Country Summary Reports

"Ageing in Place the Way Forward"

Prepared for the

Senior Officials' Meeting
Montreal, September 2008

International Federation on Ageing

IFA

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Acknowledgement

We wish to thank all government officials for their interest and participation in the Senior Officials Meeting (SOM) held September 4th, 2008 in Montréal, Canada. Designed to bring together senior government officials from developed and developing countries, the meeting provided a platform for many informative presentations, examining current trends in Ageing in Place policy and practice. The meeting attracted over 100 senior officials from governments across the world.

Background

The International Federation on Ageing (IFA) aims to inform, educate and promote policies, programs and leading practices to improve the quality of life of older persons around the world. Government are key stakeholders toward achieving this aim, together with non-government organisations (NGOs), the corporate sector and civil society.

The IFA by way of its position internationally and status with the United Nations and its agencies is uniquely situated to be able to facilitate a meeting of senior government officials in conjunction with its biannual global conferences.

In 1999, the Canadian government together with the IFA hosted a successful Minister's Meeting prior to the IFA 4th Global Conference which resulted in The Montreal Declaration. The tragic events of 9/11 in the United States and the subsequent increase in security concerns prohibited a meeting at the IFA 6th Global Conference in Perth, Western Australia in 2002.

Thereafter the IFA Board of Directors decided that future Ministers' meetings were unlikely in the climate of security concerns and associated protocol. The Board also reassessed the rationale for such meetings and decided that a meeting of senior government officials may provide better opportunities to share policy development and discuss major ageing issues. For this reason in September 2004 the IFA, together with the Singapore Action Group of Elders (SAGE) and in cooperation with the Singapore government hosted its first meeting of senior government officials with the theme being the United Nations Madrid International Plan of Action on Ageing. In Copenhagen in 2006 the senior officials meeting focused on Pension Reform & Pension Design and for 2008, in Montreal the selected theme was Ageing-in-Place.

The 2008 Meeting was designed to provide a forum for officials to examine current trends in policy and practice as they relate to Ageing-in-Place in the face of rapid global population ageing. The programme was developed with a focus on the mutual interests of participants, and designed to promote dialogue and interaction among delegates – some of whom represented countries who are well advanced, while others from countries who have not yet been able to tackle the problem.

Population Ageing

Population ageing is a significant phenomenon of the 21st century which manifest in economic, social and personal challenges and pressures for societies world-wide. Nowhere is this truer than in regard to accommodation for older citizens. No longer just the subject of academic discussions, it is to a growing extent a subject which is giving rise to strong government and private sector response. Fiscal burden for government and challenges for older persons and their families are requiring serious and urgent attention, and as a result many countries are increasingly adopting policies supporting the notion of Ageing-in-Place. In this context, there are many visions about how homes and the associated financial situations can become more adaptable and flexible to the changing needs of older citizens.

Countries across the world differ significantly in the nature of accommodation for older persons and them becoming older and experience changes in level of function and independence. As such the role of governments varies from country to country. In developed countries, the role of government is increasingly linked to private sector response and to the changing demands and expectations of the older population. Despite this trend, the relationship between national and state policies and the methods of implementing effective programs is a challenge for many countries and communities, but one which needs to be explored with a sense of openness and purpose for solutions.

In contrast, it is too easy to assume in developing countries that the extended family will care for older people as they have done in the past. This is no longer the case. As older people live longer, more women work outside of the home, adult children migrate for work opportunities, and there is the loss of many adult children to HIV/AIDS. We can no longer rely on the extended family. Hence the terms and models of Ageing-in-Place take on new significance in all regions of the world.

Notwithstanding the substantial differences between developed and developing countries and those in transition, there is a common misperception that government and family will remain traditional providers. Rather than being a direct provider, more often than not government will facilitate initiatives in the areas of housing, health and care.

However different or similar the landscape of a country is with its neighbour, governments across the world play an important role in the status of their older populations and each has much to share by way of policy and practice trends. It is both relevant and important for government senior officials to reflect on the subject of housing systems and related financial incentives and the government's role.

Executive Summary

A total of twenty (20) country summary reports were prepared prior to the meeting, representing policy and practice views from not only developed countries, but of those countries known as developing and in transition. Reports ranged from a 'whole' of government perspective which outlined the broad range of policy responses that can be defined as supporting Ageing-in-Place to portfolio specific initiatives and State or Provincial summaries of Ageing in place programs and initiatives.

Reports clearly show a move towards a more efficient and cost effective means of service delivery to support our ageing populations and that ageing in place is important to governments. Governments are equally weighting the needs and wishes of its older citizens. As a result increasingly the emphasis has leaned towards programs and services that enable people to age in place, despite this not always being the most cost effective. There is also a greater recognition that the health and housing needs of an older individual are often interrelated. Health concerns can create or compound the problems of an ageing housing stock, and housing concerns can create or compound health problems for older individuals.

To develop an efficient method of service delivery, residential and community care systems must reflect the interrelationship between health and housing. Customized models of care avoid the inefficiencies that come from programs that are 'service type' specific by matching services and facilities to an individual's need rather than matching an individual to an existing service or facility.

Ageing-in-place with supportive services is not only the most desirable way of ageing but can also achieve the efficiencies of tailored individual care models. Successful ageing-in-place strategies

minimize the provision of inappropriate care, and therefore the overall costs, by offering a range of flexible services and calibrating those services to fit the needs of the individual. Rather than a rigid service-delivery system, ageing-in-place strategies create both health care and housing options that provide support at the margin of need as defined by an individual's personal desire and efforts to live independently. Ageing-in-place works best as part of a comprehensive and holistic approach to the support needs of an individual and community.

For many countries the shifting focus towards ageing-in-place is clearly evident. Countries such as Canada, Australia, United States and many across Europe have embraced the concept for over a decade and the policies and programs are well developed to support older people to remain in their own homes and communities for longer. Countries such as China, where there will be over 200 million older people in the next 5 years are now recognising the need to look for new ways of supporting the ever increasing aged and ageing population. Over the past 18 months, the most senior Chinese government officials have held critical discussion about the welfare of the nation's growing older population. The result of these discussions has been a new nationwide proposal to shift from the past model of family responsibility for eldercare to a newly created community-based ageing-in-place model with the establishment of new community-based elder services.

To introduce comprehensive and effective community-based services China, as well as other countries such as India and Pakistan, face a number of unique challenges, including identifying and training care workers, establishing a compensation system that is supportable and coordinating funding streams to support the services.

Ageing-in-place is not a new phenomenon for many countries, however for those countries in transition or developing the shift to this model of care and support appears to be an emerging priority.

AGEING IN PLACE
ANGUILLA SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

DEVELOPMENT OF NATIONAL POLICY FOR OLDER PERSONS

1. **Country**
   Anguilla

2. **Responsibility**
   Policies and Programmes at the National Level

3. **Governing Body**
   Ministry of Social Development

4. **Legislation**
   The Dependent Adults Act of 2005 and the Day Care Facilities Act of 2007 are the most recent pieces of legislation that protect the rights of older persons.

   New legislation that has the potential to further protect older persons may been identified and any existing ones may be amended as necessary to ensure that the optimum level of protection of the rights of older persons is achieved

   The unfulfilled policy requirement is currently being addressed. The final first draft of the National Policy for Older Persons will be circulated to the drafting committee shortly for final comments. The committee is due to meet on September 10th, 2008.

5. **Mainstream Programme Summary**
   Thus far Government initiated programmes that cater to the aging population have been mainly to do with income security. Other benefits include regular Community Health Nurse visits and Social Inclusion/Participation Events.

   The Department of Social Development offers public assistance to elderly persons age 55 plus in the amount of EC$400.00/ US$149.25 monthly. Public assistance is a generic service not unique to older persons, other groups in the population also benefit.

   The Government of Anguilla has negotiated with The Anguilla Social Security Board who are now paying out a non-contributory pension to all persons over age 68 in the amount of EC$370.00 per month. A legislative change is pending in order for this amount to be equivalent to the contribution from Government

   Other income security initiatives from the Department of Social Development include Medical Exemption, Medical Treatment Overseas Grants, Food Vouchers, Water

Relief, and Care Subsidies. Again, these benefits are accessible but not exclusive to older persons.

The Health Authority of Anguilla (HAA) operate a residential care home - the Miriam Gumbs Senior Citizens Home (MGSCH). Residents often can only afford to remain in this home through Government subsidy. The case is similar with the private nursing home on the island – Tender Loving Care (TLC); Government often foots the bill for a few disadvantaged persons.

In the community the HAA provide community nursing staff who do outreach and visit seniors regularly looking after their health care requirements and making referrals.

This Department also offers annual social inclusion events. They host an annual Senior Citizens' Christmas Luncheon. During the last Senior Citizens' month (October 2007) the first ever Senior Citizens' Exchange between Anguilla and nearby St. Martin/St. Maarten took place. The host Anguilla engaged the seniors in a church service, an island tour, dances in traditional costumes, and string band music. It is customary that private establishments sponsor aspects of the events held for senior citizens.

6. **Pilot Programme Summary**

The Ministry of Social Development along with the then Government run hospital had initiated a Home Care Programme but local recruitment became a road block to the success of this programme. Hardly any applications came in despite several recruitment drives. Outsourcing to other countries for the labour was an option but it proved to be entirely too expensive a venture in terms of travel fees, work permits, and immigration fees.

7. **Future Directions**

The option of commissioning a local agency/locally owned business may provide the necessary reduction in fees to recruit from outside of the country; therefore this if being explored. However, stakeholder buy in will be necessary to move this off the ground.

In addition the finalization of the National Policy for older persons will allow older persons to qualify/benefit equitably and set the stage for legislative growth in terms of the laws and potential laws that protect the rights of older persons. In doing so Government would also like to ensure that the state finds a mutually beneficial means of supporting the elderly population. Too often Government has been left to pay the living and final expenses of seniors who own many assets but have been swindled into willing the same to family members who abandon them after the transfer.

8. **Summary**

The landscape of the island has changed – socially, economically, and politically. The nation's consciousness is changing – we have moved away from the extended family phenomenon and are now more independent from younger and younger ages and into old age.

As is the case internationally, relatives are increasingly moving away from taking care of older family members. Therefore, the need for medically trained home care professionals and more senior citizen homes.

The cost of living is growing rapidly as well and therefore for some it is purely the economics that create an obstacle. Those older folks who have enough assets and property to ensure their income security and that they can offer payment for care are in a better position. Despite, they are at risk as many unfair persons would be quicker willing to take what they have to offer and leave, rather then meet their obligations.

The political will is firm when it come to social development issues. The Government has dramatically increased budgetary allocation to social development in an effort to make positive injections to current social landscape of the country terms of all social development issues.

AGEING IN PLACE
AUSTRALIA SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

AGEING IN PLACE POLICY AND PRACTICE

COUNTRY: AUSTRALIA

Australia is a constitutional democracy based on a federal division of powers between Commonwealth, State, Territory and local levels of government. The Commonwealth and each of the six States and two Territories has its own constitution found in legislation.

Under the constitutional arrangements significant powers are retained by the States. State administrative responsibilities include *(inter alia*) public health (including hospitals) and community services, and the oversight of local government.

The formal powers of the Commonwealth are constitutionally limited to areas of national importance, such as (*inter alia)* trade and commerce, taxation, foreign relations, defence, immigration and associated matters. However, through High Court decisions, Commonwealth-State agreements and the use by the Commonwealth of the constitutional power to make grants to the States and Territories, the Commonwealth has gained influence in regard to other matters such as health and welfare.

Local government has limited powers. Each state and the Northern Territory has a number of local government areas. While services vary across local government areas, common services include management of sanitary services and town planning.

RESPONSIBILITY:

All levels of government together with consumers and the non-government sector have some role in funding, administering or providing aged care.[1]

Policy and funding
The funding and regulation of aged care services are predominantly the role of the Australian Government. Aged care services are subsidised from general taxation revenue, not by a specific taxation levy or through a social insurance program.

The Australian Government directly funds and regulates care in the community, mostly in the form of Community Aged Care Packages (CACPs) and Extended Aged Care at Home (EACH) packages. These care packages provide low and high levels of care, respectively, in people's own homes (For details of all programs mentioned under 'Responsibility', see 'Mainstream Program Summary' below.

[1] For a more detailed overview of the Australian aged care system, see *Ageing and Aged Care in Australia* (July 2008) which may be accessed at www.health.gov.au. Search for the title under 'Publications'.

The Australian Government also jointly funds care in the community with the States and Territories, through the Home and Community Care (HACC) Program which provides services to people with disabilities as well as to older people. The Australian Government contributes approximately 60 per cent of the funding and maintains a broad strategic policy role. The State and Territory governments are responsible for the day-to-day management of the program. They fund program services through block grants to organisations, and set care recipients' fees policy.

Residential care (high and low care) is predominantly financed and regulated by the Australian Government. Care recipients who can afford it also make means-tested contributions to the costs of their care. Some State and Local Governments have a direct role in providing residential care and make a contribution to funding the facilities they operate.

An overview of the costs of providing aged care services, and of the distribution of those costs between individuals, the Australian Government, State and Territory governments is provided at Attachment A, Table 1, Aged Care Services Funding by Funding Source.

Australian Government expenditure for ageing and aged care through the Health and Ageing portfolio is expected to total over $8.4 billion for 2008-09. A further $1.025 billion is administered by the Portfolio on behalf of the Department of Veterans' Affairs. In addition, the Australian Government directly funds some targeted community care services through the Department of Veterans' Affairs.

Planning for aged care services

The Australian Government is responsible for planing for services provided under the *Aged Care Act 1997*.[2] The Government's planning framework aims to achieve and maintain a national provision level of 113 operational residential places and community aged care places per 1,000 of the population, aged 70 years and over, by June 2011.

Within this overall target provision ratio, 44 of the total 113 places per 1,000 should be residential high care places, 44 should be residential low care places, and 25 places should be community care places.

The framework is designed to keep the growth in the number of Australian Government subsidised aged care places in line with growth in the aged population and the preference for ageing in place, and to ensure a balance of services across Australia. The allocation of places under the framework must take account of people with special needs as defined in legislation.

Providers of aged care services

Over 1,750 approved providers deliver residential and community aged care services directly subsidised by the Australian Government. Community care services are mostly delivered by not-for-profit, non-government organisations although some State and Territory governments also deliver these services. Residential care (high and low care) is mostly provided by the non-government sector (by religious, charitable and for-profit providers). State and local governments, with funding from the Australian Government, operate a small number of aged care homes that deliver around eight per cent of residential care places.

Home and Community Care Services are delivered by around 3,500 organisations. These are mostly not-for-profit organisations but also include local governments.

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2 This Act may be accessed at http://www.comlaw.gov.au/. Search for the Act by title

Many other organisations are funded to provide services such as respite care.

Assessment for entry to care
Under the Aged Care Assessment Program, Aged Care Assessment Teams must assess people's eligibility for care. The Australian Government provides annual funding to each State and Territory government to manage and administer the program. The State and Territory governments also contribute through additional funding and/or providing the infrastructure necessary for the operation of the program.

GOVERNING BODY:
Department of Health and Ageing. Ageing and aged care programs are administered by the Ageing and Aged Care Division within the Department.

Department website: www.health.gov.au

Email contact for enquiries: marion.amies@health.gov.au

LEGISLATION:

Two main pieces of legislation govern the Australian Government's ageing and aged care programs and services.

The *Aged Care Act 1997* governs the provision of residential care, flexible care and community aged care to older Australians. The Aged Care Act sets out matters relating to the planning of services, the approval of service providers and care recipients, payment of subsidies, and responsibilities of service providers. There are also sets of Principles, which provide further detail regarding the matters set out in the Aged Care Act. Extended Aged Care at Home and Extended Aged Care at Home Dementia packages have been established under the Flexible Care Subsidy Principles of the Aged Care Act, and Community Aged Care Packages under the Community Care Subsidy Principles.

The *Home and Community Care Act 1985* provides the framework for the operation of the Home and Community Care Program.[3] This Act sets out the original agreement for the Home and Community Care Program entered into between the Australian, State and Territory Governments, which covers the objectives of the program, the types of projects that can be funded, and arrangements for Australian Government financial assistance to be paid to the States and Territories for the operation of the program.

MAINSTREAM PROGRAM SUMMARY

Australia's population is getting older. Today, around 9 per cent of our population is aged 70 years or older – that is some 2 million people. This is expected to rise to 13 per cent by 2021 and to 20 per cent in 2051 – a rise to around 5.7 million people.

People aged 80 years and over currently make up around 4 per cent of the population; this is expected to increase to 10 per cent by 2051. However, the fastest growing group is people over 100 years of age. They are predicted to increase from 2,860 people today to 78,000 people by 2055.[4] Inevitably, this ageing of our population will lead to increased demand for support, services and care for the elderly.

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[3] This Act may be accessed at http://www.comlaw.gov.au/. Search for the Act by title.

[4] ABS 3222.0 Population projections, Australia: 2004-2101 at www.abs.gov.au . See also, Robyn L Richmond, 'The changing face of the Australian population: growth in centenarians', *The Medical Journal of Australia* 2008; 188 (12): 720-723 which may be accessed at: www.mja.com.au.

As Australians age, most prefer to stay in their own homes. Whenever possible, community care assists them to continue living at home, participating in their communities. As they become more frail and can no longer be assisted to stay in their homes, care is available in residential aged care homes.

Other support and services recognise that older people with special needs require different kinds of support that is responsive to their particular circumstances to assist them to remain active and independent as they grow older. These services assist people who are socially disadvantaged, people from culturally and linguistically diverse backgrounds, and those living with particular conditions such as dementia or incontinence.

In addition, there are services and support to help meet the needs of those people who are the primary carers for frail older people or people with a disability. These include respite services, information, and practical and financial support.

All programs are designed to ensure that access to care is on the basis of need, that services support ageing in place and social inclusion, and that there are particular protections for groups at risk of marginalisation.

Community and residential aged care: support for ageing in place

There are two main types of care services, each with two levels of care, all of which support ageing in place (see Box below).

Types and levels of care		
	Community care services: older people receiving care in their own homes from visiting care providers	**Residential aged care homes:** frail older people receive care from full time care staff in purpose-built aged care homes owned by the care provider. These are quite separate from hospitals.
High	- Extended Aged Care at Home (EACH) package - Extended Aged Care at Home (EACH) -Dementia package	- 24 hour nursing - Accommodation
Low	- Community Aged Care Package (CACP) - Home & Community Care (with states) assistance with bathing, shopping, cooking, cleaning etc	- Accommodation - Personal care: - Support and allied health services

These arrangements and their governing policies have evolved over the years to better support ageing in place both in people's own homes and in residential aged care homes as patterns of demand and care preferences have changed.

Residential aged care

In 1969, the Australian Government first distinguished between residential facilities for people with high care needs (nursing homes) and facilities for those with lower level needs (hostels) so that they could live in more homelike conditions than in nursing homes. This change was reinforced by the introduction of a balance of care target of 40 nursing home (high care) and 60 hostel (low care) places per 1000 people aged at least 70 years within the overall planning

benchmark. Only residents occupying places approved under this ratio could receive Government subsidies.

Over time, as residents in hostels became more frail a growing overlap between their levels of care needs and those of residents in nursing homes emerged. At the same time, administrative and funding arrangements meant that these residents received lower care subsidies than residents with equivalent care needs in nursing homes. This resulted in many residents having to experience the disruption of moving to a nursing home as their care needs increased.

The introduction of the Aged Care Act in 1997 enabled changes to the administrative and funding arrangements to allow aged care homes to provide a continuum of services, supported by integrated funding arrangements with funding tied to the care needs of the resident, rather than to a 'facility type'. Residents can now age in place in the same aged care home as their care needs increase, provided that the home is able to ensure appropriate care.

The success of ageing in place in residential aged care homes is demonstrated by the extent to which operational residential care places originally allocated for low care are now occupied by people now receiving high care. As at 30 June 2007, over 37 per cent of operational places allocated as low care were occupied by people receiving high level care. This means that of all operational residential care places, 64.9 per cent were being utilised for high care.[5]

Care in the community

Over the same period the Australian Government increased the provision of care in the community.

Building on existing programs, the Government established the Home and Community Care Program in 1985, to be jointly funded with the States. Formal Agreements with the States sought to expand and better integrate the range and availability of community care services. The Home and Community Care Program provides a comprehensive, coordinated range of basic support services to enable older Australians and those with a disability to live independently; and to support people to be more independent at home and in the community, to enhance their quality of life and/or prevent their inappropriate admission to long term residential care. In 2006-07, around 801,000 people received services provided by around 3,500 organisations through the Home and Community Care (HACC) program. Of these people, 76 per cent were aged 65 years or over.

In 1992, the Australian Government established the Community Aged Care Packages (CACPs) Program to provide care at home for frail older people with daily care needs that require care planning and case management. The packages were designed to enable frail older people to remain in their own homes as an alternative to low-level residential care. By June 1993, there were 470 packages operational, with the number rapidly increasing to 28,921 by June 2004.

Following the success of these packages, the number and types of packages increased to enable people with higher levels of need, including dementia, to age in place at home.

- The Extended Aged Care at Home (EACH) program was introduced as a pilot in 1998. From 2003, the EACH Program was mainstreamed with places being included in the provision ratio and 858 places becoming operational by 30 June 2004. EACH packages aim to provide an alternative to high level residential care in a person's home.

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[5] Australian Government, Department of Health and Ageing, *Report on the Operation of the Age Care Act 1997, 1 July 2006 to 30 June 2007,* p.15. Unless otherwise stated, all statistics for 2006-07 cited in this paper are from this report which may be accessed at http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-reports-acarep.htm

- Extended Aged Care at Home-Dementia (EACHD) packages were introduced in 2004-05 with funding for 2,000 places over three years. During 2005, 667 packages were made available. These packages are targeted to people with dementia who exhibit behaviours of concern and psychological symptoms due to their dementia.

- The Transition Care Program commenced in 2004-05. The Program has been developed and jointly funded by the Australian Government and the State and Territory governments. It assists older people after a stay in hospital so that they are more likely to complete their recovery process and return to their home in the community. An initial 2,000 places were allocated by 30 June 2007. An additional 2,000 transition care places will be funded over the over the next five years, with the first 200 being implemented in 2008-09. When all 4,000 transition care places are fully operational, up to 30,000 older people will be able to access transition care every year.

In rural and remote areas where mainstream programs would not be sustainable, flexible funding and delivery arrangements enable support for ageing in place.

- The Australian, State and Territory governments jointly fund 101 Multi-purpose Services to provide integrated and cost-effective health and aged care services for small rural communities which are unlikely to sustain separate services such as an acute hospital, residential care or community health and home care services.

- The National Aboriginal and Torres Strait Islander Flexible Aged Care Program also provides flexible places through 30 services, mainly in rural and remote areas. This helps ensure that Aboriginal and Torres Strait Islander people can access culturally appropriate care services as close as possible to their communities.

In summary, there were 42,316 community care places operational at 30 June 2007. This includes:

- 3,302 operational EACH places;
- 1,267 operational EACH-D places;
- 1,594 operational Transition Care places;
- 359 Multipurpose Services; and
- 257 National Aboriginal and Torres Strait Islander Aged Care Strategy places.[6]

The increase in the number of community care places and shift in the balance between community care and residential care are shown at Attachment A, Figure 1, Operational Aged Care Places from 1985 to 2007.

More than 55,370 people received care through a community care package during 2006-07 (equivalent to 2.9 per cent of people aged 70 years or over),[7] including some who also received permanent or respite residential care during the year.

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[6] Only some of the operational places in Multi-purpose Services and under the National Aboriginal and Torres Strait Islander Aged Care Strategy are included in the provision ratio. As at 30 June 2007, there was a total of 2,492 operational flexible aged care places in Multi-purpose Services, and 750 National Aboriginal and Torres Strait Islander Aged Care Strategy places.

[7] As at 30 June 2006 from 2006 Australian Bureau of Statistics Census.

With the success of ageing in place in the community, older people who do need residential care enter aged care homes are older and more frail than in the past. This trend will increase with the ageing of Australia's population. The average age on entry in 2006-07 was 82.4 years, and the average of residents in care was 83.5 years.

Adjusting the provision ratio to better support ageing in place
Changes over time to the provision ratio first set in 1985 also demonstrate the shift to meet the increasing demand for care in the community.

The provision ratio increased from 100 places to 108 places in the 2004-05 Budget with a view to reaching the new target in December 2007.[8] That ratio was made up of 40 residential high care places, 48 residential low care places and 20 community care places.[9]

In the February 2007, the provision ratio was further increased to 113 operational places per 1,000 people aged 70 years or over to be achieved by June 2011. The proportion of places offered has been adjusted from 20 to 25 places for community care (of which four will be Extended Aged Care at Home or Extended Aged Care at Home Dementia packages), with high level residential care increased from 40 to 44 places and low level residential care adjusted from 48 to 44 places for every 1,000 people aged 70 years or over. This increase in the number of community care places (from 20 to 25 places) will deliver a further 7,200 community care places, including 1,600 high level care in the community places, over the next four years.

Other services that support ageing in place

Information
Good information and support services are important to healthy and active ageing and to making informed choices about timely and appropriate access to care when it is needed.

The Australian Government has in place a range of information products in various media (phone lines, booklets, fact sheets, websites and shopfronts) and in the most common community languages. Assistance is available to enable speech or hearing impaired people to access information, and interpreter services are available to assist people from non-English speaking backgrounds.

To assist with all aspects of healthy and active ageing, individuals and families can access information on such matters as pensions, housing options, tips on maintaining health and enjoying better quality of life, volunteering, home safety, and advice about maintaining independence. Information is also provided on accessing assessment for care services and how to locate services that best suit their care needs.

People in the community living with dementia
In addition to the care and support through Each-Dementia packages, mainstream residential aged care and health services, people living with dementia receive support is provided through:

- The National Dementia Initiative which funds dementia research, prevention initiatives, early intervention and support programs, and dementia specific training for community care staff and residential care workers, carers, and community workers such as police;

[8] The provision ratio relates only to services subsidised solely by the Australian Government. Services provided under the Home and Community Care Program, which is jointly funded by the Australian, State and Territory Governments, are not included.
[9]

- Dementia Behaviour Management Advisory Services which provide clinical support, mentoring and behaviour management advice where the behaviour of people with dementia impacts on their care; and

- Alzheimer's Australia which is funded to run the National Dementia Support Program to provide: information, advice and referral; education and training; Dementia and Memory Community Centres; early intervention programs such as the Living with Memory Loss Program; counselling and support services; and support for people with special needs.

A *National Framework for Action on Dementia 2006-2010,* endorsed by Australian Health Ministers, provides a vision for a coordinated national approach to improve the quality of life of people living with dementia and their carers and families.[10]

People living with incontinence
An estimated four million Australians (of all ages) are affected by some degree of incontinence.

The National Continence Management Strategy supports information materials, research and service development initiatives aimed at prevention and treatment. Initiatives include projects such as the National Men's Continence project and the National Public Toilet Map, and a dedicated website promoting bladder and bowel heath. Initiatives to support the workforce include training for pharmacy and rural health staff.

The Continence Aids Assistance Scheme assists eligible people who have severe and permanent incontinence to meet some of the costs of continence products. It enables access to subsidised continence products up to the value of $479 a year (indexed annually).

National Eye Health Initiative
In response to a resolution by the World Health Assembly, Australia developed the *National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss* which was endorsed by all Australian Health Ministers in November 2005.[11] Consistent with this framework, the Australian Government is implementing a National Eye Health Initiative which aims to reduce the incidence of preventable vision loss by raising public awareness of eye health issues and improving the quality and delivery of eye health care.

Day therapy centres
Day therapy centres assist the frail aged to remain as independent. They offer a range of therapy services such as physiotherapy, occupational therapy and podiatry. The centres may charge clients a modest fee for these services. There are 148 centres around Australia, mostly located at aged care homes. Their services are available to the residents of those homes and to frail older people living in the community.

Assistance with care and housing for the aged
The Assistance with Care and Housing for the Aged program assists frail, low-income older people whose circumstances put them at great risk of becoming homeless or being placed

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10 The *National framework for Action on Dementia 2006-2010* may be accessed at http://www.nhmrc.gov.au/funding/apply/granttype/strategic/_files/dementia_attachmenta.pdf

11 This document may be accessed at http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-eyehealth-framework-toc.htm

prematurely in an aged care home. Assisting them to access appropriate housing linked to community care can enable them to remain in the community.

Organisations are funded by the Australian Government to provide paid workers and/ or volunteers who link clients to appropriate mainstream housing and/or care services. These services work closely with State Government Housing authorities and have a key role in assisting eligible clients to obtain secure housing. Where secure accommodation is arranged, the program worker can then link the client to either a Community Aged Care Package or the Home and Community Care program in order to meet the client's care needs.

Services and support for carers

Over 2.6 million people in Australia are carers – unpaid family members and friends who provide support with activities of daily living for frail older people or younger people with a disability. Of these, around 475,000 are primary carers – the people who provide the most, ongoing, care. Carers play a vital role in allowing frail older people and people with disabilities to age in their own homes and avoid or defer the need for residential care.

The Australian Government provides a range of assistance to carers including respite services and financial assistance:

- The National Respite for Carers Program funds over 600 respite services across Australia delivered in a variety of settings, including the home, overnight community houses and in community centres. Some of the services provide respite for carers of people with dementia and challenging behaviour.

- Commonwealth Respite and Carelink Centres help plan practical approaches to respite and other support needs and can also arrange 24-hour emergency respite. In 2006-07, carers received approximately 225,000 instances of respite through these Centres across Australia.

- Carers Australia is funded to subcontract the Network of Carer Associations (in each State and Territory) for the National Carer Counselling Program, specialist advice to carers, and education and training for carers and the community care sector.

- Residential respite care for people in need of short-term care on a planned or emergency basis is provided in Australian Government subsidised aged care homes. Over 38,800 people received residential respite care in 2006-07, equivalent to 2.0 per cent of people aged 70 years or over.

- The Carer Payment and the Carer Allowance help carers perform their caring role. The Carer Allowance is a supplementary payment available to parents or carers who provide daily care and attention for adults or children with a severe disability or medical condition. Carer Payment is a fortnightly payment provided to people providing constant care to a person who is frail aged, has disability, or has a medical condition.

FUTURE DIRECTIONS

The ageing of Australia's population means that policies to support ageing in place will continue to evolve. The extent to which good health and active ageing for older Australians is promoted and encouraged will be a key influence on how successfully Australia manages demographic transition.

The new Labor Government has put in place a wide-ranging work program to ensure that the health and aged care systems are better placed to meet future demands.

Issues under consideration include:

- gaining a better understanding of what people want from the aged care system as they age, to make it more consumer focussed and easier to access;

- seeking ways to better support informal carers, especially as the number of carers will decrease as the population ages;

- ensuring that our health and aged care systems have a much greater focus on prevention and rehabilitation – and that people are encouraged to take greater responsibility for their own healthy, active ageing;

- considering whether new models of residential care are needed as more residents enter care at an advanced aged, are more frail, or may live dementia for an extended period;

- establishing better links between aged care and hospital care and expanding transition care at the interface between the two; and

- looking to beyond the health and aged care systems to ensuring that accessible and age-friendly housing and environments support healthy and active ageing in place;

Much of this work is being undertaken with the State and Territory governments with a focus on clarifying roles and responsibilities and developing a new framework for Commonwealth-State financial relations to support more effective and creative services.

SUMMARY AND CONCLUSION

Australian Government policies and programs to support ageing in place have evolved over the past 40 years.

Today, as Australians age most prefer to stay in their own homes. Whenever possible, through care in the community programs the Australian Government assists them to continue living at home, participating in their communities. As they become more frail and can no longer be assisted to stay in their homes, Australian Government subsidised care is available in residential aged care homes. In most cases, residents in aged care homes can age in place as their care needs increase.

Four main strategies have contributed to this evolution:

- removing funding and administrative barriers to ageing in place in residential aged care homes;

- adjusting the provision ratio to include places for care in the community to enable subsidies for provision of packaged care;

- diversifying the types of packaged care in the community to support people with high care needs, including dementia with challenging behaviours; to continue to live at home; and

- introducing a range of services and supports that recognise older people with special needs require different kinds of support, support that is responsive to their particular circumstances to assist them to remain active and independent as they grow older.

The ageing of Australia's population will continue to challenge policies for and the sustainability of support for ageing in place, not least because the supply of informal carers will decrease.

The Australian Government has put in place a wide-ranging work program to ensure that the health and aged care systems are better placed to meet future demands from population ageing.

Social inclusion, a better understanding of consumer perspectives, a greater focus of prevention and personal responsibility for healthy ageing, the relationship between housing and care, and innovation in models of care are all likely to be key components in ageing in place into the future.

ATTACHMENT A

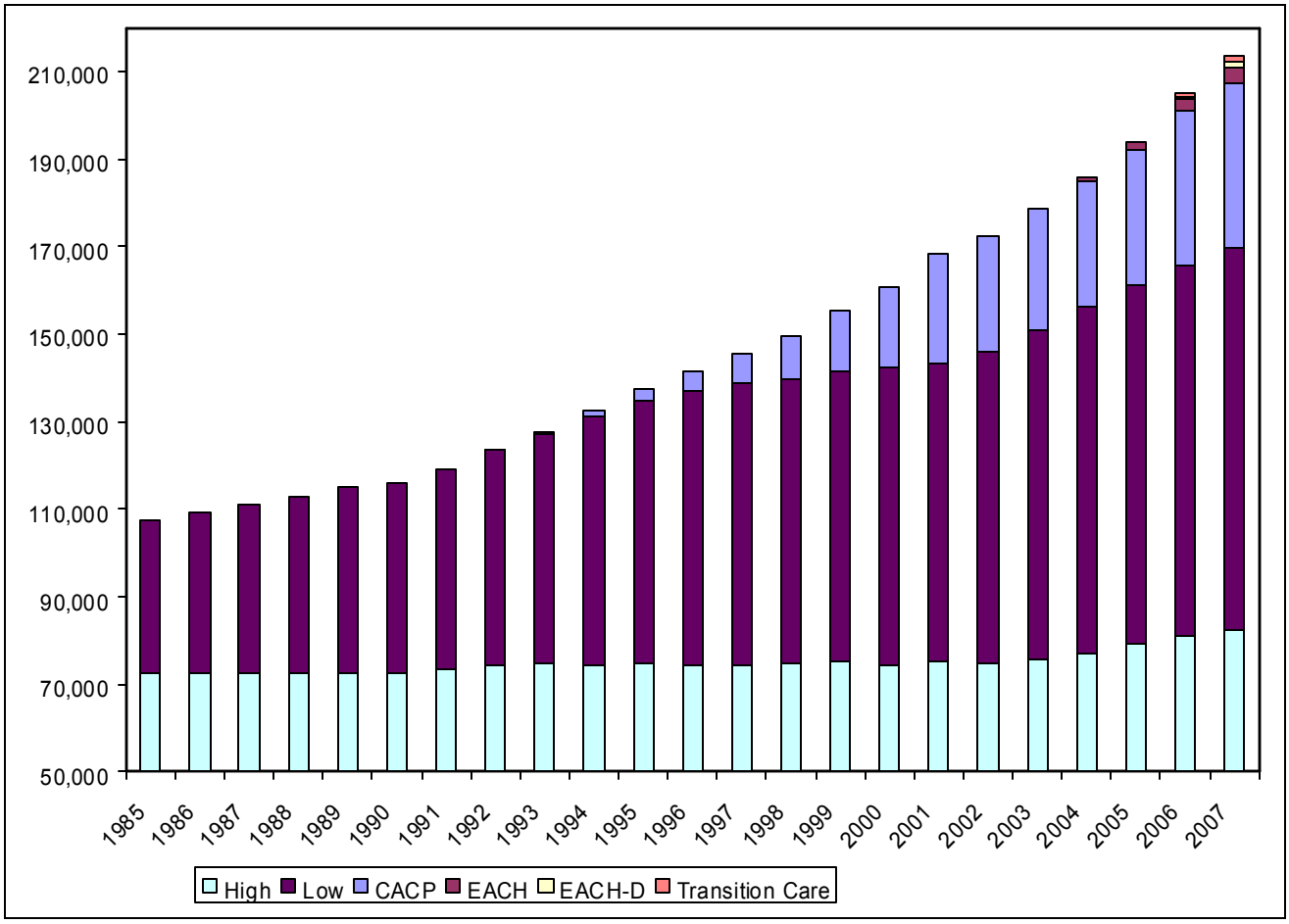
Table 1: Aged Care Services Funding by Funding Source

	Total Average Cost per Place per Year[1]	Average Share Individuals	Average Share Australian Government	Average Share State/Territory Governments
Residential high care	$62,880	26%	72%	2%[2]
Residential low care	$34,990	53%	47%	-
EACH packages	$40,650	5%	95%	-
EACH-Dementia packages	$45,790	5%	95%	-
Community Aged Care packages	$14,025	16%	84%	-
Home and Community Care	Variable	No compulsory contribution	60%[3]	40%[3]
Other Australian Government programs (e.g. National Respite for Carers)	Variable	No compulsory contribution	100%	-

Notes: 1. 2006-07 costs, cost estimates are based on income and do not take into account any cross-subsidisation between types of places that providers may undertake.
2. Some State and Territory governments provide some funding for public sector aged care homes.
3. Precise split varies between state and territories.

Source: *Ageing and Aged Care in Australia,* p.12.

Figure 1: Operational Aged Care Places1985 to 2007



Source: Australian Government Department of Health and Ageing, Unpublished data.

Pioneering a New Vision of Ageing – Ageing and Design
Government Official Meeting, September 4, 2008

Ageing in Place in Austria

Older Persons – Life Expectation

Life expectancy in Austria in 2007 was 77.1 years for men and 82.7 years for women. On average, a man who is 60 years old today can expect to live a further 21 years, and a woman of the same age can expect to live 25 more years. Every five years, life expectancy increases by a further year.

According to forecasts by Statistik Austria, there will be between 2.7 and 3 million people aged over 60 in Austria by the year 2035, depending on the development of life expectancy. The proportion of those over 60 will increase from currently around 22% to 30.6% in the year to 2030 and to 33.7% in 2050.

Among older people there is a particular increase in the very old (80 years and older): from currently 366,000 to 590,000 in 2030 and to just under a million in 2050.

The group of old people is highly characterised by a preponderance of women. Thus for around 100 women over 60 there are only 66 men of the same age. In the case of those over the age of 75, the proportion is 100 women to 44 men. In the age group of those over 85, there are around three times as many women as men. The reasons for this unequal relationship are the shorter life expectancy of men and the consequences of both world wars.

Older Persons and Long Term Care

More than 90% of the people over 60 become older independently or with a small amount of support from mobile services in their own surroundings. 10% of people over the age of 60 receive long-term care benefit at stages 1 and 2 with a care and support requirement of up to 120 hours per month, 8% of the over 60 year olds have a greater care requirement amounting to over 120 hours per month.

Of those over the age of 80, 30% receive long-term care benefit at stages 1 - 2 and around 29% receive it at stages 3-7.

Long term care – persons 61+ - 2006

	Total	%
Persons 61+	1.743.529	100%
Rate of persons 61+ in need of care/assistance	321.231	18%
Rate of persons 61+ level 1 + 2	179.149	10%
Rate of persons 61+ level 3 – 7	142.082	8%

Long term care – persons 81+ - 2006

Persons 81+	316.156	100
Rate of persons 81+ in need of care/assistance	186.992	59%
Rate of persons 81+ level 1 + 2	96.834	30%
Rate of persons 81+ level 3 - 7	90.158	29%

Source: Report of the Working Group for Provision for Long Term Care 2006 (Federal and Provincial long-term care benefit recipients)

About 80% of all those who require care in Austria are looked after by relatives at home. The support of caregiving relatives thus constitutes a main focus for the further development of long-term care provision in Austria.

Between 1999 and 2006, mobile services for home help, nursing care at home and help for the elderly were increased by 21%.

Types of housing in old age

Around 70,000 places in 770 residential homes for the elderly and nursing homes are available. The current average age of entry into a care home is around 82. Alongside this, alternative forms of living for elderly people are offered:

Supported living: The range of support services extends from an emergency call scheme to service contracts. Here, support is not linked to residency.

Communal housing: projects which are suggested by elderly people themselves. The communal aspect goes beyond neighbourly contacts.

Form of active sheltered housing (*Wohnstift*): residents have their own closed flat in a residential complex. Alongside support services the residents also undertake to provide services such as meals and cleaning.

Shared flats for senior citizens: several elderly people living together in one flat; requires the ability to work in a team and tolerance.

Shared housing: joint residence of elderly (often together with younger) people, whereby the residents have their own living areas and rooms for communal use.

Therapeutic residential communities: shared housing with professional support, particularly for those suffering from dementia.

Village for the elderly: housing suited to elderly people in residential surroundings which are orientated towards elderly people, with support and leisure time offers so that there is no need to move when they require assistance or care.

Open homes for the elderly and nursing homes: particularly the opening up of old people's and nursing homes for non-residents to come and have lunch. This encourages elderly people to go out and make contacts, and at the same time leads to major savings in the area of meals on wheels services.

Health promotion, prevention of disease and disability

The Healthy Austria Fund as the national competence centre for health promotion and prevention supports projects for the improvement of the quality of life of older persons, particularly the model project Plan 60 (Vienna Red Cross) to increase the quality of life of older persons in urban areas (www.plan60.at) as well as the model project 'Life-worlds worth living in', which works with people aged 60-75 in rural areas.

A further measure to improve the life situations of older persons and their access to services is the promotion of training for facilitators whose role is to look after and advise older persons and help them lead active lives. These courses are increasingly taking place in rural areas, or are attended by people from rural areas.

Older persons are the focus of Active Ageing in the framework of the pilot project „GEMA Gemeinsam aktiv" (Active together) for volunteering in intergenerational dialogue.

An Austrian representative survey on "Volume and Structure of Voluntary Work in Austria", which was conducted by Statistic Austria in commission of the Federal Ministry in the framework of the microcensus 2006 shows, that 43% of persons between 60-69 years, 28% of persons between 70-79 years and even 19,8% of persons 80+ have been volunteering in organisations and informally in the neighbourhood after leaving working life. Volunteering together with representatives of various generations gives their own life meaning by donating their own life experience in common action for the benefit of the population as a whole.

Another initiative is the activity programme "FIT and ACTIVE in old age" - especially for facilitators and older persons to train their cognitive, motor and sensory competencies.

The Senior Safety Campaign initiated by the Austrian Senior Citizens Council, which receives significant support from the Ministry, is designed to help avoid and reduce the number of accidents related to falls at home, and concentrates on the priorities of information, prevention and training. Information events have taken place in major cities, and a brochure “Living safer – living better” and a short film “Accident prevention in the home” have been produced.

With financial support from national and local authorities, senior citizens’ associations organise special events for their members in which topics related to health promotion and prevention are dealt with.

There are regular campaigns on television, in the press and in the internet to raise the awareness of the population for the importance of healthy eating and getting enough exercise. There are similar series of events in the Laender within the framework of various senior citizens' and health fairs.

Information specific to the target group: Health pass 40+/50+ and 60+ : brochures with health-related information corresponding to their respective age group, accompanied by a pass in which the health data from the precautionary check-up (offered free of charge) can be entered. These are intended to motivate older people to take more responsibility for their own health.

Senior citizen-friendly communities

Local communities play a central role in the wellbeing of elderly people; the represent their immediate living environment. For elderly people, it is the communal and regional infrastructure which has a decisive influence on how active, engaged, healthy and integrated the lives of senior citizens in Austria can be.

The ‘senior citizen friendly community’ competition jointly organised by the Federal Ministry of Social Affairs and Consumer Protection and the Austrian Pensioners Association is raising awareness of the needs and resources of older people and awards prizes to best-practice communities for ensuring the participation and integration of elderly people.

Health and Care

The Structural Plan for Health (2006) introduced uniform data capture as an obligatory framework in the inpatient, outpatient and rehabilitation sectors as well as at the interfaces to the care sector (old people’s / nursing homes and mobile services). This measure will serve to improve the interface management between health service facilities and the care sector.

Additional plans within this framework are for the creation and extension of departments for acute geriatrics / remobilisation to provide primary, interdisciplinary geriatric care and geriatric early rehabilitation for acutely ill patients, also for those from other hospital departments.

An important step towards the revaluation of occupations for the care of old persons and persons with disabilities was taken in 2004 with the joint agreement by the Laender to enact uniform regulations on job profiles, areas of activity and vocational training for social and care professions.
The necessary adaptations in the legislation on health and nursing care were made by the Federal Government in the Nursing Care Act 2005.

Training courses for caregiving relatives are offered by the charitable organisations; in addition there is free counselling for caregiving relatives from the Care Ombudsoffice as well in the form of home visits by qualified staff.

Training by qualified personnel is also offered to those accompanying persons suffering from senile dementia.

In the provinces (‘Laender’) special courses for the care of older persons, experience-oriented and validating care are provided.

Integrated Health Care and Social Services Districts

One of the aims of social policy must be to interlink social services and medical care in a client-friendly and efficient manner. One way of doing this is through the "Integrated Health Care and Social Services Districts". Their purpose is on the one hand to ensure coordinated and full geographical coverage of high-quality care by the provision of medical, nursing and social services in small-area units and on the other hand to expand preventive health care and health promotion.

The ”Österreichische Bundesinstitut für Gesundheitswesen” worked out a basic model containing proposals for the organisational establishment of "Integrated Health Care and Social Services Districts" and prepared a manual which is intended to offer guidelines for the development of such districts. In this model it is proposed that the services offered should be coordinated from district centres, in reasonably sized areas, by institutions (for instance, associations). The district centre should inform the
inhabitants, provide help on how to receive services, and also carry out community-oriented health work.

Community services

Voluntary welfare associations provide about 90 % of community and semi-institutional services as alternatives to nursing-home accommodation. However, they are still underdeveloped in some federal provinces and there are regional disparities in the organisational form, quality, degree of development and coordination of services. Since the introduction of the long-term care allowance about one third of the persons receiving the care-related monetary payment are eligible more social services than before. Between 1999 and 2006 requirements of community services increased by approximately 21%.

The Agreement also prescribes a catalogue of services and quality criteria for community services.

THE FEDERAL LONG-TERM CARE ALLOWANCE ACT

Principles

Since 1993 the Federal Long-term Care Allowance Act introduced a scale of need-oriented allowances including a statutory entitlement, irrespective of the beneficiary's income and assets and of the cause of need.

The long-term care allowance, which takes the form of a single payment to compensate for care-related additional expenses, serves both to ensure that persons requiring care receive, as far as

possible, the personal services and assistance they require, and also to improve their chances of leading a self-determined life that is oriented towards their needs.

Level 1	148,30 €	more than 50 hours
Level 2	273,40 €	more than 75 hours
Level 3	421,80 €	more than 120 hours
Level 4	632,70 €	more than 160 hours

To qualify for Levels 5 to 7 of the allowance, there must be a need for care lasting more than 180 hours per month and further criteria must also be met:

Level 5	859,30 €	need for an unusually high level of care
Level 6	1.171,70 €	necessity of regular care-related measures during the day and at night which cannot be coordinated temporarily or the permanent presence of an attendant during the day and night due to the risk of persons requiring long-term care endangering themselves or somebody else
Level 7	1.562,10 €	impossibility of coordinated movement of arms and legs or comparable conditions

Persons of all ages entitled to a federal long-term care allowance, May 2008

care level 1	74.071	21,85 %
care level 2	115.188	33,98 %
care level 3	55.519	16,38 %
care level 4	51.790	15,28 %
care level 5	26.964	7,96 %
care level 6	9.494	2,80 %
care level 7	5.915	1,75 %
Total	**338.941**	**100,0 %**

Personal services and assistance

The need for long-term care comprises the need for personal services and the need for assistance. In this context, "personal services" are to be understood as activities related to the personal sphere of life (e.g. dressing and undressing, personal hygiene, taking meals). "Assistance" is related to the routine activities of daily life (e.g. shopping, cleaning and heating the dwelling). The need for both personal services and assistance is required in order to qualify for a long-term care allowance.

Persons are placed on the individual levels of the long-term care allowance scale on the basis of medical reports, in which context persons in other specialities, e.g. nursing staff, psychologists or social workers, must if necessary also be consulted.

There is a statutory entitlement to the long-term care allowance. Decisions on applications are made by means of an official notification, with the possibility of an appeal to the Labour and Social Tribunal.

Services

The system of long-term care is a combination of benefits in cash and in kind. For that reason, the long-term care system not only introduces a standard allowance applicable throughout Austria but also includes as a second main point the expansion of social services, which is the responsibility of the provincial authorities.

The range of social services available is therefore to be extended in all federal provinces. As long-term planning is necessary for this expansion, the Provincial authorities elaborated a survey of needs and development plans between 1996 and 1998 which are gradually to be put into effect by the year 2010. In connection with the contributions that the affected person is required to pay for social services, the person's income and assets are taken into account.

The following categories of mobile services are offered by independent welfare organisations, provinces and local communities for disabled people and those requiring care:

- Home help services
- Help for the elderly / nursing care
- Family allowance
- Nursing care at home
- Meals on wheels / meals delivery
- Visitor service
- Emergency phone / personal alarms
- Organised neighbourly help
- Mobile therapeutic services
- Advice for family members
- Medical aids hire
- Laundry service
- Cleaning service
- Repair service
- Transport services
- Personal assistance
- Care of the dying and mobile hospice support

Financing
The costs for the Federal Long-term Care Allowance Act are to be borne by the Federal budget. They amounted to approximately € 1,76 billion in the year 2007.

Support of family members rendering long-term care

Family members who provide long-term care, but are temporarily prevented from rendering care due to illness, holidays or for other reasons, may be granted a subsidy to organize replacement care. The Federal Ministry of Social Affairs and Consumer Protection has established a "care-hotline" and an interactive Website "Caring at home" which provides advice and information, free of charge, to people faced with problems in connection with long-term care.

Quality assurance in long term care at home

Within the scope of "quality assurance for long-term care at home" the actual situation is evaluated in the course of visits to the home of the person receiving care allowance and to family

members providing care. This is done through detailed personal consultations and written information material, and by providing information about other institutions and care facilities.

Between 2001 and 2007, a total of more than 20,000 home visits were carried out, whereby a good or very good standard of care was encountered in more than 98% of the cases. A state of neglect was only found in 0.11% of the cases.

75% of the long-term care benefit recipients visited required advice and information on medical or other aids, social services offers, short-term care and long-term care benefit.

Family hospice leave

A unique measure is family hospice leave for persons providing care to dying family members or seriously ill children: they may be released from work while continuing to be fully covered in terms of labour and social law entitlements (family hospice leave). To enable low-income families to use this option, the Family Hospice Leave Hardship Compensation scheme was introduced.

Care of the dying can be initially arranged for a maximum of three months with the carer's employer. This can be extended up to a total of six months per case if required. Care of very seriously ill children can be initially arranged for a maximum of five months with the carer's employer. This can be extended up to a total of nine months per case if required.

From the announcement of care of a dying person or the care of a very seriously ill child, the employee is protected from redundancy and dismissal until four weeks after the end of this period.

Information and advice of the insured in pension insurance

Alongside the possibility of continuing to pay pension insurance at a reduced rate for those persons who care for a close family member at care stages 3 – 7, and who therefore have to give up their work, since 1 January 2006 there is also the possibility of voluntary pension insurance at a reduced rate for those persons who care for a close family member from care stage 3 and who were not in employment previously. The employer's portion of pension contributions is paid by the federal government.

Since 1 July 2007, if the person being cared for is entitled to long-term care benefit at stage 4, the half of the
amount which has to be paid by the voluntarily insured person (employee's portion) is paid by the federal government. If the person being cared for receives long-term care benefit at least at stage 5, the entire portion which the voluntarily insured person would have to pay is paid for by the federal government – for a maximum of 48 months.

24 hour care at home

Around 80 % of all those who require care are looked after by relatives at home. Particularly in case where around-the-clock care is necessary, it has been common (and is becoming increasingly so) to take advantage of carers who are either self-employed or employed by the family. These carers often come from neighbouring EU member states.
The *Hausbetreungsgesetz* (Home Care Act) which came into effect on 1 July 2007 and the amendment to the trade regulations of the same date create the basis in employment and trade law for legal 24 hour care in private households. This can take the form of an employment relationship with a contract, or the carer works on a self-employed basis.

At the same time, a support scheme for 24 hour care was created which signifies a further important step towards making 24 hour care in private households affordable, and towards the improvement of the situation of people in need of care and support and their family members in Austria.

Essential criteria are:
☐ Care and support has to take place in a private household.
☐ The person to be cared for has to receive long-term care benefit at least from stage 3 or a comparable benefit.
☐ Only the person in need of care, informal carers (family members) or a domestic institution which provides care or support can be the employer or client of the professional carer.

The project 'Support for people in need of care with dementia-related illnesses and for their caring relatives'

Particularly the care of people suffering from dementia, which often continues for years, is often mentally and physically very stressful and makes great demands on the carers.

In accordance with section 21a of the *Bundespflegesetz* (Federal Long-Term Care Act), close relatives of people requiring care who are entitled to long-term care benefit of at least stage 4, can receive financial support if they are unable to provide care due to illness, holidays or other important reasons.

Since 1 February 2007, those people who care for family members who are in need of care and who suffer from dementia can be granted this financial support if the person requiring care receives stage 1 long-term care benefit in accordance with the Federal Long-Term Care Act.

In these cases, substitute care measures for a minimum of four days up to a maximum of four weeks will be supported by the sum of € 1,200 – 2,200.

Support offers for people suffering from dementia – Dementia Manual

The Healthy Austria Fund was commissioned by the Federal Ministry of Social Affairs and Consumer Protection in 2006 to carry out a survey on special support offers for people suffering from dementia and to record them in a dementia manual.
The Healthy Austria Fund approached all the old people's and nursing homes in Austria with a questionnaire. A total of 70 institutions took part in this campaign and described approximately 2,200 residential and nursing places in detail. These places are offered in the form of special dementia wards, residential groups, shared houses and flats as well as special day care for people suffering from dementia.

The Dementia Manual has been available as a download since the spring of 2008 and has also been published in print. It contains information from experts on the subject of dementia such as general quality criteria which should be taken into account in the establishment and design of a special dementia facility. It also includes a nationwide list and detailed descriptions of the participating institutions. This offers a valuable source of information and a basis for decision-making for all those who are looking for a special support offer for people suffering from dementia.

Dementia teams

Since 2008, the Ministry has supported three low-threshold projects in regions of Austria which aim to improve the situation of people suffering from dementia and their caregiving relatives.

Family/community/networking – a mobile competence centre for people suffering from dementia and their family members

People living locally are trained to be family/community networkers whose main task is to establish and coordinate networks in the region. A pool of full-time and voluntary staff is created with whose support the burden on caregiving relatives of people suffering from dementia can be regularly and lastingly reduced.

Salzburg Multiprofessional Dementia Team
Burgenland Multiprofessional Dementia Team
These multiprofessional dementia teams are composed of:
Dementia Coordinators (qualified nurses, social workers), a
psychiatrist and/or neurologist, and a qualified nurse.

During visits to the homes of the affected, questions about dementia itself and about care and support are answered. In addition, comprehensive social counselling is offered and further support offers such as social services can be organised. The goal is to offer the affected families individual, tailor-made solutions.

Conclusions and Outlook for the Future

The desire to lead a self-determined, independent life in surroundings of one's own choice, even if there is a need for care, represents an equally significant challenge for infrastructure-, housing- and social policy. Care counselling should be an obligatory element in the procedure leading to the award of long-term care benefit. A decisive role for the preservation of high quality of life in the future will be played by quality assurance in both institutional care and care at home, with the involvement of voluntary helpers of various ages who encourage communication.

To improve the compatibility of care and nursing with working life in cases of family hospice leave and day care, a further extension of support and care respite measures will be required.

In local community services, the new demography-sensitive terms of reference should be legally defined and innovative regional cooperation promoted.

At the same time, a high level of voluntary participation will be needed on the part of older citizens to structure their living space in the community; it will be necessary to utilise their expertise in life after employment, together with representatives of various generations. This will serve to give their own lives meaning and at the same time it will benefit the population as a whole. When strategically conceived, the empowerment of socially weaker, disadvantaged or endangered persons promotes social balance and cohesion, and simultaneously creates inter-generational projects for cultural and social diversity and quality of life, as it is in the focus of the pilot project „GEMA Gemeinsam Aktiv“ (Active Together) in Upper Austria.

It appears necessary to realise better networking and coordination for ongoing as well as already completed research and implementation projects. In this context, sustainable cooperation with the media would certainly also be meaningful.

Austria professes its commitment to the bottom-up process in its cooperation with the senior citizens' organisations, and also seniors' initiatives and projects, with the charitable associations and NPOs from all sectors of society as well as self-help groups at local, regional, national and international levels.

The Austrian Federal Senior Citizens Advisory Council in the Federal Ministry of Social Affairs and Consumer Protection has invited all stakeholders to participate in the drawing up of a comprehensive national senior citizens' plan. The commitments of the World Action Plan on Ageing and the UNECE-Regional Implementation Strategy, in whose formulation the representatives of Austrian senior citizens also played an important role, will be used as a benchmark.

Mainstreaming ageing in the sense of creating an awareness of the positive views of ageing and of dealing with the challenges towards a society for all ages was postulated as a main priority for the future by the UN-High Level Meeting on the implementation of the Madrid International Plan of Action on Ageing and the ECE-Regional Implementation Strategy +5, in León, Spain, November 2007. This requires more powerful linked international effort with multilateral input, with a greater exchange of experiences and comprehensive networking.

In the framework of a Memorandum of Understanding (MoU) the Government of Austria and the Executive Secretary of the UNECE agreed in 2003 upon support for the UNECE and its member states in the implementation of the MIPAA and RIS goals in cooperation with the UN-affiliated European Centre Vienna (ECV).

Within this project „MAIMI-Mainstreaming Ageing - Indicators to Monitor Sustainable Policies" it has been the task of the ECV, in collaboration with the ECE secretariat, to establish monitoring indicators as well as tools and networks for cross-sectoral, national and international Mainstreaming Ageing together with a Task Force of interested member states, governmental representatives, non-governmental experts and scientists, see www.monitoringris.org. Member States are invited to take part in this project.

AGEING IN PLACE
CHINA SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

AGEING-IN-PLACE IN CHINA
Practices and Experiences

Mr. WU Yushao
Vice President
China National Committee on Ageing

As a developing country with the largest elderly population, China faces the challenges of rapid growth of elderly population, unbalanced demographic changes of elderly population in both urban and rural areas, as well as that in western part and eastern part of China, and the challenge of getting older before getting rich. It is a strategic task for China to deal with ageing issues in the future. As for the services in this regard, the Chinese government has worked out the development strategy, which is based on homecare services, supported by community services, and supplemented by institutional care.

I. It is a fundamental solution to develop Ageing-in-place in China.

1. Demographics

The demographic situation of the elderly in China (the numbers are from The Research Report on the Projection of Population Ageing in China)

	60 and plus (million)	%
Currently	153	11.6%
2014	200	14.71%
2026	300	20.06%(2025)
2037	400	26.96%(2035)
2051	437	31%
Near future	300-400	Around 31%

Beside these figures, there will be 30 million elderly persons aged 80 and above by 2020, accounting for 12.37% of the total elderly population.

2. Changes of Family Structure

The Chinese tradition of living together with their children in the older persons' later years is challenged by some factors, including the reform of economic system, the way of supporting the elderly, especially the adoption of family planning system. The decline of fertility from five to six children per woman in the past to the currently one to two children, brings heavier burden to the children who will support their parents in the future. According to statistics, 70% of the elderly population live with their families in 1990, but now in some cities, 40% to 50% of families are empty nest families, and this percentage even reaches 70% in some cities.

3. It is better for the allocation of resources
According to the basic situation of China, it is impossible for the government, or institutions to solve ageing problem individually. The government, the society, individuals, and families should work together, to develop homecare service. International and domestic practices have told us that running the business by the government proves to be a failure because of the high cost and low efficiency. And limited resources can not be used to those in need. In big cities like Beijing and Shanghai, a bed in an institution costs 300 thousand Yuan, with an extra 20 to 30 thousand Yuan per year, and further more, there is rarely any land for institutions. Instead, the government encourages ageing in place, which means that the government pays a subsidy of 2 to 3 thousand Yuan for each elderly person each year. It lowers the cost, is more efficient and saves resources.

4. It adheres to the Chinese tradition of family support of the elderly.
Ageing in place means living together with family, neighbors and relations. Older persons can enjoy home care services in a familiar environment, which to the largest extent can meet their psychological needs. According to the survey and prediction, 85% of the elderly wish to stay at home, most of whom are healthy and can take care of themselves. Only 6-8% of them prefer to stay in institutions, most of whom are old old persons or are in need of care and assistance.

Major practices and experiences of China
From 2006, China National Commission on Ageing started to encourage local authorities to conduct home care services programs nationwide after 6-year's pilot programs proved to be a success in eastern China's developed areas.

Major home care services provided

Service type	Service providers	Service detail
Living services	Service providers (companies) or volunteers	Cleaning, meal delivery, reading newspapers, chatting
Medical assistance	Community Medical institution	Medical archive, regular body check, consulting service, medical visit. Prevention, diagnosis, and rehabilitation.
Spiritual aspects	volunteers	Regular visits, chatting, reading.
Legal assistance	Legal aid centers (Community court, community lawyer.)	Legal disputes about Personal property, marriage, intergenerational relationship, insurance, medical care.

The major practices and experiences are:

1. The guidance of the government. Local authorities have included ageing in place into their plan of socio-economic plan. And the main measures are:

    a. Making plans. Ageing in place is a complicated project, so governments at all levels make long-term plans, set pilot programs, then implement the plans, and at last establish regulations about it. It takes time and efforts, so governments at all levels should make mid-term or long-term plans on it, and include it in to their socio-economic plans.
    b. Support from government. Home care service is a new industry in China, and most service providers are societies or small enterprises, so the government should provide them with preferential tax policies, financial support and other supportive means. In the meantime, the government also pays the bills for low-income older persons.
    c. Resource integration. The government takes administrative measures to integrate resources in the community, to avoid the waste of resources.

d. Supervision and inspection. In order to guarantee the quality of the service, the government supervises and inspects the service market, service quality and the products, especially those paid by the government.

2. The involvement of society. Government's efforts and guidance are the main power for developing home care services, but the government can not complete it without the involvement of social forces.

   a. Encouraging the involvement of enterprises. The introduction of market mechanism can soundly allocate resources of home care services, so that the industry could develop in a sustainable and healthy way with low cost.
   b. Making full use of NGOs. NGOs are very important in helping the government and market in many aspects. The Chinese government attaches much importance in making full use of NGOs, we buy services from them, we provide them with working places, and we reduce or exempt their taxes.
   c. Making full use of volunteers. Ageing in place needs volunteers, who could be young older persons and neighbors, and this is very important.
   d. The role of family. Despite the role of government and society, the role of family is also indispensable and even more important, especially in living service and spiritual comfort.

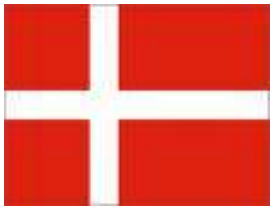
3. Professionalism. Which means:

   a. Home care service includes not only housekeeping services, but also some professional services, for example, medical service, health care service, and legal service. In order to guarantee the quality of the services, the service providers are strictly chosen.
   b. The service personnel, including volunteers, must be trained in professional knowledge and skills. Trained personnel will have a certificate if they pass the exam. And at the same time, the service providers also recruit graduates from universities who major in rehabilitation, health care, nursing, nutrition, psychology and so on. Community volunteers are also required to be trained in nursing and health care for the elderly.

It has not been long since China started the ageing in place program. There are experience and also problems. The main problems are:

   a. some local governments do not put enough investment into the project and take enough efforts to develop it;
   b. some relevant NGOs are not capable enough to run the business;
   c. there is not enough resources of home care services and efficient integration of resources in communities;
   d. The service providers are not well-qualified and well-paid, which is not good for the professionalization of home care services.

AGEING IN PLACE
DENMARK SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008



Lecture Title: How will older people live in the future?

By Margrethe Kähler, Political Consultant. M.A. (Law)
Policy Department, Dane Age

Category: The impact of design on security

The Senior Government Officials Meeting

Ageing-in-Place-The way Forward

Dane Age is an individual membership organisation with more than 500.000 members, or 9 % of the population of the country, covering all social groups, ages and political opinions

My intervention is based on experience and a series of housing surveys, which Dane Age has made since 1987 up to the most recent in 2007. In these surveys, we have asked the same persons about, how they wish to live, when they get older.

Dane Age surveys
We have noticed a change in the minds of these persons from 1987 to 2007. It is remarkable that their awareness of the housing issue has grown. People really know what they want nowadays.

It is also remarkable that the respondents are no longer so keen on living together with people of their own age group. They want to be grandma's and grandpa's with energy and vitality. They do not want to be separated and live only with their own age group. The future housing for the elderly is a normal housing.

But there is a huge need for special houses for the aged, who suffer from dementia or severe physical handicaps. This is absolutely necessary.

Example from real life
I would like to give you an example from real life, that of my mother, who died this spring, nearly 95 years old. She lived in an apartment on the 4th floor in Copenhagen without an escalator. She managed very well until the age of 90. But then she fell and broke a lot of bones and went to the hospital.

Her apartment could not be adapted to t fit her condition. Therefore, a meeting was held at the hospital. The representative for the municipality offered my mother a place at a nursing home, but my mother's answer was: "Well, there's no need to overreact".

My mother went, in fact, to a wonderful little nursing home called “Lotte” in Copenhagen and she had a very good time there until she died. But for the first half year after she had moved into this nursing home, she continued to ask me: ”Margaret can’t you find me a little modern apartment!” She suffered slightly from dementia, so it was in fact impossible for her to live alone. She needed a nursing home.

New housing concept
The remarkable decline in the inclination to move into nursing homes, and the strong inclination to live with others than your own generation, has led to the development of a new concept in Dane Age. We call it: “All times’ houses” a play on words in Danish meaning that they are adaptable over time and that they are great. Therefore the dwellings have to suit all generations, meaning that new houses have to be built or the existing ones adapted, so that they are good to live in, no matter how old you are.

It is our opinion that if a house is good for an elderly person, it is also good for pregnant women, for families and so on. There is no reason to build especially for elderly persons, unless there are more serious issues to deal with, such as dementia or severely physical handicaps.

New pamphlet on housing policy
In the light of this, we have written a pamphlet about housing policy. It is specially directed at politicians in The Parliament and the municipalities as part of our lobbying as an interest group for the elderly.

Our new handbook
We also have written a users’ manual *“All times housing – prepare your house for a long life”*, because we do not think that it is enough just to make demands on the municipalities and Parliament.

It’s necessary that the mobile seniors consider what they themselves can do in their house. We have written the manual in a manner that fits both people who can’t afford a lot of money on their house, people who can afford a little more, and people who can afford the big model.

The book is filled with practical advice for how to do things. I have done it together with an esteemed architect firm.

I have interviewed several persons who have rebuilt their houses in a manner that makes them both beautiful and practical. They do not have to worry that their houses signal handicap all over. On the contrary, they are very beautiful houses:

A picture of Danish elderly people
80 percent of Danish elderly people have quite good economic conditions. But, 20 percent only have their modest State Pension to live on. Because of this polarisation, Danish housing policy should not only be focussed on the financially well off elderly, with enough money, but also on the others.

Sweden, Finland and Denmark are the countries in the world, where most people live alone.
Probably, because we are affluent and egalitarian societies, where we women do not accept everything. Yes, we have given the men a fight to the line.

But very many have found a new model. They live as “COLA’s”, which means *couple living alone* or *living apart together* – one couple, two homes. They know that there will be a lot of trouble if they move together. So why not meet instead, when you have energy in your batteries?

Our latest housing survey in Dane Age underlines in fact, that nearly 70 percent do not want to leave their individual houses. They cling to them because they are part of their identity.

Many seniors also have a *nomad gene,* which has become activated, when they enter their pension age. They travel all over the world.

It is typical for the elderly of the future that they set up some *robust strategies*. They do not want to enter a stereotypical elder picture, where life has stopped and nothing happens.

What you can say about the elderly of the future is that they want to be *middle aged for their whole life.*

Health in old age
More and more people live longer and in good health. Older generations had more diseases in their old age coming from hard work. Today we do get some lifestyle diseases because we drink too much wine and beer, and smoke and eat too much. But apart from that, the age group of 100 years and more is the one, which is growing fastest at the moment.

Concerning memory pills, great work is being done by medical scientists. They are trying to create a vaccination against Alzheimers dementia. Especially the type where plaque, consisting of protein, is deposited upon and between the nerve cells. The memory pills can mean that we remember everything. From our first kiss to the most complicated computer programme.

What we really want is quality, not storage. Not because the aged of the future are egoistic, such as some people proclaim. We are individualistic and we can and will ourselves, if we get the right framework.

Sensual architecture
An architect taught me that it is important to construct houses that “sound” good - with very little aftersound - if you have bad hearing. And how to construct houses, which are good to live in, if you are visibly disabled. I have transformed the interview to practical advice in my book.

One of my sons - you see him here – contributed to the debate about *All times houses*. He agrees in the importance of houses being good for all ages, also his kids. Where top-cupboards can be height-adjusted on tracks. And free space under the kitchen sink, so that the kids can sit down and work.

Status of accessibility
Only 36 percent of all houses in Denmark are accessible for handicapped and old people, so we have a job to do. We still build for a young man of 30 years of age.

Too few council houses
All too little council housing (apartment houses) is built for families. The number has fallen dramatically during these years. We know in Dane Age from our housing surveys, that very many seniors want to move from their houses to a council apartment. Many of them can also be a resource in the local areas with council houses.

On the other hand a large development of care homes has taken place during recent years, but there are still *black holes* with low coverage in the light of demography. We have started to negotiate with the government about this - especially concerning nursing homes for demented people.

In Denmark, other European countries and Japan there is already a lot of technology in the house. What we want is that this technology can be understood by everyone with the help of easy instructions, so that elderly people and the caring staff can understand them.

When the technology is of good quality at a reasonable price and can be understood by the users, it is ingenious. e.g. remote control of windows and doors, surveillance computers in your bathroom, registering if you fall or faint. Sensors registering your *good night* and *wake up habits.* If you live alone and something happens, it is very good to be attached to systems, where electronic signals immediately inform your network. E.g., your relatives, neighbours and care staff.

Escalators - *miniescalators* – exist, which can be fitted into old buildings with no space for big escalators or for electronic wheel chairs. *Miniescalators* can contain a manual wheel chair or a rollator. Most 600.000 living space in Denmark lack such escalators. Many elderly people - e.g., my mother – have to move, because they can no longer climb the stairs in their old house.

How does a 50+ year live?
Most people aged 50plus live in an individual house. Quite a lot live in an apartment. Some live in all-year holiday houses. This has become fashionable in Denmark during the last twelve years. Others – not many – live in farm houses.

Only two percent live in shared houses. Even if we in Denmark are very proud of these houses. Very many - especially single woman and men in the cities – want to move into a shared house. But they are still quite expensive.

Three percent of the 50plus live in care homes. It is in fact the 80plus, 23 percent, who move into care homes, where they live for two or three years on average. Typically, they are in a very bad state of health, when they are approved by the municipality for a care home. E.g., more than a half suffers from dementia.

Bullets from our latest survey
These figures, from our latest house survey, tell how loyal people are towards their home and neighbourhood: Two-thirds want to stay put. But quite a lot want to future-proof their houses.
More owners than renters.

A new tendency in the survey from 2007 is, that there is a good number of the house owners, who are prepared to move to a council house.

Several people, who live in a big house, want to live in a smaller house when they get older. Many live in huge boxes. This tendency to want a smaller house is new.

When you want to move
We have asked the people who want to move, which type of house they want to move to. Here it is in order of priority:

- New future-proofed home
- Smaller home
- Council home
- Senior House
- House-Share
- Close to family and friends
- Sheltered housing or care home

- Year-round holiday home
- Together with the family

Together with the family is the last priority, and this is not because we dislike our family. It is because we care for them and do not want to be a burden to them. And also because we have this universal welfare system in Denmark, which allows us to live with dignity and respect with access to care staff, when we become weak.

When old age strikes
In the survey we asked the participants to visualise when old age strikes and both small and big shortcomings affect them. What then? We asked. Their order of priority is then:

- In retirement housing with homes suitable for elderly, alarm service and activities
- In my present home without any changes
- In a newer, more practical and future-proofed home
- In my present home, but renovated
- In sheltered housing, or a residential care home
- Together with my family

I will summarize the housing policy of Dane Age:

- More *All times homes - Great Homes* More *Intelligent Homes*
  (or at least, prepared to install technological aids in them. With roofs strong enough to bear a roof rail for a lift.)

- More *miniescalators* and *labelling of future-proofed and handicap-adapted houses and apartments*

- *Flexible renting arragements,* so more 50plussers have a possibility to move out of their houses and into council houses

- Many more buildings of *better, cheaper homes – modular building*

- The municipalities should allow *local plans for completion of buildings*

  And finally, we are targeting:

- Economic support from the government towards building care homes for the frail and elderly. Especially the ones who suffer from dementia.

I will now show you pictures from my book - *All times homes – prepare your home for a long life.*

I have interviewed Stefan Jorlev, who had a severe accident on his motorbike.

He lives in ***The House Serpent*** in Copenhagen. He told me that he chose to live there, because he *wanted to let his eye rest on something beautiful.*

It is a marvellous building with private rental apartments, designed by a famous Danish artist and built after the best and finest workmanship. The rents are very high, but even though, the flats were snapped up.

Tietgen Collegium in a new part of Copenhagen in Öerestaden. It is what I call The Senior House – The retirement Home. We are a group in Dane Age working very goal oriented to establish this big house share built in a way, so also people with only state pension can afford to live there.

We have been looking at several buildings, also in Sweden. But the one which came in as number one is Tietgen Collegium. Everybody says that it is the best house. That is how we want to live. It is architecture with character. It is round, it is beautiful and it can be built as a modular building.

Munksøgaard near Roskilde on Zeeland is built in a smart way: They have a cluster for families with children, another for seniors and a third one for young people. Everyone meets together daily in the common eating house/restaurant, where a different group prepares meals for everybody every day.

You can express it in this way: *Together, but even apart*

Finally a quote from Voltaire, the famous French philosopher:

The man, who only builds for the need of a house, does not build for the need of human beings

AGEING IN PLACE
ICELAND SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

Elderly in Iceland

Summary report from the Ministry of Social Affairs and Social Security in Iceland

Iceland

Iceland is Europe´s westernmost country, the second largest island in the North - Atlantic Ocean.

Iceland has a surface of 103.000 km2 and the population density is low with only three persons per km2 living mainly in the Southwest and along the coast.

Iceland is a republic since 1944 and a sovereign state from 1918. The official language is Icelandic, one of the Nordic languages.

Iceland is a progressive modern European society with a high level of technology and education. It has in recent years been among the top ten on United Nations list of quality of life of nations and per capita income is among the highest in the world.

The population in Iceland

The total population is 313.376 by 1 January 2008. The life expectancy is very high and in 2007 life-expectancy for women was 82,9 years and 79,4 years for men.

The age distribution of the Icelandic nation remains somewhat different from that of other European nations. The nation is still proportionately young, although this will change in the coming decades. People aged 65 years and older now comprise about 12% of the population, while by 2050 this proportion is expected to have risen to 27%. In this respect the trend in Iceland lags about 15 years behind that of other European nations, and the response to foreseeable changes in the age distribution of the nation is no doubt coloured by this fact.

Participation in working life

Iceland is unique in its high proportion of employment of the elderly. According to Eurostat it is far higher than in any other country of the European Economic Area. In 2005 20% of Icelanders aged 65 years or older were in employment and 5% of people 75 years and older are still economically active. Unemployment is negligible in Iceland, and demand for labour is fairly steady, which goes some way to explain the employment of elderly people.

It should also be mentioned that Iceland is unique among the OECD nations in its high average age of retirement, which is the highest of any OECD country, for both men and women.

Retirement age in Iceland is 67 years, but people may continue to work until the age of 70 if they so choose. This applies to public employees. In recent years debate has been growing on greater flexibility and that age should become irrelevant in the labour market. Individuals´ values to employers should be based on their skills and competences not on their chronological age. Earlier this year changes have been made to the taxation and social benefits systems, with the aim *inter alia* of supporting employment of the elderly still more.

Act on the Affairs of the Elderly

The Purpose of the Act on the Affairs of the Elderly is:

- To ensure that the elderly have access to the health and social care services they require and that such services are provided at the most appropriate level of service based on the needs and condition of the elderly person in question.
- To ensure that the elderly are able, for as long as possible, to enjoy a normal domestic life and that they are assured the required institutional services when needed.

In the implementation of this Act it should be ensured that the elderly enjoy equal rights with other citizens and that their right to self-determination is respected.

Special legislation on the aged was passed with the purpose of safeguarding as well as possible the rights of the elderly to services, both social and health services.

The enactment of legislation on the elderly was deemed necessary when it was passed by Alþingi (parliament) in 1982. It has undoubtedly served to draw more attention to these matters, encourage debate and improve the rights and circumstances of the elderly. The view has, however, become widespread, *inter alia* among elderly people themselves, that special legislation on matters of the elderly may lead to the group

becoming isolated, and it may hinder the inclusion of issues concerning the elderly in general policy formation and action. It is now under consideration if the legislation on the elderly should be abolished, while assuring the rights of the elderly through general legislation.

Management of geriatric affairs

The Minister of Social Affairs and Social Security holds the supreme authority as regards geriatric affairs.

The Ministry of Social Affairs and Social Security is responsible for overall policymaking geriatric affairs and planning in Iceland as regards the affairs of the elderly. The Ministry is responsible for the promotion of public discussion and public presentation of the living conditions of the elderly and the options available to them.

The Minister of Health is responsible for the health services of the elderly as for all other age-groups.

According to the Act on the affairs of the Elderly a Joint committee on the affairs of the elderly is entrusted to:

- To advise the Minister for Social Affairs and Social Security and the State Government as regards issues which concern the elderly.

- To act as an intermediary between ministries, institutions and associations involved in issues which concern the elderly.
- To manage the Senior Citizens' Construction Fund and submit proposals to the Minister for allocations from the Fund.

The Committee Members are the Chair person appointed by the Minister of Social Affairs and Social Security, one member nominated by the Minister of Health, one nominated by the Senior Citizens' Association of Iceland, one nominated by the Senior Citizens' Council and one nominated by the Union of Local Authorities in Iceland.

According to the Act on the Affairs of the Elderly a special service council for the elderly shall function in each health care centre district. Municipalities may form joint service councils for the elderly when feasible. Today the councils are around 40 and each of them have representatives from the social, medical and geriatric services as well as a representative from the Association of the elderly in the area.

The service councils for the elderly are responsible for monitoring the health and social welfare of the elderly and co-ordinating services, submitting proposals to the municipal authorities concerning geriatric services and seeking to ensure that the elderly receive the services they need and informing the elderly of options available to them.

Services for Senior Citizens residing at home

An effort has been made to organise and co-ordinate the health care and social aspects of the home care services with the welfare and needs of the elderly person in mind. The service is based on case-by-case assessments of the service needs and is geared to support for self-help.

Social services

According to the Act on Municipal Social Services different kind of services for senior Citizens are provided by the municipalities. The goal of local social services is to insure the social stability and wellness of residents on the basis of mutual respect. Social services vary in service, assistance and advice. The rights to social services are connected to one´s legal domicile.

Information and advice about various subjects are given by all municipalities. All municipalities invite those who live at home but are unable to look after themselves without assistance different kind of domestic services. Social support, encouragement and fellowship are important factors as well as assistance with general housekeeping activities. Home-delivered meals and/or prepared meals at communities centres are available in most municipalities and some municipalities invite residents aged 67 and above that live at home a taxi services if they are unable to use public transport due to a prolonged disability and do not have access to a private car. Social services also offer housing and financial counselling and advice.

The service is the responsibility of the individual local authorities and it is the staff of the municipalities which provides the service. The individual municipalities decide themselves how much service they provide, within the framework of the Act, e.g. the frequency and extent of assistance that individuals can receive in their homes. In some municipalities the domestic service is only provided on working days, and it is common for the assistance to amount to one or two visits per week. Other municipalities provide domestic service all the days of the week. The municipalities themselves decide on the tariff for the domestic service, and therefore varies from one municipality to the next whether or how much the users need to pay. Other services given by the municipalities are more or less free of charge. A formal application needs to be made to the

municipality in question for the services, and the decision on each applicant is based on a formal assessment of the needs of the applicant for the service. If an applicant is unhappy with the processing of his or her application for the service, an appeal can be submitted to the Social Services Appeals Committee of the Ministry of Social Affairs.

Home nursing

There is a growing emphasis on providing nursing care to the elderly in their homes to enable them to live as long as possible in their own homes. Home nursing is provided on the basis of the Health Care Act and is the responsibility of health care centres which are operated by the state throughout the country. The extent of home nursing individuals can receive differs from one health care centre to another. In less populated areas the service is normally limited to daytime work hours in the working days of the week, but in larger centres of population, home nursing is offered all days of the weeks and also in the evenings and at night. Individuals who receive home nursing do not pay for the service.
Home nursing is provided pursuant to a formal application and professional assessment of the need of the individual in question for home nursing.

Service centres

Most municipalities operate service centres where senior citizens are provided with company, nourishment, exercise, recreation and entertainment.

Day-care centres

In Iceland there are 55 Day-care centres for the elderly for those who require supervision and care on a regular basis in order to continue to live at home.
Day-care centres provide social support, nursing services, exercise, recreation, education, counselling and assistance in the activities of daily life.

Short term stay

Individuals who live in their own homes can be admitted for short term stays in nursing homes for rehabilitation, reevaluation of health or to relieve family.

Serviced apartments

Municipalities and various other parties have built service apartments for the elderly across the country. Such apartments can be privately owned, rented or residential rights apartments. The Act on the Affairs of the Elderly defines the facilities of such flats. They shall feature 24 hour surveillance, a security system in each apartment and a choice of varied services, such as catering, laundry, cleaning and social and recreational activities. Facilities shall be available for nursing, medical aid and rehabilitation.

Institutions for the elderly

Homes of the elderly

Iceland still has some homes of the elderly but apartments which are specifically designed for the needs of the elderly are more and more taking over the function of those homes. Just over 2% of 67 years old people and older are now staying in homes of the elderly.

Nursing homes

Nursing homes are intended for elderly individuals who are too ill to reside in homes for the elderly, communal residences or specially designed apartments. These shall provide nursing and medical services and rehabilitation facilities. Special facilities shall be available for elderly individuals showing symptoms of
dementia. The services shall be based on individual-based assessments of the health and social needs of the elderly person. The possibility of admitting individuals for short-term stays, if necessary, shall be available. In the design of institutions a particular effort shall be made to create a domestic atmosphere and private rooms for as many residents as possible.

Around 8% of 67 years old people and older are now staying in nursing homes.

According to the new objectives of the Minister of Social Affairs and Social Security it is assumed that 98,5% of people aged 67 – 74 years, 95.5 % of people aged 75 -79 years and 80% of people aged 80 years and older are able to live at home, with the appropriate support.

Nursing homes are owned variously by NGOs, municipalities or both. However, the State provides grants for the development of these institutions and to a large extent pays for their operation by means of payments of daily rates.

Elderly persons can not be admitted to a nursing home without a formal prior assessment of the need for such admission, i.e. an admission assessment for the elderly. The admission assessment is undertaken by seven specially appointed groups of professionals for the whole country.

The surveillance of service quality at nursing homes for the elderly, RAI measurements are conducted three times a year, i.e. the nursing and care offered are measured using a specialised measuring instrument (Residential Assessment Instrument).

Health care of the elderly

The general principle underlying the Icelandic health care system is that everyone living in Iceland is insured pursuant to the Social Security Act and has the same right to health services, irrespective of financial situation, age or status in other respects pursuant to the Health Service Act.

The Icelandic health care system is organised and operated exclusively by the State and funded primarily through the tax system. This applies equally to health care and hospitals. All health services are the responsibility of the Ministry of Health.

In recent years more emphasis has been placed upon promotion of health, to generate awareness of healthy lifestyles and to look at different aspects of health. Also to promote healthy ageing by development of an integrated holistic approach and to establish sustainable partnership for health in later life.

Old age pensions

Old age pensions in Iceland are partly managed by the State Social Security Institution (basic pension) and partly by independent pension funds (employment pension) that are managed by the contributors, both employers and employees.

Iceland has a national residence-based pension insurance which guarantees everyone a living allowance in accordance with the Act on Social Security.

Persons 67 years of age or older who have been resident in Iceland for at least three calendar years between the ages of 16 and 67 are entitled to an old age pension.

The legal retirement age is 67 years but people can postpone to take out their pension up to 72 years and by that get an higher amount.

Since 1974 it is mandatory for all those between 16 and 70 years in paid employment to belong to an occupational pension fund. The number of people who have extensive pension entitlement, in addition to the state pension, is thus steadily growing.

Individuals have been encouraged to make additional pension contributions, and the government has introduced supplementary contributions from the employer in order to make this form of saving attractive.

The organisation of the elderly in Iceland

The organisation of the elderly in Iceland has over 15,000 members, aged 60 years and over, in more than 50 regional associations. The associations and the national organisation work for the general interests of the elderly, such as leisure activities, education and culture, while also placing emphasis on issues which affect the financial situation of elderly people, and the circumstances of those who require nursing-home care.

In discussion and decision-making on matters regarding the elderly, the authorities generally emphasise consultation with the organisation of the elderly. The organisation has a representative on the collaborative committee on matters of the elderly, appointed by the Minister of Social Affairs and Social Security as provided by law, which advises the authorities on matters of the elderly.

The authorities, in consultation with spokespeople for senior citizens, have formulated and implemented various measures to improve the situation of the elderly. Widespread employment into old age, a strong pension system and a generally good employment situation are conducive to the elderly being quite well-off.

Priority issues

Since 1 January 2008, the Minister of Social Affairs has been the central authority regarding the affairs of the elderly. This includes the formulation of policy and planning for all of Iceland, encouraging public discussion on this issue and providing information with respect to all the choices available to the elderly.

The main objectives and focus of the Icelandic authorities are to strengthen the elderly´s role in the society, to promote self-help and to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life.

The Icelandic authorities have in recent years undertaken or supported a number of projects whose aim is to reduce age-related prejudices and bridge the gap between generations. In the debate it has been pointed out that attitude towards the elderly and new emphasis in participation of the elderly in the community deserves much more attention in the future.

In June 2008, the Minister of Social Affairs and Social Security presented the following priority issues that will be addressed during the next few years:

- The elderly will receive proper support and individual-oriented services in order for them to be able to stay in their own homes for as long as possible.
- The elderly and their relatives will have easy access to information regarding rights and services.
- The Social Security system will be streamlined and the rights of the elderly will be more precisely defined.
- The rights of the elderly to keep their own homes as well as their autonomy will be respected.
- The elderly will be provided with a variety of residential solutions to choose from.
- The number of day care, rest and short-term facilities will be increased.
- Quality criteria regarding services for the elderly will be determined.
- The monitoring of services provided for the elderly will be increased and improved.
- New priorities will be adopted for building nursing homes and for improving older housing facilities.
- Cost-sharing contributions made by the elderly towards nursing homes and residential facilities will be modified in order for the elderly to be able to retain their financial independence, and the payment of personal allowance will cease.
- The number of nursing facilities will be increased in order to respond to needs.
- Two-bed or multiple-bed rooms in nursing homes will, for the most part, be eliminated.
- It will be ensured that services for the elderly will always be provided by a competent and diligent workforce.
- The overall responsibility for services for the elderly will be transferred to the municipalities no later than during the year 2012.

AGEING IN PLACE
KOREA SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

Policy measures for successful "Ageing-in-place"

1. Country
Republic of Korea

2. Responsibility
National policy and programs

3. Governing Body
Ministry for Health, Welfare and Family Affairs

4. Legislation
Basic Law on Low Fertility and Ageing Society
http://likms.assembly.go.kr/law/jsp/main.jsp

5. Mainstream Program Summary
Korea has experienced rapid changes in population caused by low fertility and ageing at the same time. It is expected to take only 18 years for Korea to move from an 'ageing society'(defined as a society of more than 7% of elderly population) to an 'aged society' (defined as a society of more than 14% of elderly population).

<Table 1> Population projection of Korea

Country	Year			Years taken	
	Aging (7%)	Aged (14%)	Super-aged (20%)	Aging to aged (7%→14%)	Aged to super-aged (14%→20%)
Korea	2000	2018	2026	18	8

Accordingly, the Korean government initiated the "First Basic Plan in Response to Low Fertility and Population Aging(2006-2010)"(the so-called Saero Maji Plan) in Aug. 2006 and presented various policy measures.

Mainstream programs designed with the purpose of enabling "Ageing-in-place" in Korea could be summarized as follows ; first, housing programs to secure safety and increase quality of life, second, transportation programs to enable free and safe movement within their communities and last but not least, building leisure facilities to enrich everyday lives of the elderly.

5-1. Housing programs

Background

- More than 50% of senior households live in a housing below minimum level.
- The case is more severe for those living in rural areas than in urban areas.
- Due to physical frailty of older persons, even a minor accident can lead to serious injury, which is again a cause for the increase in medical insurance costs.

<Table> Percentage of senior households with domestic accident experience

	2004 survey		2005 survey	
	Urban	Rural	Urban	Rural
Percentage of senior households with domestic accident experience	23.9%	31.6%	20.0%	32.3%

- In order to prevent such accidents and create an elder-friendly residential environment, a new residential criteria for senior households was set up in 2007.
- Official announcement of the Criteria for Senior Housing Refurbishment was made in 2005.
- A Manuel for Senior Housing Refurbishment was developed and disseminated in 2007.

1) Setting up a new residential criteria for senior households

A new standard was set to ensure the three most important conditions for senior housing: safety, comfort and convenience. The new criteria contains basic guideline for the minimum size of housing considering the number of the household. Also, various guidelines for the refurbishment of senior housing are suggested to ensure safety and comfort.

2) Housing refurbishment service program for senior households.

This program was designed to provide housing refurbishment services to senior households below certain level of income.

- It is promoted under the cooperation of related government departments.

Consulting offices were set up to provide information and consulting on senior housing refurbishment.

The Manuel for Senior Housing Refurbishment was developed and disseminated.

- The Manuel contains a list of related companies and available services and was disseminated to related companies and to the seniors.

5-2. Transportation Services

Background

According to a survey, 31.7% of Korean elderly have tumbled over barriers or humps on the pedestrian way. Due to a pedestrian environment that neglects older persons, many people are experiencing inconvenience and danger.

Furthermore, 33.5% of Korean elderly have been injured on public transportations due to quick starts and reckless driving.

The number of senior drivers is increasing with 20% of senior citizens having a driver's license. However, the number of traffic accidents for senior drivers is also increasing with 9,468 cases in 2004, 10,585 in 2005 and11,868 cases in 2006 which indicates a 25% increase within two years time.

- This is partly due to the biological changes taking place with aging, which calls for a policy that deals with such changes and prevents traffic accidents.

1) Improving public transportation and pedestrian way for senior citizens

Installing lifts and escalators in subway stations.

- Increasing the number of low-entrance buses to facilitate bus uses of senior citizens.
- Providing free shuttles and taxis for senior citizens travelling to and from community welfare centers.
- Assignment of "silver protection areas" under the Regulations for senior protection areas which came into effect in May, 2007.
- Developing and disseminating "Silver Marks" that signals for senior drivers.

5-3. Building Leisure Facilities for senior citizens

1) Vitalization of Community Senior Centers

The community senior center (Kyungrodang), a representative type of leisure facilities for older persons in Korea, is supported with 44,000 Won a month in operational expenses and 250,000 Won a year for heating expenses, both of which come from the state government budget.

56,616 community senior centers in total. Moreover, to vitalize the activity of these centers, various programs are being developed and distributed. Also, assistance in daily living such as cleaning services and meal delivery services will be provided in cooperation of women's associations and the young in the community.

2) Establishment of Multi-purpose Senior Centers

To offer comprehensive welfare services like health counselling, culture, and recreation to older persons, 163 multi-purpose senior centers are currently in operation and more will be established focusing on metropolitan areas.

<Table> . Number of leisure Facilities for Older Persons

	Community Senior Center	Elderly School	Resort Center for Older Persons	Multi-purpose Senior Center
Facilities	53,616	1,002	4	163

6. Pilot Program Summary

6-1. Pilot project for "Building an elder-friendly community"

Background

According to the 2005 census, the number of municipals with more than 20% of their population aged appeared to be 63 out of 234, thus indicating that regional disparities is becoming more of a significant issue.

On the other hand, ageing policies and services are provided sporadically, lacking consistency and disregarding local characteristics.

Thus the Ministry launched a new pilot project on 'Building an elder-friendly community' in order to integrate various sporadic services and programs and to create new services according to the needs and basis of the community.

- EuiSung, SoonChang, BooYeo, WonJoo was appointed as pilot cities for the program.

Current situation

Announcement of 'Elder-friendly zone' program (06.8)

- ○ Pilot cities appointed for the program('07.5), action plans developed('08.1)

Plans for building an elder-friendly community prepared according to percentage of aged population and community characteristics.

7. Future Directions

1. To establish a stronger institution for senior housing by enacting Housing Support Act for older persons.
2. To place circumspective concerns in order to prevent and minimize accidents by expanding low-entrance buses, introducing special transportations for older persons, enlarging silver protection zones, amending driver's license system and to increase the number of silver marks provided.
3. To move from protective policies to more sustainable policies so as to create an environment where age could be an opportunity.

8. Summary and Conclusion

Until now, policy initiative was focused more on strengthening fundamental basis for aging-in-place such as housing, transport, leisure, etc.

A more sustainable and community based policy for aging-in-place could be expected in the future for a pilot project on "Building an elder-friendly community" has been launched.

AGEING IN PLACE
MAURITIUS SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

Ministry of Social Security, National Solidarity and Senior Citizens Welfare and Reform Institutions

Country Paper

1. Background Information

The Republic of Mauritius is a group of islands in the south West of the Indian Ocean, consisting of the main island of Mauritius, Rodrigues and several outer islands located at distances greater than 350 kms from the main island. The islands of Mauritius and Rodrigues have a total area of 1,969 sq km. Mauritius has been successively a Dutch, French and British colony. It obtained its independence from the British in March 1968 and acceded to the status of Republic in March 1992. The country has a Westminster type of Parliamentary Government. The official language is English, but French is widely spoken.

2. Demographic Background

The estimated mid-year population of the Republic of Mauritius, which stood at 1,260,403 in 2007, comprises Indo-Mauritians, general population, i.e people of mixed European and African origin and Sino-Mauritians. Like most countries around the world, Mauritius will in the coming years, be faced with an ageing population.

Table 1 below gives an indication of the age structure of the population from 2002 to 2007 as well as the projection for the year 2047.

Table1

Age- group (years)	2002	2007	2047
Under 15	307,826	294,211	249,600
15-59	840,112	840,100	825,700
60 and over	110,814	126,080	362,700

Table 2 gives the life expectancy at birth for the Mauritian population for period 2000 to 2035.

Table 2

Period	Male(Years)	Female(years)
2000-05	68.47	75.57
2005-10	69.76	76.51
2010-15	70.95	77.34
2015-20	72.00	78.04
2020-25	72.94	78.61
2025-30	73.73	70.03
2030-35	74.23	79.33

The number of elderly persons which at present represents 10 % of the population, will go up to 25% in 2047.The pensioner support ratio which in 2007 stood at 6.7 will go down to 2.3 in 2047 while the ageing index will increase from 42.9 in 2007 to 145.3 in 2047.

3. Ageing and Development

The demographic transition highlighted above, will have an unprecedented impact on all spheres of Mauritian life. Government, on the other hand, will increasingly be called upon to address a number of issues with the respect to the elderly. Although the elderly people share a number of common problems and needs with the rest of the population, yet certain issues such as health, welfare, security, housing accommodation are particular to them and require specific policies.

In the year 2004 the Ministry of Social Security National Solidarity, Senior Citizens Welfare and Reforms Institutions came up with a National Policy Paper with respect to the elderly. It was mostly centered on the concept “Ageing with Dignity” which hinged on the promotion of welfare and the empowerment of the elderly. Most of the recommendations contained in the policy paper have been implemented. For the purpose of this paper, the financial, physical and social security policies implemented so far in respect of the elderly in the Republic of Mauritius will be detailed out.

4. Financial Security

Poverty is the primary threat to development and social integration. Financial protection schemes are therefore essential for the enhancement of the welfare of the elderly and income security is considered a vital element to help them maintain an independent living. In Mauritius, financial benefits for the elderly are provided in various forms as follows:

4.1 Basic Retirement Pension

Basic Retirement Pension, also known as old-age pension, is payable to every Mauritian citizen aged 60 years and above, subject to certain residency conditions. This pension scheme, which is a non-contributory one, is paid on a universal basis out of Government fund. An Enhanced Basic Retirement Pension is an additional allowance payable to old age pensioners who are either Totally blind, suffer from total paralysis, or need the constant care and attention of another person.

The present monthly Basic Retirement Pension and the Enhanced Basic Retirement Pension is equivalent to 100 US$ and 54 US$ respectively. Table 3 below provides an indication of the present and projected number of beneficiaries of the Basic Retirement Pension and the Enhanced Basic Retirement Pension as well as the actual and projected expenses in that connection.

Table3

Years	No of Beneficiaries (BRP+enhanced BRP)	Total amount spent in US$	% of Government expenditure	% of Gross Domestic Product
2002	129,697	92,603,000	7.7	1.8
2007	148,800	159,250,000	8.7	2
2047(Projected)	416,900	455,107.000		

4.2 Other Non-Contributory Social Benefits of a Financial Nature

Social Aid is an income-tested scheme, which is payable to the head of a family who is incapable of earning his living adequately and who has insufficient means to support himself and his dependents. Elderly persons who faces financial constraints and who satisfy the criteria laid down in the legislation are entitled to the payment of a Social Aid over and above their Basic Retirement Pension. In addition beneficiaries of Social Aid are also entitled, under the Food Aid Scheme, to a monthly stipend of 3.5 US$ per member of the family, for the purchase of basic food items such as rice and flour. A rent allowance is equally paid to elderly persons, who are living alone in a rented house and who satisfy the legislative provisions.

4.3 Contributory Benefits

The world's ageing population, is increasingly calling for an improved and sustainable system of financial protection. In that respect, the Government of Mauritius has recently increased the retirement age from 60 to 65 for both employees of the public and private sectors. Following the full implementation of the new scheme in 2013, those who are contributing to mandatory pension schemes, would be allowed to draw their full pension at the age of 65 only. However, they will still be given the option to take an early retirement with a reduced pension.

4.4 National Pension Scheme

Retired employees of the private sector benefit from a contributory retirement pension under the National Pension Scheme. This is a mandatory pension scheme which was introduced in April 1976 and which provides for the payment of a contributory retirement pension to employees of the private sector who have contributed to the fund. Contributions to the fund are shared between both employers and employees at the rate of 6% and 3% respectively. Table 5 shows the status of the fund for years 2002 and 2007.

Table 5

Years	No of employers	No of employees	No of beneficiaries	Amount paid as pension(in US$)	Total net assets of the fund (in US$)
2002	15,400	278,600	33,957	9.8 (million)	864.1 (million)
2007	17,000	296,200	41,827	16.9 (million)	1806.4 (million)

4.5 National Savings Fund

The National Savings Fund is another mandatory contributory fund, which was set up in 1995, to provide among others for the payment of a lump sum to every public and private sector employee on his retirement. Contributions to the fund are paid at the rate of 2.5% by the employers in respect of their employees. The number of employees belonging to the fund rose from 335,600 in 2001/2002 to 367,200 in 2006/2007.

5. Social Welfare Policies

Social welfare is another important component in the design of policies for the elderly. Social welfare policies which are meant to cater for the psychological, sociological and recreational needs of the elderly among others, also contribute to the enhancement of their quality of life. So far a number of social welfare policies have been implemented in Mauritius for the benefit of our seniors.

5.1 Senior Citizens Council

A Senior Citizen Council was set up in 1995 to cater for the socio cultural, and recreational needs of the senior citizens, as well as to look after their general welfare. The Council, which operates under the responsibility of the Ministry of Social Security, National Solidarity, Senior Citizens Welfare and Reform Institutions, regroups some 600 Senior Citizens Association around the island. The Council is closely involved, along with the Ministry, in the design and implementation of policies in respect of the elderly.

5.2 The Social Welfare Division (SWD) and the Sugar Industry Labour Welfare Fund (SILWF)

The SWD and the SILWF are two sub units of the Ministry of Social Security. Their objective among others is to provide for a number of activities at community level for the elderly. These activities range from Interclub Exchange, Community Support Groups, Adult Literacy Programmes, recreational activities etc.

Day Care Centres

Eleven day care centres have been set up around the island, to cater for the elderly during the day, while their children are at work and grandchildren at school. Recreational, social, and other activities are carried out there, with a view to empowering these seniors and keep then mentally active.

Community Support Group

Five community support groups have been set up in different parts of the island. These support groups pay regular visits to bed ridden people and provide them with moral support through the organization of social and recreational activities.

5.3 Recreational and Leisure Activities

A residential recreational centre has been constructed on the coastal area, in the North Western part of the island, to provide recreational activities to the seniors and to help them meet their counterparts from other associations and to share experiences. Requests to benefit from residential facilities, come from the Senior Citizens Associations around the island and there is

presently a long waiting list. A second recreational centre is under construction on the eastern coast of the island.

5.4 Centenarian Club

The policy of government in regard to centenarians is geared towards the provision of added protection and welfare to enable them to live a comfortable and peaceful life. In that connection, a centenarian club has been set up with the main objectives to provide them with a proper social and medical support as well as to value them as role models.

5.5 Free Public Transport

Studies have shown that there is a strong link between social isolation and declined physical and mental well being. To solve the problem of social isolation facing our elders and to get them out of the house and connect with others, government has introduced the free public transport policy for that category of the population. They can now enjoy free traveling on public transport at any time of the day or night.

6. Physical Security Policies

The physical well being of elderly people is one of the most valuable assets that a country can have. An increase in life expectancy will no doubt have implications on the demand for health services. For research and policy purposes, it is useful to distinguish between the old and the oldest old, often defined as people aged 85 and above. Chronic diseases among that category of the population, has led to an increase in the demand for long term health care. On the other hand statistical figures indicate that among the senior citizens, women outnumber men in almost all countries around the world and Mauritius is no exception. Consequently, special attention needs to be paid to women specific health issues and these have to be mainstreamed into health policies.

Abuse of the elderly is another major concern of governments. Policies need to be put into place to protect our seniors against abuse of any type, be verbal, moral or physical.

Housing option is yet another area of concern for our elderly people. Housing in a congenial environment promotes the general welfare of the elderly, especially in terms of mobility and security. Along with the socio economic development taking place at the national level, Mauritius has been experiencing a gradual breakdown of the extended family system. This is therefore resulting in a substantial decrease in the availability of kin to take care of the old adults and this situation is inevitably calling for an increase demand in institutional care from the latter.

Health Care Policies

Besides free health services provided on a universal basis , the following policies have been implemented by the Government of Mauritius in respect of the seniors:
Preventive care for the elderly has been integrated along with the health promotion programmes at the level of the Community/ Area Health Centres.
A fast track system has been put into place for the elderly at all levels of the health care delivery system.
Assistive devices such as wheelchairs, spectacles, hearing aids, dentures are provided free of charge to elderly persons.
Financial assistance is provided for the purchase of prosthesis

Home based health care is provided to elderly persons above 90 years through a free monthly domiciliary medical visit.
Bedridden elderly persons, above 75 years of age, also benefit from free monthly medical visits.
Gym clubs have been set up for the seniors in a number of centres around the island.

6.2 Protection of the Elderly

To protect the senior citizens against abuse, the "Protection of the Elderly Persons Act" came into force in 2006. The Act makes provision for the protection of the elderly who is subject to negligence, ill treatment, mental, physical and emotional harassment or who has suffered material or financial loss. To translate these policies into actions, a number of mechanisms have been put into place in accordance with the provision of the Act.

A Welfare and Elderly Protection Unit has been set up within the Ministry of Social Security National Solidarity Senior Citizens Welfare &Reform Institutions. As the name implies, the main task of the unit is to implement policies for the welfare of the elderly and to carry out field visits on all reported cases of elderly abuse. Mediation and counseling activities are carried out by the officers of the unit. Difficult cases are submitted to a Monitoring Committee chaired by the Permanent Secretary of the Ministry. In addition twenty Elderly Watch Committees, comprising members of the public, residing in the surrounding regions, have been set up around the island. These committees are not only engaged in sensitization campaigns to inform members of the public about the provision of the Act, but they also deal with reported cases.

6.3 Housing

With a view to meeting the specific housing needs of the elderly, the Government of Mauritius through the Ministry of Housing and Lands provides special facilities to the elderly for the acquisition of housing units in low cost housing complexes around the island.

On the other hand, with the change in family structure, the need for residential care homes for the elderly is being increasingly felt. In that respect some twenty institutions are presently operating under the control and supervision of the Ministry of Social Security NSSCW&RI. These institutions which are licensed by the Ministry, benefit from a government subsidy in accordance with the number of inmates. Recently there has been a gradual increase in the number of private residential care homes for those senior citizens who can afford to pay entirely for the services provided.

A centre for severely disabled old persons, have also been set up to provide necessary and adapted structure for the care of the inmates. The centre caters for a maximum of 32 inmates who are accommodated in two living units.

7. Way Ahead

The policies which have been implemented so far in respect of the elderly, were primarily based on the Vienna International Plan of Action(1982).In the light of the socio-economic, technological and political developments taking place both at national and international levels, there is an urgent need to review our thinking, philosophy and approach to match the emerging trends.

The Madrid International Plan of Action on Ageing embodies a new paradigm and postulates for the promotion and empowerment of older persons with a view to creating an inclusive "Society for all Ages ".Unlike the Vienna Action Plan which had a humanitarian focus, the Madrid Plan of Action adopts a developmental approach.

In line with the above, the Government of Mauritius is in the process of finalizing a second policy paper for the elderly which will be based on the above concepts.

References

National Policy Paper on the Elderly – Ministry of Social Security National Solidarity Senior Citizens Welfare and Reform Institutions- 2nd Edition May 2004

(ii) Economic and Social indicators (Mauritius)-Social Security Statistics- May 2008

(iii) Draft Policy Paper for the Elderly- Ministry of Social Security National Solidarity Senior Citizens Welfare and Reform Institutions

AGEING IN PLACE
NEW BRUNSWICK, CANADA SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

Country
Province of New Brunswick, Canada

Responsibility
Federal/Provincial policies and programs.

Governing Body
André Lépine, Director
Senior and Healthy Aging Secretariat,
Department of Social Development,
Program Development and Monitoring Division
P. O. Box 6000, Fredericton, NB E3B 5H1 Canada
Tel: (506) 457-6811 /Fax: (506) 453-2869
www.gnb.ca

According to the 2006 Census there are 107,635 citizens aged 65 years and over in New Brunswick which accounts for 14.7% of the total provincial population. By 2026 it is projected that there will be 188,300 citizens aged 65 years and over in New Brunswick which will account for 25.7% of the total population.

Government made a commitment to improve current long term care system for seniors, making sure that it meets the needs of today's seniors as well as the needs of those who will be seniors in the years to come. This is an overview of mainstream programs, policies, legislations and future directions to support New Brunswick's seniors to age at home and stay in the community for as long as possible.

Long Term Care (LTC) system
The objective of the current LTC system in New Brunswick is to provide appropriate, long term care services at the appropriate time and in the appropriate place within the overall continuum of care.

These services are designed to complement and supplement the informal caregivers in the province and to assist eligible clients to function as independently as possible.

These services are for those who are limited in their ability to carry out normal daily activities on a long-term basis. A standardized assessment and uniform eligibility criteria ensure that all seniors with long term needs have the same access to services they require. Assessments are undertaken to determine the level of care required by the seniors requesting services.

Senior and Healthy Aging Secretariat
On July 1st 2008, the Department of Social Development established the Senior and Healthy Aging Secretariat under the responsibility of the Minister of State for Seniors, the Honourable Eugene McGinley. The Secretariat focuses on strategies to help seniors remain healthy, active, independent and socially engaged for as long as possible, and increase supports for informal caregivers. The Secretariat will also serve as the focal point for promoting healthy aging and will oversee the coordination of the 10-year strategy to strengthen the provincial Long Term Care system and address the future needs of seniors.

Financing Arrangements - Standard Family Contribution Policy
http://www.gnb.ca/0017/LTC/StandardFamilyContribution-e.pdf
Clients under the Long Term Care Program are generally responsible for the cost of services. However, government will assist with the cost of services when the client is financially unable to pay the full cost of these services. The Standard Family Contribution Policy within the Long Term Care Program sets out the terms for determining whether a client is eligible for government subsidization of these non-insured long term care services.

The amount of standard family contribution is based on the family/client's net income, the type of service required (in-home, special care home or nursing home) and whether there is a spouse and/or dependents living at home. Assets are not included in the determination of the client's contribution.

Programs
In-Home Support
http://app.infoaa.7700.gnb.ca/gnb/Pub/EServices/ListServiceDetails.asp?ServiceID1=10115&ReportType1=All
In-home Support Services consist of non-professional assistance with personal care needs such as help with dressing, bathing, and grooming; assistance with housekeeping tasks which may include activities such as cleaning, laundry, meal preparation; and respite care. These services are meant to assist and not replace the natural support system. Currently the department provides assistance to approximately 4,700 seniors who are receiving in-home support services.

Clients can choose to receive approved home support services from Home Support Agencies (third party contracts with the government) or from private individuals.

Home Support Agencies are approved by the Department through a tendering process and must comply with standards. These standards apply where home support services are requisitioned by Social Development from approved Home Support Agencies for clients served through programs of the Department. It is the client's choice which agency will be selected to provide their individual services.

- The Home Support Services Standards establish a minimum standard of service and service delivery. They are not designed to regulate home support services within New Brunswick but to reflect an approved minimum of service quality. These standards apply where home support services are requisitioned by Social Development for clients served through programs of the Department.

Compliance with Legislation: Service provider agencies that provide services to long term care clients must comply with relevant Federal, Provincial, and Municipal laws and regulations where applicable. They include but are not limited to: http://www.gnb.ca/0062/acts/index-e.asp

- *Family Services Act*
- *Worker's Compensation Act*
- *Protection of Personal Information Act*
- *Official Languages Act*
- *Occupational Health and Safety Act*
- *Health Act*
- *Human Rights Act*
- *Employment Standards Act*
- *Personal Information Protection and Electronic Documents Act*

Clients may choose to receive subsidized services from private individuals, except for immediate family members. These individuals are considered to be self- employed and are selected by the client.

Recent Improvements for In-home Support

- Moving from a cost-based to an hours-based policy with respect to home support services.
- Increasing the maximum hours of care per month for home care. The provincial government currently subsidizes home-care for eligible clients, up to a maximum of 215 hours of care per month to assist with daily living activities. Individuals who require additional supports to live at home will be eligible for additional hours of care, up to a maximum of 336 hours per month.
- Increasing the hourly rate for home support services by 7.6%, since March 2007.
- Reserving special-care home beds across the province to provide short-term care to individuals who are medically stable, but require additional care because family supports or in-home care providers are not immediately available. This will help to prevent inappropriate hospital admissions.

Extra-Mural Program ("hospital without walls")

http://www.gnb.ca/0051/0384/index-e.asp

The New Brunswick Extra-Mural Program (EMP) provides a comprehensive range of coordinated health care services for individuals of all ages for the purpose of promoting, maintaining or restoring health within the context of their daily lives in their homes and their communities. The program also provides palliative services to support quality of life for individuals with progressive life-threatening illnesses.

The EMP is established within the Regional Health Authorities. It provides quality home health care services to eligible residents when their needs can be met safely in the community.

Services are available to all residents of New Brunswick who meet eligibility criteria.
(For more details on the eligibility criteria: http://www.gnb.ca/0051/0384/index-e.asp)

The Extra-Mural professionals provide health care services that include: assessment, interventions (including treatment, education and consultation), service planning and coordination.

Professional service providers include: nurses, licensed practical nurses, registered dietitians, respiratory therapists, occupational therapists, physiotherapists, speech language pathologists, rehabilitation aides and social workers. Services offered include: acute care, palliative care, home oxygen program, long term care assessment and rehabilitation services.

As an integral part of the health care system, the Extra-Mural Program is involved in a variety of partnerships with other government departments and divisions, health care institutions and

agencies in order to provide comprehensive services to clients within their homes and communities.

Recent Improvements in the Extra-Mural Program

- The EMP provides short-term home support services (up to 30 days) to allow individuals to return home while awaiting assessment. Without this enhanced service, some individuals who no longer require acute care services would be admitted to or remain in hospital because they have not been assessed for services and because they would not have access to support services upon returning home.

- The Quick Response Home Care (QRHC) initiative is to divert individuals from unnecessary admission to hospital through screening, assessment and appropriate community intervention. QRHC currently has a demonstration project in three facilities to facilitate the rapid introduction of appropriate community services.

Housing

http://www.gnb.ca/0017/Housing/index-e.asp

Housing repair programs provide assistance for the cost of modifying homes to accommodate the changing needs of low income aging adults. The housing needs of elderly individuals can be accommodated without the need to change residence. Financial assistance is provided to homeowners and third party owned rental properties to undertake much needed repairs, disabled accessible modifications, minor adaptations to promote independent living and energy retrofits to reduce energy consumption and provide energy savings. Programs available include:

Federal/Provincial Repair Program
Assists low income homeowner households who occupy substandard housing requiring major repair or lacking basic facilities. Assistance is also available to modify an existing home to accommodate an aging parent in order for elderly persons to live independently with the support of their families.

Federal/Provincial Repair Program for Disabled Persons
Provides assistance for the modifications of existing homeowner or rental units to improve the accessibility of the dwelling for disabled occupants.

Federal/Provincial Emergency Repair Program
Provides financial assistance to low income households to undertake emergency repairs that are required for the continued safe occupancy of their homes.

Housing Adaptations for Senior Independence Program
Provides assistance for minor adaptations for low income seniors who have difficulties with daily living activities in the home.

Energy Efficiency Retrofit Program
Assistance is provided to improve the energy efficiency of housing occupied by low income homeowners and owners of rental properties occupied by low income tenants.

Rental & Rooming House RRAP Program
Assistance is offered to owners of rental properties with units occupied by low income tenants for repairing or improving the property to an acceptable standard of health and safety for the occupants.

Pilot Program Summary

In April 2008, the province announced a pilot public-private partnership initiative to build three new nursing homes across the province as part of campus-style housing complexes. Each facility will feature independent and assisted-living accommodations, as well as 72 nursing-home beds. This initiative will promote healthy aging and the aging-in-place concept and will help address waiting lists and bed shortages.

Future Directions

Renewed Long Term Care Strategy: Be Independent. Longer.:

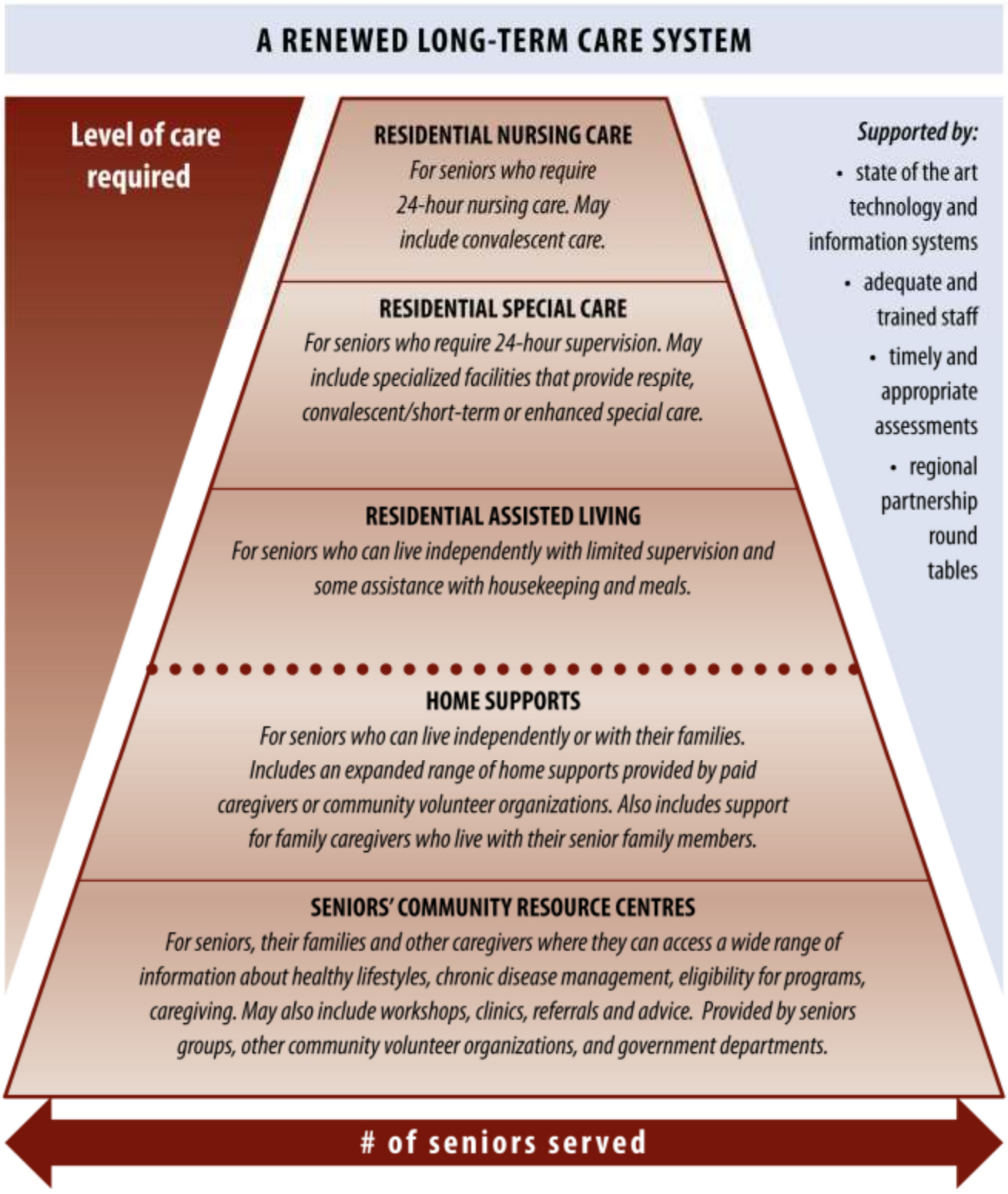
http://www.gnb.ca/0017/LTC/LongTermCareStrategy-e.pdf

Our Renewed LTC Strategy: "Be Independent. Longer.", released in February 2008 will ensure a continuum of care that is fair to taxpayers, equitable in its delivery, and sustainable for the future. This is a 10-year strategy to be implemented by 2018. The strategy proposes a new direction that government will follow to achieve strategic goals with 53 specific actions that are based around the following 5 major themes: Informal Caregivers, Formal Caregivers, Affordability and Sustainability, Quality of Service Delivery, and Quality of Care.

The strategy reflects a societal shift away from institutional care as more seniors want to be cared for in their homes and communities. The premise for the actions identified within this strategy is to focus efforts on keeping seniors out of the long term care system for as long as possible. This means placing emphasis on promoting active, healthy living and providing support to family caregivers.

Informal caregivers play a critical role in the sustainability of the long term care system. By providing enhanced supports at the community level it is hoped that the need for more costly forms of long term care services, such as hospitals and moving to a special care home or a nursing home will be delayed for as long as possible. Offering more service options to eligible clients and their families or other informal caregivers will help seniors remain healthier and more independent. A consistent and sustainable mix of programs and services should be available in all regions of the Province.

Diagram of the Long-Term Care System



Specific actions to support seniors to age in place

- Research supportive housing models that facilitates independent living for individuals who are not able, on their own, to meet some or all of their daily needs, and/or who need monitoring and the availability of emergency assistance to remain physically and emotionally secure. The intent would be to combine building features and personal services to enable people to remain living in the community as long as they are able and choose to do so.
- Study the provision of financial assistance for the creation of secondary suites/garden suites for low income seniors. This includes additions to existing dwellings as well as creating new stand-alone units.
- Develop public/private partnerships to create new and innovative models for residential care.
- Expand the availability of new housing options for seniors, including assisted housing, flex housing, life lease and senior-friendly housing.
- Expand renovation and rehabilitation housing programs for families caring for their seniors to make their homes senior- friendly.
- Provide more options for respite services in each community such as adult day activity centers, friendly visiting, buddy system, telephone reassurance, meals on wheels, respite beds and develop a network of seniors' community resource centres.
- Collaborate with employers to encourage the implementation of more flexible work policies to support family members caring for seniors.
- Explore options for financial compensation to family members.
- Increase opportunities for seniors to adopt a healthy lifestyle, remain active and prevent social isolation.
- Provide clients with an option to receive funding that allows them to purchase, for themselves, a mix of long-term care services that best meets their needs.
- Expand availability of long-term care services to include home maintenance/operations, snow removal, grass cutting, transportation.
- Enforce compliance with legislation, standards and policies in the delivery of home support services, and in special care homes and nursing homes
- Promote the use of new technologies to enable seniors' independence, including having sensors installed in their homes to monitor their health, Internet, lifelines, videophones, etc.
- Explore options to reduce property tax burden for persons who convert part of their home into an apartment to care for their senior family members.
- Work with municipalities to remove barriers (by-laws and zoning) to families adding living quarters for their seniors.

Other government commitments to support ageing in place

New Brunswick's Health Plan http://www.gnb.ca/cnb/promos/php/PHP-e.pdf

- More resources for the Extra-Mural Program to better support vulnerable seniors and provide enhanced access to home-based and school-based services.
- Investments in technology to support delivery of tele-health services, home health-care and client self-management.
- Alignment with the vision for a renewed LTC system in which seniors are supported in their homes and communities for as long as possible.
- Enhancement in primary health care with focus on helping seniors to stay healthy and to manage chronic health conditions more effectively.
- Strengthened partnerships with LTC providers

New Brunswick's Action Plan to be self-sufficient http://www.gnb.ca/2026/index-e.asp

- Explore means that will enable our senior citizens to enjoy healthy and active lives.

- Use new technology to build on our reputation as a leader in the field of home health care, expanding the range of tele-health services now offered throughout the province and implementing new home-based monitoring systems.

New Brunswick's Wellness Strategy http://www.gnb.ca/0131/wellness-e.asp

- Build capacity for community development & promote healthy lifestyles.

Summary

Our vision is one in which New Brunswick is a world leader in the provision of long term care for seniors. New Brunswick seniors are healthy, active, socially engaged and when required, are supported in safe and respectful environments. The long term care system envisions decreases in the demand for services through increased active healthy lifestyles, the promotion of wellness and the provision of supports to encourage families to care for their seniors whenever possible. Seniors may choose from a blend of public and private for-profit and not-for-profit services that are provided based on need and delivered in the places they call home.

AGEING IN PLACE
NOVA SCOTIA, CANADA SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

Country: Canada

Responsibility: Provincial

Governing Body: Nova Scotia Department of Seniors
Contact: Valerie White, CEO
valerie.white@gov.ns.ca
(902) 424-0065

Legislation (Key Policy):

Strategy for Positive Aging in Nova Scotia
Released in December 2005, the *Strategy for Positive Aging* is a framework for government action and a long-term planning guide for all sectors. The aim of the is to ensure Nova Scotia is able to maximize the opportunities today to be better equipped to manage the challenges associated with an aging population. By 2026, the population of seniors in Nova Scotia will nearly double. The aging of the baby boom generation, coupled with decades of low birth rates, is also impacting labour force. Nova Scotia's labour force growth rate is expected to drop to zero within five years.

The Strategy was created through the Task Force on Aging, which involved a 24-member advisory committee, 34 public meetings, 11 stakeholder forums, and written submissions. In total, more than 1,000 Nova Scotians had direct input, mostly seniors. The Strategy contains a vision, nine goals and 190 societal actions. It covers a broad range of issues and policy areas. All of the goal topics address aging in place issues. The nine topics are:

- Celebrating Seniors
- Financial Security
- Health and Well-Being
- Maximizing Independence
- Housing Options
- Transportation
- Respecting Diversity
- Employment and Life Transitions
- Supportive Communities

The *Strategy for Positive Aging* in Nova Scotia can be found at the Department of Seniors website:
www.gov.ns.ca/scs/pubs/Strategy-positive-aging.pdf

Continuing Care Strategy

The Nova Scotia Department of Health released the Continuing Care Strategy in May 2006. This strategic framework outlines plans for how Nova Scotia will deliver continuing care services over the next 10 years. It advances the Province's goal to promote independence and improve access to care and support in a properly regulated and sustainable environment, while recognizing that in-home supports and long-term care facilities are a vital part of the whole health and social care system. The Continuing Care Strategy included a commitment to1,320 new long-term care beds across the province over next 10 years. As of April 1, 2008, contracts for a total of 722 new beds have been awarded. As well, to support aging in place, additional support to family caregivers became effective June 24, 2008 when the amount of respite care available in a long-term care facility was increased from 28 days to 60 days per year.

The Continuing Care Strategy can be found at the Department of Health website:
www.gov.ns.ca/health/ccs_strategy/Continuing_Care_Strategy.pdf

Mainstream Program Summary:

Home care services are meant to add to the help people can receive from others such as family, community, or friends. Home care helps people remain as independent as possible in the community. Services include: home support (such as personal care, family caregiver respite of 60 days per year, and light housekeeping), nursing (such as dressing changes, catheter care, and intravenous therapy), and home oxygen. Home care services require an assessment to determine eligibility and needs, and costs are determined by income, with the exception of nursing services for which there are no fees. Care coordinators provide ongoing monitoring and adjustment to meet changing needs.

Home improvement grants and loans programs include:

- Senior Citizens' Assistance Program (income-tested grants of up to $5,000 to help seniors carry out emergency health- and safety-related repairs to their homes)
- Home Adaptations for Seniors' Independence (forgivable loans of up to $3,500 to make adaptations that meet the needs of seniors with an age-related disability)
- Parent Apartment Program (loans of up to $25,000 to create affordable accommodations for family members who are at least 50 years old and earn less than $20,000 per year)

Information about theses programs and others can be found at the Department of Community Services at:
http://www.gov.ns.ca/coms/housing/seniors/index.html

Age-Friendly Communities Initiatives - Over the last year, the Department of Seniors has been involved in two exciting research initiatives that are examining ways to make our communities, both our cities and our rural/remote areas, more age-friendly. This work was conducted on both an international and national level, however, the intent of the work was based upon a locally-driven and "bottom up" approach that began with the lived experience of older people who shared their insights. In total, 86 people (seniors, caregivers, and service providers) participated in focus groups that identified age-friendly features and barriers, and made suggestions for improvements. Programs such as leisure activities, affordable and accessible seniors' housing, accessibility to public and private spaces and employment opportunities were examined.

- **Age Friendly Cities Project**, an initiative of the World Health Organization, was jointly funded in Nova Scotia by the Department of Seniors and the Halifax Regional Municipality

(HRM). The overall goal of the research, which was conducted in 33 cities worldwide (4 cities in Canada participated including Halifax), was to identify concrete indicators of an age-friendly city and produce a practical guide to stimulate and guide advocacy, community development, and policy change to make urban communities age-friendly.

- **Age-Friendly Rural/Remote Communities** was a national initiative, which followed the same protocol set out by the World Health Organization in the *Age Friendly Cities Project* but was led by the Federal/Provincial/Territorial (FPT) Ministers Responsible for Seniors and the Public Health Agency of Canada (PHAC). This Canadian initiative set out to complete the same work as in the *Cities* project but it examined the experiences of seniors in rural and remote communities. The village of Guysborough was one of 11 communities in Canada to participate in this national project. A follow-up phase, sponsored by the Department of Seniors, added to the study three more communities in Guysborough (Sherbrooke, Sunnyville, and Canso).

Age-Friendly Communities Program - Building on the work of the national and international projects above, the Department of Seniors created a grants program to increase awareness about the Age-Friendly Guidebooks and to assist municipalities in creating or adapting structures and services that are accessible and inclusive of seniors with varying needs and capacities in order to ensure they are able to lead healthy, active lives.
All municipal units in Nova Scotia are eligible to apply for an Age-Friendly Communities Program grant. This includes regional municipalities, towns, rural municipalities and villages. Successful applications receive up to 50 per cent of their project cost, to a maximum of a $5,000 grant, where the municipality matches the fund's contribution.

Information about this program can be found on the Department of Seniors website at:
www.gov.ns.ca/scs

Positive Aging Fund - The fund assists nonprofit community organizations in creating projects that advance the goals and actions outlined in Nova Scotia's Strategy for Positive Aging, with a focus on health, well-being and community participation of Nova Scotia seniors. Successful applications will receive a grant of up to $10,000, covering 100 per cent of project costs.

Information about the Fund can be found at the Department of Seniors website at:
www.gov.ns.ca/scs

Pilot Program Summary:

Time Banking - The Department of Seniors is exploring Time Banking as an innovative approach to growing volunteerism. Time Banking is based on a simple concept - if you spend an hour of time helping someone, you earn one Time Dollar that you can spend having someone do something for you. Time Banking engages seniors as full participants, gives tangible value to their contributions, eliminates reluctance to accept "charity" because help is earned, connects resources with needs, improves socialization, and builds trust. The Department of Seniors has consulted with more than 200 stakeholders, is increasing awareness of the Time Banking concept through communications activities, and is currently developing and funding demonstration projects in select communities.

Transportation - The Department of Seniors recently funded an Inclusive Transportation Summit in June 2008 to enable a broad range of stakeholders to begin work on developing an action plan. One of the main objectives of the project is to bridge gaps in communities by sharing underutilized resources, reducing competition for groups applying for the same funding, and

building strong networks between currently unconnected groups, such as seniors and persons with disabilities.

Future Directions:

Action Plan for Positive Aging - An Interdepartmental Working Group has been established to guide the development of the government's *Action Plan for Positive Aging.* In June 2008, the Interdepartmental Working Group participated in scenario planning sessions (simulations that combine known facts about the future with plausible trends that are key driving forces). Participants were asked to look outward to 2027, to ensure today's policy decisions incorporate social, technical, economic, environmental, educational, and other trends. To our knowledge, only one government (Scotland) has used scenario planning for developing strategic plans related to population aging. The scenarios generated during the sessions will be incorporated into the action planning process during the fall and winter 2008-09.

Silver Economy Conference - In partnership with the Nova Scotia Department of Economic Development and other stakeholders, the Department of Seniors will host the Silver Economy Conference in April 2009. The first in North America, this conference will bring together businesses, the voluntary, higher learning and public sectors to learn about new marketing approaches, new products and services, and a wide range of business opportunities that are emerging with demographic change in Nova Scotia and around the world. The conference will also share best practices for workplace policies that attract and retain older workers, volunteer environments that appeal to baby boomer retirees, and learning environments that foster a culture of life-long learning and support the needs of the business community.

Healthy Living Tax Credit - starting in January 2009, a $500 tax credit will be available to adult Nova Scotians. The tax credit will encourage Nova Scotians to participate in healthy lifestyles through fitness. Previously the tax credit had been available only to children.

Summary and Conclusion:

More than 200 years ago, Aristotle wrote about the importance of home as a place for meeting essential needs, and that humans, for all their individualism, are ultimately dependent on one another. These concepts still hold true today, and, as our population ages, they are becoming increasingly important.

The concept of aging in place is broad and the programs, services, and policies needed to support it are many. No single sector can achieve all that is required. As stated by the National Advisory Council on Aging (*1999 and Beyond, Challenges of an Aging Society*): "It's up to everyone, individuals, governments, business, community organizations, and the voluntary sector to anticipate the challenges and take the steps needed to meet them. Some steps can be taken by one sector acting alone, while most would benefit from joint or combined action."

Having had extensive input in creating the Strategy for Positive Aging, and having now worked toward implementing this comprehensive framework for more than two years, the Department of Seniors has learned that community-based solutions (such as the Age-Friendly Communities Program and the Positive Aging Fund) will be the key to our success. As well, policies that support the growth of social capital (such as the Time Banking Program and recent Transportation Summit), as well as activities that inform and engage a wide range of stakeholders (such as the Silver Economy Conference) are vital for ensuring Nova Scotia's vision of bing "an inclusive society of caring communities that supports the well-being of seniors and values their contributions."

Equally important are policies that encourage innovation. The Strategy for Positive Aging opens with an interesting quote: “If I had asked the people what they wanted, they would have said faster horses.” The quote is from Henry Ford.

The Task Force on Aging consultations asked Nova Scotians what they wanted. Admittedly, some suggested the equivalent to faster horses. But many more told us that meeting the challenges ahead requires new and sustainable ways of doing thing. Solutions to meeting the needs of seniors and all Nova Scotians today and in the future do not rest in convenient thinking, they lie in our collective creativity.

AGEING IN PLACE
QUÉBEC, CANADA SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

Fédération internationale du vieillissement
Réunion des hauts fonctionnaires – Le 4 septembre 2008
Vieillir dans son milieu – Agir aujourd'hui pour demain

Pays
Province du Québec, Canada

Responsabilité
Politique et programme provinciaux

Organisme de direction
Mme Sylvie Barcelo
Sous-ministre
Ministère de la Famille et des Aînés
425, rue Saint-Amable, 4e étage
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Le contexte

Le Québec connaît une évolution démographique accélérée. En fait, seul le Japon présente une évolution démographique plus rapide. En 2006, les personnes de 65 ans et plus représentaient 14 % de la population totale. En 2020, elles en représenteront 21 % et en 2030, 27 %.

En parallèle, l'espérance de vie s'allonge de façon spectaculaire : la durée moyenne de vie, de 1931 à 2005, est passée de 56 ans à 78 ans chez les hommes et de 58 ans à 83 ans chez les femmes. En 2041, cette espérance de vie pourrait atteindre 82 ans pour les hommes et 87 ans pour les femmes.

Depuis Madrid 2002, le Québec a pris la mesure de cette évolution démographique et effectué le virage qui s'imposait pour en tirer les meilleurs bénéfices.

En 2004, réunies au sein du Forum des générations, les forces vives du Québec représentant l'ensemble des secteurs (public, parapublic, financier, économique, syndical, communautaire, etc.) ont convenu de l'importance des changements démographiques, des enjeux qu'ils engendraient et des possibilités qu'ils offraient. Huit équipes de travail ont approfondi les problématiques et les pistes de solution en matière de prévention, de pérennité du système de santé et de services sociaux, de développement de l'école communautaire, d'assurance parentale, de compétitivité des entreprises, d'innovation sociale, de reconnaissance des diplômes et des acquis des immigrants et d'accroissement de la participation des aînés.

La consolidation de la mission Aînés au gouvernement du Québec

Dans la foulée de cet exercice de sensibilisation et de mobilisation unique, le gouvernement nommait, en 2007, pour la première fois dans l'histoire du Québec, une ministre consacrée exclusivement aux aînés. Celle-ci a notamment les responsabilités suivantes : promouvoir les aspects positifs du vieillissement et susciter la participation de la population afin de combattre les préjugés et les stéréotypes associés à l'âge; promouvoir le développement de liens intergénérationnels; sensibiliser les instances nationales, régionales et locales aux besoins liés au vieillissement des individus et de la population et soutenir leurs actions à cet égard; et, enfin, encourager la mise en place de services répondant aux besoins et aux intérêts des personnes aînées. Le Secrétariat aux aînés, au sein du ministère de la Famille et des Aînés, l'accompagne dans l'exercice de ces responsabilités. Existe aussi le Conseil des aînés. Ses principales fonctions consistent à promouvoir les droits des personnes âgées, leurs intérêts et leur participation à la vie collective ainsi qu'à conseiller la ministre sur toute question qui concerne ces personnes, notamment en matière de solidarité entre les générations, d'ouverture au pluralisme et de rapprochement interculturel.

Par ailleurs, la nomination d'une ministre entièrement consacrée aux aînés a entraîné le développement du Secrétariat aux aînés. Celui-ci dispose des leviers et des effectifs permettant d'asseoir d'une manière plus efficace la mission gouvernementale Aînés. La finalité de l'action ministérielle dans ce secteur est de contribuer à l'avènement d'une société pour tous les âges afin de permettre aux générations actuelles et futures de personnes aînées de vivre dans un environnement favorisant leur vieillissement actif et leur épanouissement. En ce sens, quatre principes guident l'action :

L'adaptation continue des services, programmes et infrastructures destinés aux personnes aînées;
La promotion des comportements et attitudes positives des personnes et des organisations envers le vieillissement;
La responsabilisation des personnes aînées elles-mêmes et de tous les acteurs de la société;
Le développement de partenariats afin de multiplier la portée des actions.

Plus particulièrement, dans le cadre du volet Aînés, le ministère de la Famille et des Aînés a pour mission de favoriser la participation et la contribution sociale, civique, économique et professionnelle des personnes aînées au développement du Québec. Son mandat se situe dans une perspective horizontale. Ce positionnement lui confère une place privilégiée pour exercer un leadership fort en vue d'influencer les divers acteurs de la société en ce qui concerne l'adaptation des services, programmes et infrastructures destinés aux personnes aînées.

Le Secrétariat aux aînés développe donc des réseaux et des partenariats efficaces. Il joue également un rôle de planification, de coordination et d'harmonisation des interventions publiques afin de s'assurer que les besoins et réalités des personnes aînées soient pris en compte. Son action est élaborée dans une approche multisectorielle, qui doit tenir compte des personnes aînées, en fonction de trois aspects :
Leur milieu de vie (résidence, entourage, communauté, etc.);
Leur niveau de vie (niveau de sécurité, niveau de revenu, etc.);
Leur mode de vie (conditions de bien-être, accessibilité aux services, participation citoyenne, possibilités de développement, relations intergénérationnelles, etc.).

Enfin, l'efficacité de l'action repose sur la capacité à développer des partenariats efficaces, cohérents et probants avec les différents acteurs de plusieurs secteurs d'intervention. En ce

sens, les paliers local et régional sont particulièrement importants puisque c'est à ces niveaux que les services directs sont offerts aux personnes aînées. Dans l'ensemble, le Ministère intervient avec :

Les acteurs publics et parapublics (ministères et organismes offrant des services à la clientèle des aînés ou ayant de l'intérêt pour elle);
Les institutions locales et régionales (municipalités, conférences régionales des élus (CRE), municipalités régionales de comté (MRC), etc.);
Les secteurs privé, associatif, communautaire : organismes offrant divers services aux aînés dans des domaines variés (santé et services sociaux, soutien à domicile, loisir et sport, etc.);
Les milieux universitaire et de la recherche (observatoires, centres de recherche, universités, etc.).

Les réalisations gouvernementales récentes

En matière d'accroissement de la participation des aînés, la consultation publique de 2005, sur le thème « La pleine participation des aînés au développement du Québec : Afin de construire un Québec pour tous les âges », a, dans la foulée des travaux du Forum des générations, conduit à l'adoption en 2007 de la première Stratégie d'action en faveur des aînés. Cette stratégie génère des investissements de 1,2 milliard de dollars en cinq ans afin d'accroître le revenu disponible des aînés, de favoriser davantage leur maintien à domicile, de mieux adapter les services et les infrastructures à leurs besoins et de renforcer leur place dans la société.

Se sont ajoutés en 2008, à la suite de la consultation publique de l'automne 2007 portant sur l'amélioration des conditions de vie des aînés, de nouveaux investissements totalisant 1 milliard de dollars pour améliorer la qualité de vie des personnes aînées. Parmi les grandes réalisations découlant de ces investissements, on trouve des mesures financières et fiscales majeures visant :

L'accroissement du revenu disponible des aînés;

Le maintien à domicile;

L'adaptation des services et des infrastructures locales et régionales aux besoins des aînés;

La promotion du droit des aînés à la dignité et au plein exercice de leur citoyenneté;

La promotion de la pratique de l'activité physique chez les aînés;

Un soutien accru aux proches aidants;

La lutte contre l'abus et la maltraitance;

L'amélioration des communications et l'accès pour les aînés à l'information gouvernementale dans les secteurs qui les concernent.

Les principaux programmes

1) Soutenir les personnes aînées dans leur milieu de vie

Les actions gouvernementales	Les bénéfices pour les aînés et leurs proches qui agissent comme aidants
Une enveloppe de 12,5 M$ sur cinq ans octroyée afin d'adapter les services et les infrastructures aux besoins évolutifs des personnes aînées.	En région, 21 ententes ont été ratifiées avec les CRE au printemps 2008. Les partenaires associés à leur mise en œuvre procèdent, dans toutes les régions, à la définition des priorités et des plans d'action et à leur mise en œuvre.
Près de 7 M$ sur cinq ans investis dans le cadre de protocoles, ratifiés au printemps dernier, avec les villes et les MRC afin de soutenir des projets pilotes d'implantation de l'approche Villes-amies des aînés (VADA) développée par l'Organisation mondiale de la santé (OMS).	Ces projets contribueront notamment à adapter l'environnement pour le rendre plus propice à la pratique d'activités physiques et de loisir et ainsi introduire un mode de vie physiquement plus actif (améliorer l'offre de services, harmoniser les services existants, favoriser de nouveaux projets et promouvoir une image positive du vieillissement).
Une enveloppe supplémentaire de 80 M$ de plus par année à compter de 2008-2009, destinée à accroître le développement des services dans la communauté. Cette enveloppe s'ajoute au budget de plus de 250 M$ que le ministère de la Santé et des Services sociaux (MSSS) consacre déjà aux personnes aînées en perte d'autonomie.	L'offre de services de soutien à domicile du MSSS sera améliorée en vue de donner des services à un plus grand nombre de personnes et d'augmenter les services actuels, par exemple : en offrant plus de services aux personnes aînées en perte d'autonomie; en développant des ressources d'hébergement intermédiaires; en rehaussant les soins en centre hospitalier de soins de longue durée (CHSLD); en ajoutant des places de soins posthospitaliers de convalescence; et en fournissant plus de petits équipements.
Une simplification et une majoration du crédit d'impôt pour le soutien à domicile d'une personne âgée : - Le taux est haussé de 25 % à 30 %, ce qui représente 40 M$ de plus par année.	Au total, 310 000 personnes aînées bénéficieront de ce crédit d'impôt. Le formulaire a été simplifié et le remboursement sera fait par dépôt direct.

2) Soutenir davantage les personnes aidantes

Les actions gouvernementales	Les bénéfices pour les aînés et leurs proches qui agissent comme aidants
Le budget du Québec 2008-2009 prévoit la création d'un fonds pour les proches aidants de 200 M$ sur 10 ans, en partenariat avec Sojecci II ltée, holding de la famille de Lucie et André Chagnon.	On prévoit développer les services de répit et d'accompagnement aux aidants naturels qui gardent une personne à domicile ou qui soutiennent un ou des membres de leur famille atteints principalement de la maladie d'Alzheimer ou d'une maladie apparentée.
Un nouveau crédit d'impôt remboursable de 30 % pour les frais de relève engagés par les	Pour chacune des 40 000 personnes aidantes, ce crédit d'impôt pourra aller jusqu'à 1 560 $

personnes aidantes en vue d'obtenir un répit est instauré. Cette mesure représente 51 M$ sur cinq ans.	par année et permettra de couvrir une partie des frais engagés pour obtenir un répit.
Près de 1 M$ par an sur cinq ans seront consacrés à la conclusion de partenariats avec de grands regroupements visant la promotion du droit à la dignité des personnes aînées et le plein exercice de leur citoyenneté.	Une première génération d'ententes de partenariat a été conclue en 2008 avec une dizaine d'organismes nationaux.
Un soutien aux initiatives locales visera à accroître le respect envers les personnes aînées. Cette mesure représente 25 M$ sur cinq ans.	Soutien accru à des initiatives telles que : - Soutien aux personnes aînées victimes d'abus et de maltraitance; - Accompagnement des personnes aînées dans leurs démarches pour obtenir du soutien; - Promotion d'actions visant à projeter une image favorable du vieillissement et des personnes aînées; - Initiatives visant à briser l'isolement; - Actions de prévention du suicide.
Un plan d'action gouvernemental sera déposé en 2009 pour prévenir le suicide et pour lutter contre les abus et la maltraitance que peuvent subir les personnes aînées.	Cela signifie une action prioritaire et concertée de l'ensemble des acteurs gouvernementaux concernés pour contrer les abus et la maltraitance et prévenir le suicide.

3) Améliorer la qualité de vie des personnes aînées

Les actions gouvernementales	Les bénéfices pour les aînés et leurs proches qui agissent comme aidants
Pour les personnes hébergées en CHSLD, le gouvernement désire soutenir des initiatives additionnelles de nature à améliorer la qualité de l'alimentation, une mesure qui représente 3 M$ de plus par an à compter de 2008-2009.	Cela se traduira par de la formation pour le personnel cuisinier et une alimentation mieux adaptée aux besoins des bénéficiaires.
L'accès à l'information sur les services gouvernementaux pour les personnes aînées sera amélioré.	Cela se traduira par une « réponse humaine » plus rapide à Services Québec et par une information écrite plus complète sur les services publics offerts aux personnes aînées.
Le crédit d'impôt pour revenus de retraite sera augmenté et passera de 1 500 $ à 2 000 $ d'ici 2011. Cette mesure représente 168 M$ sur cinq ans.	Près de 400 000 contribuables bénéficieront d'un revenu disponible plus élevé.
Le crédit d'impôt en raison de l'âge sera indexé. Cette mesure représente 26 M$ sur cinq ans.	En 2009, cette mesure représentera un allégement fiscal de 2 M$ et touchera 330 000 personnes aînées.
Le plafond de fractionnement des revenus de retraite entre conjoints sera haussé. Cela représente 112 M$ en 2008-2009.	Pour les personnes aînées vivant en couple, cette mesure entraîne un revenu disponible supérieur.

Une campagne gouvernementale de sensibilisation pour promouvoir une image favorable du vieillissement et de la contribution des personnes aînées au développement de notre société.	L'objectif est de valoriser la participation des aînés et leur apport inestimable à la société.

Les projets pilotes

1) Carrefours d'information

En 2005, parmi l'ensemble des constats soulevés dans le rapport Une pleine participation des aînés au développement du Québec afin de construire un Québec pour tous les âges, trois questions ont retenu l'attention des partenaires associés au projet des carrefours d'information : la solitude et l'isolement des aînés, le manque d'information et le besoin de participation citoyenne.

L'Association québécoise des centres communautaires pour aînés (AQCCA) et la Fédération des centres d'action bénévole du Québec (FCABQ), deux regroupements qui rassemblent, à eux seuls, près de 200 organismes voués au mieux-être des personnes aînées, y ont trouvé écho à leurs propres constats. En effet, une part importante de leur travail d'intervention auprès des aînés isolés et vulnérables consiste à les orienter vers des ressources adéquates. Le travail de référence et d'information n'est pas toujours facile parce que l'information est souvent dispersée et les programmes, peu connus du public.

Le ministère de la Famille et des Aînés et ses partenaires gouvernementaux croient également à la nécessité de rapprocher les aînés d'une information gouvernementale intégrée concernant les programmes et mesures de soutien à leur intention. Le Secrétariat aux aînés a donc amorcé la formation d'un partenariat public-communautaire pour mettre sur pied, par l'intermédiaire d'un projet pilote, les carrefours d'information pour aînés. Les partenaires qu'il a invités à joindre ce projet sont l'Association québécoise des centres communautaires pour aînés, la Fédération des centres d'action bénévole du Québec, Services Québec et les directions territoriales de l'Agence des services à la famille du ministère de la Famille et des Aînés. Tous y ont vu une occasion de mieux servir la clientèle des personnes aînées isolées et vulnérables.

Dans sa plus simple expression, l'implantation d'un carrefour d'information signifie que des ressources désignées dans un organisme communautaire, intervenants ou bénévoles, assistent individuellement la clientèle des personnes aînées pour l'aider à obtenir, à partir des guides électroniques destinés aux personnes aînées sur le portail Internet gouvernemental ou d'autres sources d'information, des renseignements concernant les programmes et services gouvernementaux.

2) Projet pilote Villes-amies des aînés
Ce projet s'inscrit dans le cadre d'orientation Vieillir en restant actif, publié en 2002 par l'Organisation mondiale de la santé. Ce cadre vise à aider les différents gouvernements à élaborer et à consolider des politiques sanitaires et sociales qui tiennent compte du vieillissement de leur population, ainsi qu'à inciter les municipalités à rendre leur milieu plus convivial et sécuritaire pour les personnes aînées, dans le but de promouvoir un mode de vie sain et actif.
Le gouvernement du Québec a décidé de s'ajuster au vieillissement de la population en implantant, en collaboration avec six villes du Québec et une MRC, le projet Villes-amies des aînés.

Cette vaste expérimentation se déroulera sur une période de cinq ans, soit du 1er avril 2008 au 31 mars 2013. Elle vise à mettre en place des actions durables ayant pour but de favoriser une vie saine et active chez les personnes aînées, à mesurer tout le potentiel de ces actions et à en dégager des avenues gagnantes qui pourront servir à d'autres milieux. Ces initiatives cherchent à encourager le vieillissement actif en optimisant la santé, la participation et la sécurité des citoyens âgés, tendant ainsi à améliorer leur qualité de vie. Elles ont également pour objectif d'adapter les structures et les services afin que les personnes aînées, aux capacités et aux besoins divers, puissent y accéder et y avoir leur place. Les projets devront avoir pour retombées d'améliorer l'environnement afin que celui-ci favorise notamment l'activité physique de loisir et de déplacement chez les personnes aînées. De plus, ce projet se veut une démarche de mobilisation des communautés, où les personnes aînées joueront un rôle clé.
Le gouvernement du Québec investira 2,8 millions de dollars en cinq ans dans les projets pilotes Villes-amies des aînés. De cette somme, 470 000 $ sont destinés à un centre de recherche sur le vieillissement afin d'accompagner les villes dans leurs démarches, d'évaluer cette vaste expérimentation et de s'assurer du transfert des connaissances.

Les directions futures

À la suite de la consultation publique sur les conditions de vie des aînés, le Conseil des ministres a demandé que soit mis en place un comité gouvernemental de sous-ministres qui poursuivra la réflexion sur l'adaptation des politiques publiques aux réalités d'une société vieillissante. Ce comité permettra de s'assurer que les politiques et les programmes du gouvernement du Québec s'adapteront à la réalité et aux besoins des personnes aînées. L'annonce de ce comité est majeure puisque celui-ci poursuivra, sur une base annuelle, une réflexion gouvernementale sur le vieillissement de la population, sur ses conséquences à moyen et à long terme pour la société québécoise et sur les moyens à mettre en place pour soutenir un vieillissement actif de la population.

Plusieurs ministères et organismes mettront également en œuvre des engagements pris à la suite de la consultation publique, dans des secteurs touchant la santé, l'emploi, la formation, la sécurité, le transport, le revenu, la discrimination, l'information et le maintien à domicile.

Finalement, le dépôt d'un plan d'action gouvernemental pour contrer les abus et la maltraintance envers les aînés et prévenir le suicide s'avère un enjeux prioritaire pour assurer la qualité de vie des personnes aînées. La mobilisation et le réseautage de plusieurs partenaires seront nécessaires afin de coordonner et de soutenir l'implantation des mesures de portée nationale, régionale et locale qui y seront annoncées.

Conclusion

Afin de répondre à la première préoccupation des aînés, celle de demeurer à domicile dans des conditions de qualité, et afin de permettre à la société de tirer le plein bénéfice de l'évolution démographique en ayant des aînés de plus en plus en mesure de participer à son développement, le ministère de la Famille et des Aînés compte intervenir sur les six axes prioritaires suivants :

- La lutte contre les préjugés, les stéréotypes et l'âgisme;
- Le maintien ou la réintégration en emploi;
- La promotion des saines habitudes de vie;
- L'accès à des services de maintien à domicile;
- La lutte contre les abus et la maltraitance;
- La prise en compte de situations de pauvreté et d'exclusion sociale.

C’est ainsi que le gouvernement du Québec compte concrétiser sa vision d’une société pour tous les âges afin de permettre aux générations actuelles et futures de personnes aînées de vivre dans un environnement favorisant leur vieillissement actif et leur épanouissement.

AGEING IN PLACE
SASKATCHEWAN, CANADA SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

Country: **Saskatchewan, Canada**

Responsibility: **Provincial**

Governing Body: **Ministry of Health and Regional Health Authorities**

Legislation: ***The Regional Health Services Act***

Mainstream Program Summary – **Home Care**

The Ministry of Health's Home Care Program, offered through Regional Health Authorities, helps many seniors with health problems who may require acute, palliative or supportive care in order to live independently longer, in the comfort of their homes. All decisions are based on assessed need and risk to the individual if the service is not provided. The program assists people in maintaining their quality of life and provides support for people who may otherwise have to be in a hospital or long-term care facility.
Case management/assessment, home nursing, physical and occupational therapy services are provided at no charge to the individual. the fee for meals, personal care, respite care, homemaking and home maintenance is based on income and the amount of care required.

Some services once available only in hospitals may now be delivered at home. for example, some people who need intravenous antibiotic therapy, and palliative care may now receive these services in their own homes.

Regional Health Authorities offer *individualized funding* which provides funding directly to approved individuals (or their guardians) to arrange and manage their own support services if they so wish. *Collective funding* is intended to simplify the managing, funding and accounting process for groups of people living together that are eligible for individualized funding through the home care program.

Pilot Program Summary – N/A

Future Directions – **Seniors' Care Strategy**
In November 2007, the Premier of Saskatchewan provided the Minister of Health with a mandate letter outlining a number of priorities to be addressed. One of those priorities was the creation of a Seniors' Care Strategy.

The Seniors' Care Strategy will provide a framework for programs and services for Saskatchewan seniors over the next 5 to 10 years. The purpose of the Strategy is to:

- identify and address gaps in the current continuum of care provided through home care, community care and long-term care;
- develop an intermediate and long-term care facilities plan that addresses the care needs of our aging population;
- improve the coordination of long-term care beds to allow senior couples to stay together;
- support non-profit agencies that provide long-term care;
- work with the federal government to increase long-term care capacity on First Nations reserves;
- undertake a pilot project to provide government funding for level three and level four beds in personal care homes to reduce waiting times for long-term care beds; and
- introduce new legislation to protect whistleblowers who report abuse and require the Minister to investigate reported cases of abuse and take disciplinary action if warranted.

Summary and Conclusion

There are many strengths to the current Home Care Program:

1. *Knowledge* – knowledgeable and experienced leadership at the provincial and Regional Health Authority levels.
2. *Degree of Care Coordination* – having the home care staff be employees of the Regional Health Authority, and often having case managers and home care providers co-located, provides for a higher level of care coordination than wouldn't be possible if care services were contracted out.
3. *Co-Location* – Given the structure of Regional Health Authorities, there are also opportunities for co-location with primary care and public health staff.
4. *Umbrella of Services* – There is a solid range of services under the home care umbrella.

AGEING IN PLACE
SCOTLAND SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

Ageing-in-Place - The Way Forward

Country – Scotland

Responsibility – this report is about Scotland, and deals with national (i.e. Scottish) policy and programs.

Governing Body – The Scottish Government – Older People and Age Team

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Scotland – a quick resumé

Population 5m – 8.2% of UK's 60.9m

Land area 7,877,000 hectares – 34.5% of UK's 22,840,000 hectares

UK Parliament and **Government** at Westminster, London.

The **Scottish Parliament**, established in 1999, comprises **129 Members of the Scottish Parliament** (MSPs).

The **Scottish Ministers** (First Minister, Deputy First Minister, 5 Cabinet Secretaries, and 10 Ministers) set policies for devolved subjects for Scotland.

The **Scottish Government** – civil servants, not political – serve the Scottish Ministers.

Under the devolution settlement of 1999, employment, benefits, and equalities issues are reserved to the UK Government. Many areas of policy are devolved to Scotland, including education, health, social work and community care, housing and transport. This means many of the issues that affect older people are decided fully in Scotland.

Policy is set out by the Scottish Government in many policy reviews and papers on different topics (eg older people, carers, people with learning disabilities, housing, transport etc), by legislation and by advice and guidance.
While the Scottish Government sets the policy, it does not deliver services – health services are provided at local level by 14 health boards and community care/social work services at local level by 32 local authorities.

Thus we also have:

- The **National Health Service (NHS)**.
- **14 health boards** operating in different parts of Scotland.
- **32 local authorities**, which are independent bodies with councillors who are elected every 4 years, and are accountable to the electorate.

Context

The last Scottish Parliament elections were held on 3 May 2007, and the Scottish National Party administration confirmed on 16 May 2007. The Scottish Government is operating in a broad policy context, which is described here.

Shortly after May 2007 the Scottish Government declared a single, overarching Purpose that will help Scotland flourish and will align, as never before, all the resources and policy of government to the achievement of that Purpose. The Purpose is

> To focus government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.

The purpose is underpinned by 5 Strategic Objectives that describe where the Scottish Government will focus its actions:

- **a wealthier and fairer Scotland**
- **a smarter Scotland**
- **a healthier Scotland**
- **a safer and stronger Scotland**
- **a greener Scotland.**

Issues around older people cut across all of these, some more than others. Beneath these are

- 15 National Outcomes that describe what the Government wants to achieve
- 45 National Indicators that enable the Government to track progress

The Government's Economic Strategy is central to the delivery of the overall Purpose. It sets out how government will work collaboratively with the private, public and third sectors in pursuit of increasing sustainable economic growth.

The Scottish Budget published on 14 November 2007 set out the Government's spending plans for the next three years 2008-09 to 2010-11. It provides an effective framework for expressing the common purpose of the whole of the public sector and enabling the Government to demonstrate progress to the Parliament and the people of Scotland.

It includes a number of announcements relevant to older people, not least the freeze on council tax; uprating of free personal and nursing care, for the first time; and a commitment to improve support for people affected with dementia.

The new relationship between the Scottish Government and local government is set out in the concordat agreed between Ministers and CoSLA also published on 14 November. It changes quite fundamentally the ways in which the objectives of government are set and delivered.

The **Concordat** sets a new relationship based on mutual respect and partnership. The emphasis is on local authorities having substantially greater flexibility and greater responsibility. In future, the onus will be increasingly on local authorities to reach decisions on where money should be spent to deliver the shared national outcomes. While the Scottish Government will stand back from micro managing what authorities do, authorities will be expected to take responsibility for their own decisions and to be answerable for these.

All Our Futures: Planning for a Scotland with an Ageing Population

All Our Futures: Planning for a Scotland with an Ageing Population was published in March 2007 – www.scotland.gov.uk/experience It deals with issues around the demographic ageing of the population. The Scottish Government endorses *All Our Futures* as an evidence base and a clear strategy for the future, and supports its overall conclusions.

All Our Futures –

- sees older people as contributors to life in Scotland,
- seeks to break down barriers between generations, and
- aims to ensure that services are in place so that people can live life to the full as they grow older.

All Our Futures followed one of the most extensive consultation and engagement processes ever undertaken by the Executive. The Age and Experience consultation ran from March to June 2006. It was also supported by an external Advisory Group which included representatives from Age Concern Scotland, Help the Aged, and the Scottish Pensioners Forum.

The consultation identified six priority areas for action:

1. improving opportunities and removing barriers
2. forging better links between the generations
3. improving and maintaining health and well being
4. improving care, support and protection for older people
5. developing housing, transport and planning services
6. offering learning opportunities throughout life

Work is underway on the main *All Our Futures* commitments -

- to set up a **Scottish Centre for Intergenerational Practice**
- to set up a **National Forum on Ageing**
- a **campaign** to combat ageism and promote more positive images of older people
- **stakeholder events** planned for 2008-09
- **reports to Parliament**.

Scottish Centre for Intergenerational Practice

The Centre has been established, and its Director is Brian McKechnie, Senior Studies Institute, University of Strathclyde (attending the conference). Initial priorities were to:

- develop a website, with materials accessible and useable by all, and
- run introductory road shows across Scotland, held in February and March.

The Centre is working with public, private and voluntary sector organisations, as well as individuals and families, to gather and share best practice, provide information and support, and develop new opportunities for intergenerational working in communities.

The Centre issued its first Newsletter in December 2007, detailing its Roadshow programme and its Connecting Generations small grants programme. In its Roadshow programme the Centre visited 11 cities and small burghs across Scotland between February and April 2008 to share information and consult on its future activities.

The Centre's web-site is at www.scotcip.org.uk

Brian McKechnie will provide input of 2 days a week to the centre in 2008-09, and a priority is to recruit a Development Officer. Other priorities for 2008-09 are:

- Continue to develop SCIP as a recognised national centre providing information and support, through newsletters, web information and published materials.
- Produce a national summary of current intergenerational working in Scotland through local and web based information gathering, good and interesting practice identification and project evaluation activity.
- Develop a national training and support programme to meet identified needs and support local networks, including development of support materials and training / learning opportunities, online materials from other national centres, training for trainers and SCIP Summer or weekend schools.
- Network membership to be served by local SCIP development partnerships located regionally across the country to provide local support and intervention, on a low cost part time or volunteering basis. Inclusive local networks to be established in each local authority area to support intergenerational working, train practitioners and identify new areas of working and potential partners. This to be initiated by a series of small scale networking meetings to be held in late 2008 and early 2009.
- Support the development of intergenerational project activity throughout Scotland by influencing funding organisations to develop specific funding strands, promoting standards for intergenerational practice, providing guidance for funding applications and supporting innovative projects.
- Develop links with older peoples groups in communities, day and residential care centres and other groups to explore opportunities for intergenerational working to benefit older citizens.

National Forum on Ageing

The National Forum on Ageing Implementation Group has been established with its first meeting on 16 September 2008. It is a working group about implementation of *All Our Futures*, acting as a champion, providing direction to *All Our Futures* in the current context, and taking thinking forward beyond *All Our Futures* for new issues and challenges arising. It is chaired by the Minister for Public Health.

Proposals for a National Forum on Ageing Futures Group are being developed. This has a different focus, and will take the National Forum on Ageing to parts of Scotland the Implementation Group will not reach.

Anti Ageism Campaign

The Scottish Government commissioned the Newhaven Agency to develop a campaign to promote more positive images of older people and tackle ageism.

As a first step in the process, the Newhaven Agency commissioned 2 pieces of research. The first was qualitative data from 12 mini groups covering the ages 18 to over 70. These groups were held over 26-29 November 2007 in Glasgow, Inverurie, Edinburgh and Dundee. They involved discussion of issues affecting attitudes to older people, though often brought out quite forcefully that younger people (particularly teens) often feel discriminated against, and that these younger people are much more angry than those who are over 70.

Quantitative research was undertaken by telephone surveys of 1,022 adults across Scotland (weighted roughly according to population) over the period 23 November to 6 December 2007. Questions asked were based loosely on Age Concern research.

The findings of these 2 pieces of work were consistent (this is very unusual) and suggested that the campaign tone should

- be warm, engaging
- be ageless, but challenging, and prompting reflection.
- run deep and stir something within, and
- create empathy, not sympathy, for older people.

Newhaven Agency developed treatments for TV, radio, newspaper and poster advertising, which they have just tested in public focus groups. This seeks to

- put the subject of older people on the public agenda and challenge negative perceptions towards older people (possibly referencing teenagers for clarity and understanding)
- provoke thought, and get people to recognise and reflect on their own attitudes and mindset.

The message is *See the person, not the age.* The campaign began with a press launch on 4 July, and is running from 7 July to end-September. It involves TV over a 9 week period, radio over an 8 week period, press advertising, and public relations work with local authorities and voluntary sector organisations such as Community Service Volunteers.

The campaign website address is
www.infoscotland.com/seetheperson

Stakeholder events

We plan 7 regional events across Scotland, so more people can participate. These will be in Glasgow (14 November 2008), Aberdeen, Inverness, Perth or Dundee, Edinburgh, Borders, and Dumfries and Galloway. We also plan a Black and Minority Ethnic older people stakeholder event for summer 2009.

These events will be organised and run by several local older people's organisations working together. There will be themed workshops for delegates, as well as representatives from the

Department for Work and Pensions, Scottish Helpline for Older People, Energy Watch and the likes of the Scottish Centre for Intergenerational Practice and the Scotland Futures Forum.

Regular reports to Parliament

The Scottish Government plans to submit written reports every 2 years to the Scottish Parliament on progress in implementing *All Our Futures,* and expect to present the first report to Parliament in October.

Key supporting policies

Social protection

Social protection is support provided by central government, local authorities, private bodies, voluntary organisations and individuals to those who are in need or at risk. Recipients include children and families; older people and survivors (such as widows); those who are sick, physically disabled or sensorily impaired; people with learning disabilities or mental health problems; and low earners and the unemployed. The Government provides social protection principally through

- the social security system
- the National Health Service, and
- personal social services (England), community care services (Scotland).

Social Security

The social security system is designed to secure a basic standard of living for people in financial need. It provides income during periods of inability to earn (including periods of sickness and unemployment), pensions for retired people, financial help for low-income families and assistance with costs arising from disablement. The provision of these benefits is administered by the Department for Work and Pensions, mainly through the Jobcentre Plus network and The Pension Service, while the Inland Revenue administers tax credits. The social security system is common throughout the United Kingdom, and policy on it is reserved.

Community Care

Under community care, Scottish local authorities provide services to older people and others (e.g. people with learning disabilities or mental health problems) who need help with daily living. Services are based on an assessment of need.

Services cover a wide range, from provision of equipment and adaptations in the home, and advice on preventing falls (dealing with loose carpet edges or trailing flexes that could cause a fall), help with getting up in the morning or going to bed at night, and help with preparing meals or with cleaning, through day care and short-breaks, to residential care in a care home.

Across Scotland local authorities:

- maintain 57,200 older people (65 or over) every day in their own homes through home care services;
- support 33,700 older people every day in 970 care homes;
- send 11,200 older people to 380 day centres every week;
- give a service of one kind or another to 22,500 adults with learning disabilities; and
- provide a significant range of services to other client groups, including those who are blind (21,600 people in Scotland) or partially sighted (15,400).

Local authorities spend around £1.7bn a year on community care services, of which around £1 billion is spent on older people (65 or over). Funding comes from the Scottish government, fees on some services, and local taxation (council tax raised by local authorities on householders). Around 35,400 people are employed in adult community care services.

Various voluntary, charitable and not-for-profit organisations also offer care, assistance and support to vulnerable members of society. Examples include Age Concern Scotland and Help the Aged in Scotland, which work with older people; and Citizens Advice Bureaux which offer free and impartial advice on a wide range of issues including benefits, housing, debt, legal matters, employment, and immigration.

The National Health Service

National Health Service NHS was created in 1948 to provide healthcare for the UK resident population, based on need, not ability to pay – 'free at point of delivery'. It is made up of a range of health professionals, support workers and organisations. The NHS is funded by taxation and is accountable to Parliament. All taxpayers, employers and employees contribute to the cost, so that members of the community who do not require healthcare help to pay for those who do. Most forms of treatment are provided free, but others, such as prescription drugs and eye tests, may incur a charge.

The Scottish Government's Directorate General Health is responsible for the leadership of NHS in Scotland, and for the development and implementation of health and community care policy, both of which are devolved.

Scotland has 14 NHS Boards, each of which is responsible for all NHS services in its area. The Boards and 32 local authorities work together to strengthen the local focus of health provision, and every local authority has a seat on its principal NHS Board. Other NHS bodies, such as the Scottish Ambulance Service, NHS Health Scotland and NHS Quality Improvement Scotland (responsible for quality assurance in the NHS), provide services on a national basis.

The NHS in Scotland spends over £10billion a year – approximately a third of the devolved Scottish budget. The distribution of NHS funds across Scotland reflects relative healthcare needs, including those caused by deprivation and by geographical remoteness.

NHS policy has been to reduce long-stay hospital provision for older people, because people want to stay in the community where possible and it has been seen as cheaper than keeping people in an institution. Over the last 30 years there has been a shift in provision away from NHS long-term care towards private nursing home care and complex packages of care delivered at home.

The result is that today in Scotland, of around 825,000 age 65 and over:

- 788,100 (over 95%) live at home, 58,000 of whom receive home care services
- 33,700 (4%) are in care homes
- 3,200 (0.4%) are in long stay hospital care.

Scottish Government expenditure on the 60+ age group is over £5.1bn a year

- £4bn (40%) of the health service budget of £10bn
- £1bn (60%) of the community care budget of £1.7bn

With the increasing number of older people, increasing emphasis is being placed on anticipatory care, targeting health inequalities and the management of long term conditions. Health promotion has a great deal to offer in reducing illness and extending independence. Stopping smoking, increased physical activity and better nutrition are essential, with a key message for older people that it is never too late to adopt a healthier lifestyle.

With sensitive use of new technology, as in the telecare pioneered in West Lothian, older people can stay at home for much longer than would otherwise be possible. The Scottish Government has been taking this forward through the national Telecare Development Programme and the work of the Scottish Centre for Telehealth.

A Healthier Scotland is one of the Scottish Government's 5 strategic objectives. It is to help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.

Better Health, Better Care www.scotland.gov.uk/Publications/2007/12/11103453 (December 2007) sets out the Scottish Government's programme to achieve this. It includes the following examples of projects that benefit older people.

Nairn Anticipatory Care Project

In Nairn, the Anticipatory Care Project has led to the development of Anticipatory Care Plans for around 300 people who are assessed as being at greatest risk of admission to hospital or who currently enjoy Residential and Nursing care. Case Managers seek out these patients and ask a series of questions about their carer or cared for status, preferences for treatment, progression of disease, referred place of care and resuscitation status. The team is also looking at general health status and action that might be taken on issues such as nutrition, financial matters and help with the demands of daily living. This has seen it take action to ensure that paths are gritted, working with the local authority to ensure that the elderly person is exempt from taking the bins to the gate and reduce the risk of falls. Such interventions improve the quality of life of some of our most vulnerable people and have a direct impact on the number of days that people have to spend in hospital. In Nairn for example, with less than 3% of the list receiving a more managed approach to their care they are on target for a 15% reduction in occupied bed days, based on last year.

Forth Valley Dementia Project

The Forth Valley Dementia Project is an improvement programme run by the Dementia Service Development Centre with funding from the Scottish Government. It aims to identify the needs of people with dementia in the Forth Valley area, establish what services are available and identify practical ways to improve the care of people with dementia.

The programme began in April 2007 and has delivered an extensive programme of training for nursing staff to help raise their understanding of dementia and offer problem solving advice for coping with difficult situations involving patients. Training has also been provided to police officers given that they come into contact with people with dementia in a variety of everyday situations. The programme has also produced an information booklet, *Memory Loss: Finding your Way Through the Maze* which provides information on dementia services in the Falkirk area.

The Dementia Services Development Centre www.**dementia**.stir.ac.uk at the University of Stirling, Scotland, aims to disseminate research and good practice about home and hospital care for people with any type of dementia. It develops services for people with dementia and their carers, and provides training and information for nurses, people working in nursing homes, home care workers, psychiatrists of old age, social workers, police officers and those working in the voluntary sector.

On health inequalities *Equally Well: report of the ministerial task force on health inequalities* (June 2008) key proposals relevant to older people were:

- the expansion of Keep Well checks to identify and support people with depression and anxiety, and
- that the Government should help people to maximise their income and encourage them to take up means-tested benefits, starting with older people.

The *Keep Well* programme seeks to reduce health inequalities in cardiovascular disease by the year 2010 by increasing the rate of health improvement among high risk groups, aged 45-64, living in the most deprived communities. This will benefit these people as they move into older age.

Keep Well NHS Lanarkshire

Keep Well NHS Lanarkshire is a primary care based anticipatory care programme providing health checks to individuals aged 45-64 years living in Airdrie, Wishaw and Coatbridge. Through a dedicated focus on better engagement between the NHS and service users, over 5,000 have been encouraged by letter, phone call or home visit to attend their *Keep Well* Health Check. This diverse one-stop assessment that identifies clinical, lifestyle and socio-economic needs has prompted access to a range of services across partner agencies, ranging from drug treatments for previously undiagnosed long-term conditions to joining of local weight management groups and smoking cessation classes.

There are many other issues concerning older people. Income maximisation is one. Accessing the benefits system can be a problem for older people from Black and Ethnic Minority (BME)

communities for a number of reasons – language and literacy problems, cultural attitudes, and a lack of staff trained to understand different cultural needs.

The Older People Services Development Project helps older people from BME communities to access benefits and other services to which they are entitled. The Project is part of an Equal Opportunities Programme run jointly by Trust, Hanover (Scotland) and Bield Housing Associations, and will benefit at least 600 older people from BME families. The project involves focused outreach work with BME communities to help older people to overcome barriers to accessing benefits and services.

Summary and Conclusion

A short summary should include key messages for successful ageing-in-place.

The number of Scots of pensionable age is rising, and we can all benefit from the skills and experience that older people bring. There will be an increasing demand for health and other services, and we can plan for this. Traditional reactive models of provision may be overstretched and ineffective, and newer, more proactive and flexible models of provision are required.

Healthy ageing policies can help older people to live, and work, according to their capacity and preference – aiming to prevent or delay the onset of disabilities and chronic diseases that are costly to individuals, families and the health and social care systems. Key to this is promoting opportunities for physical, social and mental health and ensuring that older people continue to take an active role in the community, remain independent and enjoy a good quality of life. Advances in new technologies, such as telecare and telehealth, provide potential to expand this approach further, particularly for the frailer members of our communities.

Finally, there is a saying “Nothing for older people, without older people”. People know best themselves what they need, and what their expectations are. We must never assume that because “we” are experts in a particular discipline, that “we” know best. If we involve people in planning services, and in developing new ways of doing things, we will achieve better outcomes and – most importantly – buy in from older people.

Older People and Age Team
Scottish Government

September 2008

AGEING IN PLACE
TOGA SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

VIEILLIR EN BONNE SANTE : QUELLES PRECAUTIONS PRENDRE ?

QU'EST – CE QUE VIEILLIR EN BONNE SANTE
QUELLES PRECAUTIONS PRENDRE

A – LE COMPORTEMENT

- **1 – Bonne conduite individuelle**
- **2 – Bonne conduite familiale**
- **3 – Bonne conduite sociale**

B – LES ATTITUDES

- **1 – L'Attitude préventive**
  - **a -) Mesures collectives et niveaux socio-économiques**
  - **b -) Attitudes préventives individuelles**
- **2 – L'attitude curative**

C - CONCLUSION

Le vieillissement est un phénomène inéluctable et personne n'en est épargné pourvue que Dieu donne longue vie. Et, aujourd'hui, avec le progrès de la science et des Nouvelles Technologies de l'Information et de la Communication, beaucoup de prouesses ont été accomplies dans le domaine de la médecine, prolongeant ainsi la longévité à plus de cent ans pour les plus rigoureux et les plus chanceux, si bien que le nombre de personnes âgées de plus de 60 ans ne cesse d'augmenter chaque année.

Au Togo, cette frange de la population est passée à 6 % en 2005, soit 312.720 personnes âgées et ce chiffre ne cesse de croître chaque année.

Conscient de cette montée du nombre des personnes âgées les autorités togolaises ont très tôt mis en place une référence qui est rattachée au Ministère de l'Action Sociale, de la Promotion de la Femme, de la Protection de l'Enfant et des Personnes Agées. Il s'agit de la Direction Générale des Personnes Agées qui est créée par Décret N° 2005-116/PR du 27 décembre 2005. Cette Direction Générale œuvre pour la prise en charge organisationnelle, psychoaffective et, le cas échéant, matérielle des personnes âgées et des personnes incapables de subvenir à leurs besoins à cause de leur âge avancé.

Les gens vieillissent plus vite qu'il ne naît des enfants pour les soutenir dans leur vieil âge. Pour ce faire, des dispositions doivent être prises davantage pour un meilleur soutien aux personnes âgées.

L'organisation des Nations Unies a pris conscience du problème des personnes âgées en déclarant le **1er octobre** « ***Journée Internationale des Personnes Agées*** ». Ainsi, depuis déjà deux ans, les Personnes Agées du Togo se retrouvent chaque 1er octobre pour commémorer cette journée à leur profit. C'est ainsi qu'au cours du 1er octobre 2007 à Tsévié, il avait été retenu le thème ***« Vieillir en bonne santé : quelles précautions prendre ? »*** Ce thème qui avait été développé par un spécialiste de la médecine, a connu un grand succès auprès des personnes âgées et celles-ci ont souhaité qu'il soit mis à leur disposition les termes de cette conférence. Voilà la raison de l'élaboration de cette brochure qui vient s'ajouter à une autre brochure déjà éditée et mise à la disposition des personnes âgées en particulier, et de toute la population en général. Il s'agit du ***« Guide du retraité : du début de la carrière à la retraite ».***

La brochure que vous avez dans les mains, ne sert pas qu'aux personnes âgées ; à l'instar du « Guide du retraité : du début de la carrière à la retraite », la brochure « Vieillir en bonne santé : quelles précautions prendre ? », vient prodiguer d'utiles conseils à tout un chacun pour mieux prendre en charge sa propre santé afin d'avoir une vieillesse heureuse et valorisante pour son entourage pour soi-même et pour le développement de son pays.

En définitive, pour bien vieillir en bonne santé, faisons nôtres les conseils relatés par un spécialiste de santé dans cette brochure.

Mémounetou IBRAHIMA

INTRODUCTION

Le contexte actuel de la mondialisation sous-tendu par :

- les progrès de la médecine ;
- les nouvelles technologies ;
- les campagnes d'autosuffisance alimentaire ;
- les programmes d'alphabétisation ;
- une meilleure connaissance de la santé ;

Contribue sans conteste, dans le monde entier, à une vie plus saine et donc plus longue. Ceci explique en partie l'un des bouleversements démographiques planétaires au cours des 50 dernières années marqué par un accroissement rapide de la population des personnes âgées de 60 ans et plus, estimée en l'an 2000 à 590.000.000 dont 355.000.000 dans les pays en développement, sur une population mondiale de 4.100.000.000 ; cette population des personnes âgées passera en l'an 2025 à 1.100.000.000 dont 700.000.000 dans les pays en développement, sur 8.200.000.000 habitants

Le vieillissement de la population planétaire coïncide avec une urbanisation grandissante et constitue le triomphe de la société moderne : en 2007, plus de la moitié de la population mondiale habitait en ville et on estimait que cette proportion devrait dépasser 60 % d'ici l'an 2030.

Au Togo, la population des personnes âgées de 60 ans et plus était estimée en 2005 à près de 6 % sur 5.500.000 (soit 330.000).

Dans cette optique, le concept **« Vieillir en bonne santé »** prend toute son importance et demeure une réalité de l'heure, voire une référence pour tous et pour chacun afin de changer en l'améliorant notre comportement face au vieillissement.

QU'EST-CE QUE « VIEILLIR EN BONNE SANTE ?»

« Vieillir en bonne santé » est considéré comme un concept très complexe qui repose sur un ensemble de comportements avec des attitudes dont l'aboutissement requiert le vieillissement dans **« un corps sain »** et dans **« un esprit sain »**.

Le vieillissement est un processus naturel, lent, inéluctable et inévitable qui ne débute pas seulement à la soixantaine ! Mais plutôt depuis la conception (vie intra –utérine).

« Vieillir en bonne santé » est donc un concept dynamique et non statique, continue et non figé, constamment reconsidéré et adapté au temps et à l'environnement social et spatial.

« Vieillir en bonne santé » devrait se matérialiser chez une personne âgée par la sauvegarde d'une :

- autonomie physique lui permettant une vie active individuelle et collective indépendante ;
- autonomie mentale lui assurant le maintien d'une bonne communication avec sa société et son environnement.

« Vieillir en bonne santé » vise donc à procurer un bien être à la personne âgée dans son environnement spatial, temporel et social, « dans sa peau », dans sa tête, et à lui assurer le maintien de quatre grandes conditions sociales qui lui rendent plus heureux, plus en sécurité et en meilleure santé : bref à lui assurer le fonctionnement harmonieux du corps et de l'esprit. Ces grandes conditions sociales nécessaires sont les suivantes :

1- **L'inclusion sociale** : elle évite l'isolement social très souvent source de dépression, de stress, donc de surconsommation médicale (automédication) et permet aux personnes âgées de ne pas se sentir inutiles et sous-estimées.
2- **L'indépendance** : elle aide énormément à la décharge des membres de la famille (moins de gardiennage) et réduit le nombre de placements dans les maisons de retraite ou de repos.

3- **La contribution active** : elle est très utile pour les personnes âgées désireuses de participer activement à la vie de la société ; que ce soit en tant que bénévoles ou en tant que salariées. Ce faisant, les personnes âgées se sentent utiles, conservent leur autonomie financière, transmettent plus longtemps leur savoir-faire (expérience) et leur savoir-être (sagesse) et allègent le coût de la sécurité sociale.

4- L'accessibilité accrue à tous les domaines (surtout à la communication et à l'information) : ceci permet aux personnes âgées d'obtenir des informations relatives à la santé, aux médicaments, et d'être en mesure de prendre elles-mêmes des décisions éclairées quant à ce qui concerne leur état de santé.

« Vieillir en bonne santé », ce long processus dynamique qui va de la vie intra-utérine à la vieillesse, nécessite en permanence d'adopter un comportement et des attitudes.

A- LE COMPORTEMENT

Il doit être guidé essentiellement par un code de bonne conduite individuelle, familiale et sociale conduisant à une vie saine, pieuse, équilibrée et épanouie.

1- Bonne conduite individuelle

Elle recherche ou vise une bonne condition physique et l'équilibre mental et psychique. Elle passe par le respect de bonnes mœurs et la pratique quotidienne de la vertu, de la bonté, de la charité, de la tolérance et une bonne spiritualité. Une telle bonne conduite individuelle apporte à l'organisme le bien être physique, mental, moral, psychique et psychologique essentiel pour la bonne santé.

2- Bonne conduite familiale

Elle vise une vie familiale équilibrée, empreinte d'entente et d'harmonie indispensables au vieillissement réussi. Elle nécessite en permanence le sens de la responsabilité et une planification des charges conduisant à une vie familiale heureuse, suffisante et épanouie. Il s'agit surtout de la planification :

- des ressources de revenus financiers ;
- d'un habitat décent ;
- d'une alimentation équilibrée en quantité et en qualité ;
- du nombre de naissances (enfants) ;
- des soins de santé ;
- de l'éducation des enfants ;
- des loisirs.

3- Bonne conduite sociale

Elle vise un climat de bon voisinage et une bonne insertion dans son environnement social et professionnel. Elle donne de la valeur, la sérénité et permet de se sentir utile dans son environnement social. Elle nécessite avant tout une bonne conduite individuelle qui constitue un exemple pour la société ; une bonne convivialité, un dévouement, le sens permanent de la magnanimité avec tous les voisins, une bonne collaboration et une participation très active aux œuvres communautaires (sociales, civiques). Il s'agit ici tout simplement de mener une vie sociale pacifique empreinte de générosité, de convivialité, de partage, de communication, d'entente et d'écoute.

Une bonne conduite individuelle, familiale et sociale reste nécessaire mais insuffisante pour un vieillissement harmonieux du corps et de l'esprit, et pour cela, il est indispensable qu'elle soit soutenue en permanence par d'autres attitudes : préventives et surtout curatives.

B- LES ATTITUDES

Elles complètent harmonieusement le code de bonne conduite et sont vitales pour vieillir en bonne santé. Le principe fondamental de ces attitudes, d'ordre préventif et curatif, recommande tout simplement de : **prendre soin de soi maintenant pour bien se sentir aujourd'hui, demain et pour de nombreuses années à venir.** Malheureusement, ces attitudes dites préventives et curatives sont tangibles par les conditions socio-économiques des Etats et peuvent être fortement compromises surtout dans nos pays en développement par les niveaux insuffisants du PIB, du SMIC, de la production animalière et agricole, du taux d'alphabétisation, des infrastructures sanitaires et de voies de communication.

1- L'attitude préventive

Elle est essentielle pour vieillir en bonne santé. Elle est très souvent collective, impliquant toutes les composantes de la société et surtout les efforts de développement des Etats.

a) Mesures collectives et niveaux socio-économiques

Les conditions socio-économiques essentielles des Etats et des collectivités pour une meilleure attitude de prévention collective reposent sur le niveau d'organisation et de développement :

- des infrastructures sanitaires (structures de soins de santé et pharmaceutiques accessibles et bien équipées) ;
- du niveau de production agro-pastorale (vivres, produits en quantité et en qualité suffisante) ;
- d'assainissement de l'environnement (adductions d'eau potable, canalisation des eaux polluées, latrines et WC publics, infrastructures routières développées et bien sécurisées) ;
- de la formation en nombre suffisant et en qualité des acteurs de soins de santé publique ;
- d'approvisionnement en produits pharmaceutiques et en vaccins en quantité et en qualité ;
- du niveau d'organisation de lutte contre la drogue et les produits prohibés ;
- d'organisation par l'Etat des campagnes de sensibilisation, d'information et de vaccination ;
- d'un bon niveau d'alphabétisation et de scolarisation.

Toutes ces mesures collectives et étatiques sont nécessaires pour une bonne hygiène collective et constituent de bons indicateurs de santé publique.

b) Attitude préventive individuelle

Cette attitude vise une bonne hygiène individuelle, un bon contrôle et une bonne surveillance des pathologies chroniques. Elle repose sur :

- une bonne hygiène : avoir une bonne vaisselle, consommer de l'eau potable, avoir une bonne denture …) ;
- la vaccination (régularité et respect des rappels des vaccins) ;
- une alimentation saine, naturelle, suffisante et équilibrée ;
- éviction des toxiques (drogues, tabac, alcool) ;
- éviction de l'automédication ;
- les visites médicales avec un bilan de santé périodique (annuelle par exemple) : cette mesure permet le dépistage et le contrôle des pathologies chroniques (hypertension artérielle, diabète, asthme, goutte, drépanocytose …) ;
- l'éviction de la sédentarité ;
- la pratique du sport collectif et individuel ;
- le respect et le suivi des mesures préventives contre les maladies contagieuses (virales, bactériennes, parasitaires) en assistant aux campagnes de vaccination, de sensibilisation ;
- enfin pour les femmes en âge de procréer, respecter les consultations prénatales et les accouchements dans les unités de soins de santé appropriées.

2- L'attitude curative

Elle constitue le volet très important du concept **« Vieillir en bonne santé »**. Elle vise le diagnostic et le traitement efficace des maladies curables en évitant les séquelles fonctionnelles. Elle repose sur l'intérêt :

- de consulter immédiatement (sans délai) un agent de santé dès l'apparition du moindre symptôme ;
- de se faire traiter efficacement en cas de maladie curable (achat des médicaments, respect de la posologie et de la durée du traitement) ;
- de se contrôler et de suivre les traitements à vie en cas de maladies chroniques.

CONCLUSION

Vieillir est un chef d'œuvre de la sagesse mais demeure aussi une des choses les plus complexes dans l'art très difficile de la vie. Il est nécessaire de chercher à comprendre le phénomène inéluctable du vieillissement afin de le dédramatiser et de l'anticiper ; accepter l'idée même de vieillir rend tout homme plus réceptif aux divers conseils déjà très nombreux mais efficaces ! Quand on attend la soixantaine pour prendre conscience du vieillissement, il est presque un peu tard.

« Vieillir en bonne santé » n'exige rien d'autre dans la vie quotidienne de tous les temps d'un homme que de :

- Continuer de faire ce qu'il fait à cet instant : vivre, garder l'esprit ouvert, échanger ;
- Manger sainement (le plus naturellement possible) et savourer une grande variété d'aliments en quantité et en qualité ;
- Se soigner correctement en cas de maladie ;
- Se prémunir contre les maladies et/ou les facteurs de risque modifiables (virus, bactérie, parasite, tabac, alcool, drogue, obésité, automédication …) ;
- Contrôler périodiquement son état de santé ;
- Etre présent et s'impliquer dans sa communauté ;
- Participer aux activités de loisirs, de sport (collectif ou individuel) ;
- Mener une bonne conduite sociale, morale, civique ;
- Accueillir et accepter les changements dans sa vie et faire rayonner sa sagesse.

Tout simplement : **mener une vie saine, pieuse, active, épanouie et pondérée.**

REDACTION :

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AGEING IN PLACE
TRINIDAD AND TOBAGO SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

THE GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO DELEGATE TO THE INTERNATIONAL FEDERATION 9TH GLOBAL CONFERENCE ON AGEING

The twin-island state of Trinidad and Tobago is very diverse in its population composition of 1.3 million people – a diversity, which is also reflected among its elderly. At present, 11% (or 143,000 persons) of the total population is aged 60 years and over, and they represent the fastest growing category, of which the majority are the "young-old" (i.e., aged between 60-74 years) and are largely women. This number of older persons is expected to reach 20% of the total population by 2025. The percentage increase within this sub-group will be about 91% in just 20 years as compared with an estimated 27% growth in the overall population for the same period. Life expectancy is 78 years for males and 81 years for females.

The Government of Trinidad and Tobago is therefore concerned, like so many other developing and developed countries, about how it will prepare for a "Society for all ages," and how it will address the major issues agreed upon in the Madrid International Plan of Action on Ageing, and the Regional Strategy for the Implementation of the Plan of Action, which was subsequently adopted in Chile. The Division of Ageing, which was established in 2003, in the Ministry of Social Development as an umbrella agency, to coordinate ageing initiatives and focus ageing issues in Trinidad and Tobago, is responsible, *inter alia,* for the coordination of the implementation of the National Ageing Policy, which was launched in July 2007 for public distribution. The objectives of the policy are:

- To create an enabling environment for meaningful participation of the elderly
- To ensure the provision of adequate community-based services for seniors
- To promote and preserve the dignity and independence of the elderly
- To encourage and promote education and public awareness on ageing issues
- To encourage and promote greater collaboration among stakeholders for ageing
- To facilitate, encourage and support research on ageing issues
- To promote greater access to more affordable healthcare for older persons
- To facilitate greater access to recreational facilities by older persons
- To improve the availability to housing that is affordable, safe and accessible to seniors
- To improve the availability of reliable, safe and accessible scheduled transportation to seniors
- To create disaster and emergency plans to treat older persons with equal importance during evacuation and recovery operations

In accordance with the Action Plan of the National Policy on Ageing, the Division of Ageing has also embarked on designing and developing several programmes, projects and policies specifically geared for older persons. By collaborating with other relevant Ministries, the private sector, non-governmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), schools, the media, academicians and international agencies, the Division coordinates the implementation of these programmes, policies and projects on a phased basis, to form part of the National Plan of Action on Ageing (NPAA). The framework for the NPAA is in the process of being formulated and developed.

In accordance with the *Regional Strategy for the Implementation of the Madrid International Plan of Action on Ageing*, the following specific targets have been identified, to be met under each of the objectives contained in the strategy, together with mechanisms for the follow-up of the policies and programmes they implement:

LEGISLATION

- The Homes for Older Persons Act of 2000 and Regulations for Homes for Older Persons were revoked and replaced by the Homes for Older Persons Bill of 2007 and Regulations for Homes for Older Persons 2007. The new legislation provides for the licensing, regulation and control of Homes for Older Persons through the establishment of an Inspectorate (in the Division of Ageing) and a Facility Review Team, which also report to the Minister. The Homes for Older Persons Act No. 20 of 2007, which was passed by the Parliament in September 2007 (and is to be proclaimed), also provides the legal framework for the protection of the rights of older persons in institutions, which provide long-term care.

POLICIES

- The National Policy on Ageing (and Action Plan) was approved by Cabinet in September 2006, and launched in July 2007 for public distribution. The policy identifies twelve (12) priority areas for action – social security; income security; social inclusion; healthcare; housing; education; recreation; dignity and respect; legislation; research; transportation; and disaster preparedness. The implementation of the National Policy on Ageing is to be coordinated by the Division of Ageing.

- The Draft National Gender Policy is being finalized, which addresses the role of women as de facto caregivers of older persons, and health and economic issues affecting older women.

- The National Policy on the Family is being formulated to address the elderly within the context of the family, since 95% of older persons reside in the community and between 3% - 5% reside in institutions.

PROGRAMMES

- The Geriatric Adolescent Partnership Programme (GAPP), which was established in 2001, helps to bridge the intergenerational gap between young people aged 17-35 years and older persons, through training and provision of homecare service in geriatric care. There was a positive impact on 90% of those older persons who received care from trainees, and a corresponding sensitization of 90% of the trainees who completed the course.

- The Ministry of Housing launched its housing policy in 2002, which provided homeownership to persons 55 years and over with mortgage loan repayments in post-retirement years. Also, Rent-to-buy arrangements were made for low-income earners (including Granny Suites for pensioners) to own affordable houses, payments for which could extend to the homeowner's next-of-kin. The Ministry constructs 8000 housing units annually, of which 5% are allocated to seniors. Reverse mortgage arrangements by unmarried and widowed elderly persons with financial institutions in the private sector are also on the increase.

- A Continuum of Health and Social Support Services for Older Persons was approved in September 2004. A Cabinet-appointed Inter-Ministerial Committee provides oversight for the Continuum, which is coordinated by the Division of Ageing to provide a range of health and social services to seniors who are least dependent to those who are most dependent. The services which are implemented on a phased basis include Senior Centres, Homecare, and Meals-on-Wheels programmes, Transport Escort and Assisted Living Facilities (which are being developed for implementation in Fiscal Year 2009), Adult Day Centres, Companion Care, and Retirement Homes/Communities.

- Surveys of living conditions among older persons were conducted by the Ministry of Social Development, which identified loneliness as one of the problems experienced by the elderly. In response, Senior Activities Centres were established in 2006, to act as multi-service facilities for healthy, able-bodied seniors aged 55 years and over. The Centres (6), which are operated by NGOs/CBOs/FBOs in partnership with the Ministry of Social Development, provide computer-literacy courses; aqua therapy sessions; yoga, Tai Chi, and aerobic exercise classes; gardening; dancing; outings and field trips; and lectures by presenters on topical ageing issues. The Senior Centre initiative won the prestigious Prime Minister's Innovating for Service Excellence Award 2006 – "Making a Difference to People: Social Inclusion" category. Five (5) additional Senior Centres will be established in 2009.

- The Ministry of Social Development collaborates with and engages ageing interest groups, NGOs, and the public and private sectors, in developing and hosting social and cultural programmes, and events to foster intergenerational integration and honour elders in the community. One such programme is the International Day of Older Persons, which is commemorated annually in October with Sports and recreational, or cultural and festive events for seniors aged 55 years and over. This year, an Intergenerational Fiesta is proposed, the theme of which is "Bridging the Gap." The Trinidad and Tobago Association

of Retired Persons (TTARP) is the largest ageing interest group, which is comprised of 29,000 persons aged 50 years and over.

- An Annual Amateur Talent Show for Seniors was launched in 2007 by the Ministry of Social Development, to encourage older persons nationwide to showcase their talents in various categories such as song, dance, instrumental, and dramatic presentations; and to generate a positive imaging of ageing. Cultural icons aged 60 years and over also participate as guest artistes. DVDs of the Show were produced and aired on various local television stations, which are mandated to allocate slots during primetime viewing, for government programmes.

- Hernandez Place Sanctuary was established in 2007 to house the homeless elderly. Two (2) more properties have been acquired by the Government and are being refurbished to house other elderly street dwellers.

PUBLIC EDUCATION

- The Older Persons Information Centre was established as a Help Desk in the Division of Ageing in August 2005, to serve as an information referral facility for the general public on how, when, and where to access support systems, products and services for older persons in Trinidad and Tobago.

- A radio series entitled "Ageing Gratefully," which attracts listeners aged 35-65 years, was launched in 2005, to provide both educational and general information on ageing and age-related topics of interest. Radio and television talk shows have proliferated on numerous local stations over the past four years, and the Division of Ageing maximizes these programmes to raise public awareness on ageing, at no cost.

- The Ministry of Social Development, through the Division of Ageing, launched an annual Public Open Forum for Older Persons in 2006, as part of its nationwide public education campaign on ageing. Eighteen (18) Fora were held between 2006 and 2008 in various communities in Trinidad and Tobago, to allow older persons to share their issues and ideas directly with government officials, who in turn provided access to information which was relevant to their needs. The issues raised and government's responses are subsequently compiled for publication in the daily newspapers.

- Retirement Planning Seminars in public/private sectors have proliferated during 2004 and 2008, to sensitize workers to the tenets of healthy ageing and provide strategies in contingency planning for post-retirement years.

- The Government is in the process of converting its manual administrative systems to technologically-driven ones, thus advancing easier access to and dissemination of information on healthy ageing at the national and community levels via a government website with links to all Ministries.

- The University of the West Indies in Trinidad introduced in August 2004 Social Gerontology as an elective course in its Social Work, Sociology, and Social Policy programmes. Attendance has grown from 8 students to 70 in 2007 and continues to be oversubscribed.

- The Government, through the Ministry of Social Development, established an Education and Communications Unit. The Division of Ageing, in collaboration with the Unit, directs much of its media broadcasts on promoting positive images of ageing, highlighting the cultural diversity of seniors, and any areas of competence among older persons in Trinidad and Tobago.

EMPLOYMENT

- The Senior Citizens Bureau, which was established by the Government in 1996, serves as a skills bank and placement agency for retirees to secure jobs in the community. The Division of Ageing was designated to provide oversight for the Bureau's operations, which are being reviewed to explore employment opportunities in the Caribbean region.

- The Retirees Adolescent Association Partnership Programme (RAPP) is being developed to recruit highly-functioning and skilled retirees to mentor youths in the community.

- More contractual arrangements and part-time jobs are being fostered in the public and private sectors, in keeping with labour-market demands, and retired seniors are also eligible to apply for the positions.

- In developing its homecare and accredited training programmes for care providers to meet legislative requirements (i.e., the Home for Older Persons Act of 2007 referred to earlier), the Division of Ageing proposes the involvement of existing healthcare professionals (including retirees) in specialized training in gerontology and geriatrics, to be contracted as trainers.

PENSIONS/GRANTS

- Non-contributory pensions were increased in 2001, 2003, 2004, 2006 and 2007, while the Government currently addresses pension reform to regularize the pension benefits of the National Insurance Scheme and Old Age Pension. The following amounts were disbursed by the Government for Old Age Pension:

2002	-	USD 11,604,665.00
2003	-	" 11,770,405.00
2004	-	" 12,374,939.00
2005	-	" 13,985,198.00
2006	-	" 14,106,868.00

- As part of the Poverty Reduction Programme, Social Welfare Grants to persons aged 60 years and over provide for: (i) free eye-glasses; (ii) free hearing aids; (iii) free bus passes; (iv) house repairs to the value of USD 5,000.00; and (v) burial of a pensioner to the value of USD 500.00.

- The Socio-Economic Policy Frameworks of 2002-2004; 2005-2007; and 2008-2010 have included population ageing in its comprehensive poverty reduction strategies.

- In January 2008, the Governor of the Central Bank of Trinidad and Tobago revealed the findings of a Financial Literacy Survey, which the bank conducted in 2007, and which highlighted that retirees were experiencing hard financial times. This resulted in one of the leading insurance companies partnering with the Ministry of Social Development to conduct panel discussions (mainly to sensitize/educate their branch managers and policy-holders) on the theme "Are You Ready to Retire?" in various communities. The Central Bank is also conducting nationwide lunchtime seminars on financial literacy and retirement planning.

INSTITUTIONAL STRENGTHENING

- Trinidad and Tobago's macroeconomic policies include the government's commitments to its senior citizens.

- The Government established partnerships with international agencies such as the Canadian International Development Agency (CIDA) and Institute of Public Administration of Canada (IPAC), and Inter-American Development Bank (IADB), to build local capacity through technical support to develop the infrastructure for community care services for older persons.
- Regional summits are hosted by CARICOM, at which Trinidad and Tobago participates, and this platform could be used to promote intergovernmental collaboration on the Madrid International Plan of Action on Ageing and the Regional Implementation Plan.

- International agencies (such as UNDESA, ECLAC and those listed above) will be approached, as appropriate, to provide some of the technical and financial support needed in designing suitable instruments to measure the scope and dimensions of population ageing in Trinidad and Tobago.

RESEARCH

- At present, data on persons aged 60 years and over in Trinidad and Tobago are compiled mainly by the Central Statistical Office (CSO), which is to upgrade and expand available information disaggregated by age and gender in particular. More health-related data on older persons are compiled by the Pan American Health Organization (PAHO) and the Caribbean Epidemiology Centre (CAREC), both based in Trinidad.

- The more comprehensive Government Information System (GIS) database is being developed at present for multi-purpose usage by all government Ministries, and will be a useful source of information for programmes, policies, services and resources being offered by the government for older persons in Trinidad and Tobago.

- A survey of Homes for Older Persons (which total 131) in Trinidad and Tobago was completed in 2006. It provided data to update databases and registries on the number and contact information of establishments offering long-term care to seniors, which would facilitate the categorizing of various kinds of facilities that offer long-term care services.

- In conducting its workshops for developing an implementation plan for the National Ageing Policy with various stakeholders from the public and private sectors, NGOs, research units and academic institutions, the Division of Ageing proposes the inclusion of ageing issues on national research agendas.

- The Faculty of Social Sciences at The University of the West Indies in Trinidad developed a collaborative relationship in 2004 with The Center on Ageing, Florida International University, to share gerontological research interests.

- A three-day Ageing Symposium, hosted in part by The University of the West Indies in Trinidad, was held in Trinidad in November 2004, and various countries from the region participated. Contemporary research papers (including those from developed countries to show established best practices for ageing issues/older persons) were presented at the Symposium, the outcome of which produced topical ageing issues for a national research agenda.

- A team of local psychiatrists are currently conducting a Government-funded research project to detect and measure the prevalence rate of Alzheimer's disease among seniors in Trinidad and Tobago.

HEALTHCARE

- A Joint Working Group, comprised of representatives from the Ministries of Social Development and Health, was established in June 2007 to coordinate the establishment of a National Community Health Care Unit. The Unit is geared to develop models of care facilities in the community for older persons, adults and children, thus fostering a "society for all ages."

- The Ministry of Health has embarked on an extensive Health Sector Reform programme to upgrade the quality of healthcare delivery systems in Trinidad and Tobago, which address, *inter alia,* the promotion of universal coverage for older persons to healthcare services, and the improvement of the functions of the decentralized Regional Health Authorities.

- In addition to the development of standards of care for older persons, the Ministries of Health and Social Development, through the Division of Ageing, propose to coordinate training and sensitization workshops in geriatric care in 2009, for care providers and healthcare workers.

- The Ministry of Social Development is about to roll out the strategic plan of the Decentralized Integrated Social Services Delivery Model (adopted from the Chilean model due to its cultural compatibility), which addresses the health and psycho-social needs of poor families in the community, and thus responds to the care needs of those affected older persons within the context of the family situation.

- The Government hosted a conference in Trinidad with regional Heads of Government, in September 2007, to highlight the proliferation of chronic non-communicable diseases, particularly among the older persons. Taxes on tobacco and alcohol were subsequently increased in Trinidad and Tobago, to encourage persons to adopt healthy lifestyle practices. A second regional conference on managing chronic non-communicable diseases in the elderly, which was co-hosted by PAHO/WHO and Duke University, was held in Barbados in October 2007, to develop a strategic plan to prevent/combat the high incidence of the diseases in the region.

- The Ministry of Health provides a Chronic Disease Assistance Plan, which provides free prescription drugs, via participating pharmacies, to patients with specific chronic diseases such as: Diabetes; Asthma; Hypertension; Arthritis; Glaucoma; Cancer of the Prostate; Mental Depression; Cardiac-related diseases; and Benign Prostatic Hyperplasia, once they are diagnosed at any public or private health care institution with any of the diseases stated above.

ELDER ABUSE

- In commemoration of the inaugural observation of World Elder Abuse Awareness Day on June 15, 2006, a Proclamation was signed by His Worship the Mayor of the City of Port of Spain, Republic of Trinidad and Tobago, to reinforce that combating abuse of older persons will help improve the quality of life for all seniors and will allow seniors to continue to live as independent, important and active members of the community.

- Enforcement of the laws and regulations (referred to earlier), which govern quality and standards of care for older persons, is one of the mechanisms designed to protect older persons from all forms of abuse.

- An NGO – Stop Elderly Abuse Now (SEAN) was established in Trinidad in 2002, to provide a forum for redress, to assist in curtailing the incidences of abuse meted out to older persons in the community and in Homes for older persons.

- One of the roles of the Older Persons Information Centre (mentioned earlier) in the Division of Ageing is to provide referrals to persons who report cases of elderly abuse.

- The Ministry of Social Development, through the Division of Ageing and in collaboration with key stakeholders, commemorated the 1st and 2nd Annual World Elder Abuse Awareness Day on June 15, to bring greater recognition of mistreatment of older persons as an intergenerational concern and human rights issue, and to highlight the need for appropriate action.

The Divisions of Ageing and Monitoring and Evaluation in the Ministry of Social Development will be monitoring, *inter alia,* the existing and planned social programmes for older persons, in order to assess/measure the effectiveness and efficiency of those programmes for future planning.

In conclusion, Trinidad and Tobago is poised to position its ageing in both regional and international contexts and, as a result, stands to benefit from gaining insights into best practices that could be adopted to advance and enhance the improved quality of care for its older persons.

CHALLENGES IN IMPLEMENTATION

- Present staffing is inadequate to meet the new demands of the Public Sector Reform Programme, resulting in elements of resistance to change to the proposed Output Business Plan Model
- Instability/uncertainty of tenure due to high turnover of technical officers who are on contract positions – changes in the Executive Management may mean changes in direction and loss of institutional knowledge
- Non-Governmental Organizations need capacity building and institutional strengthening
- Inadequate Information Technology (IT) infrastructure for effective communication and delivery at the level of the support systems
- Migration of trained caregivers to developed countries
- Poor internal communications (vertically & laterally) and ineffective bureaucracy
- The plurality of the society and the cultural differences between Trinidad and Tobago
- Change in political directive
- Dichotomy between the Ministries of Health and Social Development in their responses to healthcare, resulting in duplicating and overlapping of systems and programmes
- Absence of succession planning/visioning for the future – loss of institutional memory
- Provision of adequate homecare services for the intellectual seniors

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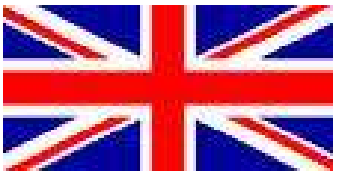
AGEING IN PLACE
UNITED KINGDOM SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008



Communities and Local Government

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Summary

The National Housing Strategy *Lifetime Homes, Lifetime Neighbourhoods* was launched by the Prime Minister on 25th February.

The strategy sets out the UK Government's response to the major challenge of ageing. It outlines plans for making sure that there is enough appropriate housing available in future to relieve the forecasted unsustainable pressures on homes, health and social care services. The Strategy sets out new plans to build homes and neighbourhoods which are suitable for people at every stage of life, as well as proposals widening housing support services available to today's older people.

In the officials session we will explore both the content of the strategy, but also how we made it happen as officials, gaining wide ranging agreement for an ambitious programme.

Headlines

- **Expansion of handyman schemes**. New funding (£33 million extra) will enable an additional 125,000 older people each year to get repairs and minor adaptations (about 300-400 more vans across the country). Our approach will improve capacity and enhance services, with evaluation over two years.
- A new dedicated **Housing Advice and Information Service**. One stop national phone line. As well as helping older people to access handyman schemes, the advice line will also provide crucial information and guidance to support older people making choices about their housing options if staying put or wanting to move. The service will be linked to existing help lines for social care, carers, finance and benefits.
- **Enhanced Disabled Facilities Grant** - £460 million over 3 years enabling more people to adapt their homes such as installing stair lifts, walk in showers and wider doors to their homes now – helping them stay mobile and live independently for longer. This is a 30% increase in the national budget for major adaptations.

- A clear aspiration of all new homes by 2013 built to **Lifetime Home standards** -e.g. wider doors, level access, more convenient sockets. We will ensure that all publicly funded housing is built to Lifetime Homes Standards by 2011(70,000 a year). We will review take up of the standards in 2010 to consider whether there is a need for regulation if their provision has not matched expectations.
- **Lifetime neighbourhoods** - All Eco Towns (environmentally friendly new towns) will be designed to be lifetime neighbourhoods, and the Olympic Village will promote exemplary inclusive design and lifetime neighbourhoods. We will fund the Commission for Architecture and the Built Environment to embed inclusive design principles in its advisory work, and to develop on-line resources to share best practice.

Housing and Ageing: A Priority for us all

The Challenge

1. The ageing society poses one of our greatest housing challenges. By 2026 older people will account for almost half (48 per cent) of the increase in the total number of households, resulting in 2.4 million more older households than there are today. By 2041 the composition of the older age group will have changed dramatically. There will be a higher proportion of the older age groups, including the over 85s, a greater number of older people from black and minority ethnic groups, and double the number of older disabled people. One in five children born today can expect to live to 100 years old.

2. Today, most UK homes and communities are not designed to meet people's changing needs as they grow older. Older people's housing options are too often limited to care homes or sheltered housing. Put simply, we need more and better homes for older people.

3. Our strategy sets out our response to the challenge of ageing. It also outlines our plans for making sure that there is enough appropriate housing available in future to relieve the forecasted unsustainable pressures on homes, health and social care services.

Our Vision

4. In our key government housing document *Homes for the Future* we set out our overall vision for all housing. We aim to build 3 million more homes by 2020 and deliver sustainable communities. We showed that the need for more housing is in large part due to the increasing number of older households. Building homes to last a lifetime is only a start, we must shape places that frame a lifetime's change too. Neighbourhoods, like homes, should be not only safe, but inclusive.

5. We want to prepare our communities for the multiple changes that we will face; to 'future proof' our society so that it does not alienate or exclude; and to allow everybody, regardless of age, to participate and enjoy their home and their

environment for as long as possible. To succeed in providing appropriate housing and effective care to all in a more targeted manner, there must be a coherent, joined-up, plan – that is why we published a National Strategy for Housing in an Ageing Society.

Housing and Ageing as a priority across all of government

6. In future, housing, health and care will be increasingly interdependent, that is why this strategy makes housing and ageing a cross-government priority. Our strategy was developed in close partnership across government, building on work such as our overarching government ageing strategy *Opportunity Age.* The strategy shares themes with the Department of Health's White Paper, *Our Health, Our Care, Our Say* and *Putting People First,* and it will also feed into the development of the forthcoming Green Paper on social care, and the new *Independent Living Strategy.*

7. Our strategic approach is embedded across government in formal priorities and targets set by our Public Service Agreements (PSAs), and led by a new agreement specifically directed at enhancing the well-being of older people, through tackling poverty and promoting greater independence (PSA 17). The strategy plays an important role in our wider priorities by increasing the long-term housing supply (PSA 20), and promoting better health and well-being for a large sector of society (PSA 18). In Communities and Local Government, this strategy is further strengthened by our strategic objective to improve the supply and quality of housing that is more responsive to the needs of individuals, communities, and the economy.

8. We will measure delivery at local level against the new framework for delivery. The national priorities expressed in the PSAs are supported by the National Indicator Set, placing housing and older people at the heart of local government services. local authorities have the opportunity to shape how these priorities should be delivered to meet the needs of their communities through their Local Area Agreements.

9. We also announced funding of £8 billion to build new homes and provide choice which will help to deliver growth in accommodation for older households. In addition, new funding of £35 million up to 2011 will support the development of housing information and advice for older people, and increase the current provision of handyperson services fro minor adaptations and repairs and Home Improvement Agencies. There will be a 31 per cent increase in the Disabled Facilities Grant by 2011, taking the annual budget for major home adaptations to £146 million in 2008-09 and up to £166 million in 2010-11. The strategy also draws on existing funding streams, such as the Warm Front Scheme which provides older people with energy efficiency and central heating grants.

Why Change is Needed

10. We examined the scale of the demographic changes and the impact on housing. It looks at where and how older people live today and what they want for the

future. It identifies the ways in which older people as workers, consumers and carers, support the whole of society.

11. People aged over 60 now own about £932 billion in equity in their homes (2004). However, more complex analysis shows increasing polarisation by housing wealth.

12. Good housing is critical if we are to manage the mounting pressures of care and support expenditure and provide the best possible help and support.

    (i) If we did nothing, social care expenditure would need to increase more than threefold (325 per cent) by 2041 to meet demographic pressure.
    (ii) If we reduced the risk of falls, for example, we could reduce emergency admissions to hospital and many costs in the process.

A Better Deal for Older People Today

13. In the strategy we outline the actions that we propose to take that will promote independence by improving housing choices and provision for older people today. The Housing Green Paper has made it clear that we will build more mainstream and specialised homes for older people through increased investment in new housing over the next three years. That will include increased investment in social housing – and equity sharing.

14. For older people, however, there is a prior and paramount need to improve information and advice services so that they know how to make the right choice for them, and are not forced to leave their homes before they are ready, or need to do so. We will work with partners across government and in the voluntary and community sector to provide a new approach to a national housing advice and information service. Linked to this, we will strengthen local housing information services. Our ambition is that, together, these new services will enable older people to find out about their range of housing options, whether staying put or moving home, or considering finance options such as equity release. Our vision is for a first class information service whether at the end of a telephone line or online, as well as a local one stop shop where anyone can find out the full range of options that might be available locally. In time we will develop this resource so that it covers social care, health and benefits and links together all the services that older people need to know about.

15. The second step is to make it easier and safer for people to stay in their own homes, near their family and neighbours. As we get older, we often need to adapt our homes to meet changing needs, or move home, but the right options and support are not always available.

16. From next year new rapid repairs and adaptations services will be introduced to support more handypersons schemes across the country. New funding will enable an additional 125,000 older people each year to get the repairs and minor adaptations necessary to help them carry on living in their own homes. This will be linked to the development of the Home Improvement Agency (HIA) sector and our 'Future HIA project'.

17. For people with disabilities, we will modernise the Disabled Facilities Grant so that it reaches more people, more quickly. We are increasing funding for the Disabled Facilities Grant by 31 per cent by 2011: increasing to £146 million in 2008-09, £156 million in 2009-10 and then £166 million in 2010-11. Further changes include raising the grant limit, a start will be made on improving the means test and much greater flexibility for local authorities to bring funding together and expand the choices available to clients. This increased funding and greater flexibility aims to enable authorities to help more people to get adaptations carried out in their homes more quickly, and to bring together the vital services which will help older people get a full range of technical assistance.

18. We will continue our major investment in improving housing conditions for older people through our Decent Homes Programme and allocate over £800 million additional funding for the Warm Front Programme over the next three years.

Building Homes for Our Future Selves

19. We have to plan housing and the places we live so that they reflect the changes that occur over the lifetime, and so that people are not excluded by design as they grow older and more frail. Lifetime Homes Standards are key to this since they provide necessary flexibility, for example, as people find it more difficult to open windows, move around the house, or reach plug sockets.

20. We will ensure therefore that all public housing will be built to Lifetime Homes Standards by 2011. Our clear aspiration is that all new housing will be built to these standards by 2013. Lifetime Homes Standards will be made a mandatory part of the Code for Sustainable Homes (used by increasing numbers of developers) and we will work to support industry to encourage take-up on a voluntary basis over the next few years. We will review take-up in 2010, with a view to bringing forward regulation in 2013 if take-up in the private sector has not matched market need or expectations. These changes will also make it far easier for people, for example, with sensory or mobility problems to procure other adaptations which will help them remain independent in their homes, for as long as they are able.

21. Lifetime Homes are an exemplar of good design in themselves, but our wider ambition is to promote inclusive design both inside the home, and across the neighbourhood. We will incentivise good design by introducing a new beacon theme on inclusive planning to recognise local authorities providing leadership in this area. Good design works well for people of all ages, but for those with mobility problems or with sensory or cognitive impairments it can make the difference between independent living and social exclusion.

22. It is not just lifetime homes that are needed, but lifetime neighbourhoods, where older people are not left out or forgotten because they cannot access buildings or public spaces. Lifetime neighbourhoods are a simple concept – but not often achieved. They are neighbourhoods where transport, good shops, green spaces, decent toilets, and benches, are consciously planned for people of all ages and

conditions in mind. They promote community spirit and civic pride. All Ecotowns will be designed to be lifetime neighbourhoods.

23. We have new opportunities to change the way we plan for housing and neighbourhoods with older people in mind. We have a range of new planning tools, meaning that we can plan for the long-term more effectively. Regional and local plans are now required to take proper account of ageing and the needs of older people. We are supporting better planning with better intelligence and analysis, including newly published projections of numbers of older households. The new Homes and Communities Agency will be charged with supporting the continued well-being of communities in England and ensuring that all new planning policies and initiatives give an explicit priority to design and quality. Future planning policy reform will fully reflect the high priority we are giving to the challenge of ageing.

Reconnecting Housing, Health and Care

24. Decent homes and lifetime neighbourhoods will promote health and well-being in themselves, but this approach also gives new opportunities to strengthen the relationship between housing, health and care services.

25. We will improve joined-up assessment, service provision and commissioning across these three sectors in order to deliver better outcomes for older people. We will deliver greater personalisation through the development of Personal Budgets, taking on board the findings of the pilot evaluation.

26. We will boost preventative housing services through investing in proven approaches, such as advice and information, adaptations and repairs, which can prevent health and care crises for individuals. Looking to the future, we will improve our ability to ensure early identification of the people that most need support. We will pilot a new approach to transform prevention, using predictive risk modelling to accurately identify which people are most at risk of a health or care crisis, such as a hospital or care home admission, a year before it happens.

27. We are outlining a new positive vision for specialised housing as somewhere older people will aspire to live in later life. We will create more homes and more choice, through increased funding for public housing over the next three years, and encouraging private sector provision through planning system reform. We want to encourage the highest standards of innovative, desirable housing with care, and to ensure that these forms of housing will be at the heart of our communities, setting standards of design and provision from which the rest of the community – here and abroad – can learn. We will commission an Innovation Panel to report to an inter-Ministerial group jointly chaired by Communities and Local Government and Health ministers on how to further reform new-build specialised housing and make the best use of existing stock. This will be supported by better evidence and a coordinated cross-government research approach.

AGEING IN PLACE
UNITED STATES SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

Country:	United States of America
Responsibility:	National policy and programs
Governing Body:	Administration on Aging, U.S. Department of Health and Human Services
Contact:	Marla Bush, International Coordinator
Tel:	202-357-3508
Fax:	marla.bush@aoa.hhs.gov
Website:	http://www.aoa.gov

Legislation:

The Older Americans Act established the Administration on Aging and provides home and community-based services with the goal of helping older people maintain their dignity and independence in their homes and communities. For legislation, go to http://www.aoa.gov/OAA2006/Main_Site/.

Mainstream Program Summary:

Overview/Mission

- The AoA is the Federal agency responsible for advancing the concerns and interests of older people and for providing national leadership, funding, technical support, and oversight to the National Aging Network (the Network) described below.
- The AoA, an agency in the U.S. Department of Health and Human Services, is one of the nation's largest providers of home- and community-based care for older persons and their caregivers.
- AoA's mission, as embodied in the OAA, is to help elderly individuals maintain their dignity and independence in their homes and communities through comprehensive, coordinated and cost-effective system of long-term care and livable communities.
- The Network consists of 56 State Units on Aging (SUA), 655 Area Agencies on Aging (AAA), 246 Tribal and Native organizations, 29,000 service providers, and thousands of volunteers.
- These organizations provide assistance and services to older individuals and their families in urban, suburban, and rural areas throughout the United

States. The Network serves approximately 10 million people, including about 750,000 caregivers.

Program Funding:

- The OAA is a federal grant program. Funding for the programs described below is provided via formula grants to States and Territories that then distribute funds to area agencies on aging, which in turn fund local agencies and service providers.

- Within each of the programs, States and Territories have the flexibility to allocate resources among the various authorized services in order to best meet local needs. http://www.aoa.gov/about/legbudg/current_budg/legbudg_current_budg.aspx

- The OAA provides services without cost to persons aged 60 and over. Priority for the receipt of services is given to those in greatest economic or social need with particular attention to low-income older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

- The OAA also provides for federally assisted employment programs for low-income persons aged 55 years or older. The Senior Community Service and Employment Program is operated through the Department of Labor.

State and Community-Based Services Funded By the OAA

- AoA provides grants to States and Territories to support the implementation of comprehensive and coordinated service systems for older individuals and their caregivers. These programs, with prevention as their underlying principle, form an integrated whole and provide a core foundation of supports that assist older individuals to remain independent, at home, and in the community.

- *Home and Community-Based Supportive Services*. This program provides funding for a broad array of services that helps seniors to remain at home, including access services such as transportation, case management, and information and referral; in-home services such as personal care, chore, and homemaker assistance; and community services such as adult day care and senior center programs.

- *Nutrition Services*. Nutrition Services includes Congregate Nutrition Services, Home-Delivered Nutrition Services and the Nutrition Services Incentive Program. These programs provide meals and related services in a variety of settings including congregate facilities such as senior centers, or by home-delivery to seniors that are homebound due to illness, disability, or geographic isolation.

- *Family Caregiver Support Services*. This program provides funds for a range of supports to family and informal caregivers in order to help them care for their loved ones at home for as long as possible. The program includes five basic

system components: information and outreach, access assistance, counseling and training, respite care, and supplemental services.

- *Preventive Health Services*. These programs are designed to promote behavioral change resulting in healthy lifestyles through physical activity, appropriate diet and nutrition and regular health screening, and to educate older persons of the benefits of including these activities in their daily routine.

In addition to these core services, the OAA provides the following:

- *Protection of Vulnerable Older Americans.* These programs include a combination of training, outreach, and information dissemination activities to improve the quality of care for residents of long-term care facilities and increase public and professional awareness of the problem of elder abuse.

  The Prevention of Elder Abuse, Neglect and Exploitation program includes detection and preventive strategies to safeguard older persons who are often vulnerable to abuse in both the community and long-term care facilities, and can be innocent prey of consumer fraud. Services address such issues as pensions counseling, legal assistance and elder abuse investigations.

  The Long-Term Care Ombudsman Program investigates and resolves abuse and neglect and other complaints made by or for residents of nursing, board and care, and similar adult care facilities.

- The Senior Medicare Patrol (SMP) Program trains thousands of senior retired volunteers to educate their peers in preventing, identifying and reporting Medicare, Medicaid and other healthcare waste, fraud, and abuse. The SMP program empowers older Americans to take a more active role in monitoring and understanding their health care.

- The "Eldercare Locator" is a national toll-free service to help callers find services and resources in their own communities or throughout the country. For further information on the Eldercare Locator, go to http://www.eldercare.gov.

Pilot Program Summary:

- In addition to formula grants, AoA's Program Innovations funding allows AoA to develop and evaluate innovative approaches that can help seniors to stay active, healthy, and independent; remain in their own homes and communities; prevent or delay nursing home placement; and avoid unnecessary spend-down. Competitive grants, cooperative agreements and contracts for Program Innovations are awarded to eligible public and nonprofit agencies, including SUAs, AAAs, institutions of higher learning, community and faith-based organizations, and other entities representing or serving older people. For our most recent Compendium of Grants, go to: http://www.aoa.gov/doingbus/comp/comp.aspx.

- Among the many pilot programs funded through AoA, the following are examples of strategies used to advance and enhance aging in place and are key components to keeping elderly in their communities:
    - The Aging and Disability Resource Center (ADRC) Grant Program, a cooperative effort of the AoA and the Centers for Medicare & Medicaid Services (CMS), was developed to assist states in their efforts to create a single, coordinated system of information and access for all persons seeking long term support to minimize confusion, enhance individual choice, and support informed decision-making. Since 2003, 43 states have received ADRC grants. For further information, go to http://www.aoa.gov/prof/aging_dis/aging_dis.aspx.

    - The Evidence-Based Disease Prevention Grants Program is a public-private partnership of federal agencies and private foundations coordinating their efforts to support evidence-based prevention programs at the state and community level. Evidence-based prevention programs are interventions based on the application of principles of scientific reasoning, behavior change theory, and program planning that are proven effective in reducing the risk of disease, disability, and injury among the elderly. For further information go to http://www.aoa.gov/prof/evidence/evidence.aspx.

    - The Nursing Home Diversion Modernization Grants Program is designed to assist individuals at risk of nursing home placement and spend down to Medicaid to receive home and community-based services that enable them to continue to live in the community. The program also encourages the Aging Services Network to modernize and transform the funding they receive under the OAA, or other non-Medicaid sources, into flexible, consumer-directed service dollars. AoA's long-range vision is to have nursing home diversion programs consistent with AoA's Nursing Home Diversion Program standards to be a key component of every state's system of long-term care. For further information go to http://www.aoa.gov/prof/nursing/nursing_grants.aspx.

In addition to programs funded through the OAA, other Federal agencies are supporting aging in place efforts.

- The Department of Housing and Urban Development promotes community-based living opportunities for the elderly and persons with disabilities, and makes supportive services available to residents of rental housing, enabling them to live as independently as possible in the most integrated setting. It also has programs for reverse mortgages and home modification and repair to help older persons remain in their homes.
- The Department of Transportation is coordinating all levels of government, the private and non-profit sectors to improve transportation service delivery to the elderly, people with disabilities and low-income individuals.
- The Department of Labor created One-Stop Career Centers to connect job seekers of all ages with employment opportunities or skills enhancement. It also operates the Senior Community Service and Employment Program for

low-income individuals aged 55 or older. Participants receive job training and placement in community and government agencies.

- The Department recently releases its Taskforce on the Aging of the American Workforce Report which reviewed strategies for encouraging older individuals to re-enter or remain in the workforce. For further information go to www.doleta.gov/reports/FINAL_**Taskforce**_Report_2-11-08.pdf.
- Medicare and Medicaid programs, along with the OAA, are key to the rebalancing of the US long-term care system. Together, these programs provide the majority of funding for health care and nursing home care for older persons. All three programs are being modernized to emphasize care in the least restrictive setting with the maximum amount of personal choice and control over care options.

Future Directions:

The aging of America creates new challenges and opportunities. In response to these challenges, AoA continues to work with its partners at the Federal, State and community levels to help strengthen the Nation's capacity to promote the dignity and independence of older people. The following programmatic priorities have been developed to guide us in the next five years.

- Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.
- Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.
- Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare, including evidence-based disease and disability prevention programs.
- Ensure the rights of older people and prevent their abuse, neglect and exploitation.

For the Strategic Action Plan, go to
http://www.aoa.gov/about/strategic/strategic.aspx.

Summary and Conclusion:

The OAA programs have, since their inception, had aging-in-place as a goal. The Aging Services Network reaches into every community in the United States, providing low-cost social services and support to seniors and their caregivers. Successful aging in place requires meeting current and future needs. Under the leadership of Josefina G. Carbonell, Assistant Secretary for Aging, the most recent reauthorization of the OAA in 2006 is mindful of these future needs and incorporates the principles of integrated, modernized and consumer-directed long-term care for older adults and adults with disabilities.

AGEING IN PLACE
VICTORIA, AUSTRALIA SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

Ageing-in-Place- The Way Forward

1. Country
Australia-State of Victoria

'*Australia's population is ageing- by 2036, it is predicted that one quarter of Australians will be over the age of 65'* (ABS 2006).

Australia has three levels of Government: Commonwealth, State and Local Government. All have responsibilities in respect to Ageing-in-Place.

Victoria is one of the six Australian states. There are 79 Local Government Areas in Victoria. Melbourne is the capital city. In 2006, Victoria had a population of 5.13 million people (ABS 2006). Of those, 3.74million people (over 70% of the population) resided in metropolitan Melbourne (ABS 2006).

There are three main programs provided by the Commonwealth Government to support ageing-in-place: Home and Community Care (HACC) (also funded by the Victorian Government), Community Aged Care Packages (CACP) and Extended Aged Care at Home (EACH). These programs aim to provide assistance and support to people in their own homes, particularly if people choose to stay at home rather than move into residential aged care.

The Commonwealth Government also provides residential aged care. Current planning aims to have 88.0 residential places per 1,000 persons aged 70 years and over (AIHW 2008).

As noted above, Victoria co-funds with the Commonwealth Government, the Home and Community Care Program, the largest 'Ageing-in-Place' program in Victoria. Victoria also has a range of services from transport to housing to support older people to stay independent in their own homes and communities.

Local Governments work with the Commonwealth and the Victorian Government to provide coordinated support services, transport and community programs. In Victoria, local government is the major public sector provider of home based community aged care such as delivered meals, respite and property maintenance. Local Government implements many of the programs funded by the Victorian Government.

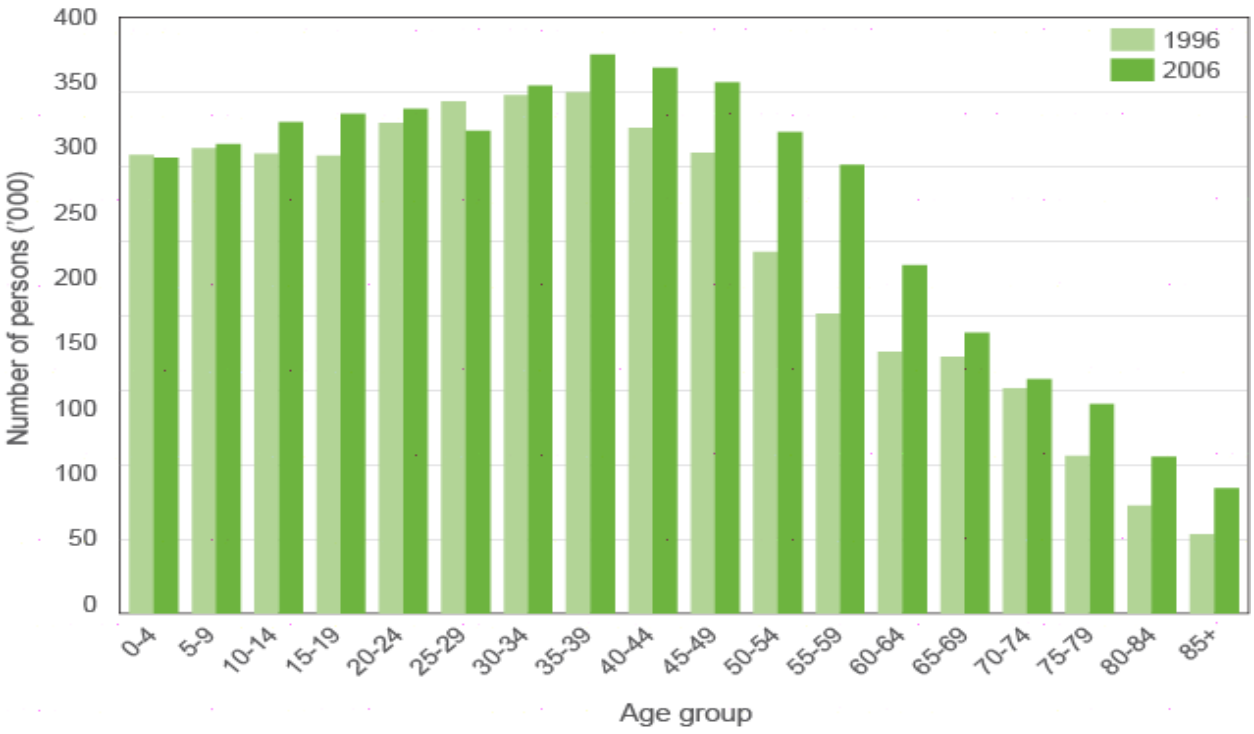
2. Responsibility
Victoria
This report is specific to the State of Victoria's policy and programs.

'Ageing is a privilege and a societal achievement' (WHO 2008).

Structural population ageing has been occurring over several decades and will continue in Victoria over the next half century as the average age of Victoria's population increases.

In Victoria the number of people aged over 60 years increased by more than 24% between 1996 (730,264 people) to 2006 (908,506 people). Most notably, the numbers of Victorians in very old age groups has increased as life expectancy continues to rise.

Age structure, Victoria, 1996 and 2006



Source: DPCD, Census 2006 Info Sheet 2: Ageing trends in Victoria, based on data from the ABS Census 2006, BCP table B04

As a proportion of the population, those 60 years and over represent 18.4% of the population. By 2031 it is estimated that the proportion will grow to 28.3%. This means that 1 in 4 Victorians will be a 'senior' by the year 2021. (ABS Census 2006).

An important dimension of population ageing, particularly in Victoria, is the diversity of the older population group.

Diversity is shaped by many factors and life experiences. There are differences arising from family and housing situations: whether seniors live 'at home' or 'in a home'; whether they are living alone or not; and whether they have support from family or carers. Other factors include: living in a rural or metropolitan location; educational and health status; gender; sexual orientation; cultural and social background; and income and wealth.

Diversity means that people have different needs, and numerous strategies are required to maintain ageing-in-place.

Definition

'Ageing in Place' in Victoria was once a concept associated with reforms to the aged care system through the introduction of the Commonwealth Aged Care Act, 1997. This reform allowed low-care residents of hostels to remain in these facilities as their dependency increased. Previously, under a two-tier system, residents were required to move to a nursing home (AIHW 2002).

Ageing in Place has advanced since then, expanding through policy and programs to embed choice, independence, participation, self-fulfilment, and dignity into the lives of older Victorians. Ageing in Place is ensuring access, affordability, and attitudes to empower older people to live in their own home, connected to their community.

Victoria's ageing policies and programs promote age friendly communities, and provide infrastructure, transport, health services and intergenerational opportunities to give older Victorians the choice of ageing-in-place.

3. Governing Body

There are two governing bodies within the Victorian Government that relate to Ageing-in-Place.

The Office of Senior Victorians (OSV) provides a coordinated, whole-of-government, inter-sectoral response to the issues affecting older people.

The Aged Care Branch plans, funds and monitors services for older people, people with a functional disability and the carers of both target groups.

Office of Senior Victorians
Department of Planning and Community Development
1 Spring Street
(GPO Box 2392V, Melbourne VIC 3001)
Melbourne VIC 3000
Australia
Phone: (03) 9208 3333
Fax: (03) 9208 3870
Email: enquiries@seniors.vic.gov.au
Website: http://www.dpcd.vic.gov.au

Aged Care Branch
Department of Human Services
50 Lonsdale St
(GPO Box 4057, Melbourne VIC 3001)
Melbourne VIC 3000
Australia
Phone: (03) 9096 7389
Email: aged.care@dhs.vic.gov.au
Website: http://www.dhs.vic.gov.au

4. Legislation

Below are some key legislative requirements that support ageing in place in Victoria. Please refer to additional legislation and policy URL links in contents of Section 5 and 6.

Victorian Charter of Human Rights and Responsibilities

The Victorian Charter of Human Rights and Responsibilities is an Act of Parliament that outlines the rights and freedoms of people in Victoria. The Charter focuses on civil and political rights, and includes well known democratic rights such as the right to vote and freedom of expression. The Charter states that everyone person should be able to enjoy their human rights without discrimination, this includes age.

For More Information Visit:
http://www.humanrightscommission.vic.gov.au/Home.asp

The Aged Care Act 1997

The Aged Care Act is an act that relates to aged care and all aspects of the provision of residential care and community aged care packages (CACPs) to older Australians.

The Act outlines information relating to the planning of services, the approval of service providers and care recipients, payment of subsidies and responsibilities of services providers.

For More Information Visit:
http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-legislat-aca1997-acaindex.htm

Residential Tenancies Act 1997

The Residential Tenancies Act 1997 is an act that relates to residential tenancies, rooming houses and caravan parks.

The Residential Tenancies Act 1997 sets out the general responsibilities, obligations and rights of landlords, tenants, owners and residents. This includes tenancy agreements and bonds.

For More Information Visit:
http://www.health.vic.gov.au/agedcare/legislation/legislation.htm

Retirement Villages act 1986 (amended in 2006)

The Retirement Villages act 1986 is an act that clarifies and protects the rights of persons who live in, or wish to live in, retirement villages.

For More Information Visit:
http://www.health.vic.gov.au/agedcare/legislation/legislation.htm

5. Mainstream Program Summary

Health and Care

1. **Home and Community Care Program**
2. Personal Alert Victoria
3. Support for Carers
4. Dementia Services
5. Health Promotion
    I. Falls Prevention Programs

Community and Wellbeing

1. **Seniors 'Go for your life'**
    I. Healthy and Active Living Grants
    II. Flag Ship Projects
    III. Living Longer Living Stronger
    IV. Seniors 'Go for your life' Strength Training for Older Adults Expansion
2. **Positive Ageing in Local Communities**

Mobility and Transport

1. Transport Connections Program
2. Mobility Advisor Pilot Project

Housing

1. Moveable Units
2. Housing Support for the Aged Program
3. Older Persons High-Rise Support Program
4. Long-term community managed housing

Information

1. Direct2Care

Advocacy and Awareness

1. Elder Abuse Prevention Project

Summary

I. Home and Community Care Program (HACC)

The objective of the HACC Program is to support people in their own homes and communities by providing services to maintain and promote independence and help avoid premature admission to long term residential care.

The HACC Program began in 1985 by bringing a group of community care programs, variously funded by Commonwealth and State Governments, under one administrative umbrella.

The Program is jointly funded by Commonwealth and State/Territory governments and is administered within each State and Territory. It funds a range of services in the community and in people's homes for frail older people and their carers. Services are generally provided at a modest level, to people living at home. The HACC Program Budget for Victoria in 2008-09 is $480million.

HACC has been successful in many respects. Services are generally regarded as efficient and efficacious and, for many frail older adults, lead to overall improvement to the basic standard of living and delay admission to long term care (Howe, Doyle, & Wells 2006). HACC services are well utilised, with about 245, 000 people in Victoria using at least one HACC service in 2006-07.

In Victoria, approximately 500 agencies provide in-home support (assessment, domestic assistance, personal care, property maintenance, respite and delivered meals), health care (nursing at home and allied health) and social support (planned activity groups and volunteer friendly visiting and transport). Local councils throughout the state provide most in-home support services, whilst health services and district nursing services provide health care services. Councils, hospitals and non government organisation are the major providers of planned activity groups and other social support services.

In 2008 the HACC program underwent quality improvement, becoming an Active Service Model. There is increasing evidence that 'Active Ageing', ie adopting strategies for wellness, can result in improvement in wellbeing and morale for the older person, and at least in some cases, reduce the number of hospital admissions and subsequently delay the need for permanent institutionalisation (McWilliam, Diehl-Jones, Jutai, & Tadrissi, 2000).

For More Information Visit:

Home and Community Care
http://www.health.vic.gov.au/hacc/index.htm

Home and Community Care Act 1985
http://www.health.vic.gov.au/agedcare/legislation/legislation.htm

Victorian Triennial Plan- Home and Community Care Program 2008-2011 Directions and Expenditure Priorities in Victoria
http://www.health.vic.gov.au/hacc/downloads/pdf/triennial_plan.pdf

II. Seniors 'Go for your life'

The Seniors 'Go for your life' initiative promotes the health and wellbeing of older people through active living. The program supports older Victorians, including frail older people to lead healthy lives, remain independent and continue to contribute to community life.

Research has shown that physical activity and social connectedness can improve the health and well being of older people. Since 2003 the Government has committed nearly $6 million to the Office of Senior Victorians to support active a range of initiatives, specifically developed to achieve this outcome, including:

- **Promotion** of physical activity and social participation for older people;
- **Information** for older people on how to be active;
- **Support** for older people to become and remain active; and
- **Activities** that provide exercise and social connection for older people

Since 2003, 16,000 seniors having participated in the 340 regular physical activity programs that have been developed over the course of the initiative.

Key partners in delivering these outcomes are Primary Care Partnerships, Regional Sports Assemblies, Local Governments and state-wide organisations such as Council on the Ageing Victoria, Bicycle Victoria, the YMCA, Arthritis Victoria and the U3A Network.
The Office of Senior Victorians manages the Seniors 'Go for your life' initiative, which is part of the Victorian Government's Health and Active Victoria strategy and the Go for your life campaign.

For More Information Visit: http://www.goforyourlife.vic.gov.au

III. Positive Ageing in Local Communities

The objective of the Positive Ageing Local Communities Project is to build the capacity of local governments to plan for an ageing population and provide leadership in promoting 'age friendly communities'.

The Positive Ageing in Local Communities Project is a joint initiative between the Municipal Association of Victoria and Council on the Ageing Victoria. It is funded by the Victorian Government through the Office of Senior Victorians.

The project focuses on planning more innovative, liveable and inclusive communities for older people by adapting the physical, social and economic environment. Underpinning this focus are principles of equity of access, cultural diversity, fostering non-discriminatory attitudes, promoting positive images of ageing, recognising and assisting those with disabilities (physical, psychological, sensory) and partnership building.

As part of the project, over thirty projects in twenty-seven Local Government Areas have been assisted in their planning and development processes to consider the needs of older people, making it easier for them to get to and move around places such as shopping precincts and community centres.

Thousands of older Victorians with a range of life experiences, diverse language backgrounds, different mobility issues and various economic circumstances – have been enabled to take an active role in planning for their local communities. The projects have engaged older people in a range of consultative processes, in positive ageing programs, in lifelong learning opportunities and in strategic planning projects.

These projects have opened the door to new possibilities and innovative projects that enable seniors to stay active, keep in touch with family and friends, and be involved with their community.

The results achieved through these projects will be sustainable. Fifteen councils have gone on to appoint positive ageing project officers.

For More Information Visit:

Positive Ageing in Local Communities
http://www.seniors.vic.gov.au/web19/osv/dvcosv.nsf/headingpagesdisplay/positive+ageingpositive+ageing+in+local+communities

IV. Transport Connections Program and Mobility Advisor Pilot Program

Mobility is critical to maintaining quality of life in older age. As the Victorian population ages and with the impact of climate change, seniors' mobility will continue to grow in importance.

The Victorian Government funds two major mobility initiatives: the **Transport Connections Program** to improve transport options for people, including seniors who have difficulty accessing public or private transport; and the **Mobility Advisor Pilot Project** to assist older drivers who stop driving to maintain their mobility.

The Transport Connections Program helps communities to find practical solutions to improve existing transport. It does this by bringing community groups and organisations, individuals, transport providers and local businesses together to develop tailored transport solutions. The program focuses on using existing transport resources (public and private) more effectively through new and coordinated approaches.

Thirty projects are funded under Transport Connections in regional, rural and outer urban municipalities with seniors' transport and mobility a key focus. The projects will enable communities to make better use of existing transport resources, such as public transport, school buses, community vehicles and volunteer drivers. A total of $16.25m over six years has been committed to this project.

For More Information Visit:
http://www.dvc.vic.gov.au/transport

6. Pilot Program Summary

I. The Active Service Model

The Active Service Model, is a different approach to how Home and Community Care services are delivered. The Active Service Model aligns closely with the World Health Organisation(WHO) 'Active Ageing' framework (WHO, 2002). The World Health Organisation defines 'Active Ageing' as '*the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age' (*WHO, 2002, p.12*)*. It emphasises the value of continued involvement in six life domains: social, economic, civic cultural, spiritual and physical. The WHO definition of active ageing compromises three key pillars of Participation, Health and Safety.

There are some similarities between an Active Service Model and the WHO 'Active Ageing Framework:

- they both aim to keep older adults "engaged in life" for as long as possible;
- they both emphasise a focus on quality of older people's lives and their engagement in the community (Wistow, Waddington & Godfrey, 2003); and
- they are consistent with an ecological approach to wellness, which suggests that wellbeing comes from family, community and social engagement, stepping outside ourselves and becoming enmeshed in a web of reciprocal relationships and interests (McMurray, 2007).

The Principles underpinning the Active Service Model are:

1. People want to remain autonomous;

2. People have the potential to improve their capacity;
3. People's needs should be viewed in a holistic way;
4. HACC services should be organised around the person and the carer; the person should not be slotted into existing services; and
5. A person's needs are best met where there are strong partnerships and collaborative working relationships between the person, their carer and family, support workers and between service providers.

For More Information Visit:

Home and Community Care Active Service Model
http://www.health.vic.gov.au/hacc/downloads/pdf/asm_discussion_paper.pdf

II. The Mobility Advisor Pilot Project

The Mobility Advisor Pilot Project is investigating whether personalised advice by trained Mobility Advisors can improve access and mobility for retired drivers, and whether this will measurably improve their well-being and assist them to remain living at home. The Mobility Advisors work, case by case, with older Victorians who are reducing their driving or have ceased to drive. The project will include seniors in metropolitan and regional Victoria in up to three pilot locations.

The Government has committed $280,000 over 2 years for the Mobility Advisor Pilot Project.

III. Direct2Care

Direct2Care is a new service which helps Victorians access aged care services. The service aims to help older Victorians find and access the services they need to live fuller, more independent lives in the familiar surroundings of their own home.

Direct2Care has a phone service as well as an office, which are staffed by experienced support workers. People seeking aged care services, or unsure of what services are available can phone or visit Direct2Care.

The Victorian Demonstration Projects are being jointly funded with $1.2 million in funding from the Australian Government and $1.25 million from the Victorian Government, totalling $2.45 million. This will cover both the Eastern and the Grampians sites.

7. Future Directions

The Victorian Government is currently developing a Whole-of-Government Ageing in Victoria Policy Framework.

The framework aims to inform Victoria's response to population ageing, particularly in relation to planning and coordination of Government policy and programs to strengthen the health, wellbeing, independence and participation of older Victorians in the community. The Ageing in Victoria policy framework will seek to ensure improved collaboration between local and state government, particularly around planning to meet the housing, transport and support needs of an older population.

Planning for All of Melbourne- a response to Melbourne 2030 is a 30-year strategy which plans for growth and development. Underpinning the plan are the principles of accessibility, sustainability, affordability and liveability, all which support the Ageing in Place objectives. Key

directions of Melbourne 2030 include improving transport links, improving equity and making Melbourne a more compact city.

The Victorian Government has also released a Housing Strategy which aims to ensure adequate supply of affordable and accessible public and private rental accommodation, choice in housing type, tenure and cost to meet the needs of households, and to minimise housing stress by providing support for households in crisis. It aims to do this by:

- Investing in more social housing;
- Improving design and performance of new housing; and
- Investigating options to increase access and affordability for disadvantaged groups in the private rental market.

In health and chronic disease, Victoria is currently developing and implementing better prevention and early intervention strategies, including adopting a more person-centred, goal-oriented service delivery models, to achieve better outcomes for clients and their carers. This has an emphasis on a holistic approach to care, that promotes clients' wellness and active participation in the decisions about care. One example of this is the Active Service Model.

For More Information:

Melbourne 2030
http://www.dse.vic.gov.au/CA256F310024B628/0/C27DCBB1CFF4FFF1CA25745000198AD9/$File/Planning+for+all+of+Melbourne+-+Whole+Report+FINAL.pdf

Towards an Integrated Housing Strategy
http://www.housing.vic.gov.au/publications/reports/towards-an-integrated-victorian-housing-strategy

8. Summary and Conclusions

Ageing-in-Place provides an important vision for support of ageing populations, and aims to embed choice, accessibility, affordability, diversity and age integration into community and service responses for older people.

Victoria's whole-of-government Ageing in Victoria Policy framework aims to encompass these goals, and to meet the housing, transport and support needs of increasing numbers of older people as the population ages. Although there is much more that needs to be achieved Victoria's current Ageing-in-Place policies and programs provide a sound foundation on which to build a more secure future for our increasing population of senior Victorians.

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AGEING IN PLACE
REPUBLIC OF VIETNAM SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

SOCIALIST REPUBLIC OF VIETNAM
Independent – Freedom – Happiness

Hanoi, 11 August, 2008

Looking after and increasing the role of ageing in Viet Nam

I. Situation of Vietnamese ageing people

1. Quantity

By 1/4/2007, Vietnam has about 8.05 millions of ageing people, accounting for 9.45% of population. Of whom it is divided into the group of age as follows:

Catergories	Number (persons)	Proportion in total population (%)
Total of ageing people	8,048,155	9.45
Age group 60-69	3,925,425	4.61
Age group 70-79	2.903,972	3.41
Age group >= 80	1.169,765	1.43
of which, age >= 100	9,830	
Life expectancy		72 year olds
The gap between male and female life expectancy		4-5 years
From more than 85 year olds, the sex ratio is 238 female / 100 male		

At present, 72.9% of ageing people are living in rural area while 27.1% of them are living in urban[12]

The proportion of ageing people in the Vietnam population structure is increasing during last years but not steadily. In 1989, this group accounts for 7.2% of total population. This rate increased to 8.2% in 1999; 8.96% in 2005; 9.22% in 2006; 9.45% in 2007. It is projected that the proportion of ageing people will suddenly increase after 2010 and reach to 16.8% by 2029(2).

The fact above means that the ratio of ageing people group and labor age group (15-59 year olds) also augment. In 1999, respectively with 8 people in the labor age, there was 1 older person; by 2009, it is projected this ratio will be 6; by 2029 this ratio will be 4.

[12] Source: Results from the Survey 2007 of the National Committee for Ageing people

In the period 1999-2029, the number of ageing people will increase 3.26% annually while the increasing rate of population in labor age (15-59 year olds) is only 1.23% and the proportion of children group reduce 1.19%.

2. Health situation of ageing people

Although the life expectancy of Vietnamese people is 72 year olds, 95% of ageing people have at least one disease. Mainly non-transmitted chronic diseases such as bone and articulation diseases: 53.8%; respiratory diseases: 41.6%; cardiovascular diseases: 31.3%; digestive diseases: 27.1%; the eyesight of 28.3% of ageing people had been reduced and 10.4% had been totally sightless; the audio capability of 27% of ageing people is very weak and 9.4% have been deaf; endocrine diseases: 12.1%; prostatitis diseases: 63.8%; urination disorder: 35.7%; urethritis: 3.3%. On average, one older person has 2.69 diseases; the proportion of ageing people who have bad health is relatively high (22.9%) while the proportion of good health ageing people is only 5.23%.

With the health situation mentioned above, 23.45% of ageing people meet difficulties in daily life; 90.67% of them need to support from others (92.16% need partly; only 7.84% need totally).

3. Education level of ageing: Due to the history circumstance, up to 70% of ageing have not been attended in regular education system. However, many people had studied themselves, so nearly 60% of ageing know how to read and to write. Of whom, 0.034% are professors (account for 40% of the number of professors in the country); 0.044% are PhD; 0.019% got master level; 0.106% got bachelor degree; 1.2% are intermediate professional skill; 0.89% were high level technical workers.

4. The living standard of ageing: Vietnam are progressing in the highly economic growth, the living standard is improving, the spending for social welfare of the State is more favorable, the ageing are also benefited from those achievements of society and family.

Since 2002, besides the aid policy for the ageing who are lonely, severely handicapped or living in the poor families, the State also have a regularly social aid policy at community and freely provision of health security card for the people more than 90 year olds (according to the Decree 67/2007/NĐ-CP dated 13 April 2007, this policy have been applied for all people more than 85 year olds) and for ageing people living with AIDS.

At present, over 75% of ageing are living with their children and so they have a relatively good life both in material and sentimental; 8.3% live lonely in community; 13.06% are living with their spouse who is also a older person[13]; 3% are living in the social sponsoring units, ageing pension centers, churches or pagodas…

Most of the Vietnamese ageing now is the generation born in the feudal and colonial period and many of them participated in the war protecting country and in the reconstruction of homeland, they grown up, suffered great hardship in the wars of resistance. Since born and grown up in such difficulties, many ageing did not have favorable conditions for health protection and up to 70% of them did not have material accumulation. Thus, when the country has been changing to the market economy, they have to cope with many challenges in order to adapt the changes that have never existed before.

II. Implementing policies on looking after and increasing the role of ageing in Viet Nam.

[13] Source: Results from the Survey 2007 of the National Committee for Ageing people

1. Legislation and policies for ageing

In the Vietnamese history, it is acknowledged that the State as well as community and family have been paying attention to the ageing. To continue such tradition, the Vietnamese State have constructed and ensured implementing the policies for ageing. That was regulated and revealed on the Constitution 1946[14]. It was inherited and developed in the Constitution 1959[15], 1980[16], 1992[17], and was concretized in the Law of Marriage and Family[18], Law of health care and protection for people[19], Law of Labor[20], Criminal Law[21], …and in many other under law documents (see details in annex).

In 2000, the Standing committee of National Assembly promulgated the Ordinance of ageing which create the particularly legal framework for protecting the rights of ageing people and mobilizing their great potentialities. This ordinance combines 6 chapters, 34 articles. *It regulated: the persons aged more than 60 year olds is ageing; the responsibilities of family, state and whole of society in care for ageing as well as in promotion of their roles; the aging is encouraged in the participation of community activities…*

The promulgation of the Ordinance of ageing showed the great attention of the State to the ageing though the economic situation of the country is still difficult and this is also a suitable step for preparing the policies and solutions of the State to respond with a society in where the proportion of ageing is increasing. The regulations of the Ordinance have been highly appreciated by the international community, especially the regulations for care and promotion of the ageing people's roles have been referred by other countries in order to establish or repair their laws.

To complement and complete the policies and instructions for implementing the Ordinance of Ageing, the Government have promulgated 07 decrees, the Prime Ministers have issued 03 decisions, the ministries have also issued tens of instructive circulations relating to regulations and policies toward the ageing (see details in annex). Of which, remarkably there is the Decree 30/2002/ND-CP dated on 26 march 2002 of the Government regulating and instructing on

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[14] Article 14 of the Constitution 1946 defined: "*the citizens who are high age or handicapped, could not work will be aided".*

[15] Article 32 of the Constitution 1959 stipulated: *"There are aids for ageing people, illness or handicapped people. The State will expand social security, health insurance and social protection… "*

[16] Article 59, Article 64 of the Constitution 1960 stipulated: *"Social security is served for service servants, members of cooperatives and employments. Responsibility of parents in children education. Responsibilities of children in parent's respect and care"*

[17] Article 64 of the Constitution 1992 defined *"Children have responsibility in respecting and caring for parents and grandparents…"* Also in the Constitution 1992, the article 87 stipulated: *"Ageing people, handicapped people and orphaned children will be protected by the State and society".*

[18] Point 4 Article 5 of the Marriage and Family Law defined *"Children are obligation to respect, care and serve parents; Grandchildren are obligation to respect, care and serve grandparents, the family's members are obligation to pay attention, care and help each others"*

[19] The law on people health care and protection reserved one chapter defining *"Health protection for ageing, invalids and sick solders…"* and the Article 41 of this law stipulated: *"Ageing people will be given priority in health examination and treatment, be made favorable to contribute their powers for society in the suitable ways with their health".*

[20] The labor code served a session on ageing labor that presented preferences and health care. Article 123 defined: *"One year before retiring, the ageing employees will get permission to reduce the time of working".* Article 124 defined: *"The employers are responsibilities in health care for ageing employees, not be permitted to use the ageing employees in hard or dangerous works, which might affect to their health".*

[21] Some articles of the Criminal code stipulated the offence for mal-treating towards parents, or it have regulations on the forms of offence reduction for the crimes being older persons or offence increase towards the persons violating to ageing people.

some articles of the Ordinance of Ageing; Decree 67/2007/NĐ-CP dated on 13 April 2007 of Government on support policies for welfare beneficiaries including the ageing.

To implement the Madrid commitment, the Vietnamese Government has rapidly established the National Committee for Ageing and a Deputy prime minister was assigned as the president; constructed and promulgated the National plan of action on ageing in period 2005-2010; summarized the implementation of the Ordinance of Ageing. By now, the Law of Ageing has been planned in the law making programme of National Assembly and is in the progress of drafting, consulting.

The completion and promulgation of new regulations, policies mentioned above have shown the consistence and unity in the viewpoints of the State and Government concerning the ageing both in the pass and in present.

2. The agencies and organizations relating to the ageing people

2.1. National Committee for Vietnamese Ageing people

It was established according to the Decision 141/2004/QĐ-TTg dated on 5 August 2004 of the Prime Minister. The committee is a multisectorial organization, which have functions to help the Prime Minister in guiding, and co-operating the activities of ageing care and role promotion. The committee has an office, a separated seal and account. The Government provides their annual budget.

The structure of the National Committee for Ageing people

President of the committee is a deputy prime minister.

Vice president + Minister of Labor – Invalidity – Social Affair + President of the Central Association for Vietnamese ageing.

Members: include 18 persons who are the vice ministers of the concerning ministries or sectors.

The tasks of the nation committee for Vietnamese ageing:

- Help the Prime Minister constructing the policies, programmes and plans for ageing care and role promotion.
- Help the Prime Minister guiding, instructing, monitoring and supervising the activities of ministries, sectors and local authorities in the implementation of laws and policies on ageing care and role promotion.
- Help the Prime Minister coordinating the ministries, sectors, local authorities, and mass organizations in communication, mobilization for the implementation of guideline and policies of the Party and the State toward the ageing.
- Help the Prime Minister guiding the international cooperation activities in the field of ageing.

At the provincial and district level, one department of Ageing was established; at the commune level, there is a department of socio-culture; the structure of these units is similar to those at central level. They have functions to help the president of people committees at the same level coordinating the departments, sectors, mass-organizations in carrying out the regulations and policies of the State toward the ageing.

2.2. Association of Vietnamese ageing is a social organization of Vietnamese ageing people, is led by the Vietnam Communist Party and managed by the Vietnam State. It operate in accordance to the Association's chatter being suitable to the Constitution and Laws of Socialist Republic of Vietnam. It is a member of Vietnamese Fatherland Front.

III. The result of implementing policies on looking after and increasing in the role of ageing.

1. Ageing people and development

a) Ageing people have actively participated in social activities and development process

Ageing people is considered as a sea of knowledge, they are the alive library. Many families and areas have brought into play the roles of ageing and the ageing themselves have also presented their need "being seen a useful person". They have actively assisted in the local activities such as building the village convention, village regulations, cultural inhabitant ward, social evil protection, politics and security conservation, conflict or contradiction conciliation at the community; the ageing people have participated in restoring the beautifully cultural traditions of the areas and non-material culturally precious asset, for example, folk letters and arts, fork sings and dances; transmitted the knowledge on culture, society, science, technology and professional skills to the younger generation.

In the National Assemble, there are the representatives of the Vietnam association for ageing;

With many of ageing people when starting to retire, they also start working with the new role. That is the work assigned by the local authorities or requested by the local people. At present, 60.25% of ageing people have been participating into the community meeting on community development, village construction or for listening about the governmental policies; 3.68% of ageing population have been joining in the leading mission at hamlets, they mainly are the persons aged 60-74[22].

There were 30% of total ageing population have been consulted by the local authorities in the process of policy making for their area.

There were 4.14% total number of ageing people have participated in conciliation team; 2.43% participated in the popular security team; nearly 80% participated in the activities of the association for ageing and mass organization; 4.79% were the members of clubs.

The project: "Encouraging and promoting the role of typical and prestigious ageing people in the ethnic minorities" has being carried out in the ethnic minority regions and got some achievements at first.

In each family and bloodline, the ageing people is the mainstay on spirit, and moral…they play a specially important role in educating or instructing for the younger generation in cultural family or bloodline construction in order to implement the movement "the exemplary grand-parents and parents, virtuous and gentle children". Presently, there is more than 60% of the ageing participating into the movements of mobilizing the cultural family construction, the cultural inhabitant areas construction. The proportion of families having the older persons got the title "cultural family" is often higher (60-80%). Through their practical works, the ageing people exemplarily implemented the movement "all people in the solidarity construct a cultural life at the inhabitant area". Through that, they contributed into building tens of thousand of excellent inhabitant areas and hundred of thousand of cultural families.

b) Employment and ageing labor force

Presently, 28,85% of total number of the ageing people still directly participate in production and business (of them, the female account for 42.24%), 21.15 are working as the housewife and 18% are helping their children in production and business. The rest are working such as taking care of children, accompanying their children to school, caring for other members of family being illness; guarding the house and discussing about the important issues in the family with their children... Many of ageing people are still the household leader, farm owner, enterprise director…they are

[22] Source: Results from the Survey 2007 of the National Committee for Ageing people

working hardly and have high income. There are many typical model or interesting working ways that have brought the economic effectiveness, for example, the ageing people built the farm, cultivated the forest, aquaculture or developed the traditional professions, processed the seafood or forest products… all those activities have created the employments and helped to increase income. It contributed to the poverty alleviation for themselves, for their families and for the community. Besides, it helps to promote their health. The ageing has known how to overcome the difficulties, accumulate more experience and continue working and producing. They have contributed a not small part in the national economy.

The success of the ageing people in the economic field enriched the diversity and the effectiveness of the socio-economic development programme of the State; particularly the poverty alleviation programme; employment creation programme; socio-economic development programme for the specially difficult communes; education and health care programmes; settled agriculture programme for the people in mountainous and remote areas; agricultural, forestry and fish-breeding encouragement programme as well as other agricultural and rural development programmes…

c) Access to knowledge, education and training

In spite of high age, the ageing people always have positive awareness in studying. They train and improve themselves, continuously study and promote the intelligence potentialities, and experiences served for country development. After retiring, many ageing people who was working in the fields of education and training, science and technology, health care… and the ageing people in rural areas continue enthusiastically participating in education and training to strengthen study encouragement activities and to build a study society at grassroots level. A hundreds of ageing people have voluntarily participated in building and teaching at community study centers. Many of them also ardently built the studious families. They actively participated in mobilizing the funds for study encouragement at the local and gained a hundred of billion VND that served for the scholarship or reward to good students or whom living in difficult conditions. Presently, approximately 55-60% of aging people have participated in the study encouragement movement at the local and most of the president of study encouragement associations is the older persons.

Many ageing researchers after retiring have continued doing the researches, participating in education and training for young generation; a thousand of doctors continuously deliver the services in health care for people.

Supporting to the viewpoint in socialization in education, a thousands of ageing people have contributed their money and their power to open private or owned sub-state schools, from pre-school to higher education. This model attracted more and more people who have not essential conditions for the state school entering. By now, nearly 7,000 kindergartens, 700 high secondary schools, 200 professional training schools, 50 colleges or universities and 8,000 community study centers have been established according to this form. Most of the private schools were established by the older persons who were also in charge of the dean position or the president of board of directors.

A thousand of ageing people have participated in teaching at high schools, professional schools, colleges or universities in or out of state system, full or past time.

d) Solidarity between generations

Originating from morally traditional values, in Vietnam, there are not many ageing people living alone (about 8.3%); most of them live with their children in a family. Many families even have 3-4 generations living together[23]. The older persons always play important role, participate in making decisions for many issues in the family and being respected, cared for.

[23] Source: Results from the Survey 2007 of the National Committee for Ageing people

In the families having the ageing people, 67.3% of the ageing people keep the role as a head of household, more than 90% of them keep the role in decision making or participating in decision-making process. 70% of male ageing people aged 60-74 are the head of household and among the people aged more than 90 year-olds, 4.5% of them play this role. These rates among the female ageing people respectively are 61.8% and 2.9%[24].

Coming from the respect and attention of children to parents and grand-parents, many extended family have established "the Fund serving for parents and grant parents" (managed and used by family itself) in many ways suitable with the family's circumstance and capability. Poor family could contribute some quintal of rice or some hundreds of thousand VND, rich family could contributed up to some hundreds of million dong. Many children who are living far from family or abroad have also send money back for their parents and grandparents. This fund exist under many forms such as the children put up amount of money (periodic or regular or based on need) for their parent spending on transport means or media means, repairing house or traveling; build the gardens or fishponds for the ageing people growing or planting… Presently, the total of fund is about 400 billions dong. The establishment of "the fund for serving parents, grand parents" have affect to educating and encouraging the younger generation in preservation of traditionally moral values, to gathering the sibling and children's sentiments, to building the good relationship among the generations of the families. It also contributed to improving the spirit and material life of the ageing people.

The Vietnam Association for Ageing and the Women Union have studied, established and carried out many models for ageing people, for example, inter-generation clubs; sympathy clubs, cultural clubs… These model did not only help to improving the quality of care for ageing people at the community but also have effected to educating generations in the implementation of responsibilities for ageing people care.

e) Poverty alleviation

The fact that most of the ageing people live with their children have contributed to improving their living standard. At present, the living standard of 57% of households where the ageing people are living in is equal to the average level of their living area. Compared to 2002, the living standards of 41.8% of households have been improved; only 5% have reduced, concretely:

- 81,69% of ageing people live in semi-solid dwellings;
- 94,27% of ageing people use electricity to illuminate;
- 63% of ageing people use sanitary water;
- 74% of aging people use sanitary latrines;
- 44,4% of households of ageing people bought transport means; 51.8% bought media means; 30.2% bought other expensive goods.

f) Income insurance, social protection and poverty prevention

With the economic conditions of Vietnam presently, besides of ensuring favorable pension, retirement pension or labor power losing pension, the state budget have to focus on supporting for the living of alone ageing people, disability people or who living in the poor families, who infected HIV/AIDS and who aged more than 90 year-olds (according to the Decision 67/2007/ND-CP dated 13 April 2007 of the Government, this age is more than 85 year-olds). In details:

- Pension for death: 7.4%;
- Injury pension: 5,7%
- Pension for well-deserved ageing people: 3%
- Pension for alone ageing people: 1.8%
- Pension for disability ageing people: 0.02%

[24] Source: Results from the Survey 2007 of the National Committee for Ageing people

- Pension for the minority people: 7%
- Pension for ageing people more than 85 year-olds: 0,6%
- Other pension: 3%
- Retirement and labor power losing pension: 21%
- Other social securities: 2.5%

In addition to the monthly pension, when the ageing people meet the difficulties or being illness or being alone, the authorities of some areas have gave the sudden allowance/

The movement "repaying somebody for his favor" served for the well-reserved people including ageing have strongly conducted and achieved many results. In some pass years, the Fund of "repaying somebody for his favor" was mobilized 5,000 billions dong. The fund was served for building 243,412 gratitude dwellings; repairing 104,125 houses. The total expense for these activities is 2,389 billions dong. The fund has also helped for over 300,000 families being of policy object to have stable dwellings, offered 604,000 saving books, 15,000 gratitude gardens which were valued hundreds of billions dong…

- Vietnam has been piloting the model "social home" in order to care for the alone ageing people at the community; the model for caring the difficult ageing people based on community voluntary; **models of consulting and looking after ageing's health that depend on doctors as volunteers in community;** the model of inter-generation sympathy club. These models at first are suitable for the expectation of alone ageing people, difficult ageing people, ageing people affected by HIV/AIDS. The Prime Minister has guided to develop these models to much difficult communes and remote areas.

2. Improvement of health and quality of life for the ageing people

a) Improvement of health and quality of life during the life

Care for the ageing people is firstly direct and regular responsibility of the family and themselves. The family is the place which could bring the healthy and joyful life for ageing people, they will live more usefully for their family and for the society. In fact, in spite of poor or rich family, children always spend their attentions for caring parents or grandparents. The care in both material and spirit created a happy atmosphere in the family and shown the respect to ageing people…When being ill, 93.38% of ageing people were cared by their children. This care do not much depend in the economic condition, however, this rate is lower among the poor families.

The health care activities for ageing people more and more have been socialized. Many donation activities have been carried out to examine the health of ageing people, especially for alone people, poor people. These attracted the participation of many organizations.

One of the models for health care of the ageing people based on the preventive viewpoint is the nourishment and open-air health care clubs of the ageing people at the community. The activities of these clubs were the effectively sportive activities, took place regularly and attracted many ageing people to exercising and improving their health. The annually national sport event usually attracted the participation of 300 to 500 ageing sportsmen in abundant contents. At the areas, annually sport events have been held and were suitable for ageing people, for example, badminton, ping-pong, swimming, Chinese chess, exercises of aspiration, bicycle riding… Owing to these events, the health of ageing people has been improved, their spirit has become better and it help to reducing the number of ageing people having examinations and treatments at the health care units.

Presently, many models of clubs also attracted the participation of a high number of ageing people. The "club for ageing people" is one form of the ageing people's activities. It was abundant in contents, diversified of forms and had a positive effectiveness in spirit life care as well as health improvement of ageing people. The clubs of arts, sport and health in open-air, alone ageing women, grandmother,

women tradition… have been maintained and much contributed in improving the welfare and the life expectancy of ageing people. These clubs were places in where the ageing people could exchange their sentiments, divide their happiness or sadness, and learn experiences from the others. In those places, ageing people could show their viewpoints of healthy and joyful living, their capabilities, experiences in the life and through these activities of the clubs, they have contributed in implementing the socio-economic programme at the area.

b) Comprehensive and equal access to health care services:

By now, apart from the ageing people who had the health care insurance according to the Article of Social Security and the Ordinance on favoring for well reserved people, 91,347 people aged more than 90 year-olds had been subsidized the health insurance card; nearly 1.2 millions of poor ageing people or alone ageing people also had been subsidized the health insurance card or reduced the fee when they examined or treated at the state health care unites.

From 2002 – 2006, 7,433, 641 times of ageing people went to the health care units, of which the ageing people aged more than 90 year-olds accounted for 0.21%. The number of ageing people having health care insurance card accounted for 52% and the ageing patients who well reserved for the country was about 13.7%. 7.8% of ageing people who went to examination and treatment at the health care units were exempted or reduced the fee. This total of money was nearly 32 billions dong[25].

Commune/war health care station is the health care unit where ageing people most regularly went (45% of times mentioned above), then there was hospitals (19%). In the rural area, the ageing people are only taken to the hospital when they were severely illness. In the urban areas, the retirement people, the well-reserved people and people received social protection mostly went to examination and treatment in hospitals. Private clinics were the coming places of the relatively rich people (6%). About 25% went to traditional health care units and 15% had self-practiced.

Besides, the local health care units have cooperated with other concerning agencies to implement home-based health care for hundreds of thousand times of ageing people. Simultaneously, these agencies have spent more than 20 billions dong for free examining, treating and providing drugs for million times of ageing people. Many central hospitals (such as Optical Hospital, Viet-Duc Hospital…), local hospitals (Nguyen Dinh Chieu general hospital in Ben Tre province; Quang Nam province general hospital), and private hospitals (Trang An general hospital, Sai Gon – Ha Noi optical hospital, Da Nang popular hospital, Lam Hoa general hospital in Thai Binh province…) organized freely examining, treating and supplying drugs for thousands of ageing people being social policy objects in poor communes/ wards at the weekend. The pharmacy companies (such as Traphaco, Vi Hoa VC Pharma, East Asia joint stock pharmacy company, Thien Giang joint stock pharmacy company, Ben Tre joint stock pharmacy company) also participated in free supply of drugs for hundreds of ageing people…

According to the survey's results of the National Committee for Vietnam Ageing (May 2007), 60.14% of ageing living in urban area were counseled and instructed on the ways of health protection. This rate in rural area was 48.18%. More than 20% of ageing people were examined periodically; nearly 90% of ageing people was examined and treated when being ill. The average expense for health care per older person is about 500,000 dong/ year. The highest expense is reached to 80 millions/person/year.

c) Training for health care coordinators and professional health care staff

Coming from the expectation and wishes of ageing people is to be lived healthy, to be cared for health, to be examined and treated when being ill, in 1983, the Ministry of Health established a research unit for ageing health. This is the former unit of the National institute of gerontology now. At the provincial level, the gerontology faculties were also built in order to implement the

[25] Source: The report of the Ministry of Health

responsibility in health care for ageing people. Presently, there are 28 health units all over the country having built the gerontology faculties with 2782 beds for treatment. The total number of health care staff is 1,049, of which, 769 doctors (include full-time and part-time), 430 treators and hospital orderly. About 46% of ageing health care staff was trained on gerontology [26].

Vietnam Women Union has held the seminars on awareness improvement and training courses on Women Union's trainers for ageing female care at home, training for trainers on knowledge and skills for ageing female care at the community[27]. The centre for study and support for ageing people of Vietnam Red Cross Association have studied and established an coordinator network for ageing care at the community with more than 300 voluntaries taking care more than 400 ageing people in 4 provinces/cities. This center enrolled, trained and arranged the employments for more 800 labors to become the technicians and staffs for caring or rehabilitating the hundreds of ageing people at home after being ill or having accidents. The center disseminated knowledge on preventive medicine, instructed suitable exercise to help ageing people can care their health themselves at home. The center also trained thousands of reporters who would become core persons helping to widening a network with tens of thousands coordinators in 10 provinces. The center have counseled to 5,000 poor ageing people on disease treatment, nutrition, rehabilitation and organized the mobile teams for health care as well as supplied drugs in free of charge.

d. Disabled or mental disorder and HIV/AIDS infected ageing people

The State has policies supporting to the ageing people who are disabled, did not have labor ability or could not serve themselves or belongs the poor families; who were mental disorders or alone; who was infected by HIV/AIDS and losing labor ability or belonging the poor families.

All of 3 objects mentioned above were supported 65,000 dongs/ month (now, it is 120,000 dongs/month). If who was too difficult and could not cover his life would be considered to receive by the social protection agency or social home at the community.

3. Ensure the favorable environment and support for ageing people

Ageing people were favorable in participating the activities that were held at the local to improve the living environment for ageing people. In most of the provinces or cities, the sport or art events were held for ageing people. Through the emulation movements and diversified activities, the ageing associations at the local built a thousands of clubs which contained many activities insides, abundant and flexible forms to help ageing people creating the: **"joyful, healthy, cultural, affection and gratitude, useful" life for themselves, their family and society.** These clubs attracted the participation of a millions of ageing people to exercise or to conduct art activates, scientific researches, to exchange experiences in production and business or to discuss about the politics or practice news…Such activities help ageing people to have favorable conditions in promotion of care, health and understanding improvement. In many areas, the effective models, units for ageing care were established: the clubs of retirement people, the clubs of ageing health, centers or units for caring and serving for ageing… The Ministry of Culture – Information was issued the implementation agenda of National Action Plan for Ageing and carried out this agenda in all 64 provinces/cities. The Ministry is building an project for ageing people made benefit from cultural and art programmes. The authority of some areas have supported and created favorable conditions for ageing people to hold the contest: "Singing of Ageing". Some of units of transportation sector such as aviation, railway, and roadway have reduced the price of ticket and supplied the seats in priority for ageing people when they travel by the public transport means.

[26] Source: Report of the Ministry of Health
[27] Source: Report of Vietnam Women Union

The mobilization of Fund for ageing care has been paid attention by the authorities at all levels and helped to strongly support to ageing people. The fund for ageing at central level (established according to the Decision 1256/QD-TTg dated 21 September of the Prime Minister) has mobilized more than 2 billions. It was supported by the State's budget in the year 2007 and 2008 (460 millions dong/year). Many communes/wards established 3 types of fund for ageing which promoted effect in supporting for ageing people when they met the difficulties or were illness. It also helps to improve their material and spirit life. In details:

+ Fund "serving for parents and grandparents" (managed and used by the families). The total of this fund now is nearly 400 billions dong.

+ According to the guidance of the Ministry of Finance, 62/64 provinces/ cities have established "the Fund for ageing care" in the communes/wards with the total amount of money is up to 80 billions dong. This fund was built upon the donation sources of society, the sponsor from organizations or individuals in or outside country. Some areas, the local authorities served for ageing people some land areas for production development or building leisure areas or clubs…In other areas, the authorities had mobilized and supported for the fund…This fund was used for visiting the illness ageing people, for bringing offerings to a deceased person, for supporting for cultural activities, sport events, health care, for congratulating the longevity or for aiding ageing people when meeting accidents such as natural catastrophes, epidemic…

+ The fund of Association for Ageing was built upon the contribution of ageing people when they entered the association. The total of this fund is 209 billions dong. This fund was used as a "returned credit fund" for the households who have need in borrowing money for the development of production, business, services in order to increase income and alleviate poverty. The benefit received was used for visiting the members of association when being illness or aiding burial services when they die.

The material support programmes for ageing people were integrated in the development programmes such as the poverty alleviation programme, the programme for the poors…By now, 2,587,500 households of ageing people have been supported for building the new house or repairing the their old houses. This number accounted for 34.5% of the households having ageing people and 65.3% of the households needed to support in their dwellings. From 2002 to now, 34.5% of households built or repaired the house, of them 32.6% of the households got the support from the state's budget. Other households based on their saving or the support from their relatives and community.

Nearly 80% of the ageing respondents argued that the local authorities paid attention to them.

IV. Constrains

- Vietnam is a developing country with limited infrastructures, low level in science and technology, the living of ageing people is still difficult, the pension for the difficult people is not much, so it is difficult in meeting the needs of ageing people.
- There are not many programmes and projects relating to ageing people. Some of programmes were not paid attention. Thus, the experiences in caring for ageing and promoting the roles of the ageing people are also limited. Health care counseling for ageing people and their family is not much.
- Working for ageing care is not a profession.
- Some people have not full awareness on laws, policy and responsibilities for ageing people.
- The realization of policies for ageing people is still low in some areas.
- The good models for ageing care have not been studied and conducted at the local.

ANNEX

Decrees of the Government, Decisions of the Prime Minister and the Government, Legal documents of Ministries

- Decree 19/CP: “Establishment of national social insurance”.
- Decree 54/2006/ND-CP: “Instruction for implementation of some articles of the Ordinance for preferential treatment to people well reserved”
- Decree 58/1998/ND-CP: “Establishment of national health is insurance”
- Decree 30/2002/ND-CP, dated on 26 Match 2002 of the Government: “Regulations and instructions for implementation of some article of the Ordinance on Ageing”
- Decree 120/2003/ND-CP dated on 20 October 2003 of the Government on repairing the Article 9 of the Decree 30/2002/ND-CP
- Decree 63/2005/ND-CP dated on 16 May 2005 of the Government defined “Regulations of health insurance”.
- Decree 67/2007/ND-CP dated on 13 April 2007 of the Government on the policy to social protection objects, including ageing people.
- Decision 301/2005/QD-TTg dated on 21 November 2005 of the Government on the approval of the Vietnam National Plan of Action on Ageing, period 2005-2010.
- Circulation 16/2002/TT-BLDTBXH dated on 09 December 2002 of the Ministry of Labor – Invalidity – Social Affairs on “Instructions for implementation of some articles of the Ordinance on Ageing”.
- Circulation 24/2003/TT-BLDTBXH dated on 06 November 2003 of the Ministry of Labor – Invalidity – Social Affairs on “Instruction for implementation of Decree 120/2003/ND-CP of the Government and instruction for implementation of some articles of the Ordinance on Ageing”.
- Circulation 02/2004/TT-BYT dated on 20 January 2004 of the Ministry of Health on “Instruction for implementation of health care for ageing people”.
- Circulation 36/2005/TT-BLDTBXH dated on 26 December 2005 of the Ministry of Labor – Invalidity – Social Affairs on “Instruction for implementation of some articles of the Decree 30/2002/ND-CP dated on 26 March 2002 and the Decree 120/2003/ND-CP dated on 20 October 2003 of the Government “Regulations and instructions for implementation of some articles of the Ordinance on Ageing”.
- Joint circulation 21/2005/TTLT- BYT-BTC dated on 27 July 2005 of the Ministry of Health and the Ministry of Finance on: “Instructions for implementation of obligatory health insurance”.
- Decision 1256/QD-TTg dated on 21 December 2006 of the Prime Minister on establishing “the Fund for ageing care”.
- Decision 47/2006/QD-BTC dated on 13 September 2006 of the Ministry of Finance on “Regulation for financial managing and using the Fund for ageing care”.

AGEING IN PLACE
WALES SUMMARY REPORT
MONTREAL SENIOR OFFICIALS MEETING – SEPTEMBER 2008

Key Contact
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1) Population
The current population of Wales is just over 3 million. Wales has a higher share of older people compared to the rest of the UK (22% - 600,000)

Over the next 15 years the number of people of retirement age in Wales will increase to 28% of the population. Within this the number of very old people (85+) in Wales will increase by over a third to 82,000.
By 2016 almost 25% of people in Wales are expected to be over 60 years of age.

2) The Context
The Administration is the Devolved Government for Wales, established by The Government of Wales Act 1998, and the Government of Wales Act 2006. The 1998 Act established the National Assembly for Wales as a single corporate body, with secondary legislative powers and 60 Assembly members.

The delegated functions of the WAG are agriculture, fisheries, forestry, and rural development; ancient monuments and historic buildings; culture; economic development; education and training; environment; fire and rescue services and promotion of fire safety; food; health and health services; highways and transport; housing; and local government.

The new arrangements provided for in the Government of Wales Act 2006 (external link) create a formal legal separation between:

- the National Assembly for Wales, which will be the legislature comprising the 60 Assembly members, and
- the Welsh Assembly Government, the executive, which will comprise the First Minister, Welsh Ministers, Deputy Welsh Ministers and the Counsel General.

This separation between legislature and executive took effect when the First Minister was appointed by Her Majesty the Queen following the Assembly election on 3 May 2007.

For further detail see Annex 1

The UK Parliament and Government is at Westminster, London

3) Structure
The Department for Health and Social Services is responsible for:

- advising the Welsh Assembly Government in setting policies and strategies for health and social care in Wales
- contributing to making legislation in the field of health and social care
- providing funding for the NHS and other health and social care bodies
- managing and supporting the delivery of health and social care services
- monitoring and promoting improvements in service delivery
- The Department's objective is to implement *Designed for Life*, the ten-year strategy for the NHS and *Fulfilled Lives, Supportive Communities*, the ten-year strategy for social services. It does this by:
- promoting healthy lifestyles and thus preventing ill health
- supporting the NHS and local government to work closely together to deliver integrated health and social care services
- shifting the balance within the health service from acute hospital services to community based services
- modernising social services in order to provide more accessible, personalised care for people
- ensuring clinical governance and good financial management of services

4) Inspectorates
The following inspectorates deal with matters relating to health and social services in Wales:

- Care and Social Services Inspectorate Wales (CSSIW)
- Healthcare Inspectorate Wales (HIW)

These bodies operate independently of the Welsh Assembly Government, and are answerable to the National Assembly for Wales.

5) Commissioners
The department is responsible for arrangements for

- the Office of the Children's Commissioner
- the Office of the Older People's Commissioner

Both Commissioners are independent from the Department

6) The National Health Service
The NHS delivers services through Local Health Boards (LHBs) and NHS Trusts across Wales.
Primary care services are provided by general practitioners (GPs) and other health care professionals in health centres and surgeries across Wales.
Secondary care is delivered through hospital and ambulance services.
Tertiary care is provided by hospitals which treat particular types of illness such as cancer.
Community care services are usually provided in partnership with local social services, and delivered to patients in their own homes.
Health services in Wales take account of the fact that Wales has:

- High rates of cancer and heart disease
- A high proportion of elderly people
- A mix of rural, urban and valleys areas.

The National Health Service in Wales is currently going through a period of reorganisation following a public consultation.

7) Social Services
Social services are delivered to the people of Wales by the 22 local authorities and around 1,800 private and independent organisations. Partnership is a vital in much of the social services work that local authorities are responsible for; 150 thousand people and 70 thousand workers.

The Assembly Government's responsibilities are for funding, setting the policy, reviewing, inspecting and regulating social services cover adult and child care, support and advice, grants and community voluntary care.

The Strategic Context

8) One Wales
One Wales is the Strategic Document for the Welsh Assembly Government. It offers a progressive agenda for improving the quality of life of people in all of Wales's communities, from all walks of life, and especially the most vulnerable and disadvantaged.

The coalition between Labour and Plaid Cymru in Wales (**see annexe 1**) is a new kind of government for the people of Wales. It introduces new ways of working, which will bring government closer to people and communities, and put the citizen at the heart of all our work. The Welsh Assembly Government (WAG) is committed to working in partnership with local authorities, with the NHS, and with private companies and voluntary sector organisations. Working together, the vision of a Wales which is inclusive, confident, fair and which promotes prosperity through supporting enterprise alongside efficient, high quality and accessible public services for all can be achieved.

The Assembly Government has new and wider powers derived from the 2006 Government of Wales Act. The One Wales programme includes areas where the WAG will aim to seek legislative competence, and to make Assembly Measures and other legislation so that, increasingly, the WAG is able to make laws in Wales, about Welsh affairs, for the people of Wales.

The programme of government covers many aspects of public policy, and is based on a determination to ensure that people can access services in ways which make sense to citizens and meet their needs. The WAG is committed to working across organisational and sectoral boundaries, to focus attention on achieving better services, and better outcomes for service users. The delivery plan shows how different Ministers and different organisations will work together to achieve successful change.

The policies fall into eight broad areas, and these form the framework of our delivery plan. Together, they spell out the vision for Wales, which represents:-

- A Strong and Confident Nation
- A Healthy Future
- A Prosperous Society
- Living Communities
- Learning for Life
- A Fair and Just Society
- A Sustainable Environment
- A Rich and Diverse Culture

http://wales.gov.uk/about/strategy/strategypublications/strategypubs/onewales/?lang=en

9) Strategy for Older People in Wales
The Strategy was launched on 30 January 2003 and provides a structured basis for the Welsh Assembly Government and other public bodies in Wales to develop policies and plans to address implications of an ageing population.

A Deputy Minister with specific responsibility for Older People was appointed in July 2003. The current Minister with responsibility in this area is Gwenda Thomas AM, Deputy Minister for Health and Social Services in June 2007.

The Welsh Assembly Government made explicit funding of £13m available to Local Authorities and the Voluntary Sector for the period from April 2003 to March 2008 to ensure effective implementation of the Strategy.

Excellent progress has been made at local level. Each Local Authority has established fora for local older people, appointed a co-ordinator and established a "Champion" from its elected membership.

The evaluation and consultation on the future direction of the Strategy from April 2008 has been completed. The second Phase of the Strategy was launched on 13 March 2008.

In the first 5 Years of this 10 year Strategy, solid progress has been made by the Assembly Government and all of its partner organisations.

Phase 2 of the Strategy focuses on 4 key themes;

- Valuing Older People, Maintaining and Developing Engagement
- Changing Society, The Economic Status of Older People
- Well-Being and Independence and
- Making it happen, Implementation.

A programme of **citizenship for Older People is** one of the key themes of the Strategy for Older People in Wales – both in its initial phase from 2003- 2008 and in its second phase 2008-2013 that launched on 13 March 2008. The Strategy fully involved older people in its development and subsequent review and evaluation. The Strategy seeks to extend engagement and participation of older people in decisions that affect them. In addressing this issue it is important to recognise that older people are not a homogeneous group and that their differing needs and requirements must be taken into account. Chronological age is often not a good measure to assess those needs.

Local authorities are making good progress in engaging more effectively with older people, in many cases through Age Concern and Help the Aged. All local authorities have in place effective structures to support implementation of the Strategy. A wide variety of older peoples forums have been developed in Wales in recent years building on existing fora and there are now over 70 across the country.

http://new.wales.gov.uk/topics/olderpeople/strategy/phase2/?lang=en

10) Commissioner for Older People
The Commissioner for Older People in Wales was established under the following Legislation:

Commissioner for Older People (Wales) Act 2006
http://new.wales.gov.uk/topics/olderpeople/commissioner/commissionerforop/1094993/?lang=en

Commissioner for Older People in Wales Regulations 2007
http://www.opsi.gov.uk/legislation/wales/wsi2007/wsi_20070396_en_1

Commissioner for Older People in Wales (Appointment) Regulations 2007
http://www.opsi.gov.uk/legislation/wales/wsi2007/wsi_20070398_en_1
Commissioner for Older people in Wales (Amendment) Regulations 2008
http://www.opsi.gov.uk/legislation/wales/wsi2008/wsi_20081512_en_1

The Commissioner for Older People came into post on the 21 April 2008 and has wide ranging powers that will enable them to act in the interests of older people in Wales and speak up on their behalf

- **Power to review functions**

This will allow them to look at way in which public bodies such as the Assembly Government, local authorities, NHS Trusts or Local Health Boards, undertake their statutory roles and responsibilities and make a report containing recommendations for change, and ensure that needs of on older people are taken into account

- **Power to review arrangements for advocacy, whistle blowing and complaints**

This is fundamental to older people's ability to articulate their needs, speak up about problems and to ensure that an appropriate
response is received

The Commissioner will be able to ensure that organisations that provide services to older people have such arrangements in place and that they work effectively

- **Power to provide assistance**

This is a Practical tool for helping older people speak out about problems or issues of concern, and to seek redress when things have gone wrong.

This power enables the Commissioner to help an older person in making a complaint or representation about a service received from public bodies and to provide financial support to meet any costs

- **Power to examine individual cases**

This is another important practical tool for improving the lives of older people. For example, where a public body did not deliver a service to an older person to which they were entitled. This power will enable the Commissioner to identify wider patterns of service failure, poor governance or planning and weak procedures

- **Power of Entry and of Interviewing**

This power enables the Commissioner to enter any premises – other than a private dwelling- to interview an older person with their consent. For example a private care home. This power is executed in connection with his/her powers to review how public bodies have fulfilled their remits and his/her power to review arrangements and allows the Commissioner direct access to older people in order to seek evidence and information first hand

Older People in Society

11) Free Swimming
The Welsh Assembly Government's 60+ Free Swimming initiative is the first national scheme of its kind in Europe. People in Wales aged 60 and over are able to swim for free in local authority pools. Providing free swimming older people is one of the Assembly Government's 'Top Ten' commitments. The scheme is a key part of the Assembly Government's drive to encourage healthier lifestyles.

Keeping fit and active will help older people to remain healthy and independent for longer. In Wales alone, the effects of inactivity and unhealthy lifestyles cost our health and social care services around £500m a year. By providing the opportunities for people to take greater responsibility for their own health, we aim to cut the incidence of long-term sickness, improve the quality of people's lives and reduce the burden on our health services.

Many older people may not have been in the habit of taking regular exercise for some time, so swimming is a great place to start. It exercises the heart and lungs but doesn't put any strain on joints. It does not require any specialist equipment and there will normally be a local authority pool within reasonably easy reach in each are of Wales.

12) Free Bus Passes
As part of its commitment to Older People, the Welsh Assembly Government provides free bus travel for all over 60s and disabled people living in Wales.
The bus pass entitles all people who qualify for free local bus travel in any council area with no time restrictions.

The scheme not only offers substantial benefits to pass holders but it has helped to turn around what had been a long-term decline in the number of bus passenger journeys in Wales.

Since its launch over 4 years ago, more than 530,000 free bus passes have been issued to older people and people with disabilities by local authorities across Wales.

13) Free Prescriptions
Free Prescriptions were introduced in Wales on the 1 April 2007. Official figures show that the number of prescription items dispensed in Wales rose by 2.9m in the first year of free prescriptions.

The number of dispensed items rose 5% from 59.1m in 2006/7 to 62m in 2007/8, the equivalent to 20 items per person.

These figures reflect the fact that more preventative work is being undertaken, with GPs prescribing medicines which are helping people manage their chronic conditions and keeping them out of hospital, reducing the cost and pressure on the NHS. GPs are also helping more patients with diabetes manage their condition.

The figures also show we are increasing access while reducing costs. The net cost per prescription item decreased from £9.80 to £9.42.

14) Benefit Take Up
Income maximisation and benefit take up is a key priority for the Welsh Assembly Government. While the WAG does not have devolved responsibility in the area of welfare benefits, this is reserved to the Department for Work and Pensions, it has invested in initiatives that are delivered

at local level via “one stop shops” to ensure that individuals are claiming all the benefits that they are entitled to. Delivery of this scheme has been by both local authorities and voluntary organisations from across Wales.

15) The National Partnership Forum for Older People
A National Partnership Forum for Older People in Wales was established in November 2004 through a process of Public Appointments. It meets regularly to provide a focus for debate about ageing and a source of expert advice to the Assembly Government on a range of issues impacting on older people. Its membership includes pensioner representatives, lay older people and sector nominees and more than 50% are older people themselves – an important principle.

16) Policy Officer Older People and Ageing
Funding was provided over 4 years to Better Government for Older People (BGOP) to develop a Wales Network that would support Local Authorities work on the Strategy for Older People, extend good practice and facilitate collaboration through networking and sharing information. Following the review of the Strategy for Older People and the Publication of Phase 2 of the Strategy, Living Longer, Living Better a decision was made to fund a Policy officer, Older People and Ageing post at the Welsh Local Government Association. The key objective for this post is to support local authorities in contributing to the successful delivery of Phase 2 of the Strategy for Older People in Wales (SfOP), the mainstreaming of issues relating to older people across local government services, and to support and facilitate the development of policy as appropriate

17) National Service Framework for Older People
The NSF (National Service Framework) for Older People in Wales sets national standards and provides a strategic approach to improving **health and social care** services for older people in Wales.

The idea is to enable people to remain living independently in their own homes, rather than creating dependency, and there is a major role here for voluntary sector services, community based health and social care services, chronic disease management and initiatives such as home adaptations and assistive technology.

The NSF presents a 10 year programme for improving services for older people in Wales.

http://new.wales.gov.uk/publications/accessinfo/drnewhomepage/healthdrs/healthdrs2007/1931918/?lang=en

18) Dignity in Care
Dignity is an essential element of quality of life and hence acknowledging a person’s dignity contributes to there sense of good health, wellbeing and independence, and a key component of high quality care. Dignity is one of the 5 United Nations Principles for Older People. Dignity consists of many overlapping aspects, involving respect, privacy, autonomy and self-worth.

Dignity is a key principle underpinning the both the Strategy for Older People and the National Service Framework for Older People in Wales. Dignity – as one of the UN Principles - is also an issue that in law (Section 25 of the 2006 Act) the Commissioner for Older People in Wales must have regard to in undertaking her/his role

It is proposed the Assembly Government will take forward action in 2008-9, engaging with statutory, voluntary, independent, academic research and professional sectors through a National Co-ordinating Group. Older people and their representatives will be firmly involved.

19) Fulfilled Lives, Supportive Communities
The Social Services Directions paper, 'Fulfilled Lives, Supportive Communities' was launched on 28 February 2007. The Strategy sets out the policy direction for social services for the next 10 years.

The implementation programme commenced on 1 April 2008.

The implementation is being taken forward in 5 streams:

- Leadership and accountability;
- Commissioning;
- Performance management;
- Workforce; and
- Partnerships

20) Housing for Older People Strategy
Among the fundamental principles that will underpin the Strategy are equality, dignity, human rights, non-discrimination (including ageism) and non-stereotyping.

Among the challenges for the Housing for Older People's Strategy will be, the nearly a third of older people who fall below the poverty threshold, the many older people have capital assets or equity but a low income, and the many older people who experience fuel poverty.

21) Care and Repair Services in Wales
Care and Repair services provide assistance to older and disabled people to enable them to carry out improvements to their houses. This often avoids clients going into supervised care and enables them to stay in their own homes.

The parent body is Care and Repair Cymru and there are 22 Care and Repair agencies in Wales (giving all - Wales coverage). The service provided is wide-ranging and includes practical support within the home renovation grant process, management of building work, advice on reputable contractors and social care.

£4.5 million has been provided for the financial year 2008-09 by the Welsh Assembly Government as a contribution to core running costs. This is a reflection of the perceived valuable social role of Care and Repair.

Care & Repair Agencies across Wales provide a comprehensive housing service to older and disabled people who either own their own homes or who are tenants of a private landlord. Care & Repair agencies work in partnership with local authorities other voluntary sector organisations and health sector bodies.

http://www.careandrepair.org.uk/

22) Rapid Response Adaptations Programme
This programme allows an immediate response to specific needs by providing adaptations such as ramps, handrails and so on, to enable people to return to their own homes following hospital discharge, to avoid hospital admittance or residential long term care.

The service is administered by Care & Repair Cymru and delivered by Care & Repair agencies. Referrals come from local authorities and health sector organisations. The new programme commenced on 1 July 2002.

The Programme currently receives £2.1 million per annum.

http://www.careandrepair.org.uk/

23) Extra Care Housing
Extra Care Housing provides an accessible home environment for many people with facilities such as telecare available together with access to care when required. This is an attractive option for many older people who want to maximise their independence and no longer wish to be bothered with maintaining houses and gardens. For many this will be an alternative option to residential forms of care.

24) Lifetime Homes Standard.
The Welsh Assembly Government has been committed to all grant funded housing built by registered social landlords being built to the lifetime homes standard since 2001. The Welsh Assembly Government is committed to the principle of barrier free housing and will examine the wider application of the lifetime homes standards once building regulations have been devolved from the UK government to Wales.

25) Healthy Ageing Programme
Age Concern Cymru has been awarded a contract to develop and deliver a Healthy Ageing Programme, from October 2007 - March 2011. The programme will encompass:

- Ageing Well: - a scheme that trains older people to act as health mentors to their peers, and includes the development of a new low-level physical activity training programme for older activity leaders.
- Keep Well this Winter: - the Assembly Government campaign to keep older people warm, well and safe in the winter months.
- Gwanwyn:- (in partnership with Arts Council Wales) a festival to celebrate creativity in older age, and promote the development of opportunities for older people to be involved in arts activities at local level.

The Way Forward
26) Supporting "Ageing in Place"
In the UK currently whether to charge, and how much to charge, for home care and other non-residential social and welfare services is set by individual local authorities'. This has resulted in significant variations in charging for comparable services.

Service users, carers and their representatives have expressed concern that charges are often set too high and that different amounts can be charged by different local authorities for similar services. There is also inequity in the way that benefits and/or disability related expenditure are treated in an individual's assessment. This is clearly unfair.

Using the powers set out in the Government of Wales Act 2006 the Assembly has recently gained 'legislative competence' in the area of charging for non-residential social care services in order to address the issues identified above. This means that the Assembly will be able to deal with this inequity. The Assembly will not to legislate to remove the discretion of local authorities as to whether to charge but will ensure that where a local authority does decide to charge it does so in accordance with a uniform set of requirements.

Proposed Legislation
27) Legislative Competence Order and Assembly Measure on Charging for Non-Residential Social Care Services (Domiciliary Care)

Under the terms of section 17 of the "Health and Social Services and Social Security Adjudications Act 1983" (HASSASSA) whether to charge, and how much to charge, for home care and other non-residential social and welfare services is at individual local authorities' discretion. This has resulted in significant variations in charging for comparable services.

Service users, carers and their representatives are concerned that charges are often set too high and that differing amounts can be charged by different local authorities for similar services resulting in inequities and uncertainties for these groups of people. There is also disparity in the way that benefits and/or disability related expenditure are treated in an individual's assessment.
The Welsh Labour Party Manifesto for the 2007 Elections included a commitment to "seek new powers to allow a third-term Labour Assembly Government to amend the law in relation to charging for domiciliary care, so that charges for similar services are made more consistent and less variable across Wales." The "One Wales" document also states "We will seek the powers, and then bring forward legislation, to create a more level playing field in relation to charges for domiciliary care services."

Using the powers set out in the Government of Wales Act the Assembly has recently gained 'legislative competence' in the area of charging for non-residential social care services in order to address the issues identified above. This means that the Assembly will now be able to legislate by way of an Assembly Measure. The intention is not to legislate to remove the discretion of local authorities as to whether to charge but to ensure that where a local authority does decide to charge it does so in accordance with a uniform set of requirements.

A stakeholder task and finish group has been established to provide advice on the options for introducing consistency in charging and is to report to Ministers by the end of 2008. A draft of the Measure will be issued for public consultation in June 2009.

28) Legislative Competence Order on Carers' Rights
The "One Wales" document also includes a commitment to "prepare legislation on the rights of carers" As with the law on charging for non-residential social care services, the first step is to seek legislative competence in the area of carers' rights through a Legislative Competence Order (LCO). This process is currently underway. Once approved, the LCO will empower the Assembly to legislate by way of an Assembly Measure.

The key policy objectives are:

- to ensure that carers have the right information at the right time to support them in their caring role;
- to ensure that timely and appropriate practical and emotional help and support is provided to carers both to sustain them in their caring role and also to help them attain their personal ambitions for accessing education, training and employment opportunities. This would include appropriate breaks from caring responsibilities;
- to ensure that statutory agencies properly engage with carers as partners in the provision of care. Agencies should make no assumptions about carers' ability or willingness to provide care, and need to involve carers at all levels from an individual's care assessment through to involvement in an authority's more strategic service planning, delivery and evaluation arrangements.

Annexe 1 - Welsh Assembly Government and the National Assembly for Wales
The Welsh Assembly Government consists of:

- The First Minister
- The Welsh Ministers (as described in the Government of Wales Act 2006)

- The Counsel General
- The Deputy Welsh Ministers

The provisions of the Government of Wales Act 2006 allows up to 12 Welsh Ministers and Deputy Ministers. This means that the maximum size of the Welsh Assembly government will be 14, including the First Minister and Counsel General.

Rhodri Morgan AM was nominated as First Minister by the National Assembly for Wales on 25 May 2007, and subsequently appointed by Her Majesty the Queen.

Ieuan Wyn Jones AM was appointed Deputy First Minister by Her Majesty the Queen on 11 July 2007.

The current government is a coalition government, which was formed in June 2007;

The National Assembly consists of the following:-
26 Labour party Assembly Members, including the First Minister, Rhodri Morgan.

15 Plaid Cymru Assembly Members, including Deputy First Minister Ieuan Wyn Jones.

12 Welsh Conservative Assembly Members.
6 Welsh Liberal Democrats.
1 Independent Assembly Member.

Cabinet Ministers
Rt. Hon Rhodri Morgan AM (Labour) First Minister for Wales.
Ieuan Wyn Jones AM (Plaid Cymru) Deputy First Minister and Minister for the Economy and Transport.
Jane Davidson AM (Labour) Minister for Environment, Sustainability and Housing.
Andrew Davies AM (Labour) Minister for Finance and Public Service Delivery.
Dr Brian Gibbons AM (Labour) Minister for Social Justice and Local Government.
Edwina Hart MBE AM (Labour) Minister for Health and Social Services
Jane Hutt AM (Labour) Minister for Children, Education, Lifelong Learning and Skills.
Alun Ffred Jones AM (Plaid Cymru) Minister for Heritage
Carwyn Jones AM (Labour) Counsel General and Leader of the House.
Elin Jones AM (Plaid Cymru) Minister for Rural Affairs.

Deputy Cabinet Ministers
- **Gwenda Thomas AM (Labour)** Deputy Minister for Social Services.
- **Leighton Andrews AM (Labour)** Deputy Minister for Regeneration.
- **Jocelyn Davies AM (Plaid Cymru) Deputy Minister for Housing. John Griffiths AM (Labour) Deputy Minister for Skills.**

Government of Wales Act 1998 and 2006
Separation aimed to clarify the respective roles of the legislature and the executive. The role of the executive is to make decisions; develop and implement policy; exercise executive functions and make statutory instruments. Opposition and back bench Assembly members in the National Assembly scrutinise the Assembly Government's decisions and policies; hold Ministers to account; approve budgets for the Welsh Assembly Government's programmes; and have the power to enact Assembly Measures on certain matters. Assembly Measures can go further than the subordinate legislation which the Assembly currently has the power to make.

The Assembly's existing functions, including those of making subordinate legislation, in the main, transferred to the Welsh Ministers upon separation. The result will mirror much more closely the relationship between the UK Government and Westminster and that between the Scottish Executive and the Scottish Parliament.

A third body was established under the 2006 Act from May 2007, which is the National Assembly for Wales Commission. It is responsible for employing the staff supporting the new National Assembly for Wales and for holding property, entering into contracts and providing support services on its behalf.

Welsh Ministers
The 2006 Act makes new provision for the appointment of Welsh Ministers. The First Minister is nominated by the Assembly and then appointed by Her Majesty the Queen. The First Minister subsequently appoints the Welsh Ministers and the Deputy Welsh Ministers, with the approval of Her Majesty.

The Act created a new post of Counsel General, who is the principal source of legal advice to the Welsh Assembly Government. The Counsel General is appointed by the Queen, on the nomination of the First Minister, whose recommendation is agreed by the National Assembly. The Counsel General may be, but does not have to be, an Assembly Member.

The Act permits a maximum of 12 Welsh Ministers, which includes Deputy Welsh Ministers, but excludes the First Minister and the Counsel General. Accordingly, the maximum size of the Welsh Assembly Government is 14.

Under the current arrangements in the 1998 Act, executive functions are conferred on the National Assembly for Wales and then separately delegated to the First Minister and to other Cabinet Ministers and staff as appropriate. Following separation, the Welsh Ministers exercise functions in their own right and further transfers of executive functions from the UK Government will be made directly to the Welsh Ministers (with their consent) by an Order in Council approved by Parliament.

Electoral Changes
The 2006 Act requires each candidate standing in an Assembly election from May 2007 to choose to either stand as a constituency representative or on a regional list. Under the 1998 Act, candidates were able to stand for election both on a regional list and for a constituency in that region in the same election.

Measures of the National Assembly for Wales
After separation, the Assembly is able to seek legislative competence from the UK Parliament to make a new category of legislation, which will be called Measures of the National Assembly for Wales, or Assembly Measures. Legislative competence may be sought either through clauses in Parliamentary Bills or through a new Order in Council procedure provided for in the Government of Wales Act 2006.

Clauses in Parliamentary Bills conferring legislative competence on the Assembly will be dealt with by Parliament in the same way as they consider other clauses in a Bill; i.e. both Houses will have the opportunity to propose amendments to such clauses, and they will have the final say on whether the clauses should be included in the final versions of Bills. This means that it will be for Parliament finally to decide exactly how much additional legislative competence to confer on the Assembly by any particular Bill.

An Order in Council proposed by the Welsh Assembly Government will in practice require the following:

1. agreement with Whitehall regarding the scope of the legislative competence sought;
2. pre-legislative scrutiny by relevant committees of the Assembly and Parliament;
3. the approval of the Secretary of State for Wales (who will have 60 days to either lay the draft Order in Council before Parliament or give notice of his refusal to the First Minister); and
4. the formal laying of a draft of the Order in Council before the Assembly and both Houses of Parliament for approval.

The scope of the legislative competence to make Measures which is agreed in each Order in Council or Parliamentary Bill clause will be known as a "Matter" (which can be described as a topic) and will have to relate to one of the twenty Fields (or subject areas) of devolved government listed in Schedule 5 to the 2006 Act. For example, legislative competence may be sought to make Measures relating to the Matter of "special educational needs" in the Field of education and training. The precise wording of the Matter, including any exceptions and reservations, would depend on the scope of the power to make Measures which the Welsh Assembly Government wanted to achieve and would have to be agreed with the UK Government.

Once the Assembly has been given the legislative competence to make Measures in relation to a specified Matter, that competence has enduring effect and the competence will be added to the Matters under the relevant devolved Field. Over time, the Assembly's competence to make Measures in devolved Fields of government will therefore increase. It will then be up to the Welsh Assembly Government to develop draft Measures relating to the Matter and bring them before the National Assembly for Wales for consideration. The Assembly will scrutinise draft Assembly Measures without further recourse to Parliament, just as Parliament scrutinises Bills. Once the Assembly has passed a draft Measure it will take legal effect after being approved by the Queen in Council.

As well as the Welsh Assembly Government, the Assembly or Assembly committees or "backbench" Assembly members will be able to propose Orders in Council to add to the Assembly's legislative competence. They will also be able to propose draft Assembly Measures.

Finance

The 2006 Act established the Welsh Consolidated Fund on 1 April 2007, which is a neutral "pot" where the money voted by Parliament to Wales is held.

The Assembly will be responsible for approving budget motions and supplementary budget motions proposed by the Welsh Ministers. The Auditor General for Wales will authorise payments out of the Welsh Consolidated Fund to the Welsh Ministers if the expenditure has been approved by the Assembly in this way. The separate expenditure of each of the Assembly Commission, the Auditor General for Wales and the Public Services Ombudsman for Wales will also come out of the Welsh Consolidated Fund.

Acts of the National Assembly for Wales

The 2006 Act also contains provisions for the Assembly to have the power to make Acts of the National Assembly for Wales in the devolved fields of government. These provisions in the 2006 Act can only be triggered by:

1. two-thirds of the 60 Assembly members voting in favour of holding a referendum and on a draft referendum order;
2. the Secretary of State undertaking such consultation as he considers appropriate and agreeing to lay the draft referendum order before Parliament; and

3. both Houses of Parliament voting in favour of holding a referendum.

There are no current plans to hold a referendum on the Assembly having the power to make Acts.

The Political Parties in Wales

The Welsh Labour Party

A democratic, socialist party welcoming people to join the party from all walks of life, have their say and influence policy. We welcome membership applications from individuals, families, young people, students, workers, unemployed, older people - anyone with an interest in building a better Wales and Britain.

Plaid Cymru

The Party of Wales was formed on 5th August 1925. Its aims are: To promote the constitutional advancement of Wales with a view to attaining Full National Status for Wales within the European Union. To ensure economic prosperity, social justice and the health of the natural environment, based on decentralist socialism. To build a national community based on equal citizenship, respect for different traditions and cultures and the equal worth of all individuals, whatever their race, nationality, gender, colour, creed, sexuality, age, ability or social background. To create a bilingual society by promoting the revival of the Welsh language. To promote Wales's contribution to the global community and to attain membership of the United Nations.

The Welsh Conservative Party

The Conservative Party has a long history, during which it has passed through many phases and changes. For significant periods of modern British history it has been the dominant governing party, but it has also suffered divisions, defeats and spells in the political wilderness. The Conservative Party has remained relevant because its programme and outlook have adapted to the changing social and political environment, and it has never been exclusively linked to any one issue or group. Continuity is provided by the fact that the Conservative Party has always stood for social stability and the rights of property.

The Welsh Liberal Democrats

The Liberal Democrats exist to build and safeguard a fair, free and open society, in which we seek to balance the fundamental values of liberty, equality and community, and in which no-one shall be enslaved by poverty, ignorance or conformity. We champion the freedom, dignity and well-being of individuals, we acknowledge and respect their right to freedom of conscience and their right to develop their talents to the full. We aim to disperse power, to foster diversity and to nurture creativity. We believe that the role of the state is to enable all citizens to attain these ideals, to contribute fully to their communities and to take part in the decisions which affect their lives.