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Committee on Social Affairs, Health and Sustainable Development

Human rights of older persons and their comprehensive care

Report¹

Committee on Social Affairs, Health and Sustainable Development

Rapporteur: Lord George Foulkes, United Kingdom, Socialist Group

A. Draft resolution²

1. The Assembly welcomes the growing trend towards strengthening the protection of older persons' human rights, reflected by the adoption of regional legal instruments specifically devoted to older persons' rights, including by the Council of Europe. Despite this positive trend, widespread negative stereotypes of older persons continue, alas, to be at the root of age discrimination and violence against them, as well as of their isolation and exclusion.

2. The Assembly notes that accessing good-quality health care and long-term care still remains a challenge for many older persons in Europe. In addition to the physical and financial barriers they encounter, older persons often suffer from care being delayed or even denied due to the fragmentation of health and social care services. Other major concerns in this context are the lack of sufficient numbers of health-care staff with adequate knowledge of geriatrics, and the absence of a person-centred approach which would help older persons maintain their autonomy and quality of life.

3. The Assembly is appalled by one estimate which suggests that at least 4 million older persons in the World Health Organization's European Region experience maltreatment in any one year. Against such a background, it is all the more worrying that abuse of older persons remains a taboo subject in many countries and thus an underreported problem.

4. The Assembly further notes that older persons are disproportionately affected by isolation and loneliness, which has an impact on their health and well-being, and can lead to their social exclusion. They are also an economically vulnerable group prone to poverty, another major element contributing to their exclusion.

5. In view of the above, the Assembly calls on the Council of Europe member States to take the following measures with a view to combating ageism, improving care for older persons and preventing their social exclusion:

5.1. ensure a minimum living income and appropriate housing for older persons with a view to enabling them to live in dignity;

¹ Reference to committee: Doc. 13771, Reference No. 4138 of 26.06.15

² Draft resolution adopted by the committee on 24 March 2017.

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- 5.2. prohibit age discrimination in law in the provision of goods and services;
- 5.3. provide support for continued employment and training for those who wish it;
- 5.4. promote a positive attitude to ageing through awareness-raising campaigns targeting media, service providers, and the general public;
- 5.5. ensure the availability, accessibility and affordability of health care and long-term care for older persons;
- 5.6. integrate health and social-care services for older persons;
- 5.7. ensure adequate training of health-care professionals in geriatrics and establish geriatric centres throughout the territory where possible;
- 5.8. foster a person-centred approach in the provision of care, by organising it around the needs and preferences of older persons, and involving them in its planning;
- 5.9. adopt a charter of rights for older persons in care settings to be used, *inter alia*, to empower older persons, as well as in the monitoring of long-term care institutions by an independent body;
- 5.10. ensure appropriate assistance and support for older persons living in their homes, including medical and nursing care, meals on wheels and domestic assistance;
- 5.11. ensure financial and practical support for informal caregivers, including training, counselling and advice, and take measures to relieve them;
- 5.12. raise awareness of physical, psychological and financial abuse of older persons, and collect relevant data, including on associated risk factors, with a view to an action plan to eliminate it;
- 5.13. promote active ageing by developing age-friendly environments, including spaces for joint activities between older persons and younger generations with a view to fostering intergenerational ties;
- 5.14. encourage volunteering by older persons at home and abroad, as well as volunteering to support older persons.

B. Draft recommendation³

1. The Parliamentary Assembly refers to its Resolution.... on Human rights of older persons and their comprehensive care.
2. The Assembly welcomes the recent work of the Committee of Ministers in this field, resulting in the adoption of Recommendation CM/Rec(2014)2 to member States on the promotion of the human rights of older persons, which is a comprehensive instrument and a far-reaching statement on the rights of older persons.
3. The Assembly notes that other regional organisations promoting human rights have recently opted for a legally binding instrument devoted to the rights of older persons, i.e. the Inter-American Convention on Protecting the Human Rights of Older Persons and the Protocol to the African Charter on Human and People's Rights on the Rights of Older Persons in Africa.
4. In the light of the foregoing, the Assembly recommends that the Committee of Ministers:
 - 4.1. thoroughly examine the implementation of Recommendation CM/Rec(2014)2 to member States on the promotion of the human rights of older persons, by, *inter alia*, closely involving civil society and all other relevant stakeholders in the process;
 - 4.2. based on the conclusions drawn from this exercise, consider the necessity and feasibility of drawing-up a legally binding instrument in this field;
 - 4.3. urge those member States which have not yet done so to sign and ratify the European Social Charter (revised) and accept, in particular, its Article 23 on the right of elderly persons to social protection.

³ Draft recommendation adopted by the committee on 24 March 2017.

C. Explanatory memorandum by Lord Foulkes, rapporteur

1. Introduction

1. The world's population is ageing rapidly. By 2050, for the first time in history, humankind will reach a point where there will be more older persons⁴ than children under the age of 15 worldwide. This ageing process is particularly advanced in Europe where more than one in five people were aged 60 and over in 2015. By 2030, older persons are expected to account for more than one quarter of Europe's population. This demographic trend has important social, economic and political implications, affecting all sectors of society, including the demand for goods and services such as housing, transportation and social protection, as well as family structures and inter-generational ties.⁵ Governments of all colours in Europe have been slow to recognise the significance of ageing and the need to respond quickly which is why action is now urgently needed.

2. The latest Parliamentary Assembly text related to Europe's ageing population dates back to 2011 and focuses on older persons' rights in relation to employment.⁶ Since then, important developments have taken place with a view to better protecting the human rights of older persons, including the adoption by the Committee of Ministers of Recommendation CM/Rec(2014)2 to member States on the promotion of the human rights of older persons, in 2014. This report is aimed at contributing to the growing trend towards strengthening the protection of older persons' human rights, by mainly focusing on the provision of care, while also addressing important issues such as ageism and social exclusion of older persons.

3. In the report's drafting process, the Committee held a public hearing on 2 June 2016, with the participation of Ms Katherine Hill, Policy Manager at Age UK and Mr Leocadio Rodríguez-Mañas, Coordinator of the European Joint Action on the prevention of frailty in the elderly and Head of the Geriatrics Service at Getafe University Hospital, in Madrid. The hearing focused on age discrimination, abuse of older persons, frailty and the importance of early management of deterioration in functional abilities with a view to preventing dependency in old age.⁷

4. On 23 June 2016, I attended a side-event on "Ageing and Health" organised by the Conference of INGOs of the Council of Europe, to present my report's main elements. The following day, the Conference of INGOs adopted a Recommendation to member States on health care and socio-medical conditions and respect of human rights of older persons in Europe, which addresses most of the issues included in this report.⁸

5. Moreover, in autumn 2016, I carried out fact-finding visits to Romania (22-23 September) and Denmark (28 September), two countries with important differences in terms of their governance and provision of health and social services. During my visits, I met with politicians and officials of national, regional and local authorities, the Ombudsman, NGO representatives, and representatives from World Health Organization (WHO) Regional Office for Europe. I also visited nursing homes for older persons. I should like to thank all the parties to whom I spoke for making themselves available and providing me with valuable information to finalise this report, and to the parliamentary delegations and their secretariats for the excellent organisation of the visits.

⁴ There is no commonly agreed definition of older persons. When a person is considered old varies depending on the geographical location and context. Most developed world countries have accepted the chronological age of 65 years as a definition of an older person. The United Nations has agreed that 60+ years may be usually denoted as old age. But the definition of old age continues to change especially as life expectancy in developed countries keeps rising.

⁵ World Population Ageing 2015, Highlights, United Nations.

⁶ Resolution 1793 (2011) on "Promoting active ageing – capitalising on older people's working potential".

⁷ The minutes of the hearing (AS/Soc (2016) PV 04add2) are available on the Committee's website, under "Documents and declarations".

⁸ I also attended the follow-up meeting to this side-event, held in January 2017.

2. Legal and policy framework

6. There is no international legally binding instrument devoted to the rights of older persons, and the debate around the need for such an instrument is far from consensual. However, there is increasing support for a new convention. Indeed, in her 2016 report, the United Nations Independent Expert on the enjoyment of all human rights by older persons called on member States “to consider (...) the elaboration of a convention on the rights of older persons”.⁹ In her 2012 report, the former United Nations High Commissioner for Human Rights had already called for dedicated measures to strengthen the international protection regime for older persons, including a new dedicated international instrument.¹⁰

7. The recent adoption of the Inter-American Convention on Protecting the Human Rights of Older Persons, the first regional legally-binding instrument dedicated to older persons, as well as the Protocol to the African Charter on Human and People’s Rights on the Rights of Older Persons in Africa, also send a strong signal on the relevance of a legally binding instrument on the rights of older persons.¹¹

2.1. Council of Europe

8. While the European Convention on Human Rights (ETS No. 5) does not make an explicit reference to older persons (its Article 14 does not state age amongst the grounds for discrimination either), the Convention obviously applies to older persons. In a number of cases brought before it, the European Court of Human Rights found a violation of the Convention because of poor hospital conditions or inappropriate treatment and care for older persons (see for example *Dodov vs. Bulgaria* concerning the disappearance of an Alzheimer patient from a nursing home).

9. The European Social Charter and the Revised Social Charter (ETS Nos 35 and 163) contain several articles relevant to older persons. However, Article 23 of the Revised Charter specifically provides for elderly persons’ right to social protection, which makes it the first human rights treaty provision devoted to the rights of older persons. With a view to ensuring the effective exercise of this right, State Parties are required to ensure that older persons have adequate resources so that they can lead a decent life and play an active part in public, social and cultural life; to enable them to choose their life-style freely and to lead independent lives by means of provision of suitable housing, health care and services necessitated by their state; and to guarantee appropriate support to those living in institutions, while respecting their privacy, and participation in decisions concerning living conditions in the institution. These obligations are frequently underlined by the European Committee of Social Rights which has stressed the need to combat age discrimination in access to goods, facilities and services and to take appropriate measures against elder abuse, amongst others.

10. Both the Assembly and the Committee of Ministers have contributed to promoting older persons’ rights.¹² In 2014, the Committee of Ministers adopted Recommendation CM/Rec(2014)2 to member States on the promotion of the human rights of older persons, a comprehensive instrument addressing issues such as non-discrimination, autonomy and participation, protection from violence and abuse, social protection and care. Each chapter of the Recommendation is accompanied by a guide of good practices

⁹ Report of the United Nations Independent Expert on the enjoyment of all human rights by older persons, Rosa Kornfeld-Matte, A/HRC/33/44, 18 July 2016.

¹⁰ Report of the United Nations High Commissioner for Human Rights on the human rights situation of older persons, Navanethem Pillay, E/2012/51, 20 April 2012.

¹¹ These texts were adopted on 15 June 2015 and 31 January 2016 respectively.

¹² See in particular, Resolution 1793 (2011) “Promoting active ageing – capitalising on older people’s working potential”, Recommendation 1796 (2007) “The situation of elderly persons in Europe”, Recommendation 1749 (2006) and Resolution 1502 (2006) “Demographic challenges for social cohesion”, Recommendation 1591 (2003) “Challenges of social policy in Europe’s ageing societies”, Recommendation 1619 (2003) “The rights of elderly migrants”, Recommendation CM/Rec(2011)5 on reducing the risk of vulnerability of elderly migrants and improving their welfare, Recommendation CM/Rec(2009)6 on ageing and disability in the 21st century: sustainable frameworks to enable greater quality of life in an inclusive society, and Recommendation Rec(94)9 concerning elderly people.

from member States, providing ideas on how to implement the principles set down in the Recommendation. The implementation of this Recommendation is due to be examined in 2019.¹³

2.2. United Nations

11. The United Nations (UN) is actively working on older persons' human rights. Some declaratory instruments, including the UN Principles for Older Persons (1991) and the Madrid International Plan of Action on Ageing (2002) commit, *inter alia*, to the elimination of age-based discrimination and the promotion of older persons' human rights. In 2010, the General Assembly set up an Open-ended Working Group on Ageing for the purpose of strengthening the human rights protection of older persons, the first-ever international forum with such a focus. To this end, the working group is mandated to consider the existing international framework of the human rights of older persons and identify possible gaps and how best to address them, including by considering, as appropriate, the feasibility of further instruments and measures.

12. Furthermore, in 2013, the Human Rights Council created the mandate of the Independent Expert on the enjoyment of all human rights by older persons. The Independent Expert is requested to assess the implementation of existing international instruments with regard to older persons while identifying both best practices and gaps in the implementation of existing law related to the promotion and protection of the rights of older persons.

13. It is also worth mentioning that older persons are included directly or by implication in 15 of the 17 Sustainable Development Goals adopted by the General Assembly on 25 September 2015. In particular, Goal 3: ensure healthy lives and promote well-being for all at all ages, will be instrumental in fighting age discrimination within health systems to ensure that older persons enjoy their basic human right to the highest attainable standard of health and well-being as they age.¹⁴

3. Combating ageism

14. While there is no "typical" older person and no commonly agreed definition of older persons, society often views them in stereotypical ways. One widespread stereotype about older persons is that they are in poor health, dependent, unproductive, irrelevant and a burden. Indeed, "there is a pernicious and deeply ingrained notion that once a person ages, he/she becomes incapable of contributing to society, chronically ill and/or frail. Such prejudices often lead to the conclusion that not much can be done to assist them".¹⁵ This way of thinking about older persons based on negative attitudes and stereotypes (ageism), influences behaviours and policies and is often a cause for age discrimination. Ageism is also often at the root of isolation and exclusion of older persons and is intimately related to violence and abuse in public and private spheres.¹⁶

15. The Assembly considers ageism a harmful prejudice that results in widespread lack of respect for older persons, whether through the media, which promote stereotypical and degrading images of older persons, within society, where they are the victims of physical and financial abuse, in the workplace, where they are subject to unequal treatment, or in the health sector where they do not always receive appropriate medical care and services.¹⁷ Similarly, the European Committee of Social Rights noted that age discrimination exists in many areas of society throughout Europe, including in health care, education, insurance and banking services, participation in policy and in civil dialogue, allocation of resources and access to facilities.¹⁸

¹³ Other relevant Council of Europe standards include the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine (ETS No. 164), and in particular its Article 3 on equitable access to health care and Chapter II on consent.

¹⁴ See footnote 9.

¹⁵ Thematic study on the realization of the right to health of older persons by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover, A/HRC/18/37, 4 July 2011.

¹⁶ See footnote 10.

¹⁷ See footnote 6.

¹⁸ European Committee of Social Rights, Conclusions 2009, Vol. 1, page 272 (concerning Finland).

16. The UN High Commissioner for Human Rights noted that age-based discrimination in the health system was a matter of great concern, and that some medicines, exams and treatments were denied on the sole grounds of an individual's age.¹⁹ During the public hearing held on 2 June 2016, we were presented with figures showing that in the United Kingdom, older persons with colorectal cancer are offered chemotherapy treatment far less often than younger patients.

17. In addition to prohibiting age discrimination in law, tackling ageism will require a new understanding of ageing,²⁰ a paradigm shift away from the perception of older persons as a "social burden" to one that emphasises the process of active ageing (see below chapter 6) and that will reorient our ideas about ageing to focus on the continuing contribution of older persons to society.²¹ Indeed, the valuable source that older persons bring to our society by transmitting their knowledge, wisdom, and heritage, and by participating in the economy, as employees, taxpayers, consumers, volunteers, carers, parents and grandparents must be recognised.²² Awareness campaigns to increase knowledge about and understanding of ageing among the media, general public, policy makers, employers and service providers are crucial in this context.

4. Improving care for older persons

4.1. Definitions

18. While there is no universally accepted definition of care, it usually encompasses services such as assistance with the activities of daily life, social income, protection and security, as well as health promotion and disease prevention, treatment and rehabilitation and the provision of health care, in ambulatory, institutional or home settings.²³

19. Long-term care includes a variety of services (medical or otherwise) that help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods of time. It is manifested in the provision of help with daily tasks such as bathing, eating, cleaning, shopping, dressing, cooking and so on. It takes two broad forms: home care and institutional care. Home care is generally understood as medical services performed by professionals in the patient's home, as opposed to care provided in specialised institutions (institutional care). It should be understood as medical home care delivered by health professionals, as opposed to informal care that is provided by family members or other individuals.²⁴

4.2. Access to care

20. Older persons are often faced with barriers in access to good-quality health care and long-term care. These barriers often lead to a phenomenon of non-recourse or delayed recourse to care, with disastrous consequences for older persons. Barriers include physical difficulties to access health care (e.g. due to physical impairments, travel distance to get to a health-care facility, lack of transport) and financial obstacles (e.g. due to out-of-pocket fees). However, one of particular concern and recurrently mentioned is the lack of sufficient numbers of health-care staff with adequate knowledge of geriatrics and gerontology.²⁵

¹⁹ See footnote 10.

²⁰ World Report on Ageing and Health, Summary, WHO, 2015.

²¹ See footnote 15.

²² Research in the United Kingdom of Great Britain and Northern Ireland in 2011 estimated that, after setting the costs of pensions, welfare and health care against contributions made through taxation, consumer spending and other economically valuable activities, older persons made a net contribution to society of nearly £40 billion, which will rise to £77 billion by 2030. See footnote 20.

²³ Report of the United Nations Independent Expert on the enjoyment of all human rights by older persons, A/HRC/30/43, 13 August 2015.

²⁴ See footnote 15. Palliative care will be addressed in a separate report on "The provision of palliative care in Europe" which is under preparation.

²⁵ Strategy and action plan for healthy ageing in Europe, 2012 -2020, WHO.

21. With a view to ensuring older persons' basic human right to the highest attainable standard of health and well-being, availability, accessibility and affordability of health-care facilities, goods and services should be ensured irrespective of the type of care and the place of residence. This requires eliminating physical and financial barriers, by ensuring the availability of adequate and affordable transport, adequate training of health-care professionals to deal with the particular health issues associated with ageing so that they can help and understand older persons, and by reducing the proportion of health expenditure payable by older persons themselves. The establishment of geriatric centres in public and private care settings throughout the territory should also be envisaged. There should also be increased efforts to shift the balance of care from institutional to community settings and home care.

4.3. Person-centred care

22. Notwithstanding the target group, care should always be provided in a person-centred manner, i.e. tailored around the needs and preferences of those concerned. In the case of older persons, a person-centred approach requires care to be provided in a way that will enable them to maintain their autonomy, dignity and quality of life. To this end, instead of being seen as passive recipients of care, older persons should be involved in its planning, developing and monitoring. This requires, *inter alia*, empowering them with adequate information on the social and health-care services available to them, on their rights in care settings, and ensuring appropriate health literacy. Informing older persons about their rights could also help to improve disclosure of abusive experiences (see chapter 5 below). The Charter of Rights for People with Dementia and their Carers in Scotland is a good example. This document aims to empower people with dementia, those who support them and the community as a whole, to ensure their rights are respected. It was elaborated through a **widespread consultation** process whereby the views of over **500 people** (including people with dementia, their carers, and professionals) have been taken into account.

23. In Denmark, we have seen an outstanding illustration of the person-centred approach when we visited a nursing home for people with dementia. I was tremendously impressed by the relaxed, homely and normal atmosphere of the establishment, including a wonderful High Street of old shops, a bar and other facilities created in a dementia-friendly way. The centre was based on the person centre philosophy initially developed by the late Professor Tom Kitwood of Bradford University.

24. Moreover, considering that for many people, ageing at home is the preferred option, there should be specific programmes seeking to enable older persons to live in their homes independently for as long as possible, while supporting informal care-giving. In fact, a large part of the adult population already helps weak older family members or relatives.²⁶ The growing prevalence of dementia will increase the need for this kind of support.²⁷

25. Support and home-care services provided should include in particular nursing care and domestic assistance to avoid referral to institutional care and prevent social exclusion. National civic services may also be a valuable resource to assist older persons who live alone or in community centres. Regular home visits by students allow older persons to remain integrated in the community, while at the same time raising the younger generation's awareness about the rights of older persons.²⁸

26. "Caring for carers" should be a priority considering the great physical and mental strain they endure by supporting relatives²⁹, especially those with dementia. Measures to relieve them should be taken, such as social activities, temporary residential care outside the home or home care services. They should also receive financial support and practical training on care giving, and have access to counselling and advice.³⁰

²⁶ In 2015, in the United Kingdom, there were over nine million informal carers helping loved ones, Briefing: Health and Care of Older People in England 2017, Age UK, February 2017.

²⁷ For example, the current number of 90 000 people with dementia in Scotland is expected to double by 2031.

²⁸ See footnote 9.

²⁹ Many carers are also older themselves, which can add to their burden.

³⁰ In its Resolution 1793 (2011) on promoting active ageing: capitalising on older people's working potential, the Assembly had also recommended support for informal carers through extending parental leave provisions to enable all unpaid carers responsible for dependent relatives to enjoy an adequate protection of their social rights, including pension rights.

4.4. Integration of social and health care

27. While a distinction is generally made between social and health care, depending on where and by whom such services are provided, care should be understood in a complementary and integrated manner for the benefit of older persons.³¹ The silo mentality across health and social care - which artificially divides older persons' needs between these two silos - is to the detriment of older persons. In fact, such fragmentation of care causes problems owing to the co-existence of many units, which results in time-consuming administrative red tape to access both social and health-care services and facilities, duplicities in the management of care, poor quality service provision, and inefficient use of available resources. Consequently, older users experience a lack of continuity in care, together with a lack of consistency in the provision of services for meeting their needs.

28. Health and social care services should therefore be effectively integrated to ensure that no care is delayed or even denied due to administrative difficulties. This requires an organisational change as well as shared budgets and accountabilities. Scotland is well advanced in this and the Ayrshire Health & Social care Partnership, chaired by Ian M Welsh was cited as a particularly good example to be followed, because the resources and administration of the two services have been combined under a common direction.

5. Fighting against abuse of older persons

29. Older persons are highly vulnerable to abuse. A poor condition of health, including specific conditions like dementia, is a strong risk factor for abuse. The Toronto Declaration on the Global Prevention of Elder Abuse defines elder abuse as "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person". The abuse may be physical, psychological, emotional, sexual or financial, or may be affected by neglect. It can take place, in home and institutional care settings, by both formal and informal caregivers.

30. Abuse of older persons is still a taboo subject in many countries and an underreported problem. It is very difficult to assess the extent of the phenomena because of lack of reliable information and data. However, estimates suggest that at least 4 million people in the WHO European Region experience elder maltreatment in any one year.³² Article 2.2 of the Council of Europe Convention on preventing and combating violence against women and domestic violence (ETS No. 210) encourages Parties to apply the Convention also to domestic violence committed against men and children. Domestic violence includes inter-generational violence which can take the form of physical, sexual, psychological and economic violence by a person against her or his child or parent (elderly abuse).

31. There is urgent need to assess the current situation of abuse of older persons and take appropriate measures to prevent, detect and eliminate it. To break the silence around this issue, an awareness-raising strategy should be put in place, targeting older persons themselves, communities in general and both formal and informal caregivers in particular. Research should be conducted and data collected on abuse in and outside care settings, while special attention is needed for settings where older persons might be especially prone to violations, in particular long-term care institutions. Systematic monitoring of these institutions, by a specific independent public authority, such as national human rights institutions, through frequent inspections comprising both scheduled and unannounced visits, should be put in place.

6. Preventing social exclusion of older persons

32. There are many factors leading to social exclusion of older persons, including ageism and institutionalisation (see above, paragraphs 14 and 25). Here, I would like to focus on two of them, as they constitute major concerns for older persons and disproportionately affect them: isolation/loneliness, and poverty. Both are also risk factors affecting older persons' health and well-being,³³ contributing to the

³¹ See footnote 23.

³² European report on preventing elder maltreatment, WHO, Regional office for Europe, 2011.

³³ In France, the heat wave in summer 2003 which led to the death of 15,000 to 19,000 people - many of them isolated elderly citizens - highlighted the great loneliness in which older persons lived.

decline of their autonomy and constituting an impediment to accessing social and health care, amongst others.³⁴

33. To combat loneliness and isolation, it is crucial to ensure that older persons remain integrated into society by promoting active ageing. The word “active” should not be understood simply as the ability to be physically active or to participate in the labour force, but the continuing participation in social, economic, cultural and civic affairs. Active ageing can be supported by developing age-friendly environments, which will help older persons to retain their autonomy, optimise their health and stimulate their inclusion. This requires adapting structures and services to the specific needs and desires of older persons in, *inter alia*, public spaces and buildings, transport, housing, communication, and community support and health services.³⁵

34. Concerning housing, it should be born in mind that architectural barriers can greatly affect older persons. For instance, older persons may be unable to leave their apartments for long periods in buildings lacking functioning elevators. This phenomenon, described as “prison flats”, may isolate older persons, and may also pose important obstacles to basic activities of daily life, like buying food or attending medical treatment.³⁶ Similarly, when it comes to public spaces, streets that are not safe to walk in will discourage an older person to go out, stay active and exercise.

35. Ensuring and adapting transport are also very important to mitigate the isolation caused by patchy public transport provision, in particular in rural areas. In Scotland for example, many parts of the country are ill-served by public transport. In remote rural areas, 70% of those aged 60 or over either do not have a national concessionary travel scheme card (allowing free bus travel) or do not use it. In accessible rural areas this number amounts to 65%.

36. Intergenerational ties should also be fostered, by facilitating situations or designing spaces where older persons can get together with younger generations. In this context, an interesting approach consists of co-locating facilities for childcare and eldercare, which allows generating interaction between the very young and the older persons.

37. Moreover, recreational and cultural activities should be organised with older persons’ participation. I can refer to the example provided to me by the *Office International du Coin de Terre et des Jardins Familiaux*, an NGO aimed at giving an allotment plot to people who wish to have one, and to enable them to cultivate healthy food and to relax in the fresh air. This NGO has several projects involving older persons. For example, in Hamburg, when they realised that widowed ladies from couples who had been motivated gardeners for many years often had difficulties in keeping a garden alone, they created a larger allotment where a group of ladies could garden together and enjoy social activities at the same time. In Gradignan (France), older persons and young children meet in the same allotment to garden, which favours an intergenerational dialogue. In Falkenstein Auerbach (Germany), older couples give young children their first lessons in gardening.

38. Last but not least, it is necessary to give a fundamental role to older persons when they are no longer in the workforce. Their knowledge, wisdom, expertise and experience should not be wasted. Their civic engagement and volunteering in schools, communities, religious institutions, businesses and health and political organisations should be encouraged. This would not only empower them to continue contributing to their communities but it would also increase their social contacts and psychological well-being.

39. Finally, with a view to reducing old-age poverty and enabling older persons to live in dignity, social protection systems should guarantee a minimum living income. Moreover, financial services, such as loans and mortgages, and insurance, including health insurance, should be made available and affordable to older persons, by preventing the inappropriate use of age as a criterion, including for determining risk. Older persons should also have access to suitable housing, with adequate heating, water and sanitation.

³⁴ See footnote 22.

³⁵ Age-friendly environments in Europe, WHO, Regional Office for Europe.

³⁶ See footnote 10.

Housing should be geared to the specific needs and desires of older persons, including their health conditions and requirements concerning location. Older persons with disabilities should get adequate support for adapting their housing. Housing should be planned in a way that would promote intergenerational contact and freedom of movement. Multi-family buildings, shared public spaces, outdoor age-friendly environments are all useful tools in this context.

7. Conclusions

40. Older persons don't ask for compassion, they ask for the recognition of their human rights, and we have a responsibility to ensure that they live in dignity just like any other member of society. Society should stop seeing older persons as a burden and governments should stop approaching the population ageing in terms of costs and supply, both of which lead to the human rights of older persons becoming side-lined. The protection of older persons' rights is not only in the interest of older persons, but is of concern to all of us, because we all age.

41. While ageing is not in itself a disease and old age should not be seen as equal to frailty and sickness, the increased health-care and other needs of older persons cannot be denied. Europe, just like the rest of the World, needs to strengthen the provision of social and health services, by adapting them to the changing needs of an ageing population, reorienting them towards a patient-centred approach and ensuring adequate management of long-term care. It is essential to move away from a needs-based approach that focuses on disease and functional dependency to an all-encompassing human rights-based approach in which the enjoyment of all human rights by older persons becomes an integral part of all policies and programmes affecting them, including care planning and delivery.³⁷ Moreover, our goal should be to ensure not just a longer life but a better and healthier life. Therefore, it is important to promote healthy ageing and prevent people from becoming dependent on care.

42. Isolation and loneliness are one of the scourges of our modern society, and one of the main factors leading to the social exclusion of older persons. Active ageing should be promoted to fight against isolation and loneliness, in environments that support older persons in feeling secure, being active, empowered and socially engaged. If adequate tools are in place, the majority of older persons can continue to make an essential human, social and economic contribution to society, by leading active lives in various roles including in employment and voluntary action.³⁸ Intergenerational ties should be fostered, so that children, youth, adults and older persons can use their strengths and insights to build a more revitalised, integrated and humane society for all generations.

³⁷ See footnote 23.

³⁸ Strategy and action plan for healthy ageing in Europe 2012-2020, WHO, Regional Office for Europe.