T.A.A.F.E.

Towards Alpine Age-Friendly Environment

INTERREG
Alpine Space Programme

AT A GLANCE

A growing ageing population and increasing number of isolated older adults demand new approaches and political commitment. Therefore, the WHO developed the concept of sustainable age-friendly environments (AFE), using an integrative approach to optimize the social and physical environments and promote active, healthy ageing and participation in society. The T.A.A.F.E. project uses this concept to build a participatory framework - T.A.A.F.E. model - for developing an age-friendly environment and an improved delivery of services in the Alpine Space (AS).

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Index

1. Mapping existing strategies on age-friendliness in the Alpine space

The report at hand is the outcome of Activity A.T.4.1 mapping the "Alpine Space age-friendly landscape". It focuses on current policy tools and practices in the Alpine space, which support the development of age-friendly communities as well as on visions of age-friendliness and common challenges. The report covers information on existing legal frameworks, strategies, plans and networks in the partner countries Austria, Germany, France, Italy and Slovenia as well as selected networks in the European Union and on international level. It also presents selected best practice examples and gives information on the implementation of existing strategies.

This report builds ground for a TAAFE strategy on age-friendliness in the Alpine Space, which will be developed together with relevant stakeholders during the project. The TAAFE strategy will focus on common challenges in Austria, France, Germany, Italy and Slovenia for developing age-friendly environments and formulate concrete recommendations, focusing especially on synergies and perspectives resulting from possible **cross-regional, international and inter-sectional cooperation and partnerships.** It will also support the development of a common vision for the development of an age-friendly Alpine space by integrating different perspectives on needs, concepts of age friendliness and barriers and by identifying similarities and common challenges, being – at the same time- aware of the particularities of the countries in the Alpine space.

1.2 What is an age-friendly community?

"Creating Age-friendly Environments means adapting our everyday living environment to the needs of the ageing population in order to empower people to age in better physical and mental health, promote their social inclusion and active participation, support them, maintain their autonomy and a good quality of life in their old age." (Convent on Demographic Change 2020)[1]. This is part of the definition of age-friendly environments of the convent on demographic change, which is partner of the European Innovation Partnership on Active and Healthy Ageing and an affiliated programme to the WHO Global Network of Age-Friendly Cities and Communities. It underlines that the notion of age-friendly communities or environments refers to different dimensions and concepts which have been discussed and promoted by international networks and organisations within the last decades:

In the late 1990 the OECD and the WHO promoted "active ageing" focusing strongly on health and life quality in old age. Within the last years these organisations started to promote "active citizenship" stronger, focusing on social and democratic participation of older people as a precondition of active ageing and wellbeing. This shift involves a stronger

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[1] https://www.agefriendlyeurope.org/about/background

focus on the local level, which is strongly promoted by the WHO with the concept of age-friendly cities and communities as reference point for actions representing the immediate environment of older people.

The programme Age-friendly Cities, developed by the WHO (WHO, 2007, Global age-friendly cities: a guide) emphasized several recommendations on how to develop age-friendly inclusive communities, focusing on eight different dimensions, that need to be taken into consideration when searching for age-friendly solutions in the immediate environment of the communities.
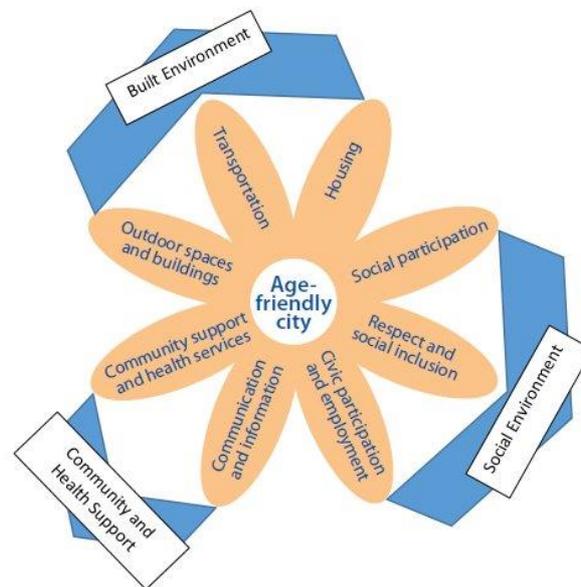
Picture: Black K, Badana ANS, Hyer K (2016)

These are:

The build environment, including
- Transportation
- Housing
- Outdoor spaces and buildings

The social environment, including
- Social participation
- Respect and social inclusion
- Civic participation and employment

The dimension **"Community and health support", including**
- Communication and Information
- Community support and health services

This concept also builds a theoretical framework for the TAAFE project and hence a structuring element for the assessment of existing strategies and good practices fostering age-friendliness in the Alpine space. The dimensions, which are also guiding the development of services and interventions in the pilot regions (A.T.2.2), allow for mapping and comparing policy practices in the partner countries covered by the report and for assessing the transferability of existing concepts.

The policy screening is structured alongside the strategic orientations provided by the WHO. Starting with a general overview on policy frameworks focusing on senior citizens, it put a special focus on frameworks regulating the self-representation of older people, especially concentrating on frameworks supporting active citizenship, and frameworks addressing the challenges of healthy and active ageing. Summing up, a separate sub-chapter focuses on policy frameworks supporting social participation of older people.

Second, the eight dimensions of the age-friendly environment and the named concepts of age-friendliness serve as a framework for assessing different visions of age-friendliness referred to by the experts and in the relevant literature (chapter 5) and the presentation of selected good practice examples in chapter 6.

2. Methodological Approach

The report at hand builds on the results of desk research, expert interviews and policy meetings. Information on policy frameworks in the different national contexts was collected by all partners reporting on their own experiences and based on a literature review (A.T.4.1). Additionally, partners interviewed key stakeholders using a guideline, collecting their visions for an age-friendly Alpine space and successful policy tools and practices. Visions of age-friendliness were also discussed during the first policy meeting, organised in Vienna in January 2020.

2.1 Policy analyses

For the policy analysis, ZSI developed a guideline for mapping the current situation in the respective countries and the identification of good policy making practices and existing strategies on age-friendliness (see D.T4.1.1 – Guideline for reporting on starting conditions). The guideline should facilitate the partners in exploring and describing good and transferable policy making practices and initiatives as well as existing policy frameworks and strategies. Leading questions addressed are which actions and initiatives have already been taken in the countries of the Alpine Space supporting age friendly communities, which challenges service providers, policy makers, administration, older citicens and other relevant stakeholders face when involved in age friendly initatives and if regional and national policy gaps can be identified. The guideline is structured according to the following topics:

- Legal frameworks and policies addressing issues of older people/ ageing society
- Legal frameworks and policies addressing the self-representation of elder citizens
- Initiatives, measures and projects

- Awareness Raising
- Networks and cooperation
- Up-scaling and transferability

2.2 Expert interviews

Partners of each country were asked to conduct at least eight expert interviews which allow the assessment of the concept of age friendly environments and policy practices from different perspectives. This supports the establishment of a comprehensive picture of age-friendliness and the given situation in the national contexts. Experts interviewed are local and regional policy makers and administrative personal from different domains and policy levels. Furthermore, representatives of national bodies, relevant NGOs and service providers dealing with policies concerning older people as well as representatives of older people have been interviewed.

Relevant criteria for the selection of interview partners were:
- Decision power and competence in the relevant policy fields
- Continuity: Representatives of communities already involved in the TAAFE project
- Expertise: Recommendations of interview partners
- Diversity: Involved in local and regional best practice examples as well as well aware of regional and national problems identified

The aim of the expert interviews, which were conducted in all partner countries of the TAAFE project, is twofold:

1. To provide information on the understanding of the concept of age-friendliness among relevant stakeholders and deliver practical information on policies and their implementation, existing initiatives and challenges to create age-friendly environments. Moreover, they give insight in how far the concept of age-friendliness is mainstreamed in existing policies, how cooperation across domains and policy levels works and on the awareness of stakeholders and the public.

2. To support the involvement of decision makers, policy makers of different domains and policy levels and of other relevant stakeholders in the formulation of the strategy and the assessment of relevant policy practices. All stakeholders interviewed were invited to exchange with others and to become part of the network supporting the formation of an age-friendly Alpine space (A.T4.4.)

Between February 2020 and August 2020 the following stakeholders have been interviewed:

Expert number	Organisation	Representation	Policy level
International and European Level			
E1	Representative of the Age Platform Europe - European network of non-profit organisations of and for people aged 50+ (Observer)	NGO	European level
E2	Representative of AFEdemy – age friendly environments academy Stakeholders Network Smart Healthy Age-Friendly Environments (SHAFE) (Observer)	NGO	European level
Austria			
E3	Dep. 6, Policy issues for senior citizens and volunteer affairs, Ministry for social affairs	Public administration	national
E4	City of Feldbach, regional management Vulkanland	local and regional policy maker	local and regional
E5	Austrian Platform for Interdisciplinary Ageing Issues" (ÖPIA)	Science	national
E6	Dep. 5 heath and care, County of Carinthia (Observer)	Public administration	regional
E7	Dep. 8 care-management, County of Styria	Public administration	regional
E8	Austrian National Public Health Institute	Public funding	national
E9	Regional management Upper Styria West (Observer)	Public administration	regional
E10	Dep. 17 - Regional Development, County of Styria	Public administration	regional

E11	Social welfare association;	Service Provider	regional
E12	Association for elderly care Styria	Service Provider	regional
France			
E13	Representative of CEPAR Marseille Collective of educators for the autonomy of retired people (CEPAR)	NGO, self-representation body of older people	local and regional
E14	Representative of les petits frères des pauvres - Marseille	NGO	local
E15	Representative of General Delegate of the Francophone Network of Age-Friendly Cities	NGO	national
E16	Director of Gérontopole Sud Marseille	NGO	local
E17	Administrative responsible of a Department from the Region of Marseille	Public administration	local
E18	Regional Health Agency representing the Ministry of Health in the PACA region	Social services	regional
E19	Representative of the National Agency for Cohesion of Territories.	Public administration	national
E20	Project leader of Fight against mistreatment of vulnerable people, General Direction of Social Cohesion, Ministry of Solidarity and Health	Public administration	national
Germany			
E21	Ministry of Social Affairs and Integration Baden Württemberg , Development of Neighbourhoods	Public administration	regional

E22	City Administration of Mössingen	Public administration	local
E23	Manager of Nursing Care Station, City of Mössingen	Service provider	local
E24	Medical practitioner, member of City Council	Social services, local policy maker	local
E25	Manager of Department for Social Affairs, County Administration Tübingen	Public administration	regional
E26	Network for Neighbourhood Assistance Mössingen	NGO	local
E27	Deputy Manager of Department for Social Affairs, County Administration Tübingen	Public administration	regional
Italy			
E28	councillor for family and social affairs, Treviso Municipality	Policy maker	local
E29	Director of seniors' service provider in Treviso (ISRAA)	Service Provider	local
E30	Veneto region councillor	Public administration	regional
E31	Liguria Regione healthcare unit employee	Service Provider	regional
E32	Co-chairman of EIP on AHA Reference Sites Collaborative Network, Italian referent for "International interdisciplinary Network on Health and Wellbeing in Age-Friendly Digital World" and responsible for the coordination of services for Campania Region	Policy maker	national
E33	Gruppo Anziani Treviso) an older adults	NGO	local

	association located and active in Treviso		
E34	coordinator of "AFE activists" Project and responsible for the activities directed to older adults for "Lunaria"	NGO	national
E35	President of HELP AGE ITALY	NGO	national
Slovenia			
E36	Mayor of Kočevje Municipality	Local policy maker	local
E37	Slovenian Federation of Pensioners' Association	NGO	national
E38	council member	Local policy maker	local
E39	Mayor of the municipality of Žiri	Local policy maker	local
E40	director of FIRIS IMPERL company	Service provider	national
E41	Head of the Anton Trstenjak Institute for Gerontology and Intergenerational Relations,	Science	national
E42	Small-sized municipality	Public administration	local
E43	NIJZ - Institute for Public Health of Slovenia, national coordinator of "Healthy Cities" initiative		national

2.3 Network activities and workshops

In addition to expert interviews and the desk research partners organize policy meetings on the national/regional and international level. The first international meeting was organized in January 2020, focusing on the question how to build a strategy for an age-friendly Alpine Space. Involving partners of the TAAFE project and international observers it focused on the questions what challenges we meet when building age-friendly environments in the Alpine Space and which stakeholders need to be involved in the activities foreseen in TAAFE.

On the regional level four policy meetings in each partner country are planned. These policy meetings have the following aims:

1) To foster exchange across regions and between stakeholders of different policy levels and resorts
2) To involve different experts of thematic networks dealing with age-friendliness
3) To communicate what has been done so far and on the success of the TAAFE-process
4) To exchange on best practices
5) To inform stakeholders about the aims of TAAFE and invite them to stay in contact for the development of the memorandum and the strategy.

In Germany the first policy meeting on regional level was organized on the 10th February 2020. Its aim was to discuss possible concerns and reservations towards the ambition of establishing age-friendly solutions in Mössingen and to build trust with the regional stakeholders. Besides the German project partners of EKUT stakeholders of the City of Mössingen and the Tübingen County District office participated in the meeting. Due to the COVID-19 Lock-down policy meetings planned in other countries have been postponed. The first meetings will be organized before the end of December 2020.

2.4 Steps and timeline

Step	Time
Development of the guideline for conducting expert interviews (D.T.4.1.2)	23-01-2020
Development of the Template for reporting on starting conditions (D.T4.1.1.)	07-01-2020
Collecting information on existing strategies and policy practices	January - August 2020
Conducting expert interviews	February – September 2020
Integrating the findings of all national contexts and writing of the report	September – November 2020
Draft Version of the report	20-11-2020

Table 1. Steps and Timeline

3. Screening of existing strategies

The following strategies and policy frameworks have been selected by the project partners as potentially supporting the development of age-friendly environments in the Alpine Space. The mapping guideline used focused on the question if there are relevant legislations or policy frameworks supporting the development of age-friendly environments, including policy frameworks dealing with ageing, senior citizenship, intergenerational approaches and the way older people are mentioned in policy frameworks concerning care, health, the build environment, gender equality,… Furthermore, partners were asked to explore how these policy frameworks are implemented. Hence, the policy frameworks listed below may not be complete. Instead, the collection focuses on recent development trends and topics discussed with regard to age-friendliness. It also reflects how stakeholders in the partner countries use and refer to the existing policy frameworks.

Sub-chapters 3.1 and 3.2 focus on international strategies and strategies on the European level, providing a general framework for the development of age friendly environments. Following this general overview which also provides short information on the development of the strategies in place, the other sub-chapters focus on the development in the respective partner countries.

3.1 Strategies supporting age-friendly environments on the international level

International initiatives addressing the question how to deal with the challenges of an ageing population in Europe have a long-standing history (UN 1982). Yet, the existing strategies promote different visions of ageing and give different answers to the challenge of creating more cohesive societies, putting forward **a rights-based approach** on one hand and **an approach to active and healthy ageing** on the other hand. Still, strategies and initiatives developed in this tradition support each other. The collection below focuses mainly on the most recent developments and on the most important development trends.

3.1.1.   Strategies on the international level (WHO and UN)

In the tradition on the United Nation Convents, a rights-based approach has been put in the center, addressing the challenges of human rights for the elderly and initiatives fostering their social participation. Already in 1982 the "**Vienna International Plan of Action on Ageing**" (First World Plan on Ageing) emphasized the importance of dealing with the subject of the position of the elderly in society (ibid.). Following the recommendations of the International Plan of Action on Ageing, developed in 1982, the "**United Nations Principles for Older Persons**" (Older people's commissioner for Wales 2020) were formulated in 1991. The principles encourage governments to foster independency of elderly as well as their

participation and adequate care for the elderly, allowing older people to pursue all "opportunities for the full development of their potential", to live in dignity and security and be free of exploitation and physical or mental abuse.

The "**Political Declaration and the Madrid International Plan of Action on Ageing**" (MIPAA) (UN 2002) of 2002 marks a turning point in how to address the challenges of a society for all ages, as the UN argues. First, because it represents one of the international policy frameworks focusing on older people and second, because it aims at mainstreaming questions of old age and ageing. For the first time governments agreed to link questions of ageing to other frameworks for social and economic development and human rights. Third, it is important for the development of age-friendly environments, because it promotes three priority areas, one of them focusing especially on the development of supporting environments for societies that value the contribution of older people to the social, cultural, economic and political development and advancing health and well-being into old age.

In Europe the United Nations Economic Council for Europe (UNECE) was made responsible for the implementation of MIPAA and the monitoring of its progress. In 2008 it established a working group on Ageing (UNECE-WGA). It organizes a ministerial conference every five years to develop European solutions. In 2010 this was complimented by an "Open-ended Working Group on Ageing, OEWG-A". The countries of the UNECE region undertake an analysis of the current state of implementation of MIPAA/RIS and the actions required to make further progress (UNECE 2020a).

Following MIPAA also a number of conferences and networks to develop and implement age-friendly environments have been launched (i.e. UNECE-Regional Implementation Strategy", Berlin 2002). The fourth **UNECE Ministerial Conference** held in 2017 (UNECE 2020b) set out the main goals until 2022 promoting especially 1) longer working lives and employability and 2) ageing with dignity. Additionally, the following topics have been put on the agenda of the working group:

- Discrimination against older people
- Violence, abuse and neglect of older people
- Right to long-term care and palliative care
- Right to autonomy and self-determination
- Social protection and social security
- Education, training and lifelong learning

Taking up the agenda of MIPAA, also the **Sustainable Development Goals 2030** (2015) have put ageing back onto the international development agenda, asking for the mainstreaming of age relevant questions and referring to the active participation of older people as a key factor for society's development (Zaidi 2018). The SDG serve as a framework for the development of future initiatives. Particularly relevant is goal 3, promoting "healthy lives and promote well-being for all at all ages"(Zaidi 2016) and older people as active drives of societies development.

3.1.1.1. The WHO-strategies

The World Health Organizations (WHO) strategies on age-friendliness the TAAFE project refers to builds on the UN-strategies named above, bringing in the additional focus on active and healthy ageing as a precondition of social participation and self-fulfillment. As experts argue, the WHO-concept allows addressing the needs of elderly very well as it does not focus on older people as vulnerable groups solemnly but on their potentials of living an autonomous life as long as possible. "*The model of the WHO works pretty well because it makes sure that people can be autonomous and independent as long as possible, because most people don't want to rely on anyone. So the starting point was on health issues but we should not focus too much on diseases or medical approach of ageing (…) When we are coming to the first stage of health we are trying to push is more for health promotion and prevention instead of going through this medical tribute.*" (E1)

According to the WHO, physical and social environments are key determinants of whether people can remain healthy, independent and autonomous long into their old age. Therefore, in 2005 the WHO launched the **Age-Friendly-City program**, to promote age- friendly environments, as illustrated by the 2007 AFC Guide.
Ten years later, in 2016, the **"Global strategy and action plan on ageing and health" (**2016-2030) was developed as a framework for coordinated global actions by the WHO, member states and partners of the WHO. The Action Plan outlined actions to be taken between 2016 and 2020 to develop the evidence base and partnerships for a Decade of Healthy Ageing (2020 – 2030). Moreover, the implementation of the *Global strategy and action plan on ageing and health* should contribute to the realisation of the Sustainable Development Goals, preventing older people from falling into poverty, optimizing opportunities for good health at all stages of life, promoting live-long learning, pursuing gender equality throughout the life-course, tackling ageism and by the development of age-friendly cities and communities promoting older people's inclusion in and contribution to all areas of community life (WHO 2020d).

The strategy and the action plan focus on five **strategic objectives**:
* Commitment to actions on *Healthy Ageing* in every country;
* Developing age-friendly environments;
* Aligning health systems to the needs of older populations;
* Developing sustainable and equitable systems for providing long-term care (home, communities, institutions);
* Improving measurement, monitoring and research on *Healthy Ageing*.

Calling for a commitment to action of member states on healthy ageing includes the **establishment of national frameworks towards Healthy Ageing**, strengthening national capacities to formulate evidence-based policy and actions combatting ageism.

As important pre-condition for the development of age friendly environments the strategy also names actions fostering the collaboration and coordination across multiple sectors and with diverse stakeholders, including older people (WHO 2015).

In 2020 the "**Decade of Healthy Ageing**" (2020-2030) was proposed as a global collaboration, led by the WHO. It aims at the improvement of the lives of "older adults, their families and the communities in which they live" (WHO 2020d) and sets ten priorities contributing to the aim of reaching the objectives of the WHO "Global strategy and action plan on ageing and health". Priority number 10 is referring to the Development of the Global Network for Age-friendly Cities and Communities (WHO 2020b).

3.2. Strategies on the European Level

Strategies on the European level are developed alongside the ones developed by the WHO, which are an important guideline for EU strategies. In 2010 the European Innovation Partnership on Active and Health Ageing (EIP AHA)[2] was launched, which initiated the establishment of European networks dealing with age-friendliness. The goal of the EIP AHA is to enable citizens to live longer independently in good health. It aims at enabling EU citizens to lead healthy, active and independent lives while ageing, improving the sustainability and efficiency of social and health care systems, at developing EU and global markets for innovative products and services and at creating new opportunities for businesses. The EIP-AHA as part of the Innovation Union, thereby contributes to the aim to achieve smart, sustainable and inclusive growth by 2020.

The Strategic Implementation Plan (SIP) of the EIP-AHA names 13 priority actions including care, active ageing and interdependent living, funding and evidence for age-friendly innovation.[3] Within the EIP-AHA joint programs are realized as for example the Ambient Assisted Living Joint Program, mentioned for example as an important policy framework for the development of senior housing by Austrian experts (E3). It is addressing age issues as horizontal issues promoting the integration of age relevant topics in different contexts, "*in the sense of a generation-friendly society, i.e. a society without age groups and limits.*" (E3)

Six action groups were formed which focus on three horizontal issues, one of them being age-friendly environments. In July 2012 the D4 Specific Action Group on age-friendly environments was formed. It brings together regional and local authorities from across the EU, European NGOs, technology providers, research centres and SMEs. The overall objective of the D4 AG for the period 2016-2018 was "*to contribute to create a more inclusive society, communities and R&D systems across Europe by empowering older people to actively participate in the creation of age-friendly environments through scaled up inclusive solutions.*"[4] Different to the WHO network of age-friendly cities, the D4 Action Group on age-friendly environments focuses not only on municipalities but "*on the quid triple helix of

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[2] https://ec.europa.eu/eip/ageing/

[3] https://ec.europa.eu/info/research-and-innovation/strategy/goals-research-and-innovation-policy/innovation-union_en#action_plans

[4] https://ec.europa.eu/eip/ageing/commitments-tracker/d4/eu-campaign-toward-age-friendly-eu_en

citizens, patients or older people and businesses, government, public authorities and research or academia" (E2), as an expert participating in the group stressed.

As experts stress, also the **European Year for Active Ageing and Solidarity between Generations 2012** (EY 2012)[5] has given rise to a number of initiatives Europe wide, which should be continued and encouraged (E34), even if no extra funding was supporting the EY2012. It aimed on one hand at **promoting active ageing**, driven by the definition of the WHO which declares that "*active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age*." On the other hand, its aim was to take demographic change as a chance, focusing on active labor market participation of the older generations.

During the year for Active Ageing, the Coalition of the European Year of Active Ageing and Solidarity between Generations **launched the Campaign** "Towards an AGE-Friendly EU by 2020" and issued a **call for a Covenant on Demographic Change** in its "Manifesto for an Age-Friendly European Union by 2020".[6] The Coalition believed it was necessary to **create a network** to enable different stakeholders across Europe to exchange knowledge and good practices. The same year the AFE-INNOVNET Thematic Network on age-friendly environments were launched by the European Commission and relevant stakeholders from the NGO-sector, such as the Age-Platform, reaching out to a large number of relevant actors aiming at the development of age-friendly environments and policies across the EU.

Also, **Health 2020**, a European policy framework supporting actions across government and society for health and well-being, issued in 2012, is in line with the concept of age-friendly environments. Health 2020 supports a life-course approach: Healthy and active ageing, which starts at birth, is a policy priority as well as a major research priority.

The strategy proposes four priority areas for policy action based on the WHO strategies and action plans at the regional levels and global level. The four priority areas are:

- To invest in health through a life-course approach and to empower citizens;
- To tackle Europe's major disease burdens of non-communicable and communicable diseases;
- To strengthen people-centred health systems and public health capacity, including preparedness and response capacity for dealing with emergencies;
- To create supportive environments and resilient communities.

Especially Priority 4 supports the ambition of building age-friendly environments by "protecting and promoting health and well-being at both the individual and community levels, linking people's health chances to the conditions in which they are born, grow, work and age." (WHO 2020a)

The strategy and action plan for healthy ageing in Europe 2012–2020, which was issued the same year focuses on priority action areas and interventions that correspond to the four priority areas of Health 2020 named above. It is therefore in synergy with the core health policy developments being undertaken by the WHO Regional Office for Europe in the period

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[5] https://ec.europa.eu/archives/ey2012/
[6] Ibid.

2011–2012, namely Health 2020, the European action plan for the prevention and control of non-communicable diseases, and the European action plan for strengthening public health capacities and services. Moreover, the implementation of the strategy and action plan has synergies with a number of the priorities and actions identified in the strategic implementation plan of the European Commission's Pilot European Innovation Partnership on Active and Healthy Ageing (EIP AHA) and shares its positive vision on ageing.

3.3 Austria

Until now, only some individual Austrian cities became part of the WHO-network of age-friendly cities. However, there are many policy frameworks and legislations supporting the development of age-friendly cities in Austria as well as regional initiatives, monitoring systems and labels for age-friendly approaches awarded by public authorities, self-representation bodies of senior citizens, social service providers and foundations. As experts acting on the national level stress, there is not "the-one strategy" (E8) which will support the development of age friendly communities as age and ageing are cross-cutting topics concerning different resorts, but there are various strategies, measures and guidelines designed and implemented throughout Austria. These strategies also assure that different resorts are involved. However, at the same time experts see it as a benefit to have common goals the different strategies refer to. This need to be strengthened in the future: "*There are a lot of strategies where there is a bit of a lack. It is to bring them together so that they do not run side by side. (…) And what is essential is that the information provided for the lower level, the municipal level, that sometimes here the link is missing. So, there are highly aggregated strategies, but the implementation takes place mainly in the community, this transformation from one level to another needs to be improved*". (E3)

The main strategies and policy frameworks on the national level are listed hereafter. Concerning the regional level, we focus on Styria, as the TAAFE pilot in Austria is implemented in Feldbach. Especially on the regional level strategies such as the regional development guideline implemented in Styria („Landesentwicklungsleitbild") provide an important framework for the development of age-friendly environments. Even if it does not focus on age friendliness it supports cooperation between different resorts in Styria, focusing on the development of the built environment and the living conditions in Styria. As experts stress, many topics that are discussed on a global and international level concerning age-friendliness find place in this framework and support its implementation on a local and regional level (E10).

3.3.1. Policy frameworks focusing on senior citizens

The main theoretical concept Austria is following when developing age-friendly communities is the concept of active ageing, launched by the WHO. In 2002, following the world conference on Ageing, Austria joined a working group of the UNECE to develop measures and projects that support the development of environments which foster active ageing (E3).

The most relevant policy framework fostering age friendliness in Austria is the **Federal Plan for Seniors ("*Bundesseniorenplan*")[7], implemented in 2011**. It was passed by the National Council to promote a focus in the needs of the elder generations and defines long-term- and medium-term objectives and measures to be taken in 14 different policy areas (E3). According to an expert of the Health Fund Austria the development of the Federal Senior Plan was an important step, as it sets goals for the development of suitable housing for seniors and ensured the local care supply as well as the creation of barrier-free public space and local transport (E8). The federal plan emphasized that an ageing society does not only lead to new challenges, but that it also opens up new perspectives and opportunities. The main goals set by the Federal Plan are to create, maintain or improve the quality of life of all older people or individual groups among them. Life quality refers to objective conditions of the living situation as well as to the individual satisfaction and well-being. A particular plan is to reduce inequalities among older people and their activation.

Questions dealt with in the federal plan are:

- Social and political participation of older people
- Their economic situation
- Social differentiation and intergenerational justice
- Working in old age
- Health promotion
- Education and lifelong learning
- Gender issues
- Generational ties and relationships
- Housing conditions, technology and mobility
- Care and new forms of care
- Social security, social and consumer protection
- Ageing and media
- Discrimination, violence and exclusion
- Older migrants
- Security and infrastructure.

Practical steps taken for the implementation of the strategy were, for example, the realization of calls for projects by the ministry for social affairs. Competitions on building age-friendly communities were already launched before the implementation of the strategy every two to three years since 2006. Service providers and a committee of seniors constitute the committee selecting the winning communities. These competitions are of course different to a label, but help to define the criteria of age-friendly communities. It allows the ministry to lobby for "senior friendly environments" and to motivate communities to take measures (E3).

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[7] www.sozialministerium.at%2Fdam%2Fjcr%3A9ff6832d-bef5-4acc-93ac-b4ad90033b09%2FBundesseniorenplan-4.-Auflage-September-2013-0(1).pdf&usg=AOvVaw2asLXzonxWRCXoi1lbQlE-

Age is not only mentioned in the Federal Plan for seniors. As a cross-cutting topic it is also mentioned in many national and regional policy frameworks and strategies addressing health, social and human rights as well as social cohesion. Most policy frameworks focusing on aspects of age-friendly communities as a cross-cutting topic can be found in the health sector, dealing with active ageing on one hand and care on the other.

3.3.2. Policy frameworks addressing the self-representation of older people

Following the Federal Plan a nationwide representation of senior citizens **– the Federal Senior Advisory Council** (Bundesseniorenbeirat) - was implemented. It is elected every five years and acts as advisory body for the Federal Ministry of Labor, Social Affairs, Health and Consumer Protection. In addition, it serves as a forum for discussion between politicians and the representatives of senior citizens' organizations and makes suggestions:

- on legislation concerning the coexistence and interaction of the generations
- on senior citizens' policies, which include social, economic, health, housing and cultural dimensions
- on legislation and regulations that could affect the interests of senior citizens
- on grants for senior-specific projects, in accordance with the funds provided in the Federal Finance Act (*Bundesfinanzgesetz*).

The Federal Senior Advisory Council is elected by the members of the **Austrian Senior Citizens Council** (*Österreichische Seniorenrat*). It serves as an umbrella organization for large pensioners and senior citizens 'organizations (such as the Pensioners' Association Austria PVÖ, Austrian Senior Citizens 'Association ÖSB, Austrian Senior Citizens' Ring ÖSR, ÖGB Pensioners). The Austrian Seniors' Council is a statutory representation of interests with federal and state powers to represent the interests of the elderly. As such it represents, promotes and protects the common interests of all Austrian seniors. Moreover, the representation of senior citizens and their views in the media is monitored and promoted. On the regional level **Senior Advisory Councils of the Federal States** (*Seniorenbeirat der Länder*) fulfill the task to advice on basic or other significant issues affecting senior citizens and to lobby for the interests of seniors. In particular, the Senior Citizens' Advisory Council of the Federal States has the right to comment on new legacy and draft laws.

3.3.3. Policy frameworks supporting healthy ageing

The most important policy frameworks in the health sector addressing the living situation of older people are the "**Framework Health Goals Austria**" (*Rahmen-Gesundheitsziele Österreich*), designed for the implementation of the WHO strategy "Health for All" and the **Austrian Dementia Strategy "Living well with dementia"** (*Österreichische Demenzstrategie "Gut leben mit Demenz"*), addressing the special needs of people with Dementia.

The framework health goals were agreed upon by the Federal Health Commission and the Council of Ministers in 2012 and are an important step towards the national implementation of the **European framework concept "Health 2020".** Concerning age, the Austrian health goals take a life-span approach focusing on individual capacities and health and care provision as well as the social and living environments. This aims to improve the collective health of the population as a whole and of disadvantaged groups in particular. Health objective 1 focuses on the development of healthy living and working conditions, bringing in a community based approach, as experts argue (E8).The Framework Health Goals Austria are therefore seen as one of the most important policy framework by experts to develop age-friendly communities (E8). Also the dementia strategy, which calls for the development of age-friendly structures when it comes to dementia, is important.

Referring to the "Decade on Ageing" the WHO launched recently, also the Ministry for Health and Social Affairs, together with the social insurance funds and the Health Fund Austria initiated the "Dialogue on healthy and active ageing"[8]. In this context four Austrian Cities - Graz, Linz, Tulln und Wörgl – developed a joint project „Ageing in our middle", to foster age friendliness and intergenerational exchange.

As part of the Dialog on healthy and active ageing, the Health fund Austria also initiated some projects supporting the cohesion and development of better conditions of living together in society. Thereby it refers to the health objective 5, promoting social participation. Projects were implemented in close cooperation with the social insurances and the Ministry for Health and Social Affairs. With these projects the focus of Austrian initiatives aiming at the support of age-friendly environments shifted to the question of social participation by ageing healthy. Engaging different stakeholders from the national, regional and local level it is aimed at the implementation of a strategy and the establishment of a national wide funding program for related projects (E8).

The Framework health Goal Austria **Health Promotion Strategy** (*Gesundheitsförderungsstrategie*) sets the strategy for the period 2013-2022. Its proclaimed aim is to contribute to a longer and more self-determined and healthier life of all people in Austria focusing especially on health literacy of adolescents, people of working age and older people, social participation and psychosocial health of older people, dealing with the health concerns of older people.[9] Additionally, the **Regional Health Goals** (*Landesgesundheitsziele*) set the framework for the implementation of the Framework Health Goals Austria on the regional level. Each federal region in Austria decides for itself which goals are most important and which measures will be taken.

Besides the **Framework Health Goals Austria**, age and the needs of older people are also mentioned in the **National Nutrition Action Plan "NAP.e"** (*Nationaler Aktionsplan Ernährung*),

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[8] https://www.ots.at/presseaussendung/OTS_20200930_OTS0188/internationaler-tag-der-aelteren-menschen-ausrufung-der-who-dekade-altern-in-gesundheit-2020-2030

[9] The health promotion Strategy is set up within the framework of the Federal Target Management Contract (Bundes-Zielsteuerungsvertrages) and is based on the Framework Health Goals Austria as well as the Regional Health Goals (Landesgesundheitsziele). The contractual partners are the federal government, the federal regions as the national insurances.

the **National Action Plan promoting sport and physical activity "NAP.b"** (*Nationaler Aktionsplan Bewegung*) and the women's health Action Plan (*Aktionsplan Frauengesundheit*). The National Action Plan promoting sport and physical activity also focuses on active mobility and accessibility. Thereby it promotes social participation of the elderly, as the expert of the Health Fund Austria argues. The **National Action Plan promoting sport and physical activity "NAP.b"** aims to strengthen the quality of life of Austrians by increasing their physical and mental well-being. An outcome of the action plan is the "Fit for Austria" health initiative, launched in 2012. Specific goals are focusing on older people within the framework at the motivation of institutions and organizations to set appropriate exercise priorities for older people (Goal 21), special trainings for instructors how to work with elderly (Goal 22) and to motivate club sports with the help of the umbrella organizations to open up for older people (Goal 23).

The **Women's Health Action Plan** (*Aktionsplan Fauengesundheit*) refers to the WHO goals of the "Strategy on women's health and well-being in the WHO European Region", launched in 2016 as well as the Sustainable Development Goals (5 "Gender Equality" and Goal 10 "Reduced Inequalities"). The Action Plan mentions care provision and the improvement of health conditions of care givers as important aim. Moreover, it promotes the development of "women-specific health issues in the third and fourth phase of life". Besides care-needs and health provision for older women, it asks for measures to reduce the risk of poverty of elderly women (Target 16), "enabling them to maintain their self-help skills and to live independently and autonomously". To improve the social participation of older women it asks for measures to promote age and women-friendly public communication between politics and the media.

As an important target group older people are also mentioned in the **Austrian Diabetes Strategy (ÖDIS)** (*Österreichische Diabetesstrategie*), written in 2017.

Experts of the health sector are also in favour of a national label promoting healthy communities or legal frameworks regulating funding for health initiatives (E8). At the moment project funding is available and regional networks are established.[10] Yet, there is no binding definition what "healthy communities" are and no label so far.

The **Austrian Dementia Strategy** already mentioned above, asks for the implementation of measures to promote health and care for people with dementia. It serves as a framework document organizing the cooperation between the federal, regional and local level, the national insurance fund and other relevant stakeholders providing social services.

The seven goals of the dementia strategy include:

1. To ensure participation and self-determination of those affected
2. To expand information broadly and target group-specific
3. To strengthen knowledge and skills
4. To design framework conditions uniformly
5. To ensure and design dementia-based care offers
6. To expand affected-centered coordination and cooperation

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[10] https://www.gesundheit.gv.at/gesundheitsleistungen/gesundheitsfoerderung/gesunde-gemeinden

7. Quality assurance and improvement through research

Hence, the Dementia Strategy links a human rights-based approach with the health perspective, focusing on the improvement of respect for and appreciation of the individuals regardless of impairment, age or illness. Yet, even though the Dementia Strategy addresses the physical and social surroundings of the elderly, there seem to be no regional strategies in place supporting the implementation of foreseen measures (E8).

3.3.4. Policy frameworks supporting social participation of older people

Social participation of older people is assessed a crosscutting topic in existing policy frameworks. It concerns basic questions, such as the regulation of pension systems, working conditions of older people, housing, living conditions and care, as well as the possibilities of participating in sports and cultural activities. With regard to ageing societies especially the pension system, living conditions in old age and care provision have been discussed in Austria. In the paragraph hereafter, we focus merely on recent debates and regulations named by the interviewed experts. Thereby we discuss those frameworks supporting the development of age-friendly environments and active ageing of older people and do not focus on the pension system and legislation on care in detail.

Care regulations concern professional care provision as well as care provision by informal carers and relatives. As important regulations supporting age-friendliness experts name the possibility of further insurance for carers with the possibility of care leave in labour law. It is considered as an important pre-condition for care provision by family members. Concerning informal care, they also refer to the new regulations in Burgenland, where informal carers are currently getting an employment relationship with the federal state. As experts in Styria argue, this initiative potentially puts pressure on the other federal states to find suitable solutions for care provision (E7).

Concerning working conditions of older people mainly regulations and initiatives supporting healthy working conditions of older people were named by experts, such as Employment Initiative 50+, part-time retirements, and the program fit2work fostering healthy ageing in the workplace. (E8).

The **Voluntary Act** (*Freiwilligengesetz*) promoting voluntary work as opportunity to foster intergenerational solidarity and active ageing as well as the social integration of older people and live-long learning (*Freiwilligenbericht* 2015, 174) is named as important policy framework fostering social participation. Voluntary work addresses senior citizens as volunteers and as potential target group. Many senior organizations work on the basis of voluntary work. A guide for senior citizens on voluntary work is provided by the Federal Ministry of Labor, Social Affairs and Consumer Protection under the title "Initiate Projects". This brochure intends to support older people in planning and setting up their own projects.

Concern active ageing the **Lifelong Learning "LLL 20" strategy launched in 2011** promotes a permanent and livelong involvement and access to education and learning. The strategy

addresses education policy and labor market policy supporting active ageing of seniors. As a special aspect of live long learning, digital skills of older persons and their access to the internet is addressed by the **"fit4internet" initiative, which is part of the** "**Broadband Offensive 2015-2020**" launched by the Federal Ministry of Transport, Innovation and Technology. The strategy should foster participation of older people in social life in the digital age.

Social participation of older people is also supported by the frameworks and action plans addressing the integration of disabled people, such as the **National Action Plan on Disability**, which lays down the long-term strategy of the federal government for the implementation of the **UN Convention on Disability Rights** (Federal Ministry Republic of Austria Social Affairs, Health, Care and Consumer Protection. 2012). Focusing on human rights and dignity of the elderly, age is mentioned in paragraph 283 and paragraph 1 of the **Criminal Code** (*Strafgesetzbuch*), preventing older people from insult and discrimination.

Also, on the regional level strategy frameworks, supporting the development of age-friendly environment are implemented. In Styria for example the **Charta for Living Together in Diversity in Styria** (*Charta des Zusammenlebens in Vielfalt in der Steiermark*) was launched in 2011. It defines common principles and objectives promoting intergenerational projects and initiatives. Similar approaches, focusing on intergenerational cohesion, can be found in all federal states in Austria.

3.4 France

In France the initiative to implement the World Health Organization's (WHO) Age-Friendly City Protocol is mainly taken by cities connecting themselves with cities in other countries and becoming part of the Francophone Network of Age-Friendly Cities (Durandal et.al. 2018), in order to "provide political portage and facilitate the transfer of knowledge" (ebd. p.188). Yet, according to the information collected, there is no strategic or structuring framework to encourage or equip local actors to take ownership of the protocol on age-friendly cities at the national level. However, some national measures encouraging this approach have been adopted since 2007. The aim here is to stress out the main steps towards the development of age-friendly environments taken on different levels so far[11], thereby focusing especially on the policy frameworks put in place since 2015.

3.4.1. Policy frameworks focusing on senior citizens

The **national plan "Bien vieillir"** was passed in 2007. At this time, health prevention policies were developing in France (Stéphane 2016, p33-61). Focusing on 50 to 75 year-old, the plan "Bien vieillir" promotes "successful ageing" through a focus on:
- Nutritional practices

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[11] The answers to the questions are mainly drawn from the research carried out by Marine Le Calvez in "Working paper No.1: The National Framework for Age-Friendly Cities in France (2007-2020)," Metz, "Ageing Well" in the Territories: Participation of Elders and Stakeholders. Comparative analysis of three cities: Charleroi, Metz and Sarrebruck (Thesis), 2020.

- Physical activity
- Individual health (screenings, prevention of risk factors and pathologies, drug use)
- Measures to promote social ties, including intergenerational ties.

A main focus has been put on the support for local health initiatives. Following the release of the national plan two measures have been adopted in France:

- **An annual project call** - CNSA-DGAS-DGS (National Solidarity and Autonomy Fund, General Department of Social Action and Health Department) to support financially "coordinated action programmes", local initiatives (from Departments to municipalities) on disease prevention, improvement of quality of life, or encouragement of "friendly behaviours to successful ageing" (France Ministère de la Santé et.al. 2007, p.22).

- **A label** "**Bien vieillir - Vivre ensemble**" to promote local initiatives. The specifications explicitly refer to the age-friendly cities program, which was in development at that time (Pennec et. al. 2016, p- 191-212). The label was, during a short period of time, awarded to cities that follow the following procedure:
  o Appointment of a reference elected official
  o Setting up a steering committee following rules of composition
  o Carrying out an assessment at T0
  o A census of existing actions
  o Commitment to produce an annual activity report
  o Commitment to implement a five-year, multi-step agenda (including a participatory urban audit)
  o Commitment to publicize its achievements in a network (FRANCE Ministère du travail des relations sociales, de la famille, des solidarités et de la ville 2009, p.6).

The label "Bien vieillir - Vivre ensemble" started in 2009 in partnership with the Association of Mayors of France (AMF) and the parliamentary association "Ageing Together". Despite 34 cities labelled in 2010, and 38 in 2011, the scheme has not become a government marketing tool by now due to a lack of financial resources, low follow-up, one-off initiative communication and a lack of control over the actual commitment of municipalities (Paris et.al. 2013, p. 189). As a result, very few cities involved in the label "Bien vieillir - Vivre ensemble" have actually done their urban audit. When the label was rejected in 2016, the French government encouraged the cities who received the label before to turn to the Age-Friendly Cities program and to join the **Francophone Network of Age-Friendly Cities (RFVAA).**

This French-speaking network of age-friendly cities was created in 2012 by cities themselves, including a large majority of French cities that have committed themselves to the WHO Age-friendly cities protocol without necessarily asking for the French label (Giacomini 2019,

p.147). It also established a label which is seen as a relevant tool to ensure better coordination between stakeholders despite the fact that there is no public funding by any national, regional nor departmental institution of the Age-Friendly Cities process. The following topics are addressed by the network:

- The fight against isolation
- Social participation: valuing the participation of seniors in society
- Housing
- Mobility: isolation is strongly linked to mobility

In preparation of a more encompassing policy act on ageing societies, the **law of December 28th, 2015 on the adaptation of society to ageing (ASV)**, three reports were commissioned by the government. One focused on health, one on best practices and one focused on ageing as a cross-cutting policy topic. The Age Advance Committee led by Jean-Pierre Aquino was commissioned to make a proposal for an action plan for health prevention (ibid.). In its report, the Committee recommended the label "Bien vieillir - Vivre ensemble" and the Age-Friendly Cities network as adequate measures for coordination and support for local initiatives on health prevention. The document also addresses questions of social and political participation. Citizenship is mainly addressed from three angles: the integration of seniors into society, through the evolution of representations and the fight against ageism, need assessment of the older population, the representation of people in the institutions that concern them, and finally their social participation (volunteering and participation in activities fighting isolation).

The second report, written by Martine Pineville focuses on best practices. In the report's synthesis the "Age-Friendly City" scheme is cited as a particularly interesting initiative to "promote comprehensive and coordinated age policies" (Pinville 2013, p.8). The report presents participation of older people as a "condition of success" (ibid, p.8) and distinguishes four strategic axes about "urban environments friendly of all ages" (ibid, p.10):

- Housing
- Local services
- Public space
- Mobility

While stressing the central role of local authorities in adapting environments, Martine Pinville points out that the central level can have an "incentive and global organisational role"(ibid, p.10).

Finally, Luc Broussy's report (2013) proposes a cross-cutting approach to ageing and puts forward numerous ideas concerning both the support of people with loss of autonomy concerning housing, and the so-called *silver economy*. Many references are made to the local environment. In particular, Luc Broussy calls for a generalisation of the "age-friendly cities" label by advancing the possibility of a legal basis, or at least a strong incentive for cities with more than 20,000 inhabitants to commit to it.

These three reports inspired the law of **December 28th, 2015 on the adaptation of society to ageing (ASV)** (Reiactis 2016). As an expert responsible for social services explains, the framework changed the way responsible departments dealt with old age *„before, we were*

dealing with old age dependency. Today, we are promoting prevention, searching for integration"(E17). The document is still perceived in France as a major document to address the challenges of an ageing society as it proposes a truly cross-cutting approach of ageing. It serves as a guideline for programming and action plans, which were subsequently adopted on the basis of the law (Dalaunay 2017, p.80). It anticipated the consequences of an ageing population on social life and public policy based on three pillars:

1. Anticipating the loss of autonomy (promoting home care, prevention actions, national suicide prevention plan for the elderly, national mobilization to combat the isolation of the elderly - MONALISA).
2. Adapting public policies to ageing (housing adaptation, modernization of self-reliant residences, integration of ageing issues into local housing programs and urban displacement plans, etc.).
3. Improving the care of people with loss of autonomy (protection of the rights and freedoms of the elderly, reform of the personalised autonomy allowance, support for caregivers).

The act underlines the role of the **National Solidarity Fund for Autonomy (CNSA)** for setting up programmes for the elderly. With regard to the CNSA also the method of action for the integration of support and care services in the field of autonomy (MAIA) is seen as important, but rather weak policy tool for the development of age-friendly environments (E13).
Also, a High Council for Family, Childhood and Age (HCFEA) was created at national level. The local authority departments were designated as leaders in social action for the elderly, and the Departmental Councils of Citizenship and Autonomy (CDCA) were created alongside the Departmental Houses of Autonomy (MDA), associating old age with handicap persons under the umbrella term of "autonomy". Thereby the text reaffirms the role of the departments for the organisation of care for the dependant elderly and for supporting caregivers. It encourages regional administration to the needs of advanced age and takes the voice of those concerned stronger into account. But, beyond actions on health prevention and housing adaptation, the act does not provide any financial or expertise and engineering support for the development of a cross-cutting and participatory approach at the local level such as the age-friendly cities protocol. Criticising these limitations, a rapporteur of the 2017 parliamentary fact-finding mission on the implementation of the act observes: "The "Age-friendly city" scheme, initiated by the World Health Organization (WHO), is fully in line with this logic and encourages public, economic, associative and political actors to take up the issue of ageing. All these objectives have been set by the law on the adaptation of society to ageing (ASV), but which are still insufficiently taken into account today" (Commission des affaires sociales 2017, p.43). Angelique Giacomini (2019), Assistant Executive Director of the RFVAA, also points this out in her thesis, and notes that while Luc Broussy's report was written with a cross-cutting approach and reminded the value of policies adapting the social

and built environment, the reports published in 2017 largely address the issue of accommodation for dependent seniors and the various ways of caring for people.

Since September 2020 the **Great Age and Autonomy Law** has been announced. It is supported by several new reports focusing on the great age and autonomy dialogue (The Libault report), the national mobilization plan for the attractiveness of jobs for the elderly (i.e. caregivers) (El Khomri report) and ageism (Dufeu Schubert Report).

The Dufeu Schubert report focuses on the fight against ageism. It promotes the idea that institutions, organizations and politicians often unintentionally participate in erasing particularities of large numbers of citizens because they age and become invisible. Thus, society would benefit from enriching themselves with their experiences, no longer stigmatizing people by their age and what they represent by changing the way they look at them to reconcile the generations and succeed in the demographic transition that has already begun.

Several actions are proposed to strengthen the rights of seniors, their exercise of citizenship and to change the "social and societal recognition of seniors." Drawing in particular on a dialogue with Gilles Berrut, geriatrician and scientific leader of Gérontopôle of Pays-de-la-Loire where the territorial diagnostic method DATEL (The Approach to Accompanying Environmental Transitions of Longevity) was developed, the MP also defends an "inclusive territorial approach"(Dufeu 2019, p.48) of the "demographic transition". It proposes the generalization of DATEL, cross-cutting diagnoses at a local scale (communal or intercommunal), in addition to departmental policies. On this basis, communities and the State could enter into "local longevity pacts". Regarding Age-friendly communities (or rather the "age-friendly territories"), the MP proposes that the National Agency for Cohesion of Territories (ANCT, formerly CGET) and the Ministry of Territory Cohesion support communities in the development of the label.

The Libault Report (Libault 2019) is the result of a consultation at different levels: thematic workshops involving public actors (national and local), associative actors, academic actors etc.; online consultation interviews and expression groups with elders and caregivers and professionals; local forums. Discussions focused on **the various aspects of support for people with loss of autonomy**.

Some of the 175 proposals, first presented in the report, take into account the effect that the living environment can have in ageing:

- Expanding the mandatory scope of consultation of the Age Council
- Dissemination of good practices of municipalities by the CNSA (National Solidarity Fund for Autonomy) with the support of the Agency of territories
- Increased mobilization of service homes to the public among the elderly, identification of inclusive mobility initiatives
- Regulatory obligation to integrate the needs of the elderly or disabled into the design of household appliances or telephony
- National Platform for Senior Citizen Engagement
- Centralized information within a Home for Seniors and Caregivers

It resulted in 10 key proposals to "move from addiction management to self-reliance support." The El Khomri report points out strong recruitment needs in professions dealing with elderly, occupations of the old age unattractive and to be revaluated and, finally, undeniable but insufficient efforts of public authorities to restore the attractiveness of these jobs.

To conclude, with this new announcement of the "Age-Friendly City" label, considered to be one of the six main measures of the plan, the "label" (yesterday "Bien vieillir - Vivre ensemble", today " Age-Friendly Cities") is considered to be the main public action instrument in France to guide communities and promote good practices in adapting territories. While the evaluations of the 2009 label raise limited appropriation by cities, communities have not been inactive though.

In parallel with these labels, state institutions and the communities gathered within the RFVAA initiate projects and experiments and strengthen their expertise. For example, the National Agency for Cohesion of Territories accompanies four cities with districts in so-called priority areas as part of its "prospective factory" (Commissariat general a l'égalité des territoires 2019). The involvement of seniors took many forms, including involvement in the steering committee. In addition, cities, "by mobilizing their own resources, can benefit from a community of expertise and networks that are beyond the national level" (ibid.). Since 2019, the RFVAA has been developing a French "Age-friendly City" label. While the government's financial support for the network has been cut in 2018 (Giancomini 2019, p. 162), it will be interesting to observe the construction and dissemination of this national label and in particular the role of the RFVAA and the cities already engaged, as well as that of the ANCT (National Agency for Cohesion of Territories), to which the two recent reports referred.

3.4.2 Policy frameworks addressing the self-representation of older people

In terms of representation of older people, the French territory has a multitude of networks, structures, public and non-governmental organizations. Various organizations are gathered within the **International Federation of Associations of The Elderly (FIAPA).** User associations and representatives are increasingly present in the way these organizations operate and in the implementation or development of public policies. One example is the recent association "Old'up" (www.oldup.fr), which represents the elderly and considers them as a resource. However, in France, representatives of the elderly are often professionals and not the elderly themselves. There is a lack of coordination and commitment on the part of the elderly. There is a real need for peer-to-peer training to explain the role of inclusion, rather than protesting concerning the issues related to the ageing of society, like pension reforms.

Regarding the funding available for non-profit organizations implementing projects related to policies addressing seniors, in France, any association recognized as having a public utility can receive, in addition to personal donations (from which any association can benefit),

donations and bequests. Since April 30th 2018, representatives of interests must declare their activities on the register of the High Authority for the Transparency of Public Life (HATVP), as stipulated in the law of December 9th 2016 relating to transparency, the fight against corruption and the modernization of economic life (known as law Sapin II).

3.4.3   Policy frameworks supporting healthy ageing

Other strategic documents addressing different areas of ageing and age friendly initiatives are mainly situated in the context of health policies. These are, for example:

- The Solidarity Plan (which deals with loss of autonomy and dependence)
- The National Joint Action Plan for Employment of Seniors
- The Alzheimer's plan
- The plan to improve the quality of life of people with chronic diseases (Aquino 2008, p.48)
- The National Strategy for Caregivers of October 23, 2019
- The national strategy to prevent loss of autonomy « Vieillir en bonne santé » (2020-2022)(Ministère des Solidarités et de la Santé 2019).

The measures foreseen in the national strategy to prevent loss of autonomy appear to be close to the individualistic approach to health prevention of the **national plan "Ageing Well**" adopted in 2007:

- Organization of screenings
- Self-assessment of health status
- A prevention appointment at retirement
- Communication on Blue Week and 100 % Health [12]
- Fewer prescriptions from health professionals
- Creating health-sport homes
- Supporting local initiatives against social isolation through the release of an age-friendly city label
- Mobilizing young people in civic service

There are some new developments such as measures preventing suicide of seniors and a concern for the mobilization of institutional and economic actors around the loss of autonomy. There is little room for consideration of social inequalities in health, diversity of life pathways and the social environment, while WHO's Healthy Ageing Strategy (2016-2020) invites to it (OMS 2016).

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[12] The 100% Health system was initiated in 2019 in order to offer optical, audiology or dental equipment 100% covered by Social Security and complementary health insurance.

The **National Strategy for Caregivers** is deployed in 17 measures around 6 priorities. In France one of six persons is a caregiver. This strategy aims to preventing the exhaustion and isolation of caregivers, by diversifying and increasing capacities of respite places, by offering relay solutions, by opening up new rights.

The **national strategy to prevent loss of autonomy, passed in 2020** is deployed in 18 measures and aims to "build a healthy longevity society for all." It also includes the "implementation of the label "Age-friendly cities" in order to mobilize the territories" (Ministère des Solidarités et de la Santé, 2020, p.6).

The implementation of the national health policy on the regional level is supported by the ARS PACA, a state agency representing the Ministry of health in the PACA region. Its mission is to deploy the national health policy by adapting it to the regional specificities. Their main objectives are to organize health in the broad sense of WHO in the region supporting prevention, care for the entire population, around health programmes, including programmes for the elderly. This programme aims at improving transitions into care institutions, favoring home support, reducing the need for emergency hospitalizations as a factor of loss of autonomy, improving well-being at work and the quality of work of staff in medico-social establishments, to ensure a good quality of caring and to deploy innovations to prevent the loss of autonomy (E19).

On the regional level also the **Schéma départemental d'organisation sociale et médico-sociale** supports the development of age friendly communities. It is a policy and planning document for the implementation of departmental policy. In the Bouches-du-Rhône schemes focusing on people with disabilities, elderly, children and family are set up. The regulations are applicable for a maximum period of 5 years and are in line with the regional health scheme. The last Schéma départemental for elderly of the Department of Bouches-du-Rhône covers the period 2017-2022. This scheme prioritizes actions to be implemented to best meet the needs of older people following four main orientations: Inform, support, improve, control. It was prepared in consultation with stakeholders, based on an overview of existing policies and an assessment of the actions of the previous scheme.

3.4.4 Policy frameworks supporting social participation of older people

In 2013, the Ministry of Economy and Finance and the Ministry of Social Affairs and Health signed a **sector contract for a silver economy** that aims to structure this sector into a real industrial sector and to create a national and regional ecosystem promoting the growth of French industry. Silver economy covers all products and services aimed at seniors. The extension of the silver economy aims to improve the quality of life of older people, guarantee their autonomy for as long as possible or even extend their life expectancy. This includes many different sectors, such as:

- Health (home care, remote medicine, nutrition, connected health objects, etc.)
- Security and autonomy
- Housing (adapted housing, home automation, etc.)

- Services (human services, housekeeper, pension, etc.)
- Leisure (tourism, sports, games)
- Communication (mobile phones, tablets, Internet, etc.)
- Transport (mobility aids, adapted transport).

In 2019 a new **national strategy for informal carers** was launched. The former Prime Minister Edouard Philippe, Minister of Health and Secretary of State for Disabled People, presented an experimental national plan to support informal carers in their daily commitment. This strategy will be tested for the next two years. It focuses on measures supporting carers of people with dementia (starting in 2020), the implementation of a national telephone helpline, and the promotion of the national education staff's awareness regarding issues met by younger carers. The strategy should be included in the general reform on ageing and autonomy the French government is currently working on (Alzheimer Europe 2019).

3.5 Germany

In Germany, national regulations in the health and the social sector provide broad guidance and support to the local actors on the ground and also provide additional finance to realise age-friendly projects. Therefore, and due to the relatively broad latitude in implementing these legislations, guidelines and initiatives on the regional level are of particular relevance for issues related to old age.[13] Funding of local initiatives is provided by various ministries as well as by the European Union. In addition, several cities throughout Germany joined the declaration of Barcelona on "The City and the Disabled" in which the acceding cities commit themselves to more participation and recognition for disabled people. In Baden-Württemberg: Aalen (2015), Esslingen am Neckar (2015), Fellbach (2015), Freiburg im Breisgau (2015), Mannheim (2011), Rastatt (2015), Schwäbisch Gmünd (2016), Stuttgart (2015), Tübingen (2010), Waldkirch (2015). In 2010 the Tübingen County enacted the first County Senior Citizens' Plan.[14]

This is why hereafter not only policy frameworks on the national level, but also selected policy frameworks on the regional level are listed. As the TAAFE pilot is implemented in Mössingen, regulations of Baden-Württemberg serve as an example.

3.5.1. Policy frameworks focusing on senior citizens

Already in the late 1990's the German parliament took the initiative to deal with the challenges of an ageing society. Following the Vienna International Plan of Action on Ageing

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[13] According to Article 72 (1) of the Basic Law, legislative power lies with the regions, "as long and to the extent that the Federation does not exercise its legislative right". If, on the other hand, there is a "need for federal legislation" (Article 72 (2) GG), the legislative power lies with the Federation. Both formulations have promoted centralization processes in Germany. Article 73 stipulates the areas where the Bund/Federation has sole legislative powers, whereas Article 74 (in particular numbers 6, 7, 19, 19a and 26) states the areas of concurrent legislation, where the regions can pass laws until federal regulations take effect.
[14] https://www.kreis-tuebingen.de/site/LRA-Tuebingen-Internet-Root/get/params_E-1364366641/16014873/Kreisplan%20%C3%BCberarbeitet%20Druckfassung%2018.06.2020.pdf

it decided on a four-**annul reporting on the situation of elderly people** in Germany (*Bundestagsdrucksache* 12/7992) (one report per legislative period). The reports provide information on the current living situation of the elderly and intend to raise awareness for their needs. In particular, they provide the public and political bodies with forward-looking recommendations for action to improve the situation of older people and to convey a realistic picture of the heterogeneity of old age to the public consciousness. The report also includes special reports on particular issues.

In addition, the "**National Action Plan for the Implementation of the Second UN International Plan on Ageing, Madrid 2002,** and **the UNECE Regional Implementation Strategy, Berlin 2002** (*Nationaler Aktionsplan zur Umsetzung des Zweiten UN-Weltaltenplans*, Madrid 2002 and *UNECE-Regionale Implementierungsstrategie*, Berlin, 2002) was launched in 2002 and published in 2007. As stated in the National Action Plan (NAP), civil society was involved in the preparation of the NAP in an unprecedented scope. Input from the Federal Working Group of the Senior Citizens' Organizations (BAGSO) was collected. Each chapter of the NAP is divided into "Statement by the Federal Government", "Measures by the Federal Government", "Statement by the Regions" and "Statement by Civil Society", making the results of the assessment and civic participation visible.

The ten commitments and recommendations listed in the NAP are:
1. Inclusion of the dimension of ageing into all policy areas in order to bring societies and economies into harmony with demographic change and to achieve a society for all ages
2. To ensure the full integration and participation of older people in society.
3. To promote equitable and sustainable economic growth in response to population ageing
4. To adjust social security systems in response to demographic change and its social and economic consequences
5. To enable labor markets to respond to the economic and social consequences of population ageing
6. To promote life-long learning and adapt the educational system in order to meet the changing economic, social and demographic conditions
7. To strive to ensure quality of life at all ages and maintain independent living including health and wellbeing
8. To mainstream a gender approach in an ageing society
9. To support families that provide care for older people and promote inter- and intragenerational solidarity amongst their members
10. To promote the implementation and follow-up of the Regional Implementation Strategy through regional cooperation.

Age-friendliness is mentioned twice in the NAP, commitment 2 (point 16) and 7 (point 77), referring to the WHO concept. Following the NAP in 2007, the first "**National Report of the Federal Government: 10 Years UN World Plan and UNECE Regional Implementation Strategy**" was published in 2012 by the Federal Ministry for Family Affairs, Senior Citizens,

Women and Youth (BMFSFJ)[15]. It contains an overview of the main points and measures of the German policy on ageing between 2002 and 2012. The UN Conference in Spain in 2002 and following initiatives form the core of this overview.

The **second "National Report of the Federal Government: 15 Years UN World Plan and UNECE Regional Implementation Strategy"** (*Nationaler Bericht - Bundesrepublik Deutschland 15 Jahre Zweiter UN-Weltaltenplan*) followed in 2017 and informed the NAP **for the Implementation of the Second UN International Plan on Ageing** enacted the same year. The report does not specifically refer to age-friendliness, but active ageing, and mentions the European Innovation Partnership on Active and Health Ageing (EIP AHA) as a guiding policy frame. The report is divided into two parts – the first part encompassing a summary, general information on the national situation of elderly people and information on the method. The second part deals with the national measures and progress in implementation, conclusions and priorities for the future and a statement from civil society.

The main topics dealt with in the recommendations are:
- Demography strategy
- Roundtable active ageing
- Compatibility of family, care and work
- Strengthening care laws ("*Pflegestärkungsgesetz*") and people with dementia
- Nursing training
- Old age provisions.

There are several measures pertaining to each of these dimensions.

In the same year the Seventh Report on the Elderly "Care and Shared Responsibility in the Municipal Community: Findings and Recommendations of the Seventh Report on the Elderly" was published (Federal Ministry of Germany for Family Affairs, Senior Citizens, Women and Youth 2016). Therein the role of the municipalities and the local level for enhancing the living conditions of the elderly is explicitly mentioned. The "return to the assessment and decision-making powers of the municipalities" is welcomed by the BAGSO, the official representation of the elderly. Yet, it also stresses that more competencies and finance is needed to meet the tasks. According to BAGOS further steps are needed to strengthen the first pillar of state pension as the primary pillar of retirement income. Further challenges arise, according to BAGSO, out of the need to foster lifelong learning in the professional and extra-professional area as well as the inclusion of persons with disabilities.

3.5.1.1. Regional level (Baden-Württemberg)

Corresponding to the international and national guidelines dealing with the issues of an again society the guidelines enacted on the regional and local level deal mainly with the questions of healthy ageing. Furthermore, policy papers and declarations dealing with the social participation of disabled people and with barrier-free environments support the

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[15] https://www.unece.org/fileadmin/DAM/pau/age/country_rpts/DEU_report_en.pdf

establishment of age-friendly environments. Also the focus on neighborhood development in general supports the shift to age friendly communities.

Two frameworks that can be named in this context for Germany are the "Guide on Communal Health Promotion: Making cities and municipalities healthy, livable and generation-friendly" (*Handbuch zur kommunalen Gesundheitsförderung*, Ministry for Work and Social Protection Baden-Württemberg 2015), enacted in 2015, and the regional action plan on "Neighborhood 2020. Develop. Jointly (Quartier 2020 - Gemeinsam.Gestalten, now called "Quartier 2030"), enacted in 2017. The Guide on Communal Health Promotion "Making Cities and Municipalities Healthy, Livable and Generation-Friendly" (*Handbuch zur kommunalen Gesundheitsförderung. Städte und Gemeinden gesundheitsförderlich, lebenswert und generationenfreundlich gestalten*) is the only framework mentioning the WHO concept of age-friendly cities/communities. The guide was initiated by the Ministry to implement the health strategy within the framework of the future plan towards health in Baden Württemberg. Already in the title it seems as the adjective generation-friendly is a reference to age-friendliness, if it does not indicate the next conceptual step by opening the concept of age-friendliness to include all generations.

In addition to the introduction, the publication has seven chapters which are also indicative of the concept and elements of the approach:

- Why is communal health promotion relevant?
- How to successfully promote health?
- How to engage citizens?
- How can communal cooperation succeed?
- How to best determine the need for action in a community?
- How can communal health promotion be best planned and implemented?
- How can success be determined and quality assured?

The chapter on how to determine the need for action is indicative to our pursuits, also because it is in this chapter that the WHO age-friendly cities concept is mentioned as a good practice.

With the objective of creating a "healthy municipality", the demand for action in a municipality is determined based on an expansive and comprehensive analysis of the given situation and current framework conditions. The determined city or community profile forms the basis for discussion in participative processes with local actors, partners and the population. In a next step, recommendations for action are formulated.

Here is a statement with respect to the relevance of the WHO concepts: "In the spirit of the WHO Ottawa and Jakarta Charters, the aim of health promotion should be to transform those affected into participants. Citizens should be given the opportunity, through appropriate formats, to participate in the process of determining needs. Citizen participation has the advantage that those affected articulate their needs and indicate the urgency of implementing possible measures. Effective offers are geared towards public participation, with the advantage that those affected can articulate their needs and respond to the urgency of the situation. " (Ministry for Work and Social Protection Baden-Württemberg

2015 p.63). These frameworks support the development of local initiatives. One example in Baden-Württemberg is the County Senior Citizens' Plan (Landkreis Baden Württemberg 2009) of Tübingen County, published in 2009. In the same year the City of Tübingen published the action plan "Barrier-Free Tübingen". In 2013 the "Participation Plan for People with Mental, Physical or Multiple Disabilities in the District of Tübingen"(*Landratsamt Tübingen Geschäftsbereich 2 Jugend und Soziales Sozialdezernat* 2013) followed, which sets ground for the publication of an action concept Barrier-free City and the Inclusion Report (Stadt Tübingen 2015) in 2015.

On the local level the **"*Kreisseniorenplan*" (Plan for Senior Citizens)** is setting new incentives for a development of the district. It updates the district senior citizens' plan of 2009 and focuses on a variety of topics including the areas of economy, housing, infrastructure, mobility, care, health, nursing, leisure or voluntary work. The currently updated version deals with care. The aim is for senior citizens to remain in their familiar surroundings for as long as possible. The expertise of different actors such as the KVJS, representatives from the district councils and the cities and municipalities, the district council of senior citizens as well as employees of the district administration and participants from the senior citizens' work (including providers, institutions and local experts) in the district will be drawn upon.

The district plan for senior citizens includes the following focal points:

- Demographic development & life situation of older people
- Living and housing in old age, infrastructure and mobility
- Support in the pre- and environment of care
- Home and outpatient care
- Permanent care and advance billing of care services
- Special needs
- Healthcare
- Control, cooperation, coordination and networking

The *Kreisseniorenplan* is seen as a starting point for the development of age-friendly communities by experts, naming the most important areas and providing information on legal frameworks, the given situation and the main topics that will be taken up in the future (E27). The *Kreisseniorenplan* also provides the framework for the establishment of a senior citizen council (E26). It was also developed with input from a working group were representatives from all areas discussed the different chapters addressed. Data was used from technical discussions as well as side visits and surveys. In addition, the public was involved in the planning process by means of an interim event.

Also the compass on senior citizen policies in Baden-Württemberg gives guidance on the development of age-friendly environments. It introduces the topics of mobility, healthy ageing, prevention and participation. Yet, experts criticize that financial issues are not regulated by the guidelines and might cause difficulties for their implementation (E26).

3.5.2. Policy frameworks and policies addressing the self-representation of older people

The most important association representing the interests of senior citizens in Germany is the German National Association of Senior Citizens' Organizations (BAGSO) (*Bundesarbeitsgemeinschaft der Seniorenorganisationen*; **Federal Association of Senior Citizens' Organisations**). Around 120 associations represent around 13 million senior citizens in Germany.

 "The BAGSO is primarily committed to

- a realistic picture of age in society
- a self-determined life in old age
- the social participation and involvement of older people
- a solidary cooperation of the generations
- healthy ageing and high-quality health and care services
- the interests of older consumers.

BAGSO is committed nationally and internationally to strengthening the rights of older people. Since 1998 it has had consultative status in the United Nations Economic and Social Council (UN-ECOSOC) and is a member of the European Economic and Social Committee (EESC). BAGSO is also involved in international networks representing older people worldwide, including AGE Platform Europe and the Global Alliance for the Rights of Older people (GAROP). In addition, there are EU projects and bilateral cooperation." (translated self-description taken from BAGSO 2019: 4; " Eine Gesellschaft für alle Lebensalter")(BAGOS 2019).

In addition, **Senior Citizens' Councils** are installed. They are advisory, non-decisive bodies at the municipal, district or state level (the level of the Länder, not the federal level) to bring the interests of the older generation or special groups of older people into the political process at the respective level (Citizens' Council of the municipality, City Senior Citizens' Council, District Senior Citizens' Council, State Senior Citizens' Council). As a rule, the council is consulted in the case of intergenerational and health issues before a decision is made by the respective regional parliament. Often the councils/advisers are granted by the respective municipal statutes the right to participate in the committees of the respective council meeting with the right to make proposals and vote.

There are also some senior associations within parties, e.g. the Working Group SPD 60 plus (*Arbeitsgemeinschaft 60 plus*, SPD), the Senior Citizens Union CDU or CSU (*Senioren-Union*, CDU or CSU), the Liberal Seniors (*Liberale Senioren*, FDP), and the Green Seniors (*Grüne Alte*, the Greens). Also the various churches and denominations contribute to the self-representation of senior citizens. As a service provider active on the regional level puts it, there are several opportunities for older people to participate. However, "*participation of older people also depends on the people themselves. (…) Decreasing strength and withdrawal on the one hand and the desire to integrate older people on the other.*" (E23) She

therefore advises the establishment of local seniors' councils, representing also those who do not have the capability to engage themselves.

3.5.3. Policy frameworks supporting healthy ageing

Between May 2011 and May 2016 a few interesting strategies and reports on health and ageing that reference the WHO concept of health and health-related values were issued by the From Ministry for Labour, Social Order, Families, Women and Seniors („*Ministerium für Arbeit und Sozialordnung, Familie, Frauen und Senioren"*).

On the regional level the **Health Strategy of Baden Württemberg** (*Gesundheitsstrategie* Baden-Württemberg 2009; Baden Württemberg Ministry of Work and Social Affairs 2009) can be named as a framework, addressing the living situations of elderly. The strategy deals with chronic diseases and measures fostering health in all phases of life as well as health prevention. Heath prevention also refers to healthy environments (physical and psychosocial), which connects to the concept of age-friendliness.

The strategy of 2014 was updated by the **Overall Health Concept Baden-Württemberg** (*Gesundheitsleitbild Baden Württemberg* 2014; Ministry for Work and Social Protection Baden-Würtemberg 2014). The report Active for Healthy Ageing in Baden Württemberg, monitoring the health strategy, references the WHO-sponsored publication "A Healthy City is an Active City: A Physical Activity Planning Guide" by Peggy Edwards and Agis Tsouros (2008).

3.5.4. Policy frameworks supporting social participation of older people

In 2017, the Ministry of Social Affairs and Integration launched the **Neighborhoods Strategy 2020: Develop. Jointly (***Quartier 2020 - Gemeinsam.Gestalten***)**, promoting the collaborative development of neighborhoods in municipalities, cities and districts. The special focus is on the coexistence of generations and on ageing in place. The aim is to create lively neighborhoods through the participation and involvement of citizens in shaping the living environment. Already around 300 municipalities throughout the state of Baden Württemberg have been reached with its call to promote age- and generation-friendly neighborhood development. More than 3,000 interested parties from the municipalities regularly receive information, practical examples as well as networking and funding opportunities to further develop their local neighborhoods together. Meanwhile, it will be continued: the next strategy *Quartier 2030: Gemeinsam.Gestalten* is in place.

While the methodological approach differs from the one of the WHO concept of age-friendly cities, in essence the objectives are similar. The program has set up a diversity of funding instruments, starting with providing funding for merely conducting workshops or receiving consultation services up to larger projects to conceptually provide impulses for neighborhoods. For each of the funding instruments, a municipality has to be a partner and support the activity.

Inspiration for this approach however, seems to have evolved from a preceding strategy by the previous government.

Fields of action of the initiative are:

- Participation and commitment
- Care and support
- Housing, living environment and mobility
- Family and generations
- Local economy and profession
- Health promotion and prevention
- Integration
- People with disabilities and inclusion

Regarding the social participation of older people also the frameworks addressing the rights of disabled people are important. The "Convention on the Rights of Persons with Disabilities" was ratified in Germany in 2009. Following the ratification, a **National Action Plan for the Implementation of the UN Disability Rights Convention** was published in 2011.[16] The National Action Plan identifies a total of 12 action fields: 1) Work and Employment; 2) Education; 3) Prevention, Rehabilitation, Health and Care; 4) Children, Youth, Family and Partnership; 5) Women; 6) Elderly People; 7) Construction and Housing; 8) Mobility; 9) Culture and Leisure; 10) Social and Political Participation; 11) Personal Rights; 12) International Cooperation. The seven cross-cutting issues concern assistance needs, accessibility, gender mainstreaming, equality, migration, independent living and diversity of disability.

The National Action Plan was updated in 2016 (Federal Ministry of Labour and Social Affairs 2016). In the second plan International Cooperation and Awareness Raising are added as thematic foci. The interim report on the implementation of the UN Disability Rights Convention (2018) states, that with the NAP 2.0, it has not only been possible to further strengthen the cross-policy approach, as for the first time all federal ministries are involved with different activities, measures and initiatives, but the present report also shows that all the authorities and partners involved are pushing ahead with the implementation and realisation of the individual measures." (ibid., p. 68)

Since the ratification of the UN Disability Rights Convention by Germany in 2009, all 16 federal states have been called upon to draw up their own action plans for its implementation at state level within their jurisdiction. In addition, they have adopted action plans, which can be accessed on the website of the Federal Ministry of Labour and Social Affairs. In 2015 the "**Action Plan of the State Government to Implement the UN Disability Rights Convention in Baden-Württemberg**" (*Aktionsplan der Landesregierung zur*

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[16] Not only the German Federal Government has issued a national action plan for the inclusion of handicapped persons, but also individual ministries. These individual action plans (Ministry of Labor and Social Affairs, Ministry of Economic Cooperation and Development, Ministry of Justice and the Ministry of Family, Senior Citizens, Women and Youth) can be reviewed and downloaded here: https://www.gemeinsam-einfach-machen.de/GEM/DE/AS/Aktionsplaene/Aktionsplaene_Bund/aktionsplaene_bund_node.html

Umsetzung der UN-Behindertenrechtskonvention in Baden-Württemberg) was launched. As a result of the initiatives planned in the action plan, Tübingen is on a very good path to becoming a barrier-free city. The university city works closely with many institutions to promote accessibility and social participation (inclusion). Tübingen also signed the Barcelona Declaration "The City and the Disabled" in 2010. In its "Action Plan for a Barrier-Free City of Tübingen" (also in easy language) goals and measures are formulated. There is also an implementation report on what has already been achieved. The lead management is in the hands of the municipal commissioners for senior citizens' work and inclusion. There are comprehensive signposts through all municipal fields of activity (both as printed brochures and on the Internet).

Dimensions mentioned are:

1. Making public space barrier-free
2. Barrier-free living
3. Living at home: self-determined and assisted living for people with high assistance and care needs
4. Barrier-free public buildings
5. Mobility for all - barrier-free urban transport
6. Day care facilities for all
7. School for all
8. Training without handicap
9. Work without handicap
10. Health and rehabilitation for all
11. Living movement - sport without exclusion
12. Be involved: cultural, educational and leisure activities
13. Securing and expanding participation and self-determination
14. Create and participate in public

Comprehensive measures are detailed in the continuation report from 2015 (City of Tübingen 2015). For the municipality of Mössingen, such an action plan does not exist. Guidelines supporting the social participation of older people are also found in the context of housing, promoting the outpatient care shared flats and communal living for people in need of care. Under the **Residential Participation and Care Act of 2014**, fully self-responsible outpatient assisted living communities and outpatient assisted living communities for which one provider is responsible are recognised as legally regulated forms of living and care for people of full age who require support and care as well as for disabled people of full age. In accordance with the regulation of § 13 SGB XII, priority of outpatient services over partly inpatient and inpatient services and partly inpatient services over inpatient services, care shared flats have a right to exist and offer a possible alternative to inpatient care.

Concerning care provision a report was released in 2016 which examined the consequences of demographic change for the nursing sector. It pointed to the lack of skilled personnel in the care sector and recommended additional funds by the state. These so-called enquête funds were made available and support the development of the care sector in Baden-

Württemberg (E21). Moreover, the "Werdenfelser Weg", provides a concept and legal framework to protect self-determination in care provision, supporting more autonomy of those in need of care and respect in care provision. Furthermore, it states a right for care provision (E23). For Tübingen County outpatient assisted living communities can represent an alternative to inpatient care places, especially in smaller communities. In addition to possible support for the planning and implementation of a nursing care shared flat, the county also supports the advisory centre "*Ambulant betreute Wohngemeinschaften*" [outpatient assisted living communities], which is under the auspices of the Senior Citizens' County Council. In the county there are already eight outpatient assisted living communities according to the WTPG available in four municipalities.

On the national level, the long-term care insurance and the "partial coverage insurance" provide for access to care. Experts stress that in "*international comparison this is rated as rather good standard. There are cross-professional framework conditions in the health care system, e.g. the ethics council in hospitals and in palliative care. People from different professions exchange information. Doctors, nurses, relatives, social workers, physiotherapists, pastoral workers. The fact that the patient himself is involved has not been experienced so far, it would be worth considering. The approach that different professions try to achieve the best for the patient is good.*" (E26)

3.6 Italy

In Italy there are no specific policy frameworks implemented directly supporting the development of age-friendly environments. "Ageing" is rather addressed in a more general way, in legislations dealing with the cohesion of the whole community or with vulnerable groups, usually emanated from Ministry of Health[17] and Ministry of Labour and Social Policies[18] and mostly addressing health, disabilities and economical sustainment. "Seniors" often represent a sub-category of a broader group addressed, e.g. "fragile person", or "disability" etc.

As in Germany and Austria the Italian regions are important players in enacting legislations addressing age. [19] In particular, the organization of health and social service is strictly connected with regional government as defined by the Decree of the President of the Republic No 4 of 14 January 1972[20]. Municipalities also have political, legislative, organisational and administrative autonomy as declared in Legislative Decree no. 267 of 18 August 2000 "Consolidated Law on Local Government Law and Regulations"[21].

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[17] http://www.salute.gov.it/portale/temi/p2_2_0.jsp?lingua=italiano&id=805
At the link you find a list of topics treated by the ministry; there is no mention to "older adults" and/or to "AFE"
[18] https://www.lavoro.gov.it/temi-e-priorita/Pagine/default.aspx
At this page you find some pictures representing the themes and priority addressed by the ministry. Even in this case, there is no direct reference to seniors and/or AFE
[19] http://www.governo.it/it/costituzione-italiana/parte-seconda-ordinamento-della-repubblica/titolo-v-le-regionile-province-e-i
[20] https://www.normattiva.it/uri-res/N2Ls?urn:nir:presidente.repubblica:decreto:1972-01-14;4
[21] http://www.parlamento.it/parlam/leggi/deleghe/00267dl.htm

The national indications concerning health and social affairs have to be adopted by regions. However, these policies, even if well structured, are not equally implemented in different regions, as partners report, mainly due to contextual socio-political local dynamics. Some regions are quite advanced, having implemented guidelines and regulations on age-friendliness, other regions on the contrary have no indications specifically concerning age-friendly environments or seniors[22]. „*There is no general strategy, there is a ‚leopard spot'* *situation*" (E34), an age-activist explains. This is why he sees a strong need for a national strategy. Despite this situation, the co-chairman of EIP on AHA reference site collaborative Network resumes „*Italy is moving in the right direction: accessibility and health must be placed* *within the circular economy models that are now being promoted at regional and national* *level. It is necessary to learn how to go beyond the silos, to think in an inclusive way, putting* *health, in the sense of physical, psychological and social health, at the centre of every plan and* *initiative.*"(E32)

3.6.1. Policy frameworks focusing on senior citizens

As mentioned before, there are no specific policy frameworks targeting the older adults as an independent category in Italy on the national level. Currently, laws and policy frameworks concerning active and healthy ageing are the only examples of initiatives specifically targeting older adults and they exist only at (some) regional level. Some of the principles promoted by the concept of "Age-friendly Environments" (AFE) can be found in national and regional decrees, plans or funding actions as part of more extensive programmes/indications, but without an explicit reference to AFE. Moreover, the Italian government has not issued any instruction in this regard. So, not only there is not an obligation to the adoption, but also there are no guidelines. Therefore, experts witness a lack of medium and long-term visions in planning and implementing frameworks supporting the development of age friendliness (E29). However, there are, as indicated above, policy frameworks directly concerning AFE in some regions. Regulations on the regional level are partially diverse one from another as the topic of healthy ageing is not regulated by action plans on the national level. In Veneto region and also in Liguria, Friuli Venezia Giulia and Campania there are laws addressing "Active and Healthy ageing" inspired by the WHO Programme. In 2017 the Veneto Region enacted the Law n. 23 8/08/2017 "Promotion and enhancement of active ageing", through which the Veneto region has adopted the principles of the WHO 2002 paradigm. This law sustains active ageing through a multidimensional approach transversal to individual life, starting from health until social participation. Based on this law 84 projects could be financed by the region, including supervision of elderly at school or in parks and computer courses for the elderly. The calls should promote different forms of active citizenship and solidarity commitment of the elderly, as the responsible councillor explained (VENETO REGION COUNCILOR, Pos. 7). In Veneto region an emphasis was placed on the whole fabric that revolves around the third age,

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[22] https://ec.europa.eu/eip/ageing/home_en; https://ec.europa.eu/eip/ageing/reference-sites_en

Currently the following regions (as region themselves or as they have an organizations participating in the network) are reference sites: Campania, Emilia Romagna, Friuli Venezia Giulia, Piemonte, Puglia, Lombardia, Toscana, Liguria.

enhancing the role of carers by creating a regional register of family carers which support access to training to keep older people, who are caring for their relatives, healthy (E30).

Comparable policy frameworks have been enacted in Piemonte[23], Liguria[24], Friuli Venezia Giulia[25], -Puglia[26], Lazio[27] and Campania[28]. Regions adopting legal frameworks on active and healthy ageing mostly follow a "3 years plans". In the Vento Region the Three-Years Plan 2018-2020 "**Interventions to Promote and Enhance Active Ageing"** (Piano Triennale 2018-2020 Interventi Di Promozione E Valorizzazione Dell'invecchiamento Attivo) was enacted in 2017. It is based on 8/07/2017 Regional Law for the "Promotion and enhancement of active ageing". As anticipated, this law and the consequent three years plan do not explicitly refer to "age-friendly environment", but contents are strictly related to an age-friendly perspective and objectives.

The three years plan is divided in five main articles:

- Health and autonomous life: active and healthy ageing
- Work and education: active ageing in the labour market
- Social participation: social utility activities
- Social participation: culture and social tourism
- Social participation: Education

Each article is implemented through different initiatives and the promotion of programs involving municipalities, health and social services, public and private organizations dealing with ageing and local stakeholders. These actors are encouraged to work together in cooperation/networking logic. Promoting collaboration among the various actors, each actor should bring in their specific competences and knowledge. The networks involve local health agency, service centres and residential facilities, educational and university institutions and accredited training bodies, associations and organisations representing older people; associations for the protection of consumer and user rights; non-profit bodies, organisations and associations, social cooperation and Universities of volunteering and senior citizens as well as private individuals working in any capacity whatsoever in the areas and for the purposes set out in this Act.

In most regions who implemented a three years plan the articles concerning health are the best implemented. As there is no monitoring and no fixed standard that regions are required to adhere to on this topic, it is hard to tell how well other dimensions addressed by the frameworks are implemented. Udine municipality has autonomously undertaken initiatives addressing AFE joining the WHO "**Age friendly cities and communities programme**". [29] The Lombardia region has no specific legislation on active and healthy ageing. Yet, the case of Lombardia is useful to understand how, even in the absence of specific legislation, regions sensitive to the topic deal with ageing through broader regulations. The region foresees some

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[23] Regional law n.16, 9 April 2019
[24] Regional law n. 48, 3 November 2009
[25] Regional law 2014
[26] Regional law n.16, 30 April 2016
[27] Regional law n.11, 2016
[28] Regional law. n.12 2018
[29] https://www.comune.udine.it/index.php?option=com_content&view=article&id=149&Itemid=5265

initiatives dedicated to seniors in its legal framework and acts as the reference site of the European Innovation Partnership in Active and Healthy Ageing (EIP on AHA). It has developed Active Ageing policies in two different areas: (1) health promotion and prevention (in the health field) and quality of life and well-being (in the social field); (2) social agriculture and educational gardens. These policies are transversal to the General Directorate for Family, Parenthood and Equal Opportunities Policies and the General Directorate for Welfare. Policies on the elderly have been included in the Regional Operational Programme (ROP).

3.6.2 Policy frameworks and policies addressing the self-representation of older people

As a policy framework on the national level addressing age is missing, there is no framework regulating the political representation of the elderly as well. This is why there is no lobby of older people in Italy. However, in a more "informal" way, organization working on the topic of "ageing" and with older adults and seniors' organizations work on their one or connected each other to carry on lobby and advocacy actions, but not in a specific legal framework. The older adults/retired adults trade union "SPI CGIL" is an important player in this sense. As trade union it works on the topic of collective defense of earnings, citizenship and social welfare rights, individual assistance, counselling and advice on social security, health and tax procedures, information and training, aggregation and socialisation, solidarity and social inclusion. It dialogues with local and national institutions for the protection/benefit of senior citizens on these issues.

3.6.3. Policy frameworks supporting healthy ageing

The Law no. 833 of 23 December 1978 "**Establishment of the National Health Service**" is the only national regulation providing guidance for the implementation of health services on the regional level. Its objectives are, among others, 'the protection of the health of older adults, also with a view to preventing and removing conditions which may contribute to their marginalisation"[30]. Moreover, several programs promoting healthy ageing exist.

Health is, for example, mentioned as an objective of "Gaining Health: Making Healthy Choices Easy", a project emanated in 2007 by the Ministry of Health, aiming at promoting healthy lifestyles in the broader intent of fighting the burden of chronic illnesses linked to smoking/alcoholism, sedentariness, poor nutrition. Here, older adults are mentioned as part of a bigger target.[31] Similar to this act, is PASSI (Progressi delle Aziende Sanitarie per la salute in Italia) "Progresses of Sanitary Agencies for public health in Italy", promoted by the Ministry of Heath, whose scope is to favour a **healthy lifestyle**. It sustains a system of active surveillance in order to monitor lifestyles and risks connected to dangerous behaviours

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[30] http://www.handylex.org/stato/l231278.shtml
[31] http://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&id=659&area=stiliVita&menu=programma

(drinking, smoking, consume of salt, overweight …) among adult population from 19 to 70 years old.[32] Also in Italy a national Dementia Strategy was developed (E29).

With regard to health promotion and prevention policies, the reference point in the region is the "Regional Prevention Plan - PRP" which includes "Promotion of Healthy Lifestyles in the Community", which oversees strategies and objectives related to active and healthy ageing with particular reference to combating sedentariness and promoting an active lifestyle. The activities implemented are all designed in preventive terms to slow down access to non-self-sufficiency. The Regional Prevention Plan is valid for four years. It is a tool that directs the activities of the Health Protection Agencies and that implies transversality between the various regional and intersectional departments with non-health subjects, whose policies impact on factors favouring active ageing and healthy ageing for various reasons. Examples for the development of regional plans are the "Campania Region Social and Health Plan" and the "Campania Region Health Guidelines" (E32). Besides healthy ageing digital literacy of the elderly, social health services, home care, integration of services with technology are addressed by the guidelines (E32).

3.6.4. Policy frameworks supporting social participation of older people

Social participation of the elderly is also mainly dealt with in regional policy frameworks. Yet, the topics independency, autonomy, health and home care are also present in the "**2019-21 Plan for Non- Self-sufficiency**" (Piano per la non auto-sufficienza 2019-21). The plan is promoted by the Ministry of Labour and Social Policies.[33]

The Regional Law 17/2007 enacted by the Veneto region sustains economic incentives for the **elimination of architectonic barriers** in the framework of policies and services directed to people with physical disabilities and includes seniors. Is has been promulgated from the Social policies and health services department. In 2013 the regional council of Veneto provided a 1. 200. 000 euro funding aiming at sustanimg the "**Experimental project of housing and social co-housing in favour of families in situations of difficulty,** especially with minor children, and of families made up of lonely and self-sufficient older adults at risk of isolation and social marginality" ("Progetto sperimentale di housing e co-housing sociale a favore di famiglie in situazione di disagio soprattutto con figli minori e di nuclei familiari composti da persone anziane sole ed autosufficienti a rischio di isolamento e marginalità sociale"). The funding was taken from the repartition of the National fund for social policies made from the Ministry of Labour and Social policies. Unfortunately this fund has not being allocated anymore. Concerning Veneto region, also the framework on "Employment and labour market provisions" can be mentioned. It aims at **reorganising, coordinating and harmonising regional provisions on employment, labour market**, makes explicit in Article 30, where is underlined the Region's propulsive role in promoting labour policy measures in the intent of "encouraging participation in employment, in particular women, young people

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[32] www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&id=2953&area=stiliVita&menu=sorveglianza
[33] www.gazzettaufficiale.it/eli/id/2020/02/04/20A00639/sg

and disadvantaged people at risk of social exclusion", including older workers, and to "promote active ageing", indicating among the criteria for action the 'promotion of the use of socially useful work activities by local authorities.

Supporting the social participation of older people the municipality level is most important. In Treviso, the city where the TAAFE Trio is active, the zone plan provides a strategic tool for the government of territorial social policies to implement age-friendly initiatives (E28). This plan is the instrument through which the local authorities organise and redesign the integrated system of social services that the area is equipped with, with reference to the strategic objectives, the tools to be used and the resources to be activated for its implementation.

Summing up, strategies and programs addressing age-friendliness mostly deal with **community support and health services.** Also housing, lobbying for ageing in place and more rarely for the adaption of buildings for the needs of older adults are addressed. In EIP on AHA reference sites and in municipalities participating in WHO "Age-friendly cities and communities programme" there are some initiatives addressing social participation, transports and built environment.

In general, less diffuse is the work on social issues, such as inclusion, respect and civil participation that are carried-on mainly in an "unstructured manner" through local independent initiatives of associations/organization, which are rarely directly connected to regional/national policies. This situation gives indirect information on the "assistance approach" generally adopted with older adults. The "common sense" diffused at policy-making level when approaching the topic of ageing assumes growing old in the framework of disease and sees seniors mainly as carriers of needs than of resources. Although it is clear that care and assistance components are essential and represent a priority in policies directed at citizens, it is nevertheless evident the dominance of an interpretation that describes seniors as passive users.

This kind of mind-set affecting policy makers and decision-making level - something that could be identified as "socio-cultural"- sets the stage for a predominance of assistance on empowerment instead of a desirable balance between the two components.

The sole alternative is the above-mentioned fragmented implementation of laws addressing active and healthy ageing at regional level or eventual single local initiatives that stress out some other domains, such as inclusion. Nevertheless, even in these cases the majority of the attention is prevalently directed to the social-healthcare dimension, eventually related on community building or health education.

The same situation describes the topic of ageing in place (housing), which is in turn prevalently addressed in a socio-sanitary perspective and only occasionally focused on empowering older people on the topic of healthy lifestyles, health and wellness in order to work on prevention and fostering ageing at home.

Veneto region has put in place policies to support the environment for the elderly. It therein funds "family counters", an information and training service for family carers. Another important regulatory intervention supporting social participation in Veneto region was the Law 39/2017 regulating that "*for the over 65s the right to housing is maintained even if their asset threshold exceeds 35,000 euros.*"(E30) The laws on social agriculture (L.R. 35/2017) and

educational gardens (L.R. 18/2015) in Lombardia region aim to promote social inclusion and healthy lifestyles through educational and social gardens. The law on social gardens provides for the allocation of urban gardens to seniors or socially disadvantaged citizens, taking into account the indicator of their equivalent economic situation (ISEE). The law dedicates Euro 65,000.00 in 2019 and Euro 150,000.00 in 2020 to deal with the measures provided by the law itself. The areas considered are in particular: volunteering, training, sport, leisure activities, urban regeneration (urban health). In the IA framework social farms (L.R. 35/2017) can offer educational, training, social and regenerative services and performances aimed at people and fragile segments of the population or with special needs such as the older adults (in addition to children, minors and young people with learning difficulties, in conditions of particular family hardship or at risk of deviance, long-term unemployed, new poverty) as well as actions and activities aimed at promoting forms of personal and relational well-being, 'social housing' and 'cohousing' residential communities in order to provide experiences of growth and social integration.

3.7 Slovenia

As in the other partner countries, age-friendliness is not specifically mentioned in national policies or strategies in Slovenia. Nevertheless, various aspects of life of older people and AFE domains (e.g. social inclusion and non-discrimination) are covered in other national documents and policies. In 2018 Slovenia adopted an **Active Ageing Strategy**, which in a way covers some AFE areas. Certain dimensions (domains) of age-friendliness are tackled by this as well as other national documents, which in most cases address the whole population or certain groups, for example more vulnerable groups, but not exclusively older people. Hence, despite the national regulations in place there are no relevant legislations or policy frameworks on the national level in Slovenia which would explicitly and directly address or support development of age-friendly environments, as partners stated.
At the moment experts notice a strong focus of the media on the newly developed long-term-care law (August – September 2020, time of the public debate and comments to the law) (E36). Yet, stakeholders miss a consistent national plan.

3.7.1. Policy frameworks focusing on senior citizens

In 2006 the Strategy for the Protection of the Elderly in Slovenia until 2010 was adopted, focusing on solidarity, coexistence and quality ageing, which was comprehensive and multi-ministerial, but, as experts stressed, remained unrealized. In 2017, the Long-Lived Society Strategy was adopted, but is still awaiting implementation (E41). The Active Ageing Strategy was prepared in 2018 by the Government of Republic of Slovenia, the Ministry of labour, family and social affairs and the IMAD - Institute of macroeconomic analysis and development (Institute of Macroeconomic Analysis and Development of the Republic of Slovenia et. al. 2019). It represents the substantive framework for the implementation of a necessary change, adopting to increase the share of over 65-year-olds in Slovenia. To create possibilities and opportunities for quality living for all generations and for dignified ageing,

adjustments in many areas are foreseen: the labour market, education and training, systems of social protection, the living and working environment, and civil and political participation. The initiative for the implementation of the strategy was taken by the Ministry of Labour, Family and Social affairs. For its preparation several working groups have been established, such as for labour and life-long learning, housing, ICT for active ageing, social participation etc. Experts from various institutes, universities and older people's organizations were invited to take part in the process and contribute with their knowledge. After the adoption of the **Active Ageing Strategy,** the Slovenian Government plans to draw up action plans with specific solutions to implement the guidelines. Since policy changes fall under multiple departments, the measures will be formulated through a process of inter-ministerial coordination and cooperation. Based on the guidelines developed, ministries will prepare two-year action plans (or four-year or longer depending on the duration of the processes in question), completed with implementing measures. The implementation will be monitored through Active Ageing Index indicators.

By now, action plans are in the process of preparation. Due to other at the moment more urgent priorities, as the adoption of the Long-term care law (which has been in the process of preparation for the last 18 years!) and the covid-19 situation, which affected mostly older people living in care homes, the process of defining and adopting action plans may need more time and will be further delayed.

On the local level policy makers report that they decided to make their own active ageing strategy. In the pilot region of TAAFE an active ageing strategy valid for the period of four years was developed. "*It is decided how the municipality will respond to ageing issues, how we will address them, search and prepare projects etc. In this document the municipality committed to the annual increase of the budget for 2% for solving older people's issues. We will not get this money from the national level, but have to re-locate funds within our budget*." (E36) Also in other cities local level administration has implemented age friendly initiatives. The have included age friendly principles in the field of urban planning, health and social affairs, in their own local legal acts and priorities (E37). As an expert explains with regard to Ljubljana, at the moment "*there are certain areas where the existing guidelines are well implemented, public transport, access to the public events and services of general use – community health centres, centres for social work, administration offices for citizens etc., where older people can exercise their rights and their needs can be met*"(E37). Ljubljana was one of the first cities in Slovenia to join the WHO initiative becoming member of the age-friendly network. The five years plans help the realisation of the activities foreseen, as they create commitment. "*I can say that they stick to the plan, therefore, many things and improvements for older people have been made in Ljubljana so far*"(E37), a representative of the Slovenian Federation of Pensioners Associations reports.

At the regional level, cities and municipalities that join the Slovenian and global network of age-friendly communities prepare a local development strategy for the field of ageing and coexistence between generations (E41).

3.7.2 Policy frameworks and policies addressing the self-representation of elder citizens

Even though the active ageing strategy was put in place, no specific legal framework regulating the establishment of a lobby for older people exists in Slovenia. Also, there is no regular and continuous funding available for senior-policy related projects for non-governmental and non-profit representative organisations of older people.

Sporadically there have been calls or public tenders (e.g. by the Ministry of Public Administration) published for co-financing for lobbying and advocacy projects/activities for vulnerable groups, including older people, where also NGOs representing older people could apply. But as already mentioned there is no regular funding for this purpose.

3.7.3. Policy frameworks supporting healthy ageing

The most important document on public health is the **Health Care and Health Insurance Act** (Zakon o zdravstvenem varstvu in zdravstvenem zavarovanju – ZZVZZ)[34]. It is a comprehensive act on health and as such important for older people as well. In addition, there are certain initiatives and projects dealing with health on local levels. One of them is "**Health in the Municipality**", project by the National Institute of Public Health (NIJZ).[35] NIJZ has been monitoring various health indicators for each of the 212 Slovenian municipalities for several years. Since 2018 NIJZ has been working together with the Golden Stone project for monitoring development at the local level. Each year they choose and award one "healthy municipality", which stands out for its activities to improve the health of its residents.[36]

3.7.4. Policy frameworks supporting social participation of older people

Social affairs in Slovenia are mainly covered by the Social Assistence Act (Zakon o socialnem varstvu) and its regulations. There are certain sections related to older people as one of the vulnerable groups (e.g. regulations for institutional care, standards for care/retirement homes etc.)[37]. The retirement conditions, pensions and other related issues are tackled in the Pension and Disability Insurance Act (Zakon o pokojninskem in invalidskem zavarovanju, ZPIZ)[38].

In addition, resolutions such as the catalogue of Measures for Effective Management of Older Employees (2018), and the resolution on the National Program for Safety and Health at Work 2018–2027 give guidance on the active participation of older people in employment

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[34] http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO213
[35] https://www.nijz.si/sl/obcina-zdravja-2020-katere-lokalne-skupnosti-naredijo-najvec-za-zdravje-svojih-prebivalcev
[36] http://www.zlatikamen.si/clanki/zlati-kamen-/obcina-zdravja-2020-tolmin/
[37] http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO869
[38] http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6280

(E43). Also, inequalities related to age and gender are addressed by the **Policy on Gender Equality in Slovenia** (Panić 2015).

Legislations addressing issues of social participation of the elderly can also be found in the context of housing. Housing is not only addressed by the Active Ageing Strategy but also by the **National Housing Program 2015-2025**. Both focus on the need to support ageing in place, to adapt homes of older people and the development of co-housing units for older people. The chapter on housing for older people is included in the Housing Law; at the moment the second draft of the latest version is opened for public discussion.

3.8 Conclusions

Summing up, we can conclude that in the five selected partner countries of the Alpine Space ageing is well implemented as a cross-cutting topic and approach. It is a structuring element in legislations and policy frameworks on health. Furthermore, four out of the five countries have issued legislations aiming at a better representation of the elder population as elder citizens and policy frameworks focusing on the senior policies.

However, the concepts of age-friendly environments, serving as a common framework for "adapting our everyday living environment to the needs of the ageing population in order to empower people to age in better physical and mental health, promote their social inclusion and active participation, support them, maintain their autonomy and a good quality of life in their old age" (Convent on Demographic Change 2020)[39] is not yet broadly taken up. Despite France, where the Francophone Network of Age-Friendly Cities (RFVAA) exists, only some selected local and regional actors decide to join the WHO-network on age friendly cities.

We have seen, that not only countries differ with regard to the policy frameworks in place, but that also the huge diversity of local specificities within the national contacts have to be taken into account. The examples from the regional and local levels show the importance of bottom up approaches for the development of age-friendly environments and can also serve as an anchor point for the development of an age-friendly Alpine Space.

4. Networks supporting age-friendly agendas

Based on the different strategies and policy frameworks on international and European level, of which the most important ones are listed in chapter 3, a number of networks supporting age-friendly cities and communities and of networking initiatives and projects, supporting age friendly environments are presented in this chapter. Some of these networks have already been named in chapter 3. In the following, we'll focus on their specific aims

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[39] https://www.agefriendlyeurope.org/about/background

and contexts and the way in which they support awareness raising and the realization of age-friendly initiatives.

In 2010 the **WHO Global Network for Age-friendly Cities and Communitie**s was established. It aims at connecting cities, communities and organizations worldwide, stipulating and enabling them to become increasingly age-friendly. It thereby promotes actions at the local level that fosters the full participation of older people in community life and promotes healthy and active ageing.[40] In 2020 the network consists of about 830 cities and communities in 41 countries around the world, which are working towards becoming more age-friendly (WHO 2020c). The GNAFCC also counts 14 Affiliates network "Affiliates are national or regional/state governments, civil society or research organizations, national or transnational city or community networks in WHO Member States that are working to promote age-friendly environments at the local, regional, national or international level" (An affiliated program in Quebec, represents more than 700 municipalities [41]()

On the European level many networks are realised on the basis of project funding and innovation actions. In 2012 AGE Platform Europe launched the Campaign **"Towards an Age-Friendly EU by 2020",** with the goal to shape a fair and sustainable society to all ages and support a broader EU concept of active ageing, beyond "working longer". The implementation of the campaign was mainly driven by three processes which made it possible to strongly influence the political agenda at the European level. One process is the European Innovation Partnership on Active and Health Ageing (EIP AHA), the European Year for Active Ageing and Solidarity between Generations 2012 (EY 2012) and the AFE-INNOVNET Thematic Network on age-friendly environments.

The **AFE-INNOVNET thematic Network** on innovation for age-friendly environments, for example, was established in 2014. It involved 29 stakeholders from 16 countries: 13 cities, 6 regions as well as 5 large EU networks active in the field of ageing or representing large numbers of local authorities or seniors' organisations, 4 research centres specialised in ICT and ageing policies, a communication agency with vast EU experience and gathered strong support among EU institutions (European Parliament Intergroup on Ageing and Solidarity between Générations, Commission, Committee of the Regions) as well as local and regional authorities and research centres, universities and civil society organisations. Its aim was to set up a large EU wide community of local and regional authorities and other relevant stakeholders interested in working together to find smart and innovative evidence-based solutions to support active and healthy ageing and develop age-friendly environments across

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[40] https://extranet.who.int/agefriendlyworld/who-network/
[41] https://extranet.who.int/agefriendlyworld/network/municipalite-amie-des-aines-quebec/

the EU. Its overarching and long-term goal was to launch the EU Covenant on Demographic Change.

The initiative of Age platform Europe and connected stakeholders **"Towards an Age-Friendly Europe. Convenant on Demographic Change"[42]** gathers European public authorities, at local, regional and national level, and other relevant stakeholders, committed to develop environments that support active and healthy ageing, enhance independent living and well-being of older people and create a society for all ages. It collaborates closely with the WHO, in particular the Europe Region Office based in Copenhagen, since the purpose is to use the WHO age-friendly environments framework into the EU context.
Cities which become full members of the Covenant have the right to automatically join the WHO Global Network of Age-Friendly Cities and Communities. The Covenant is open to all interested parties (i.e. local, regional and national authorities, as well as civil society organisations, industries, research centres and universities) that voluntarily commit to making age-friendly environments a reality in their communities and to share their experience with other Covenant members.

Another example of an EU-wide thematic network is the **Hands-on SHAFE (Smart Healthy Age-Friendly Environments**) network, focusing especially on smart and digital health solutions. It aims to draw the attention of policy makers, organisations and citizens of the need to better align ICT with built environments that are focused on an enhancement of the major concept areas of people and places (user-centred design). SHAFE has its roots in the holistic age-friendly environments concept, developed by the World Health Organization in 2007, but now further developed into the new era of digitalisation and health. The Network was launched by Cáritas Diocesana de Coimbra and AFEdemy in 2018 in close cooperation with several European organisations. SHAFE involves 170 partner organisations and is also part of the Group D4 of the European Innovation Partnership on Active and Healthy Ageing, developing in the Action Plan[43]. As a result the **SHAFE Calls to Action** upon the European Commission, the European Parliament and EU Member States' Governments to recognise the central role of Smart Healthy Age-Friendly Environments was launched. They focus is set on the following topics:

- o Call 1: to create a shared European Vision on Smart Healthy Age-Friendly Environments
- o Call 2: to promote cross-sectoral cooperation
- o Call 3: to fund the implementation of Smart Healthy Age-Friendly Environments
- o Call 4: to invest in research that derives from societal needs and challenges and use knowledge to predication and prevention

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[42] Covenant on Demographic Change. https://www.agefriendlyeurope.org/
[43] vgl. https://hands-on-shafe.eu/en/learn

      o   Call 5: to guarantee the empowerment of citizens and the promotion of people-centred policies and measures

A follow up project dealing with smart and healthy ageing resulted from the SHAFE is the NET4AGE-FRIENDLY COST Action, established in 2020. For 4 years it will serve as an international and interdisciplinary network of researchers and stakeholders from all sectors. It aims at fostering awareness and supporting the creation and implementation of smart, healthy indoor and outdoor environments for present and future generations. Further aims are to overcome fragmentation and critical gaps at both conceptual and pragmatic innovation level on responsive, age-friendly and sustainable environments to address European research and policy challenges. A further aim is the establishment of local or regional ecosystems in each COST country involved to work on health and well-being in an age-friendly digital world. The network will involve citizens, public authorities, businesses/NGOs and researchers from 38 participating countries.

The **Age-friendly environments in Europe (AFEE)** project was a joint project between the European Commission's Directorate-General for Employment, Social Affairs and Inclusion and the **WHO Regional Office for Europe**. The project's vision is a Europe where age-friendly cities and communities enable people of all ages to realize their full potential of health in a sustainable and equitable way. The overarching aim of the AFEE project is to increase opportunities for older people in their local environments by creating tools that will allow local and regional authorities to take strong commitments to become more age-friendly and to measure their progress towards this objective. The project aims at the development of strategies which provide guidance and tools for local policy makers to help identifying local priority areas of action, designing action plans and evaluating age-friendly policies and as well as identifying and synthesizing evidence from good local practices and research to better understand complex pathways between community action and healthy ageing as well as for empowering networks of cities and communities to provide guidance on developing, implementing and monitoring action for age-friendly cities. One output of the project is the guidline "Age-friendly environments in Europe. A handbook of domains for policy action" published in 2017 (WHO 2017).

An Austrian example for a national platform on ageing is the "**Network Ageing**", which was founded in 2009 as part of a broad initiative by the Federal Ministry of Science, Research and Economy in order to make existing knowledge from research and practice more usable for society as a whole. Central tasks include setting up a project database, creating a national research status report, organising events, public relations work and supporting young researchers. It serves as a contact point for partners from research, practice, politics and society and shares information about activities in European programs and initiatives. It is run by the Austrian Platform for Interdisciplinary Ageing Issues ÖPIA, a national science platform by leading Austrian scientists from various disciplines who deal with questions of age and the perspectives of social ageing. It is non-profit, non-party and independent and serves the

contact and the national interdisciplinary cooperation as well as the international scientific networking. A similar aim is expressed by the network "be old and live well 2050", having the mission of developing new ideas and new structures for a better quality of life in old age.

Another Austrian example is the "**Network of Healthy Cities in Austria**". It was founded in 1992 by the Austrian Association of Cities and already comprises 21 member cities in all Austrian provinces. The network is based on the principles of the Ottawa Charter for Health Promotion (WHO 1986) and a network meeting takes place every six months. The network has specific measures to promote health and the social participation of elder people.

In France the Gérontopôles, like the Gerontopôle Sud in Bouches du Rhône, provides a regional expertise platform. It is a centre of skills and animation for stakeholders in gerontology and geriatric areas in the South Region and it promotes more comprehensive policies on ageing population in each region.

In the Provence-Alpes-Côte d'Azur region, a platform to connect the stakeholders involved in ageing policies, exchanging ton good practices was established by the Regional Health Agency and financed by the region.

5. Age friendly environments in the Alpine Space

The following section gives a brief overview of the state of the art of age-friendliness in the Alpine space, by analyzing the different perspectives of experts and partners in the Alpine space. It starts with a reflection on the different visions of age friendliness expressed by the interviewed experts. Here we also build on the results of the first international meeting of TAAFE organized in Vienna in January 2020, where the project partners collectively assessed what makes environments age-friendly and what is not age-friendly at all. This is followed by a brief overview on the experts' assessment of public awareness on needs of elderly when addressing the issue of age-friendly environments.

5.1. Visions of age friendliness

The interviewed experts' perception of age-friendliness, age-friendly cities and environments follows diverse directions and approaches. View experts refer directly to the WHO approach and assume that age-friendly environments should respond to the eight WHO-characteristics, even if this is more a theoretical concept installed by decision-makers and does not always correspond to reality. Furthermore, one expert states that "*an age-friendly environment is a territory designed and built on the basis of the stakeholders and their needs. The fundamental role that the elderly plays in today's society must commit the*

legislator to implementing inclusive policies that go in the direction of supporting families and enhancing the value of the elderly as an added value and historical memory of a society"(E30). So becoming an age-friendly environment needs a transformation into a supportive and inclusive environment, based on appropriate policies and services to increase the well-being of older people. To provide for this, the focus should not be placed on deficits connected to old age, such as weaknesses, vulnerability and dependency, but on the abilities of different groups of aged people.

The Age Friendly Cities methodology is seen as a way to prevent and to care for older people's quality of life, to consider their needs and to answer them as much as possible. "*The attitude towards ageing is what makes a municipality age friendly or not.*" (E36). Environments are seen as age-friendly when they are safe, not discriminating nor ignoring older people and when older people are not afraid to grow old. It should be a "*physical, social and psychological place, where a person can freely express his/her interests*" (E29). Also the needs of old people who are not active and visible in public space should be considered.

In general age-friendliness is seen as a combination of different dimensions, such as:
- Age-friendly environments in general
- Accessibility of infrastructures, services, activities, information
- Mobility
- Health and care
- Social services
- Social participation including possibilities for volunteering and networks that keep people within the communities
- A positive vision of ageing, and the recognition of the elderly as (re)source for society
- Awareness for the needs and situation of the elderly
- Recognition of the diversity in old age

So for example visions of age-friendliness are set in connection with social integration preventing diseases and supporting well-being, participation of target groups when developing age-friendly offers and services, design of living environments in terms of social participation, infrastructure, mobility etc., **considering especially a small scale perception of space**. A transversal approach of life that cannot be reduced to the health, medical and social issues should be taken into account.

Assessing what makes environments age-friendly during the first international TAAFE meeting in Vienna in January 2020, the partners came up with very similar concepts. Besides accessible and inclusive environments partners addressed the empowerment of older people, the development of public meeting places, the prevention of the quality of life of older people (including Well-being, healthy cooking, movement + sports and care services), and initiatives fostering relationships in the neighborhoods and intergenerational support as aspects of age-friendly environments. Connected to this partners assessed an age-friendly community as open minded and respectful, consisting of people "listening and learning"

from each other and implementing a holistic vision of age-friendliness. (see also ZSI, Minutes of the Workshop in Vienna).

An important question for defining age-friendliness is therefore, "How do we actually want to live in a society?" According to the experts interviewed the answer should involve age-appropriateness, the unfolding of potentials and support where and when needed. Age-friendliness should open up a range of possibilities for the elderly and old age should not be perceived as a disease.

When discussing the meaning of age-friendliness experts also suggest the implementation of alternative terms. One possible approach would be the term ageing-friendly as this would show a stronger perspective of the process. Another alternative term mentioned is "the well-being of elderly", which is already used in France. It means that the whole society must contribute and partnerships have to be built, promoting a positive view on old age and an alignment of different points of view. Also, the term "older people" could be replaced by "beautiful age people". Another alternative approach is the development of an ageing culture, not only focusing on an age-oriented but a human-oriented environment since ageing is the normal process of life. Hereafter we give some example how experts refer to the different dimensions of age friendliness, developing a holistic, multi-dimensional concept.

5.1.1. Social inclusion, social participation and Self-determination

Age-friendly environments allow for the **inclusion in the social and community life** of municipalities. A broad range of accessible offers and services are seen as ideal, including cultural events and recreation facilities, but also places to meet for personal exchange or having a coffee. Older people should have the chance to make new contacts "*since high age often report that all friends die away*" (E23). But also the strengthening of established social contacts, bonds and networks is important.

An age-friendly environment provides the pre-requisites for participating in social life in the old age, but at the same time for having a personal social security and the means to participate in social life referring to the prevention of poverty in old age etc. An essential measure for maximizing the social participation in this sense would be to establish the means for a decent standard of living, i.e. to increase the pensions, especially of women.

Social participation of the elderly and – connected to this – the fight against isolation of vulnerable older people with health conditions and difficulties to take part in social and cultural life are addressed by experts as one of the most pressing issues to deal with. Social participation means on one hand to maintain social contacts and to build social networks and on the other hand to actively take part in society. The latter is very much supported by the focus on "citizenship" of older people and by a social rights based approach lobbied for by the WHO in recent years (see chapter 3.1.1). Yet, also the concept of healthy ageing

supports the focus on social participation asking how healthy ageing can support a long life, also considering demographic developments.

Another important aspect is **self-determination in old-age** and to be taken seriously. Older people are experts of their own matters. So participation of the target group is essential and should be ensured, when developing age-friendly measures. Equal opportunities and rights have to be considered. Age-friendly environments provide for the integration of older people in decision making bodies. They facilitate networks that keep people within the community. Voluntary work should be facilitated and supported by the municipalities. Whilst in France the citizen approach is very common, outlining the necessity of politic self-representation of older people and their needs and wishes, experts of the other partner countries rather focus on social network building and intergenerational approaches. As a German employee of a service provider states, he rather speaks of "local people" they work with, arguing, that the concept of citizenship itself is too exclusive to support social participation. "We do not use the term 'citizens', because we automatically exclude people again. They are not citizens if they come from another EU country. (…) But these are local people who of course belong to our community and live here and therefore should and want to be addressed by us, which is why we usually speak now either of "local people" or of "residents"(E21). These different approaches also influence which activities stakeholders favour in the context of age-friendliness. In France, the main issues dealt with in the past years were social, civic and humanitarians rights of the elderly, as a French expert explains. "*We put forward access to and maintenance of rights*"(E13). This includes, as an employee of a regional health agency in France adds on, also local citizens without French nationality who have a high risk of social isolation.
The link between the two concepts of citizenship and older local people is a positive vision of ageing, with older people seen as resource for society. This means to see and address them rather as "service providers than beneficiaries" (E24) as the German expert puts it. "*People need to feel – I'm still part of the game*" (E24) a medical practitioner and local policy maker from Mössingen explains. His French college adds on, that even those, who might be in need of help, have to be seen as people contributing to society. *"We are in a society in which we consider that vulnerable people, older or handicapped ones, are frail people, people with needs, who need help. People you have to take care of. If I used brackets, I would say people who are "a burden". But even if we have to care for them, they can also contribute, they are a resource. Not only needs but also things to bring in*."(E17) she stresses.

Also **Volunteer work** and the work in associations in most partner countries is seen as an important context for active social participation of the elderly in society and for their recognition as people actively contributing to society. Only the French experts, focusing on political representation, social rights and inclusion, didn't address the issue of volunteering. Still, a French expert outlines, that the active age-friendliness is a "give-give-situation". As experts explain, volunteer work also includes care delivery for other older people in the community: "*We have volunteer organisation where recently retired persons visit and take care of older ones. They have about 1200 members. We also have an organisation of*

disabled persons, organisation of war veterans, organisation of women from the countryside and so on. They are all very active and hospitable at their meetings." (E39) a local policy maker from Slovenia points out. As a possible solution for involving people who are not active by now experts suggest the development of a "strategy that enables people to better contribute their time to volunteer work, tailored to their own possibilities and resources. Perhaps …a credit points system with benefits in your own care case."(E25)

Yet, social participation cannot work as a top-down approach, experts stress. While some complain about "*lazy older people*" others stress that „*there must be the opportunity not to be active when old, if people do not want to be active. We need to develop motives, and a will to participate and to design their environment, that they want to take part in cultural and social and sport activities.*" (E5)

As the concept of age friendly cities shows, social participation needs both: the willingness and capability of older people to participate (individual capacities) and the environment that provides possibilities to do so (asking for structural changes). To develop individual capacities new concepts for the retirement phase have to be developed and older people have to be actively invited to take responsibilities for and in the community and to engage themselves (E33). Some policy makers see a responsibility of older people to take care of themselves and to make provision for the time of old age. "*People have to make provisions and to care for each other. In both directions. The older Generation, who has plenty of time, also needs to give the younger generations. (…) and people would need to make provision for a longer time period. Because in times of crisis it may not happen, that people cannot afford their rent after four week of shortage, as we have seen in the corona crisis.*"(E4) Yet, we need to keep the different circumstances people live in mind when addressing capabilities. Diversity is an integrated part of age-friendliness. Hence, not considering the differences amongst older people might be a shortcoming of the vision expressed above. As a French expert working with poor older adults complains, also the money used to develop age friendly environments is not distributed equal. "*A lot of money is spent on the most independent seniors. The poorest part is not taken into account. Poor older people are just invisible*" (E13).

Second, structures that allow for an active participation of older people in their community have to be set up. "*After retirement we still have 20 to 30 years to live. That's as long as childhood, youth and early adulthood together. And this phase of life has to be shaped. (…) Yet, the question is, what structures exist in the community where older people can participate*"(E3). These structures include associations of elderly or other projects older people can take part in. In this context experts suggest to build on the civil society organisations and associations in place (E5). Yet, structures providing for social participation also have to take account of accessibility. This is why mobility (see chapter 5.1.3) provides for more inclusive settings. In addition, awareness raising for the problem of social isolation is seen as an important step to take. "*Sometimes it is because of an infrastructure problem. (…) But loneliness and isolation are very difficult and complicate to solve because there is an individual dimension as well* "(E1).

Another dimension that has to be considered when speaking of social inclusion is the dimension of **digital communication and digital skills**, as social exclusion is also connected to the possibilities of using online tools, platforms and ways of communication. "*Participation presupposes that if I have a meeting somewhere, for example in the community center, and I am not mobile, that I at least have the opportunity to get there. Or if a digital vote is due, then I need the possibility, that is, a terminal, or someone to explain it to me and an internet connection. There are still surprisingly many people, especially older people, who do not have an internet connection. It ultimately leads to questions of social inequality and how this is aggravated by digital inequality.*"(E21) a German administrative employee adds on.

Digitalisation in the context of ageing is also seen as a tool facilitating care. Innovations that have to be made accessible to older people are, for example, "security call buttons", Alexa for older people, which is connecting people in need of care with doctors, care centers and different services of the community (E10). This is why experts stress that older adults have to develop "*networking strategies, both human and technological. Older adults need to feel together with others. This kind of network has to be built, because they don't exist now.*" (E29)

On the level of **active political participation and representation** of the elderly, experts in most partner countries see a lack of representation on the national level. Elder people are not heard enough, their needs are often not unterstood and in many cases they do not have a repesentation to fight for their rights, experts expain. Therfore, seniors must be empowered by creating a positiv vision of ageing and showing their value to society. Involving older people as end-users in the assessment of projects, guidelines and services is often happening in the health context and on the local level. Yet, on the national level older people are not very much present. A reason for the small representation of the elderly is in France also seen by the lack of collective representation. "*The problem we have in France, is we have very few collective representation of older people. (…) As a consequence, the voice of older person stays mainly an individual one, not a collective one. So it does not have the same weight. When you talk about collective, you talk about high number. Not about individual.*" (E17) An Italian expert, coordinator of AFE activists, stresses that older people's voice is seldom heard by decision makers. "*There is a paternalistic approach.*" (E34). This is also connected to the potential loss of autonomy due to health conditions in old age, as a German expert working in care, states. "*Older people are easier to manipulate. This is a great danger.*" (E23), a manager of a care service centre in Germany explains. "*There must be someone who represents and speaks for the elderly people e.g. in rehab, nursing homes, or in the clinic. Otherwise, they are lost. It would belong to age-friendly structures that this would not be necessary.*"(E23)

5.1.2. Intergenerational cooperation

Age-friendly environments are also perceived as enabling when it comes to **intergenerational cooperation**. Different age groups are brought together with the effect to

profit from each other. Intergenerational projects and activities should be developed based on multi-generational concepts and not only as single, isolated offers. Young and old learn from each other with the effect to be sensitized for the respective needs and do not only take care of themselves. "Housing for more Generations" and joint activities in child care facilities are seen as a possible approach to establish a positive vision on ageing. "*Because the younger ones bring in positive life spirit. And this can help to change visions and to build bridges between different realities*"(E6), an administrative employee working in the health sector argues.

An intergenerational approach allows focusing stronger on prevention measures, as policy makers point out. Especially with regard to health competences they argue that it does not make sense to only focus on the old, but that building age-friendly environments has to focus also on the ones growing old in 20 or 25 years. "*To start with 80 years to change things is a waste of time. We need to work with the younger ones as well. (…) When I speak of age-friendly, we speak of barrier fee environments. There is no age, where you grow old. There are 80 years old who are younger than some 50 years old. You need to change the attitude of people towards ageing.*" (E4) Moreover intergenerational approaches help to deal with the diversity amongst older people. This approach is commonly favoured by communities (E13).

5.1.3. Accessibility, mobility and infrastructure

Accessibility and mobility are important preconditions of social participation of seniors – especially those with health conditions. Hence, age-friendly environments need to be **barrier-free** and suit the needs of all elderly people.

Experts and partners refer to **different types of accessibility**. There is **physical accessibility,** referring e.g. to accessible pavements, stairs, toilets, light switches, the availability of seats in the public. Also the challenges for hearing and seeing impaired persons and reduction of the sensory capacity should be taken into account. Colors, the duration of activities, the size of letters used - all these aspects might – if considered – make environments more age-friendly. Furthermore, accessibility of basic needs and accessibility of services, including health, housing, social services, cultural events and goods is essential. This also concerns digital-services, which should be re-developed in an age-appropriate manner.

The **availability and accessibility of transport** is another important factor. It has to be barrier-free to allow people to get where they need to go. "*Transport is one of the first issues to address, to be able to move from home to any place is very critical for social participation. To connect with your friends and families, to make your daily activities, being able to participate in meetings or whatever. Also, speaking of people with reduced mobility accessible transport covers older people, persons with disabilities, children, parents, persons of small size or whatever.*" (E1) In general it can be stated, when an environment is accessible for the elderly, it is accessible for everyone.

Easy accessible city busses, taxi services for older people, "*volunteer drivers for the elderly to deliver food and medicine*" (E38), and the need for the development of new mobility concepts are mentioned (E26) in this context. In Slovenia a project where the municipality purchased cars and appointed a coordinator for a call-centre and trained volunteers – active

older people - to provide the transport within the municipality and in case of special needs to see doctors also in other districts, is mentioned (E36).

Especially in rural areas and isolated areas in the Alpine space experts see a need to improve transport. Problems are low frequencies of public transport and bad connection of suburbs to the cities: "*These suburban areas are more difficult because most of them were built in the 50's, 60's, 70's as residential areas where you don't have that much public transport available, might be difficult if you don't have a car. A number of older people are living there, they moved there when they were younger with their family. If you can't drive anymore you have less access to public and basic services for your everyday life. And we tend to have the same issues at rural areas, but the additional problem there is the distance, most of the times you have to cover long distances.*"(E1) In this context, also the question of geographical conditions in the Alpine space is raised (E31).

Infrastructures that allow for a maximum possible independence of older people in performing everyday tasks – e.g. shopping – is needed in the close neighborhood. Hence, services and shopping possibilities in the neighborhood have to be maintained. This way age friendly environments also strengthen economy, the neighborhood and would provide for meeting places (E22). "*Not only the 'the buildings you live in', need to be developed, but also the neighborhood: older adults should live in it, walking its sidewalk, pass through its parks, meet people and spent time together.*" (E28). Concerning the built environment experts, refer mainly to legal frameworks and rights of disabled people that provide for accessible environments.

In the context of accessibility, experts suggest a monitoring system on the implementation of existing laws. There are plenty of laws providing for accessibility, yet according to age activists, they are not well implemented "*We do not always need to create new laws, we also could simply implement what is already existing. Like with accessibility, in a lot of countries you have plenty or requirements and they are not implemented for different reasons.*" (E1). Moreover, experts suggest that legal frameworks already existing need to become more inclusive, including older peoples need in general (E5).

5.1.4. Housing and ageing in place

Housing is seen as essential to preserve privacy in freedom and has to be affordable and senior-fair. This is important for private homes as well as for institutional care. If seniors wish, they should have the chance to stay in their local community for the rest of their life. In the case of long term care it is recommended that people concerned should have a choice whether they want to stay at home or in an institution in their local environment: "*There should be some basic option as living at home with the support of informal care givers, short-term temporary accommodation or occasional daily stay, which relieves informal caregivers, residing in self-help communities and institutional care in a local home for older people*" (E40). In the case of institutional care it is important that it is in line with the lifestyles of older people, "*that the care home operates according to a model where human relations are most important, where nursing and care services are professional and of high quality*" (E40).

Smaller accommodation units, autonomous work teams and sustainable organizational units are perceived as age-friendly.

As care centres in old age often become the centre of live for people it is of course also very important to set and monitor the standards in these facilities. This starts with mediating the contact with relatives and listening to the people in need of care and involves also the standards of care delivered in the centers. "*Sometimes relatives can be very stressful. That starts with the advice to "eat something". That causes stress, even if relatives care. Often care centres forget, that the most important person to talk to is the person in need of care, and not their relatives.*"(E7) As experts stress, it might be easier to deliver high quality standards of care in bigger facilities. "*If I think of day care services and what is offered there, I sometime feel that it is difficult to become old. Some of the offers are childish; I wouldn't like to get involved in them. Yet, it also seems difficult to develop other offers, as the group of people who needs care is very heterogeneous. When I'm told that small facilities are nice, because they are familiar, I tell them, that I would feel isolated in a place with only 30 beds and the kind of offers you would get in such facilities. Because, the smaller the facilities, the less offers can be made. Therefore, I think that bigger facilities are better. Also, if we speak of structural violence in care facilities. In smaller facilities, this is much easier to cover than in bigger ones.* "(E7)

Age-friendly environments need a well-developed system of care and protection for older people. Medical services have to be easy to reach and also informal care has to be accessible and barrier-free. Other age-friendly offers in terms of medical services are telemedicine and home care assistance.

5.2. Awareness for the needs of elderly

In order to develop age friendly- environments, different stakeholders need to be involved. Therefore, awareness raising is important for the future steps that will be taken on the local national and European Level.

Estimations regarding the public visibility of elderly differ. Some of the interviewed experts – especially from the municipality level – assume that the local visibility of seniors became relatively good in recent years, due to active and well known associations of pensioners, which act as kind of spokesman. If there are no associations or groups of representatives at local level needs of elderly are less visible. Also "*NGOs and their work with older people on the field and their constant pressure and warnings*" (E37) support visibility.

Others tend to see the seniors underrepresented or the present vision of ageing deficit-oriented and the need of elderly to engage is not visible enough.

Therefore, most experts agree that ageing issues are recognized in public discussion but often not addressed accordingly. Despite the agreements and international conventions governments signed "*given promises are not kept and not put into practice*" (E37), an expert claims. Hence, awareness raising addressing the lay public on one hand and decision makers on the other is seen as important issue for the development of age-friendly communities.

One of the interviewed experts remarks: "*You have to start with the most basic things providing knowledge on the situation of ageing in all dimensions: Explain that the majority of*

the elderly are autonomous but fragile, that they live more at home than in nursing homes, situations of rupture are difficult for most of them. Developing a fair and transversal vision of ageing would be the basis." (E16)

To create a positive vision of ageing interesting and appropriate reports in national and local public media or campaigns on ageing and the life phase of old age should be developed, according to our experts. "*Extensive dissemination, involving the press and other media at local, regional, national and European level, will aim at raising awareness on the potentials of very old people.*"(E34).

Considering the importance of **presenting the diversity of age in all its facets**, it is essential to not frighten people of age and getting older, but to make people aware on their own affectedness. Hence, what it needs is not to lobby for the needs of a distinct group but to sensitize people for the positive aspects and challenges of ageing which is part of everyone's life. Positive aspects of age should be reported – strengths and chances to encourage people. Good practices examples, positive stories and testimonials by older people should be published in the media as in our society mostly the negative effects are paid attention to. However, at the same time it should be avoided that age is only presented in the form of juvenile, fit seniors and that the diversity of this phase of life would not be shown at all. Aspects that have to be addressed when speaking about age-friendliness also need to include care, sexuality, technical applications for support and leisure. Seminars, workshops, symposia, congresses and other event on these topics should be organized to inform about the concept of age-friendly cities and to raise awareness (e.g. international day of elderly people or the European Year for Active Ageing in 2012).

Also initiatives in the public space can draw attention on various aspects of ageing and the respective possibilities for support (e.g. exhibited rollator, neighborhood benches as accessible meeting and sitting places).

Already the young generation should be involved in awareness raising campaigns supporting intergenerational cooperation and ageing should be part of school education and training, e.g. within school projects: "*Younger heroes, where volunteers - school children visit older people, make them company – like young companions.*" (E36) Often young people are not aware of ageing and its effects. Old age is perceived as far away and not related to their own lifes. Therefore, the consciousness about the connection between generations is important. Furthermore, families should be more involved and made aware of the issues connected to age friendly communities.

Moreover, experts can be involved in advisory boards, pointing to the needs of the elderly. This is especially important and already recognized in the context of health provision. In Austria, the Multi-professional Advisory Council for Health and Illness in Age (Mulitprofessioneller Beirat für Gesundheit und Krankheit im Alter) advises the Minister of Health on issues relevant to age (since 2018, previously "Advisory Council for Geriatric Medicine "), for example.

Also, awareness raising in the cultural area is needed, *"starting from the places frequented by the older adults: old people's centres, taverns, meeting places, places of health (…), more active associations.*"(E28)

In addition experts suggest "extensive research on the topic of old persons population is essential as it would encourage public debate" (E42) and "raising awareness of the issue of older people through projects or programs - AHA, SHARE, TAAFE, Nice Life, Healthy Schools, Healthy Cities etc." (E43)

Awareness for age-friendly topics is also needed in administration and institutions of the municipalities. This can be fostered by mainstreaming the question of age and building multi-sectoral networks.

6. Good Practice Examples

Good practice examples of age-friendly municipalities are considered as an important tool to encourage policy makers and other stakeholders to involve in age-friendly initiatives. The exchange on good practices is therefore often seen as a practical and useful outcome of international and European exchange (see chapter 8). Examples can provide guidance and allow for mutual learning. Therefore, also the age-friendly city website provides an overview on age-friendly practices from around the world.[44] The D4 Action group published a compelling of good practice examples in 2013 showing the vast experiences stakeholders active in the group have on "empowering older people, ensuring their voice is heard in the planning and development of services and support." [45] In the following we list selected good practices of the five partner countries either collected from the literature review or named by the interviewed experts. They are clustered according the dimensions of the age friendly environments concept, which allows a better comparison of initiatives in the different partner countries.

6.1. Initiatives focusing on communities, media and companies

There are diverse initiatives, networks and labels supporting age friendliness mentioned by the interviewed experts, involving cities and communities. They **aim at awareness raising and providing guidance**.

One tool supporting mutual learning and needs assessment is the **Social, Economic and Environmental Impact Tool (SEE-IT)**[46] . It provides a conceptual framework that can support cyclic, iterative processes of improvement and fine-tuning of initiatives and can also be used as a tool for co-design partnership that creates support among stakeholders and others. The tool has its origins within the D4 Age Friendly Environments Action Plan of the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA). It has inputs from existing

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[44] https://extranet.who.int/agefriendlyworld/afp/

[45] https://ec.europa.eu/eip/ageing/sites/eipaha/files/practices/eip-aha_d4_a_compilation_of_innovative_practices_0.pdf

[46] https://www.agefriendlyeurope.org/content/social-economic-and-environmental-impact-tool-see-it

EC models and guidelines for socio-economic impact assessment, human capabilities and functioning, sustainable development and fundamental rights. The SEE-IT model highlights the areas of impact from social, economic and environmental perspectives.

In Austria the award "**Seniors-Friendly Community**" is given by Volkshilfe Austria in cooperation with the Pensioners Association Austria (PVÖ), the Austrian Association of Municipalities and the Austrian Association of Cities. The seal of approval is funded by the Federal Ministry of Labor, Social Affairs and Consumer Protection. The participating communities are assessed in categories such as health, care and support, accessibility, infrastructure, leisure and educational opportunities and volunteering. Besides awarding successful communities also raising awareness on age-friendliness and motivating other communities to set respective measures were aims of the label.

A label, even though, it is not embedded in the national strategy as it is in France (Ministère des Solidarités et de la Santé, 2020, p.6) helps up-scaling best practices and mainstreaming the concept of age-friendliness. Yet, as experts of France point out, labels ae not the solution for developing age friendly environments. There needs to be a continuous monitoring and a joint effort including older people, to develop and maintain age-friendly solutions.

In Italy Imperia and Udine are mentioned as municipalities serving as good practice examples. They have regional plans and laws, including a diversity of initiatives directed to older adults at different level.

Other good practices in the area of awareness raising involve the media besides policy makers and senior representative. These initiatives also reach out to stakeholders hard to involve in age friendly agendas, such as enterprises and the private sector. The Austrian Seniors Council and the Austrian Journalists Club for example annually award two media prizes in the categories journalism, advertising and image. The "Seniors' Rose" is awarded for particularly successful and differentiated reporting on older people. Whereas the "Seniors' Nettle" is handed over for a particularly simple and discriminating representation.

The Nestorgold seal of approval is given to age-appropriate companies and organizations in which specific measures to promote intergenerational dialogue have been implemented and age-appropriate structures have been set up in the company. It is handed over by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection.

Furthermore there were exhibitions or other media events dealing with the topic of "age":

- In 2013 the Ministry of Social Affairs launched a film series on positive images of old age and the motto "See age".
- The European exhibition "100 years old, but how?", shown at the Vienna University of Economics and Business in 2015
- The traveling exhibition "How young is old? Giving life to years "
- The traveling exhibition" ALTERnative Beauty ", in which stereotypical images of ageing are to be reduced.
- The conference" Ageing with dignity. Without Discrimination and Violence ", held in Vienna in 2014 by the Ministry of Social Affairs.

In Bizkain, the province around the city Bilbao in Spain, a small project was started, in which volunteers were hired to read the newspaper and to watch TV, pointing out every time when they are talking about ageing issues in a negative way. In a further step it was tried to change this negative reporting in cooperation with the local media.

An important aspect of age-friendliness is the active participation and representation of older people. In Tübingen in Germany the development of the district plan was done with the involvement of seniors: "have interviewed people and invited them to talks, and repeatedly discussed them with politicians and specialists as well as those affected" (E27). The results of the district plan and the process of development were seen as success as all people concerned where involved in the development and in the implementation and the satisfaction was quite high in the end.

In this context an example of a city in Sweden serves as best practice example, "where they decided to have some sort of an Ombudsman at City level, to check the age topic across the different policies within the different department, he is coordinating and making sure that everybody is taking on board on this dimension" (E1).

6.2. Social environment

In the area of social environment, the experts interviewed mentioned a diversity of topics and practices, which they would recommend further:

- Projects of the Age Platform
- Regional participative approaches for involving the general public (e.g. organized city walks)
- Organized meetings to counteract isolation
- Leisure activities
- Neighborhood assistance
- Participation and networking between the generations, e.g. Intergenerational theater for old and young people

6.2.1. Social participation and social inclusion

In the following some examples of Austria, focusing on **participation mentoring, and intergenerational activities** are listed. One of them is a project of the city Weiz in Styria in Austria called "city of generations". The living situation of the elder population is analyzed, a future strategy and measures are developed accordingly and a network of generation is built in parallel. This concerns for example families searching for possibilities of child care and elder people looking for a meaningful activity, which could be found in taking care of children after having received a special training.

In the so called "OMA/ OPA project" (Grandma/Grandpa project) a psychosocial learning support is provided to children and adolescents who are socially and educationally disadvantaged. These are accompanied by voluntarily committed seniors and by a multi-professional team. This project takes place in Vienna, Krems and Amstetten in Austria.

The "Generationsnetzwerk" is an association organizing help in the neighborhood. It organizes social neighborhood aid for all generations. The members have a time account into which they can deposit or withdraw time talents or help. So the network is based on mutual give and take. Similarly, the "Dorfservice", a non-profit association, offers professionally accompanied neighborhood help. In 15 municipalities in Carinthia it offers help in everyday life, serves as a hub and network in the social and health sector, helps in emergency situations and leads the management of volunteer work.

In the area of digitalisation and training the PERSSILAA Interreg project is mentioned, which linked digital and health education. Another project implemented in Styria in Austria, assesses the needs of lifelong learning in the area of digitalization together with elder persons and also develops fitting approaches together with them.

Similar examples can also be found in France. One of them is the example of a city "*where in a theatre they have a list of volunteers who are subscribing for picking up older people to bring them to concerts or whatever. So they managed to develop this little thing to connect the people to each other and no big thing behind that, just driving the persons and they are already going there. And this makes the community stronger.*"(E1) As the expert points out, initiatives focusing on social participation are often not cost intensive. But, involving different people, they build ground for more social exchange in the community and hence, for age-friendly environments.

Another example from France is the initiative National mobilization against the social isolation of the elderly (MONALISA), created in 2012. More than 40 organizations were mobilized to promote the engagement of volunteers who take care of the elderly and were translated into actions of valued citizen initiatives or institutions against social isolation of the elderly. Also, at regional level of Bouches du Rhône, "Beautiful age Houses" (maisons du bel age) have been implemented, with the objective of having 50 of them in 2020 in the region. They are designed as places for older people to meet, to receive information on possibilities for support, digital tools and administrative processes, to participate in common activities like memory workshops, walking programs or soft gymnastic. Every house can have its own specific action. E.g. in rural areas, where the post offices have gone, they proposed an alternative solution through a postal point.

6.2.2. Civic participation and employment

As we have heard voluntary work of older people is seen as an important tool for fostering their social participation in most of the partner countries. Guidelines, giving older people orientation in setting up successful projects on their own, are therefore named as a good practice example in Austria. "Successfully initiate projects!", is a guideline for seniors to help

them plan and implement voluntary projects on their own. The guide was issued on behalf of the Austrian Ministry of Social Affairs.

A best practice example combining the ambition of voluntary work, civic participation and employment for elderly is the Café "Vollpension" in Vienna, a social enterprise. There older people bake cakes and sell homemade lemonades and jams which allows them to earn a little extra for their pension. In this way, the operators of the café want to promote dialogue between the generations and counteract poverty in old age.

Another example in this area refers to Ireland and the Basque country and meanwhile also to some regions in France *"where they try to influence the local industries, in their role as work giver and what products are produced"* (E1). The aim of these activities is a contribution to the silver economy.

6.3.   Built environment

In the following selected projects and good practice examples focusing on the development of the built environment are named. These concern outdoor spaces and buildings, transport initiatives and housing.

6.3.1. Outdoor spaces and buildings

The Erasmus + project "Age-friendly Environment Activists" (AFE Activist) is devoted to the topic that living environments should be designed in such a way that older people feel comfortable in them and can orient themselves independently. However, older people should also have a say in how their living space should be designed. This project offers information, support and training and works with an EU-wide partnership.
A practical example, following this aims is the project "Mobility Scout" which aims to improve the opportunities for older women and men to participate in age-appropriate design, focusing on mobility and accessibility of public spaces in Vienna. The seniors are encouraged to formulate suggestions for improvements of environments and services and to report them back to the responsible authorities in their living environment. The so-called mobility scouts act as contact persons for older women and men as well as for public bodies at community level and (transport) companies. The Federal Ministry of Labor, Social Affairs and Consumer Protection and the EU Erasmus + program is funding the project at EU level with partners in four countries (Italy, Germany, Lithuania and Netherlands). Also the AGE Platform Europe is involved, whose members are responsible for the age-appropriate design of public spaces.
The network for neighborhood assistance Mössingen in Germany focuses on the whole social space, not only on seniors. This allows for various possibilities of cooperation and *"people are committed to people"* (E22).

6.3.2. Transport

In Slovenia in the city of Profoster free transport for older people in need is offered. Not only elder people in need of transport are interested, but also many volunteer drivers are available. Also voluntary driver-systems and the infrastructure to enable the driving system have been established in Slovenia in some municipalities to support older people's mobility.

6.3.3. Housing

In general, co-housing but also other specialized forms of housing as centres for dementia are concepts recommended by the interviewed experts in the area of housing. "*They act on real needs and give answer to important problems and difficulties older adults and their families deal with*" (E28).
Example from Austria are the "Housing for Aid" project, carried out in cooperation with the Student Union Graz, in which living space is offered to students in exchange for assistance

provided for senior citizens. Assistance by the students is offered in various areas, such as gardening, shopping, official channels, reading aloud, dog walks or just keeping company. One hour of help per month is provided for one square meter of living space.

Also the platform "Wohnbuddy.at" provides suitable housing partners for older people as well as for senior citizens and nursing homes. Mostly young people provide time for joint activities and support in everyday life for affordable living space. Also the "Generations-WG" project by the ÖJAB offers shared living space for older and younger people in order to support and learn from each other and to release unused resources. In one of the recent projects in Styria in Austria a vacant building complex is re-designed referring to ideas for flexible housing together with the citizens (E9).

In Accerra (Campania, Italy) similar co-housing has been implemented with the experience that it gives "*answer to older adults need for safety and social connection, discouraging isolation and the risks for health connected to a building environment that is not age-friendly.*" (E 32*)*

Also the generation housing project developed by ISSRA in Treviso in the context of the TAAFE project can be named as a good practice example in this context.

In France the Compagnons bâtisseurs de Provence offer collective actions in parallel with individual support for the improvement of housing.

Another French good practice example is the CILIOPEE landlord. It aims at preventing the risk of accidents at home. In partnership with institutions and associations invested in home improvement, as well as state departments concerned, CILIOPÉE Habitat took the initiative to adjust its housing park whose residents are more than 70 years . Most of them perceive very low incomes. This is why CILIOPÉE created a fund to support financially such operations, namely a fund to support the adaptation of homes.

Also in Tübingen in Germany initiatives focusing on structures and form of housing exist.

6.4.   Community and health support

In the area of health and care various ideas and good practices have been collected and mentioned by the interviewed experts.

In Slovenia the service provider FIRIS and the IAT designed a model of integrated long-term care in the local community to ensure an age-friendly environment. This model has been joined by about 30 municipalities so far. A so called "Consortium 17 has been established as a "*strategic partner that includes various target groups in the project: from vulnerable groups, among which are mainly 65+ people, to family members, providers of nursing and social care, etc.*" (E 40). The coordination of services and long-term care lays in the responsibility of local communities.

The project „ageing with future" is funded by the unit for health promotion in Styria. Within the project a lot of small initiatives are implemented in diverse regions. Examples are the building of a network of and training for ambassadors for ageing in the region, a seminar on health competence, participatory city walks for developing age-friendly local structures.

In France a national program called "Elderly health programme" exists. *"Its purpose is to maintain the greatest autonomy for people aged 75 and over and provide an answer in the right place at the right time at the best cost."* (E18). The programme is based on a strategic roadmap, starting from both the elderly and caregivers. The aim is to strengthen home care employing mobile teams and it includes the following tasks and activities:

- the coordination of health and social workers
- valuation of coordination time
- Secure discharge from hospitalization and prepare for discharge
- Avoid unnecessary hospitalizations, avoid going to the emergencies
- temporary emergency room, various devices, therapeutic education
- Better use of drugs, avoid side effects
- Health and care

The "caring communities" approach as well as "care nurses", "home nurses" or "community nurses" are frequently mentioned by the interviewed experts. Caring communities can be equated with helping neighbourhoods. "Care nurses" or "home nurses" improve regional offers for care and provide more flexibility. "Community nurses" comprise a more holistic approach and not only focus on care. In this context also the "care hubs" implemented in the region Styria in Austria have to be mentioned. They are active in all districts of the region and support people in need with home visits.

The EU funded project "CoNSENSo - COmmunity Nurse Supporting Elderly iN a changing Society" (Interreg Alpine Space) focuses on the inclusion and care of elderly people in rural areas. This concerns not only home nursing, but also integration of caring relatives, psycho-social components and the empowerment of elder people.

„Health Net##" is an EU funded project, focusing on electronic wound management by high definition cameras. This allows people in rural areas or persons who are not mobile to stay at home.

An interesting project coming from England is called "social prescribing". "Link workers" are hired for communities working mostly at general practitioners or centres for primary care. These "link workers" often are elderly people, which have an overview on health-promoting regionals offers and activities and can convey them to people in need in a targeted way: "E.*g. This sports club offers these gymnastic exercises against those complaints, here you will find social support if you don't know what to do or if you are sad"* (E8).

In Italy, in the Veneto region, "family counters" have been established, focusing on information and training services for family caretakers. A register for family caretakers is currently defined, based on a regional law. It *"recognizes the indispensable skills and experience of family carers and which can be easily consulted by those who need it, in family doctors' surgeries, hospitals and pharmacies. This register allows families to be facilitated in their search for a carer for their elderly loved one."*(E30)

The Erasmus+ project " Active 80+" "aims at developing and testing a research-based training for care staff and volunteers, enabling them to function as coaches for people at

high age. Using methods and tools of the training, the coaches will support older people in developing and realizing their own ideas of learning and active citizenship" (E34).

7. Challenges for developing age-friendly environments

Even though the economic and political situation in the five partner countries might be very different, there are common challenges shared by all partner countries.
The challenges experts interviewed focused on are mainly the diversity of needs of the elderly, the differences between rural areas and cities as well as finances to invest in activities and infrastructure. A **lack of finances and resources** is often mentioned in the context of adequate care provision and in connection to pensions. Connected to healthy ageing they address the challenges of activating people on one hand and of creating supporting structures on the other hand. Moreover, **the role of the administration** in developing age friendly communities and of the policy makers is addressed, focusing especially on the challenges of "keeping the topic on the political agenda", informing elderly and their relatives about existing services and setting up structures that allow for active participation. During the policy meeting in Vienna partners and invited experts also identified **ageism and discrimination** as challenges that have to be tackled. Furthermore they stressed that the challenge of building age-friendly environments is **bringing all actors together**, referring also to the participation of all generations in the development of a cohesive society. In this context, poverty and the equal access to social rights are seen as an issue to focus on. In addition, the main focus of TAAFE, taking into account **the voice of elderly people** and to develop age-friendly communities with and not for them was also referred to as a challenge. Also the challenge **of coordinating agendas across policy levels** and different departments is addressed. In the following chapter we focus on these common challenges and how the different stakeholders suggest approaching them.

7.1. Diversity

It is a shared perspective of experts, that the older generation cannot be addressed as a homogenous group. All experts interviewed agree that the older generation, as the main target group of setting up age friendly environments, is extremely heterogeneous. "There are not the 'old' and the 'young' ones, but people within a spectrum of age with different needs and we need to build the services accordingly." (E10) Some even see "old age" as the most heterogeneous phase over the course of life. "*In other words, there is no other point in the life course where people are so different in their competencies, their resources, their needs and requirements*" (E21). Hence, the diversity of the group of elderly and their different needs seem to be the subjects, which are seen as most challenging in creating a cohesive and inclusive society in general.

"Older people have very different visions of what live should look like. They have a history behind them. Therefore – if we ask how can communities become more age friendly, this is very difficult to answer. On the other hand, as they represent a growing part of society, they are very well represented in the political system and by pour policy makers." (E7), a civil servant working in the administration of the regional social services points out.

As activists stress, it is not a clear cut, when people start to be considered as "old" already in the working context. Beginning at the age of 50 or 55 people might experience age related discrimination. *"Of course the situation of people who are 85 are different, they have different f challenges, there are many different faces."*(E1)

According to the interviewed experts needs of older people differ with regard to

- the personal health situation and connected to this with disabilities and dependencies resulting from bad health conditions
- their social background – dividing the wealthy and the poor (E13)
- gender
- possible migration backgrounds

These are some of the diversity dimensions that need to be taken into account when developing age-friendly environments. These are also indications of the different groups of older people who need to be involved in the agenda.

7.1.1. The health situation and disabilities

Experts stress that there are many initiatives and services directed to older adults with cognitive impairment and their families, especially dealing with dementia (E28). At the same time some experts fear that competences to deal with cognitive impaired and disabled people growing old are little in some contexts. As experts from Austria and Germany point out this is also connected to the Nazi-past of the two countries.

"Concerning people with disabilities, born after 1945, it is the first time that we experience that people with disabilities grow old. (…) So we have to think, what do people need who have been cared for in facilities offering work for disabled people. How can we structure the day of these people. And there – we don't have any experiences" (E27)

As older people with disabilities need more help service providers argue that services need to be designed according to their needs, being part of the more vulnerable group in society:

"Than, there is the group of people who needs shelter. For example the ones with disabilities. They have a higher need for help. We need to build our services in the way that people, regardless of their conditions, can stay as autonomous as possible. This is live quality." (E26)

At the same time also people with health conditions and disabilities need to be addressed as active citizens who are able to provide input for the development of their surroundings. Hence, the changes experts address is to provide as much help as possible and at the same time not to address people who need care as vulnerable.

7.1.2. The social background: Education and poverty

The way the social background impacts the possibilities of taking part in everyday live for older people, is seen with ambiguity. In Austria, for example, some experts are concerned about the challenges of offering affordable, high standard services and thereby providing for the possibilities of social participation of older people living in poverty. While some experts in Austria underline that care provision is not a question of income and that health and care provisions are in general accessible for all (E3), others address the problem of growing inequalities, especially between men and women, also with regard to care provision by women. As women in general have lower pensions than man they have a higher risk of isolation and poverty, as experts stress. Their risk of isolation is increased by the fact that women are often the ones who care for their relatives – "*even if they would sometimes need care provision themselves*" (E7).

In relation to poverty, experts also see a problem of stigmatisation (E8). People with low income tend to use the services less than the ones with a higher income. Sometimes this is because they are deprived in mobility, sometimes because they feel ashamed of taking help. This causes problems to "reach out to the 'hard to reach" (E8). The most vulnerable – be it the ones who live in poverty or with a bad health condition – can be hardly involved in collective actions. They need to be "accompanied individually" (E13), an expert, representative of a collective of educators for the autonomy of retired people, underlines. Researchers also underline the impact of poverty and hard work in the live course on the health situation when being old. "When I worked hard, I didn't have the possibilities to build up networks aside and to build friendship. When I have no resources left after working live, than age friendly environments become a very exclusive and privileged question. If people never learned to express themselves and to engage in projects, they will not learn it when they are grown old. Therefore, measures that try to fight the inequality in old age need to be taken in advance." (E5)

As experts point out, inequalities raise also due to digitalisation and the unequal access to digital tools and a lack of competences to use them. "*Who does not have an Internet connection in old age? Typically, it is not the academics who are healthier anyway and perhaps also have networks that can explain this to them how to use digital tools or who take an adult education course on their own. But it is people who are already multimorbid, chronically ill, with a lower income and no academic degree.*" (E21)

Experts in France, working with older people living in poverty also complain that finances made available and the pensions are not sufficient and the standards of care offered for the poor people is not up to date. "*The budget has not been increased and arbitrations are not made for the benefit of the poorest. The existing frames are old. The methods of intervention are old. We act as if we were in the 80s. It is unsuitable in terms of needs and priorities.*" (E13)

Addressing the different needs of older people and especially the ones of the most vulnerable groups in society, experts interviewed name different solutions. On the personal level an expert working for the social administration in Germany stresses, that it needs a lot of "*empathy, respect and recognition, taking into account the different experiences of the*

individuals, their social background." (E22) This is in line with the holistic, case-management based approach, an expert working with older people living in poverty suggests: "We are not talking about a group, we are talking about people. (…) We take into account the whole situation. We offer "*tailor-made*" help." (E13) Also integrating the perspectives of people with different background is a suggested approach for setting up services suitable for all: "*We need to ask the people themselves, because older people as a diverse group and they have different representatives. I sometime miss, that they are not asked.*"(E8)

7.1.3. Gender Differences

As an Italian expert stresses competences to deal with the differences between gender," both from the health point of view and in terms of physical activity" (E28) have grown in the past. Especially addressing the challenge of health literacy of older people a gender perspective is important. As experts point out, in the healthy life expectancy of women and men little differences can be found. This means, that women live longer in a bad health situation. Moreover gender is an important topic to deal with as women tend to get older than men, as experts stress.

Therefore some experts favour gender specific activities. Possibilities to participate are different for men and women, also because of care provided, and need to be taken into account. To ensure that different services are put in place providing for the participation in social life in the old age, neutral advisory boards, suitable cultural offers as well as interest representations on local and political level are necessary.

Some experts also name the challenge of sexual orientation and the recognition of sexuality of the elderly in care contexts.

7.1.4. Migration and ethnical background

Even though migrant communities are explicitly named as a group of elderly potentially having different needs by many experts, they seem to be a small group. On one hand migrant communities are rather young as in Italy. On the other hand, experts in countries with a long standing history of colonisation, such as France, and a bigger migrant community stress that older migrants are often cared for by their families if they need care and are hard to reach by the services and hard to involve in activities. "*With regard to ethnicity, there have been efforts to address people of foreign origin and to contact the multipliers, (…) people of Turkish origin. The series of events with, for example, films, lectures and sightseeing tours combined with information on 'what opportunities are there in the city'. The events were very poorly visited. Only two people took part in the sightseeing tour of the city.*" (E23)

7.2.   Rural areas and cities

Even though rural areas and cities have different infrastructures, some of the problems in both contexts might be similar, experts stress. Isolation and a lack of possibilities for

participation, for example, exist in rural areas and in cities. "*In the cities, elderly people are isolated in their apartments. In rural areas, seniors are isolated in internal areas not reached by the services.*" (E32)

Even though effects of isolation for seniors might be similar, the answers for building age-friendly environments in rural and urban areas sometimes needs to be quite different. In both contexts, experts see a lack of programs supporting cohesiveness and strengthening solidarity (E41). In the cities expert see a lack of places where people can meet. Elderly, who very often live alone, remain in their small living space. This causes isolation, which has a big impact on physical and cognitive well-being.

Some experts have the vision that family structures are in better order in the rural areas than in the cities (E3) and think that people are closer with their neighbours as "*they depend on each other's support.*"(E37) Other experts stress that rural areas are stronger hit by depopulation causing isolation. This is why the challenges of an ageing society are more present in rural areas, where young people – and especially younger women with little working opportunities in the region– tend to leave. "*It is not only a demographic problem; it is also an economic one.*"(E17), an administrative employee of the region Marseille explains. This development causes huge demographic challenges for smaller rural municipalities and their future development: "*There is a large problem of 'rural ageing'. There are less and less services in smaller settlements – post offices, banks, supermarkets, bad or not existing connections of public transport etc. or are even non-existing. We discussed this matter not long ago with other mayors and it seems the situation is pretty much the same all over Slovenia in smaller municipalities. The services withdraw from villages and smaller towns one after another, with the explanation that 'there is not enough profit', which makes me speechless – you cannot measure everything through the profit. If there are no systematic approaches from the national level, the rural areas will be empty, not populated soon. Rural municipalities loose certain share of its inhabitants every year. Old people die and young people move to the more promising urban municipalities as it is easier to find jobs there, the services are better organized and last, but not least, they are aware that when they get old, the care for older people is better organised in urban areas.*"(E36)

This is why some experts consider developing age-friendly environments in rural areas as more challenging than in urban areas. Yet, experts also argue that rural areas have to be classified according to their different economic situation. "*'The' rural area does not exist. We have to distinguish between a detached, a stable and a prospering rural area. Prosperous rural areas are usually found in the suburbs (…). Of course, this is in no way "the" rural area that we actually address when we speak of "the" rural area, where we assume: the last village store closes, the pub also closes and nobody wants to go to church anymore. Problems we identify in rural areas impact primarily disconnected rural areas, but also stable rural areas: the smaller the community, the greater the problem with funding programs, because they simply have fewer personnel.*" (E21) Hence, when developing an integrated, national strategy, those disconnected areas need to be focused on.

Problems identified in rural, disconnected areas and small municipalities are connected to
- the access to services in general and to care facilities
- mobility and transport

- social and cultural participation

Due to urban sprawl and a low development of public transport, mobility of older people living in rural areas and their access to all sorts of services and shops might be deprived. This causes difficulties for social participation and for the development of the region as such: "*The life of old people in the country side is a real challenge, in the city it is easier to organize. (…) There is no infrastructure in the close neighbourhood, limited mobility and connected to this loneliness, those are the challenges here. (….) The rural area has always been a minority program, has always been settled by pioneers, and the migration to the cities is increasing. And that brings me to the following: the rural area is not attractive, that is an illusion.*" (E7) When speaking of care provision in rural area experts often point to the problem of proximity of day care homes and care homes for elderly.

7.3.   Care provision in small communities

The most complex task for communities and society as a whole in all partner countries seems to be to provide for the social participation of those, who are in need of care and for their care giving family members, who are often aged adults themselves. "*As far as we are concerned, an age-appropriate environment is an environment that recognizes the rights and needs of both, those who are still active and those who find themselves in difficult situations.*"(E35)
Experts address the following challenges in this context:
1) the lack of care professionals (including community nurses and medical care in the villages)
2) the lack of coordinated services
3) the lack of information
4) the lack of training for informal care givers and relatives
5) the challenge of providing adequate housing and of adapting personal homes in case of health issues

The topic of care is not only difficult to deal with because people in need of care are vulnerable, but also because care provision is in comparison to other services quite expensive, hindering communities to develop bigger long-term concepts. "*There is no choice, you have to take the place that is available.*"(E23), a German expert stresses. Also in Austria experts argue, that in some regions there is a lack for assisted living, as there is an oversupply of care homes (E9). In Slovenia they ask for more "community nurses." (E38), which is a concept that works well but is even not available in all partner countries. An Italian expert also asks for a better coordination of health and social service provision and solutions to overcome its fragmentation (E31).

If smaller communities do not find a way to cooperate on the question of care, experts stress, costs for care will explode. Here regional planning tools are seen as necessity. As an expert of the social administration criticises, most communities "*ask first, who should pay for it. It does not make sense to apply a business approach when answering to economic needs and developments. They do not recognise that there is a big difference.*" (E7)

As a Slovenian municipality representative points out, to develop suitable care facilities "*a critical mass of people, enough people interested, to organise day-care centres*"(E39) are needed. "*In rural areas we have limited resources, it is not possible to offer care facilities in each village. We need quality and the target group*" (E9), also an Austria expert, working in the context of regional development, argues. Experts therefor suggest to foster joint efforts of municipalities and to develop the facilities for the region and to foster collaboration and networking between the different facilities. "That would be the important next step: To connect the different service suppliers and actors in the region: to develop "Knots of care supply". "(E9) Cooperation is also needed in the NGO sector experts argue. Therefore the way how social services and NGO's are funded needs to be changed. "*There is a lot of associations and other NGOS working for older people, but there is not much cooperation among them. This is also due to the co-financing system by municipality or the ministry, where these organizations have to compete to get funds. Each of them "cultivates their own garden" and competes for their own "piece of bread". Only if something really bad happens – an outer threat (as Covid-19) - they come together and help and support each other for a common good.*" (E37)

In addition, experts recommend developing consultation offices, informing older people and their relatives where care services can be found. These consultation offices also need to provide information of housing, social and cultural offers and mobility, following an integrated approach to ageing and needs that might be connected to age (E9). "*It doesn't exist a "help-desk" that guides you through services and existing possibilities. There is a lack of support and accompaniment that is not based on the urgent, immediate need.*" (E33), also an Italian expert points out. What is also lacking is "personalized support" (E2) for the most vulnerable ones.

Moreover, experts see an importing impulse for the development on innovative care models of European projects. Yet, they witness a problem in developing sustainable structures, which allow for continuity also after the project ends (E6). Slovenian experts suggest a new system for distributing finances. "There is a flat rate that is given per each inhabitant. But it should be modified - the part of these funds should be used for the older population, to co-finance home care (E36).

From the perspective of communities not only the finical question is important. According to those responsible for the administration of care provision, the most difficult thing to handle is the wish of older people to stay at home as long as possible and to provide for good quality care. As mobile care is often combined with informal care support, this is difficult to handle. In means that those giving care – in most cases women – are often confronted with financial difficulties, having less income due to their care responsibilities, and often a smaller social network when they themselves need care later on. Moreover, informal care provision in communities with a high number of older people is often not ensured. Therefor mobile care has to be backed up with other forms of professional care profession, as some experts argue, or informal care networks, as others suggest. Moreover, training for family carers can help, as experts suggest (E39).

In addition, experts stress that quality standards for informal care would be very important.

"When I hear about the health condition some people are in, who are cared for by their family members, you tend to see the whole thing critically. Do we want people to care for someone if they are not trained to do so?" (E7) Slovenian experts argue, that legal frameworks for the profession sector are outdated, as there is no long term care legislation in place.

Another problem addressed by experts is that care is often organised without the "direct involvement of the people in need of care". Also doctors often do not find an age-appropriate way of explaining things. *"Doctors do not have the time and older people have still very much internalized the hierarchical structures and are rather intimidated and do not dare to ask questions if they do not understand what doctors tell them."*(E23)

The lack of qualified personnel in the care sector is a shared challenge in all partner countries. As a Slovenian expert explains, it is hard to attract people to work in the care sector (E40) as it is hard work which is not well paid: *"Low salaries but long working hours, very demanding work. Very big challenge!"* (E36)

7.4. Finances and funding

Funding for age-friendly initiatives in the partner countries is made available by a wide range of actors, such as ministries, foundations and administrative intermediary organizations. Many banking foundations and charity foundations identify older adult as target of their funding actions. This fundings are made available through calls focusing on health, social inclusion, support to frailties, support to people affected by Alzheimer and cognitive diseases and their informal caregivers. Yet, some experts criticise, that the money made available is often spent in the wrong way and that age friendly programs would need more funding. Especially the *"poorest part is not taken into account. Isolated elderly people who do not have access to their rights (invisible people)."* (E13) are often not in the focus of activities funded.

Moreover, experts of different countries agree that funds from the government are not enough to cover the needs of ageing on the local level. *"What is most challenging is that the communities themselves do not have enough financial resources to implement all necessary measures"* (E3), an administrative employee working for the Austrian social ministry concluded. Financial problems are mainly connected to the build environment and barrier free environments and to care provision. *"When we speak about accessibility of public transport it is sure that it costs a lot."* (E1) To avoid extensive costs in the future experts recommend to develop inclusive city planning guides and to design buildings for the future, already answering the potential needs of old age.

Despite the challenges financial needs might pose, experts warn that a lack of financial resources does not explain hesitations in dealing with the challenges of building age-friendly communities. *"We also have plenty of cities who are doing a lot without a big budget, and the financial issue is important and can't neglect that. But there a plenty of other little things that can be implemented. In Krakow or Central Europe, the budget is lower, but they are still developing things. (…) So it is helpful to have a big budget, but this is not what is age-friendliness about, not only. People need help and support in little things as well"*. (E1)

7.5.   Healthy ageing and its preconditions

Fostering healthy ageing is a core element of the WHO strategy of age-friendly cities (See 4.1) and therefor an important issue addressed by most experts interviewed. When speaking about healthy ageing experts address four main challenges:

- How to extend healthy life?
- How to activate older people on the way to retirement?
- How communities can support healthy ageing by developing services and offers?
- How communities themselves can profit from active older people?

The first questions raised aims at maintaining autonomous lives as long as possible. Yet, it is also connected to the aim to constantly raising the age of retirement as addressed by governments and the European Union in recent years.[47] Healthy ageing in this context is mainly seen as a precondition for staying in employment.

"*Of course if you want to do so, it is important that all people stay healthy. At the moment we know that the healthy life limit is 62, so some people are not really able to work after that, after that there is an increasing number of conditions that makes you more dependant.*" (E1) an age activist explains. As some experts add, also higher pensions are an important precondition for healthy ageing, because they guarantee, that people who are no longer able to work have the possibility to retire. Pointing to the problem of poverty after retirement, some experts, especially in Italy and Slovenia, also ask for access to paid work (E34). Yet, the possibility to generate additional income for retired persons would require a change of legislation. "*It is nearly not possible (very limited) to receive a pension and at the same time have some additional income gained by intellectual of physical work. With other words: the existing system discourages people to work further, which is a problem with older people with low pensions.*" (E37)

Beside retirement another challenge addressed by the experts with regard to healthy ageing is how to involve older people in activities offered by social services and municipalities. As experts stress, there are many activities organized for older people to keep a healthy lifestyle. Also funding for related activities is made available. Yet, it is hard to reach older people already retired. This shows that activation activities have to start earlier. A local policy maker therefore suggests focusing on "*the ones who are not old yet, the ones in transition to retirement. (…) We still have the image that people retire, live some years and then it is over. But that's not reality. Most people live 10, 15, 20 years after retirement and they are still healthy. (…) If we become older, we need a mental guidance, what we want to do with this time. That is the biggest issue.*"(E4)

An early intervention and activation is also suggested because people nowadays retire later than they used to do. "*We know that people will not retire at 65 in the coming years. This is why we have to see how they can be engaged in voluntary activities already by 55. (…) If the transition into retirement is successful, is decided on much earlier, not at the day of retirement.*" (E26)

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[47] https://www.eurofound.europa.eu/topic/retirement

In Austria, mentoring programs have been set up, where retired people act as mentors for the ones in transition to retirement who provide them with information and guidance. This is seen as positive practice, not to lose the expertise, older people can bring in and to give older people the opportunity of engagement for society. Similar a Slovenian researcher suggests training for 50+ employees for a quality life before and after retirement (E41). The most important and challenging step is to have people choose how and what they see as a priority: "*It is not: we will make you an offer, we propose you services, allowances, etc. We should really start from the expression of their demands, of their needs and then we answer them. As I do not know sufficiently any local application, I would like to be sure that it is always more oriented towards answering needs, answering to the expression of concerned persons, better than the will of actors, even if they wish to do well. They do propose things, but is it really what people want?*"(E7)

7.6. Providing guidance for the elderly

Even if initiatives addressing older people are set up with good intension, they might not meet the needs of the older generation, an expert explains. One reason is that older people might not know about their existence or that they just might not find them interesting or that they might not trust the way the projects are set up (E36). Therefore, the way how activities are developed and how people are informed about them is very important. As the employee of a social service provider in Germany explains, activities offered need to focus on physical and mental engagement. Healthy ageing does not only include sports, but all different sorts of activities, namely „things people like"(E26). Italian service providers suggest opening up the portfolio of things offered in place. In their opinion joint daily activities such as having meals together could be successful for involving different people and would support healthy ageing, helping older people to keep diets, if they are obliged to do so: "*We're one of the few centres that have air conditioning. The seniors come here at 3:00 pm to play cards... But it would be nice to have some food to eat together, have a controlled meal. Diet is very important for older people. Eating together would be much more socializing.*"(E33) "*It is necessary to find channels of communication that are recognised by the older adults. Identify the media they consider valid. Using these channels*" (E32).

Also, finding the right way to inform older people about developments is not only about the channels used, but also about the languages used. This is also important for the implementation of international agendas, as experts point out.

Moreover a lack of exchange of information between stakeholders is seen as a problem. Providing guidance for the elderly and informing them about activities and information means sharing information in an adequate way, a policy maker explains and this is what he also expects from the TAAFE project.

7.7. Challenges for cooperation across departments and policy levels

As we have seen, age-friendliness is a crosscutting policy topic concerning different resorts and policy levels. Therefore, the coordination across sectors and resorts is considered as important and challenging at the same time.

As an Austrian administrative employee working on the national level puts it, age-friendliness„ *is a big topic. It is concerning many different policy sectors. Therefore aims and next steps would have to be defined together, but there is little coordination. (…) Often, the different sectors mainly focus on their own obligations and forget about the connected actives they are not responsible for at first hand."*(E8) *"The real weakness is the missing solidarity between institutions. Every has its own perspective. Indeed, formally, every stakeholder is invited to participate but in practice, every institution has its own perspective. (…) Institutional logics make cooperation sometimes impossible"* (E20), also a French expert, working for the Ministry of Solidarity and Health explains. An Italian policy maker on the national level adds on, that it is *"necessary to learn how to go beyond the silos, to think in an overall way, putting health, in the sense of physical, psychological and social health, at the centre of every plan and initiative."*(E32) An administrative employee in Germany, responsible for a similar resort, calls this challenge the "pillarization of ministries," referring also the problems of exchange between different resorts in the ministries themselves.

Due to the fragmentation of departments, coordination often depends on the initiative of individual professionals and the experiences made by different departments, the Italian expert explains. *"Departments are departments – but there has to be someone who is willing to work across disciplines and this is certainly a question of personality"* (E9), an administrative employee, responsible for the coordination of joint community projects adds on. An expert active on the European level points out, that collaboration needs people *"open to collaborate with each other, that you learn to listen to the needs of others. (…) You have to take care of all the cultures in different stakeholder groups. And the public authority is the main leader, facilitator of this collaboration. It's not the matter of funding, it is about someone is willing to spend time and motivate and inspire, etc.*" (E2)

At the same time stakeholders of the national level criticise that they lack information about activities of the local level, which is also hindering the exchange of practices across communities, as they explain. *"We, as public power, we as a centralized administration, we really miss news coming from local practices, bottom up perspectives really. There are probably plenty of things that are happening, but they stay confidential, at local level. (…)So there is a form of disconnection between local initiatives, the fieldwork, and the conduct of national public policies.*" (E17)

What makes the coordination across departments even more complicated is that existing networks are often sector specific, hindering the establishment of crosscutting initiatives. Working in the department for health and social affairs on the regional level, one of the experts in Austria addresses the difficulties of a stronger cooperation with senior councils and municipalities as they deal with different issues and aspects. On the other hand working for the department for health and social services, he has good cooperation with care providers. Work does not stop with creating a network supporting coordination. What is important is to stay in contact with the ones who have already been engaged in networks

and projects, as a municipality administrator working on the regional level in Italy underlines. This is why regular exchange and meetings would be favoured, also in Austria. National guidelines are seen as important tools for raising awareness, mainstreaming questions of age, supporting the exchange across regions, giving guidance and providing access to finances. A common strategy and vision and a clear division of competences and obligations are seen as tools and preconditions of directing efforts taken in the same direction and fostering the exchange of information. "*Having a strategy or a network, someone responsible for coordination, would be helpful, because otherwise the resources for coordination are often not available. In addition, working in one sector, it is difficult to see the complexity of the topic as a whole.*"(E8)

In this context, also the link to the international and European level is considered to be very important. There can be frameworks coordinating the regional development and connected funding as well as calls and projects related to age-friendliness. For the future development of age-friendly communities experts of the national level and of senior organisations therefore favour the development of frameworks that support the implementation of ageing as a "cross-cutting topic" (E3; E31). This would allow to deal with the "*social effects and the embeddedness of ageing in society*" (E5) and of the different topics connected with it. Therefore, already the framework provided by the WHO on age-friendly cities and communities is considered to be an important tool for mainstream questions of age, which needs to be adapted according to the national and regional circumstances.

Where legislation and strategies on the national level are prepared, coordination platforms need to involve at least the social administration and administration responsible for the provision of care and health, as experts stress. In addition, the perspective of the community level needs to be taken into account as "this is where people live" (E36) as a Slovenian community administrative employee points out. He criticises, that policy frameworks do not go hand in hand with funding. "*Slovenia, although a small country, is full of local specifics and national legislation cannot consider them all. Even very well informed officials from the capital cannot know all the variety of the local specifics, therefore the inclusion of municipal representatives is essential.*"(E36)

Hence, coordination between resorts is not only a question of information available but also of structures and resources dedicated for coordination and a lack of finances. Concerning finances, this is especially true when it comes to care provision, as a quite cost intensive sector. As care provision is a cost intensive sector, cooperation across communities in this sector is in some regions made compulsory, asking communities to join "social welfare associations" or other forms of regional coordination. This allows the coordination of financial help from the responsible level above, as an Austrian expert working for the region, explains: "*Some social welfare associations are very successful in organising day care centres and care centres across communities.*" (E7)

Even if cooperation across sectors and resorts works well on the ground, the heads of the departments are often not strongly involved due to a lack of time. To foster cooperation across resorts a German expert therefor suggests a bottom up process, enabling administrative employees of the different resorts to exchange in an informal way. As a
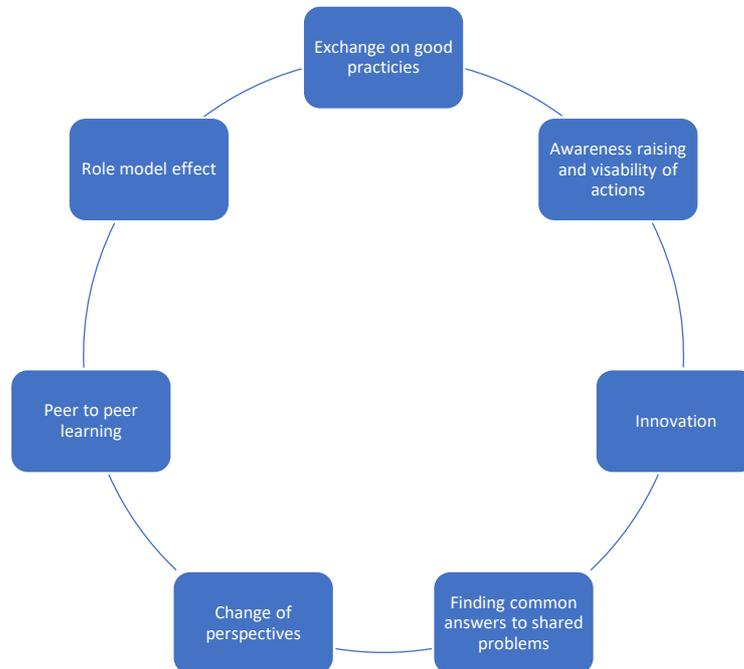
French expert puts it, to foster integrated services and age-friendly environments "***funding available needs to be used for cooperation, not for yoga courses***" (E18).

Especially on the local and regional level, stakeholders of different background also ask for a stronger cooperation of the administration with civil society organisations, especially with service providers. An idea to foster the cooperation with civil society organisations is, for example, a shared methodological approach of the administration. A German expert here refers explicitly to the concepts of a "social space oriented method", which would allow the administration to better use the potential of all stakeholders in place. Also, a coordination platform providing topic relevant information would be favoured.

As an example of France shows, civil society organisations working on crosscutting topics can facilitate the exchange across ministries. "*We are part of the working groups: housing, environment and mobility in the ministry of cohesion and territories. We are starting to be identified as transversal actors.*" (E15), an employee of the francophone network of age-friendly cities reports. What works well is the establishment of "initiative groups dealing with age-friendly communities", as an expert from Germany reports. Providing an open structure, it allows for a non-hierarchical exchange without concurrence or fear to lose ones stake in provision of services. Also researchers and universities can facilitate the exchange between policy makers and administration staff of different resorts, creating a platform for topic related exchanges, as a German expert working in administration ads. "*If administrative staff participates in a meeting and then perhaps employees of different ministries meet from different levels and realize 'we can work together and there was a topic where we have similar views, we should talk about it'. It often takes a bottom-up process. (…) At the department level, this could work quite well.*" (E21)

8. Benefits of cooperation in the Alpine Space

The TAAFE network we aim to build is a thematic network acting on a cross-national level. It aims at fostering collaboration and knowledge exchange and at sharing good practices on participatory governance in building age-friendly environments. Moreover exchange within the network supports the creation of a joint vision of age-friendliness and of ways to tackle the challenge of an ageing society by building more cohesive societies as a guiding concept for the development of the **TAAFE Strategy for an age-friendly Alpine Space** (O.T.4.1). Stakeholders involved see the main benefits of cross-national exchange in the Alpine space in the following issues:

Exchange on good practicies

Role model effect

Awareness raising and visability of actions

Peer to peer learning

Innovation

Change of perspectives

Finding common answers to shared problems

Exchange between policy makers and different municipalities helps to get an understanding of the different administration in different countries and the policy systems established. Experiences from other countries therefor can help to rethink the contribution of different stakeholders in building age-friendly environments. "*Their cultures and ways of working are different, understanding of non-governmental sector is different. In Germany we could see what NGOs can do to help older people, volunteers for awareness raising etc.*"(E37), a Slovenian expert reports.

Most important for policy makers of different countries is to exchange on experiences made and to learn from each other. Yet, national particularities thereby need to be taken into account: "*I was also involved in some-cross border activities within certain projects. I can tell that some good practices can be observed at such exchanges or study visits, but very few have been really followed, imported and put into practice to improve the lives of older people in Slovenia. The main reason is that countries are very different, their habits, systems etc. and something that works in one country could not work in other. Nevertheless, I find such exchanges very useful, to broaden horizons and exchange opinions.*"(E37)

Even though experiences from one country cannot easily be transferred into another, exchange across borders is considered as an important way to broaden peoples' horizons and to get inspired by new unknown concepts and activities. European networks also help to keep the topic of age-friendliness on the agenda and to discuss solutions for a shared challenge of the European Union. For the development of the TAAFE strategy, it will also be important to reconsider how the different policy levels (macro-level) and the local and trans-national stakeholder networks are interacting, how information and local practises are taken up on the European level and on the other hand, how the European strategies support age friendly developments on the local level.

9. Stakeholders involved

In the following section, we focus on the stakeholders already participating in initiatives, networks and projects, dealing with age-friendliness and policies addressing the challenges of ageing societies in Austria, France, Germany Italy and Slovenia. Furthermore, we ask how stakeholders of different sectors cooperate and who needs to be involved stronger in the future and which stakeholders we could approach for building the TAAFE network.

Political practises including cooperation across policy levels and resorts depend very much on the political system and the obligations of local, regional and national governments. As experts stress, countries with a federal system and strong competences of the cities or the province regarding finance and planning support the development of age-friendly communities stronger as age-friendly initiatives mostly stated on the local and regional level. As a representative of the Austrian national social administration explains, this is in line with the concept of age-friendly environments: "*As people are living together in their region, the main stakeholders to address are the communities, as these are the entities where people belong to.*"(E3) In centralised countries, such as France, it is therefore even more important to engage all different levels in the development of age-friendly communities "*because in France it would very difficult to do anything on local level if you don't have the permission on national level.*"(E1)

Apart from administration and policy makers on the national, regional and local level, stakeholders active in building age-friendly communities include social services and health insurances, organisations providing funding, civil society organisations as well as different thematic networks dealing with topics such as care, health, political representation of the elderly and social participation. Yet, not always the elderly themselves are involved in setting up age-friendly communities.

Thematic networks, addressing different aspects of age-friendliness and age, as the ones listed in chapter 4, may consist of representatives of different stakeholder groups. Therefore these networks are displayed on the horizontal axis in the graph below. Other stakeholders named act on different policy levels, and have different obligations and different power in implementing and developing strategies fostering age-friendly communities and hence, different roles within the networks. We assess them as stakeholders acting on the macro, meso and micro-level.

Thematic networks dealing with age and agefriendlyness

Macro	Meso	Micro
Policy makers and administration on different levels	Social services and experts	(Social) enterprises and the privat labour market sector
	Research institutions and training organisation, including schools	Carers, Family members, practitioners
	Civil society organisations, the church and representations of older people	
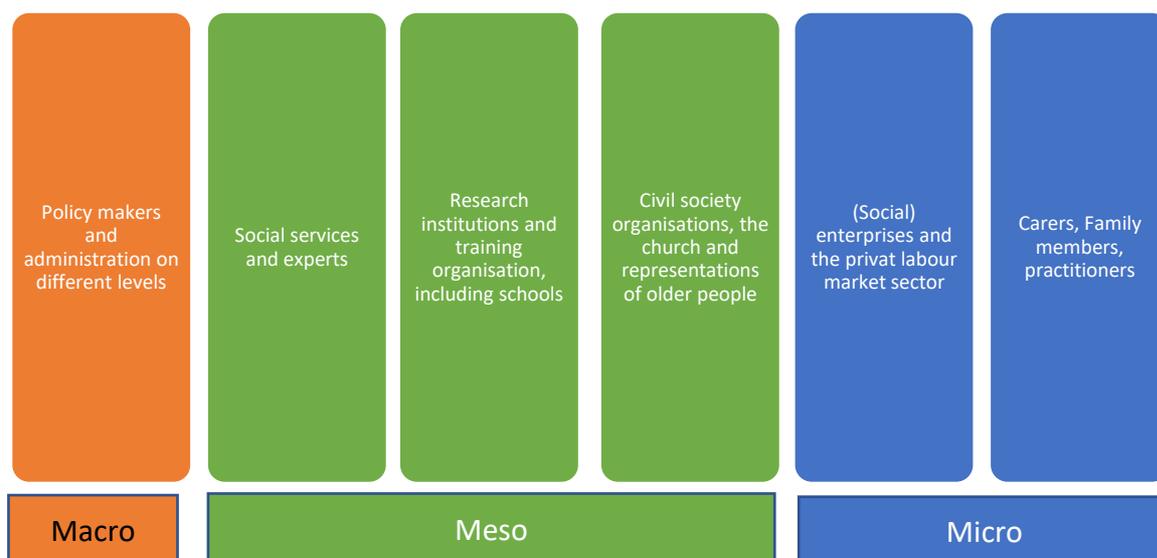
The involvement of decision makers and administration is considered as most important for the development of age-friendly environment. On the national level, besides the social and health ministry and the health insurances, specialised public funds and service centres, such as the Center for Quality in Care (ZQP) in Germany are named as important players for developing circumstances supporting the future development of age-friendly communities. The ZQP, for example, is responsible for quality in care, with the aim of implementing laws and guidelines in care in Germany.

Above others "*municipalities with their respective departments on the local level*"(E37) are the most important players, as civil society organisations point out. In this context also the role of leadership is addressed. One expert interviewed brought an example of a small city in Italy, where the mayor himself was convinced of the importance of health promotion and was pushing the administration in this direction: "*He was looking on his part of the city and noticed he has plenty of older people but no pharmacy so he requested a pharmacy to open there. So in that case you see that the political leadership is important and it can make things happening. If you have strong community of activist on local level or older people who are pushing themselves to be the policymakers.*" (E1).

When existing also associations and networks of municipalities and cities are addressed as important players (E8). Despite the importance of the local level, responsible administration and policy makers often see limitations in developing age friendly environments due to a lack of resources. Often, age-friendly initiatives are developed on a project basis with temporary funding: "*We don't have people who could work on these projects full time.*"(E27)

Important actors of the meso-level are rather divers, including civil society organisations, networks of civil society organisations, service providers as well as national association of service providers, often working in close cooperation with the policy and administrative level. A representative of Mössingen in Germany reports for example, that they have built strong cooperation with consulting services, services offering care and psychogeriatric information centers. Administration in Italy approaches mainly regional health organisations, older people' organisations, and volunteering organisations for setting up platforms dealing with age-friendliness. In this context also different cultural and religious organisations, i.e. the church, are important stakeholders, as a German expert expresses.

In Slovenia, Italy and France experts also refer to schools and professional training organisations (nursing school, high schools) as important cooperation partners for developing age friendly environments. Being involved in selected cooperation working on age-friendliness in Slovenia and Italy these stakeholders are seldom named in other counties. As an employee of the administration in Slovenia explains, dealing with topics concerning age and ageing in schools' curricula might change the younger generation's visions of ageing and foster respect. Concerning Slovenia, experts think that there is "*room for improvement in cooperation with schools*" (E36).

The role of research is seen by age activists mainly in providing training and evaluating concepts of age-friendliness developed. According to an Italian expert, working in the social administration on the national level, "*research and training closes the circle on what is needed for the development of age-friendliness: innovation and training.*"(E30). Researchers and universities can also facilitate the exchange between policy makers and administration staff of different resorts, creating a platform for topic related exchanges.

An Italian expert also suggests reaching out to enterprises and trade unions. By now they "*do not have policies directed at older adults even though they represent the majority of their members*"(E32), he complains. The involvement of industry and the private sector in age-friendly affairs is most complicated, as an age-activist explains. Here legal frameworks and laws, such as the ones on barrier-free access, would allow their stronger involvement and compliance.

Thematic networks and lobbying organisations dealing with age-friendliness or topics associated with ageing are also perceived as important stakeholders. As outlined in chapter 7.7 of the report at hand, they might even facilitate the cooperation across departments and policy levels. On the international level, NGO's, such as the AGE Plattform, representing the voices of older people, can be considered as one of the most important players, lobbying for age-friendly environments. They are the ones actively building networks, organising events and inviting all the different partners or stakeholders or involving some of them in projects and also having bilateral contact on a regular basis.

But also on the national level associations have been build, of which some examples are named below.

"Sbilanciamoci" is composed by 50 non for profit organizations in Italy, with the aim of advancing proposals on age-friendliness and active citizenship of seniors. The initiatives receive funding from the Italian government. In France a comparable initiatve is MONALISA (National mobilization against the social isolation of the elderly). Also the organisation „ little

brothers of the poor", also involved in the TAAFE project, is named as important lobby for the development of age-friendly communities. Furthermore, stakeholders organised in different thematic networks that need to be involved are, as a German expert points out, VdK [Verband der Kriegsbeschädigten, Kriegshinterbliebenen und Sozialrentner Deutschlands e. V., a social association], the Alzheimer's Society which takes care of the needs of dementia patients and other welfare organisations.

10.Outlook: Important next steps

As the agenda of age-friendly communities taps manifold topics, the most important next step is to involve diverse stakeholders and to "listen" and "see" what needs to be done, as a German expert points out. This would allow developing shared visions and new pathways to more cohesive societies.

Hence, experts agree that the most important next steps for the development of age-friendly communities in the Alpine Space are

- awareness raising
- a better coordination and exchange across municipalities and between policy makers of different sectors
- as well as the development of participatory governance structures supporting the engagement of older residents.

Awareness raising should above all support mainstreaming of the topic of age-friendliness. Hence, the promotion of social cohesion and social rights, focusing on social participation of all residents with an emphasis on the most vulnerable ones is seen as an important vision for the development of age-friendly environments. The media and the way in which ageing is addressed in the media are seen as an important player lobbying for age friendly developments.

On the policy level, mainstreaming topics connected to ages-friendliness can be supported by strategies and recommendations, which align the different initiatives on age-friendly communities. In addition, labels for age friendly developments, as used in France, might support awareness raising and mainstreaming the question of age-friendliness. In the context experts also see an important role of the European Union and recommendations issued by its institutions.

Two important agendas addressed on the policy level are networking and building competences supporting participatory governance, "*so that an exchange and learning from each other happens and people become self-confident in participating*" (E21). This is also in the focus of the TAAFE project and supported by the WHO guide on age-friendly cities. Second, municipality staff stresses the need for a better coordination across policy sectors, with other stakeholders and across sectors. Hence, an important next step could be regular exchange meetings and to foster intercommunal ties.

Focusing on the development in municipalities and on the local infrastructure, experts support the development of neighbourhood structures. This refers to new age-friendly

concepts of town planning including public housing and accessible services and transport and would allow to sustain rural infrastructure and to prevent urbanisation.
On the national level experts interviewed see a need for new legislations on long-term-care and future ideas for a sustainable development of the pension systems, in order to avoid poverty in old age.

11.Resources

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