretary General of the Council of Europe*

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Excellences,  
Mesdames et Messieurs,  
Chers invités,

C'est un grand plaisir pour moi que d'assister aujourd'hui à l'ouverture de cet Atelier, qui marque une étape importante dans le travail du Conseil de l'Europe sur les droits des personnes âgées. Tout d'abord, permettez-moi d'exprimer la reconnaissance du Conseil de l'Europe aux autorités croates d'avoir bien voulu de placer sous leur égide cet événement, piloté par notre Comité directeur pour les droits de l'homme (CDDH).

Je souhaite aussi remercier tous ceux qui ont jugé bon et utile de participer à cet Atelier. Parmi vous se trouvent tout aussi bien des représentants des États membres et non-membres du Conseil de l'Europe que des représentants de la société civile, des chercheurs ainsi que les auteurs et acteurs de la Recommandation 2014(2) du Comité des Ministres, qui est au cœur de notre intérêt aujourd'hui.

En tant qu'organisation intergouvernementale, le Conseil de l'Europe s'emploie à ce que ses États membres soient à l'écoute de leurs citoyens, ouverts aux changements et prêts à relever de nouveaux défis sociétaux. La question des personnes âgées représente sans aucun doute un tel défi. En effet, quasiment tous les pays non seulement en Europe mais dans le monde entier doivent faire face à une augmentation de leur population de personnes âgées. Le vieillissement de la population est en train de devenir l'une des plus importantes transformations sociales du XXI<sup>ème</sup> siècle, avec des répercussions dans presque tous les secteurs de la société, notamment dans le monde du travail, sur les marchés financiers, vis-à-vis de la demande de biens et services, tels que le logement, les transports ou encore la protection sociale. Le vieillissement de la population influence aussi profondément les structures familiales et les liens intergénérationnels.

Les États ont des responsabilités dans ces domaines. Lorsqu'ils deviennent parties contractantes aux traités internationaux – et je pense en l'occurrence notamment à la Convention européenne des droits de l'homme et à la Charte sociale européenne - ils ont l'obligation de protéger les détenteurs des droits garantis contre des abus. Bien que ces traités s'appliquent également aux personnes âgées, il peut y avoir des obstacles qui empêchent la pleine jouissance des droits de l'homme par ces personnes. C'est pourquoi Les États membres du Conseil de l'Europe sont aussi destinataires de plusieurs instruments non contraignants qui les invitent à prendre des mesures spécifiques pour éliminer ces obstacles.

La Recommandation (2014)<sup>2</sup> du Comité des Ministres aux États membres sur la promotion des droits de l'homme des personnes âgées, adoptée le 19 février 2014, mérite d'être soulignée dans ce contexte puisque c'est pour la première fois qu'un instrument juridique du Conseil de l'Europe a développé une approche fondée sur les droits de l'homme des personnes âgées. La Recommandation invite les États membres à accomplir trois actions, à savoir :

- (i) à veiller à ce que les principes y définis soient respectés dans la législation et les pratiques nationales relatives aux personnes âgées ;
- (ii) à assurer, par les moyens et les mesures appropriés, une large diffusion de la Recommandation auprès des autorités compétentes et des parties prenantes, en vue de les sensibiliser aux droits de l'homme et aux libertés fondamentales des personnes âgées ;
- (iii) à fournir des exemples de bonnes pratiques sur la mise en œuvre de la recommandation, en vue de leur introduction dans un système d'information partagé accessible au public.

La Recommandation prévoit par ailleurs que, cinq ans après son adoption, c'est-à-dire en 2019, le Comité des Ministres fasse le bilan de sa mise en œuvre. C'est dans ce contexte que s'inscrit cet Atelier et c'est aussi pourquoi nous souhaitons aujourd'hui prendre connaissance d'exemples de bonnes pratiques et de projets couronnés de succès ainsi que de problèmes rencontrés ou d'échecs vécus. Nous souhaitons tirer des leçons de tous ces éléments car c'est tout cet enseignement qui nous permettra de développer de nouvelles approches et activités.

Il est clair que la seule existence de cette Recommandation ne suffit pas pour assurer aux personnes âgées la pleine jouissance de leurs droits. C'est la coopération de tous les acteurs concernés qui est cruciale dans ce domaine. Nous sommes convaincus que votre dialogue d'aujourd'hui sera d'autant plus pertinent qu'il inclura justement beaucoup de ces acteurs. Nous avons devant nous un travail de longue haleine, qui doit être mené sur divers registres à la fois : un travail normatif, un travail politique, un travail de coopération pour assister les États, et un travail de coopération avec les institutions internationales et avec la société civile, afin de créer les synergies nécessaires dans nos approches respectives.

Je pense parler au nom de nous tous lorsque je dis que le respect des droits de l'homme, y compris ceux des personnes âgées, est non seulement un impératif éthique ou une obligation légale, mais que c'est aussi une condition *sine qua non* de la paix sociale et de la prospérité de nos sociétés. Après tout, les droits de l'homme sont universels. Ils doivent être garantis à tous les citoyens, indépendamment de leur âge, dans tous les aspects et étapes de leurs vies.

Chers invités, je salue vos efforts dans vos domaines respectifs et vous souhaite une après-midi de dialogue fructueux.

## **Ms Brigitte KONZ**

*Former Chair of the Steering Committee for Human Rights (CDDH), Council of Europe*

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Une image négative de la vieillesse dans la population persiste. Il faut considérer les personnes âgées comme un investissement dans l'avenir de toutes les générations.

Un constat important : les personnes âgées constituent un groupe très vulnérable.

Comment éviter des tensions intergénérationnelles et des discriminations fondées sur l'âge et combattre les préjugés et les idées préconçues en découlant et assurer une protection efficace aux personnes concernées ?

Comment assurer le financement des systèmes contributifs lorsque l'écart entre les personnes âgées en retraite et les personnes actives devient trop important et ce éventuellement au préjudice des jeunes ?

Pour répondre à certaines de ces questions permettez-moi de vous présenter brièvement la Recommandation CM/Rec ( 2014) 2.

### **Les faits et rétroactes**

Lors de sa 74<sup>e</sup> réunion en 2012 le CDDH a donné mandat à un groupe de rédaction sur les droits des personnes âgées (CDDH-AGE), composé de 12 États membres à savoir : Autriche, République tchèque, Finlande, France, Allemagne, Grèce, Italie, Pologne, Fédération de Russie, Espagne, Suisse et Royaume-Uni., dont le président élu en la personne de feu M. Jakub WOLASIEWICZ (Pologne) .

Aux travaux du groupe se sont joints les observateurs au sein du CDDH, des ONG spécialisées, tout comme des représentants d'autres instances internationales et organes du Conseil de l'Europe, notamment en matière de droits sociaux, de société de l'Information et de Bioéthique et du bureau du Commissaire des DH .

Sur base d'une étude préliminaire concernant la promotion des droits et de la dignité des personnes âgées préparée par le Secrétariat, le groupe de rédaction (CDDH-AGE) a élaboré un document non contraignant comprenant un préambule, le texte de la Recommandation ainsi que des exemples de bonnes pratiques fournies par les Etats et l'exposé de motifs.

Le groupe devait identifier le contenu et la nature des lacunes existantes en la matière et identifier des priorités. Il a été décidé de ne pas se concentrer sur un ou plusieurs aspects spécifiques (tel que la discrimination) ou à des groupes



de personnes âgées particulièrement vulnérables, mais d'aborder le sujet d'une manière plus générale en vue d'élargir la portée de la Recommandation au-delà des droits prévus par la CEDH notamment les droits sociaux et économiques.

Il a été en effet jugé important d'obtenir un résultat qui apporte une valeur ajoutée distincte et d'éviter une simple duplication de normes déjà existantes avec des orientations pratiques lorsque cela était possible tout en gardant à l'esprit la perspective de genre.

Le groupe s'est réuni 4 fois pendant les années 2012 et 2013 pour finaliser le texte de la Recommandation CM/Rec(2014)2 du Comité des Ministres aux Etats membres sur la promotion des droits de l'homme des personnes âgées, **adoptée le 19 février 2014 par le CM**, ainsi que son exposé des motifs.

### **La Recommandation CM/Rec(2014)2 du Comité des Ministres aux Etats**

Comme aucune **définition de la personne âgée** n'a été disponible à ce moment ni au niveau du Conseil de l'Europe ni au niveau international il a été fait référence sans fixer une limite d'âge, à la vulnérabilité des personnes comme conséquence du vieillissement qui par effet de l'interaction avec des attitudes et perceptions sociales ou d'autres facteurs ou barrières externes donne lieu à des discriminations ou à la jouissance limitée ou déniés des DH de ces personnes âgées.

**La nature de l'instrument** est une recommandation non contraignante s'adressant en premier lieu aux gouvernements mais rédigée dans un langage accessible, lisible et compréhensible pour le grand public tout en donnant des orientations pratiques aux acteurs à tous niveaux accompagnée de bonnes pratiques dans les pays ainsi que d'un exposé des motifs.

**Le champ d'application de l'instrument ainsi que les principes généraux** énoncés concernent toutes les questions susceptibles d'avoir un impact sur la pleine jouissance des droits de l'homme par les personnes âgées, sans se limiter à un seul aspect ou à un groupe de personnes particulièrement vulnérable. L'approche thématique fait référence tant aux droits civils, politiques qu'aux droits sociaux et économiques et surtout vise des questions qui n'ont pas été couvertes ailleurs de manière appropriée.

Ainsi non seulement des questions pertinentes ont été identifiées mais également d'éventuelles lacunes (normatives, d'information, de suivi ou de mise en œuvre) ainsi que des mesures pour les combler.

L'approche a été de ne pas inclure une définition des « *personnes âgées* » mais de se focaliser sur le concept de vulnérabilité, combiné avec d'autres éléments comme l'âge, la santé, le travail, la retraite, les soins l'inclusion à la société etc.

La recommandation a essayé d'établir dans le texte une distinction plus claire entre les obligations existantes et de nouvelles recommandations ainsi que de faire des suggestions sur base des exemples de bonnes pratiques fournies par les Etats-membres incluses dans le corps de l'instrument.

La **valeur du document** est de présenter de manière systématique les questions de droit de l'homme les plus notables, mais aussi de proposer, pour chaque question, des mesures concrètes basées sur les bonnes pratiques fournies par les Etats membres regroupés sous 4 chapitres.

**Le contenu** de la recommandation est axé autour des thèmes de la non-discrimination, l'autonomie, la participation en rapport avec l'inclusion sociale, la protection contre la violence et les abus, la protection sociale et l'emploi, le consentement éclairé et libre aux soins médicaux, palliatifs en milieu ouvert et en institution et d'autres questions comme la représentation légale des personnes âgées, le droit à la liberté ou l'accès à la justice.

La prévention des abus physiques, financiers et autres à l'extérieur et à l'intérieur des institutions et la protection efficace des personnes âgées contre ces abus doit être assurée.

Les personnes âgées ne devraient pas être mis en institution contre leur volonté sous aucun prétexte et jamais être exclus ou enfermés au vu de leur statut de personnes âgées. La détention des personnes âgées devrait être évitée.

L'accès à la justice des personnes âgées doit être garanti afin de leur permettre de participer aux procédures en justice. Il faudra les faire assister d'avocats, de personnes de confiance en garantissant l'assistance judiciaire en cas de besoin.

## **Le préambule**

### **Le Champ d'application et les principes généraux**

**non- discrimination,**

**l'autonomie et la participation en rapport avec l'inclusion sociale,**

**la protection contre la violence et les abus,**

**la protection sociale et l'emploi**

**les soins**

les principes,

le consentement libre et éclairé aux soins médicaux,

les soins en résidence (milieu ouvert et en institution, les soins palliatifs)

**l'administration de la justice**

Le **préambule** contient des références aux textes du CE ainsi qu'aux textes d'autres organisations internationales, les constats à la base de l'élaboration du document ainsi que des concepts clefs qui ont inspiré son contenu y compris les questions liées à la fin de vie comme l'euthanasie et le suicide assisté ainsi qu'un résumé des travaux déjà faits au sein du CE, et les textes

déjà existants soit auprès du CE soit élaborés dans d'autres organisations internationales.

La **jurisprudence pertinente de la CEDH** a été incluse dans le rapport explicatif.

La Recommandation prévoit encore que, cinq ans après son adoption, c'est-à-dire en 2019, le Comité des Ministres fasse **le bilan de sa mise en œuvre**. En vue de cette échéance, le CDDH sur invitation par le Comité des Ministres, en respectant son mandat a organisé l'atelier avec un débat thématique sur ce sujet et notamment pour répondre entre autres à la question s'il y a lieu d'élaborer un document contraignant en cette matière tel que demandé par de nombreuses ONG actives dans ce domaine.

#### **Lacunes éventuelles du document :**

L'absence de force contraignante de la Recommandation.

A l'avenir, sur base de nos travaux antérieurs, le CE pourrait envisager l'éventualité d'un tel instrument au sein du Conseil de l'Europe.

En effet, il faudra des partenariats régionaux européens et mondiaux pour éradiquer certains des abus fondés sur l'âgisme.

Il faudra trouver une approche fondée sur les droits des personnes âgées.

La protection des droits des personnes âgées est une responsabilité partagée qui doit éviter les conflits intergénérationnels. Les pays doivent travailler ensemble pour atteindre ses objectifs avec la participation des personnes âgées à la réalisation de ces buts.

Il est intéressant de relever que la recommandation a insisté sur la discrimination fondée sur l'âge en invitant les Etats à soutenir la mise au travail des personnes âgées sans discrimination et peut-être au-delà de l'âge usuel de la retraite, pour celles qui le désiraient, concept à favoriser, sans parler de certaines personnes âgées nécessiteuses obligés de travailler pour combler la modicité de leurs revenus.

En effet, les risques de pauvreté et de précarité des personnes âgées, dont les femmes et les réfugiés, en raison de la modicité de leurs revenus ou de l'absence de pensions et qui, pour cette raison, sont obligées de continuer à travailler même si elles ne veulent pas est déjà une réalité dans nos pays. Le suivi de la recommandation devrait insister davantage sur ce point.

Comment améliorer le droit de se faire entendre aux personnes âgées ainsi que leur information ?

Les décisions sur leur sort ou la procédure de mise en institution doivent être rapides.

Il faudra déterminer l'impact des politiques sur les personnes âgées destinées à améliorer leur intégration dans le marché du travail s'ils le désirent, leur prise en charge médicale et sociale dans le respect de leur dignité, leur protection contre les discriminations et les abus fondés sur l'âge dans le respect de leurs droits de l'homme.

Tous jouissent des mêmes droits mais il faudrait empêcher la discrimination et les violences fondées sur l'âge des victimes qui pourraient conduire au suicide des personnes concernées. Il faudra d'avantage mettre les personnes âgées dans l'agenda politique et soutenir la coopération internationale entre les personnes âgées, la société civile, le secteur privé et public.

Il faudra réfléchir à un rôle plus important de l'ombudsman dans ce domaine ou à l'instauration de médiateurs spécifiques pour ces personnes.

Je vais maintenant donner la parole à Monsieur Ayseül ELVERIS, Secrétaire auprès du Comité des Affaires sociales, Santé et Développement durable, du secrétariat de l'Assemblée parlementaire qui évoquera la Recommandation de l'Assemblée parlementaire 2104(2017) à la base des travaux du CDDH.

**Professor Antonio CHERUBINI**

*Professor of geriatric medicine*

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# Implementation of the principles of the Recommendation in view of the current challenges of population ageing

## PROMOTION OF HUMAN RIGHTS OF OLDER PERSONS



Antonio Cherubini  
Geriatra, Accettazione geriatrica  
Centro di ricerca per l'invecchiamento  
IRCCS-IRCCA, Italia

What is the share of the elderly (65 or over) among the total population?

EUROSTAT 2015



FURTHER INFORMATION



EU-28

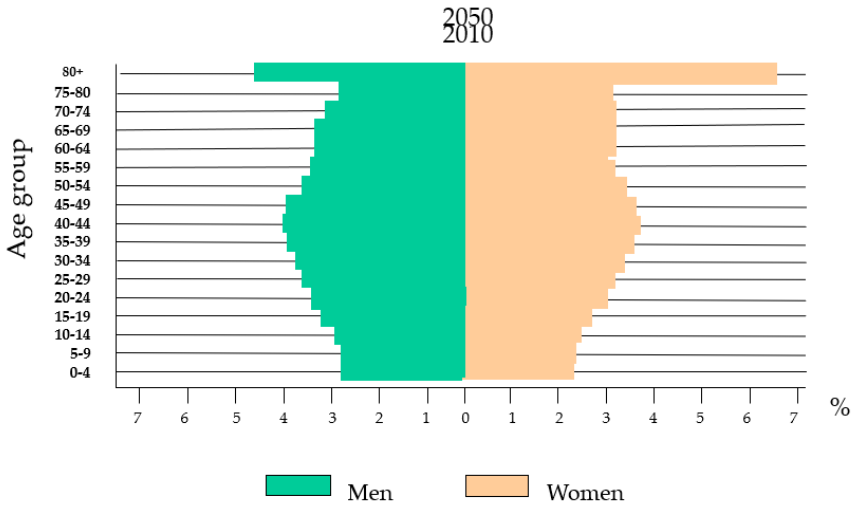
19.2 %

PREVIOUS

NEXT

<http://ec.europa.eu/eurostat/cache/infographs/elderly/index.html>

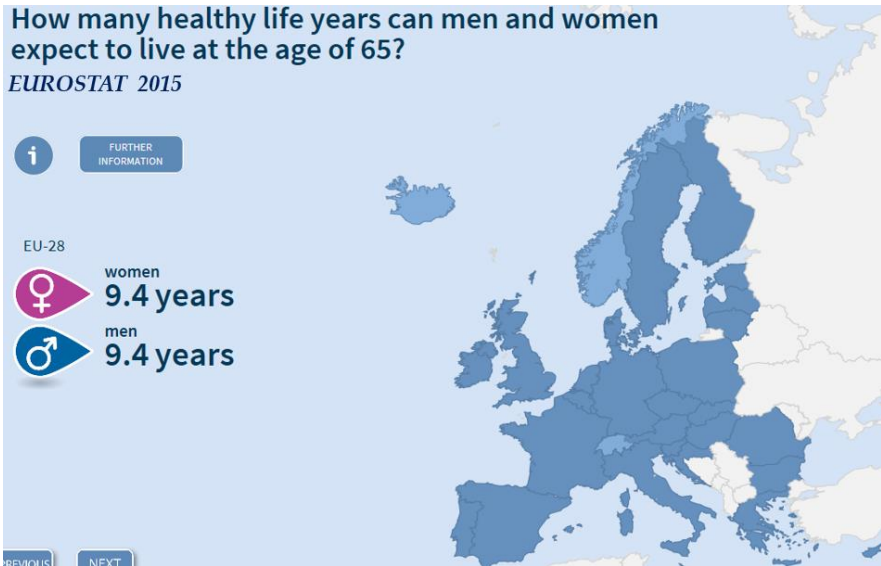
# Age pyramids for EU-27 (Eurostat projections for 2010 and 2050)



## Ageing populations: the challenges ahead

If the pace of increase in life expectancy in developed countries over the past two centuries continues through the 21st century, most babies born since 2000 in France, Germany, Italy, the UK, the USA, Canada, Japan, and other countries with long life expectancies will celebrate their 100th birthdays. ....A key question is: are increases in life expectancy accompanied by a concurrent postponement of functional limitations and disability? The answer is still open, but research suggests that ageing processes are modifiable and that people are living longer without severe disability...

*Christensen K. et al., The Lancet, 2009*



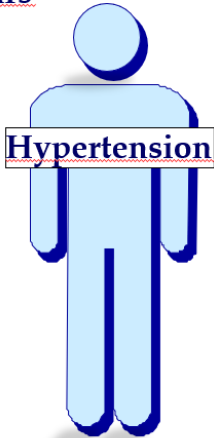
## **American Medical Association White Paper on Elderly Health** **Report of the Council on Scientific Affairs**

The increase of life expectancy determined the exponential rise of a new category of patients, i.e. older subjects characterized by high vulnerability, due to the coexistence of multimorbidity, frailty and disability...

*Arch Intern Med, 1990*

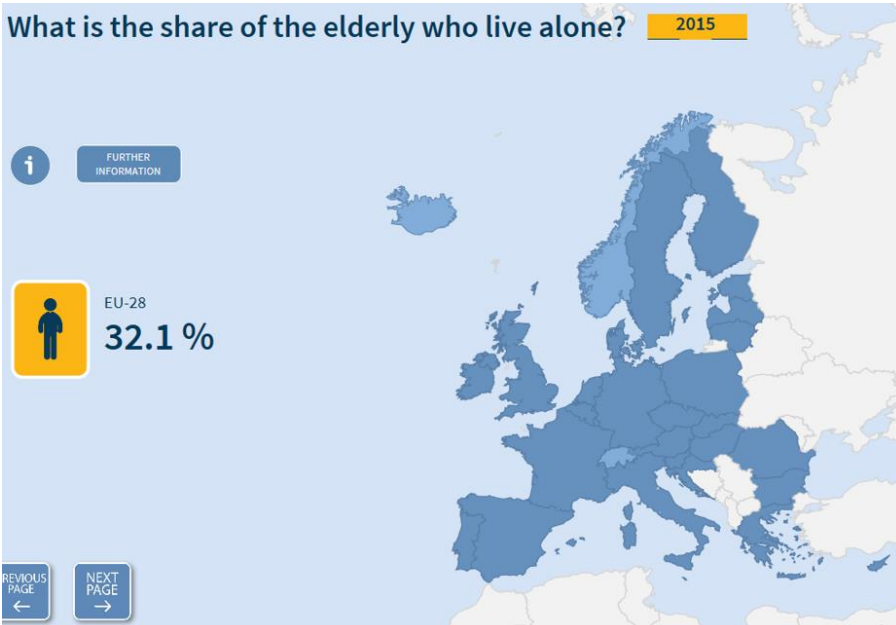
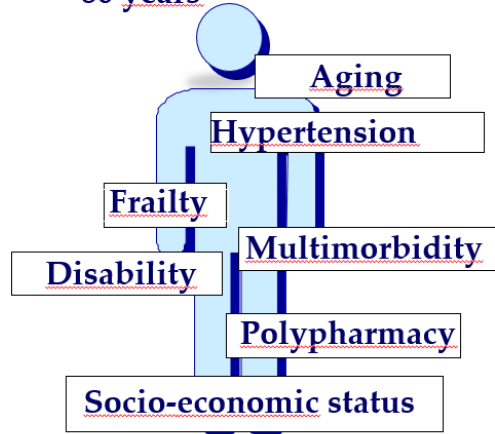
## ADULT

50 years



## OLDER ADULT

80 years



<http://ec.europa.eu/eurostat/cache/infographs/elderly/index.html>



## **The older patient and public health: the unmet needs**

- ✓ Health care system;
- ✓ Geriatric education and training of health care professionals
- ✓ Elder abuse;
- ✓ Evidence based treatments

## **The health care system and the older patient**

### **The health care system for geriatric patients**

#### **Hospital**

- *Inadequate structure and organization as they have been developed for adult patients with acute diseases*
- **Mission:**
  - acute care
  - short stay (DRG system)

## **Review: emergency department use by older adults**

- Older people use the ED more often than young people;
- Older people who access the ED have a more serious condition and more often need hospitalization;
- Elderly people's accesses are more often appropriate than those of young people

*Gruneir, Med Care Res Rev, 2011*

## **New walking dependence associated with hospitalization for acute medical illness: incidence and significance.**

**Methods:** 1,181 community-dwelling adults aged 70+ hospitalized for medical illness and who walked independently prior to hospitalization.

**Results:** At discharge, 16.8% of patients were newly dependent in walking.

**Conclusions:** New walking dependence occurs frequently with hospitalization, may be predicted by specific risk factors, and portends a poor prognosis.

*Mahoney J.E. et al., J Gerontol A Biol Sci Med Sci. 1998*

## Fix Dementia Care Hospitals



Almost 60% of people we surveyed felt the person with dementia they know **wasn't treated with dignity or understanding** while in hospital.



92% of people we surveyed said hospital environments are **frightening** for the person with dementia they know.

*Alzheimer society, 2016*

## **The ironic business case for chronic care in the acute care setting**

.. since patients with chronic illnesses are the ones that most are hospitalized, even the hospital must develop the competence in the treatment of chronic conditions ....

And vice versa

*Siu, Health Affairs, 2009*

## **The health care system for geriatric patients**

Hospital

Home care

- In many EU countries home care services are not sufficiently developed and integrated with other services

# The health care system for geriatric patients

Hospital

Home care

Nursing home

**Table 1** Baseline characteristics of study population.

	Total sample n = 4156 (%)	Czech Republic n = 500 (%)	England n = 507 (%)	Finland n = 484 (%)	France n = 493 (%)	Germany n = 496 (%)	Israel n = 580 (%)	Italy n = 548 (%)	The Netherlands n = 548 (%)
Age, years (mean ± SD)	83.4 ± 9.4	81.3 ± 8.3	84.5 ± 9.5	84.8 ± 8.0	87.3 ± 7.8	84.6 ± 8.3	81.2 ± 11.0	83.5 ± 9.3	81.0 ± 10.4
Female gender	3035 (73)	362 (72.4)	365 (72.0)	362 (74.8)	374 (75.9)	392 (79.0)	412 (71.0)	401 (73.2)	367 (67.0)
ADL disability*									
Assistance required	1723 (41.5)	160 (32.0)	132 (26.0)	293 (60.5)	155 (31.4)	271 (54.6)	195 (33.6)	226 (41.2)	291 (53.1)
Dependent	1653 (39.8)	204 (40.8)	315 (62.1)	129 (26.7)	229 (46.5)	124 (25.0)	293 (50.5)	231 (42.2)	128 (23.4)
Cognitive status†									
Mild/Moderate impairment	1563 (37.6)	213 (42.6)	181 (35.7)	339 (70.0)	141 (28.6)	146 (29.4)	134 (23.1)	152 (27.7)	257 (46.9)
Severe impairment	1265 (30.4)	114 (22.8)	145 (28.6)	82 (16.9)	234 (47.5)	139 (28.0)	273 (47.1)	192 (35.0)	86 (15.7)
Depression‡	1331 (32.0)	145 (29.2)	162 (32.0)	171 (35.9)	171 (34.8)	103 (20.8)	170 (30.5)	193 (36.8)	216 (39.4)
Behavioral symptoms	1142 (27.5)	96 (19.2)	159 (31.4)	224 (46.3)	105 (21.3)	108 (21.8)	160 (27.6)	142 (25.9)	148 (27.0)
Falls	774 (18.6)	131 (26.2)	72 (14.2)	101 (20.9)	95 (19.3)	115 (23.2)	60 (10.3)	75 (13.7)	125 (22.8)
Pressure ulcers	432 (10.4)	79 (15.8)	54 (10.7)	23 (4.8)	58 (11.8)	48 (9.7)	38 (6.6)	73 (13.3)	59 (10.8)
Pain	1496 (36.0)	234 (46.8)	193 (38.8)	222 (46.0)	205 (41.8)	192 (38.8)	92 (15.9)	118 (21.7)	240 (43.8)
Urinary incontinence	3054 (73.5)	354 (69.0)	402 (79.3)	401 (82.9)	362 (73.7)	341 (68.9)	437 (75.3)	417 (76.7)	349 (63.7)

Onder, *BMC Health Services Research* 2012

# The health care system for geriatric patients

Hospital

Home care

Nursing home

## Health care workers

- Insufficient gerontological -geriatric education and professional training

# The older patient and public health: the unmet needs

- ✓ Health care system;
- ✓ Geriatric education and training of health care professionals
- ✓ Elder abuse;
- ✓ Evidence based treatments

## **Chronic disease - The need for a new clinical education**

“It is axiomatic that medical education should prepare students well for the clinical problems they will face in their future practice. However, that is not happening for the most prevalent problem in health care today: chronic diseases... Despite changes that have been made, the fundamental approach to medical education has not changed since 1910. As a result, both health care and medical education remain with basic structures and practices designed for acute disease.”

*Holman H., JAMA, 2004*

## **Europe-Wide survey of teaching in geriatric medicine**

... In most European countries, there remains a huge need for reinforcing and harmonizing geriatric teaching activities to prepare the next generation of medical doctors to address the projected increase in chronic and disabled older patients. ...

*Michel et al., JAGS, 2008*

## Geriatric medicine education in Europe and the United States

Antonio Cherubini<sup>1</sup>, Philippe Huber<sup>2</sup>, Jean-Pierre Michel<sup>2</sup> and Miguel Paniagua<sup>3</sup>

<sup>1</sup>Perugia University Medical School, Perugia, Italy

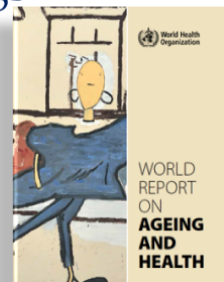
<sup>2</sup>University Hospital of Geneva, Geneva, Switzerland

<sup>3</sup>Saint Louis University School of Medicine, St Louis, MO, USA



## Training needs

- Improving knowledge and skills in geriatric care is thus crucial for all health professions
- They will also need to be trained to overcome the ageist attitudes that are widespread in health-care settings



# **The older patient and public health: the unmet needs**

- ✓ Health care system;
- ✓ Geriatric education and training of health care professionals
- ✓ **Elder abuse**;
- ✓ Evidence based treatments

## **Elder abuse: Definition**

Elder abuse is defined by the World Health Organisation (WHO) as:

**‘a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to the older person’**

*Baker, Age Ageing.2017*



## Classification of abuse

- ❖ Physical abuse - the infliction of pain or injury, physical coercion, or physical or drug induced restraint.
- ❖ Psychological or emotional abuse – the infliction of mental anguish.
- ❖ Financial or material abuse – the illegal or improper exploitation or use of funds or resources of the older person.
- ❖ Sexual abuse – non-consensual sexual contact of any kind with the older person.
- ❖ Neglect – the refusal or failure to fulfil a caregiving obligation. This may or may not involve a conscious and intentional attempt to inflict physical or emotional distress on the older person.

## Elder abuse prevalence in community settings: a systematic review and meta-analysis

	Number of studies	Number of countries	Total sample	Pooled prevalence estimates	95% CI
Overall elder abuse	44	26	59 203	15.7%	12.8–19.3
Physical	46	25	64 946	2.6%	1.6–4.4
Sexual*	15	12	43 332	0.9%	0.6–1.4
Psychological	44	25	60 192	11.6%	8.1–16.3
Financial*	52	24	45 915	6.8%	5.0–9.2
Neglect*	30	20	39 515	4.2%	2.1–8.1

\*Pooled estimates presented here were adjusted for publication bias.

**Table 2: Prevalence of abuse and its subtypes**

*Yon. Lancet Glob Health 2017*

# Elder abuse prevalence in community settings: a systematic review and meta-analysis

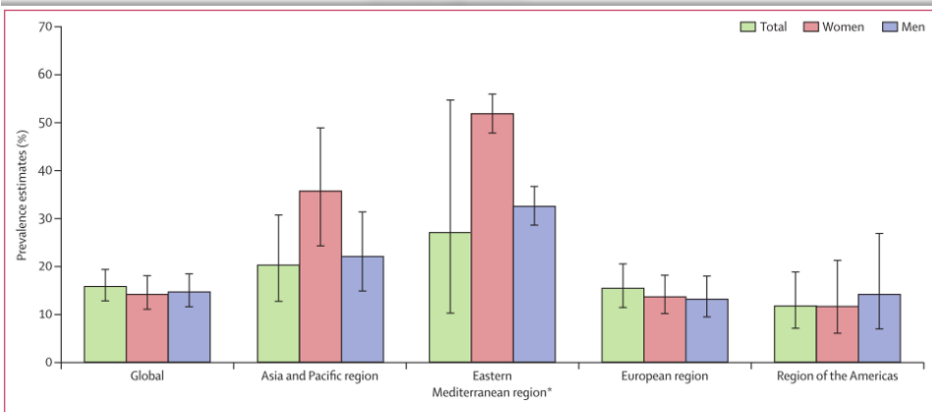


Figure 3: Estimated combined prevalence for elder abuse, separated by geographical area of the sample and gender  
Bars show 95% CI. \*Less than two studies.

*Yon, Lancet Glob Health 2017*

## Interventions for preventing elder abuse: applying findings of a new Cochrane review

### Key points

- Elder abuse is a critical global health issue.
- Evidence on what kinds of approaches work to prevent and reduce elder abuse is scarce.
- Some interventions appear to improve the knowledge and attitudes of carers, but may not reduce abuse.
- There is a need for future research using high quality comparative designs to evaluate new and existing approaches or strategies.

*Baker, Age Ageing.2017*

# The older patient and public health: the unmet needs

- ✓ Health care system;
- ✓ Geriatric education and training of health care professionals
- ✓ Elder abuse;
- ✓ Evidence based treatments

## Background

*“...seniors are either taking drugs in the absence of evidence-based trials on their age groups, or are denied drugs because they are untried on the age groups”*

*Godlovitch G. Monash Bioethics Review 2003*

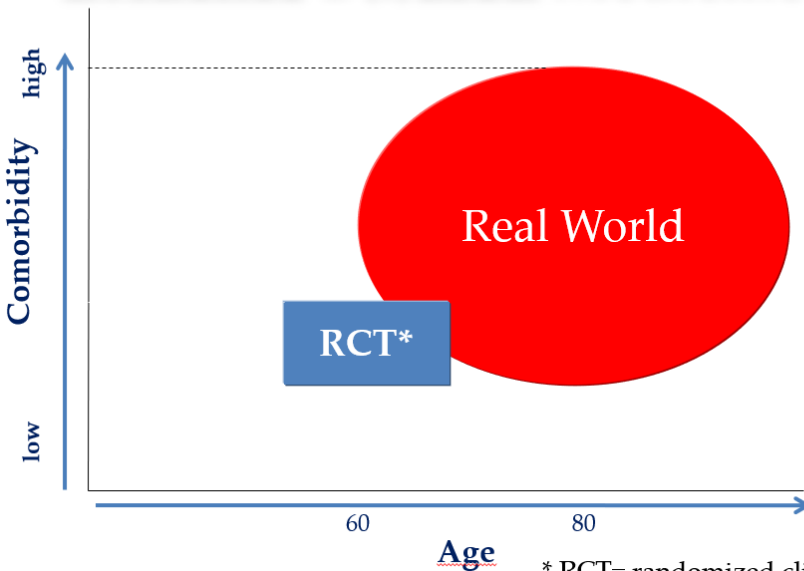
## Fighting Against Age Discrimination in Clinical Trials

Antonio Cherubini, MD, PhD,\* Susanna Del Signore, MD,† Joe Ouslander, MD,‡  
Todd Semla, MS, PharmD,§|| and Jean-Pierre Michel, MD#



SEPTEMBER 2010-VOL. 58, NO. 9 JAGS

# Evidence B(i)ased Medicine



# Consequences of the exclusion of older subjects from clinical trials

- 1) The efficacy and safety of pharmacological and non pharmacological treatments is not well known;
- 2) High risk of inappropriate prescription, including overtreatment and undertreatment;
- 3) High risk of negative health outcomes, i.e. adverse drug reactions, inappropriate use of health care services and high socio-economic costs

## Charter for the Rights of Older People in Clinical Trials

1. Older people have the right to access evidence-based treatments
2. Promoting the inclusion of older people in clinical trials and preventing discrimination
3. Clinical trials should be made as practicable as possible for older people
4. The safety of clinical trials in older people
5. Outcome measures should be relevant for older people
6. The values of older people participating in clinical trials should be respected.

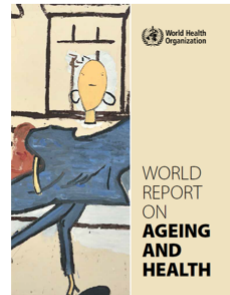
Crome, *Expert Rev. Clin. Pharmacol.* 2014



## Health care systems designed for different problems

Those older people who are able to access health care will typically encounter a system that is not designed to address their needs

- Lack of coordination
- Unprepared health workers
- Ageism within healthcare



*WHO report 2015*

## Conclusions (1)

- ❖ Promote a radical diffuse re-engineering of the health care system to guarantee:
- ❖ Age friendly attitude and environment everywhere
- ❖ State of the art methodology, i.e. Comprehensive Geriatric Assessment to provide older person-centred care
- ❖ Multidisciplinary teams
- ❖ Integrated services able to provide long term care and support older subjects and their carers

## Conclusions (2)

- ❖ Promoting an adequate gerontological and geriatric education of all social and healthcare professionals
- ❖ Developing adequate skills to prevent, detect and manage elder abuse
- ❖ Setting a requirement for the evaluation of new treatments in older patients

**Mr Maciej KUCHARCZYK**

*Policy Director of AGE Platform Europe*

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# 2014 Council of Europe Recommendation on the protection of human rights of older persons

**... four years later**

CDDH Workshop rights of older persons

Maciej Kucharczyk,

Policy Director, AGE Platform Europe



## Content

- Context
- Main findings
- Feedback from the grass root level
- Recommendations
- Conclusions



## Overall context

- Because we fail to recognize the relevance of human rights in older age, we don't speak up when older people are neglected, discriminated or abused
- Age continues to be the only ground of discrimination that has not been identified as a working priority for the European Commission
- Neither have discussions on an EU directive that would cover age discrimination in access to goods and services (among other grounds) moved forward since 2014



**2014 CoE Recommendation – although non-binding, it is first European human rights instrument that specifically targets older persons**

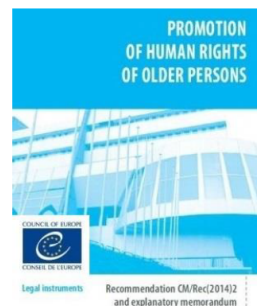


## 2014 CoE Recommendation

Ensure that older persons can enjoy fully and on an equal footing with other individuals their rights and liberties guaranteed by the European Convention on Human Rights

A broad cross-section of challenges facing older persons is covered in the Recommendation:

- non-discrimination, autonomy and participation, protection from violence and abuse, social protection and employment, care, and the administration of justice



## Main findings

- Efforts at national level to implement CoE Recommendation on older people's rights are insufficient
- The non-binding nature of the Recommendation paired with very limited public awareness have not triggered any serious governmental action to promote and secure the rights of older persons
- Neither has the adoption of the Recommendation pushed older people's rights within the work of the EU institutions
- There is no evidence of human and financial resources attributed to the application of this instrument



## Feedback from the grass-roots level

- Older people's organisations lack substantial information about the practical implementation of the Recommendation
- Most countries have not translated its text in national language, which considerably limits public awareness about its provision
- Neither have NGOs been consulted or involved by national authorities about the on-going review of the recommendation
- No evidence of any specific measures taken for the promotion and protection of the human rights of older persons



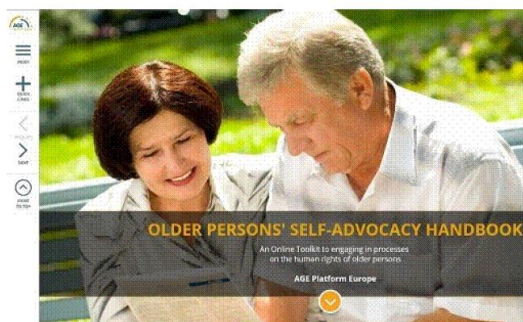
## Recommendations

- Translate the Recommendation and organize meetings with civil society/relevant stakeholders to discuss follow-up
- Adoption of a binding instrument, as [suggested by the Parliamentary Assembly of the CoE \(PACE\)](#)
- Such binding framework would be better equipped with the legal strength and political 'teeth' to drive change
- Make links with other current and planned instruments – e.g. the Madrid International Plan on Action on Ageing (MIPAA) or UN Convention on the rights of older persons (UN OEWG on ageing)
- Provide for comprehensive and regular monitoring (i.e. yearly) including the use of indicators and benchmarks could help make tangible progress



## Dissemination

AGE Platform Europe's  
Older Persons' Self-Advocacy Handbook on human rights



## Conclusions

- CoE 2014 Recommendation has great potential to impact work on the ground **IF** it is taken into account in national policymaking
- Recommendation proposes concrete ways and practices which make it appropriate to be used as a 'soft' reference document for older persons' advocacy
- Further discussions and monitoring of the Recommendation should recognize the potential of older people and their contributions to society and not merely problematize them as objects of welfare who need protection





This publication collects some intergovernmental work conducted within the Council of Europe with a view to promoting the human rights of older persons.

Given the demographic changes in Europe and the ever-increasing number of older persons in our societies, this matter is highly topical. Despite real progress, further efforts must be undertaken in order to ensure the full enjoyment of the human rights to older persons through effective measures.

This document contains the text of Recommendation CM/Rec(2014)2, adopted by the Committee of Ministers on 19 February 2014 on the basis of the work carried out by its Steering Committee for Human Rights (CDDH). The Recommendation underlines the need to fully integrate older persons into society in the most autonomous way possible, protecting them against discrimination, isolation, violence, negligence and abuses. Respect for the dignity of older persons should be guaranteed in all circumstances, including in situations of mental disorder, disability, illness and end of life.

As the Recommendation called on member states to regularly evaluate the effectiveness of measures taken in this respect at national level, the CDDH adopted a follow-up report highlighting existing good practices. The report and the compilation of replies received from governments appear also in this publication, as well as information on a Workshop organised by the CDDH in 2018 under the auspices of the Croatian Chairmanship of the Committee of Ministers which allowed a very open exchange of views on these issues with, in particular, representatives of the civil society.

[www.coe.int](http://www.coe.int)

The Council of Europe is the continent's leading human rights organisation. It comprises 47 member states, including all members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.

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