



CDDH-AGE(2018)02

06/04/2018

**STEERING COMMITTEE FOR HUMAN RIGHTS  
(CDDH)**

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

**Important** - In order to help member States to send information on item c below (*implementation of specific provisions*), information already held by the Secretariat is appended at the end of this document.

### Background

The texts of Recommendation 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<sup>1</sup>, as well as its explanatory memorandum, were prepared by the CDDH.

The main message of the Recommendation is the necessity to assure 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. For a first time, a legal instrument of the Council of Europe has developed an approach based on the human rights of older persons.

The Recommendation invites the Committee of Ministers to examine its implementation five years after its adoption, that is, in 2019. 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 above recommendation (deadline: 31 December 2019).

In this context, the CDDH, at its 88<sup>th</sup> meeting (5-7 December 2017, CDDH(2017)R88, § 36), CDDH agreed to:

- (i) organise during its next meeting (June 2018)<sup>2</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 accounts 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.

On the basis of this decision, the Secretariat has elaborated the following request for information on existing measures and examples of good practices related to the implementation of the Recommendation (see point 3 of the Recommendation). The Member States' replies should thus enable to update the existing collection of national good practices (see attached the relevant extract from the Appendix to Recommendation); the updated compilation of good practices and its analysis would then be included, together with other material, in the working documents of the Workshop. On the basis of the outcome of the Workshop and of the following discussion at the 89<sup>th</sup> meeting of the CDDH, the Secretariat will prepare a report which will be submitted for adoption to the CDDH. In accordance with the decision of the Committee of Ministers' Deputies, the results of the examination of the implementation of Recommendation CM/Rec(2014)2 should be submitted to the Committee of Ministers.

Therefore the competent authorities are kindly requested to submit the information requested by **26 February 2018** close of business to [DGI-CDDH@coe.int](mailto:DGI-CDDH@coe.int).

<sup>1</sup> At the 1192<sup>nd</sup> meeting of the Minister's Deputies.

<sup>2</sup> The CDDH meeting will be held during the Croatian Chairmanship of the Committee of Ministers (May-November 2018). It is envisaged that the Workshop will be held under the aegis of the Croatian Chairmanship.

**ITEM A  
IMPACT ASSESSMENT**

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

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.

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.

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

**ITEM B  
DISSEMINATION ASSESSMENT**

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

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

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

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

(please refer to information already held by the Secretariat the end of this document)

8. Where appropriate, please validate, update or complete the information concerning your country contained at the end of this document. Otherwise, please provide new information on examples of national good practices pertaining to the specific principles of the Recommendation. It is recalled that the point 3 of the Recommendation refers to “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”.

Submissions are thus expected to include in particular:

- the nature of the good practice (legislation, action plan, etc.)
- the level (i.e. state, regional, local)
- the date (adopted/passed into law, etc.)
- a substantive explanation of any "good practice" adopted with regard to the promotion of human rights of older persons and of the concrete manner of its implementation, as well as
- the intended outcomes and/or envisaged or actual impact.

Please be **concise and limit each answer to a maximum of one paragraph per practice**. Do not hesitate to add references to websites (if possible in English or French) providing more useful background information. Should you consider that additional information is relevant, please do not hesitate to add documentation in an appendix, specifying which principle and/or practice it refers to.

**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?

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.

## APPENDIX

### **IMPLEMENTATION OF SPECIFIC PROVISIONS (ITEM C ABOVE): NATIONAL INFORMATION ALREADY HELD BY THE SECRETARIAT**

(source: Compilation of good practices contained  
in Recommendation CM/Rec(2014)2 of the Committee of Ministers  
to member States on the promotion of Human Rights of older persons)

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**Important** - Where appropriate, please validate, update or complete the information concerning your country contained below. Otherwise, please provide new information on examples of national good practices pertaining to the specific principles of the Recommendation.

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### **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 **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 co-ordinated 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.

## AUTONOMY AND PARTICIPATION

**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.

## **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.



**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.

## 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 **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.

## CARE

### **A. General Principles**

**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***

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***

**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***

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.

## **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.

**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.