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**STEERING COMMITTEE FOR HUMAN RIGHTS
COMITE DIRECTEUR POUR LES DROITS DE L'HOMME
(CDDH)**

**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**

**Demande d'informations sur la mise en œuvre
de la Recommandation CM/Rec(2014)2 du Comité des Ministres
sur la promotion des droits de l'homme des personnes âgées**

**COMPILATION OF MEMBER STATES ANSWERS
COMPILATION DES RÉPONSES DES ÉTATS MEMBRES**

**90th meeting/90^e réunion
Strasbourg, 27-30 novembre 2018 / 27-30 November 2018**

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Introduction

1. 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 at the 1192nd meeting of the Minister's Deputies, as well as its explanatory memorandum, were prepared by the CDDH.

2. 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.

3. 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).

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

(i) organise during its next meeting (June 2018) 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.

5. On the basis of this decision, the Secretariat elaborated in January 2018 a request for information on existing measures and examples of good practices related to the implementation of the Recommendation (see point 3 of the Recommendation). 21 out of 47 member States have so far responded to this request, namely Armenia, Austria, Belgium, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Greece, Ireland, Lithuania, Luxembourg, Netherlands, Poland, Portugal, Slovakia, Switzerland and Turkey.

6. The present compilation, which is based on the answers provided in February and March 2018 by these member States, was prepared by the Secretariat of the Steering Committee for Human Rights (CDDH) within the framework of its work on the protection and promotion of human rights of older persons. The CDDH on-going work on human rights of older persons also includes the organisation of a Workshop on the promotion of human rights of older persons, to take place on 21 June 2018, during the 89th meeting of the CDDH, under the aegis of the Croatian Chairmanship. The Member States' replies should enable to update the existing collection of national good practices (see Appendix to Recommendation)¹. On the basis of the outcome of the Workshop and of the examination at the 89th meeting of the CDDH of the present compilation and its analysis, a report on the implementation of Recommendation CM/Rec(2014)2 should be adopted by the CDDH and submitted to the Committee of Ministers.

¹ The new text regarding good practices which have been submitted by member States under point 8 of the questionnaire appears in *italics* in this document.

ARMENIA / ARMÉNIE**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.

AUSTRIA / AUTRICHE**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 12th and 13th 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 / BELGIQUE**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 Justice² 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 Belge³.

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 cases⁴.

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 problem⁵.

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 ;*
- 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.

² https://justice.belgium.be/fr/themes_et_dossiers/personnes_et_familles/protection_des_majeurs.

³ https://justice.belgium.be/fr/publications/hoef_jezelf_en_je_vermogen_beschermen.

⁴ www.ouderenmisbehandeling.be.

⁵ <https://1712.be/home>.

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 online⁶. 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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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?

⁶ <http://www.kenniscentrumisob.be/wp-content/uploads/2017/06/Oudere-gedetineerden.pdf> (Dutch only).

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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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CROATIE / 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

~~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.~~

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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CHYPRE / CYPRUS**ITEM A
IMPACT ASSESSMENT**

9. 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).

10. 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.

11. 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.

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

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**ITEM B
DISSEMINATION ASSESSMENT**

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

No.

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

No.

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

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**ITEM C
IMPLEMENTATION OF SPECIFIC PROVISIONS**

16. 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**

17. 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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18. 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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19. 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

20. 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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CZECH REPUBLIC / RÉPUBLIQUE TCHÈQUE**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.

DENMARK / DANEMARK**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 / ESTONIE**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 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 benefits⁷, 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.

⁷ 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.

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 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 rehabilitation⁸.

CARE

A. General Principles

~~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.~~

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 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

⁸ 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.

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.riigiteataja.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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FINLAND / FINLANDE**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.

TIKKA project funded by the Ministry of Justice prepared instructions and a check list 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. Additional information on the method: 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 kantaa* 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

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&udpview=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.

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. Auprès 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 internet⁹ 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 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

⁹ www.pour-les-personnes-agees.gouv.fr

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'instauration 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^{er} 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 soignée dépendante accueillie »¹⁰, 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, ~~l'organisation à but non lucratif « Vacances ouvertes » permet aux aides-soignants informels tels que les membres de la famille de faire une pause et de partir en vacances pendant que des soignants professionnels vont s'occuper de la personne dépendante. 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~~

¹⁰ A la suite de la loi n° 2002-2 du 2 janvier 2002 rénovant l'action sociale et médico-sociale.

des pratiques professionnelles est accessible sur abonnement depuis mars 2015. Il propose des outils scientifiques et pédagogiques de référence aux fins d'information, de 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 une charte précitée des droits et libertés de la personne accueillie, les 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?

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 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 / GEORGIE**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)?

/

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.

/

GREECE / GRÈCE**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.

/

IRELAND / IRLANDE**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

~~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.~~

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

~~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.~~

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?

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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?

/

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

/

LITHUANIA / LITUANIE

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 galimybe” (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-srityys/tarptautinis/ET/CM-rec%20\(2014\)2.pdf](https://socmin.lrv.lt/uploads/socmin/documents/files/veiklos-srityys/tarptautinis/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 integrates 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) 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) 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 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) 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.

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 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, SOINS 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.

Les prestations d'aides et soins sont également offertes 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.

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) qui est destiné aux personnes à mobilité réduite.

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

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).

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).

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.

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.

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

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).

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.

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 / PAYS-BAS**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.

/

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?

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](http://www.unece.org/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.

POLAND / POLOGNE**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.

On 24 December 2014 the Government adopted the Guidelines of the Long-Term Senior Policy in Poland for 2014-2020 ("Założenia Długofalowej Polityki Senioralnej w Polsce na lata 2014-2020").

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.

On 23 January 2018 Ministry of Family, Labour and Social Policy announced the preparation of the Action Plan on Social Policy towards the elderly up to 2030 - Solidarity, Security, Participation ("Polityka Społeczna wobec osób starszych do 2030 r. Solidarność. Bezpieczeństwo. Uczestnictwo" – to be adopted).

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 – Polish 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).

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.

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.

SLOVAK REPUBLIC / RÉPUBLIQUE SLOVAQUE**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, 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_kmv_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 Topoľčany - 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 / SUISSE**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 ?

Auprès 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).

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/bundesratsberichte.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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TURKEY / TURQUIE**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".

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.