

**NATIONAL REPORT  
ON THE FOLLOW-UP AND EVALUATION  
OF THE IMPLEMENTATION  
OF MIPAA / RIS IN SPAIN**

**Period 2012 – 2016**



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## PART I

### 1) Executive Summary

#### a) Methodology, description of the way of participation

This report has been made up with information provided by various sources:

- Units from the Imsero that plan and implement activities at the national level to meet the needs of older persons.
- Departments of the ministries with competence in any of the aspects that have an impact on the ageing process.
- Governments of the autonomous communities.
- State Council for Older Persons, a collegiate body of an advisory nature which includes associations for older persons and public administrations.

Relevant information has also been included from different studies generated by researchers, institutions, and organizations involved in ageing issues.

As for the participatory approach, during the elaboration of the "Framework of Action for Older Persons", a document that defines the lines of action in relation to older persons, different stakeholders, academic experts, and social organizations, at the national and regional levels, who work in this field, have been consulted.

#### b) Brief description of the national progress on the MIPAA / RIS commitments

##### **Achievements to be highlighted in the implementation in Spain of the MIPAA/RIS, 2012-2016**

**1-Preparation of the "Framework of Action for Older Persons"** which was officially launched by the Prime Minister on October 1st, 2015, on the occasion of the celebration of the international day of Older Persons.

The purpose of this document, which was drawn up with the involvement of more than one hundred entities, and has been approved by the State Council of Older Persons, is that older persons enjoy stronger individual and social rights and increase their level of welfare, autonomy, and finally, their quality of life.

## **2-Coordination of the Spanish Network of Age-Friendly Cities and Communities**

The Imsero, following an agreement of collaboration with the WHO, is carrying out outreach activities, awareness-raising, assessment, training and coordination of the municipalities that want to or are in the process of becoming age-friendly. So far there are 60 cities that have been accepted by WHO to be part of the network and 21 are pending acceptance.

## **3-Approval of Royal Decree-Law 5/2013, of March 15th, of measures to encourage the continued employment of older workers and promote active ageing.**

This government law establishes incentives to stay at the workplace beyond retirement age, recognizes additional pension increases based on years of contributions, grants persons over 55 years who have exhausted unemployment the status of priority group in plans for active employment policies, and provides measures to prevent discrimination against older workers in collective redundancies.

## **4- Sustainability, quality, and feasibility of the long term care system has been guaranteed and the implementation of the timetable for the progressive implementation of Law 39/2006 on the Promotion of Personal Autonomy and Care for Dependent Persons (Law on dependency) has been achieved.**

Measures taken in recent years have resulted in a substantial improvement of the attention provided to dependent persons and their quality of life and that of their family members, increasing the number of persons and families receiving benefits and services. They have also contributed to the effective regulation of social services in Spain and fostered their professionalism and have made a substantial increase in the resources and organization of social protection in Spain possible while generating employment and wealth and advancing in the optimization of resources.

## **5-Development at the regional (CC.AA) and local level of programs and activities addressed to the education and training of older persons, specially highlighting *university programs for seniors and training activities in Information and Communication Technologies (ICT)*. The latter have reduced the digital divide that existed in Spain, going from 9,2% of older persons using ICTs in 2005 to 23% in 2010, and to 44% in 2015 (data from the Active Ageing Index (AAI), Spain)**

## Challenges for the future

### **1- Improve working conditions of older persons and develop measures to combat gender inequality in employment.**

According to the AAI, the percentage of **employment of older persons** over 55 gradually decreases depending on the age group they belong to, decreasing in 2015 from 56.7% of employees in the 55-59 age group to 35.3% in the 60-64 age group, to **4.9% in the 65-69 age group** and to 1.2% for the 70-74.

It is important to highlight that the economic crisis has had a significant impact on the employment rate of older persons. For this reason it is necessary to further promote measures to facilitate their access and permanence in the labor market and enable the adaptation of jobs to different age groups.

Likewise, the AAI indicates that a **noticeable gender inequality** exists in all age groups, as **women's employment rates are lower than men's**, especially highlighting the age group 55-59 in 2015 with a difference of 15 points and the 60-64 group with 12 points of difference, and, finally the 65-69 age group, with a 1.6 points difference.

Despite the advances that have occurred in the period 2012-2016, these data indicate that it is necessary to continue promoting measures to help alleviate the inequality between men and women in relation to access to the labor market and in terms of working conditions.

### **2- Overcoming the digital divide through the promotion of plans and programs that encourage the use of information and communications technologies (ICT) among older persons.**

Also in this matter, the AAI shows that the percentage of use of ICT by the elderly population (aged 55 to 74 years) has increased from 9.2% in 2005 to 23% in 2010 and 44% in 2015. Likewise, **it is men who get higher percentages in the use of ICT**, with a difference of 11 points in 2015 in relation to women.

In this sense, it is essential to ensure that the majority of older persons and especially older women can incorporate into their lives the use of ICT as a means of communication, and information, and as a source of knowledge that keeps them in

touch with their near and remote environments. The challenge over the next years would be to further develop actions that allow older persons to use ICT, especially in rural areas.

**3-** Older persons' progressive loss of autonomy and their consequent vulnerability makes them dependent on the persons in their environment to survive. This implies that in many situations there is abuse and mistreatment although these situations are difficult to identify.

The visibility of the abuse of older persons is essential when establishing the necessary mechanisms of care and, what is most important, of prevention by public authorities and social partners.

For this reason it is **necessary to count on studies and research that allow us to know all quantitative and qualitative aspects affecting violence and abuse of older persons and their gender incidence.** This would allow us to promote concrete measures to address this important problem.

***4-Empower regional and local prevention plans to maintain personal autonomy and improve the health of older persons,*** avoiding dependency. All this through a socio-sanitary approach that enables comprehensive care to meet the needs from different perspectives.

## 2) General country information

**The institution responsible for monitoring the MIPAA and the RIS is the Institute for Older Persons and Social Services (IMSERSO)**

The Imsero is a management body of the Social Security under the Ministry of Health, Social Services, and Equality depending of the State Secretariat of Social Services and Equality.

The Imsero has competences, at a state level, in the field of older persons, including those derived from the creation and implementation of the System of Personal Autonomy and Attention to Dependency, and the development of policies and programs related to active ageing of the population. The Imsero is also responsible for managing

complementary social services in the social security system as well as plans, programs, and statewide services for older and dependent persons.

**The Spanish report has been coordinated and prepared by the IMSERSO's following departments:**

**The General Secretariat of the Imserso**

The Coordination of Studies and Technical Support Department  
The International Area

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**Reference document on ageing:**

"**A Framework of Action for Older Persons**", officially launched by the Prime Minister on October 1st, 2015, on the occasion of the celebration of the International Day of Older Persons. (ANNEX I)

### **3) National Situation of Ageing**

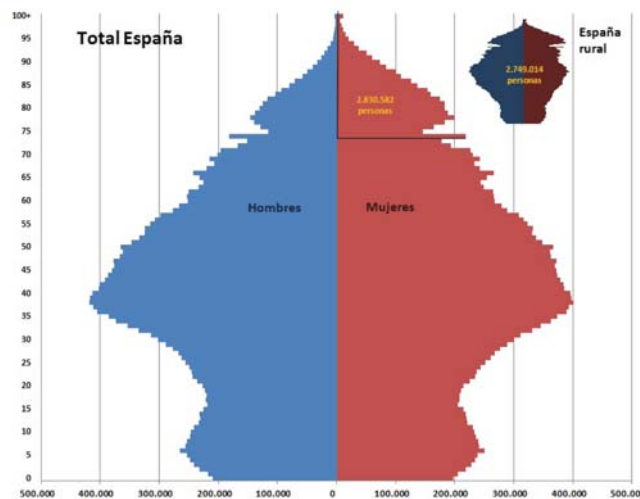
In December 2011 Spain submitted the National Report on the degree of implementation of the International Plan of Action on Ageing of Madrid and its Regional Implementation Strategy (MIPAA / RIS) for the period 2007 to 2011 to the Economic and Social Commission of the United Nations. A demographic trend towards an ageing population was highlighted in this report; five years later, this trend has not only been confirmed, but has exceeded forecasts made at that time.

Thus, if the 2011 report noted that the number of persons over 65 in 2010 was 7,929,269 people out of a population of 46,918,751, representing 16.9% of the total population, the data collected by the National Institute of Statistics (INE) on January 1<sup>st</sup>, 2015, reflect that the number of people over 65 in Spain was 8,655,111, representing 18.6% of the total population. As for persons over 80 years of age, if in 2010 this group accounted for 4.9% of the population, with a total of 2,302,906 persons, on January 1<sup>st</sup>, 2015, this percentage has reached 5.8% of the population.

As for the gender distribution, according to the report "*Un perfil de las personas mayores en España, 2016*" (*A profile of older persons in Spain, 2016*)", by Antonio Abellán Garcia and Rogelio Pujol Rodriguez, from the Superior Council for Scientific

Research (CSIC), the female gender is predominant in old age. Data collected by the *Ongoing Census* (Padrón Continuo) of the National Institute of Statistics (INE) on January 1<sup>st</sup>, 2015, reflect 33% more women (4,897,713) than men (3,676,272), even though the reality is that more men are born than women, this difference going on for many years, reaching the gender balance by the age of 50 and reversing this ratio until the above mentioned differences are reached due to a greater female survival due to a higher male mortality rate.

The largest number of older persons is concentrated in urban municipalities; for example, in the two largest municipalities in Spain (Madrid and Barcelona) live almost one million older persons more than those living in the 5.834 rural municipalities. However, ageing (the proportion of older persons relative to the total population) is much more pronounced in rural areas. In 2015, 2,749,014 persons live in rural municipalities (2,000 or fewer inhabitants), 27.9% of which are older persons (774,312).



As for the forecasts, the National Institute of Statistics estimates that in 2061 there will be over 16 million older persons (38.7% of total).

Años*	Total España			65 años y más		65-79 años		80 años y más	
	Absoluto	Absoluto	% respecto al total	Absoluto	% respecto al total	Absoluto	% respecto al total	Absoluto	% respecto al total
1900	18.618.086	967.774	5.2%	852.389	4.6%	115.395	0.6%		
1910	19.995.686	1.105.569	5.5%	972.954	4.9%	132.615	0.7%		
1920	21.389.842	1.216.693	5.7%	1.073.679	5.0%	143.014	0.7%		
1930	23.677.794	1.440.744	6.1%	1.263.632	5.3%	177.112	0.7%		
1940	26.015.907	1.699.860	6.5%	1.475.702	5.7%	224.158	0.9%		
1950	27.976.755	2.022.523	7.2%	1.750.045	6.3%	272.478	1.0%		
1960	30.528.539	2.505.165	8.2%	2.136.190	7.0%	368.975	1.2%		
1970	34.040.989	3.290.900	9.7%	2.767.061	8.1%	523.739	1.5%		
1981	37.683.362	4.226.740	11.2%	3.511.599	9.3%	725.141	1.9%		
1991	38.872.268	5.370.252	13.8%	4.222.384	10.9%	1.147.868	3.0%		
2001	40.847.371	6.958.516	17.0%	5.378.194	13.2%	1.580.322	3.9%		
2011	46.815.916	8.116.347	17.3%	6.659.442	14.2%	2.456.908	5.2%		
2021	46.037.605	9.466.481	20.6%	6.462.726	14.0%	3.003.755	6.5%		
2031	45.351.545	11.903.963	26.2%	8.044.599	17.7%	3.859.364	8.5%		
2041	44.680.774	14.791.516	33.1%	9.531.604	21.3%	5.259.912	11.8%		
2051	43.581.814	16.486.938	37.8%	9.327.682	21.4%	7.159.256	16.4%		
2061	41.603.330	16.095.184	38.7%	7.526.273	17.6%	8.768.911	21.1%		

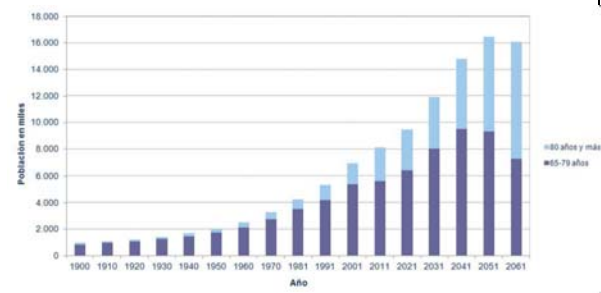


Tabla 1.1.- Evolution of older population, 1900-2061

Figura 1.1.- Evolution of older population, 1900-2066



Source: INE: INEBASE:

1900-2001: Population figures.

2011: Population figures. National results, Population and Housing Census 2011

2021-2061: Population projections. Consultation in January 2016.

\* From 1900 to 2011 data are real; from 2021 to 2061 it is projected

The economic crisis that Spain has faced since 2008 has resulted in the adoption of a number of fiscal consolidation measures aimed at the rationalization of resources that, at the same time, have safeguarded the pension system and aids to the long term care. In this context, the public pension system is shaping up as one of the livelihoods supports of low-income families.

At the same time, ageing of population manifests itself as a factor capable of contributing to the economic growth and job creation, as it leads to the appearance of a specific market of technological innovation that is undoubtedly an opportunity for investors.

#### 4) Methodology

The methodology followed in preparing this report is mainly based on three elements: 1) planning meetings and coordination of the process to be followed, 2) requests for information to the relevant partners on ageing, 3) contents included in the "Framework of Action for Older Persons"

1) For the planning and coordination of the process of elaboration of the report, the following meetings have been held with the participation of the Imsero units (General Sub-Directorate for Planning, General Sub-Directorate of Management, Office of the General Director and General Secretariat) along with a representation of the State Council of Older persons.

- First meeting (May 10th, 2016) aimed to define the process of requests for the information to be included in the report, decide which sources are to be requested for information and specify the timetable.
- Second meeting (September 8th, 2016). It was aimed to assess the contributions made by the different sources, specify those actions and relevant measures to be included in the report and identify aspects to be emphasized in the Executive Summary

2) For the preparation of this report the following sources have been considered:

- **Studies** generated by researchers, institutions and organizations with relevance on ageing as:

- Older Persons web site from the Imserso
- Report 2014 on Older Persons in Spain (Imserso)
- National Statistics Institute (INE)
- State Information System on Social Services (SEISS)
- Information system of the System for Personal Autonomy and Care for Dependency (SISAAD)

- **Consultations to Ministries** that, either directly or in a transversal manner, have competence in this area:

- **Ministry of Health, Social Services and Equality** (Institute for Women; Institute for the Youth; Quality Agency of the National Health System; Directorate General of Social Policy, Families and Children; Directorate General for Coordination of Sectoral Policies on Disability)
- **Ministry for Education, Culture and Sports** (Directorate General of Vocational Training, Department of Fine Arts, Department of Books, Archives and Libraries)
- **Ministry for Employment and Social Security** (Sub-directorate General of Active Employment Policy, National Institute of Social Security (INSS))
- **Ministry of Public Works** (Sub-directorate General of Urban-planning, Sub-directorate General of Housing Policy)

- **Consultations to the 17 autonomous communities** (Andalusia, Aragon, Asturias, Balearic Islands, Canarias, Cantabria, Castilla La Mancha, Castilla y Leon, Catalonia, Extremadura, Galicia, La Rioja, Madrid, Murcia, Community of Navarre, Basque Country, Valencia) **and the autonomous cities of Ceuta and Melilla**

3) It is important to highlight that in preparing the report and especially when defining the challenges to be addressed in the future, the document "**Framework of Action for Older Persons**" has been taken into account, along with the data for Spain included in the Index Active Ageing.

This important document aims to define the lines of action for older persons as a guide to public present and future policies for older persons and gathers the aspects to be addressed for each policy.

The **bottom-up approach** has been closely followed to prepare the report. Thus,

renowned university experts have participated in its the elaboration as well as members of the State Council of Older Persons, which includes, among others, confederations, federations or associations for older persons, autonomous communities, autonomous councils for older persons, General State Administration and Local Administration.

Also, the document has been prepared after consultation with numerous representatives of the public administration, professional associations, private entities, service providers, and the media.

## **PART II.**

### **1) Measures and progress in the implementation of the MIPAA / RIS**

In Spain it is the central State who has the competence in employment policies. Autonomous Communities (CC.AA) bear the responsibility for the implementation of social services that have been developed and adopted over time. Therefore, information about the most important actions on ageing that have taken place during the period covered by this report has been requested from the autonomous communities.

Thus, each objective will include a first part containing the most significant actions promoted by the Central State Administration and a second part that will highlight the most significant actions implemented by the autonomous communities and autonomous cities (Ceuta and Melilla) that have provided the required information. More detailed information about actions carried out in the CC.AA (Annex II), not included in this report due to lack of space, will be attached, as a complementary document.

### **Objective 1. Promoting a longer working life and maintaining work capacity.**

#### **STATE LEVEL**

- **Royal Decree-Law 5/2013, of March 15th, of measures to encourage the continued employment of older workers and promote active ageing.**

This Royal Decree encourages older persons to continue their working life, provides incentives to stay at work beyond the age of retirement, and promotes active ageing through flexibility and gradualism in retirement. Moreover, it recognizes additional pension increases based on years of contribution, with more emphasis on career employee contribution. Furthermore, policies of active employment to develop public employment services grant greater importance to workers over 55. It also establishes measures to prevent discrimination against older workers in collective redundancies.

[https://www.boe.es/diario\\_boe/txt.php?id=BOE-A-2013-2874](https://www.boe.es/diario_boe/txt.php?id=BOE-A-2013-2874)

- **Instruction of the Directorate General of Fine Arts and Cultural Assets and Archives and Libraries, of May 21st, 2015, regulating the awarding of emeritus honorary status to the staff of the Directorate General.**

The above mentioned Instruction recognizes the proven training, experience and professional excellence of older staff of the Directorate General who have exceeded the statutory retirement age and facilitates their roles as advisers, researchers and trainers as well as transmitters of knowledge and experience to younger workers. In just one year of existence, the Institute of Cultural Heritage of Spain (IPCE) already counts with the cooperation of three emeriti in prominent fields of activity.

- **Annual Plans of specialized training in social services**, developed by the Imserso with an aim to train and/or update professionals who carry out their activity in different projects and from different perspectives in addressing the needs of older persons. From 2012 to 2016 a total of **94 training activities** were carried out under the modalities of conferences, courses, seminars, congresses, and workshops, which were attended by about **5,000 participants**.

## REGIONAL LEVEL

- **Development of a Guide for the Adaptation of Workplaces for Older Persons** (C.A Valencia), with recommendations for the proper design of the workplace to maximize health, safety, comfort, and efficiency of older workers, on the one hand, and, on the other, recommendations to optimize the performance and productivity of the company.
- **Inclusion in administrative contracts of clauses of social responsibility** (C.A. La Rioja), with which to implement and give impetus to cross cutting social policies on employment, equality, awareness raising, gender impact, prevention of occupational hazards, employment of older persons, etc.
- **Decree Law 8/2014 on extraordinary and urgent measures for social inclusion through employment and promotion of social solidarity.** (C.A of Andalusia and similar norms for other CC.AA.), which includes, among others, aids to municipalities for hiring people at risk of social exclusion, including older persons.

## **Objective 2. To promote participation, non-discrimination and social inclusion of older persons.**

### **STATE LEVEL**

#### ▪ **Framework of Action for Older Persons (MAPM)**

Following EU guidelines, the Spanish government adopted the Framework of Action for Older persons (MAPM) in 2015, which was developed and approved by the State Council for Older Persons, an advisory collegial body which includes major associations and public administrations.

The document includes 348 lines of action to be implemented by the central government, autonomous communities, organizations and associations of older persons regarding employment, social participation, healthy and independent life, and equality and non-discrimination.

The MAPM contains lines of action aimed at the voluntary extension of working life beyond retirement age; hiring older workers with suitable employment conditions; facilitating the transition to retirement through gradual retirement, part-time work and flexible hours; and the promotion of voluntary or community work for older persons.

In the same way, it promotes the adoption of measures to ensure older persons' adequate, safe and sustainable pensions; to maintain social protection mechanisms; and to strengthen the training of professionals in social and health services. It is also committed to promoting cultural activities and bringing new technologies closer to older persons.

[http://www.imserso.es/imserso\\_01/per\\_mayores/marco\\_act\\_pm/index.htm](http://www.imserso.es/imserso_01/per_mayores/marco_act_pm/index.htm)

#### ▪ **National coordination of the European Year 2012**

Within the framework of the European Year of Active Ageing and Intergenerational Solidarity 2012 (AE), Spain, through the Imserso, carried out an intense activity based on the mobilization of all relevant stakeholders on ageing and society in general, through the creation of an organizing committee and the development of a work program that included 42 activities of an official nature, 227 activities carried out by entities associated with AE, and 218 experiences on active ageing.

Among the activities developed were conferences, awareness-raising events, information and awareness campaigns, contests, videos, exchange of best practices, studies, research and surveys are to be highlighted.

A website was also created and there was information exchange through social networks such as Facebook and Twitter as communication tools. Dissemination of these activities and social awareness were promoted. These tools remain active today under the name "Active Ageing. Europe".

[http://www.envejecimientoactivoeuropa.imserso.es/imserso\\_01/aging\\_active\\_eu/index.htm](http://www.envejecimientoactivoeuropa.imserso.es/imserso_01/aging_active_eu/index.htm)

- **Preparation of the Report on Older Persons in Spain**

This report, based on the results obtained through studies and research on the situation of older persons, has been edited twice by the Imserso, in 2012 and 2014. It provides valuable information on socio-demographic and socio-economic indicators, along with the evolution of the situation in different areas that affect the lives of people over 65 in Spain: health and well-being, social resources, social inclusion, participation, education, etc.

[http://www.imserso.es/imserso\\_01/documentacion/publicaciones/colecciones/informacion\\_publicacion/index.htm?id=2492](http://www.imserso.es/imserso_01/documentacion/publicaciones/colecciones/informacion_publicacion/index.htm?id=2492)

- **Cooperation agreement between the Imserso and WHO to coordinate the *Spanish Network of Age-friendly Cities and Communities***

Based on this agreement, the Imserso is carrying out outreach activities, awareness-raising, assessment, training, and coordination of the municipalities that want to or are in the process of becoming age-friendly. So far there are 60 cities that have been accepted by WHO to be part of the network and 21 are pending acceptance.

<http://www.ciudadesamigables.imserso.es/imserso>

- **Plan of Action of the Spanish Disability Strategy 2014-2020, Ministry of Health, Social Services, and Equality**

It contains measures to reduce situations of discrimination, promote increased quality of life of older persons, improve health conditions, and prevent disease and disability. It also contains measures to increase access of the children with disabilities and older persons to ICT.

<http://www.msssi.gob.es/ssi/discapacidad/información/home.htm>

- **State Plan for the promotion of Rental Housing, Rehabilitation of Buildings, and Urban Regeneration and Renewal 2013-2016: Development of a Program of Urban Renewal and Regeneration, of the Ministry of Public Works**

It foresees actions on accessibility for a number of buildings: installation of elevators, stair lifts, ramps, and other devices as well as accessibility aids. They can reach 11,000 euros for rehabilitation and 30,000 euros for replacement.

[http://www.fomento.gob.es/mfom/lang\\_Castilian / directorates / ARQ\\_housing / emancipation\\_support / plan\\_estatal.htm](http://www.fomento.gob.es/mfom/lang_Castilian / directorates / ARQ_housing / emancipation_support / plan_estatal.htm)

- **Order SSI / 1688/2015, July 30th, which regulates the Thermalism Program of the Institute for Older Persons and Social Services**

Requirements for participation in the program were modified. In addition to retirement and permanent disability pensioners, people over 65 years, widowhood pensioners aged 55 and over, along with pensioners by other concepts or recipients of benefits or unemployment benefits over 60 years may now participate. The requirements to

participate in the program of social thermalism and those to participate in the program of social tourism have been homogenized.

[http://www.imserso.es/imserso\\_01/envejecimiento\\_activo/termalismo/index.htm](http://www.imserso.es/imserso_01/envejecimiento_activo/termalismo/index.htm)

- **Technical standards UNE-ISO 21542: 2012 and UNE-EN 301549 V1.1.2: 2015**

The Spanish Association for Standardization and Certification (AENOR) has approved technical standards UNE-ISO 21542: 2012, accessibility requirements for persons with disabilities, older persons, and persons with reduced mobility in buildings, and UNE-EN 301549 V1.1.2: 2015, accessibility requirements for public procurement of products and services incorporating information and communications technology (ICT), for use by all people, regardless of their age or functional capacity.

[http://www.aenor.es/aenor/normas/normas/fichanorma.asp?tipo=N&codigo=N0050139#.V1Afh\\_mLTcs](http://www.aenor.es/aenor/normas/normas/fichanorma.asp?tipo=N&codigo=N0050139#.V1Afh_mLTcs)

<http://www.aenor.es/aenor/normas/normas/fichanorma.asp?tipo=N&codigo=N0055846#.V1AIAfmLTcs>

- **Grant program of the Ministry of Health, Social Services, and Equality**

Between 2012 and 2015, grants have been awarded through this program to institutions with the aim to support active ageing of people with intellectual disabilities in the amount of € 3,436,100, to adapt and expand units of active ageing and homes for older persons, and to build and equip homes for older persons with intellectual disabilities.

- **Annual congresses of Accessibility Technologies of the National Center for Technology Access (CENTAC).**

These are meetings in which public authorities and institutions, as well as companies in the ICT sector working in the field of accessibility, participate, and where realities and needs that have to be provided with solutions are discussed and products and services providing these solutions are presented. The 7th congress will be held in Zaragoza on 14 and 15 November 2016.

<http://www.centac.es/es/7congreso/inicio>

- **Incorporation of older persons in all outreach activities, guided tours, sightseeing of monuments under restoration, etc., conducted by the Institute of Cultural Heritage of Spain (IPCE)** in order to promote the knowledge of older persons of the cultural and conservation work and restoration of heritage assets.

- **Museums + Social Plan** approved in 2015 by the Ministry of Education, Culture, and Sport mainly with the aim to design new measures to strengthen and promote the image of museum institutions as an essential means to achieve integration and cohesion of the society through culture. It is initially applied to state museums directly managed by the Directorate General of Fine Arts and Cultural Assets and Archives and Libraries of the Ministry of Culture. This plan includes older persons as a priority objective.

Among other measures, information actions in geriatric centers are undertaken with the purpose to explain a particular museum or some of its parts. The idea is that, within the framework of collaboration with the Spanish Confederation of Classrooms for Older Persons (CEATE), cultural volunteers from different museums participate in talks for persons in residences and day centers. After their presentation, a guided visit to the corresponding museum is offered.

<http://www.mecd.gob.es/museosmassociales/presentacion.html>

- **The Law of the Third Sector and the Law on Volunteering**, approved by the plenary of the Congress of Deputies on October 1<sup>st</sup>, 2015, with measures to promote the participation of citizens, among them, older persons. This law consolidates the role of the collaborative fabric in Spain and ensures the work of more than six million volunteers and thirty thousand entities that perform their selfless solidarity work in Spain, many of them older persons.

In addition, the Law of the Third Sector contributes to strengthening the capacity of the Third Sector as a partner of the General State Administration, defines measures for the sustainability of this sector, and sets up a new legal framework to strengthen the role of non-profit organizations in the design of social policies.

## REGIONAL LEVEL

Concerning this objective, plans and actions have been developed such as:

- **Community development plan to create social intervention strategies** (C.A of Catalonia), through a participatory process of all actors in the territory and with several projects aimed at older persons, especially in the field of learning throughout life.

- **Family Regional Plan 2016-19** (C.A. of Murcia), with an integrated approach to service delivery, including older persons.

- **Programs to promote active ageing** that prioritize prevention of dependency with particular attention to rural areas (CC.AA of Galicia, Castilla-León and Aragon).

- **Plan for Older Persons, 2010-2013, Horizon 2015 (C.A. Galicia)**, aimed at developing actions, programs, and resources to meet the needs of older persons. The "Galician active ageing strategy for innovation 2016-2020" is being developed based on its results.

- **Program for the assessment, intervention and support** in cases of older persons at risk of vulnerability or abuse (C.A. of Baleares).

- **Programs for the coverage of needs or financial aids of subsistence** (Autonomous City of Ceuta and CC.AA of Andalusia, Extremadura and Baleares).



- **ICT training programs and university programs for older persons**, carried out in all CC.AA. Some of them have established itinerant offices in different municipalities that change in order for the program to be closer and more flexible.
- **Decree - Law 7/2013 on extraordinary and urgent measures to combat social exclusion** (C.A. of Andalusia). Activities regulated by the autonomous community aimed to provide personal care resources for people over 60 years in particularly vulnerable situations.
- **All CC.AA have established participatory consultative bodies** such as Councils for Older Persons in which all public and private stakeholders involved in public policy on ageing take part. There are also web sites and observatories aimed to study, collect, and disseminate information on the situation of older persons.
- **Also in all CC.AA many activities on raising awareness about older persons are organized** and others with the aim to combat discrimination on grounds of age. These include celebrations and tributes to centenarians, tributes to older volunteers in recognition of their solidarity work, awards to media working towards a non-stereotyped image of older persons (Andalusia, Ceuta and Madrid), international literary contests, or fairs for older persons, such as the one in Extremadura, which receives over 40,000 persons. The National Congress of Catalonia for older persons, held every four years, serves to open the social debate on ageing issues and outline work approaches that respond to the needs expressed by older persons.
- **Public-private collaboration must be stressed for the multiple activities aimed at the participation and active ageing** of older persons through agreements between the Foundation of the bank La Caixa and CC.AA like the Balearic Islands, Catalonia, Madrid, Extremadura , La Rioja, and Valencia.

**Objective 3. Promote and protect the dignity, health, and independence of older persons.**

**STATE LEVEL**

- **Culmination of the Information System for Autonomy and Care for Dependency (SAAD)**, with the integration in July 2015 of all CC.AA; the updated management carried out by each of them is already faithfully reflected in the system.
- **Compliance in 2015 with the timetable of progressive implementation of Law 39/2006 of December 14th, on Promotion of Personal Autonomy and Care for Dependent Persons (Law of Dependency)** with the full incorporation of moderate dependents (grade I).
- **Approval between 2012 and 2015 of the following regulations implementing the Law of Dependency:**
  - Royal Decree 291/2015 of April, 17<sup>th</sup>, amending Royal Decree 1051/2013, of December 27, regulating the benefits of the SAAD.

- Royal Decree 1051/2013, of December 27th, regulating the benefits of the SAAD.
  - Law 22/2013 of December 23<sup>rd</sup>, on the General State Budget for 2014.
  - Order SSI / 2371/2013 of December, 17<sup>th</sup>, regulating the SAAD Information System.
  - Royal Decree-Law 20/2012, of July, 13<sup>th</sup>, establishing measures to ensure fiscal stability and promote competitiveness.
- As a result of the actions taken by the SAAD from 2012 to 2016, the following positive achievements are worth noting:
- **On August 31<sup>st</sup>, 2016, 103,000 more persons have been cared for than in 2011**, an increase that continues to consolidate, reaching 842,343 persons being cared for, the largest number of benefit recipients to date.
  - More than 70% of new additions have taken place in recent years.
  - Seven out of ten benefit recipients of the Law on Dependency, namely 71.72% (604,118), have begun to receive benefits from 2012 to August this year, inclusively, which means that most benefit recipients have joined the System Unit during the past 4½ years.
  - **The number of persons waiting to receive a benefit has decreased.** Of these, there are 176,584 persons less than in 2011 who are waiting to receive benefits in degrees and levels effective and consolidated before August 1st, 2015, representing a decrease of 57.72%. On the other hand, nine months after the full implementation and integration of Grade I, the number of persons waiting to receive benefits has decreased from 314,570 to 239,226. Finally, 74.95% of the persons who have left the system so far in 2016, were already receiving benefits. Moreover, the vast majority of “major” dependents, those with severe degree III and II, expecting to receive a benefit, namely 72.28%, are to be found in only 6 autonomous communities: Andalusia, Aragon, the Balearic Islands, Castilla -La Mancha and Catalonia.
  - **An increase in the number of benefits for professional services.** From more than one million benefits on dependency, two out of three are already for professional services. Thus, the benefits of services account for 65,59% out of the total number of recognized benefits, whereas economic benefits for care in the family environment comprise 34,11%. This means the percentage of professional services is 11 points above the 54,6% in 2011.
  - **More coverage in all grades.** In relation to persons recognized as “major” dependents and severe dependent persons, as of August 31st, 2016, there is a total of 696,739 persons with a recognized benefit, which means a coverage of 85.04% of the total of 819,241 people with grades III and II, compared to 71.1% in 2011. Regarding those with degree I, as of August 31st, 2016, three months after its full implementation, there is a total of 145,604 persons with recognized benefits, representing a coverage of 37.18% of all persons entitled, against 14.02% in July, 2015, when it was implemented.
- **Catalogue of Reference for Social Services.** Its elaboration process was launched by the Ministry of Health, Social Services, and Equality. It began in March 2012 and was

articulated through the creation of a working group with all the CC.AA, the cities of Ceuta and Melilla, and the Spanish Federation of Municipalities and Provinces (FEMP) with the aim to collect and unify relevant information on social services throughout the territory of the State.

The analysis of all this information, along with that of the regulations, catalogs and portfolios of existing social services in the autonomous communities and the doctrine on the matter resulted in the drafting of this document which was submitted to the Executive Committee of General Directors for Social Services and Social Inclusion as an Agreement of the Territorial Council of Social Services and the System for Autonomy and Care Unit and approved on January 16th, 2013.

▪ **Agreement on criteria, recommendations, and minimum conditions for the development of plans for the prevention of states of dependency and promotion of personal autonomy.** Adopted by the Territorial Council of Social Services and SAAD (System for Autonomy and Care Unit) on January, 16<sup>th</sup>, 2013.

Among the objectives of the Plans for the Prevention of States of Dependency, the following are to be mentioned:

- To encourage the promotion of autonomy and prevention of dependency by ensuring equal opportunities throughout the national territory.
- To promote the prevention of dependency in the general population and facilitate the access of people in situations of dependency to existing preventive measures for the general population.
- To ensure that both people in a situation of dependency and caregivers can benefit from preventive quality activities.
- To promote awareness-rising and training in all professional groups involved in promoting autonomy and prevention of dependency.

▪ **Spanish Strategy for Autism Spectrum Disorders (ASD)**, approved by the Ministry of Health, Social Services, and Equality.

It contains, among others, measures to facilitate the successful ageing of people with ASD, establishing measures to facilitate their staying in their own environments after age 65 or their choosing their place of residence, living their way of life. It also provides support for people with ASD in the process of ageing (health surveillance, prevention, and healthy life-style habits as well as support for families) and foresees the development of new types of resources for new needs in old age after analyzing the challenges.

<http://www.msssi.gob.es/ssi/discapacidad/informacion/home.htm>

▪ **Strategy on Rheumatic and Muscle-skeletal Diseases (ERyMEs) of the National Health System, approved by the Interterritorial Council of the National Health System on December 20th, 2012**

It contains measures to prevent the occurrence of ERyMEs and reduce the social morbidity associated with the disease and to reduce the deterioration of functional capacity and improve the quality of life of those affected by the disease through health promotion, prevention of diseases, and integrated and multidisciplinary care.

[http://www.msps.es/organizacion/sns/planCalidadSNS/Estrategia\\_ERyMEs.htm](http://www.msps.es/organizacion/sns/planCalidadSNS/Estrategia_ERyMEs.htm)

▪ **Strategy on Neurodegenerative Diseases of the Ministry of Health, Social Services, and Equality**

Agreed by the ministries of health and social services of the 17 CC.AA and with the participation of 50 scientific societies and patient associations. Its goals are early detection, comprehensive care, family support and participation, and defense of the rights of the patients with neurodegenerative diseases.

<http://www.msssi.gob.es/gabinete/notasPrensa.do?id=3947>

▪ **Approach strategy to chronicity in the National Health System (NHS), of the Ministry of Health, Social Services, and Equality**

Agreed by the counseling offices of health and social services of the 17 CC.AA and with the participation of 27 scientific societies, professional organizations and patient associations. In the framework of this strategy the following projects have been developed:

- Development of the Strategy for Health Promotion, with the aim to achieve longer lives in good health and free of disability.  
<http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/docs/EstrategiaPromocionSaludyPrevencionSNS.pdf>
- Stratification of the population, with the aim to establish a tool to identify subgroups with different levels of need and risk and to facilitate the provision of specific interventions appropriate to each need. At the end of 2015 it had been implemented in 13 CC.AA.
- Creation of the Network of Schools of Health for Citizens, with the aim to promote, share, and develop tools to facilitate the empowerment of citizens by improving training in health and disease self-management as well as to improve knowledge and the acquisition of care and self-care skills in health promotion and disease prevention, along with the necessary knowledge to deal with chronic diseases. <http://www.escuelas.msssi.gob.es/>
- Chronic Disease Management, in order to make available technological service to health professionals in the autonomous communities to support decision-making and the development of individualized plans of care of chronic patients. Projects related to chronicity are included.
- A better way to approach pain, with the aim to provide a framework to ensure quality, equity, and efficiency of care to people with pain in the NHS.

[http://www.msssi.gob.es/organizacion/sns/planCalidadSNS/pdf/excelencia/CISNS\\_DocumentoMarcoDolor.pdf](http://www.msssi.gob.es/organizacion/sns/planCalidadSNS/pdf/excelencia/CISNS_DocumentoMarcoDolor.pdf)

- Development of a system of indicators in order to elaborate a statewide common minimum set of evaluation indicators that allows a follow up of the attention provided to persons with chronic problems.

[http://www.msps.es/organizacion/sns/planCalidadSNS/pdf/excelencia/Informe\\_indicadores\\_Cronicidad\\_120516.pdf](http://www.msps.es/organizacion/sns/planCalidadSNS/pdf/excelencia/Informe_indicadores_Cronicidad_120516.pdf)

<https://www.msps.es/organizacion/sns/planCalidadSNS/abordajecronicidad.htm>

▪ **Study on the Pilot Experience "Quality of Life Unit" in the State Reference Center for Alzheimer of the Imserso in Salamanca**

Pilot experience under the Cross Border Cooperation Program Spain-Portugal, with the aim to design, develop, and research of a daily resource for people with dementia at the initial stage. During the study, the Quality of Life unit was created, a temporary resource for research, which focused on the quality of life and, in particular, key aspects of emotional well-being that usually figure prominently in professional agendas and institutions, such as support and respect for the decisions and preferences of people with dementia, positive experience of oneself and of one's illness (counter stigma associated with dementia), promotion of their skills for daily management life and environment (empowerment), participation in occupations and roles of adults significant and valuable for the person, respect for their personality and identity, and fostering of social inclusion. All those aspects share the aim to improve the quality of life of the participants and, at the same time, try to slow down the deterioration of their capabilities associated with their neurodegenerative disease. The study took place between June and December 2013 and was published in 2014 along with 3 guides: *What can I do to live better?* (Focused on the affected person), *He/She has memory problems, what can I do to improve his/her live?* (Focused on family and friends) and *He/She has cognitive impairment in early stages, how can I help to improve his/her live?* (Targeted at professionals)

[http://www.imserso.es/InterPresent1/groups/imserso/documents/binario/12015\\_unidad\\_calidad\\_vida.pdf](http://www.imserso.es/InterPresent1/groups/imserso/documents/binario/12015_unidad_calidad_vida.pdf)

- **Study and publication "People with Down syndrome and their families in view of the process of ageing,"** by the Royal Patronage on Disability, together with the Ministry of Health, Social Services, and Equality. The study analyzes the impact of increased life expectancy of people with Down syndrome who are ageing, both in their overall health and social activity and access to social protection systems. The report also assesses the demands and expectations of people with Down syndrome and their families to the ageing process, in order to provide guidelines for the development of programs and interventions with this group.

[http://www.infocop.es/view\\_article.asp?id=4938](http://www.infocop.es/view_article.asp?id=4938)

- **Publications of the Institute for Women and Equal Opportunities, of the Ministry of Health, Social Services, and Equality.**

In the period of reference the following studies have been published in digital editions: "Formal Carers and family and health" (2014), "*Donors of time. A valuation gender perspective of care work and contribution to the welfare of the living people*" (2014), "*Institutional Aids for Dependency: The reasons for a choice and its consequences on the quality of life and health of family members carers*" (2014), "*New professions for the social organization of daily care*" (2014), and "*Public policy and political production of the category of care: the case of the Dependency Law*" (2015).

## REGIONAL LEVEL

- **All Autonomous Communities are developing and improving their plans and services to promote personal autonomy and prevent dependency in the framework of the implementation of the SAAD (State System for Personal Autonomy and Care Unit).**

In this area various initiatives to improve the quality of life of people affected by dementia and Alzheimer and their families have been launched, with measures aimed at the prevention and treatment and awareness-rising programs on the Alzheimer disease, courses of cognitive stimulation, training and support for families and professionals, fostering collaboration between the various organizations, and promoting volunteering.

New services have been created such as nursing units for older persons with health and social care (C.A. of Castilla-León) or specific residential places for treatment of premature ageing or foster care at home (C.A. of Madrid).

- **All the CC.AA continue to provide services for older persons in residential, day, night and respite centers as well as in homes.** What has changed in this period is, on the one hand, the introduction of the philosophy of care focused on the person and, on the other, the implementation of the approach of active ageing and prevention of dependency that entails changes in the activities already carried out and the introduction of new ones.

In this environment very interesting experiences related to quality of care in centers and the promotion of volunteerism, the use of new technologies, training, intergenerational experiences, physical and cultural activities, and training memory have been developed (CC.AA of Catalonia, Andalusia, Madrid, La Rioja and Extremadura).

The former homes for older persons have also been transformed to promote and organize activities to encourage autonomy and coexistence, enabling successful ageing and preventing dependency. Under this philosophy users are given the chance to participate in the design and organization of activities, and volunteerism of older persons to design their activities is fostered. Some CC.AA, such as Catalonia, house the main offices of older persons' NGOs.

- **All CC.AA enable training and support for care givers, formal and informal, professionals, and volunteers.**
- **Action protocol against mistreatment of older persons/program for good treatment of older persons: Heritage of Humanity** (CA Catalonia). This project includes awareness-raising and training of professionals in social services for the prevention and detection, as well as a monitoring committee, a media campaign, pilot projects, and a telephone service. A similar protocol was also created in the Community of Valencia.
- **Most CC.AA have legal information program for older persons**

#### **Objective 4. To promote intergenerational solidarity**

All CCAA promote intergenerational relationships and solidarity, which is reflected in the development of shared accommodation programs between older persons and college students, cultural and academic activities, intergenerational activities in schools and older persons' homes, and multiple activities and events aimed at raising social awareness in this area as well as programs in collaboration with the Institute of Youth or the education counselling offices of the CC.AA.

## **2) Conclusions and future priorities**

As an overall conclusion, it is important to note that during these years, from 2012 to 2016, social expenditure in the budget of the State has been constantly increasing. The OECD has published that Spain is among the countries of the organization where social expenditure has grown the most.

As noted above, the measures adopted during these four years and outlined in this report have made it possible to substantially improve the situation of the older persons and their quality of life in general and, particularly, of those in a dependency situation and their families.

In the same way, these actions have contributed to the regulation of the Spanish social services and their professionalism and have made a substantial advance in the resources and organization of social protection in Spain possible, also contributing to the generation of employment and national wealth.

Future priorities should focus on promoting and guaranteeing the autonomy, quality of life, right to live an active and healthy ageing process, and right to continue to participate in the various areas of society of eight and a half million citizens over 65 years, soon one in five Spaniards. Value needs to be placed on older persons, who constitute a key asset of our society.

As the Framework of Action for Older Persons points out, actions must be developed targeted to foster solidarity among generations and promote and develop support for actions undertaken by entities and associations of older persons as well as older persons

themselves. Further work needs to be done to ensure the right of the persons with advanced age to a dignified and independent life and to participate in social, economic, and civic life, as well as to make it easier for them to remain active as workers, consumers, caregivers, volunteers, and citizens.

The correction of social imbalances from a perspective that promotes cohesion, equity, participation, and quality of life will undoubtedly have a leading position among future challenges. Social services have to be creators and recyclers of the social fabric through networking and cooperation of the plurality of public and private institutional actors, sharing values and principles.

Finally, regarding the Law on Dependency, now is the time to thoroughly analyze the situation and to study how to guarantee the quality of benefits and services provided in every territory and to everybody, as well as their funding.





## **ANNEX I**

# **FRAMEWORK OF ACTION FOR OLDER PERSONS (Action Plan)**

## **PROPOSALS AND MEASURES FOR REINFORCING THE EXERCISE OF RIGHTS OF OLDER PERSONS**

**Madrid, 1 October 2014**

**Ministry of Health, Social Services and Equality  
State Secretariat for Social Services and Equality  
Institute for Older Persons and Social Services**

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## 1. INTRODUCTION

- 1.1. This document was prepared with the aim of consolidating, in a single text, the lines of action for orienting present and future public policies towards older persons, aimed at promoting active ageing and intergenerational solidarity, in addition to those developed by entities, older people's associations and by older persons themselves.
- 1.2. It also includes a set of proposals for developing the content of the European Union Guidelines for Spain, pursuant to the Declaration of the Council of the European Union (EPSCO) of 6 December 2012 and the Commission Communication of 20 February 2013 urging the Member States to follow the Guidelines that will guide active ageing and intergenerational solidarity, prepared jointly by the European Union Employment and Social Protection Committees, on the occasion of the 2012 European Year of Active Ageing and Intergenerational Solidarity.
- 1.3. The Government of Spain sought to group together, under this action plan, all the aspects that affect older persons in the various areas of society and implement the actions carried out by the different agents. It also implements the European Union Guidelines on active ageing, transferring them to specific proposals and measures that will constitute the lines of action that orient the policies towards older persons, taking into account that ageing constitutes one of the major challenges of modern day society.
- 1.4. A challenge faced by the countries that make up the European Union, as expressed by the Council of the European Union which adopted the *Declaration of the Council on the European Year of Active Ageing and Intergenerational Solidarity (2012): future strategy* on 6 December 2012, implementing the *Europe 2020 Strategy*. This Declaration expresses its firm commitment to promote active ageing and intergenerational solidarity, and invites all the relevant actors to give full expression to this approach into account in the execution of the Europe 2020 Strategy. It highlights older persons' right to a dignified life, to independence and to participate in social, economic and civil life, as well as the need for older age groups to remain active as workers, consumers, carers, volunteers and citizens.
- 1.5. According to said Declaration, active ageing and intergenerational solidarity require, inter alia, the following:
  - a. Participation throughout the life of each person so as to ensure opportunities and access to services and to political, social, recreational and cultural activities and to volunteering, which helps to maintain social networks and reduce isolation.
  - b. Promotion of participation in the job market through measures in favour of the participation of young and older persons in training and continuing education-related activities.
  - c. Recognition of the values of each age group and their contribution to society.
  - d. Promotion of participation in society in order to live longer and with greater independence.
  - e. Health promotion, prevention and early diagnosis of diseases throughout the lifecycle, and rehabilitation that will ensure active, healthy ageing and an independent life, while taking into account the different needs of men and women.
  - f. Adaptation of the social security systems to enable them to offer sustainable and adequate pensions that will contribute to reducing the number of older persons -

particularly women- who live below the poverty threshold and allow older persons to live in a dignified manner.

- 1.6. The aforementioned Declaration includes 19 Guidelines for active ageing and intergenerational solidarity. Each Guideline is in turn divided into three sections: a) introduction; b) aspects of concern to older persons; and c) measures and proposals.
- 1.7. This document also includes, in addition to the sections on Employment, Participation in society and Independent living into which the 19 Guidelines of the European Union are grouped, another section relative to Non-discrimination, equal opportunities and attention to situations of greater vulnerability. Said inclusion takes into account the primacy granted by the EU to fight discrimination on the grounds of age, sex and disability, equal opportunities and the attention required by people in situations of greater vulnerability and social risk, including older persons.
- 1.8. It has been drawn up with the participation of renowned experts in each of the areas relating to older persons and its content has been discussed and completed in the National Council for Older Persons.
- 1.9. It has also been submitted to the consultation of various representatives of the Public Authorities whose competencies include those relating to older persons, professional associations, and associations of older persons, private entities, service providers and the media.
- 1.10. This document makes reference to *older persons*, a notion that is not always specific and accurate in nature. It is frequently used to refer to persons who have reached a certain age or are retired. The pages that follow do not purposefully aim to catalogue or define those who are older persons, in order not to be restrictive and because older persons constitute a very broad and heterogeneous social group whose personal and social characteristics are by no means uniform.
- 1.11. Older persons currently constitute a population group with *significant demographic weight in the world and Spanish society*. In fact, in 2010, 7.6% of the world's population were over 65 years old, and that proportion is predicted to more than double (16.4%) by 2050; the population aged 80 years and over will account for 4.6% on that date (INE, World Population by Age and Sex). Significant differences still exist between the most highly and least-developed countries, but the world's population in general is ageing, whereupon these differences are decreasing due to the fact that the populations of the less developed countries is ageing at a faster rate than that predicted by the United Nations.
- 1.12. Taking into account our closest scenario of the European Union, it should be noted that in 2010, people aged 65 and over will account for 17.37% of the population, while they are estimated to account for 28.61% by 2050 (Eurostat, proj\_10c2150p). According to the Spanish National Statistics Institute (INE), at 1 July 2013 there were 8,344,946 people aged 65 and over (3,580,971 men and 4,763,975 women) in Spain, 17.9% of the total population, 46,609,652 people (INE, Population figures at 1 July 2013. Provisional results), and by 2050 this figure is expected to reach 15.22 million people aged 65 and over (36.38% of 41,836,016 people), i.e. more than a third of the Spanish population will be aged 65 and over in 2050 (INE, Long-term population projections).
- 1.13. Older persons do not have homogeneous characteristics. They are primarily differentiated by life expectancy. In Spain, female *life expectancy at birth* was 85.13 years in 2012 and

male *life expectancy at birth* was 79.38 years. If we take into account *life expectancy at 65*, that of women was 22.46 years and that of men 18.52 years (INE, 2012, Basic Demographic Indicators). If the reference is *healthy life expectancy at birth*, in 2012 the average for men was 64.7 years and for women 65.7 years (Eurostat, hlth\_hlye. 2012). If *healthy life expectancy at 65 is considered*, the average for men was 9.2 years and for women 9 years (INE, Sustainable Development Indicators).

- 1.14. Another differentiating aspect of older persons is the *environment* in which they live. According to the population census of 2011, of the total number of older persons aged 65 or over, 74% lived in urban municipalities and 26% in rural municipalities; i.e. *one out of every four older persons live in a rural environment*. They are also differentiated by sex. In urban environments 42% are older men and 58% older women; in rural environments, older men account for 45% of the population with respect to older women, which account for 55%.
- 1.15. There are other factors that differentiate older persons: income, culture, marital status, family structure, etc. If we relate them to the environment in which they live, it can be observed that life expectancy is greater among older persons living in rural municipalities and, therefore, is a factor contributing to ageing. Older persons in rural environments live in greater isolation. Families are becoming more dysfunctional and, precisely for that reason, it is not easy to return to traditional models of social care in which parents were cared for by their children into old age. Most of their children have emigrated, due to which social services must be adapted accordingly. In rural municipalities, dependence is experienced in a different manner; most of the buildings, particularly dwellings, are single-storey structures without lifts. Therefore, there is a need for other types of social services.
- 1.16. Lastly, it should be noted that the proposals discussed herein are not definitive, but rather are open to future supplementary developments or addition. It should also be noted that their implementation is a matter that not only concerns public administrations or older people, but society as a whole. Only when society as a whole considers older persons as an integral part thereof, with the same rights and duties attributed to people of any other age, will we be able to authoritatively state that older persons form an active and essential part thereof.

## 2. PROPOSALS RELATING TO EMPLOYMENT

### 2.1. Continuing education and vocational training

*Offer men and women of all ages access to, and participation in, education, training and development of capabilities in order to (re)insert them and enable their full participation in the labour market in quality jobs.*

#### a) Introduction

- 2.1.1. The EU establishes, as its *primary Guideline* for active ageing, the promotion of continuing education and vocational training with a view to achieving full employability. As in the case of employment, education and training have been a recurring theme in EU's policy. As an indication, it mentions that *on average only 4.3%* (3.7% of men and 5% of women) of the active population aged between 50 and 74, of the 28 EU countries, participated in continuing education activities in 2012 (Eurostat, [trng\_lfse\_01]).
- 2.1.2. The *Europe 2020 Strategy* places great emphasis on continuing education and vocational training. It asserts that the principles of lifelong learning must form an integral part of the education system as a whole and entrusts the Commission and Member States to promote it in all fields of education, *including adult education*. In the *Council Recommendation of 10 July 2012 on the Spanish National Reform Programme 2012*, it makes recommendations that Spain "support the global Strategy for the employment of older workers through specific measures aimed at further developing lifelong learning, improve employment conditions and promote the reinsertion of this group in the labour market"<sup>1</sup>. Accordingly, *Council Recommendation of 9 July 2013 on the Spanish National Reform Programme 2013* makes recommendations that our country "reinforce the effectiveness of the re-qualification programmes for older workers with fewer qualifications"<sup>2</sup>.
- 2.1.3. Today's society is characterised, inter alia, by an *accelerated development of knowledge*, the burgeoning use of information and communication technologies and an attempt to guarantee the individual and social rights of people. Accordingly, the right to *lifelong training and education must be considered an essential right* if we are to contribute effectively to real equal opportunities and avoid social exclusion arising from lack of education.
- 2.1.4. It should be recalled that elderly people are persons before elders, and that society cannot afford to dispense with their experience. As persons, and at any stage of their life, they are *entitled to training and education*. They are also *responsible for continuing their training* in order not to prematurely withdraw from the labour force. They must continue developing capabilities for self-criticism, for analysing and examining, for diagnosing freely and flexibly, and for proposing creative improvements at all levels.
- 2.1.5. Continuing education and training are necessary for older persons to fully *participate in the labour market*. The current percentage of employed older persons must be increased. In Spain, employed older persons aged between 65 and 69 years represent 0.6% of the total population for that age group and employed older persons aged 70 and over only represent 0.2% (INE, Labour Force Survey, Q4 2013). The *Europe 2020 Strategy* endorses this argument. After affirming that the employment levels of women and older persons are particularly low, it establishes, as an EU objective for 2020, that the employment rate of the population aged between 20 and 64 must increase from the current 69% to at least

75%, through the greater participation, among other groups, of *older workers*.

**b) Aspects of concern to older persons**

- 2.1.6. The *deficient level of training of older persons aged 65 and over in Spain*. According to Eurostat, in 2012 the population aged 65 or over in Spain with an academic level lower than the first cycle of secondary education was 84.3%, while the average for the EU-27 was 57.5% (Eurostat [edat\_lfse\_05]). In Spain, in that same year, 69.3% of older persons aged 65 and over only had primary education and 7.2% were illiterate (0.1% in the 16 to 64 age group) (INE figures, Information Bulletin 11/2012: 2012. European Year of Active Ageing and Intergenerational Solidarity).
- 2.1.7. Interest and enthusiasm to continue learning responds to two concerns: *address deficiencies in their former training and the opportunity* “to prepare our future adequately.”
- 2.1.8. Feel *active and useful*. They want training activities organised for the purpose of sharing, giving and receiving. They do not rule out their participation in work activities, although adapted in accordance with their personal and family circumstances.
- 2.1.9. Some older persons who express their concern about having *decreased, even lost, their social relations* as a consequence of having terminated their work activity.
- 2.1.10. There are older persons do not have access to information on the possibilities offered by lifelong learning with a view to their continued employment or professional reinsertion, or who cannot find the adequate channels for receiving said learning.

**c) Measures and proposals**

- 2.1.11. With the aim of maintaining an adequate level of employability during the time that the older person wants to and is able to work, *continuous learning or lifelong learning* must be reinforced. According to the EU, continuous learning shall be understood to be “all the general education, education and professional training, non-formal education and informal learning activities carried out throughout a person’s life which allow that person to broaden their knowledge, skills and competencies from a personal, civic, social and/or labour standpoint. This includes the provision of assessment and counselling services”<sup>3</sup>.
- 2.1.12. Organisation, particularly by companies, of courses in the workplace that will allow older persons to maintain their current level of knowledge and acquire new skills, especially in relation to *new technologies*, with the aim of ensuring that older persons remain duly integrated in their work environment. At companies, said courses are preferably aimed at young rather than older employees, for which they could be accused of age discrimination.
- 2.1.13. The training offering must include *formal, non-formal and informal* learning activities, and particularly lifelong learning, for various purposes: to obtain an official degree or certification, acquire or improve certain competencies on a personal and, potentially, professional level.
- 2.1.14. *Flexible and varied training programmes* must be developed in terms of duration, timetables, contents, methodology, spaces, classroom and online learning modality, etc., in order to acquire, consolidate or broaden their knowledge of different knowledge and

skills that will help them to solve problems in their personal, family, professional or social life.

- 2.1.15. Convenience of *establishing quantitative indicators or reference values* to determine the participation of adults in continuous education and training activities<sup>4</sup> within the framework of an analysis of scheduled objectives and of the corresponding evaluation of results.
- 2.1.16. Employability must also be preserved throughout a person's working life, particularly in the case of people with physical or mental illness, *offering them access to and participation in capability training and development* in order to reinsert them so they can fully participate in the labour market in quality jobs.
- 2.1.17. Promote lifelong learning and refresher courses for workers aged 50 and over, carrying out dissemination campaigns aimed at promoting persons within that age group as assets for companies.

## 2.2. Healthy working conditions

*Promote working conditions and environments that will maintain the health and well-being of employees, thereby guaranteeing their professional reinsertion throughout their lives.*

### a) Introduction

- 2.2.1. In the last Quality of Work Life Survey (INE, 2010), the group of workers aged 55 and over appears as the *most satisfied with their work* with respect to other age groups (46.2% were satisfied with their work and 28.4% were very satisfied). This figure suggests, notwithstanding the existence of workers who wish to retire before the age of 65, that work activity after said age can be a desirable objective if the working conditions and environment are adequate for those who wish to continue working after the age of 65.
- 2.2.2. In the context of the EU, the *White Paper on Pensions 2012* establishes that the success of the reforms aimed at increasing (including the progressive disappearance of early retirement plans) depends on whether older women and men are offered better opportunities to *extend their working life*, through adequate provisions in terms of health, workplace and employment. This includes *adapting work centres and the organisation of the work*, fostering lifelong learning, adopting profitable work-life balance policies, implementing measures for contributing to healthy ageing and countering gender inequality and age discrimination<sup>5</sup>.

### b) Aspects of concern to older persons

- 2.2.3. There are different reasons for which, occasionally, persons wish to retire before the age of 65. One such reason, which occurs particularly in *arduous occupations or occupations with a higher degree of hazard or unhealthiness*, is that relative to working conditions. It is probable that, if these were better, voluntary retirement could be delayed.
- 2.2.4. There are professions that are gratifying for persons approaching or who have reached the age of retirement, while others are conducted arduously.



- 2.2.5. The rate of occurrence of occupational accidents and professional diseases, despite having decreased in recent years, is a cause of concern for older persons when deciding whether or not to continue their work activity.

**c) Measures and proposals**

- 2.2.6. The *establishment of measures and systems to promote and favour employees' health throughout their lives* is an indispensable requirement for them to remain in the labour market.
- 2.2.7. To the extent that healthy work conditions directly influence the permanence of older persons in the workplace, it is necessary to exchange and disseminate examples of good practices relative to the adaptation of the work environment to a progressively ageing workforce, as provided for in the Spanish Corporate Social Responsibility Strategy.
- 2.2.8. The working conditions that will maintain the employees' quality of life and well-being must be improved, particularly through positive development and stimulation measures, as well as reinforcing the policies aimed at vulnerable workers, particularly occupations with great physical demands, manual work and night shifts.
- 2.2.9. Ensure that the professionals involved are aware of the legal and regulatory occupational health requirements and, specifically, the provisions of Law 31/1995, of 8 November, on the Prevention of Occupational Risks, and in Royal Decree 39/1997, of 17 January, approving the Regulations of Prevention Services. Likewise, foster awareness and the dissemination of preventive measures among older employees.
- 2.2.10. Foster awareness of the importance of occupational risk prevention, particularly in relation to risks inherent to new contaminating substances.

**2.3. Age management strategies**

*Adapt careers and working conditions to the changing needs of ageing employees in order to avoid early retirement.*

**a) Introduction**

- 2.3.1. The *retirement age of 65* was established in the Social Security in 1919. However, this retirement age remains nearly unaltered when, in fact, life expectancy at birth is 79.38 years for men and 85.13 years for women (section 1.13). Mortality has decreased considerably in older persons aged 65 and over. Taking 1990 and 2012 as a reference, the mortality rate (number of deaths per every 1,000 inhabitants) has passed, for people aged 65, from 14.28 to 8.43; for people aged 75, from 38.08 to 23.52; for people aged 85 years, from 120.63 to 83.53; for persons aged 95, from 303.03 to 264.48; for people aged 100 or over, from 368.23 to 355.95 (INE, Mortality rates by age and sex, Basic Demographic Indicators).
- 2.3.2. Older persons themselves are aware of this life extension. It is not the same to live 5 or 10 years after retiring than to live 25 or 30 years. The research carried out demonstrates that, in the same way that youth has been extended to the age of 30 or 35, due to the extension in the education and training period, *old age has also been extended to the age of 75 or 80* with good physical or mental health for most people. This is evident from the increase in healthy life expectancy to the age of 65 (see section 1.13).

- 2.3.3. In relation to the age of retirement, the *Evaluation Report and Reform of the Toledo Agreement of 2011* revealed the need to amend early retirement regulations, on having become, at times, a covert redundancy formula. It stressed that the Agreement should continue to be applied to those accrediting a long contribution period, as well as the need to counter age discrimination in the labour market, restricting the premature withdrawal from the labour force to a maximum. Furthermore, despite admitting that an agreement was not reached in terms of the legal retirement age, it is understood that extending working life is something necessary and desirable. From this viewpoint, the aforementioned report considered that the objective of delaying the effective age of retirement required *promoting a new legal framework* based more on flexibility, gradualness and maintenance of stimuli for extending working life. In this connection, it should be noted that both Law 27/2011, of 1 August, and Royal Decree-Law 5/2013, of 15 March, amend early retirement regulations by limiting the application thereof to workers with long contribution histories.
- 2.3.4. Likewise, *Royal Decree-Law 5/2013, of 15 March, on measures for favouring the continuity of the working life of older workers and promoting active ageing* establishes that, in the context of the Social Security and notwithstanding exceptions in the case of high-ranking public officials, those workers who have reached the corresponding legal age in each case and are entitled to 100% of the retirement pension basis of assessment, may combine the pension with the performance of any work under an employment contract or as an independent professional, full- or part-time; the amount of the pension shall be 50% of the amount resulting from the initial calculation, after applying the maximum public pension limit, where applicable. A similar system has been established, in said regulation, for civil servants under the Civil Service Pension Scheme.
- 2.3.5. The aforementioned Royal Decree-Law establishes *modifications in the access to the various early retirement modalities*. It follows the guidelines set by the also aforementioned (section 2.2.2) *EU White Paper of Pensions 2012*, according to which pension reforms aimed at extending working life must also focus on eliminating unjustified early retirement possibilities that could apply to all employees or to specific professions.

#### **b) Aspects of concern to older persons**

- 2.3.6. While it is true that some older persons would like to bring forward their retirement date, the fact remains that *an increasingly larger proportion would like to delay it, or pass through all the intermediate reduced workday stages*.
- 2.3.7. Each occupational sector and each person is unique and different and, therefore, it would be desirable to offer workers the possibility of remaining in the labour force in an occupation if their physical and mental capacity allows them to continue to perform the duties. In other words, it must be considered normal for older persons to request that retirement be voluntary and that the retirement pension be proportional to the amounts contributed to the Social Security.
- 2.3.8. There is a broad range of situations: workers who can and want to continue working beyond their retirement age, availing themselves of the benefits of the new regulation on compatibility between work activity and retirement pension; workers who, despite wanting to, cannot avail themselves of early retirement schemes on not fulfilling the requirements; workers who wish to retire because they have a long contribution period but have not reached the age of retirement, etc.

2.3.9. In general, the amendment of the legal retirement system is considered relevant to give greater weight to workers' contribution period, in order to delimit the amount of their pension, thereby favouring the approximation of their actual age to the legal pension age<sup>6</sup>. In this connection, it should be noted that Law 27/2011, of 1 August, once the transition period established therein has elapsed and for the purpose of obtaining 100% of the pension, increases to 25 the number of years considered for the calculation thereof. Also, Royal Decree-Law 5/2013, of 15 March, establishes the pension-reducing coefficients based on the contribution period and envisages additional pension increments also based on the contribution period, thus giving greater weight to workers' contribution periods. Likewise, the civil servants' entire administrative career is taken into account in the Civil Service Pension Scheme.

### c) Measures and proposals

2.3.10. Following the Recommendations for Spain set out in the EU White Paper on Social Security<sup>7</sup>, and those established in the Toledo Agreement of 2011, extending the working life of citizens is deemed a *necessary and desirable objective*. To this end, among other measures, Royal Decree-Law 5/2013, of 15 March, was enacted, which is applicable to the different Social Security Schemes, including that of Civil Service Pensioners.

2.3.11. It is deemed relevant, in line with the law, to *continue encouraging the voluntary extension of working life* beyond the ordinary retirement age. In fact, Royal Decree-Law 5/2013, of 15 March, encourages the extension of working life recognising additional contribution percentages in the event of extension of working life beyond the legal retirement age and the Basic Public Servants' Statute envisages the extension of active duty until the age of 70.

2.3.12. Early retirement should be reserved for workers with long contribution periods who voluntarily avail themselves of this option. However, early retirement mechanisms could be established for workers whose employment relation is terminated for causes not attributable thereto, for workers who carry out specific activities (in terms of hardship, imperilment or unhealthiness and with high morbidity or mortality rates), as well as for workers with a high degree of disability and also, in particular, when the existence of the disability implies a reduction in their life expectancy on a general and objectively observable basis. In this regard, it should be noted that Royal Decree-Law 5/2013, of 15 March, increased the number of years required for accessing early retirement, modifying the conditions and limiting the years of anticipation to four in the event of involuntary termination of the worker and to two years if early retirement is voluntary. Likewise, it should be taken into account that the provisions of Royal Decree 1698/2011, of 18 November, regulating the legal system and general procedure for establishing reduction coefficients and anticipating the age of retirement in the Social Security system.

2.3.13. In view of the different retirement schemes currently in place (fulfilment of a certain legal age; early, flexible and partial retirements; special retirement at the age of 64, etc.), it is convenient for workers to have sufficient information and duly in advance of their retirement age, in order to make the decisions they deem convenient with respect to their future retirement rights.

2.3.14. One of the strategies for verifying age management could consist of *evaluating the employment percentages* of older workers.

2.3.15. It is deemed advisable to *encourage employment of older workers in jobs adequate to their conditions*. These incentives, with an adequate design, could be a useful instrument

to favour the insertion or permanence of older workers in the labour market, which more often than not are under risk of exclusion from it.

- 2.3.16. Study formulas for *encouraging the maintenance of their jobs* in accordance with the seniority in the company of employees aged 55 or over.
- 2.3.17. Prepare the transition to retirement through specific training and a *flexibilisation of the work activity and conditions*, considering gradual retirement, part-time work, flexible working hours and voluntary or community work.

## 2.4. Employment services for older workers

*Provide assessment, placement and counselling for the re-insertion of older workers wishing to extend their working lives.*

### a) Introduction

- 2.4.1. In the last quarter of 2013 it was estimated that, in Spain, 131,300 people aged 65 and over were employed: 102,700 people aged between 65 and 69 (57,600 men and 45,100 women) and 28,600 aged 70 and over (17,400 men and 11,200 women). Of these 73,900 (45,400 men and 28,500 women) were independent professionals and 57,400 (29,600 men and 27,800 women) were employees (INE, Labour Force Survey, Q4 2013).
- 2.4.2. The *Europe 2020 Strategy* establishes, on developing the emblematic initiative “An agenda for new qualifications and jobs,” that the European Commission must address in order to “promote the Public Employment Services of the Member States.” The *Decision of the Council, of 21 October 2010, relative to the guidelines for the employment policies of the Member States*, expresses that “employment services play a significant role in the activation and alignment of competencies and needs, due to which they must be reinforced through individual services and active and preventive labour market measures at an early stage. Said services and measures must be applicable to everyone”<sup>8</sup>.
- 2.4.3. The *Recommendation of the Council, of 10 July 2012, on the Spanish National Reform Programme 2012*, makes recommendations that our country increase the use of training and assessment services and to align supply and demand by intensifying the links to passive policies and *reinforcing the coordination between national and regional public services*, including the exchange of information on job offers<sup>9</sup>. This recommendation was implemented by *Royal Decree-Law 4/2013, of 22 February, on measures in favour of employers and the stimulation of growth and job creation*, which establishes the existence of a *Single Employment Portal*, which must enable the dissemination of the existing job offers, demands for employment and training opportunities throughout the State, as well as the other European Economic Area countries. In this regard, the *Recommendation of the Council, of 9 July 2013, relative to the Spanish National Reform Programme 2013*, indicated that our country must “reinforce and modernise Public Employment Services to guarantee individualised support to unemployed persons according to their profiles and training needs, fully implement the single employment portal and accelerate the application of public and private collaboration in placement services in order to guarantee effective application in 2013”<sup>10</sup>.
- 2.4.4. In *Spain*, Law 56/2003, of 16 December, on Employment, and its successive amendments, broadly implements *Public Employment Services*, both at the state and autonomous community level. The activity is carried out in different fields, including the following:

- a. *Vocational guidance*: informative actions, accompaniment, motivation and assessment that will enable the search for employment or the implementation of business initiatives.
  - b. *Training and requalification*: learning, training, requalification or professional retraining actions aimed at employment included in the vocational training subsystem.
  - c. *Job opportunities and training*: actions that imply performing effective work in a real environment and enable the acquisition of training or professional experience aimed at labour insertion.
  - d. *Promotion of equal employment opportunities*: measures for promoting equal employment opportunities for men and women, job permanence and professional promotion, as well as work-life balance and the co-responsibility of men and women in the assumption of family responsibilities.
- 2.4.5. In accordance with said Law, the state and autonomous community employment services must foster specific programmes aimed at promoting the employment of people with particular difficulties in accessing the labour market, paying special attention to people with lack of education, women, long-term unemployed people, *people aged 45 and over*, disabled people or people in a situation of social exclusion and immigrants. The Public Employment Services must ensure the design of *individual and personalised employment itineraries* that combine the different measures and policies, adapted to the professional profile of people and their specific needs. Whenever necessary, they shall assess the need for *coordination with the social services* to better attend said people.

#### **b) Aspects of concern to older persons**

- 2.4.6. The situation of older workers and their families *on losing their jobs* without having reached the age of retirement.
- 2.4.7. The greater difficulties in finding a job for people aged 65 and over whose contribution period is insufficient to entitle them to a retirement pension.
- 2.4.8. The great majority of older persons are not currently employed, as independent professionals or employees, with the exception of the work they carry out in the household and the care of dependent persons (children, disabled or older persons). However, these older unemployed persons *can contribute an undeniable productive value to society*. In this connection, it would be necessary to promote systems for channelling the production activity of the entire population aged 65 and over.
- 2.4.9. Older persons *do not benefit*, in general, from support, counselling, training and requalification actions entrusted to state and autonomous community Public Employment Services by Spanish legislation.
- 2.4.10. The transition from employment to retirement *occurs differently in cities and villages*. In villages, retirement consists of a process whereby older persons disassociate themselves with their work as they grow weaker and usually combine retirement with work in the household, the vegetable garden or even the field.

#### **c) Measures and proposals**

- 2.4.11. *Arbitrate adequate employment or occupation measures* and, failing these, economic measures for older persons who have lost their job before reaching the age of retirement.
- 2.4.12. Mention should be made of the measure established by Royal Decree-Law 5/2013, of 15 March, relative to *workers aged 55 and over who have exhausted their contributory unemployment benefit* or any of the unemployment allowances established in the General Social Security Law, or are not eligible for them, who shall be considered a priority sector for participating in the actions and measures of active employment policies developed by the Public Employment Services.
- 2.4.13. At present in our country, the Public Employment Services are preferably aimed at *labour intermediation and the search for employment for the most vulnerable sectors*, such as young people, women, long-term unemployed people, immigrants and disabled people. It would be convenient for these services to broaden their activity, in practice, towards older persons so they can find a job adapted to their personal and professional characteristics.
- 2.4.14. By fulfilling the specific training, counselling and requalification functions entrusted thereto, the Public Employment Services *could focus their efforts on older persons approaching the age of retirement*, so that, if necessary to ensure their permanence in the labour market, they can find a profession adequate to the new physical, psychological and personal characteristics of all kinds common to old age.
- 2.4.15. It would be necessary for public administration agencies, particularly the Public Employment Services, to launch *dissemination campaigns* on the guidance, counselling and support functions of said services, most notably those aimed at adults and older persons, not only those relating to the payment of unemployment benefit.
- 2.4.16. It would be convenient to help older persons to become employers. Taking into account the real difficulties of people aged 50 and over in finding employment and, further, their level of training, knowledge and experience, it would be convenient to design policies and stimuli aimed at encouraging older persons to become independent professionals, thereby creating their own employment.
- 2.4.17. The creation of companies by older persons with accredited experience should be encouraged. Practice is proving the existence of companies created by said workers whose staff includes both young and older persons who are fully productive.
- 2.4.18. Older persons with particular difficulties in accessing the labour market should form part of an employment promotion programme and be entitled to receive unemployment benefit while working as independent professionals or employees.
- 2.4.19. In relation to the employment of older workers and persons, the time has come to wage the battle for talent. Talent does not age, it becomes richer.
- 2.4.20. The aforementioned measures *depend on the older persons and the decisions made by the public authorities*. In this connection, we should welcome the possibility, envisaged in Article 2 of Royal Decree-Law 4/2013, of 22 February, that those sectors with the greatest difficulties in accessing the labour market, which form part of an employment promotion programme, may combine the receipt of unemployment benefit with work as independent professionals<sup>11</sup>.

2.4.21. In general, public policies towards older persons must also be aimed, since they form part of active ageing, at their permanence in an adequate job. At the end of 2013, employed people aged 65 and over accounted for 0.6% of the total active population in Spain (INE, Labour Force Survey. Q4). That proportion should be increased progressively.

## 2.5. Avoid age discrimination

*Guarantee equal rights for older workers in the labour market, abstaining from using age as a decisive factor to assess whether a worker is suitable or unsuitable for a position; avoid negative stereotypes related to age and discriminatory attitudes towards older workers in the workplace; highlight the contribution made by older workers.*

### a) Introduction

2.5.1. The fight against age discrimination is explicitly stated in Article 10 of the Treaty on the Functioning of the European Union (“the Union shall aim to combat discrimination based on [...] age”) and in Article 21 of the EU Charter of Fundamental Rights (“all discrimination is prohibited, in particular, discrimination on the grounds of [...] age”). The Spanish Constitution establishes, in Article 14, that no discrimination shall prevail on the basis of “any personal or social condition or circumstance”, including age, according to settled case-law of the Constitutional Court: “Age is not one of the circumstances set out in Article 14, but this should not be interpreted as a closed typifying intention that excludes any other intention set out in the legal text, since the formula of the aforementioned legislation alludes to any other personal or social condition or circumstance attributed to age” (STC 75/1983, of 3 August)<sup>12</sup>. In terms of employment, the Spanish Workers’ Statute expressly states that “the fundamental rights of workers, with the content and scope established in the legislation specific to each, include not being directly or indirectly discriminated for employment or while employed, on the grounds of (...) age within the limits stipulated by this law” [Legislative Royal Decree 1/1995, of 24 March, Article 4.1.c)]. The Basic Public Servants’ Statute expresses a similar view: “Civil servants have the following individual rights (...): i) to non-discrimination on the grounds of de (...) age” (Article 14 of Law 7/2007, of 12 April).

2.5.2. In the context of the European Union, non-discrimination on the grounds of age in relation to employment and occupation is envisaged in *Directive 2000/78/EC*, the purpose of which is to establish a general framework for countering discrimination on the grounds of religion or convictions, disability, age or sexual orientation in relation to employment and occupation, aimed at applying the principle of equal treatment in the Member States. This principle is understood to be the absence of all direct or indirect discrimination based on any of the aforementioned reasons. Direct discrimination is understood to exist when a person is, has been or could be treated in a less favourable manner than another in the same situation. Indirect discrimination is understood to exist when an apparently neutral provision, criterion or practice could give rise to a particular disadvantage to people with a religion or conviction, a disability, a certain age or sexual orientation with respect to other persons. There may be differences in treatment on the grounds on age in certain objectively and reasonably justified cases, particularly in the case of Young people, older workers and those responsible for dependent persons, with a view to favouring their professional insertion or guaranteeing the protection of said persons<sup>13</sup>.

2.5.3. The *Evaluation Report and Reform of the Toledo Agreement of 2011* revealed the need to counter age discrimination in the labour market, restricting premature withdrawal from

the labour force to a maximum, as an orientation towards the future of equity policies, in accordance with EU initiatives (Recommendation No. 12).

**b) Aspects of concern to older persons**

- 2.5.4. The fight against age discrimination is a challenge facing today's society that is beyond dispute at the theoretical level. In practice, however, as repeatedly revealed by the EU, *there is still much to be achieved*<sup>14</sup>, and even more so in relation to employment.
- 2.5.5. Whether they express it in public or not, many older workers feel discriminated because *they are not taken into account to perform certain tasks*, or to occupy positions of greater responsibility, just because they are older.
- 2.5.6. *Too many negative age-related stereotypes* continue to exist in the labour market. Among these, and possibly the most representative and eloquent of all, that young people work harder than older people, or that older workers grow tired more easily, miss work, etc.
- 2.5.7. A matter of deep concern to older persons is the existence of age discrimination in the labour market which, without expressing it explicitly, is translated into an even worse attitude: *indifference*.
- 2.5.8. Not enough emphasis is placed on the *passive contribution of older persons* in different work activities. Their extensive and proven knowledge, personal and professional experience and better reaction to complex situations that can arise in the workplace are added values of older persons that must be leveraged.

**c) Measures and proposals**

- 2.5.9. The legal measures adopted recently to *avoid the discrimination of older workers (50 or over) in collective redundancy procedures* of companies which have reported profit in the last two years are included in Royal Decree-Law 5/2013, of 15 March. They will no doubt contribute to decreasing the number of older workers terminated, who are generally more susceptible to being forced to abandon their work activity the most.
- 2.5.10. It is therefore necessary to *counter age discrimination* in a labour, social, health care or any other context. Although it is frequently affirmed that older persons must remain integrated in the labour market, in everyday practice, however, subtle obstacles or impediments are created to prevent older persons from performing certain work because of their age.
- 2.5.11. Older persons should be included in the *representative bodies* in the different work environments, both the public administration and private companies and, if necessary, *discriminate positively* as in the case of disabled persons or women. This is advocated by the EU in its documents<sup>15</sup>.
- 2.5.12. *Discrimination must be countered in the training courses* delivered at work centres and which occasionally exclude older workers. Older persons themselves must be motivated to attend said courses due to the substantial importance of adequate knowledge in the performance of a productive activity.
- 2.5.13. In a business context, a *positive image of older persons must be promoted*, in order for them to be considered equity and a source of new forms of economic development, not a



burden or expense. Positive approaches must be developed that value the contribution, productivity and resources contributed by workers with greater seniority.

2.5.14. It would be advisable, for the purpose of preventing age discrimination, to study the possibility of *promoting intergenerational exchange programmes* among the staff.

2.5.15. The public administrations, to the extent of their scope, social entities, sector associations and particularly the media must avoid portraying an image of older persons as a passive and unproductive group, for the purpose of countering their social discrimination on the grounds of age.

## 2.6. Taxation favourable to employment / tax credit systems

*Review tax credit systems to guarantee that it compensates older persons to work, while guaranteeing an adequate level of allowance.*

### a) Introduction

2.6.1. The aforementioned Decision of the Council of the European Union, of 21 October 2010, relative to Member State employment policy guidelines (section 2.4.2), affirms that: “The Member States *shall examine their taxation and tax credit systems*, as well as the ability of the public services to provide the necessary support, for the purpose of increasing the participation of the workforce and stimulate demand for labour”. It also establishes the promotion of *active ageing*.

2.6.2. It could be said that, in Spain, the incompatibility that existed between the receipt of a Social Security retirement pension and the pensioner’s work activity *did not favour the extended working life* of people who reached the age of retirement. On the contrary, there were cases where, after having fulfilled the contribution period required to receive 100% of their basis of assessment in their retirement pension, the workers opted for this modality even if they could legally extend their working life, since the remuneration received did not compensate them financially. Compatibility currently exists between retirement pension and work in the cases envisaged in Law 27/2011, of 1 August, and in Royal Decree-Law 5/2013, of 15 March.

2.6.3. In *tax legislation*, tax credits for older persons aged 65 and over have been specially aimed at exemptions and tax relief, when intended for care provision of said older persons at institutions, constitution of pension funds, dependency insurance and equivalent.

2.6.4. In *Social Security Legislation* there is allowance for workers aged 65 or over:

- a. *Retirement pension*. When this pension is accessed at an age higher than the ordinary age of retirement applicable at any given time, provided that on reaching this age the minimum required contribution period has been achieved, the worker is assigned an *additional percentage* per each full year of contribution. The additional percentage is 2% per each full year elapsed from the date on which the worker reached the ordinary age of retirement, when the worker accredits a contribution period of up to 25 years on reaching said age, 2.75% when the worker accredits a contribution period of between 25 and 37 years and 4% when the worker accredits a contribution period of over 37 years. The additional percentage obtained is added to that which, in general, corresponds to the worker based on the contribution period. The resulting percentage is applied to the pensionable base for the purpose of calculating the pension amount. In the event that it reaches the maximum limit without applying the

additional percentage or applying it only partially, the worker will receive the maximum pension amount and a supplementary amount; the sum of the two shall in no case exceed the maximum pensionable base applicable at any given time.

- b. *Exemption of workers aged 65 or over from Social Security payments.* Employers and workers shall be exempt from making Social Security payments for ordinary contingencies, except for temporary disability arising therefrom, with respect to employees with indefinite-term contracts, in any of the following cases: 1) 65 years old and contribution period of 38 years and 6 months; 2) 67 years old and contribution period of 37 years. These exemptions are not applicable to the contribution periods of public authority staff.
- c. *Exemption of domestic workers aged 65 or over from Social Security payments.* Domestic workers aged 65 or over and with a contribution period of 38 years and 6 months are fully exempt from all Social Security payments for ordinary contingencies, except temporary disability.
- d. *Contribution in situations of compatibility between retirement pension and work.* In these situations, employers and workers who make Social Security payments only for temporary disability and professional contingencies, while subject to a special solidarity contribution of 8%, not computable for pension purposes, which in the case of employees shall be distributed between the employer and the worker (each bearing 6% and 2%, respectively).

#### **b) Aspects of concern to older persons**

- 2.6.5. Perhaps because extending working life beyond 65 is not normal practice in Spain, the concerns of older persons in this regard have not yet been revealed. Moreover, the case is usually the opposite, i.e. workers with long contribution periods opting for early retirement regardless of not being eligible for tax credits.
- 2.6.6. A current, and especially future, concern of older persons, due to the late entry of young people on the labour market, is not having completed the contribution period required to be entitled to 100% of the pensionable base of the retirement pension.

#### **c) Measures and proposals**

- 2.6.7. It would be convenient to study the possibility of establishing an incentive-based tax policy for older persons, such as that envisaged in the taxation of gains obtained from the sale of assets of older persons aged 65 and over.
- 2.6.8. Maintain the current allowance granted by Social Security to workers aged 65 or over and analyse the possible extension thereof.
- 2.6.9. That expressed in the two preceding points must be envisaged from a global viewpoint. If older persons do not voluntarily disassociate themselves from the labour market, in addition to contributing to better active ageing, represent less cost to social protection system.

### **2.7. Transfer of experiences**

*Capitalise on workers' knowledge and capabilities through mentoring and the creation of multi-age teams.*

**a) Introduction**

2.7.1. Older persons are a *highly active and productive group*. They can contribute effectively, through their experience, to consolidate and stabilise the knowledge of subsequent generations. Likewise, the *teamwork of older and young people* can enable a more vigorous labour and social integration.

**b) Aspects of concern to older persons**

2.7.2. Older persons demand *better treatment and recognition in the workplace*. Older workers are frequently relegated to minor roles, as if only young people could provide a guarantee of quality and knowledge. Any public or private organisation needs people of both sexes, since in modern and developed societies the employment situation should not depend solely on two *statuses* such as sex and age, but also on other acquired statuses such as knowledge and skills, experience, innovation capacity, etc. Job roles, just like remuneration, should depend exclusively on each person's capability to discharge the role better than others.

2.7.3. Older persons can feel frustrated if their knowledge and experience is not sufficiently valued in the different spheres of life, not only labour but also community, cultural and civic, in which they participate. The contrast between their own perception of their value and how it is perceived by their environment could lead to disappointment.

**c) Measures and proposals**

2.7.4. Promote the exchange of experiences and knowledge between workers of different generation through mentoring and the creation of multi-age teams, placing special emphasis on the participation of older persons with greater work experience in the occupational guidance of young people entering the labour market for the first time.

2.7.5. Help older persons to better understand the skills they have acquired through their life experience so they can learn to use them in other sectors or activities.

2.7.6. Involve older persons in the creation of active ageing programmes in the workplace.

2.7.7. In general, the public authorities, private entities and companies should leverage the contributions made by older persons, as not only does this lead to their greater consideration, usefulness and self-esteem, but also exerts a favourable influence on the community.

2.7.8. The public authorities should encourage retired older persons, executives or qualified technicians throughout their working life, whether or not integrated in voluntary entities, to *contribute, as advisors, their knowledge and professional experience to younger workers*.

**2.8. Reconciliation of employment and care duties**

*Adapt working conditions and offer adequate leave for men and women that will enable them, non-professional carers, to remain in their job or return to the labour market.*

**a) Introduction**

- 2.8.1. The *reconciliation of work and care of dependent persons at home* (sick, disabled or dependent children and older persons) is a need that comes up in all the periodic surveys conducted, both at the European and national level. As an indicative figure it is reflected that, in 2013 in Spain, 13% of older persons aged 55 and over were employed on a part-time basis. Of these, 2.5% (0.3% of employed people within that age group, 7,900 people) worked part-time because they had to care for children or sick, disabled or older adults. Of these, approximately one-third were forced to work part-time on not being able to afford the adequate care services for sick, disabled or older adults (INE, Labour Force Survey, 2013). Likewise, in 2013, within that age group 0.8% of people who sought employment did so due to having to care for children or sick, disabled or older adults (86,700 people) and, of these, more than half did so on not being able to afford adequate care services for children sick, disabled or older adults (INE, Labour Force Survey, 2013). To this we must add 6.7% of the population who do not seek employment due to other personal or family obligations. These data imply that not only young people, but an increasing number of older people and, naturally, those aged 65 and over, must balance their work, outside and inside the household, with care-related work. Older persons currently constitute one of the largest groups of non-professional carers, particularly of their spouse, grandchildren and other family members, who require care. This makes it necessary to examine the important aspect of the *family and intergenerational relationships of older persons*.
- 2.8.2. Family relationships must be included within the context of the provisions of the Spanish Constitution: “The public authorities shall assure the social, economic and legal protection of the family” (Article 39.1). Likewise, in relation to *family obligations towards older persons*, the Spanish Constitution establishes that, regardless of said obligations, the public authorities shall promote the well-being of older persons through a social services system (Article 50), a point that at least suggests that the family’s obligations towards older persons run parallel to the actions of the public authorities.
- 2.8.3. In the Barometer survey of the Centre for Sociological Research of September 2010, one of the questions asked the respondents to assign a numerical score to their life and family relationships. Some 56.4% of the respondents aged 65 or over said they were completely satisfied; 31.2%, gave their satisfaction a score of 7-8, which can be considered moderately satisfied; 88.6% of these same respondents were convinced that, if they needed help, their families would offer it to them. Moreover, the family is the source of help in which they trusted most. *Older persons are the age group that most frequently felt satisfied with their family*.
- 2.8.4. As regards the *role of the family in our society*, people aged 65 or over think that the two most important issues are to care for and educate children and give them love and affection. However, they are more sensitive than other age groups in pointing out that *caring for older persons should also be on the list of family functions*.

#### **b) Aspects of concern to older persons**

- 2.8.5. In the *Conference of the State Council of Senior Citizens* of 2009, issues were addressed that seem to suggest certain concerns of older persons. These include:
- a. The *excessive workload of older persons as carers*, both of other older persons or minors, particularly grandchildren.
  - b. The need for *greater recognition as educators* and not only carers, *of older persons who care for their grandchildren*.

- c. Older persons are *pivotal to the stability and sustainability* of many families. Statistics reveal that, at present, older persons undeniably provide financial support for their children, not only minors but also adults.
  - d. Establishing interdepartmental protocols for *detecting the abuse of older persons* is essential.
- 2.8.6. In the *older persons survey conducted by IMSERSO in 2010*, the subject of *family relations* was addressed in a direct manner. Said survey reflects some of the concerns of older persons:
- a. Some 12.7% of surveyed older persons said that they *never had any contact with their grandchildren*.
  - b. Nearly 70% of the respondents said that they currently help their children to care for their grandchildren while their parents are working (31.2%) or have helped them previously although they currently do not (37.4%). *The importance of this care is reflected in the frequency with which it is provided*: 49.5% provide care on a daily basis and 44.9% on a weekly basis.
  - c. The support provided to their children also includes economic aid. Nearly 20% of older persons help their children financially. The reciprocity of the children towards their parents is shown mainly when the latter require care. When this occurs, some 63.5% of older persons *wish to be cared for in their home and by a family member*. The rural environment and the 80+ age group positively influence this option. However, reality and desire differ: of the persons who already receive care, 49.1% preferred said care to be provided by professional carers of the public social services, 5.5% preferred private carers and 14.5% preferred both family member and professional carers.
- 2.8.7. The *White Paper on Active Ageing produced by IMSERSO* also provides insights into the concerns of older persons in relation to their family relationships:
- a. There is an urgent need for an *intergenerational framework in favour of the residential separation thereof*, owing to generally mutual desire to live independently. It is a social framework that does not undermine family solidarity, which subsists in form, although in content it tends to develop in a different manner to the traditional approach. There is no longer disassociation between older persons and their families. The fact that they live by themselves does not imply a lack of contact or that if they ask for help they will be left to fend for themselves.
  - b. Regardless of whether or not mutual help is provided between family members, *older persons wish to stay in their own home* rather than move in with their children, which implies that, on becoming widowed, they prefer to live alone. It is the alternative that best guarantees: their freedom, independence and autonomy with respect to their descendants.
  - c. Life is so centred on descendants, grandchildren included, that older persons who do not have any causes a huge emotional void. Having them or not conditions *the experience of living alone*, of feeling lonely. Those who have them place greater emphasis on the voluntary aspect when justifying why they live alone and not with their family, while those who do not have any tend to consider their situation as something imposed by force.

- d. Noticing how their age-imposed limitations advance and how they find it increasingly difficult to fend for themselves as their health deteriorates indicates the proximity of the moment of dependency. It is a *feeling that greatly distresses many older persons who live alone and who have little or no family or live far away*. They are unaware of their fate when their disabilities become so acute that they need help to cope.
  - e. If for older persons family relationships are an essential aspect of their way of socialising, *in the case of women this is especially so*. It is a fact which has positive and negative connotations. Among the latter, it should be recalled that inequality in the assumption of responsibilities between men and women, in terms of domestic work and care of children and dependent persons, generates a difference that is maintained in the immediate family and in that of their married children living away from home. Not only is there continuity in the distribution of roles, but on many occasions this may prevent or hinder relationships within the public sphere, an essential element in the achievement of active ageing.
  - f. With regard to domestic violence in older persons aged 65 and over, there are data taken from the Central Register for the protection of victims of domestic and gender violence. According to this source, in 2012, 486 cases of gender violence in women aged 65 or over were reported (INE, Domestic Violence and Gender Violence Statistics. 2012. National Results). As regards mortal victims of gender violence in women aged 65 and over: 4 in 2011, accounting for 13.5% of total mortal victims, and 11 in 2012, accounting for 21.2% of total mortal victims (State Observatory on Violence Against Women).
  - g. *Living as a couple directly influences quality of life* and the greater life expectancy of women favours the well-being of their husbands, who receive care services from their wives in case of need, a situation that decreases the possibilities of vulnerability, such as poverty or social exclusion.
- 2.8.8. It can be concluded from the foregoing that the concerns of older persons relative to family relationships are not readily revealed; perhaps because they prefer to keep them private, perhaps because they are buried under an evaluation score of general satisfaction (at least, that is what is publicly acknowledged) in relation to the family, perhaps because of the enormous emotionalism implicit therein. However, some issues can be specified in relation to which *some of these concerns* take shape that would have to be differentiated by gender and age:
- a. *Fear of loneliness*, which currently coexists with a growing desire for Independence and autonomy, but maintaining family bonds.
  - b. *Concern for the care to be received* when the moment comes. Access to professional services is becoming increasingly important with respect to the option of family care, although the desire to age at home continues to be their priority.
  - c. The negative implications (excessive workload, lack of recognition, deterioration of health, etc.) of the continuous provision of care to family members (spouse, ascendants and descendants, particularly grandchildren), in a *diverse and changing context of family models and growing life expectancy*.
  - d. *Undignifying treatment, inhuman treatment, possible abandonment or gender violence by relatives*, as the case may be.

### c) Measures and proposals

- 2.8.9. Older persons do not have to be considered a burden to society, not even as persons who only have to be cared for. It should never be forgotten that they are carers of children, grandchildren or dependent persons. They prioritarily favour the reconciliation of work life and care of their children.
- 2.8.10. *Promote policies based on evidence resulting from validated scientific research and not on mere conjectures on what could work better.* In our country, the issue of loneliness of older persons is probably at the top of the list of age-related issues that have been addressed. An inter-ministerial effort in this regard, in terms of political agenda, between the departments responsible for health, social services, education, economy, housing and transport.
- 2.8.11. Increase the *support initiatives for grandfathers and grandmothers who care for their grandchildren*, recognising the importance of this contribution of older persons to family life.
- 2.8.12. Continue to improve the *legislative and administrative measures that will allow families to dedicate the necessary time and attention to care for an older person*. Our current legislation on work-life balance focuses primarily on care of children. However, an ageing society must ensure that it is possible to provide adequate care to parents and grandparents. The family care option must not be the only option, but it would have to be more accessible to older persons who prefer it.
- 2.8.13. Foster *educational actions that promote the importance of considering care as an indispensable element for social cohesion*. There are many people who maintain that caring must only be a right to be exercised by whosoever wishes to. However, caring for other persons must form part of the list of our obligations as human beings. It seems necessary to readdress and even reinstate care, good care, as an indispensable condition of our species, a common concern, regardless of gender, age, ethnic group and social position. Today, if older persons as carers were to stop doing we would be lost; but, in turn, this does not mean that the other citizens have to remain on the sidelines. Beyond promoting strict reciprocity (“if you care for me, I’ll care for you”), care must be conceived as an extensive obligation (“I live, so I must care for others”).
- 2.8.14. Promote *policies for the dissemination and social awareness of the value of care* as one of the purposes inherent to the protection of health and a right that must be guaranteed by the public authorities. These policies must be based on the following principles:
- a. Caring for someone who requires care is a *shared obligation and responsibility* and should not imply the total inhibition of the family relative thereto, due to which care measures must be accompanied by measures of citizen education.
  - b. *Avoid undermining equal opportunities* when someone is obliged to neglect their professional duties to care for a dependent person. Public measures must be aimed at offsetting the inequality that could arise.
  - c. Implement education measures that will make both men and women responsible for the obligation of caring for persons who need care. To this end, *promote greater incorporation of men to care through permanent training*.
- 2.8.15. Insist on *adopting good forms of treatment in the family environment in order to emphasise what forms of treatment of older persons are acceptable*. A few years ago,

surveyed persons aged 65 and over considered that the treatment they received was regular or poor. Although everything seems to indicate that the image of older persons is improving, we know it is very difficult to characterise the real problem of abuse in the family environment. In addition to intervening in detected cases, it seems necessary to insist on the practices that constitute good treatment, in order to increase their presence in the public imagery.

- 2.8.16. The skills and knowledge acquired by older persons as informal carers of dependent family members must be considered professional experience.



### 3. PROPOSALS RELATING TO SOCIAL PARTICIPATION

#### 3.1. Income security

*Set up schemes that will provide adequate income in old age while maintaining the financial autonomy of older persons so they can live in a dignified manner.*

##### a) Introduction

- 3.1.1. The social ageing process in Spain in recent decades can be characterised as relatively successful, although there is still much to be done. This is due, mainly, to three factors that are reinforced therebetween, such as increased life expectancy and disability-free life expectancy (*socio-demographic factor*), improved living conditions (*economic factor*) and maintenance of an active, social and family life (*socio-cultural factor*) by most older persons.
- 3.1.2. These factors include, most notably, the *importance of the second*: the *improved living conditions* of older persons which has taken place over more than three decades. The income security policies through the public pension system and universal access to health care and, increasingly, to social services, inter alia, attention to dependency, are key dimensions of redistribution policy whose effects on the social well-being of older persons are evident.
- 3.1.3. Assuming that ageing is successful and that older persons are not a burden, but rather an essential part of the development that contributes to the production, consumption and full reproduction of society, then any analysis of economic security should be guided by the analysis of the rational logic of intergenerational solidarity. Consequently, people currently retired must be considered both from their *contribution during their working life* to production and to redistribution (through their work they financed their pensions and the public services) and their *contribution to consumption* (aggregate demand), *savings and relational economy* (particularly by means of informal care that represents a non-remunerated economic force of incalculable value).
- 3.1.4. Social policies are determining factors for the well-being of older persons, as they depend on the extension and intensity of the social protection system and, in general, of the welfare society.
- 3.1.5. The economic security of a population depends on *three factors*: economic growth, coverage and intensity of the social protection model, and the family solidarity and civil society networks of a country. The *well-being of older persons depends, in particular, on the social protection system*, as it is the only instrument that can correct the inequalities originated by the market and limits of family solidarity. Hence its crucial importance, not only in the present but in the future. The reforms made in the labour market shall determine the corresponding reforms to the Social Security system; but the impact produced by the various redistribution policies shall depend of the future well-being of older persons. In this regard, social policies should not fall under the predetermined field of financial economy, but rather under that of the political options that could be assumed by the social and economic actors by means, for example, of social dialogue, the Toledo Agreement and parliamentary agreements. This implies that the *public income redistribution policies are crucial to continuing the well-being improvements*, as well as improving the conditions of female pensioners who have never worked, and to eradicate the relative poverty existing in some sectors.

**b) Aspects of concern to older persons**

- 3.1.6. Pension security and amount are *two of the main concerns of older persons*. In this connection, it should be taken into account that the primary source of income of older persons is their pension. In December 2013 a total of 7,150,914 people aged 65 and over received contributory retirement pensions from the Social Security system (retirement, permanent disability, widowhood, orphanage and in favour of family members) (INSS, Pension statistics by age group). On the same date, 250,527 people aged 65 and over received non-contributory retirement pensions from the Social Security system (IMSERSO, Non-contributory pension statistics). Also on that date, 465,070 people aged 65 or over who received any modality of the Civil Service Pension Scheme (Directorate-General for Staff Costs and Public Pensions). This totals 7,866,511 pensioners, to which we must add the number of foreign pensioners resident in Spain who received a pension from their respective countries of origin, the pensioners of certain mutual insurance companies (of the Legal Profession, for example), etc. As an indicative value, in order to compare the number of pensioners aged 65 or over in relation to the population resident in Spain in that age group, it is hereby stated that, on 1 July 2013, as mentioned in section 1.12, 8,344,946 people aged 65 and over, both national and foreign, resided in Spain. In other words, over 95% of the population of that age group receives some type of pension. To said pensioners we must add the 131,300 independent professionals or employees aged 65 or over in Q4 2003 and who receive remuneration for their work (Labour Force Survey, Q4 2013).
- 3.1.7. There is a general agreement among experts and institutions that the crisis of recent years has particularly affected the population aged 65 and under rather than the population aged 65 and over. The basic indicators for 2008 and 2013 confirm this. The poverty risk rate among people aged 65 and over has fallen from 26.9% in 2008 to 12.2% in 2013 (INE, Living Conditions Survey 2013, provisional results). However, older persons are concerned about the purchase power of their pensions.
- 3.1.8. The *difference between older men and women continues to be* a matter of concern. The poverty risk rate is still higher in women (13.4% in 2013) than in men (10.7% in 2013), although the poverty risk rate of women decreased in 2008 to 2013 (from 29% in 2008 to the current 13.4%) (INE, Living Conditions Survey 2013, provisional results). This reduction is due both to the reduction in the income of households without older persons, affected mainly by unemployment, such as the income redistribution policies through the pension system.
- 3.1.9. The *high internal differences of people aged 65 and over are also a matter of concern*. Towards the start of the crisis, in 2008, the adjusted income of households with older persons was nearly 20% lower than that of the population as a whole, subsequently approaching the average adjusted income of households with older persons and, even, in some segments, exceeding it. Notwithstanding the foregoing, the internal difference produced in households of older persons in accordance with the contribution scheme, gender and age must be taken into account.
- 3.1.10. The *economy of households of older persons who live alone* is concerning; they are poorer than the households of older persons living as a couple. The reduction in relative poverty of the social group formed by older persons has led to a corresponding reduction in the poverty rate, particularly in households with people living as a couple.

- 3.1.11. At present, *many older persons are obliged to maintain children and grandchildren in their homes* for different reasons. The greater economic security of older persons, with guaranteed income, gave rise to intergenerational redistribution forms between them and households with people aged 65 and under which, in general, is centred on the closest family members, which is the case of the children. In fact, households with older persons aged 65 and over were obliged, for different reasons, to show *more solidarity than ever with their family members* who are unemployed and had outstanding mortgages or were in other situations of need. It is not only that over 50% of young people between the age of 18 and 34 lived in the parental home, as a consequence of a cohabitation model based both on cultural patterns and on the difficulties of emancipation of young Spaniards, but rather that with the crisis, the number of households with people with all their members unemployed who live with a person aged 65 and older doubled between 2007 and 2010, from 4% to nearly 8%; or, in other words, in 20% of unemployed households there is one person living aged 65 and over.
- 3.1.12. In 2011 the increase in Social Security contributory pensions was 0%, while the minimum and non-contributory pensions were revalued by 1%; the additional increase in all the pensions due to the deviation in the CPI of the previous year was 1.30%. In 2012, in general, its amount was increased by 1%, applying an additional increase of 1.90% to the minimum and non-contributory pensions due to the deviation in the CPI of the previous year. In 2013 the amount of pensions under €1,000 increased by 2%; the other pensions increased by 1%. In 2014, pursuant to the law governing the Sustainability Factor and the Revaluation Index of the Social Security Pensions System, the contributory pensions were updated by 0.25% in general.
- 3.1.13. The risk of poverty in very old persons with high dependency, minority groups and people who have worked as independent professionals or in the informal economy is a matter of serious concern

### **c) Measures and proposals**

- 3.1.14. The social protection system should globally continue *adopting specific measures to guarantee older persons adequate, safe and sustainable pensions*<sup>16</sup>.
- 3.1.15. It is necessary to *maintain and improve social protection mechanisms* for Spanish society as a whole, an objective that should be compatible with tax consolidation policies, without risk of future social divide that undermine social cohesion.
- 3.1.16. Proposals for *ensuring the global sustainability of social cohesion* and, in particular, that of the social group of older persons, should be based on the principle of materialisation of social rights that contribute to social well-being, facilitate generational transitions and be a source of social and economic investment.
- 3.1.17. The Public Pensions System must continue along the lines of *maintaining the purchasing power of pensions*, particularly the lowest, for the purpose of reducing the relative poverty rate.
- 3.1.18. It is necessary to *reduce the gender wage gap throughout the working life* in order to bring the pensions of older women into line with those of older men.
- 3.1.19. The welfare state is based on building *consensus on its long-term objectives* relative to social cohesion and productivity. A consensus that affects all social actors: the public authorities, social and economic actors (social dialogue) and the civil society; in the case

of the latter, third sector organisations and professional organisations related to the creation of well-being. Coordination must be fostered between said organisations.

- 3.1.20. The *Toledo Agreement* continues to be the *basis par excellence for deciding* how to ensure the sustainability of the public pensions system and, by extension, the health care system and social services system, the three basic pillars of social protection policies. In conjunction therewith, social dialogue and civil dialogue constitute the institutional pillars of social cohesion policies, broadened to include the local level.

### 3.2. Social inclusion

*Countering the social exclusion and isolation of older persons by offering them equal opportunities to participate in society through cultural, political and social activities.*

#### a) Introduction

- 3.2.1. One of the seven emblematic initiatives of the Europe 2020 Strategy is aimed at “guaranteeing economic, social and territorial cohesion in order to raise awareness and recognise the fundamental rights of people suffering from poverty and social exclusion, allowing them to live in a dignified manner and participate actively in society.” *Older persons* are included among the groups of people that warrant special attention due to being at particular risk of social exclusion.
- 3.2.2. Social exclusion has broadly discussed in the EU under the Lisbon Strategy 2000<sup>17</sup>. It acquires special importance with the so-called *social open coordination method* (Social OMC) of 2005 and of 2008<sup>18</sup>. This EU instrument comprises *three primary objectives with their corresponding lines of action*: to contribute decisively to eradicating poverty and exclusion, adequate and viable pensions, and long-term, accessible, quality and viable health care and long-term care. Social inclusion is, therefore, a *broad notion that integrates various policies, including social services policies*. In this section, reference is not made to aspects of social inclusion, such as health care, social security or long-term care that are being developed elsewhere. Mention is made, however, to social services due to their direct impact on social inclusion, notwithstanding their consideration in sections 4.2 and 4.5.
- 3.2.3. *Social services* have various definitions. In general, it can be affirmed that, considered as services, they refer to *services of a non-economic nature*, not cash benefits. The social aspect consists of actions that contribute to the well-being and development of individuals and groups in the community, as well as their adaptation to the social environment.
- 3.2.4. Older persons, in their capacity as individuals, *are entitled to social services* under the Universal Declaration of Human Rights (Article 25), the Charter of Fundamental Rights of the European Union (Article 34.1) and the European Social Charter (Article 14). The Spanish Constitution establishes that the promotion of the well-being of older persons through a system of social services that attend their specific health, housing, culture and leisure problems is one of the guiding principles of social and economic policy (Article 50).
- 3.2.5. The *European Union* has a *broad sense of social services*<sup>19</sup>. They are services aimed at people and designed to respond to vital human needs, particularly the needs of users in vulnerable situations; they offer protection against general and specific risks in life and help to cope with personal difficulties or crises; they support families’ role in the care of

their members of all ages; they are key instruments for safeguarding fundamental human rights and human dignity. They are pivotal to prevention and social cohesion, which is aimed at the population as a whole, regardless of its financial means. It contributes to non-discrimination, equality between men and women, protection of human health, improving living conditions and quality of life and to guaranteeing equal opportunities for everyone, thereby enhancing individuals' capability to fully participate in society. The EU divides social services into two major blocks: *legal systems, supplementary social security systems* and *other essential services provided directly to individuals*. The latter include care services for children, older and other dependent persons, disadvantaged groups, single mothers, women and disabled persons, long-term care and access to subsidised housing.

#### **b) Aspects of concern to older persons**

3.2.6. Social services, as they are understood in Spain, i.e. services provided directly to individuals, are provided to the population at two levels: primary social care and specialised social care. Care services for older persons are granted at two levels. The first level addresses the following concerns of older persons, among others:

- a. At times, explanations about *service application procedures are not fully understood* by older persons or their families.
- b. *Reports on housing, social environment and other similar reports* that must be prepared by the corresponding professionals, as a preliminary requirement for granting a service, are often prepared without making the necessary in situ visits.
- c. *Incomplete knowledge*, by the professionals who work in primary social care services, of the *social protection system* as a whole: health care, social security, social services, employment aid, etc. A more comprehensive knowledge would enable more efficient and faster referral to the most suitable resource requested by an older person.
- d. In general, *older persons are required to submit a large amount of documentation* to apply for certain services, part of which is already held by the public authorities. The compilation of said documentation can be exhausting for older persons, particularly for very old persons.

3.2.7. *Loneliness* is one of the main problems faced by older persons. In 2011 in Spain there were 1,709,186 older persons aged 65 and over who lived alone, of which 1,279,486 were women and 429,700 were men (INE, Censuses of Population and Housing 2011. Households by structural type of dwelling). The Household Budget Survey 2012 of the INE (Households and persons by type of dwelling) indicated that 9.82% of total Spanish households were made up of older persons aged 65 and over living alone, accounting for 3.83% of the total population. This problem directly and negatively affects the satisfaction of their most vital needs, their health, their relationship with their surroundings, their access to community care services, their security, their nutrition and their quality of life in general.

3.2.8. Loneliness in older persons is often associated with *situations of widowhood*. According to the Labour Force Survey for Q4 2013 of the INE, at the date of the survey there were 2,324,200 persons aged 65 and over (404,800 men and 1,919,400 women) in Spain who were widowers or widows. In relative terms, the marital status of 28.58% of the population aged 65 and over was widowhood. This proportion was significantly higher in

women in relation to men, since women accounted for 82.58% of total widowed persons aged 65 or over.

3.2.9. *Use of leisure time*, especially right after retirement and particularly men, is a main concern for many older persons. For illustrative purposes, it should be noted that 93.6% of persons aged 65 and over spend three hours a day on average watching television, 86.6% dedicate four hours a day to housework and the family, 61.8% dedicate one hour a day to social life and leisure, and 52.4% spend two hours a day practicing outdoor sports and activities (INE, Survey on the Use of Time 2009-2010. Percentage of people who perform a principal or secondary activity and average daily duration). It should be noted that:

- a. *When approaching retirement age* or when older persons wish to or must necessarily retire, they may at times feel anxiety or uncertainty as to how they will occupy their time from that moment onwards, having been accustomed to a job that took up most of their time.
- b. Older men, faced with the prospect of *staying at home after retiring* without knowing what to do, may be anxious about what they consider the inactive situation of a pensioner. This occurs more often in men than in older women, since the latter continue to perform multiple tasks inside and outside of the household.
- c. Although gradually rising, *the cultural level of many older persons is still low* (see some related statistics in section 2.1.6). Many older persons consider this cultural insufficiency to be a real disadvantage or even develop an inferiority complex that prevents or hinders their social integration and exercise of other rights.
- d. *Practicing sports*, particularly hiking in natural parks and mountains with a low level of difficulty and risk, is not sufficiently widespread among older persons, despite the benefits to their health and the possibility of increasing their level of personal and social relationships. We do not normally see groups of older persons led by professional guides going on mountain walks. Neither are there many senior-friendly hiking associations. However, it is becoming increasingly frequent to see older persons walking along city streets wearing sports clothes.

3.2.10. *Senior citizens' centres* for active older persons are one the most widely accepted open institutions that favour the social inclusion of older persons. In recent years, the number of recreation and leisure activities performed at these centres has increased. Notwithstanding the foregoing:

- a. In very densely populated towns and cities, there are *insufficient* senior citizens' centres to meet the current demand.
- b. Although there is active participation in the organisation of activities, it must be increased so as to constitute an effective means for older persons to become involved in matters that concern them directly.
- c. In the past, senior citizens' centres were considered an exclusive option for older persons that *less elderly retired persons* refused to accept because their personal characteristics, interests or concerns did not correspond with those of the users of such centres in the past. This gives rise to doubts, justified at times, as to the inclusive nature of these centres with respect to the rest of the population.

### c) Measures and proposals

- 3.2.11. As regards the care received by older persons in primary social care centres, the following actions are indicated:
- a. Study the specific measures deemed relevant and effective for resolving the delay in the administrative approval of applications for social services, so as prevent such delays from negatively affecting the beneficiary older persons.
  - b. Need to *plan the different tasks performed in primary social care centres, in order to attach the importance deserved by centres that inform users and prepare reports; said planning must be subsequently evaluated.*
  - c. Preparation, if none, of *protocols and information guides* at primary social care centres, in order to improve the information and knowledge so that older persons can access the various social services options and other services offered by the social protection system.
  - d. Promote, through the delivery of the corresponding courses, seminars and conferences, *the continued training of the staff of said centres* in all spheres of social protection, health care, social security, social services, subsidised housing, employment, etc., in order to enable more efficient and direct referral to the most suitable resource requested by the older person.
  - e. *Improve shared databases*, or interrelate them, to avoid having to ask older persons for information already held by the public authorities.
- 3.2.12. In the field of primary care, there is a need for greater coordination between the professionals of primary health care centres and primary social care centres. Coordination, particularly in the case of home care and emergency care received by older persons.
- 3.2.13. Measures must be taken to counter loneliness in older persons. Training the professionals who have direct contact with older persons (social and medical care services) is essential so they know how to prevent and control loneliness.
- 3.2.14. Facilitate *grassroots initiatives in favour of increasing opportunities for maintaining the social relations of older persons for the longest possible time.* Whenever a group of citizens decides to launch an initiative against the *loneliness* of older persons they are already taking positive steps towards this goal: facilitate the contact and relations among those involved in this action. Efforts should be made to integrate these initiatives in order for the groups involved to exchange efforts.
- 3.2.15. *Pay specific attention to men and women living in loneliness.* In general, men tend to associate loneliness with family relations more than women; the latter use a broader relational reference framework than the family to estimate whether or not they feel lonely.
- 3.2.16. *Promote, at all levels, measures for countering loneliness, particularly that of older women,* who suffer more from it. The measures should be adopted at community level and, where possible, led by the users themselves, from their own perception of their situation, with the help and support of the relevant persons of their environment, such as some relatives.
- 3.2.17. As regards the *use of leisure time*, particularly right after retirement:

- a. Continue organising *retirement preparation courses* to enable older persons to start thinking about how they will occupy their time once they have retired, promoting their greater participation in cultural activities.
  - b. Establishment of retirement preparation itineraries for IMSERSO personnel.
  - c. Promote reading among older persons, visits to libraries, associations, choirs, concerts and all manner of *cultural activities*.
  - d. Organise risk-free *excursions* for older persons, to natural parks and mountains, accompanied by professional guides. Promote the creation of senior-friendly hiking associations.
  - e. Maintenance of the IMSERSO's "Social Tourism" programme, in its various modalities, or others of a similar nature, due to being an instrument for promoting participation, leisure, relationship with other older persons, with society and with nature, as well as being an important means for activating the economy and employment.
- 3.2.18. In addition to physical loneliness, *emotional and imposed loneliness* in older persons must also be countered.
- 3.2.19. In relation *senior citizens' centres*, which are visited by a large number of active older persons:
- a. Promote the establishment of *new senior citizens' centres* in densely populated cities and towns.
  - b. Foster the training of older persons in terms knowledge and leadership capability, so they can become *animators of the activities* carried out at the senior citizens' centres.
  - c. Promote the *opening of senior citizens' centres to people approaching the age of retirement, pre-retirees* or people under 65 with the aim of integrating new generations of older persons therein and include their new cultural parameters.
  - d. Further promote the *participation of older persons in the development of the activities of these centres*.
  - e. Foster the participation of younger generations in the activities of senior citizens' centres, with the aim of promoting intergenerational solidarity.
- 3.2.20. Highlight the role of older persons as *consumers of cultural and leisure services* for the purpose of promoting said role to companies and entities that develop cultural activities.
- 3.2.21. Counter the *social exclusion and isolation of older persons* in every sphere, offering them equal opportunities to participate in society through cultural, political and social activities.
- 3.2.22. Create *community services* that will favour the social inclusion of older persons and offer them adequate information about their opportunities, particularly those at greatest risk of social exclusion.

### 3.3. Volunteering of retirees and older persons

*Create better conditions for older persons to carry out volunteering activities, overcoming any obstacles preventing them from contributing to society with their competencies, capabilities and experience.*



### a) Introduction

- 3.3.1. On the occasion of the declaration of 2011 as the *European Year of Volunteering Activities Promoting Active Citizenship*, the European Commission issued a communication in which, inter alia, it affirmed the following: "Volunteering has been acknowledged as a means of offering new learning opportunities to senior citizens and disabled persons, providing them with the possibility of helping to shape our societies. At the same time, voluntary activities can enhance understanding between different generations, as young and older persons work side by side, get to know each other and support each other."<sup>20</sup>
- 3.3.2. The participation of older persons in volunteering activities is of great importance and contributes decisively to active ageing, as it allows older persons to continue planning their former activities (education, employment, community, social, etc.) in their social environment, thereby contributing to raising their self-esteem. Notwithstanding the foregoing, it represents an irreplaceable contribution to society.
- 3.3.3. For illustrative purposes, it should be noted that, according to a Survey conducted in 2007, 2.65% of persons between the age of 65 and 74 (3.59% of men and 1.85% of women) participated in the activities of political parties or trade unions; 2.68% (4.56% of men and 1.07% of women) in the activities of professional associations; 24.41% (17.7% of men and 30.6% of women) in the activities of the various churches or religious organisations; 12.44% (13.47% of men and 11.56% of women) in the activities of organisations or recreational groups; 13.08% (10.59% of men and 15.21% of women) in the activities of charity organizations and informal volunteering; and 6.54% (7.22% of men and 5.95% of women) in the activities of other groups or organizations. The total number, in absolute values, corresponding to the aforementioned percentages was 1,456,198 persons aged between 65 and 74 (INE, Survey on Adult Population Involvement in Learning Activities. 2007). Another subsequent survey indicated that 22.8% of older persons aged 65 and over dedicated one hour a day to volunteering work and meetings as their primary or secondary activity (INE, Time Use Survey 2009-2010. Percentage of persons who carry out their primary or secondary activity and average daily duration).

### b) Aspects of concern to older persons

- 3.3.4. It must first be asserted that the volunteering of older persons is a *growing activity* that manifests itself in different ways and in multiple spheres of society: associative, educational, cultural, health care, social and care services, recreational, etc.
- 3.3.5. There are older persons eager to form part of volunteering group but do not because they are *unaware of or cannot find sufficient channels* adequate to their personal characteristics for carrying out volunteering activities in homes and health care institutions, and relating to social services, cultural and similar activities.
- 3.3.6. Some older persons admit that the volunteering activities they carry out are acknowledged, but that *they are not always given the necessary means* to carry them out as effectively as possible.

### c) Measures and proposals

- 3.3.7. Since the organised volunteering of older persons *represents a guarantee of continuity of the volunteering action*, society must further acknowledge said volunteering, particularly the activities of accompaniment and those others aimed at countering the loneliness of other older persons, dependent or not, as well as health care, educational and cultural

activities and the activities carried out by older persons to reinforce the education of children and teenagers.

- 3.3.8. Establish *specific and adequate channels* that will allow older persons and the associations in which they are grouped to carry out volunteering work. Inform them in relation to volunteering rules, rights, duties and responsibility they assume in the exercise of volunteering work.
- 3.3.9. Create *better conditions* and promote the participation of older persons in volunteering activities by developing their competencies, capabilities and experience, including intergenerational activities and care between older persons. Overcome any legal and administrative obstacles.
- 3.3.10. Creation of a permanent working group with the participation of the personnel of the Institute for Older Persons and Social Services (IMSERSO) and Youth Institute (Injuve) to study the issues related to volunteering, intergenerational solidarity and, in general, those others which the two institutions can intervene.
- 3.3.11. Favour the volunteering activity of older persons after retirement, in *community services* or activities in their own neighbourhood, in educational, cultural, social and similar organisations, with a reduced timetable adequate to their personal and family circumstances. Said activity must complement, not replace, their professional activity.
- 3.3.12. *Quantify the economic impact of the volunteering of older persons*, including their financial transfers to young people and the reconciliation it brings to their descendants in the care of children and older persons.
- 3.3.13. Study the manner in which the public authorities and civil society acknowledge their volunteering work for the benefit of the community, in order to better promote the volunteering activities of older persons.
- 3.3.14. Incorporate the *principles of universal accessibility and design for all persons* in the dissemination of volunteering activities.
- 3.3.15. Stimulate government officials to create new channels for training volunteer older persons in all current and future volunteering areas.

### 3.4. Lifelong learning

*Provide the maximum learning opportunities, particularly in relation to information and communication technologies (ICT), personal care and financial situation, to enable their active participation in society and take charge of their own lives.*

#### a) Introduction

- 3.4.1. The Europe 2020 Strategy has included, among its seven emblematic initiatives, one referred to as “A Digital Agenda for Europe.” This initiative has been developed by a Communication of the European Commission of 2010. It consists of 101 actions. Its purpose is to define the enabling role of the use of information and communication technologies (ICT) if Europe is to materialise its ambitions for 2020. The objective of this Agenda is to chart a course that will maximise the economic and social potential of the

ICTs, and in particular of the Internet, as an essential support for economic and social activity: to do business, work, play, communicate and express freely. If this is achieved, the Agenda will promote innovation, economic growth and improvement of daily life for both citizens and companies. Therefore, the general deployment and more effective use of digital technologies will allow Europe to address the essential challenges posed and will provide Europeans with a better quality of life, reflected, for example, in better health care, safer and more efficient means of transportation, a cleaner environment, new opportunities in relation to means of communication and easier access to public services, including education and training, and to cultural contents<sup>21</sup>.

- 3.4.2. The *Digital Agenda for Spain* must be considered in this same context and its corresponding strategic lines.
- 3.4.3. As already mentioned in section 1.10, older persons *do not constitute a homogeneous group*. The scope of the age brackets that cover the lifecycle could be more than thirty years; additionally, it seems that individual diversity increases with age. The consideration of this fact is essential, since it introduces an important variable in the treatment of the lifelong learning of older persons.
- 3.4.4. It can be said, in quantitative terms, that the *participation of older persons in education and learning activities is low* in comparison to that desired, particularly taking into account their greater leisure time. It does not seem due to lack of motivation, but rather more probably to insufficient channelling of said motivation to acquire the knowledge that interests them most; however, there is a lack of guidance in the learning activities. Evidence of this quantitative figure is offered by the Survey on the Involvement of the Adult Population in Learning Activities 2007 (INE, EADA 2007)<sup>22</sup>. The Survey indicates that only 0.72% of persons aged between 65 and 74 participated in formal education activities, and 7.44% (4.89% of men and 9.62% of women) participated in non-formal education-related activities. As mentioned in section 2.1.1, in the 28 EU countries, on average, only 4.3% of the active population aged between 50 and 74 participated in continuing education-related activities.
- 3.4.5. Taking into account that lifelong learning activities are currently carried out, to a large extent, through *information and communication technologies (ICT)*, the limited use thereof by older persons should be noted. According to the aforementioned INE Survey, only 24.95% of men and 13.3% of women use computers in formal and non-formal activities.
- 3.4.6. As regards the *use of new technologies by older persons*, in general and not only in relation to learning activities, it points out that, in 2013, 945,369 persons aged between 65 and 74 (23.27% of the total population of this age bracket compared to the 2013 population census) used a computer in the last three months prior to the survey; of these, 65.9% used a computer at least five days a week, 21.1% used a computer all week but not every day and 13% used a computer less than once a week (INE, Survey on Equipment and Use of Information and Communication Technologies in Households 2013). According to this Survey, 878,272 persons aged between 65 and 74 (21.85% of the total population within that age bracket compared to the 2013 population census) used the Internet in the last three months prior to the Survey; of these, 64.5% used it at least five days a week, 21.2% used it all week but not every day and 14.3% used it at least once a week. Given the similar results, it can be concluded that a computer was used preferably to connect to the Internet.

**b) Aspects of concern to older persons**

- 3.4.7. Some older persons express *certain fear at not being capable of learning* or losing said capability over the years and point out that they “want to repeat the course.” Others, on the contrary, regard the training offers as an opportunity to acquire new skills or enhance those achieved, because “it is never too late to learn.”
- 3.4.8. In light of the successive appearance of new technological tools that are progressively changing traditional teaching methods, older persons may often feel tempted not to complicate their lives to learn how to use said tools, with the inconvenience this represents for acquiring the knowledge they need and for the use of social networks. Likewise, the continuous appearance of these new technological instruments, without time to ensure their operational functionality, can make them feel insecure or reject them.
- 3.4.9. *Online training* is currently one of the most frequent forms of lifelong learning. Older persons are not sufficiently prepared for it, for two reasons that act in an interrelated manner therebetween: the insufficient use of computers and the Internet and the scarce knowledge they have of online computerised learning platforms.
- 3.4.10. At times, older persons admit that they do not have sufficient knowledge of certain aspects that directly affect personal decisions, such as the administration of their assets, hereditary provisions and other wills, sundry administrative procedures, their rights and an endless number of matters that, due to ignorance, must be resolved by their children, family or friends, with the possible risk that their intentions are not fulfilled.
- 3.4.11. Through training activities in general, and lifelong learning in particular, older persons may improve their perception of themselves, to feel more valued for what they have, but above all because of what they are and are learning to become.

**c) Measures and proposals**

- 3.4.12. Lifelong learning is based on the principle of *lifelong* education, which is supported by four pillars: learn to know, to act in their own environment, to live together and to be autonomous. The various educational measures for older persons must be interpreted in this context. The training and education must encompass all stages of life, from childhood to old age, all the dimensions of the person, both personal and professional and social, and all spheres of learning, cognitive-intellectual, affective and psychomotor skills.
- 3.4.13. *Flexible training itineraries* must be offered to complete or acquire the necessary training that will enable or prepare to access the different levels of the education system: secondary education, professional training, secondary education and university. The training and competencies acquired through formal or non-formal education to obtain the corresponding official qualifications.
- 3.4.14. Persons of a certain age must be given access, without prior qualification requirements, to the classes and activities at public and private education centres, to the various educational levels, promoting *intergenerational learning*.
- 3.4.15. Study the extension of the currently existing university spaces, as well as the creation of other new ones, in collaboration with the University Council, to favour the intergenerational training of young and older persons, as well as the expansion of current learning spaces and the creation of new ones.

- 3.4.16. Facilitate the mobility of older persons in order to participate in *training activities in national and foreign centres*.
- 3.4.17. Promote actions and programmes aimed at developing *analysis, creativity and critical judgment capabilities*, as well as those that favour “learning to learn.”
- 3.4.18. Older persons must be integrated in *research projects and groups* that will develop the capabilities required of any research process, allowing them to know reality better and to produce new knowledge, in addition to favouring intergenerational relationships.
- 3.4.19. Foster training actions, specific or integrated in larger programmes that *promote and favour physical and mental health*, as well as preventing dependence.
- 3.4.20. As in any educational level, the programmes and activities offered to older persons must adapt to the characteristics of the students, to the possibilities of the centres and to the goals to be achieved in each of the training proposals.
- 3.4.21. Take advantage of *cultural offers*, such as cinemas, theatres, exhibitions or concerts, those available in their immediate surroundings or events taking place within the area, and learn to select, use and enjoy them based on quality criteria.
- 3.4.22. Promote innovative group or individual programmes and actions which, due to their content or approach, foster initiative, increase curiosity and motivate older persons to continue training.
- 3.4.23. It would be convenient to centralise, to the extent possible, the *information* on all educational offers for the purpose of disseminating it effectively and guiding people so they can make a better choice. An easily accessible *catalogue* with the materials, resources and good practices generated must be prepared, and create avenues for exchanging information.
- 3.4.24. Establish *reliable evaluation systems* for evaluating the number of training activities and participants therein, for the purpose of evaluating the quality and economic and social profitability thereof.
- 3.4.25. *Non-formal and informal education proposals are more likely to be accepted* in the learning track aimed at older persons, probably more than in other levels because many of the participants do not seek official qualifications. Therefore, not only public authorities but also other social and cultural institutions must be involved in the design and development of the proposals. Foundations, entities and companies must be encouraged to finance such training programmes by reaching agreements with the institutions responsible for lifelong learning.
- 3.4.26. *Coordination between the various public authorities would always be very convenient* to the integration of formal and non-formal education proposals. The design and development of the training actions should adequately delimit the spheres of action in order to avoid duplicating efforts and resources.
- 3.4.27. Promote the development of *courses and actions aimed* at the appropriate use of ICTs by older persons, thereby enabling them to access the different spheres of information and use of social networks under equal conditions.

- 3.4.28. Promote the design of more user-friendly electronic devices with easily accessible basic functions for older persons that take into account their needs and characteristics.
- 3.4.29. Older persons should be given learning opportunities, particularly in information and communication technologies, self-help and financial situation *in order to enable them to participate actively in society and take responsibility for their own lives.*
- 3.4.30. Specifically, continuous training in new technologies and access to said training should be fostered throughout the working life, so that on reaching the age of retirement older persons know how to use the tools offered by the Internet, particularly the new self-help programmes currently being implemented.
- 3.4.31. The *social media* should be encouraged to create and disseminate quality education productions and programmes.
- 3.4.32. The creation of *associations* should be fostered to support and respond to the training and self-training demands proposed by the older persons themselves.
- 3.4.33. It would be convenient for older persons to receive training courses at senior citizens' centres, associations, universities, etc., on the rights and duties of older persons as consumers.
- 3.4.34. The offering of and collaboration with professional associations, colleges and other entities that group together legal, health care, social, educational and equivalent professions must be leveraged in order to provide assessment to older persons for the full exercise of their rights and to design, apply and evaluate training programmes aimed at older persons, professionals and society in general.

### 3.5. Participation in the decision-making process

*Keep men and women involved in the decision-making process, particularly in the sectors that affect them directly.*

#### a) Introduction

- 3.5.1. This orientation is based primarily on Article 10.3 of the European Union Treaty, which associates citizens' social participation with the decision-making process: "Every citizen is entitled to participate in the democratic life of the Union and establishes the right to directly participate in or influence the EU decision-making process, in particular by means of the citizens' initiative." It is evident that, if it refers to "every citizen", it does not exclude older persons. This principle of participation in civic life, which also has its correlative expression in Article 15.1 of the Treaty on the Functioning of the European Union ("guarantee the participation of civil society"), has been taken as one of the pillars of the decision regarding the European Year of Citizens 2013<sup>23</sup>, which highlights the EU citizens' active role and the associations that represent them. EU institutions must promote citizens' active democratic participation in the decision-making process by means of open, transparent and regular dialogue with civil society, stimulate and strengthen the active civic and democratic participation of EU citizens, for the purpose of strengthening social cohesion, cultural diversity, solidarity, equality between men and women, mutual respect and sense of common European identity among EU citizens. This requires analysing *how older persons currently participate in society and how they should participate*, on the understanding that said participation *encompasses several spheres of life.*

- 3.5.2. Therefore, when referring to the social participation of older persons reference is being made to a *right that must be recognised to all citizens and, therefore, to senior citizens*.
- 3.5.3. Another issue that must be addressed is the acknowledgement of this right of older persons to social participation as a consequence of the loss of their occupation. In fact, to the extent that gender and age *statuses* limit the possibilities of acquiring certain *statuses* within a capitalist system through occupational *status*, it is necessary to recognise the inequality suffered by the three main groups of our society: youth, older persons of both sexes and women of any age. At the time, it was denounced that the loss of occupation as a consequence of retirement relegated older persons to a situation of social exclusion, due to their loss of income, prestige and power.

#### **b) Aspects of concern to older persons**

- 3.5.4. Older persons wish to participate in society *through work*. It is the main form of participation of older persons, as it facilitates social participation through many other means.
- 3.5.5. Older persons *want to continue being first-class citizens*, not second-class citizens. They want to maintain their family role and not be treated as survivors, but rather as adults, with all their rights and obligations, and with the respect warranted by their experience and knowledge. The large majority of older persons wish to continue living at home; they also have greater ownership rights over their homes than the adults and, particularly, the young people living there.
- 3.5.6. Older persons *do not want to be sent to nursing homes*, except when they can no longer fend for themselves. Above all, they want help with housework, shopping, cooking and sometimes even cooking meals, but so long as they can look after themselves they prefer to continue living in the environment they've known all their life. All with a view to effective social participation and integration in the community and social sphere in which they have always lived.
- 3.5.7. Older persons want to continue to participate in political life, but not only as voters, but as *candidates standing for election*. In recent decades a kind of "bonus" has been granted to young people, due to which entire generations of politicians that still have much to offer. In politics, as in the corporate sector, young and older people are needed.
- 3.5.8. In the rural environment there are men and women who, on reaching the age of 65, continue to be in a good state of health and can contribute to their village with their experience. It would be convenient to promote the political participation of these persons in order not to waste the rich volume of investment they can provide.

#### **c) Measures and proposals**

- 3.5.9. It should be promoted, given the direct influence of the achievement or maintenance of employment in social participation, the *participation of older persons in the labour market*. To this end, it would be appropriate to adopt the following measures:
- a. Convenience of establishing *situations of transition* between occupation and inactivity, by means of graduation systems that allow flexible work hours and work days.

- b. Implementation of *refresher programmes to update knowledge*, that will allow older persons to acquire work techniques that did not exist or whose existence they were unaware of at the time of their initial training, and to compete in equal conditions with younger workers.
- 3.5.10 Promote, through the public authorities, entities and social media, *positive images of active older persons*, that project their activity towards the productive employment sphere at times, towards the non-employment sphere but also towards the productive sphere at others, and towards family care and other housework. All with a view to positively influencing the sector as a whole and helping older persons to maintain an active and open vital attitude towards the exterior.
- 3.5.11. Adopt the necessary means for *older persons to have a greater presence in the media*, not only as the object of information, but also as providers thereof. It is not about talking *about* older persons, but about talking *to* older persons.
- 3.5.12. The presence of older persons, proportional to their real weight in society, must be *fostered in all spheres of life*, education, public authorities, private undertakings, electoral lists, etc.
- 3.5.13. Taking into account the progressive increase in the number of older persons in our society, their *political participation* in regulatory and executive bodies must be fostered. In the former, not only occupying symbolic positions to complete electoral lists, but also with effective possibilities of being re-elected. In the latter, the excellent role that could be played by older persons as members of advisory, and not only consulting, teams. Political participation must also be promoted in rural environments, particularly taking into account that the elderly population far outnumbers the younger population.
- 3.5.14. The real participation of older persons in the preparation, elaboration and adoption of the rules, strategies or decisions that affect them and in which their presence can contribute added value. Their active presence must be promoted in the participatory and consultative bodies of the public authorities, particularly in those directly related to the issues that affect them.
- 3.5.15. It is essential to promote the participation of older persons in the decision-making processes at the national, autonomous community and local level, particularly among the groups in which they are scarcely represented.
- 3.5.16. It is necessary to establish and execute programmes for older persons from a comprehensive community viewpoint that will take into account their empowerment and the global nature of their needs.
- 3.5.17. The development of associations and entities in which older persons and their families are grouped must be facilitated, as well as favouring citizens' participation in the civil movements of older persons. Collaboration with and among specialists and organisations of the civil movements of older persons.
- 3.5.18. Most associations of older persons are not economically independent; not only do they require government grants to implement programmes, but also to maintain them. Looking forward, they should be preparing their full independence. All with a view to achieving their goals, which prioritarily include receiving dignified pensions and access to quality health care and social care. Likewise, women must play a more active role in said programmes, as their role is indispensable.



- 3.5.19. It is necessary to schedule seminars, conferences, courses and similar activities in order to enhance the image of older persons in society, both through the general and specialised media.
- 3.5.20. Most of the indicated measures and proposals can only be carried out through *the public authorities*, either directly or proposing new legislation to the Parliaments. Even the measures adopted in the private sector must be implemented by the public authorities, although the private sector may have room for manoeuvre to do so without its support or intervention, such as, for example, the establishment of recycling and refresher programmes.
- 3.5.21. Other measures can and must be *promoted by the older persons themselves* through associations of different kinds: political, trade unions, professional, community, consumers and similar. It should be underlined that, in one way or another, older persons must become more active and launch initiatives, both their own or stimulus or coercion over public authorities and private entities, to adopt the proposals and measures that will facilitate their continued participation in society, to which they belong regardless of their age.

### 3.6. Support for non-professional carers

*Provide support and professional training to non-professional carers; guarantee adequate temporary care and social protection to avoid the social exclusion thereof.*

#### a) Introduction

- 3.6.1. The Spanish social care model for older persons, generally referred to as “Mediterranean” because it is also characteristic of other Southern European countries, *the family has played an essential role*. This is due to multiple factors, inherited over time. In our country, the family has played a vital role as the main agent of social self-protection of its constituent members, in such a manner that parents, particularly women, have cared for their children at the ages of greatest need and these, in turn, particularly daughters, have cared for their parents when their disabilities, limitations in their activity or functional dependency made it necessary. This situation is gradually changing over time due, among other reasons, to the progressive incorporation of women into the labour market. Notwithstanding the foregoing, many spouses and children continue to provide said care, either directly or through persons in whom they trust and pay for their services.
- 3.6.2. This traditional reality motivated that, subsequent to the implementation of the public charity system in Spain in the first third of the 19th century, home care (referred to as “home relief” at the time) became one of the main services. Home care continued to thrive throughout the last two centuries, provided firstly by the Social Security and then directly by the city councils with arranged funding from the three public authorities: state, autonomous community and municipal (Concerted Social Services of 1988). With these precedents, it was not surprising that the Law on Promotion of Personal Autonomy and Dependent Care envisaged, as part of its services and benefits, allowance for non-professional carers of dependent persons. It was envisaged as an exceptional service to cover the lack of care services for dependent persons. But the fact is that it has become, conversely to the provisions of the Law, the allowance received by the greatest number of beneficiaries.

- 3.6.3. In Spain there are many family carers of older persons because it is in their case, particularly when they exceed the age of 85, the situations of dependency and the need for help to carry out their activities of daily living becomes more frequent (see *infra*, sections 4.5.5 and 4.5.6). Family care is provided preferably by women. Statistics reveal that, in general, of the men living with a person with limited capacity, 16.62% care for that person on their own, 71.2% care for them jointly with another remunerated person living outside of the household. In the case of women living with a person with limited capacity, 49.36% cared for the person on their own, 39.71% care for them jointly with another remunerated person living outside of the household and in 5.04% of cases the care was provided by another remunerated person living outside of the household (MSSSI-INE, National Health Survey 2011-2012. Health determinants, relative figures. Care for persons with limited capacity).
- 3.6.4. The wide prevalence of female family carers is also revealed irrefutably in the statistics of the System for Autonomy and Care for Dependency: 93% were women and only 7% were men (IMSERSO, Sisaad). The largest age group was that represented by female carers. However, these data must be interpreted taking into account that the number non-professional carers is not limited to the aforementioned figure, since there are other carers who, due to being pensioners, working, receiving unemployment benefit or for other reasons, are already registered in the Social Security and do not need to sign a special agreement.
- 3.6.5. The Survey on Disability, Personal Autonomy and Situations of Dependency 2008 of the INE also provides interesting figures relative to *disabled persons aged 65 and over (on many occasions dependent persons) who receive personal care and assistance at home*. While 46.31% of disabled persons aged between 65 and 79 and 41.26% of disabled persons aged 80 and over said that their main carer did not have any difficulty in caring for them, 38.58% of persons aged 65 and 79 and 42.34% of persons aged 80 and over perceive particular difficulty in the primary carer due to lack of physical strength. In the case of 32.93% and 35.75% of persons between the aforementioned age ranges, the deteriorating health or tiredness of their primary carer (49.18% and 54.79%, respectively), is depressed (28.11% and 30.46%, respectively) or do not have any problems (35.9% and 32.83%, respectively). That is, nearly half of the carers of dependent older persons did not indicate any problem, but a high percentage of them lacked physical strength, were tired, depressed or were in a poor state of health.
- 3.6.6. The *problems* related to the use of leisure time of primary carers of dependent older persons are, in order, as follows: 1) they had to reduce their leisure time (57.73% and 72.51% of the age groups mentioned in the preceding section, respectively); 2) they cannot go on holiday (44.98% and 56.69%, respectively); and 3) they do not have time be with their friends (37.44% and 49.69%, respectively). The personal care required by these older persons are those related to activities of daily living, particularly bathing/showering, dressing/undressing, toileting/grooming and doing housework (INE. Survey on Disability, Personal Autonomy and Situations of Dependency 2008. Households).
- 3.6.7. The existence of such a large number of non-professional or family carers poses problems that society must endeavour to solve: acknowledgement of their social function, training required and lifelong learning systems, work hours, reconciliation of their activity as carers with work outside of the household, adequate distribution of care-related tasks to ensure rest days and periods, detailed analysis of personal, their family and social circumstances to protect them from illness, depression or melancholy arising from an

excessive workload at times, establishment of measures to avoid their social exclusion, promotion of their active participation in community and other similar activities.

**b) Aspects of concern to older persons**

- 3.6.8. The circumstances of many non-professional carers, or those arising from their activity, are *very varied*. Some choose voluntarily to care for children, disabled persons or dependent older persons. Others do so out of need, because they cannot find institutions where the persons cared for are adequately attended, because they cannot afford external care, because the older person refuses to receive care outside of his or her home, or similar causes. In any case, they must receive support.
- 3.6.9. From the surveys conducted (see section 2.8.3), it can be inferred that a high percentage of older persons who require family care receive it satisfactorily. Although we must welcome this fact, it does not preclude the fact that family carers must receive the *social support* required by their activity, and economic support when their income is insufficient.
- 3.6.10. Both non-professional carers and the cared-for persons themselves pointed out the difficulty of the former to *adequately conciliate their personal and family life with their professional life outside of the household*.
- 3.6.11. As revealed by the monthly statistics of the System for Autonomy and Care for Dependency, there are a large number of pensioners who care for their *wives in situations of dependency* at home. However, there are no empirical data relative to health, psychological state, social relationships and conditions in which the carers carry out their work.
- 3.6.12. Regardless of the causes that have motivated it or motivate it, it is evident that most non-professional carers of persons in situations of dependency *are women* and, among these, mothers and daughters. It is evident that it represents a greater workload for them, since to their care-related work they must add their professional work outside of the household and any other work with greater frequency than men, such as upbringing of children, housework and even personal training.
- 3.6.13. It is not easy to accurately ascertain, except based on the data provided by home care professionals, both in the health care and social sphere, how older persons are cared for at home from a qualitative viewpoint. But they will presumably request that their non-professional carers be *better prepared and have greater knowledge* in terms of care.
- 3.6.14. The existence of foreign non-professional carers who, in exchange for care services, live in the household of the older persons cared for and help them to carry out instrumental and necessary activities of daily living is becoming increasingly frequent. As yet there are insufficient quantitative or qualitative data relative to this modality of informal care.
- 3.6.15. In the *rural environment* in particular, many women aged 40 and over have opted for being housewives, i.e. to care for their husband and children. These persons also care for their elders and are often the only persons remaining in the village to care for them or substitute the brothers who emigrated to the cities in search of a better future. They must be valued for what they are and what they do. Society must dimension the importance of their work fairly.

**c) Measures and proposals**

- 3.6.16. Non-professional carers, a large percentage of whom are older persons, must be given the *specific support* they need, in addition to *lifelong learning*, to meet the needs arising from guaranteeing the highest possible quality. This requires:
- a. Providing *continuous training* to the carers to give them the skills and capabilities required to carry out their activity, taking into account the peculiarities of each carer.
  - b. Continue developing formal and continuous *training courses* for non-professional carers and family carers. The content of these courses must include aspects related to illnesses, pathologies and syndromes of greater prevalence in older persons, techniques for helping them to perform activities of daily living, first aid, basic notions of gerontology, disability, dependency, legal and bioethical aspects and similar notions.
  - c. Develop programmes on *basic cognitive stimulation methods* for families who care for older persons suffering from Alzheimer's Disease or other type of dementia at home, for the purpose of preventing or slowing the advance of the disease.
  - d. Promote training in the promotion of personal autonomy between the families and carers of disabled older persons. Provide geriatric and gerontology training to ancillary personnel and develop the role of personal assistant.
  - e. Give *disability* training to personnel who provide care services in general, in any sphere, aimed at older persons.
  - f. Increase the use of *domotics*, as technology can be used to supplement demographic shortcomings.
- 3.6.17. *Greater social weight must be given* to the activities carried out by non-professional carers, taking special care not to relegate them to the often unknown family environment. In this connection, not only the public authorities, but also private entities and society in general, must study and develop measures to acknowledge and value the work of non-professional carers.
- 3.6.18. *More resources must be assigned to carers of older persons*, with or without disabilities, by creating devices (for example, nurseries), family respite care programmes (temporary stays at nursing homes and similar measures) or specialised centres (day centres, night centres).
- 3.6.19. Carer care programmes must be established, in addition to self-help and mutual aid groups, particularly for non-professional carers.
- 3.6.20. Taking into account that women are the main non-professional care providers, actions fostering *better and greater shared responsibility between men and women* should be promoted.
- 3.6.21. There is a need for *families and family associations* to care for older persons with diseases that cause heavy dependence, such as for example dementia in all its variants.
- 3.6.22. Promote *reconciliation of work and personal life*. The support and resources assigned to the family carers of older persons must be increased through specialised programmes and reconciliation measures that will facilitate the provision of assistance and care. In this connection, the relevant formulas must be studied to improve support to workers who are informal carers through work conditions compatible with the care they must provide.

- 3.6.23. Carers, both professional and non-professional, must provide *quality and warm* care, understood to mean respect, proximity and closeness to the older person cared for.
- 3.6.24. Foster the delivery of courses, seminars, conferences and other similar training means for *carers to learn how to care for themselves* in order to favour their health, state of mind and in order not to lose their social contacts and be able to discharge their carer role with the highest degree of quality.
- 3.6.25. It is necessary to facilitate the work of non-professional carers, *to conveniently adapt the dwelling of the older person cared for*.
- 3.6.26. Provide special support to older persons and retirees in general, who *care for their spouses in their own homes* when these are living in a dependency situation. In this regard, the vulnerable nature inherent to older persons must be taken into account, and more so if they have to worry about helping another person in a dependency situation.
- 3.6.27. Consider older person carers as educators and not only carers, taking into account the evolution undergone in the care given by older persons to their grandchildren. Establish, in collaboration with social services, the relevant training measures, particularly formal and non-formal continuing education, in order to adequately discharge said function. These measures must also include the parenting style. Likewise, training programmes for older persons who care for their spouses must also be established.
- 3.6.28. In a country such as Spain, with a family tradition, it is necessary to provide support to family carers and attend their needs because, as frequently mentioned in EU documents, the consequence, among others, of a rapidly ageing population and the evolution of family structures is a reduction in the offering of informal care in the family environment<sup>24</sup>.
- 3.6.29. As regards the *rural environment* and the family, greater attention must be paid to female carers aged 40 or over and incentivise their work. The public authorities and all of society must become involved. The public authorities must acknowledge this work in two ways: firstly, by dignifying these rural women in their task as carers of older persons; and, secondly, by seeking some kind of incentive for the work they carry out, which must be in line with the family's economic resources.
- 3.6.30. Foster the provision of professional services that will facilitate the permanence of older persons in their home and social environment, that make it possible to combine the support and respite of the family carer or, where applicable, to provide the care needed by older persons since, in addition to caring and assisting, they generate professional employment.

## 4. PROPOSALS RELATING TO INDEPENDENT LIVING

### 4.1. Health promotion and disease prevention

*Adopt measures to extend the healthy life expectancy of men and women and reduce the risk of dependency through measures for fostering health and disease prevention.*

*Provide opportunities for physical and mental activity adapted to the capabilities of the older persons.*

#### a) Introduction

- 4.1.1. There are few factors, such as a favourable state of health, healthy living conditions, absence of disabilities or situations of dependency *that contribute both to favouring the independent life of people in general and, more specifically, of older persons*. Contrarily, in the event of frequent and chronic diseases, difficult-to-cure and hard-to-treat degenerative diseases, when social and medical care needs become more acute, the dependency of older persons increases progressively.
- 4.1.2. The EU has highlighted, in addition to the provisions of its Treaties, the importance of health and health care to the inclusive growth of Europe on numerous and repeated occasions<sup>25</sup>. Among the most recent documents mention should be made of the Europe 2020 Strategy, which states that the EU must “achieve the objective of promoting a healthy and active lifestyle in an aged population conducive to social cohesion and greater productivity.” In this connection, the *Health for Growth Programme 2014-2020*, of 2011, development of the Europe 2020 Strategy, relates health to ageing and envisages, as one of its actions, “support the European Association for innovation in the sphere of active and healthy ageing from three perspectives: innovation in sensitisation, prevention and early diagnosis, innovation in terms of treatment and care and innovation for active ageing and autonomous life”<sup>26</sup>. In other EU documents, reference will be made to the need to provide, by all possible means, “access to health care and accessible, quality and viable long-term care”<sup>27</sup>.
- 4.1.3. The deterioration of health is associated with ageing, to the point that a recurring idea is to consider old age as a disease in the strict sense of the Word. An absolutely false message, socially accepted even among the older persons themselves. Eradicate this concept, which entails an element of discrimination in itself and a call for resignation, represents a challenge for everyone. *Age is not a disease*, it is an American Geriatric Society. The definition of health does not establish differences according to age. The Alma Ata Conference (1978) defined health as the “optimal situation of physical, psychological and social well-being” (Section I). The World Assembly on Ageing held in Vienna in 1982 established that “the care of older persons must go beyond a purely pathological approach and must include their well-being, taking into account the interdependence of the physical, mental, social and environmental factors” (No. 53).
- 4.1.4. To these elements we must add, as an essential characteristic, the concept of *health protection*, something that represents a fundamental right in developed societies, as recognised by the Spanish Constitution in Articles 43 (right to health protection) and 50 (senior citizens’ rights).

- 4.1.5. Spain occupies fifth place in the EU-28, after Malta, Sweden, Ireland and Luxembourg in terms of *healthy life expectancy at birth*. Men, as already mentioned in section 1.13, reach an age of 64.7 years on average and women 65.7 years on average (Eurostat, hlth\_hlye. 2012). If by healthy life expectancy we are referring to 65 years, the average for men is 9.2 years and for women 9 years (Eurostat, hlth\_hlye. 2012).
- 4.1.6. As regards *social and medical care*, two major laws establish the right of all citizens, in particular of older persons, to social and medical care. It is the Law of Cohesion and Quality of the National Health System 2003 and the Law of Promotion of Personal Autonomy and Protection of Persons in Situations of Dependency of 2006. Social and medical care is configured in the former as the access to comprehensive care in cases of disease, preferably chronic, to long-term health care, to recovery in situations of convalescence and to functional rehabilitation. Similarly, autonomous communities, since the mid-1980s to the present day, have been approving several Laws, Decrees and Plans, of very different scope, to offer older persons social and medical care, whether in the sphere of health care or social services.

#### **b) Aspects of concern to older persons**

- 4.1.7. Health-related problems are the *main concern* of older persons, in accordance with the results of all the related surveys, regardless of how the question is formulated (in direct terms of health, life quality, concern, etc.). This is the case in Spain and in any of our neighbouring countries.
- 4.1.8. In older persons, health problems are nearly always associated with *social problems* (loneliness, poverty, dependency, etc.) and, thus, the solution proposals must be established jointly or, at least, closely related.
- 4.1.9. Ageing determines *changes in the human body*, conditioned by genetics (intrinsic or primary ageing) and by the after-effects of former diseases and lifestyles (extrinsic or secondary ageing), that will condition a progressive loss of an individual's organic reserves and increased vulnerability to any type of aggression. This favours the appearance of diseases and confers a specific characteristic thereto which, in addition to conditioning the diagnosis and treatment, will overshadow the diagnosis. These gradual changes in the body and the subsequent appearance of diseases are of great concern to older persons.
- 4.1.10. The state of health of older persons must preferably be measured in terms of function and not disease, as it determines both life expectancy and quality and the resources or support required by each person. Moreover, a distinction should be drawn between subjective health (*how I feel*) and objective health (*how I really am*). As regards *subjective health*, most Spanish older persons claimed to be in a good or very good state of health. Persons aged between 65 and 74 stated that their health was good (45.88%) or very good (8.06%), persons aged between 75 and 84 stated that their health was good (30.36%) or very good (5.3%), and persons aged 85 and over stated that their health was good (26.61%) or very good (3.48%). Inversely, the persons aged between 65 and 74 who stated that their health was poor or very poor represent 12.38% and 2.45%, respectively; persons aged between 75 and 84 whose state of health was poor or very poor represent 18.42% and 4.9%, respectively; and persons aged 85 and over who stated to be in a poor or very poor state of health represent 21% and 8.24%, respectively (MSSSI-INE, National Health Survey 2011-2012). These proportions grow closer in similarity as the age of the surveyed population increases; the replies were always more positive in men than in women. The situation of *objective health* is more difficult to establish, but older persons

normally have a high number of chronic diseases at different stages and, in general, with few symptoms; said diseases are usually more acute in proportion to age.

- 4.1.11. The *most frequent health problems* in older persons are those related to the cardiovascular system (high blood pressure, heart failure, ischaemic cardiopathy and arrhythmia), osteoarticular system (mainly osteoporosis, arthrosis and hip fractures), neurodegenerative diseases (dementia, Parkinson's Disease), diabetes mellitus type 2, chronic obstructive pulmonary disease (COPD) and deterioration of sensory organs and mouth. The incidence of malign tumours and infections also increases with age.
- 4.1.12. *Nutritional problems* are very frequent and have not been adequately addressed to date. Said problems are due mainly to low (malnutrition) rather than high (obesity) caloric intake; they affect both so-called protein-energy malnutrition and vitamin and mineral deficiencies.
- 4.1.13. Older persons often have so-called "*geriatric syndromes*", a variety of situations that are not diseases strictly speaking, but trigger health problems and can be the cause of high morbi-mortality rates. These include frailty, falls, immobility, confusional states, sleep disorders and several others.
- 4.1.14. An altered *physical, mental and social function* is the main symptom of health problems in older persons. According to INE data (infra, section 4.5.6), up to just over a third of the population aged 65 and over require assistance to perform a basic daily activity.
- 4.1.15. From a population viewpoint, older persons consume a larger amount of medical resources: hospital admissions with extended stays and delayed discharge, visits to outpatient clinics and health centres, or consumption of drugs. They also have a greater need for social support in the form of carers or other types of services (teleassistance, home-based medical or social support, hospitals and day centres, rehabilitation units, etc.).
- 4.1.16. They are also the social group with the highest rate of *therapeutic non-compliance*, often due to factors related to the older persons themselves (sensory limitations, memory loss, disinterest, etc.).
- 4.1.17. *Age discrimination* is a phenomenon (called "ageism"), generally not recognised and even denied by society as a whole. It occurs, at times, in certain spheres of health care: individual attitudes, action protocols, limited access to state-of-the-art technology, exclusion from clinical trials, etc.
- 4.1.18. *Access to the health care system* for older persons is the same as for everyone else, without considering age-based exceptions. However, there are often age limits for accessing certain services or protocols of proven utility.
- 4.1.19. *Geriatric services or units* are very scarce in Spain; in some autonomous communities they are not even envisaged in their services portfolio. The role of primary care consultant or residential institution specialist is also scarce.
- 4.1.20. Some *other health-related fields* of a very varied nature are scarcely represented or are *neglected* to a greater or lesser extent. These include health education for older persons, their carers and families, the implementation of preventive measures, research on ageing



and related diseases, or a geriatric medicine speciality for students of different medical professions.

4.1.21. *In summary*, in terms of *health protection* and *medical care*, it should be noted that older persons are primarily concerned about the following:

- a. Their *health problems*. This is the primary concern of older persons, above any other economic, affective or any other kind of consideration.
- b. The manner in which to *access the system*: barrier-free access without age discrimination.
- c. The difficult access to *diagnostic or therapeutic protocols* open to other age groups: screening tests for certain types of cancer or high-prevalence diseases (diabetes, high blood pressure, dental, vision or hearing checks, etc.).
- d. The absence (or practically symbolic presence) of a *professionalised health-related offering*: geriatric hospital services, primary care consultants, scarce social services centres with medical professionals, etc.
- e. The difficulty in accessing *certain medicines* or state-of-the-art technology due to age-based discriminatory measures (pharmaceutical authorisation, waitlists for surgery or for certain examinations, etc.).
- f. The insufficient *specific alternative care facilities* (day hospitals, home care programmes, campaigns aimed at such resources in the field of health education or certain preventive measures such as vaccination).
- g. The *mistreatment*, abuse and negligence frequently inflicted by their immediate circle.
- h. The *physical obstacles* that represent a health risk in the form of falls, contamination or any other risk in their immediate environment.

4.1.22. As regards social and medical care, although occasionally, at the autonomous community level, certain structures have been established to contribute to social and medical coordination, they have often been limited in scope, if evaluated from the viewpoint of a comprehensive care strategy for older persons. Consequently, older persons are concerned that said comprehensive strategy is not promoted sufficiently. Older persons also point out that, in the field of social and medical care, although attempts have been made to establish measures to apply said strategy, it has not been implemented to date.

### **c) Measures and proposals**

4.1.23. *Measures that must be taken by the public authorities*:

- a. Provide *medical information* on healthy lifestyles via the means within their reach: nutrition, physical activity, citizen participation, quitting toxic habits.
- b. In relation to *health protection and disease prevention*: health promotion and vaccination activities, prevention of functional deterioration, accidents of all kinds, falls and risk behaviours.

- c. Taking into account the preventive and rehabilitation component of thermal treatments, maintenance of the IMSERSO's *Social Thermalism Programme*.
- d. Promote collaboration with the High Sports Council in relation to physical activity adapted to older persons, aimed at promoting a healthy lifestyle and the maintenance of functional capacity, as well as preventing diseases.
- e. Establish proven programmes for the effective early detection of functional deterioration, frailty and diseases. Facilitate access to these at health care centres and hospitals, as well as periodic checks for prevalent health problems (sensory organs, mouth, blood pressure, glycemia, nutritional situation, etc.).
- f. Continue developing Strategies for Addressing Chronicity and Promoting Health and Prevention in the National Health System, as well as care programmes for older persons with frailty.
- g. Eradicate age discrimination practices towards older persons. This implies basing therapeutic decisions on functional status and state of health, rather than on age. In surgical interventions shall require the opinion and consent of the elderly patient or, in cases of legal disability, of his or her legal representative. The same non-discrimination criteria must be applied to interventions such as implantation of valves, transplants, cancer treatments and similar pathologies. In no case shall older persons be deprived of the same therapeutic opportunities offered to the rest of society, provided that the person's functional and clinical status indicate that the risk/benefit balance of the intervention is favourable.
- h. Establish *safety strategies at health care centres* aimed at minimising adverse effects on older persons receiving care and, in particular, hospitalised frail older persons, according to their risk level.
- i. Establish systems to facilitate the detection of *abuse and mistreatment in the field of health care* and to report it.
- j. Foster the development of *specific care facilities*: hospital geriatric services, professionalised care at health care centres and residential institutions, palliative care units, etc. Ensure that geriatric care is included as a measure in the care services offered by the autonomous communities and that it is not reduced to a token presence.
- k. Promote health care initiatives aimed at *avoiding or reducing hospital admissions* and outpatient visits, such as health promotion programmes, promotion of functional capacity and prevention of frailty, promotion of home care, teleassistance systems, development of telemedicine units associated with outpatient centres, programmed health care and similar campaigns.
- l. Foster greater participation of *associations of the sick* and their families.
- m. Promote the *vocational training* of those who work directly with older persons: relatives, carers, assistants, etc.
- n. Avoid the use of *negative language* in any form of communication or message aimed at or relative to older persons, including health-related aspects.

- o. Apply the principles of *universal accessibility and design for everyone* in all care services, including teleassistance, urgently needed and emergency services.
- p. Promote *education that includes lifelong preparation for old age* and that considers the importance of staying healthy.
- q. Not exclude older persons from health research studies so as not to ignore the benefits or contradictions for the various age groups that make up the older persons sector.
- r. Conduct studies on the effects of the Social Thermalism Programme both in personal relationships and in the promotion of the beneficiaries' health, as well as its effects on the health care system.

4.1.24. *Measures that should be taken by professionals:*

- a. Ascertain the *peculiarities of older persons* in relation to changes in the body, peculiarities in the manner in which diseases present themselves, are diagnosed and treated, particularly those which can be considered specific to older persons, such as geriatric syndromes. This means that any professional that systematically treats older persons must have a basic knowledge of the most elementary principles of geriatric medicine.
- b. Not establish in the daily treatment of older persons, or in any form of health care, any type of official or informal standard of conduct that implies *discrimination*.
- c. Dedicate *the necessary time* to older persons at outpatient centres and hospitals, taking into account their limitations and the need to schedule necessarily longer appointments than in the case of younger patients.
- d. From a medical viewpoint it is necessary, firstly, to promote the health and functional capacity of older persons; secondly, to prevent their diseases and cure them. If this were not possible, they will have to be cared for and, in any case, be accompanied.
- e. Raise awareness for detecting and reporting any form of *abuse, mistreatment or negligence* that could interfere with the health of older persons.
- f. Ascertain and facilitate *information* about the care and social facilities available to older persons requesting assistance.

4.1.25. *Measures that should be taken by older persons:*

- a. Assume that *active ageing*, i.e. the direct participation of older persons in any aspect of life, is a right but also a duty with very significant consequences in terms of maintenance of their own physical and mental health.
- b. Understand that the promotion of health and functional capacity is possible at any time and that it is always possible to prevent functional and cognitive deterioration.
- c. Become aware that they form part of society with the *same level of rights and duties* as any other citizen.

- d. Not resign themselves to any established age-based health-related rejection measure, including issues such as *access to certain technologies* or drawing up of waitlists. Appeal against a waitlist to the relevant authorities if circumstances warrant.
- e. Bear in mind that therapeutic compliance, i.e. the strict observance of established pharmacological and non-pharmacological regulations in their contact with the health care system, is obligatory for older persons.

4.1.26. *Measures aimed at society in general:*

- a. Assume that older persons are an important part of society as a whole and that they have the *same rights and duties* as any other citizen.
- b. Help older persons to promote their health and functional capacity, as well as to fulfil health-related requirements. Respect their physical and mental limitations.
- c. Respect the principle of autonomy of older persons when making decisions that affect or are related to their health.
- d. Prepare *informative materials on active ageing and health*, supplementary to training courses, in order to facilitate self-training and the consolidation of healthy and active behaviours and interests.

4.1.27. *In relation to health and social care*, together with the Social and Health Agreement announced by the Government to improve the current situation and respond to the demands of older persons, it is necessary to promote the *approval of state regulations* that will, inter alia, serve the following purposes:

- a. Adopt a common language between the various public authorities for the purpose of duly addressing the related regulations.
- b. Develop *common approaches to health and social care* applicable throughout Spain.
- c. Establish a *social and health services portfolio* that envisages both the integration of the necessary services to provide care at the Centres and at home or to facilitate permanence thereat.
- d. Establish *stable structures* that will guarantee the complementarity of said services: case management teams.
- e. Establish a *Single Point of Access* procedure for accessing health and social care, eliminating bureaucratic duplicities by the health care and social services.
- f. Establish a *continuous process* care model, with shared supervision and responsibility between certain of the various public authorities.
- g. Establish a *single personal identification code* for the purpose of guaranteeing assistive continuity. Approve binding action protocols.
- h. Facilitate *permanent communication* between the health and social services professionals, promoting the use of new technologies, particularly by articulating the interconnection and interoperability of the digital clinical record and the record of the actions carried out by the social services.

- i. Establish *joint training programmes* for the professionals who participate in health and social care processes, in order to foster a common organisational culture, sensitive to the needs and demands of older persons.
- j. Establish *training and informative programmes for older persons* for the purpose of fostering a healthy lifestyle and preventing functional deterioration and diseases. Foster their involvement in the implementation of health and social care measures.
- k. Establish *special social and health, information, family respite and other similar programmes for family carers*.
- l. Establish *guarantees* in relation to conditions of equity in the access to health and social care, evaluation of the personal (type of pathology), economic (spending power) and family-related circumstances of older persons.
- m. Implement *territorial health and social care units*, with psychology, physiotherapy, speech therapy and occupational therapy services, coordinated by the primary care medical professional, to attend the chronicity of older persons, with or without disabilities, in the rural environment.
- n. Study and analyse the effects of the health and social care services for older persons on economic activity and employment.

4.1.28. *Other health and social care measures include the following:*

- a. Need for *greater cooperation between the health and social spheres*, and between the various public authorities, the Government and the autonomous communities, particularly by means of effective coordination systems, for the purpose of making progress in the health and social care demanded by older persons.
- b. Need for promoting specific social and health-related measures, both preventive and rehabilitative, including the creation of *local neighbourhood rehabilitation units*. It has been established that social and health coordination at the local level gives better results than in higher-level spheres of health.
- c. Health care systems must drive the promotion of health and functional capacity, as well as prevention of disabilities, diseases and injuries. While they must never abandon their function of curing diseases in their acute stages, they must evolve towards the provision of care for chronic diseases. This is of particular importance in the care of older persons.
- d. Convenience of attaching social services institutions for dependent older persons to a primary care centre and of expanding interaction with specialised health care centres.

## 4.2. Adapted accommodation and services

*Adapt accommodation and provide services that will enable older persons with health problems to live with the highest possible degree of autonomy.*

### a) Introduction

- 4.2.1. This Orientation relates to the adaptation of accommodation and services for older persons. It discusses, mainly, *own homes of older persons* because, in Spain, 90.1% of older persons aged 65 and over owned their homes (INE, Survey on Living Conditions 2012. Housing).
- 4.2.2. According to the Survey mentioned in the preceding section, 78.1% of the homes of older persons aged 65 and over did not have any problems in 2012. In 2012 the situation had improved with respect to 2005, the year in which 54.7% of homes owned by the same age group did not have any problems. Notwithstanding the foregoing, in 2012, 19.5% of the dwellings of older persons aged 65 and over were not warm enough during the cold months, 22.4% were not cool enough in summer, the dwellings had good access (49.4%) or very good access (14.4%) to primary health care services, and older persons were satisfied (60.5%) or very satisfied (29.8%) living in them (INE, Survey on Living Conditions. Module 2012). Despite the aforementioned good evolution, there are still dwellings of older persons, particularly in urban slums and in the rural environment, which have architectural barriers in their various rooms, need for repairs in their water, electricity, gas and heating installations, and the “ageing” inherent to old buildings.
- 4.2.3. In addition to housing, this section discusses *other services*, preferably although not exclusively related to the care of older persons in their habitual residence, such as *home care*, *teleassistance* and other services that should be provided in the rural environment or to specific sectors. They are *social services*, due to which it is convenient to relate this section to that expounded in 3.2.

#### **b) Aspects of concern to older persons**

- 4.2.4. It is a priority preference of older persons to *live in their usual environment, in their own home*, for as long as they choose and it is possible, with the greatest degree of well-being<sup>28</sup>. In other words, they wish to *age at home*; 87.3% of older persons prefer to live in their own home, even alone (IMSERSO, Survey of Older Persons 2010). However, and regardless of the existence of causes preventing it, such as diseases, disabilities and unexpected limitations in the activity, death of the spouse and other similar limitations, there are obstacles that hinder that wish. These include:
  - a. *Housing inadequate to the needs of older persons*: lack of lift, heating, architectural barriers inside the dwelling, particularly in the bathroom; dilapidated dwellings, with very old electricity, water and gas installations, occasionally with significant security problems; elements or furniture that require minor repairs, which older persons can no longer resolve and for which the adequate professional cannot be found; and similar problems. The availability of water, electricity, gas and heating, not only in cities but also in towns and villages, are indispensable requirements for ageing at home with the minimum quality conditions required.
  - b. There are older persons who have been forced to *abandon their habitual residence* because it has been demolished due to being architecturally unsafe, because the lessors have forced them to vacate the dwelling, eviction due to non-payment of mortgages or similar reasons. In these cases they are unprotected and it is necessary to arbitrate measures that will enable them to find accommodation in another dwelling adequate to their characteristics.
  - c. As we grow older it becomes increasingly difficult to do *housework*, particularly tasks that require greater physical effort or are contraindicated in the case of certain age-related health problems (arthrosis, rheumatism, spinal pain, etc.).

Therefore, older persons need help to do their housework, particularly cleaning, doing the laundry and hanging and ironing clothes.

- d. Older persons living alone also need to receive adequate help to *run errands outside of their homes*, such as buying food, bank transactions, paperwork, etc., which they can no longer do on their own due to their limited mobility.
- e. Although the implementation of the *home teleassistance service* has become widespread, very old persons or older persons in a situation of risk require full coverage, in order to respond to emergency health and social situations. Likewise, it would be convenient to study the possibility of extending the current characteristics of said service to other situations, such as using the telealarm when the older person leaves the dwelling, etc.
- f. The greater economic precariousness after retirement and increased expenses make it difficult for older persons to meet their immediate needs in relation to the adequate preservation of their home.

4.2.5. *Many older persons who live in a rural environment require home care, which their children cannot always provide.*

4.2.6. Also in relation to older persons living in a rural environment, there is an overriding fact that must be emphasised: “they want to live and die in their village.” They accept other solutions but do not give up what they consider basic in life, *not moving from home when they grow older* and need help. However, they do not reject being consulted and having their preferences taken into account when choosing the manner in which they wish to live in their old age.

### **c) Measures and proposals**

4.2.7. The various public authorities must promote studies, measures, projects and good practices to ensure that older persons achieve their *main desire to age at home*, regardless of whether they reside in urban or rural environments. Said studies and projects must be subjected to an effective and efficient assessment in the various stages of their planning, scheduling and execution, in order to enable the corresponding public authorities to make informed decisions in cooperation with the different social instances that intervene or could intervene.

4.2.8. As regards the *social care of older persons in their own homes*, it would be convenient to adopt the following measures with the aim of allowing them to remain in their usual surroundings for as long as possible:

- a. *Arrange subsidies for repairing those dwellings* which, due to their state of deterioration, lack of safety, need to replace electricity, water and gas installations, lack of lifts, existence of architectural barriers and similar causes, must be adequately adapted to the needs of the older persons living there.
- b. Promote housing for older persons, paying special attention to those who live alone, through rental subsidies, cooperative and similar housing initiatives.
- c. In the case of older persons who have been deprived of their habitual dwelling, the *conditioning of sheltered housing units and new housing models* that respond to their needs and allow them to participate actively in society must be promoted.

- d. Promote the integration, in a single global service, of *home assistance services* for older persons and *teleassistance*, which is currently being provided.
  - e. Make the *teleassistance service* available to all older persons living alone and, in general, to those in situations of risk and in health and social emergency situations.
  - f. It would be convenient to conduct a pilot study, through surveys made to technicians and users, on the *extension of the teleassistance service to other complementary telealarm situations that could be useful to older persons*.
- 4.2.9. As regards *accommodation services for disabled older persons*:
- a. It is necessary to promote diversified residential formulas and options: supportive housing, assisted apartments and flats, residential institutions, etc., that will enable disabled older persons to age in familiar surroundings.
  - b. Promote the necessary strategies and resources for disabled older persons to receive specialised and quality support in an inclusive and normalised environment.
  - c. Foster the creation of day centres and residential institutions for disabled older persons that are not overcrowded, with flexible co-residence options.
- 4.2.10. In relation to *older persons living in rural environments*, it is necessary to continue offering or, as the case may be, establish a *home assistance service*. When the family fails or is not within reach, older persons need supplementary home assistance services, preferably provided by the public authorities as follows:
- a. The public authorities must ensure that those who assist older persons *are qualified* to do so. A home assistance contract, whether public or private, cannot be drawn up if qualified training for assisting older persons is not accredited. This assistance does not only involve doing housework, but also adequately providing the personal care required by older persons.
  - b. Home assistance cannot be exclusive to impoverished or economically vulnerable older persons. Home assistance must be made *extensive to all older persons who need it*, regardless of their income. It is an entirely different matter altogether if they are obliged to contribute, to a certain extent and proportion, to the cost of the service in accordance with their income, as in the case of other social services.
  - c. Home assistance could be *an excellent resource for driving population growth in rural areas*. Older persons living in rural areas must be cared for, if possible, in their own homes. While family care cannot be considered a demographic incentive, care provided through other channels, particularly foreign women can be considered as such. Likewise, the care of older persons must be understood as a way of fixing the population to the area. Rural populations would increase in proportion to the number of persons who care for older persons in rural areas.
- 4.2.11. To the extent possible, it would be convenient to establish *multifunctional centres* in rural areas, particularly at the regional level. These must be understood as an extension of family care and home care.



- a. Multifunctional centres are understood to be *spaces specially conditioned* for the care of older persons. In said centres, older persons may find everything from game rooms to beds in which they can sleep overnight or permanently.
  - b. These centres must be adapted and prepared to provide the *services* required by older persons living in rural areas.
  - c. In small municipalities, specialisation of activities by centre is not required (card games, laundry, meals, home assistance, residential institution, etc.), due to which all these services must be provided in a single centre. Also, services that could be provided separately can be provided free of charge, which in itself is a clear benefit.
  - d. Moreover, these centres are located *very near the older person's children*, when they come to the village, due to which they can live with the older person in a natural way.
  - e. *The implementation and financing of these centres must be a joint effort*: the private sector, the public authorities and civil society as a whole. The problem of ageing older persons must be understood as an issue that concerns the entire local community and every means must be place at their service.
  - f. The centre may be located within the institution itself by expanding and remodelling its spaces, particularly the residential area. The advantage of these centres is the peace of mind gained by the older persons and by the families residing near the centre. Furthermore, small municipalities would have a basic element, a bed where older persons living alone can spend the long winter nights.
- 4.2.12. Encourage mobile telephony operators to study the manner in which to offer older persons, in a clear, understandable and affordable manner, a flat rate that includes all the mobile telephony services, including teleassistance, and that facilitates the installation of home care ICTs.

### 4.3. Accessible and affordable transport

*Adapt transport systems to ensure their accessibility, affordability, safety and stability, so as to enable older persons to continue being independent and participate actively in society.*

#### a) Introduction

- 4.3.1. The *White Paper on European Transport Policy* establishes that “the quality, accessibility and reliability of transport services will become increasingly important aspects in the coming years, inter alia, *due to the ageing population* and to the need to promote public transport. The main characteristics of quality service are convenient timetables, convenience, ease of access, service reliability and intermodal integration.” Likewise, the list of initiatives to be developed includes that of “*improving transport quality for older persons, passengers with reduced mobility and disabilities, improving, inter alia, infrastructure accessibility*”<sup>29</sup>.
- 4.3.2. As regards Spain, notwithstanding the abundant related autonomous community legislation currently in force, Legislative Royal Decree 1/2013, of 29 November, approving the Consolidated Text of the General Law on rights of persons with disabilities and their social inclusion is an obligatory reference. Because although it is nonetheless convenient to recall that older persons may have legal status as “disabled persons.”

4.3.3. Additionally, *Royal Decree 1544/2007, of 23 November, regulating the basic conditions of accessibility and non-discrimination for the access and use of means of transportation by disabled persons* must also be taken into account. This law broadly regulates the conditions of accessibility that must be envisaged by the different means of transportation: sea, air, road, urban and suburban by bus, metropolitan railway, adapted taxis and special transport services.

**b) Aspects of concern to older persons**

4.3.4. Accessibility in public transport has improved significantly in recent years, both in terms of the means of transportation themselves (adapted buses, underground railway, trains, taxis, etc.) and access thereto (train and underground stations, adapted bus stops, etc.). The line undertaken must be maintained and consolidated.

4.3.5. At the state, autonomous community and local level, older persons usually enjoy discounts in transport fares, which vary in accordance with each autonomous community, city or municipality (Gold Card, older person's pass and similar). Older persons do not want these discounts on fares to be suppressed or modified (upwards) because they enable greater mobility.

**c) Measures and proposals**

4.3.6. Promote means of transportation and communication that will *ensure greater compatibility* between the autonomy of older persons and proximity to their families. In line with the concept of building increasingly age-friendly environments better adapted to older persons, it should not be presumed that contact with their families will be guaranteed sine die. The progressive increase in residential distance between relatives should be accompanied by measures to facilitate travel and eliminate barriers thereto.

4.3.7. Greater effort must be made, to the extent possible, to offer *accessible and cheap public transport services* to older persons, both in urban and rural areas. It should not be forgotten that the greater mobility of older persons within their community and social environment considerably favours their social relationships and prevents isolation and situations of dependency. In other words, it is an effective economic measure in the medium and long term because it avoids future and more expensive assistance-related expenses.

4.3.8. Older persons with an accredited degree of disability equal to or greater than 33% should receive comprehensive information on the tax benefits and economic aid granted by the public authorities for the purchase of a motorised vehicle, whether normal or adapted.

4.3.9. In addition to the existing visual signalling, other measures must be established (for example, spoken messages with adequate periodicity) to sensitise the population and ensure that the seats reserved for older persons and other groups with mobility problems in public transport are effectively respected.

4.3.10. The stereotype of older persons must be countered. Just because they have reached a certain age it does not mean they not in condition to drive or that they are no longer safe drivers. Older persons must make, whenever possible, their own decisions in this regard, judging their own capacity to drive safely with respect to themselves and to other citizens. This will require consultation with a medical professional, as the older person may be taking drugs with a contraindication to driving or may have limited sensory organs, mobility, reflexes, cognitive capacity, etc. At times the intervention of the most immediate

environment will be required if anomalies that the older person is not aware of are detected.

#### 4.4. Environments, products and services adapted to older persons

*Adapt local environments, products and services so they can be used by persons of all ages (“design for everyone” approach), particularly using new technologies, including e-Healthcare; avoid age discrimination when accessing goods and services.*

##### a) Introduction

- 4.4.1. Due to its importance, and because it will decisively and transversely influence other international and national legislations, it should be noted that the *UN Convention on the Rights of Persons with Disabilities* (2006), signed and ratified by Spain and European Union, understands “universal design” to be all persons, to the extent possible, without need for adaptation or specialised design. Universal design shall not exclude technical support for specific groups of disabled persons, where necessary.
- 4.4.2. Prior to approving the Convention mentioned in the preceding section, “universal design” was envisaged in *Law 51/2003, of 2 December, on the equal opportunities, non-discrimination and universal accessibility of disabled persons*, currently integrated in *Legislative Royal Decree 1/2013, of 29 November*. The approval of said Law and subsequent regulatory implementations has determined a qualitative change in the consideration of accessibility, not only as content related to the field of social services in the general framework of the welfare society, but rather as a fundamental right of persons in their capacity as citizens.
- 4.4.3. Said Law defined the notions of “design for everyone” and “universal accessibility”. “Design for everyone” is the activity whereby environments, processes, goods, products, services, objects, instruments, devices or tools are conceived or designed from the beginning, whenever possible, so that they can be used by everyone to the greatest extent possible. “Universal accessibility” is the condition that must be fulfilled by environments, processes, goods, products and services, as well as objects or instruments, tools and devices, to be understandable, usable and practicable by people in safe and convenient conditions and in the most autonomous and natural possible way. The “design for everyone” strategy is understood to be notwithstanding the reasonable adjustments that must be adopted. This section refers to the adoption of environments, products and services that can be used by people of all ages.
- 4.4.4. The configuration of public spaces under the concept of the “design for everyone” and “universal accessibility” is particularly important to preventing the *road traffic accidents* that older persons often suffer. As an indication, it should be noted that in 2012 people aged 65 and over were involved, as drivers, passengers or pedestrians, in 8,261 traffic accidents in which 507 people died (27% of total deaths), 1,569 were seriously injured (15% of total seriously injured) and 8,271 suffered minor injuries (8% of total minor injuries) (Directorate-General for Traffic. Main road accident statistics. Spain 2012).
- 4.4.5. As regards *road traffic accidents involving pedestrians aged 65 and over*, of particular importance because their incidence is closely related to the conditions of the urban and interurban space, road and sidewalk width, pedestrian crossings, signalling, speed limits, traffic lights and other acoustic and luminous signs, the following data, the following data related to 2012: in the 65 to 74-year-old age group there were 71 pedestrian deaths, 276

were seriously injured and 897 suffered minor injuries; in the 75 to 84-year-old age group there were 92 pedestrian deaths, 341 were seriously injured and 942 suffered minor injuries; and in the 85+ age group there were 43 pedestrian deaths, 123 were seriously injured and 347 suffered minor injuries. If we take into account that the total number of pedestrian deaths in 2012 was 376, it can be concluded that 54.78% were people aged 65 and over. People aged 75 and over were at greater risk of being struck and killed by vehicles, since they account for 36% of total pedestrian deaths. Traffic fatalities and injuries in pedestrians aged 65 and over are more frequent on urban roads than on interurban roads (Directorate-General for Traffic. Main road accident statistics. Spain 2012). The foregoing data should trigger in-depth reflection on the conditions of cities in relation to the wandering of older persons.

- 4.4.6. Official statistics reveal that older persons aged 65 and over are active drivers. There is an upward trend in driver licence renewal, even among the elderly. This is advantageous to promoting active ageing, but also the inconvenience of a potential increase in risks.
- 4.4.7. At EU level, the use of ICTs is becoming increasingly important. A Communication of the European Commission of 2007 affirmed the following: "ICTs can help older persons to enjoy better quality of life and health and to live autonomously for a longer period of time. Innovative solutions are emerging that contribute to counteracting age-related memory, vision, hearing and mobility problems. ICTs also enable older persons to stay active at work and in their community. The experience and competencies they have accumulated constitute a great asset, particularly in the information society"<sup>30</sup>. More recently, the Europe 2020 Strategy has placed special emphasis on new technologies in general.

#### **b) Aspects of concern older persons**

- 4.4.8. *Generally speaking*, older persons demand spaces in cities, streets, parks, buildings, transport, public areas and more accessible housing that will facilitate a more independent life.
- 4.4.9. At *urban level*, the sidewalks, signalled or unsignalled pedestrian crossings, access to certain public parks and other leisure, cultural and recreational areas should respond better to the principles of design for everyone and universal accessibility. Many older persons, particularly those affected by certain disabilities or limitations in mobility, have problems enjoying these spaces, even walking down the street, because of the obstacles they encounter. While in *rural environments* the accessibility problems encountered in urban environments do not exist, there are other problems that hinder the use of goods and services by older persons.
- 4.4.10. As regards conditioning of urban roads to prevent the traffic accidents suffered by pedestrians aged 65 and over, they are especially concerned about uneven street paving, insufficiently wide sidewalks with insufficient width and bollards, bus stops without marquees or benches and deteriorated and unpainted pedestrian crossings without refuge islands or traffic lights with countdown timers that indicate the amount of time left until the light turns red.
- 4.4.11. Likewise, they express their concern for the frequent invasion of sidewalks, reserved to pedestrians, by people riding bicycles, skateboards or similar vehicles. These intrusions could cause, and in fact do cause, accidents that create insecurity and severe injuries in older persons.

4.4.12. Many *products*, even frequently consumed food products, are still manufactured with labelling that is very hard to read in general, but more so for older persons. This is also the case of a wide range of products, including new technologies. Despite the insistence for older persons to use them more often, it has been observed that the use instructions (of TVs, mobile phones, tablets, etc.) are usually very complex, which deters people from reading them and, consequently, using the devices to their full potential.

### c) Measures and proposals

4.4.13. Promote the development of *healthy and age-friendly environments*, particularly in cities, eliminating barriers, whether in the form of physical obstacles, difficult access to public means of transport, insufficient signalling, combating air pollution, improved street lighting or of any other nature. An adequate design of urban and rural environments must be promoted to ensure road safety.

4.4.14. It would be convenient to improve the horizontal signalling of pedestrian crossings, since they are often only indicated by two discontinuous horizontal road markings instead of parallel horizontal painted zebra stripes. All pedestrian crossings with traffic lights should have a countdown timer indicating the amount of time left to cross the road, in addition to acoustic signals. Intermediate pedestrian refuge islands should be built in very wide pedestrian crossings, which are more difficult to cross by older persons while the traffic light is green. Likewise, the introduction of new technologies must be promoted (additional special markings, tactile paving, etc.) that automatically detect the presence of pedestrians approaching the crossing and alert drivers sufficiently in advance.

4.4.15. It would be convenient to lower kerb edges, increase the number of zones with lower speed limits, increase the number of pedestrian streets and install bus stops on straight stretches of road and equipping them with marquees and benches. Likewise, special attention should be given to roads that cross villages, since they give rise to a high rate of traffic accidents in older persons.

4.4.16. Sensitisation campaigns should be launched so that cyclists that cross pedestrian crossings use them with care, always respecting the pedestrians crossing them, particularly older persons.

4.4.17. Lifelong learning principles should also be applied to road safety education.

4.4.18. It would be convenient to promote the two *main strategies established by the Directorate-General for Traffic* for improving road safety: collaboration with city councils to improve urban infrastructures (pedestrian crossings, urban furniture, etc.) and joint activity with specific professionals who will respond to specific needs (medical professionals, municipal police, etc.).

4.4.19. Promote the inclusion of Spanish cities in the *Global Network of Age-Friendly Cities*, which is aimed at fostering active ageing through optimised participation, improved health conditions and safer environments in order to raise the quality of life of older persons.

4.4.20. Develop plans for urban development and mobility in urban and rural areas that will facilitate the social inclusion of older persons.

4.4.21. Ensure the application of the principles of universal accessibility and design for everyone that will guarantee *information and communication for older persons*, in public spaces and services, and through the dissemination of ageing activities.

- 4.4.22. Define a legal framework that envisages the construction of *convertible*, privately financed or subsidised housing, with architectural characteristics and basic electrical and safety installations that will make them accessible in the future at a low cost.
- 4.4.23. Facilitate access to economic aid to promote personal autonomy in the form of support products, instruments for daily living, accessibility and adaptations of the household.
- 4.4.24. Ensure the application of the principles of universal accessibility and design for everyone to the various care services: teleassistance and other home communication technologies, emergency and other similar services.
- 4.4.25. Apply the principles of design for everyone and universal accessibility to *environments, products and services*, to ensure they take into account the inclusive approach and do not expel or exclude older persons.
- 4.4.26. Take into account the needs of *older consumers in the design of products* and services in the form in which they are provided.
- 4.4.27. Ensure the application of the principles of universal accessibility and design for everyone to *health care services*. Review the orthoprosthesis services portfolio of the Spanish National Health System, in order to extend its coverage and include a large amount and variety of technical aids, orthopaedic devices, hearing aids, technological aid, including domotics within its options, notwithstanding the economic contributions of the beneficiaries.
- 4.4.28. Promote *interaction with and knowledge of new technologies* by disabled older persons and promote accessibility thereto, as well as to social networks, in conditions of equity with the rest of society.
- 4.4.29. Incorporate the principles of universal accessibility and design for everyone to the *rural environment*. Promote access to and use of technological resources by older persons living in rural environments that will facilitate their accessibility to information, training and knowledge. Provide *safe and accessible spaces* for disabled older persons in rural environments in order to enable them to participate in an autonomous, full and secure manner in the same conditions of equity as other persons.
- 4.4.30. Incorporate the necessary measures into all the *recreational and leisure activities* organised in order to ensure the application of the principles of universal accessibility and design for everyone.
- 4.4.31. Guarantee *equal opportunities for everyone*, particularly in products and services related to the information society and social media, urbanized public spaces and construction, means of transportation, relations with the public authorities and goods and services in the public domain.
- 4.4.32. Use the *potential of ICTs* as an opportunity for older persons to stay actively and fully integrated in their environment, even as a guarantee of independent life at home.
- 4.4.33. Promote *innovation in companies* to ensure the development of new products and services related to older persons.

#### 4.5. Maximise autonomy in long-term care

*Guarantee, to the extent possible, that the autonomy of older persons who need attention or care will be increased, maintained or restored and they will be treated with dignity and respect*

- 4.5.1. The title and content of this Orientation infers that *two objectives* must be pursued in relation to older persons requiring long-term care or attention, generally due to being in a dependency situation: increase, maintain or restore their autonomy to the extent possible and always treat them with dignity. For this reason, this section discusses issues related to: 1) *long-term care* or care in situations of dependency; and 2) *dignified treatment of older persons*.

## 1) Long-term care

### a) Introduction

- 4.5.2. The WHO defines *long-term care (LTC)* as “the system of activities carried out by informal carers (family, friends or neighbours) or professionals (health and social care services), or both, to guarantee that dependent persons will maintain the highest possible quality of life in accordance with their individual preferences, with the highest possible degree of Independence, autonomy, participation, personal achievement and human dignity”<sup>31</sup>.
- 4.5.3. In a similar vein, the OECD understands long-term care to be “the assistance provided to the person in the activities of daily living, such as bathing, dressing, going to bed, getting out of bed and similar activities, which is often provided by unqualified family members and friends or nurses.” It includes the medical care received by patients with chronic problems, palliative care, nursing care, personal care assistance in activities of daily living (ADL), assistance for instrumental activities of daily living (IADL), such as shopping, cooking meals, preparing meals, managing personal finances, house cleaning services and adaptations to the dwelling to make it accessible; it also includes the sickness benefits paid to the service providers. Said care is received both at home and in institutions<sup>32</sup>.
- 4.5.4. The EU takes the same stance and defines long-term care as "a cross-cutting policy comprising a series of services for people who require help to perform the basic activities of daily living (BADL) for an extended period of time." It includes rehabilitation, basic medical services, social care, adaptations to the dwelling and services such as transport, meals, personal autonomy occupational activities and assistance for performing the instrumental activities of daily living (IADL). In general, it is provided to physically or mentally disabled people and to frail older persons and very old persons, particularly those who need assistance to perform the activities of daily living<sup>33</sup>.
- 4.5.5. According to the most recent Spanish National Health Survey 2011-2012 conducted by the MSSSI-INE, 34,21% of the population aged 65 and more had *functional dependence for personal care* (26.88% of men and 39.74% of women), 37.45% for *housework* (30.59% of men and 42.61% of women) and 36.72% for *mobility* (27.47% of men and 43.70% of women). This evidences that functional dependency increases in proportion to age. Thus, 14.06% of people aged between 65 and 69 had dependency for personal care, 17.22% for housework and 16.19% for mobility, while the percentages corresponding to people aged 85 and older in those three areas were 72.18%, 78.05% and 77.82% respectively. After analysing the three foregoing functional dependency variables by *social class based on occupation*, it can be concluded that, in the population aged 65 or over, those persons who had practiced professions requiring a university degree had less functional dependency and those who had practiced professions not requiring professional qualifications had greater dependency.

- 4.5.6. The aforementioned survey also analyses the *severity of limitations for performing activities of daily living* in the last six months by sex and age group. As regards older persons, it indicates that, in the 65 to 74-year-old age group, 4.33% had severe limitations; 25.83% had moderate limitations; and 69.83% had no limitations. In the 75 to 84-year-old age group, 10.7% had severe limitations; 33.05% had moderate limitations; and 56.26% had no limitations. In the 85+ age group, 27.84% had severe limitations; 36.71% had moderate limitations; and 35.45% had no limitations. It can be concluded that functional dependency increases in proportion to age. The degree of severity is *significantly higher in women than in men*.
- 4.5.7. The highest percentage of functional dependency and the higher degree of severity of functional limitation for performing the activities of basic living observed in women is possibly due to the fact that, on the one hand, their *life expectancy at birth and at 65* is greater than that of men but, on the other, their *healthy life expectancy at 65* barely differs from that of men (*supra*, section 1.13). This evidences women's greater need for long-term care.
- 4.5.8. Assistance to older persons requiring long-term care is provided at home and in health and social institutions. As regards social service institutions, in 2010 there were 70,607 places in day centres and 245,951 residential places for dependent older persons (IMSERSO. Report 2010. Older persons in Spain, Table 2.1).

**b) Aspects of concern to older persons**

- 4.5.9. With regard to *long-term care of older persons* (care in situations of dependency), it should be noted that, in general, the enactment of the Law on the Promotion of Personal Autonomy and Attention to Persons in Situations of Dependency has represented an unquestionable legal and financial contribution to former actions carried out by the autonomous communities in the field of social services. But this is not sufficient, because said care requires achieving *greater coordination between health and social care services*, whether provided in health or social institutions.
- 4.5.10. Despite the recent amendments made in the *assessment of situations of dependency of older persons*, certain problems remain unsolved including, most notably, the following:
- a. With regard to the regulation of the *administrative procedure*, the existence of heterogeneous legal provisions attributable to the various autonomous communities or provincial governments.
  - b. *A very long time elapses* between the date of submission of the recognition of the situation of dependency to the municipal social services centres and the receipt of the notification of the administrative decision corresponding to the recognition or refusal of the degree of dependency.
  - c. Likewise, the actual timeframes from the decision of recognition or refusal of the degree of dependency to the approval of the *individual care programme* with the corresponding approval of specific benefits.
  - d. These extended timeframes *have adverse effects* on older persons or their families, because situations of dependency are frequently unforeseen (as a consequence of falls, cerebrovascular accidents or other similar causes) and require fast solutions once they are discharged from hospital.



- e. With regard to *home care of older persons requiring long-term care* due to being in a situation that prevents or hinders the performance of activities of daily living, need to receive professional personal care at home. They often do not have the specialised carers who can provide said care or cash benefits with which to pay for said services.

4.5.11. *Day centres for dependent older persons* constitute a resource which has demonstrated its usefulness in the of older persons requiring long-term care, due to the fact that:

- a. They provide enablement, re-enablement, assistive, supportive and transport treatment to their users, while maintaining the daily relationship between the older person and his or her families and integration in the family. They enable the *reconciliation of carers' family and professional lives*.
- b. They are *less expensive resources*, both with respect to the public authorities and to older persons and their families, than residential institutions.
- c. At times they are attached, within a single building, to centres for active older persons, which allows savings on personnel and facilities and greater contact between users of both types of centres and their families.
- d. Notwithstanding the foregoing, there is still an *insufficient number of these centres*, which increases the *waitlists* of older persons, and a *lack of diversification* in accordance with certain disabilities: persons suffering from Alzheimer's Disease and other dementia, Parkinson's Disease, strokes, etc.
- e. It is a service that cannot be implemented in small municipalities, as there is insufficient demand and transport, when long distances must be travelled, is a drawback for dependent older persons. They can be installed in large rural towns which can be accessed both by older persons living in the same municipality and those living in nearby areas.

4.5.12. Contrary to their wishes, many families cannot provide adequate care to their elderly members in their own homes because of the nature of the disability, disease or continuous care required by the older person make it very difficult. The permanence of the older person in the household, in these conditions, could undermine the quality of the care required by the older persons and cause considerable fatigue in the family carers, on having to combine the care of the older person and their work, the care of their children and other household chores. Consequently, it is necessary to *enable care modalities in social institutions*, where older persons requiring long-term care can receive them. In this regard, older persons are concerned about:

- a. The institutional resources of social services can be *improved* further.
- b. Access to these institutions, when not total or partially government financed, is *difficult* for older persons with scarce economic resources.
- c. There are still *waiting lists* to enter public or state-assisted residential institutions and must be reduced.
- d. There is a *difference in the quality of the care* received by older persons in health care institutions and social care institutions. The latter do not have the necessary personnel, material or economic resources of the former.

- e. There is no adequate *continuity* between the care provided to dependent older persons in health care centres and the care provided in a social services centre when the older person needs the latter.
- f. More often than not, on not receiving visits from relatives or friends, older persons in residential institutions can fall *victim to loneliness* or depression, with the ensuing negative effects on their physical and mental health.
- g. The *architectural design* of some residential institutions does not *adequately* meet the specific needs of dependent older persons
- h. Some residential institutions do not have *adequate spaces* equipped with the necessary means and with the necessary privacy, so that the residents' families can spend as much time as possible with in situations of continuous permanence in bed, aggravation of diseases or foreseeable death.
- i. With regard to older persons living in rural environments, it should be noted that *they are not convinced about living in a residential or equivalent institution*, unless said institutions are located in the same municipality, which is difficult to achieve. For them, leaving their village means severing their ties with a vital and community context that is an integral part of their lives, abandoning their regular chats with neighbours and friends, growing their own vegetable garden, enjoying their personal autonomy, contact with the fields they dedicated their life to, leaving familiar surroundings for new unknown ones, in which their whole life will be programmed. Admission to a residential institution contributes to situations of dependency.
- j. Likewise, it should also be noted that many older persons, living in both an urban and rural environment, accept being admitted into a residential institution because they have been convinced by their children or relatives. They do not want to go, but rather are fulfilling the will of others.
- k. Moreover, there are older persons in situations of dependency who are *forced to abandon the residential institutions* in which they live in order to reverse the cost to cover their families' needs. This fact, while representing financial support for their families, may lead to a loss in the quality of the health and social care required by dependent older persons.

**c) Measures and proposals**

- 4.5.13. In general, the adequate means must be devised to achieve *greater coordination between health and social care services* for older persons who need long-term care, through the establishment of joint action protocols, information exchange, clinical and social history shared as required, multi-professional meetings, health and social intervention techniques with cases and groups, etc.
- 4.5.14. In terms of the *assessment of situations of dependency of older persons*, it is necessary to continue promoting greater homogenisation of the legislation regulating procedural standards, as well as continuing to adopt regulatory and administrative coordination measures, in line with the reforms already implemented, in order to effectively reduce the time elapsed between the date of application for recognition of situation of dependency and the approval of the corresponding benefit.

- 4.5.15. It would be convenient to foster and establish programmes for people with moderate or mild dementia for the purpose of preventing the progression of cognitive decline.
- 4.5.16. In relation to *home care of older persons requiring long-term care*, it is necessary to establish greater coordination between health and social care services and home care, in the greater health and social coordination mentioned in sections 4.1.28 and 4.1.29.
- 4.5.17. The *preferences of older persons for living and receiving the care, in their own home* and with professional assistance, including new technologies, they require in accordance with their personal circumstances and those of the environment in which they live.
- 4.5.18. With regard to *day centres for dependent older persons*, in view of the therapeutic and assistive utility they offer, because they do not uproot them from their habitual environment and because they are an excellent means for families to reconcile their personal and family lives, it seems relevant to continue maintaining the current network of centres and, where applicable, study the convenience of creating other new ones, given the importance of ensuring the continuity of older persons in their homes and the reconciliation they offer families.
- 4.5.19. As regards the *care of dependent older persons in social institutions, the following is proposed*:
- a. Residential institutions should be the primary option for *highly dependent older persons who cannot or do not want to be cared for by their families*. They should be an extension of home care and day centres. In these cases the Spanish authorities should promote solutions that go beyond the economic needs of the individuals.
  - b. Institutionalisation *must always be voluntary* and the last resort when required; it must envisage, in addition to guaranteed quality care, permanence within the most immediate environment, preventing emotional and sentimental rupture of the dependent older person's life course.
  - c. As established in the Revised European Social Charter (1996), older persons must be *guaranteed* the possibility of living in appropriate care institutions, respecting their private life and participation in the decisions that affect their living conditions in the institution<sup>34</sup>.
  - d. It is necessary to continue *remodelling* the architectural and functional design of old residential institutions to ensure their compliance with the criteria that must govern the care provided to the dependent older person. The concept and denomination of "asylum" must be abandoned by the media.
  - e. The manner in which to *gain the loyalty of the personnel* who provide care services to dependent older persons in social institutions must be studied.
  - f. *Authorisation and accreditation* systems for expediting the implementation of centres and services should be streamlined.
  - g. The *control and inspection* systems of private residential institutions must be increased to ensure that they fulfil the requirements for their proper functioning and service quality.

- h. A greater number of visits by relatives, neighbours and friends of older persons living in residential institutions, as well as senior companion volunteers, must be fostered in order to prevent the onset of loneliness.
  - i. Residential institutions must have *adequate spaces* allowing the residents' families to spend as much time as they wish with them at critical times.
- 4.5.20. Given that older men and women do not generally share the same personal, family and social situations and circumstances as regards the need for long-term care, it would be convenient to adopt the measures that will take into account the peculiarities of the gender variable, both in relation to home care and residential care.
- 4.5.21. Long-term care of dependent older persons must also be envisaged as a social investment. Not only do they provide benefits to older persons in terms of home and residential care, but also provide returns to society, particularly in terms of employment.

## 2) Dignified treatment of older persons

### a) Introduction

- 4.5.22. In relation to the dignified treatment of older persons, the following sections will discuss, on the one hand, issues *directly related to bioethics* (informed consent, ethics of care and humanisation, mistreatment and advanced care directives, etc.) and, on the other, the legal institutions that *protect older persons* (guardianship, self-guardianship, guardianship foundations) or *the ability to dispose of their assets*.
- 4.5.23. *Bioethics*, which is directly linked to the field of health, has also been extended to that of care and, in general, to all gerontological science. It relates to the study of problems and matters in which there are *conflicts of value in accordance with moral principles* and which occur mainly in the spheres of health, assistance or care, in research and in the distribution of necessary but scarce resources. Bioethical issues are *especially relevant to older persons* and the dignified treatment they deserve. Hence the need to continue promoting their education and training.
- 4.5.24. The relationship between health and social care professionals and older persons has changed dramatically in recent years. Paternalistic approaches, in force for centuries, are no longer common practice and would not currently be accepted by patients or users. Therefore, *personal autonomy, as a basic principle of bioethics*, has been more readily accepted in the professional sphere than in the family sphere. Older persons are, and will continue to be, persons unless they are disqualified or in the event of circumstances specifically indicated by legislation; therefore, as persons, their full autonomy and will should be respected. This, which may seem obvious, is not so in the field of gerontology, where we come across constant violations of this principle more often than would be advisable.
- 4.5.25. *Informed consent* is regulated in Spain by Law 41/2002, of 14 November, regulating the autonomy of the patient and on the rights and obligations in matters of clinical information. Establish, in general, the prior, free and voluntary consent of patients or users based on prior adequate information, and on the right to decide freely among the available clinical options. They are even entitled to refuse being treated, except in those cases determined by the Law.

- 4.5.26. *Intimate, confidential and private* information is subject to professional secrecy and shall not be disclosed without the express permission of the owner of said information. This, which is so easy to understand, is in practice difficult to apply; it must be one of the main points on which it would be advisable for the different social intervention agents of older persons to continue insisting. Respect for confidentiality is not only a legal obligation, but also ethical or moral.
- 4.5.27. Likewise, mention must also be made of *ethics of care and humanisation*. The *moral obligation to care*, to give attention and care to older persons, is present throughout our lifecycle, because we have generally learned it from parents and grandparents. Moreover, *dehumanisation* in service provision is a relatively frequent problem in recent decades. During the provision of services, both health and social, it should not be forgotten that we are dealing with persons, regardless of the state of deterioration of their health, and that we owe them maximum respect and personalised care. They, and “that person” in particular, must be cared for with their peculiarities.
- 4.5.28. *Elder abuse and abandonment* are especially sensitive issues and must be definitively extinguished. Elder abuse is internationally defined as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person” (WHO)<sup>35</sup>. It constitutes “a violation of human rights and a significant source of injury, illness, lost productivity, isolation and despair” (WHO)<sup>36</sup>.
- 4.5.29. Older persons suffer different *types of mistreatment*, including:
- a. *Physical*: blows, deficient personal care, malnutrition, lack of medical assistance, supervision, hygiene, sexual abuse.
  - b. *Psychological*: shouts, insults, threats, intimidation, isolation, infantilisation, depersonalisation, dehumanisation.
  - c. *Violation of rights*: older persons forced to abandon their home, move to another dwelling and other.
  - d. *Neglect*: actions that could have been taken to avoid a situation of abandonment and were not carried out.
  - e. *Economic*: theft, misuse of their money or properties, fraud in the administration of their assets.
  - f. *Abandonment*: it is the situation in which older persons find themselves when they are unable to satisfy their basic needs and, despite the existence of other persons who can help them, they are unprotected due to the lack of help from said persons.
- 4.5.30. Assault and battery on the wife or woman with whom an analogous sentimental relationship is maintained, or a particularly vulnerable person cohabiting with the author of the mistreatment, are considered a crime (Article 153.1 of the Criminal Code). The conduct of the person who habitually exercises physical or psychological violence against the person who has been his or her spouse or against the person with whom he or she has maintained an analogous sentimental relationship without cohabitation, or against descendants or siblings by nature, adoption or affinity, own or those of the spouse or partner, or against minors or disabled persons with whom he or she cohabits or is subject

to the function of parent, de facto guardian, custodian or foster care of the spouse or partner, or against a person protected under any other relationship whereby he or she is integrated in or cohabits with the family of the spouse or partner, and persons who, due to their particular vulnerability, are subject to custody or foster care in public or private centres (Article 173.2) is also considered criminal. The typification of abandonment as a crime is established in Article 226.1, relating to whomsoever fails to fulfil the legal obligations of assistance inherent to their function as parent, guardian, custodian or foster care of providing the necessary assistance legally established for the livelihood of their dependent descendants, ascendants or spouse.

- 4.5.31. Special mention should be made of *restraint or contention*, whether mechanical or pharmacological. It is estimated that, at least, 39% of older persons who have lived in a residential institution have been subject to some degree of restraint.
- 4.5.32. In relation to bioethics, reference must also be made to the *advance directives* provided for in Law 41/2002, of 14 November, (*supra*, section 4.5.25) and autonomous community health legislation. They allow a person to express their wishes in advance in those cases where there is a lack of decision-making capacity at the time the need for the surgical intervention is proposed. It is a proxy modality aimed at the health sphere. Through the advance directives document, a person of full legal age, capable and free, expresses his or her wishes in advance, with the object of fulfilling it in the event of situations under whose circumstances he or she is unable to personally express his or her wishes in relation to the care and treatment of his or her health or, once deceased, on the destination of his or her body or organs thereof. The grantor of the document may also designate a representative to serve, should the need arise, as his or her interlocutor with the medical professional or medical team to ensure the fulfilment of the advance directives.
- 4.5.33. In relation to the *protection of older persons, the appointment of a guardian, self-guardianship and guardianship foundations* are deemed relevant legal institutions. The three institutions become involved, as determined in each specific case, when an older person is declared incapable by court judgment, on account of diseases or persistent deficiencies of a physical or psychological nature that prevent the older person from governing him or herself (articles 199 and 200 of the Civil Code). The declaration of incapacity relates to the person's capacity for self-government, not his or her legal capacity.
- a. The *appointment and requirements of guardianship* are regulated in the Civil Code. The judge designates the person who will exercise the function of guardian, according to the order of precedence established in Article 234 of the Civil Code. But even Article 223, paragraph two, of the Civil Code establishes that a fully capable person may designate a guardian in the event of future or possible legal incapacity: "Any person with sufficient capacity for self-government, foreseeing their future legal incapacitation, may, on a public notarial document, adopt any provision relative to him/her or his/her assets, including the designation of guardian."
  - b. *Self-guardianship* is regulated in Article 757 of the Civil Procedure Law. It enables the "allegedly incapacitated person" to issue his or her own declaration of incapacity.
  - c. The so-called *guardianship foundations* are the closure of the guardianship system. In the current socio-economic circumstances and in view of the collapse of the social value system, it is very difficult to find a person willing to accept the function of

guardian, within or outside of the family. There is a proliferation of public and private institutions which have assumed the care of “allegedly incapacitated persons” or persons which have already been legally incapacitated, relieve the family from such responsibility or simply fostering those who lack a family (Article 239 of the Civil Code); the responsibility falls on the social services created and regulated by the autonomous communities, which play an essential role in the protection of disabled older persons.

**b) Aspects of concern to older persons**

- 4.5.34. Not only professionals, but also the older persons themselves, require *more in-depth training in bioethics*, which will be important in many stages of life, for example, at the end of a person’s life.
- 4.5.35. *Ethics of care* are not always put into practice for different reasons and, when put into practice, it is not done so in the best manner. In this connection, neglect is frequent, as these approaches do not coincide with the current *modus vivendi*. The complaints and psychological damage caused to older persons as a result of the care provided by their parents and closest family members often run counter thereto. The threat of internment in a residential institution or neglect are other examples of absence of ethics of care.
- 4.5.36. At times the user or patient is considered an object on which it is necessary to intervene through an action identical to the prototype, without taking the individual circumstances of each person into account, the *humanisation* demanded from a bioethical conception of a human being.
- 4.5.37. The percentage of older persons who suffer mistreatment is a matter of great concern. According to the INE, in 2006, 1.27% of men and 2.73% of women aged between 65 and 74, and 1.01% of men and 0.87% of women aged 75 and over, suffered aggression or injuries. (MSSSI-INE, Spanish National Health Survey. 2006). According to the International Network for the Prevention of Elder Abuse (INPEA), mistreatment is affecting between 3% and 5% of older persons living in their homes and between 10% and 15% of older persons living in institutions. Society is not sufficiently aware of the scale of the problem and neither are the families of the older persons who suffer mistreatment.
- 4.5.38. Another matter of concern is the eventuality of suffering degrading treatment, such as permanent mechanical restraint, lack of hygiene, malnutrition and similar abuse.
- 4.5.39. Although the obligation of informed consent is becoming increasingly fulfilled, on many occasions it is limited to mere bureaucratic procedures that contravene the spirit of the law that regulates it, which is aimed at informing the person of forthcoming actions that concern him or her, both in the health and health and social sphere.
- 4.5.40. Older persons do not have sufficient information on the scope, content and purpose of *advance directives*. Despite facilitating the fulfilment of the patient’s wishes to a large extent, these are not fulfilled in a great many cases due to ignorance. Many of those who know them are unaware of how to formalise them. In short, they remain unfulfilled.
- 4.5.41. The situation of older persons suffering from dementia is a matter of concern in general and, particularly, that of older persons who *are not legally incapacitated*, since these are at greater legal risk. They are persons subject to the constant risk of violation of the fundamental rights.

- 4.5.42. *Elder abuse in the economic sphere* is occasionally inflicted by the older person's family members. It consists of the misappropriation of money in the household by relatives, carers and neighbours. Abuse is committed by influencing the older person to sign documents of a property nature or forging his or her signature. These and other similar practices are becoming increasingly frequent in the sphere of consumption.
- 4.5.43. Older persons make up a group that is particularly vulnerable to certain criminal modalities, such as robbery with violence or intimidation, house burglary, swindling and the illegal or unauthorised use of their economic resources (properties, funds, savings accounts, etc.) by third parties.
- 4.5.44. The main crimes committed against older persons are robberies, particularly "pigeon drop" and after withdrawing cash from a bank or ATM. Therefore, it is advisable for older persons to be accompanied to the bank when they wish to withdraw cash.
- 4.5.45. A matter of special concern is the possible violation of the rights of older persons in their relationship with financial institutions. It is very frequent to see the director of the bank consulting the decision of the older persons with their children, without the permission of the former. It is assumed that, due to their age, they do not know what they want or what they want to do.

**c) Measures and proposals**

- 4.5.46. Older persons, even those whose health is rapidly deteriorating, are still persons and, thus, *have the same fundamental rights* as any other person, to which they are fully entitled. Their families, professionals and all the persons they relate with *shall always acknowledge said rights*.
- 4.5.47. Since one of the *main rights* of any older person is the respect for their capacity to *decide for themselves*, without further limitation than third-party damages or the legally established rights, it is necessary to inform the older persons, as soon as possible, in order to become aware of the existing legal mechanisms, as well as offering preventive help for the new stage they must live. The older person must confront this new stage from their capacity to decide, in order to ensure that their wishes are fulfilled when they can no longer decide for themselves and must rely on third parties to do it for them.
- 4.5.48. Older persons occasionally need to protect themselves to defend their rights through measures such as using their authority, claiming, negotiating, making their own decisions, demanding respect, not consenting to being infantilised, choosing their own hobbies, not allowing mistreatment or humiliation, defending their Independence, being aware of reality and other similar rights.
- 4.5.49. Need to *inform and provide training in principles and bioethics* to both older persons and their families and to professionals, as an important means for solving many of the problems that arise among older persons. The principles of bioethics should not only refer to the last stage of life, but to any decision that affect the older person in the economic, social and health sphere.
- 4.5.50. In particular, it should be claimed that, except for important reasons (severe cognitive decline), *the wishes of older persons prevail over* those of any other person who wishes to impose his or her criteria, however close the family member.



- 4.5.51. In relation to *informed consent*, the relevant measures must be taken so that older persons are aware of the consequences, advantages and drawbacks of the different options of therapeutic interventions
- 4.5.52. In relation to *intimacy, privacy and confidentiality*, there are frequent complaints against the lack of fulfilment thereof. Even more seriously, the professionals themselves are not fully aware that they are infringing the law through certain behaviours.
- 4.5.53. An attitude of *prevention of mistreatment* must be adopted through the most appropriate means, including: acknowledgement of older persons' existence, application of the existing legislation, creation, where applicable, of a more comprehensive legal framework on elder abuse, control of the centres by the public authorities, definition of action protocols relative to the mistreatment and abuse of older persons, design and execution of programmes aimed at their prevention and other similar measures.
- 4.5.54. Decisive action must be taken *against mistreatment in the family, residential or professional sphere*.
- a. An attitude of continuous *supervision* must be maintained against the various modalities of mistreatment considered crimes and offences in the Criminal Code, because older persons are also victims of that mistreatment.
  - b. Policies and procedures for *penalising and eradicating* all types of mistreatment and abuse against older persons, including the penalisation of the offenders, must be applied. The public authorities must enforce a zero tolerance attitude towards elder abuse.
  - c. *Supervision* mechanisms must establish, as well as strengthening the judicial mechanisms, in order to prevent all manner of violence against older persons.
  - d. *Special protection* must be guaranteed for older persons who, due to their gender, sexual orientation, state of health or disability, religion, ethnic origin or other situations of vulnerability, are at greater risk of being mistreated.
  - e. It is necessary for *professionals* to recognise the risks of abandonment, mistreatment or violence by the persons, professional or non-professional, responsible for caring for older persons at home or in community or institutional contexts.
  - f. The *cooperation between the government and civil society* must be promoted, including non-governmental organisations, in order to counter elder abuse, inter alia, by developing community initiatives.
  - g. The causes, magnitude, nature, severity and consequences of all forms of violence against older men and women must *continue to be researched* and the conclusions of the research and studies disseminated.
  - h. Health and social services professionals must be encouraged to *inform abused elders* of the protection and support mechanisms available to them.
  - i. The manner in which to confront elder abuse must be included in the *training of care professionals*

- j. The *abandonment of family obligations*, involuntary internment in residential institutions, scams and swindling or fraud, as well as coercion to achieve signatures of donations or transfers and other forms of impersonation of older persons.
- 4.5.55. Assess older persons on the legal decisions they can adopt in relation to the availability and administration of their assets (inheritances, types of wills, including holograph wills, purchase of homes or other properties, miscellaneous asset transactions, administration and keeping of bank accounts, etc.).
- 4.5.56. The suggestions established by the Directorate-General of Police and the Directorate-General of the Civil Guard must be followed in the context of the Security Master Plan and other similar programmes, on the preventive measures that should be adopted in public thoroughfares, while travelling, at home, at the bank, over the Internet and in the urban and rural environment.
- 4.5.57. A more comprehensive understanding of what *advance directives* are and what they imply in practice must be encouraged. It would greatly facilitate the fulfilment of the wishes of older persons at decisive moments of their lives. Not formalising this document would necessarily lead them to depend on the good will shown by others in the best of cases and to confusion or diversity of opinions in others.
- 4.5.58. It would be necessary for the persons responsible of older persons suffering from dementia not legally incapacitated to have the necessary legal information within their reach in order to know how to act in each case and in every new situation that arises.
- 4.5.59. In terms of the situation of older persons in residential institutions, the free development of the personality, the right to moral integrity, the protection of intimacy, the prohibition of the use of video cameras and the right to communications and to receive visitors within a flexible visitation schedule.
- 4.5.60. It is necessary to promote and establish, through the corresponding action protocols, the system of coordination between all the operators that intervene in the process. Health, justice, social services, integration agents, promotion of activities and security (police specialised in the care of older persons) must integrate a formal communication system, in order to optimise the protection services.
- 4.5.61. Special emphasis must be placed on the focal point of detection of the “need to support older persons.” It will focus on health care and social work and must extend to the legal sphere (public prosecution, legal advisory network of bar associations and courts), that will determine the legal guardianship that must be provided.
- 4.5.62. Implementation of plans and programmes by the State Security Forces aimed at preventing the main threats detected for the security of older persons, promoting their sensitisation in their specific actions towards older persons.
- 4.5.63. Promote the trust of older persons in the State Security Forces, as well as fostering the development of proactive behaviours for preventing and reporting the situations and crimes of which they are victims.

## 5. PROPOSALS RELATING TO NON-DISCRIMINATION, EQUAL OPPORTUNITIES AND ATTENTION TO SITUATIONS OF GREATER VULNERABILITY

### a) Introduction

- 5.1. Section 2.5.1 above mentions that our Constitution, and the EU Charter of Fundamental Rights, forbids age discrimination. Said section refers to the elimination of *age* discrimination in relation to employment and older persons. This section makes the consideration of non-age discrimination extensive to other different spheres of employment. It also underlines the need to counter any discrimination against older persons when said discrimination is based not only on age, but also on *gender* or *disability*. It is recalled, in this regard, that the basic regulatory provisions of the European Union mentioned in section 2.5.1 establish that “all discrimination is prohibited, among other circumstances, on the grounds of age, gender and disability.” Non-discrimination on the grounds of disability is also one of the key principles of the UN Convention on the Rights of Persons with Disabilities (2006), signed and ratified by the European Union, and continues to an item on the EU’s legislative calendar<sup>37</sup>.
- 5.2. Taking into account that, at times, discrimination implies a differential treatment of the sectors that could be subject to discrimination if certain positive anti-discriminatory measures are not adopted, this chapter is dedicated to the *non-discrimination and equal opportunities to which older persons are entitled* and general application thereof to the different spheres of life. Moreover, considering the peculiarities of older persons from the *gender* or *disability* perspective, said peculiarities are addressed to the extent that their analysis may contribute to non-discriminatory and equal treatment. This does not detract from the fact that some aspects that are described in this chapter, which in all other cases are complementary in nature, have been outlined or expounded in other preceding chapters.
- 5.3. The *non-discrimination of older persons* in all spheres has been a constant concern addressed in multiple regulations, documents and declarations at European, national or autonomous community level. Among the most recent declarations, mention is made to the *Declaration of Ávila of 26 April 2012*: “We, the older persons of Spain, wish to promote a society for all ages, where any person is capable of playing an active role in society, enjoying equal rights and opportunities in all stages of life and regardless of age, race, ethnic origin, religion or beliefs, social or economic status, sexual orientation or any other circumstance (...). We expressly reject all types of discrimination and particularly that based on, or resulting from, age. Likewise, we request the promotion of equal treatment regardless of gender...” Practice shows, however, and it is thus explicitly recognised in recent EU documents, that society has not yet made equal opportunities between older persons and the rest of the population a reality in the different spheres of daily life.
- 5.4. In relation to the *gender perspective*, given the high proportion of women in the older persons group, so-called *feminisation of ageing*, the public authorities must work from a *gender perspective* and promote studies and research that will provide differential information on the situation of men and women in this stage of life.
  - 5.4.1. The aim is to apply *gender transversality* to all public policies in order to identify the reasons for inequality among the two genders and, accordingly, design the relevant measures to correct the imbalances. With regard to analysing from a gender perspective, this makes reference to the *position occupied by men and women in society; on doing so it can be verified the social position of women with respect to men is in a situation of discrimination in many spheres* (employment,

pensions, economic resources, participation, positions of responsibility, work/life balance, human rights, etc.).

- 5.4.2. In order to achieve changes in the position of men and women in all spheres of society, *the structures* that uphold inequality and discrimination must be *reviewed and modified*; otherwise, we cannot expect to make profound and sustainable changes. Equality between men and women does not mean elimination of differences, but rather absence of discrimination.
- 5.4.3. *Considerable progress has been made* across the international agenda since the mid-80s of the 20th century, when the need for incorporating the gender perspective into all public policies was proposed. This paved the way to considering the value of conducting a studies on older women. However, the impact of an ageing population has not been sufficiently taken into account in socio-political policies. Therefore, not until recently, particularly since the Second World Assembly on Ageing held in Madrid in 2002, has the *need to address the ageing population from the gender perspective* been considered.
- 5.4.4. The incorporation of the gender perspective into public policies has offered greater insight into the situation of older men and women. A clear intention to *convert the gender perspective into the guiding principle of said policies* is evident, with the aim of influencing the modification of a gender system that is more damaging to women than to men in all stages of life and particularly in old age. This has also been made possible, and more so in recent years, by the incorporation of women into positions of responsibility and with decision-making power, by the new legislation, by the creation of government agencies which have created public awareness on this discrimination and by other similar measures aimed at driving the promotion of equality between older men and women.
- 5.4.5. The most immediate challenge was to advance in the *design of ageing or life course policies from the gender perspective*, ageing-related programmes and research, understood as a lifelong process that must become a cornerstone of public policies aimed at all age groups and not exclusively at older persons.
- 5.4.6. Special mention should also be made of *older women who are victims of abuse or gender-based violence*. Some 13% of mortal victims of gender-based violence in 2013 (7) were women aged 65 or over. According to the Macro Survey of 2011, 6.7% of women aged 65 or over claimed to have suffered this violence at some point in their life, compared to the 10.9% average of total respondents; furthermore, 1.4% of older women suffered abuse from their spouse/partner or ex-spouse/partner in the last year. Likewise, a third of women aged between 65 or over claimed to have suffered from some form of disability and mistreatment. In fact, macro surveys reveal a low number of women who suffer abuse and who access the resources that the public authorities and society has placed at their disposal in this regard (Ministry of Health, Social Services and Equality, Macro Survey of Gender-Based Violence 2011). It should also be noted that the Analysis of the Survey on Social Perception, conducted by the Sociological Research Centre in collaboration with the Government Office for Gender-Based Violence, reveals the existence of a statistically significant greater tolerance among older persons to verbal violence (threats), sexual violence, devaluation of the spouse/partner and control violence.

- 5.5. In relation to *disabled older persons*, reference must also be made to the mandate contained in Article 49 of the Spanish Constitution and to the different ordinary state and autonomous community laws that regulate the aspects of disability, as well as the aforementioned UN Convention on Rights of Persons with Disabilities (2006). It should be noted, however, that these regulatory instruments do not make specific reference to disabled older persons, but rather to disabled persons in general.

**b) Aspects of concern to older persons**

- 5.6. In relation to the *non-discrimination of older persons on the grounds of age*:

5.6.1. Older persons want to promote a society for all ages, in which they can enjoy *equal rights and opportunities* in all stages of life, regardless of age, race, ethnic origin, religion, beliefs, social or economic status, religion or beliefs, social or economic status, sexual orientation or any other circumstance.

5.6.2. Older persons want the *personality rights that all persons possess* to be recognised in their entirety, i.e. those innate or inherent thereto, subjective, absolute insofar as they are not inconsistent with the demands of morality, public order, the rights of others and the common good, which are inalienable and imprescriptible.

5.6.3. In particular, older persons demand, like all human beings, the right to life, physical and moral integrity, freedom, respect for their personal dignity, honour, personal and family privacy and right to self-image.

5.6.4. Older persons *expressly reject all discrimination* and particularly that based on, or resulting from, age.

- 5.7. As regards the aspects of concern to older persons in relation to the *gender perspective*, mention should be made, inter alia, to the following:

5.7.1. Despite the fact that women enjoy greater life expectancy, it is observed that older women have a *higher level of vulnerabilities than men in old age*. These include:

a. *Diseases and disabilities* that incapacitate or limit, associated with greater life expectancy. This raises dependency rates, which have not yet been adequately studied or covered by the social and health system.

b. *Greater rate of relative poverty*. In 2013, the poverty risk rate in women was 13.4%, while in men it was 10.7% (INE, Survey of Living Conditions. 2013, provisional results). Women are more vulnerable to *poverty* because their income levels are lower, since most women receive a widow's rather than a retirement pension, due to their traditional role of housewife and irregular professional career.

c. *Social exclusion*, due to their lower level of education given their life course, which hinders their access to cultural assets, leisure and participation, and due to their greater invisibility to the public authorities.

d. *Need to care for other persons* for as long as their health permits which, at times, leads them to support a high burden of family care (grandchildren,

dependent persons), which also conditions their health.

- e. *Pensions.* There are gender-based inequalities in pensions resulting from the differences between men and women in relation to employment, salaries, contributions, interruptions in their professional career and part-time work to dedicate time to the care of dependent persons. The persistence of gender-based inequalities in the job market cause women to be entitled to lower pensions; at 1 January 2014, the average amount of Social Security contributory pensions of older men aged 65 years and over was EUR 1,097 and that of women was EUR 650 monthly (INSS, pension statistics by age group). Therefore, in order to address the adequacy and sustainability of pensions a combination of pension and employment policies aimed at countering income differences is required<sup>38</sup>.
- f. *Loneliness.* Older women have a higher probability of living alone. In fact, there is a higher number of older women than older men currently living alone (*supra*, section 3.2.8), due to their greater life expectancy and other causes. This can increase their risk of isolation and loss of support networks.
- g. *Family cohabitation problems.* A new phenomenon is emerging, which is more frequent than might at first appear, that particularly affects widowed older women, by virtue of which they are forced to face major family subsistence problems. Many households of widowed older women have been forced to open their doors to children or grandchildren because they have been forced out of their homes, total or partially, for employment or economic reasons or other circumstances.

5.7.2. The number of *primary health care visits* made by older women is slightly higher than those made by men (44.38% aged between 65 and 74, 50.58% aged between 75 and 84, and 47.99% aged 85 and over, while in men said values correspond to 39.22%, 49.83% and 46.58%, respectively) and receive more prescriptions, particularly for psychotropic drugs, than men. However, less women are hospitalised than men (9.36%, 14.8% and 16.07% in the aforementioned age groups, compared to 11.68%, 19.91% and 22.51% of men, respectively), which is surprising given their percentage within the elderly population and high morbidity rate (see MSSSI-INE, National Health Survey 2011-2012).

5.7.3. Older women *provide more care than men of the same age*, which implies that a primary carer cannot dedicate the healthcare she needs because her absence is irreplaceable, making them less likely to be admitted to hospital.

5.7.4. An increasing number of older women address their lack of resources and *combine their function as carers* with the design of a personal project that will allow them to participate in community and associative life.

5.8. Without a doubt, there are aspects of concern to *disabled older persons*. With the object of avoiding repetition, reference is made to point 5.11 wherefrom, in light of the proposals made, the aspects that cause greater concern can be inferred.

### c) Measures and proposals

5.9. In relation to the rights of older persons and *non-discrimination and equal opportunities of older persons in society*:

5.9.1. The public authorities, at their various levels, and civil society in its different spheres must adopt all the measures deemed relevant for older persons to enjoy their fundamental and inalienable rights as persons, as well as placing the most efficient means for effectively applying said rights in each sphere of competency or social action under their responsibility.

5.9.2. In relation to *general policies*. Create framework conditions for equal opportunities in the exercise of rights and access to services and spaces for older persons. This will require previously identifying the existing inequalities through the relevant sociological and statistical data.

5.9.3. In relation to *equal opportunities*:

a. Establish *measures against discrimination* and define positive actions that will guarantee equal opportunities for older persons.

b. Adopt measures that will benefit *older persons at greater risk of discrimination*, such as older women, disabled older women, older persons who are socially excluded because of their sexual orientation, those who require assistance to continue living independently or make decisions freely, those subject to social exclusion and those who usually live in a rural environment.

c. Continue expanding social protection measures (health care, pensions, social services, economic aid, etc.) for *returned Spanish elderly emigrants* and for *Spanish elderly emigrants residing abroad* in situations of need or deprivation.

d. Adopt *measures that will help families* one of whose members is an older person.

5.9.4. Civil protection plans and services, as well as emergency services, on analysing the risks to be addressed, must identify the specific sectors of older persons affected by said risks, classify their particular vulnerability and adapt them to their special needs.

5.9.5. Promote measures aimed at the preparation of informative programmes, preventive communication and alert for older persons, as well as the implementation of self-protection plans.

5.10. As regards the *gender perspective*:

5.10.1. Adopt an approach in all public policies that will take into account *gender relationships in old age* and highlight the heterogeneity of the ageing process between men and women, in order to definitively depart from the patriarchal and univocal model which has constantly undermined the ageing process of older women.

5.10.2. Promote, in plans aimed at fostering equal opportunities between men and women, the study of *life course-related issues*, in order to enable the development of strategies aimed at spotlighting the situation of older women.

- 5.10.3. Continue developing the Law on Reconciliation of Family and Work Life and the Law for the Promotion of Personal Autonomy and Care for Persons in Situations of Dependency, with a twofold objective: to enable generations of young women to develop a *professional career* that will allow them to have their own resources in old age through retirement pensions, and so that currently older women are not forced to provide intensive care to young children or dependent older persons and can dedicate that time to themselves their personal growth.
- 5.10.4. Need for all the public authorities and society as a whole to ensure, through the *education system*, that men play an active role in the attention and care of the domestic and family environment, which will facilitate the *insertion of women in the labour market*.
- 5.10.5. *Improve the pensions received by women* as, to a large extent, they still currently receive widow's pensions and, given their greater life expectancy, if they lack sufficient personal economic or social and health resources, their old age could be synonymous with hardship and suffering.
- 5.10.6. *Promote participation and associative activity in the generations of older women*, on an equal standing with men, as a guarantee to prevent situations of dependency, fostering active ageing and modifying the traditional gender roles that have relegated today's older women to the role of informal carers.
- 5.10.7. *Generate new cultural representations relative to the ageing process in women*, in graphic and audiovisual models, in the biomedical discourse, in aesthetics, etc., in order to show the passage of time on their bodies as a piece of data rather than a stigma.
- 5.10.8. Advance in the design of ageing or life course policies *from the gender perspective*, ageing-related programmes and research, understood as a lifelong process.
- 5.10.9. Propose specific measures, including leisure measures, aimed at *disabled older women residing in the rural environment*.
- 5.10.10. With regard to measures and proposals relating to *elder abuse and gender-based violence*, mention must be made, inter alia, to the following:
  - a. *Sensitisation* actions aimed at society in general, at social and health professionals in particular and at older persons themselves that will enable the victims themselves, professionals and society in general, which must become actively involved in the detection and prevention of hidden cases, to break the silence.
  - b. Actions aimed at facilitating the *awareness and early detection of mistreatment*. To this end, the participation of professionals who, from a multidisciplinary perspective, participate in the attention and care of older women. These include, most notably, primary health care professionals, due to the frequency and daily nature of their interaction with older persons.
  - c. *Specialised training* actions for professionals with a multidisciplinary, socio-cultural, psychological and health care approach aimed at providing them



with the adequate tools and knowledge for recognising, treating and, where applicable, referring women who are victims of violence to specialist resources.

- d. Actions aimed at promoting *multidisciplinary networking* to enable the various professionals involved in the care of older women to coordinate their interventions and act consistently, establishing formal or informal mechanisms related to resources specialised in gender-based violence implemented by the various public authorities.
- e. Actions aimed at *improving the scientific and statistical knowledge* of gender-based violence suffered by older women, so that the greater knowledge of gender-based violence contributes to making more effective decisions for the adequate treatment thereof.

5.11. In relation to *disabled older persons*, the following measures and action proposals are implemented in general:

5.11.1. *Rights, dignity, empowerment and self-defence*: Foster an *active human rights culture as a priority approach to disability* among disabled older persons to enable them to develop a strong sense of personal dignity and empowerment and make their own decisions and elections in relation to their life project, preventing and countering violations of their rights that could threaten their inclusion in the community.

5.11.2. *Promotion of individual development. Personal autonomy.*

- a. Ensure that disabled older persons have immediate access, always with the necessary notification, to *services and programmes aimed at personal autonomy* (rehabilitation, occupational therapy, etc.), for the purpose of preventing dependence.
- b. Facilitate the development of *self-help groups*, in order to exchange practical resources and emotional support to favour the promotion of personal autonomy in daily life.
- c. Promote *cognitive stimulation programmes* as an avenue to improving neuronal plasticity, intellectual and sensory competencies, and mental math (compensation strategies).
- d. Develop the benefits, support products and services of the System for Autonomy and Care for Dependency (SAAD) by increasing its flexibility and expanding its content in order to *adapt it to the real needs of disabled persons*, with special attention to the personal autonomy prevention and promotion services established by law.

5.11.3. *Economic aspects*: Foster the recognition of disabled older men and women in the *non-remunerated work of the informal sector* and in home care.

5.11.4. *Health*

- a. Define *specific health and social care hospital discharge itineraries and protocols* for disabled older persons and train health care professional in relation to the specific health care needs of disabled older persons.
- b. Promote an *active sex life*. It must be enhanced, facilitating resources or support, for example, specialised support products that will allow disabled men and women to enjoy a full sex life throughout their lives and, naturally, in their old age.
- c. Foster healthy and accessible activities, tailored to individual needs so that disabled older persons may *remain physically and mentally active*, in order to confront the ageing process in the best conditions.
- d. Promote *ageing research programmes* for disabled older persons in order to detect future needs and trends that will allow the anticipation of proposals for addressing this process.
- e. Assign resources for continuous *preventive rehabilitation* in relation to chronic diseases.
- f. Promote *mental health prevention and promotion programmes* adapted to disabled older persons, providing information and facilitating the early diagnosis of mental illnesses.

5.11.5. *Active participation*

- a. Promote the involvement of older persons in *citizen and associative movements*, both disabled older persons and other social groups, aimed at fostering intergenerational relationships.
- b. Foster the *active participation* of older persons in the processes, activities and programmes in which their presence may contribute added value.
- c. Facilitate participation in *cultural and volunteering activities* in which non-disabled older persons participate.
- d. Promote *social networks* as a communication and knowledge exchange tool. Foster research and training in the field of communication technologies.
- e. Establish a process for the progressive, countrywide implementation of the Active Ageing Index (AAI), as a tool for measuring active ageing in EU member countries.

5.11.6. *Legislation, assistance in decision-making, security and abuse, International Convention on the Rights of Persons with Disabilities*

- a. *Guarantee compliance* with the provisions of the UN Convention on the Rights of Persons with Disabilities, with special attention to the right to independent living and to be included in the community, so that unwanted admission to institutions that could entail deprivation of freedom is in no case justified.

- b. Provide the necessary assistance in decision-making that will allow disabled persons to *decide for themselves* in all stages of life, including old age, without undermining their equality before the law.
- c. Promote *regulatory measures* that will protect disabled older persons as a more vulnerable consumer group, ensuring that the information they are provided is clear, understandable and accessible.
- d. Incorporate, into all the activities and services organised to *inform and counsel* older persons in relation to issues relating to the legislation that affects them the most (assets, income, assistance in decision-making, etc.), the necessary measures to ensure the application of the principles of universal accessibility and design for all persons.

5.11.7. *Employment and occupation*

- a. Encourage *companies* to assume an active role in relation to active ageing, incorporating the age perspective into their activity, and promote measures aimed at adapting workstations and increasing the flexibility of the positions of ageing disabled persons, so as to allow them to continue working in a safe manner.
- b. Foster *innovation in companies* in order to develop new products and services aimed at ageing disabled persons.
- c. Involve disabled older persons in efforts to develop active ageing *research programmes*, both in their capacity as advisors and researchers.
- d. Be aware of the *severe handicap* represented by the gender, age and disability variables to access and remain in the labour market.

5.11.8. *Inclusive culture*

- a. Promote the *access of disabled older persons*, in equal conditions, to cultural assets, programmes and activities, thereby exercising their creativity.
- b. Develop actions to foster the *access and participation* of disabled older persons in cultural activities through offerings or economic aid that will facilitate said participation.
- c. Guarantee the full inclusion and participation of disabled older women in the access to cultural assets, on an *equality basis* with other persons, and ensure that they can develop and use their creative, artistic and intellectual potential.
- d. Incorporate an appropriate and positive social image of disabled older persons into the public imagery through cultural productions.

## EXPLANATORY NOTES

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<sup>1</sup>See the *Recommendation of the Council, of 10 July 2012, on the Spanish National Reform Programme 2012, whereby the Council issues an opinion on the Stability Programme for Spain 2012-2015, Recommendation No. 2* (O.J.E.U. OF 24/07/2012, C/219/84).

<sup>2</sup>See the *Recommendation of the Council, of 9 July 2013, on the Spanish National Reform Programme 2013, whereby the Council issues an opinion on the Spanish Stability Programme 2012-2015, Recommendation No. 4* (O.J.E.U. of 30/07/2013, C217/85).

<sup>3</sup>See *Decision 720/2006/CE, of 15 November 2006, of the European Parliament and of the Council of the European Union, establishing a Lifelong Learning Action Programme* (O.J.E.U. of 24/11/2006, L/327/45).

<sup>4</sup>The COUNCIL OF THE EUROPEAN UNION alludes to these reference values. See the *Council Conclusions, of 12 May 2009, on a strategic framework for European cooperation in the field of education and training*.

<sup>5</sup>See EUROPEAN COMMISSION (2012): *White Paper. Agenda for Adequate, Safe and Sustainable Pensions*, COM (2012) 55 end.

<sup>6</sup>*Recommendation No. 12 ("Retirement Age") on the Report of the Toledo Agreement, of 25 January 2011, Ministry of Employment and Social Security.*

<sup>7</sup>See EUROPEAN COMMISSION (2012): *White Paper. Agenda for Adequate, Safe and Sustainable Pensions*. COM(2012) 55 end: Spain is expressly recommended to "increase the number of years worked to calculate pensions" (Appendix III). However, as stated in the White Paper, the contribution period considered to calculate the basic pension was increased in the Spanish Pension Reform 2010-2011, passing from 15 to 25 years in 2022.

<sup>8</sup>COUNCIL OF THE EUROPEAN UNION (2010): *Decision of 21 October 2010, relative to the guidelines for the employment policies of the Member States* (O.J.E.U. of 24/11/2010, L/308/46).

<sup>9</sup>See the *Recommendation of the Council, of 10 July 2012, on the Spanish National Reform Programme 2012, whereby the Council issues an opinion on the Spanish Stability Programme 2012-2015, Recommendation No. 5* (O.J.E.U. of 24/07/2012, C/219/84).

<sup>10</sup>See the *Recommendation of the Council, of 9 July 2013, relative to the Spanish National Reform Programme 2013, whereby the Council issues an opinion on the Spanish Stability Programme 2012-2016, Recommendation No. 4* (O.J.E.U. of 30/07/2013, C217/85).

<sup>11</sup>Article 2 of *Royal Decree-Law 4/2013, of 22 February, on measures in favour of employers and the stimulation of growth and job creation* adds a new section 6 to Article 228 of the Consolidated Text of the General Social Security Law, approved by Legislative Royal Decree 1/1994, of 20 June, worded as follows: "6. Where so provided by an employment promotion programme aimed at groups with particular difficulties in accessing the labour market, the receipt of the unemployment benefit pending payment may be combined with self-employment, in which case the management entity shall pay the worker the monthly amount of the benefit for the stipulated amount and duration, not including the contribution to Social Security."

<sup>12</sup>In this connection, inter alia, Constitutional Court Judgments 37/2004, of 11 March, 63/2011, of 16 May, and 117/2011, of 4 July.

<sup>13</sup>*Council Directive 2000/78/EC, of 27 November 2000, relative to the establishment of a general framework for equal treatment in employment and occupation* (O.J.E.U. of 2/12/2010, L/306/46).

<sup>14</sup>See EUROPEAN COMMISSION (2008): *Non-discrimination and equal opportunities: a renewed commitment*, COM (2008) 420 end: "Despite the progress made, it should be recognised that the European legal framework against discrimination is incomplete. In fact, although some Member States have adopted measures that prohibit all discrimination on the grounds of age, sexual orientation, disability, religion or

convictions outside the professional sphere, there is no minimum uniform level of protection in the European Union for victims of discrimination. However, discrimination on the aforementioned grounds is clearly unacceptable, both outside and within the professional sphere. There cannot be an order of importance in the protection against discrimination. The different forms of discrimination cannot be ranked: all are equally intolerable.”

<sup>15</sup>See EUROPEAN COMMISSION (2008): *Non-discrimination and equal opportunities: a renewed commitment*, COM (2008) 420 end: “In relation to age, there may be situations in which treating a person differently on the grounds of their age is justified for reasons of public interest. The minimum age required to access education or some products and services, preferential fares granted to some age groups for the use of public transport or visits to museums illustrate this principle.”

<sup>16</sup>See EUROPEAN COMMISSION (2010): *Green Paper: Toward ensuring adequate, sustainable and safe European pension systems*, COM (2010) 365 end. EUROPEAN COMMISSION (2012): *White Paper. Agenda for adequate, safe and sustainable pensions*, COM (2012) 55 end.

<sup>17</sup>The Lisbon Strategy is the name given to the *Conclusions of the European Council of Lisbon on 23 and 24 March 2000*. It marked the EU Guidelines for the decade 2000-2010, inter alia, the modernisation and reinforcement of the European social model.

<sup>18</sup>EUROPEAN COMMISSION (2005): *Working together, working better: A new framework for the open coordination of the social protection and inclusion policies of the European Union*, COM (2005) 706 end. EUROPEAN COMMISSION (2008): *A renewed commitment in favour of the social Europe: reinforcing the open method of coordination in the field of social protection and social inclusion*, COM (2008) 418 end.

<sup>19</sup>See COMMISSION OF THE EUROPEAN COMMUNITIES: *Green Paper on services of general interest*, COM (2003) 270 end; *White Paper on services of general interest*, COM (2004) 374 end; *Application of the Lisbon Community Programme. Social services of interest in the European Union*, COM (2006) 177 end; *Services of general interest, including social services: a new European commitment*, COM (2007) 725 end. EUROPEAN COMMISSION: *Relative guide to the application of the services of general economic interest and, in particular, to the social services of general interest, European Union regulations in terms of state aid, public contracts and Domestic Market*, SEC (2010) 1545. EUROPEAN PARLIAMENT, *Resolution of 5 July 2011 on the future of social services of general interest* (O.J.E.U. of 5/02/2013, E/655).

<sup>20</sup>EUROPEAN COMMISSION (2011): *Communication on EU policies and volunteering: Recognition and promotion of cross-border voluntary activities in the EU*, COM (2011) 568 end.

<sup>21</sup>See EUROPEAN COMMISSION (2010): *A digital agenda for Europe*, COM (2010) 245 end, Introduction.

<sup>22</sup>In 2011 a new Survey on Adult Population Involvement in Learning Activities (AES). But it only takes into account the population aged between 18 and 65.

<sup>23</sup>EUROPEAN PARLIAMENT AND COUNCIL (2006): *Decision No. 1093/2012/UE, of 21 November 2012, relative to the European Year of Citizens 2013* (O.J.E.U. of 23/11/2012, L325/1).

<sup>24</sup> See EUROPEAN COMMISSION (2011): *Proposal for a Regulation establishing the Health for Growth Programme, the third multiannual programme of the action of the European Union in the field of health for the period 2014-2020*, COM (2011) 709 end.

<sup>25</sup>See EUROPEAN COMMISSION (2011): *A budget for Europe 2020*, COM (2011) 500 end.

<sup>26</sup>See EUROPEAN COMMISSION (2011): *Proposal for a Regulation establishing the Health for Growth Programme, the third multiannual programme of the action of the European Union in the field of health for the period 2014-2020*, COM (2011) 709 end.

<sup>27</sup>See COMMISSION OF THE EUROPEAN COMMUNITIES (2004): *Modernise social protection to develop quality, accessible and lasting health care and long-term care: support for the national strategies through the open method of coordination*, COM (2004) 304 end. EUROPEAN COMMISSION OF THE EUROPEAN COMMUNITIES (2005): *Working together, working better: A new framework for the open method of coordination of the social protection and inclusion policies in the European Union*, COM (2005) 706 end.

<sup>28</sup>The desire of older persons to live in their own home currently constitutes a general trend. As regards the EU, many documents could be envisaged. See in this regard EUROPEAN COMMISSION (2009): *Addressing the effects of the ageing population of the EU (2009 report on demographic ageing)*, COM (2009) 180 end. Among many other matters, which are predecessors of subsequent actions, it proposes care provision at home rather than in institutions.

<sup>29</sup>EUROPEAN COMMISSION (2011): *White Paper. Roadmap to a Single European Transport Area: towards competitive and sustainable transport policy*, COM (2011) 144 end.

<sup>30</sup>EUROPEAN COMMISSION (2007): *Ageing Well in the Information Society. Action Plan for Information and Communication Technologies and Ageing*, COM (2007) 332 end.

<sup>31</sup>WORLD HEALTH ORGANISATION (2002): *Active ageing: a political framework*. See also WHO (2000): *Home-based long-term care. Report of a WHO Study Group*.

<sup>32</sup>See, inter alia, ORGANISATION FOR ECONOMIC COOPERATION AND DEVELOPMENT (2005): *Long-Term Care for Older People: OECD Study (2001-2004)*, OECD, Paris; OECD (2009): *The long-term care workforce: overview and strategies to adapt supply to a growing demand*, OECD, Paris; OECD (2011): *Help Wanted? Providing and Paying for Long-Term Care*, Paris.

<sup>33</sup>EUROPEAN COMMUNITIES COMMISSION (2008): *Long-Term Care in the European Union*, Directorate-General for Employment, Social Affairs and Equal Opportunities, Brussels.

<sup>34</sup>*Revised European Social Charter (1996)*, Article 23.

<sup>35</sup>WORLD HEALTH ORGANISATION (2002), *Toronto Declaration on the Global Prevention of Elder Abuse of 17 November 2002*.

<sup>36</sup>WORLD HEALTH ORGANISATION (2002), *Active ageing. A political framework*.

<sup>37</sup> In the sphere of the EU, the European Commission presented a proposal for a Directive whose objective is to establish a general framework for countering discrimination on the grounds of religion or convictions, disability, age or sexual orientation, with the aim of applying the principle of equal treatment in different spheres of employment and occupation in the Member States, spheres already envisaged in Directive 2000/78/EC. This proposed Directive is aimed at putting the principle of equal treatment into practice outside of the employment context. Its scope of application extends to all persons, both from the public and private sector, including government agencies, in relation to social protection, social security and health care, social allowance, education, access to and supply of goods and other services available to the population, including housing. In order to guarantee full equality in practice, the principle of equal treatment shall not prevent a Member State from maintaining or adopting specific measures for preventing or offsetting the disadvantages that affect people on the grounds of their religion or convictions, disability, age or sexual orientation. See EUROPEAN COMMISSION (2008): *Proposal for a Directive of the Council, whereby*

*the principle of equal treatment among people regardless of their religion or convictions, disability, age or sexual orientation, COM (2008) 426 end.*

<sup>38</sup>See EUROPEAN COMMISSION (2012): *White Paper. Agenda for Adequate, Safe and Sustainable Pensions*, COM (2012) 55 end.

## ANEXO II

### Tercera revisión sobre la aplicación del MIPAA/RIS, Periodo 2012 – 2017

#### Informe sobre avances en materia de envejecimiento por Comunidades Autónomas (España)

<b>COMUNIDAD AUTÓNOMA DE ANDALUCÍA</b>			
<b>MEDIDAS LLEVADAS A CABO</b>	<b>FINALIDAD Y BREVE DESCRIPCIÓN</b>	<b>RESULTADOS A DESTACAR</b>	<b>SITIO WEB</b>
<b><i>I Plan Andaluz de Promoción de La Autonomía Personal Y Prevención de la Dependencia (2016-2020)</i></b>	Fortalecer las medidas de promoción de la salud y prevención de enfermedades que puedan afectar a la población en general y, dentro de ella, a las personas mayores, y que puedan incidir en una futura situación de dependencia, o en el empeoramiento/agravamiento de una situación ya declarada y manifiesta. El plan se ha configurado siguiendo la previsión recogida en la ley 39/2006, de 14 de diciembre Para su ejecución es esencial, entre otros, la coordinación entre los servicios sociales y los sanitarios,	El plan apuesta por una participación activa y prevé una planificación basada en los derechos humanos y en el fortalecimiento de los principios de equidad, dignidad y solidaridad. La prevención se asume como protección y como recurso para una mejora de la calidad de vida de las personas. Dentro del plan se contemplan varios niveles de actuación, distinguiéndose una prevención primaria, secundaria y terciaria de la dependencia. Publicado en 2016, está aún en su primera fase de iniciación.	<a href="http://www.juntadeandalucia.es/agenciadeserviciosocialesydependencia/es/programas/plani-autonomia/iplan-autonomia/wfprogramitem_view_pub">http://www.juntadeandalucia.es/agenciadeserviciosocialesydependencia/es/programas/plani-autonomia/iplan-autonomia/wfprogramitem_view_pub</a>
<b><i>Continuación Planes de Alzheimer. Estrategia 2020</i></b>	Medidas orientadas a la prevención, tratamiento y protección de personas afectadas por la enfermedad de Alzheimer y Otras Demencias, así como a sus personas cuidadoras. Los dos primeros Planes de Alzheimer, que culminaron en el año 2010, se prolongaron hasta la actualidad.	Las distintas iniciativas y programas se enfocan tanto a mejorar la calidad de vida de las personas afectadas por la enfermedad como la de sus personas cuidadoras, fundamentalmente familiares, dado que en torno a un 90% de ellas viven dentro de su entorno familiar.	<a href="http://www.juntadeandalucia.es/salud/sites/cs_alud/contenidos/Noticias/2014/09/dia20/Noticia26578">http://www.juntadeandalucia.es/salud/sites/cs_alud/contenidos/Noticias/2014/09/dia20/Noticia26578</a>
<b><i>Actuaciones dirigidas contra la exclusión social, articuladas mediante normativa autonómica, para la atención personal a personas mayores de 60 años en situación de especial vulnerabilidad.</i></b>	Andalucía desarrolla, mediante normativa propia, la protección de personas mayores de 60 años que, no siendo dependientes (y no pudiéndose acoger, por tanto, a la Ley 39/2006, Ley de Dependencia), viven en un especial estado de vulnerabilidad. Estas personas pueden ingresar, si cuentan con Resolución favorable, en un centro residencial.	Los ingresos realizados hasta el momento se han llevado a cabo en los centros residenciales de titularidad de la Junta de Andalucía. Los datos referentes a los dos últimos años (años 2014 y 2015) son los siguientes: Un total de 310 expedientes tramitados, de ellos 165 (128 hombres y 37 mujeres) con resolución favorable de ingreso.	<a href="http://www.juntadeandalucia.es/organismos/igualdadypoliticassociales/areas/mayores/exclusion.html">http://www.juntadeandalucia.es/organismos/igualdadypoliticassociales/areas/mayores/exclusion.html</a>



## COMUNIDAD AUTÓNOMA DE ANDALUCÍA

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<p><b>Actuaciones, medidas, dirigidas contra la pobreza y la exclusión social, articuladas mediante normativa autonómica. Decreto-ley 7/2013, de 30 de abril, de medidas extraordinarias y urgentes para la lucha contra la exclusión social en Andalucía. Decreto-Ley 8/2014, de 10 de junio, de medidas extraordinarias y urgentes para la inclusión social a través del empleo y el fomento de la solidaridad en Andalucía</b></p>	<p>El agravamiento de las condiciones económicas y sociales en los últimos años de la población en general, ha motivado la publicación de normativa específica (como el Decreto -Ley 7/2013 de medidas urgentes contra la exclusión social en Andalucía), destinada a paliar el riesgo de exclusión social de los colectivos más vulnerables, entre ellos personas desempleadas, personas mayores y niños/as en riesgo de pobreza. Las medidas se orientan a ayudas a la contratación, planes de garantía alimentaria y refuerzo de las bonificaciones.</p>	<p><b>Ayudas a la contratación</b> (Plan Extraordinario de Acción Social de Andalucía) supone, entre ayudas a corporaciones locales para contratación laboral de personas desempleadas en riesgo de exclusión social y financiación complementaria de los servicios de Ayuda a Domicilio, más de 60 millones de euros, y afecta a entre 12.000 y 15.000 personas beneficiarias.</p> <p><b>Plan de Garantía Alimentaria:</b> unos 20 millones de euros.</p> <p><b>Refuerzo bonificaciones:</b> el Programa Bonificado del Servicio de Comedor de los Centros de Participación Activa, donde los mayores ya cuentan con menús a muy bajo precio, se amplía considerablemente.</p>	<p><a href="http://www.juntadeandalucia.es/boja/2013/85/3?item=0">http://www.juntadeandalucia.es/boja/2013/85/3?item=0</a></p> <p><a href="http://www.juntadeandalucia.es/boja/2014/113/4?item=0">http://www.juntadeandalucia.es/boja/2014/113/4?item=0</a></p>
<p><b>Proyecto de Ley de Servicios Sociales para Andalucía</b></p>	<p>La nueva Ley de Servicios Sociales para Andalucía, que sustituirá a la Ley 2/1988, de 4 de abril, con importantes modificaciones sobre la anterior y nuevos derechos destacando entre otros la autodeterminación, a dejar constancia de la voluntad anticipada sobre los recursos que quiere recibir el usuario (en previsión de futura capacidad limitada) además del derecho a decidir sobre su programa de intervención. Se recoge también la creación de una Tarjeta Social Digital, individualizada, que puede ser compatible y simultánea con la tarjeta sanitaria en Andalucía que facilitará la coordinación de los distintos servicios y profesionales.</p>	<p>La nueva Ley ya ha sido aprobada por el Consejo de Gobierno de la Junta de Andalucía y ha comenzado su tramitación para su aprobación por el Parlamento de Andalucía.</p>	<p><a href="http://www.juntadeandalucia.es/salud/export/sites/csalud/galerias/documentos/c_9_bienestar_social/ley_servicios_sociales_andalucia/ante_proyecto_ley_servicios_sociales.pdf">http://www.juntadeandalucia.es/salud/export/sites/csalud/galerias/documentos/c_9_bienestar_social/ley_servicios_sociales_andalucia/ante_proyecto_ley_servicios_sociales.pdf</a></p> <p><a href="http://www.juntadeandalucia.es/organismos/consejo/sesion/detalle/74046.html">http://www.juntadeandalucia.es/organismos/consejo/sesion/detalle/74046.html</a></p>
<p><b>Decreto 72/2012, de 20 de marzo, por el que se aprueba el Estatuto de los Centros de</b></p>	<p>Coincidiendo con el Año Europeo del Envejecimiento Activo y la Solidaridad Intergeneracional, se publicó este nuevo Decreto, en el año 2012.</p>	<p>En Andalucía hay casi 900 centros para personas mayores, la mayoría de titularidad pública. De ellos, 168 son de titularidad de la Junta de Andalucía. Estos centros propios</p>	<p><a href="http://www.juntadeandalucia.es/boja/boletine">http://www.juntadeandalucia.es/boja/boletine</a></p>

## COMUNIDAD AUTÓNOMA DE ANDALUCÍA

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<p><b><i>Participación Activa para Personas Mayores en Andalucía. Potenciación de estos centros como núcleos de participación y de difusión de políticas de envejecimiento activo.</i></b></p>	<p>Entre sus novedades destacan las siguientes:</p> <ul style="list-style-type: none"> <li>- Cambia la denominación de los centros, pasando a llamarse Centros de Participación Activa para Personas Mayores.</li> <li>- Los centros se configuran como plataformas esenciales para el desarrollo de políticas de envejecimiento activo</li> <li>- Las personas socias y usuarias participan en la organización, diseño y concreción de las actividades.</li> <li>- Se posibilita el derecho de participación de los andaluces y andaluzas que residen en el exterior, durante sus estancias temporales en Andalucía.</li> <li>- Se crea en los centros una Comisión de Igualdad para la implantación de la perspectiva de género en los programas.</li> </ul>	<p>agrupan a más de 480.000 personas socias. En ellos se llevan a cabo actividades de todo tipo, talleres y programas (, además de servicios importantes (comedor, orientación jurídica...). En estos centros se fomenta igualmente el movimiento asociativo y el voluntariado.</p>	<p><a href="https://www.juntadeandalucia.es/agenciadeserviciossocialesydependencia/es/programas/orientacionjuridica/infoyreq/contenido">s/2012/66/d/1.html?item=0</a></p>
<p><b><i>Programa de Orientación Jurídica para Personas Mayores</i></b></p>	<p>Programa gratuito, desarrollado en los Centros de Participación Activa de titularidad de la Junta de Andalucía que tiene como finalidad fortalecer la seguridad de las personas mayores, salvaguardando su dignidad y sus derechos, a través de información y asesoramiento en temas jurídicos de su interés.</p>	<p>La acogida del programa es importante, motivada por la necesidad de información sobre nuevas figuras jurídicas, mecanismos financieros más complejos y nuevas situaciones familiares y sociales.</p> <p>En el año 2015 se atendió a través de este programa a 1.236 personas en los centros de titularidad de la Junta de Andalucía.</p>	<p><a href="http://www.juntadeandalucia.es/agenciadeserviciossocialesydependencia/es/programas/orientacionjuridica/infoyreq/contenido">http://www.juntadeandalucia.es/agenciadeserviciossocialesydependencia/es/programas/orientacionjuridica/infoyreq/contenido</a></p>

<b>Formación en nuevas tecnologías de la información y la comunicación</b>	Programas y actividades que tienen como objetivo proteger la autonomía de las personas mayores y actualizar su formación impidiendo que los nuevos avances tecnológicos contribuyan a crear una brecha de separación generacional.	La mayoría de estas actividades se desarrollan en los Centros de Participación Activa de titularidad de la Junta de Andalucía, a través del Convenio de colaboración con la Fundación Bancaria "la Caixa". Abarca varias áreas de actuación, entre ellas la formación en nuevas tecnologías. De los 61 Centros que en el año 2015 participaron en el Programa, 31 de ellos desarrollaron el Programa de nuevas tecnologías, llevándose a cabo un total de 289 actividades y participando 4.598 personas usuarias.	<a href="https://obrasociallacaixa.org/documents/10280/240130/las_nuevas_tecnologias_no_tienen_limites_de_edad_es.pdf/bce49fdb-eb36-4c96-9ce9-c102dd912f2b">https://obrasociallacaixa.org/documents/10280/240130/las_nuevas_tecnologias_no_tienen_limites_de_edad_es.pdf/bce49fdb-eb36-4c96-9ce9-c102dd912f2b</a>
<b>Programa Universitario para Personas Mayores</b>	Programa que, bajo distintas denominaciones, organizan las universidades públicas de Andalucía (la Junta de Andalucía participa en el mismo mediante subvención). El programa, cuenta con sedes fijas y sedes itinerantes en diferentes municipios, que van cambiando, haciéndolo más cercano y flexible.	El programa, con independencia de su función formativa, contribuye a fortalecer las relaciones intergeneracionales. En los últimos cuatro Cursos Académicos, han participado en el mismo un total de 31.821 alumnos y alumnas. De ellos, un 68,7 % han sido mujeres, con lo que el programa cumple también un importante objetivo de género.	<a href="http://juntadeandalucia.es/organismos/igualdadypoliticassociales/areas/mayores/envejecimiento-activo/paginas/universidad-mayores.html">http://juntadeandalucia.es/organismos/igualdadypoliticassociales/areas/mayores/envejecimiento-activo/paginas/universidad-mayores.html</a>
<b>Premios Personas Mayores</b>	Su finalidad es luchar contra la discriminación por razón de edad y fomentar una imagen no estereotipada de las personas mayores en los medios de comunicación.	Algunos de los premios más relevantes durante los últimos años han sido: "Salud al Día" del Canal Sur TV, "A vivir que son dos días" de la Cadena Ser, Revista "Madurez Activa", Programa "La tarde aquí y ahora" del Canal Sur TV o Historias de Luz de la Agencia de noticias audiovisuales.	

## COMUNIDAD AUTÓNOMA DE ARAGÓN

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<b>Programa envejecimiento activo</b>	Programa de actividades de promoción de la autonomía personal y prevención de la dependencia, destinadas a los socios de los centros de mayores del Instituto Aragonés de Servicios Sociales, cuyo objetivo fundamental es la promoción y desarrollo de las personas mayores a través de la realización de cursos, talleres y actividades, en el marco del concepto de Envejecimiento Activo.	Mejora de la calidad de vida de las personas mayores, entendida como percepción individual de la propia posición en la vida y en relación con sus objetivos, esperanzas, preocupaciones. - Ampliación de la esperanza de vida saludable, entendida como sinónimo de esperanza de vida libre de discapacidad y el mantenimiento y de su nivel de autonomía. - Incremento de la participación activa en la sociedad	<a href="http://iass.aragon.es/">http://iass.aragon.es/</a>
<b>Convenio COAPEMA</b>	Convenio para regular la colaboración entre Consejo Aragonés de Personas Mayores (COAPEMA) y el Instituto Aragonés de Servicios Sociales (IASS)	Financiación de gastos generales de la entidad en cuanto a personal y mantenimiento de la sede y colaboración y realización de estudios y actuaciones específicas, emitiendo los informes que se les soliciten. Programa de Divulgación y de Promoción de COAPEMA. Programas de Fomento del Asociacionismo y la Convivencia Programa de Promoción del Envejecimiento Activo y Prevención de Dependencia Programas de Sensibilización y Concienciación.	<a href="http://www.coapema.es/">www.coapema.es/</a>
<b>Programa Cuidarte</b>	El programa ofrece a los cuidadores no profesionales la posibilidad de expresar y elaborar sus emociones y posibilita la adquisición de habilidades que les permitan cuidarse mejor y afrontar mejor el momento que viven.	Permite afrontar de forma más segura el cuidado, adaptando los cuidados a las necesidades de ambos.	<a href="http://iass.aragon.es/">http://iass.aragon.es/</a>
<b>Servicio de Promoción de la Autonomía Personal</b>	El Servicio de promoción de la autonomía tiene por finalidad desarrollar y mantener la capacidad personal de controlar, afrontar y tomar decisiones acerca de cómo vivir de acuerdo con las normas y preferencias propias y facilitar la ejecución de las actividades básicas de la vida diaria.	<ul style="list-style-type: none"> <li>- Conseguir, en la medida de lo posible, la recuperación de las facultades físicas perdidas y desarrollar al máximo las capacidades existentes.</li> <li>- Intervenir o habilitar, por medio de actividades, para mejorar las áreas de ocupación de la persona usuaria.</li> <li>- Fomentar el desarrollo social de la persona mayor en su entorno y en su familia</li> </ul>	<a href="http://iass.aragon.es/">http://iass.aragon.es/</a>

## COMUNIDAD AUTÓNOMA DE BALEARES (MALLORCA)

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<b><i>Creación del Observatorio de las Personas Mayores de Mallorca</i></b>	El Observatorio de las Personas Mayores de Mallorca es un órgano colegiado, de carácter técnico y consultivo, adscrito al Departamento de Bienestar Social del Consell de Mallorca, que tiene como finalidad establecer un sistema de información para conocer y analizar la realidad y las necesidades psicosociales y económicas de las personas mayores de la isla, para poder orientar y formular propuestas de mejora en las diferentes administraciones y entidades que ofrecen atención y apoyo a este colectivo de personas.	<ul style="list-style-type: none"> <li>- Entre el pleno y las comisiones de trabajo, se ha conseguido integrar a más de 60 profesionales y representantes de personas mayores, pertenecientes a 34 entidades (administraciones públicas, colegios profesionales, universidad, empresas privadas representativas en el sector, entidades del tercer sector, grupos políticos, y federaciones de personas mayores)</li> <li>- Desde su creación ya se han finalizado tres estudios (sobre el perfil, la calidad de vida y datos sociodemográficos de las personas mayores de Mallorca), y se han puesto en marcha 6 proyectos por parte de las comisiones de trabajo (protección de la persona mayor, promoción de la autonomía, y atención a la dependencia)</li> </ul>	<a href="http://blogs.imasmallorca.net/mayores/">http://blogs.imasmallorca.net/mayores/</a>
<b><i>Proyecto "Dar voz a las personas mayores de Mallorca"</i></b>	Constitución de diferentes foros de participación en municipios de Mallorca, para que las personas mayores puedan expresar su voz y debatir sus principales necesidades	Ya se ha implantado como pilotaje en 10 municipios de la isla (casi una quinta parte).	<a href="http://blogs.imasmallorca.net/mayores/proyecto-dar-voz-a-las-personas-mayores-de-mallorca/">http://blogs.imasmallorca.net/mayores/proyecto-dar-voz-a-las-personas-mayores-de-mallorca/</a>
<b><i>Programa de voluntariado</i></b>	Conjunto de iniciativas dirigidas al impulso del voluntariado entre las personas mayores	Implantado en todas las residencias y llares del IMAS. 156 personas voluntarias.	<a href="http://www.imasmallorca.net/es/unprograma/122">http://www.imasmallorca.net/es/unprograma/122</a>
<b><i>Servicio de valoración, intervención y apoyo en casos de personas mayores en situación de riesgo de desprotección (Prioridad Social).</i></b>	Es un programa que ofrece su servicio a los técnicos de atención primaria cuando estos detectan casos de personas mayores que están en riesgo de desprotección y/o maltrato. Ofrece asesoramiento técnico especializado, valoración de los casos de desprotección, e intervención específica en los casos que presentan situaciones altas de desprotección.	En 2015 se valoraron 160 demandas de prioridad social.	<a href="http://www.imasmallorca.net/es/unprograma/117">http://www.imasmallorca.net/es/unprograma/117</a>

## COMUNIDAD AUTÓNOMA DE BALEARES (MALLORCA)

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<b><i>Ayudas económicas individuales para personas mayores</i></b>	Es una convocatoria anual de ayudas económicas individuales para mejorar la calidad de vida y el bienestar social de las personas mayores.	En 2015 se tramitaron 327 solicitudes.	<a href="http://www.imasmallorca.net/es/unprograma/86">http://www.imasmallorca.net/es/unprograma/86</a>
<b><i>Servicio de Apoyo Psicosocial y Educativo, y de Estimulación Cognitiva, dirigido a las personas mayores.</i></b>	Es un programa apoyo a las personas mayores, dirigido a potenciar el envejecimiento activo y la autonomía personal, trabajando la prevención y/o compensación de las dificultades de memoria que pueden ir asociadas al envejecimiento.	En 2015 participaron 1.590 personas mayores de la mayor parte de municipios de la isla.	<a href="http://www.imasmallorca.net/es/unprograma/103">http://www.imasmallorca.net/es/unprograma/103</a>
<b><i>Llars de Personas Mayores</i></b>	Centros destinados a promover y organizar actividades para el fomento de la autonomía, convivencia y la ayuda mutua, para posibilitar un envejecimiento satisfactorio. Con el objetivo de prevenir la dependencia, potenciar la autoestima, favorecer el mantenimiento activo del cuerpo y de la mente, facilitar hábitos saludables y promover el desarrollo de la capacidad creativa y artística.	A lo largo de 2015 ha habido 8.327 participaciones en las actividades ofrecidas por las cinco llars gestionadas por el IMAS (Reina Sofía, Avenida Argentina, Manacor, Felanitx y Lluçmajor)	<a href="http://www.imasmallorca.net/es/unprograma/220">http://www.imasmallorca.net/es/unprograma/220</a>
<b><i>Programa de atención, orientación, apoyo y formación para los familiares cuidadores</i></b>	Es un programa de atención, orientación, apoyo y formación para los familiares cuidadores y otros cuidadores no profesionales, para ayudarles y capacitarlos a mejorar su calidad de vida y la asistencia que dispensan a las personas mayores con dependencia.	En 2015 417 personas participaron en el programa.	<a href="http://www.imasmallorca.net/es/unprograma/161">http://www.imasmallorca.net/es/unprograma/161</a>

## COMUNIDAD AUTÓNOMA DE BALEARES (IBIZA)

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<b><i>Participación activa de las personas mayores en la toma de decisiones y dinamización de las actividades.</i></b>	Desarrollar actividades que favorezcan su autonomía personal y su participación social y comunitaria (culturales, formativas, recreativas, asistenciales, preventivas).	<ul style="list-style-type: none"> <li>- Entre el pleno y las comisiones de trabajo, se ha conseguido integrar a más de 60 profesionales y representantes de personas mayores, pertenecientes a 34 entidades (administraciones públicas, colegios profesionales, universidad, empresas privadas representativas en el sector, entidades del tercer sector, grupos políticos, y federaciones de personas mayores)</li> <li>- Desde su creación ya se han finalizado tres estudios (sobre el perfil, la calidad de vida y datos sociodemográficos de las personas mayores de Mallorca), y se han puesto en marcha 6 proyectos por parte de las comisiones de trabajo (protección de la persona mayor, promoción de la autonomía , y atención a la dependencia)</li> </ul>	<a href="http://blogs.imasmallorca.net/mayores/">http://blogs.imasmallorca.net/mayores/</a>
<b><i>Voluntariado Sénior</i></b>	Promover un papel activo de los mayores en actividades realizadas y dirigidas por ellos mismos (taller de pintura, taller de manualidades...)	Ya se ha implantado como pilotaje en 10 municipios de la isla (casi una quinta parte). Han participado más de 100 personas mayores, que han manifestado un elevado grado de satisfacción por la participación, según los datos recogidos en las encuestas de evaluación.	<a href="http://blogs.imasmallorca.net/mayores/proyecto-dar-voz-a-las-personas-mayores-de-mallorca/">http://blogs.imasmallorca.net/mayores/proyecto-dar-voz-a-las-personas-mayores-de-mallorca/</a>

## COMUNIDAD AUTÓNOMA DE BALEARES (FORMENTERA)

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<b><i>Convenio de colaboración entre el Consell Insular de Formentera y la Fundació Bancària La Caixa para el desarrollo de proyectos del programa de gente mayor.</i></b>	Impulsar un estilo de vida activo.Promover al máximo la autonomía de la gente mayor.Promoción de la salud.Aprendizaje de nuevas tecnologías.Impulso de participación social y el voluntariado.	Para el periodo 2016-2017 la distribución de proyectos y actividades se ha ampliado al Centre Social i de Majors de Sant Ferran y a la Associació de Majors del Pilarse ha ampliado a dos centros de mayores.	<a href="http://blogs.imasmallorca.net/mayores/proyecto-dar-voz-a-las-personas-mayores-de-mallorca/">http://blogs.imasmallorca.net/mayores/proyecto-dar-voz-a-las-personas-mayores-de-mallorca/</a>
<b><i>Ampliar el Servicio de Atención Domiciliaria a los fines de semana</i></b>	<ul style="list-style-type: none"> <li>- Ampliar la oferta de las prestaciones del SAD en la isla de Formentera., para mantener y promover la autonomía personal y</li> <li>- Alargar el tiempo de estancia en el propio domicilio y en el propio entorno.</li> <li>- Potenciar la calidad de vida dela persona, el entorno relacional y la familia.</li> <li>- Ofrecer apoyo en los momentos críticos.</li> <li>- Detección precoz de situaciones de riesgo.</li> </ul>	Muy buena acogida por parte de los usuarios. Demanda creciente.	<a href="http://www.imasmallorca.net/es/unprograma/122">http://www.imasmallorca.net/es/unprograma/122</a>



## COMUNIDAD AUTÓNOMA DE CASTILLA Y LEÓN

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<b>Programa de Acercamiento Intergeneracional en Castilla y León</b>	Fomentar el acercamiento intergeneracional entre estudiantes universitarios y personas mayores a través de alojamientos compartidos y actividades culturales y académicas. En colaboración con las cuatro universidades públicas de Castilla y León y ayuntamientos	<ul style="list-style-type: none"> <li>- Nº de convivencias intergeneracionales: 41</li> <li>- Nº de actividades intergeneracionales: 128 con 6.321 personas participantes</li> </ul>	<a href="http://www.serviciosociales.jcyl.es/web/jcyl/ServiciosSociales/es/PlanTilla100/1131977392075///">http://www.serviciosociales.jcyl.es/web/jcyl/ServiciosSociales/es/PlanTilla100/1131977392075///</a>
<b>Programa Interuniversitario de la Experiencia de Castilla y León</b>	Facilitar la participación de las personas mayores, en un programa universitario especialmente diseñado para ellos. Se realiza en colaboración con las universidades de Castilla y León.	Curso 2015/2016: <ul style="list-style-type: none"> <li>- Nº de sedes 27</li> <li>- Nº de alumnos: 4.451</li> </ul>	<a href="http://www.serviciosociales.jcyl.es/web/jcyl/ServiciosSociales/es/PlanTilla100/1131977387587///">http://www.serviciosociales.jcyl.es/web/jcyl/ServiciosSociales/es/PlanTilla100/1131977387587///</a>
<b>Programa de Viajes para personas mayores en Castilla y León</b>	Facilitar la participación de las personas mayores en actividades que favorecen el conocimiento de otros entornos. Pueden participar personas con discapacidad	Nº de solicitudes: 23.576 Nº de solicitantes: 44.277 Nº de viajeros: 26.116	Programa de Viajes del Club de los 60: <a href="http://www.serviciosociales.jcyl.es/web/jcyl/ServiciosSociales/es/PlanTilla66y33/1261039734806///">http://www.serviciosociales.jcyl.es/web/jcyl/ServiciosSociales/es/PlanTilla66y33/1261039734806///</a>
<b>Programa de Termalismo para Personas Mayores de Castilla y León</b>	Programa realizado en colaboración con Balnearios de Castilla y León y dirigido a las personas mayores con el fin de facilitar el acceso a los tratamientos termales que se complementan con visitas a puntos de interés del entorno en el que se ubica cada balneario.	Nº de balnearios: 5 Nº de plazas ocupadas: 1.517	Programa de Termalismo: <a href="http://www.serviciosociales.jcyl.es/web/jcyl/ServiciosSociales/es/PlanTilla100/1284372607423///">http://www.serviciosociales.jcyl.es/web/jcyl/ServiciosSociales/es/PlanTilla100/1284372607423///</a>
<b>Programa de Promoción del asociacionismo en Castilla y León</b>	El programa tiene como finalidad promocionar el asociacionismo desde tres vertientes principales: - Adecuación y adaptación de las asociaciones a los nuevos perfiles de las personas mayores y sus intereses	Nº de asociaciones: 1.572 Nº de actividades de envejecimiento activo: 764 Nº de participantes: 9.531 personas mayores	

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MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
	<ul style="list-style-type: none"> <li>- Mejora de la organización y gestión de la red asociativa</li> <li>- Reconocer el valor de y fomentar el voluntariado conjunto de personas de todas las edades.</li> </ul>		
<p><b>Programa Integral de Envejecimiento Activo de Castilla y León</b>  <b>ORDEN FAM/119/2014, de 25 de febrero, por la que se regula el Club de los 60 y se aprueba este Programa</b></p>	<p>Ofrecer a las personas mayores de Castilla y León un único programa de actividades, con criterios comunes, planificado y coordinado, que priorice la prevención de la Dependencia, que cubra todo el territorio de la Comunidad y que sea accesible al ámbito rural.</p>	<p>Elaboración anual del Mapa de Envejecimiento Activo de Castilla y León que incluye todas las actividades realizadas.</p>	<p><a href="https://www.tramitacas.tillayleon.jcyl.es/web/jcyl/AdministracionElectronica/es/Plantilla100Detalle/1251181053840/Tramite/1284309014982/Tramite">https://www.tramitacas.tillayleon.jcyl.es/web/jcyl/AdministracionElectronica/es/Plantilla100Detalle/1251181053840/Tramite/1284309014982/Tramite</a></p>
<p><b>Proyecto "en Mi casa" Normativa</b>  <b>- DECRETO 2/2016, de 4 de febrero, de autorización y funcionamiento de los centros de carácter social para la atención a las personas mayores en Castilla y León</b>  <b>- DECRETO 3/2016, de 4 de febrero, por el que se regula la acreditación de centros y unidades de convivencia para la atención a personas mayores en Castilla y León</b></p>	<p>El proyecto "en Mi casa", desde la filosofía de la atención centrada en la persona y la calidad de vida, propone convertir los centros residenciales en unidades de convivencia, respetando la identidad de la persona, sus opciones y preferencias.</p>	<p>En la actualidad existen 100 unidades de convivencia en marcha en las distintas provincias de la Comunidad. Los primeros resultados revelan la mejora aportada por este nuevo modelo en relación a la calidad de vida y bienestar de los usuarios, al tiempo que ponen de manifiesto el impacto positivo en familiares y profesionales.</p> <p>Plan de formación y acompañamiento en la implantación</p>	<p><a href="http://www.jcyl.es/web/jcyl/ServiciosSociales/es/Plantilla100/1284257146354/_/_/">http://www.jcyl.es/web/jcyl/ServiciosSociales/es/Plantilla100/1284257146354/_/_/</a></p>
<p><b>Unidades de convalecencia públicas para la atención sanitaria y social (UCSS)</b></p>	<p>Proporcionar a las personas mayores durante su convalecencia una atención, en un centro residencial, sanitaria y social adecuada a sus necesidades</p>	<p>Hasta 2016, Enero 549 personas han sido atendidas por UCSS</p>	<p><a href="http://www.saludcastillayleon.es/profesionales/es/coordinacion-sociosanitaria/procesos">http://www.saludcastillayleon.es/profesionales/es/coordinacion-sociosanitaria/procesos</a></p>

## COMUNIDAD AUTÓNOMA DE CASTILLA Y LEÓN

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
			<a href="#">-atencion/dependencia</a>
<b><i>Cluster Soluciones innovadoras para la Vida Independiente (SIVI): promotor de su creación y socio</i></b>	Mejorar la calidad de vida de las personas en situación de dependencia (personas con discapacidad, personas mayores y enfermos crónicos). Promover la innovación empresarial y el impulso de la transferencia de tecnología para el desarrollo de soluciones socio-sanitarias sostenibles.	En la actualidad cuenta con 47 socios (universidades y centros de investigación, empresas del sector tecnológico y prestadoras de servicios, administración y entidades del tercer sector). Esta iniciativa fue premiada como una de las mejores acciones piloto dentro del Proyecto Innovage-Interreg IV-C.	<a href="http://www.clustersivi.org/">http://www.clustersivi.org/</a>
<b><i>Miembro de la Red Temática AFE-INNOVNET y Socio fundador del Pacto Europeo por el cambio demográfico.</i></b>	Promover el envejecimiento activo y saludable, mejorar el bienestar y la salud y luchar contra el aislamiento, incluso para las personas que sufren deterioro cognitivo y sus cuidadores.	Creación de entornos físicos y sociales amigables con las personas mayores como factores determinantes para el mantenimiento de su salud, autonomía e independencia.	<a href="http://www.agefriendlyeurope.org/">http://www.agefriendlyeurope.org/</a>

## COMUNIDAD AUTÓNOMA DE CATALUÑA

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<p><b>Programa Gent 3.0</b> (2012-2013-2014-2015)</p>	<p>El <i>Departament de Treball, Afers Socials i Famílies</i> mediante un convenio de colaboración con la Fundación "La Caixa" ha impulsado el desarrollo del Programa 3.0 en la red de equipamientos de hogares de ancianos de la Generalitat de Catalunya.</p> <p>El Programa 3.0 tiene como objetivo fomentar el voluntariado de las personas mayores mediante actividades tecnológicas, culturales y solidarias, entre otras. Las personas mayores interesadas reciben tanto información genérica, sobre voluntariado y las habilidades sociales, como específica según el proyecto, para luego liderar y dinamizar las actividades que se ponen en marcha.</p>	<p>Este programa se ha llevado a cabo a través de proyectos de participación social y voluntariado (Acción Local, Grandes Lectores, Plan de formación y actividades intergeneracionales); de proyectos de actividades de promoción de la salud y calidad de vida (Activa la mente, Despertar con una sonrisa, el Envejecimiento Activo, Menos dolor, más vida y Actívate) y, finalmente, de proyectos vinculados a las tecnologías de la información y la comunicación (Historia de Vida, Aproximación a las tecnologías y Redes Sociales, iniciación a las nuevas tecnologías, creación de proyectos digitales I, creación de proyectos digitales II, redes sociales y La red, en nuestro día a día).</p>	<p><a href="http://treballiaferssocials.gencat.cat/ca/ambits_tematics/gent_gran/">http://treballiaferssocials.gencat.cat/ca/ambits_tematics/gent_gran/</a></p>
<p><b>Protocolo marco y orientaciones de actuación contra los malos tratos a las personas mayores/ Programa para el Buen Trato a las personas mayores: Patrimonio de la Humanidad</b> (2012-2013-2014-2015)</p>	<p>En Julio de 2012 con la colaboración de la <i>Fundación "La Caixa"</i> se presentó el Protocolo de actuación para la prevención, la detección y la intervención en las situaciones de las diferentes formas de maltrato que afectan a las personas mayores.</p>	<p>En el marco de este plan, se ha formado anualmente a más de 800 profesionales.</p> <p>A partir de la presentación oficial del protocolo en 2012 se han llevado a cabo diferentes actuaciones:</p> <p>Una síntesis para su difusión, plan de formación para profesionales, creación de una comisión de seguimiento, creación de protocolos de ámbito comarcal, campaña mediática de sensibilización, creación de modelo de intervención territorial de buen trato a las personas mayores, se ha creado una dirección de contacto específica y un teléfono para atender posibles situaciones de maltrato</p>	<p><a href="http://treballiaferssocials.gencat.cat/sites/benestar/ca/ambits_tematics/gent_gran/maltractaments_a_persones_grans/">http://treballiaferssocials.gencat.cat/sites/benestar/ca/ambits_tematics/gent_gran/maltractaments_a_persones_grans/</a></p>

<p><b>“Relleu de Vivències”</b> (2012-2013-2014-2015)</p>	<p>Este programa pretende construir un espacio virtual dentro del entorno de la página web del <i>Departament de Treball, Afers Socials i Famílies</i>, donde quedan alojadas el conjunto de producciones audiovisuales que recogen el resultado de los diferentes espacios de intercambio y conocimientos intergeneracionales.</p> <p>Objetivos del programa:</p> <ul style="list-style-type: none"> <li>• Intercambiar conocimientos y experiencias entre los mayores y personas de otras generaciones.</li> <li>• Dar a conocer a la ciudadanía las experiencias de intercambio que se están realizando en todo el territorio de Catalunya.</li> </ul>		<p><a href="http://treballiaferssocials.gencat.cat/ca/ambits_tematic/gent_gran/envelliment_actiu/relleu_vivencies/">http://treballiaferssocials.gencat.cat/ca/ambits_tematic/gent_gran/envelliment_actiu/relleu_vivencies/</a></p>
<p><b>Reconeixement d'experiències en envelliment actiu</b> (2012-2013-2014-2015)</p>	<p>Objetivos:</p> <ul style="list-style-type: none"> <li>• Reconocer experiencias de buenas prácticas de referencia en el ámbito del envejecimiento activo.</li> <li>• Validar aquellas experiencias desarrolladas por el tejido social desde la perspectiva de la construcción social.</li> <li>• Potenciar mediante una Web, un espacio de transmisión y transferencia del conocimiento.</li> <li>• Facilitar el desarrollo de una red social de buenas prácticas que permita visualizar el valor del envejecimiento activo en la sociedad actual.</li> </ul>		<p><a href="http://treballiaferssocials.gencat.cat/ca/ambits_tematic/gent_gran/envelliment_actiu/2012_any_europeu_envelliment_actiu/reconeixement_bones_practiques">http://treballiaferssocials.gencat.cat/ca/ambits_tematic/gent_gran/envelliment_actiu/2012_any_europeu_envelliment_actiu/reconeixement_bones_practiques</a></p>
<p><b>Programa Òmnia</b> (2012-2013-2014-2015)</p>	<p>El programa <i>Òmnia</i> es un programa que promueve el uso de las tecnologías de la información y de la comunicación (TIC), como instrumento para facilitar acciones preventivas, de formación y de integración en la comunidad.</p>	<p>Porcentaje de personas mayores usuarias del Programa <i>Òmnia</i>:</p> <p>2012: 14%</p> <p>2013: 15%</p> <p>2014: 13%</p> <p>2015: 16%</p>	<p><a href="http://treballiaferssocials.gencat.cat/ca/ambits_tematic/accio_comunitaria_i_voluntariat/accio_comunitaria/projecte_omnia/">http://treballiaferssocials.gencat.cat/ca/ambits_tematic/accio_comunitaria_i_voluntariat/accio_comunitaria/projecte_omnia/</a></p>

<p><b>Planes de desarrollo comunitario</b> (2012-2013-2014-2015)</p>	<p>Los Planes de Desarrollo Comunitario tienen como objetivo principal crear una estrategia de intervención social y territorial mediante un proceso participativo del conjunto de los agentes que intervienen en el territorio: tejido asociativo, colectivos vecinales, agentes sociales y económicos, servicios y administraciones públicas, creando políticas de prevención que favorezcan la cohesión social. En los Planes de Desarrollo Comunitario se identifican varios proyectos dirigidos a las personas mayores, siendo muy significativos los vinculados al ámbito del aprendizaje a lo largo de la vida.</p>	<p>En el 2014, se estima una participación de más de 20.000 personas mayores.</p>	<p><a href="http://treballiaferssocialsgencat.cat/ca/ambits_tematicos/accio_comunitaria_i_voluntariat/accio_comunitaria/plans_d_ensolupament_comunitari/">http://treballiaferssocialsgencat.cat/ca/ambits_tematicos/accio_comunitaria_i_voluntariat/accio_comunitaria/plans_d_ensolupament_comunitari/</a></p>
<p><b>Aprendizaje a lo largo de la vida en los equipamientos cívicos</b> (2012-2013-2014-2015)</p>	<p>En los Equipamientos Cívicos del <i>Departament de Treball, Afers Socials i Famílies</i> se han efectuado actividades en que han participado personas mayores y encaminadas a conseguir la formación continuada e intercambio de experiencias, así como la adquisición de nuevas habilidades y competencias.</p>		<p><a href="http://treballiaferssocialsgencat.cat/ca/serveis/equipaments_civics_i_activitats">http://treballiaferssocialsgencat.cat/ca/serveis/equipaments_civics_i_activitats</a></p>
<p><b>7º Congreso Nacional de las Personas Mayores</b> (2014-2015)</p>	<p>El Congreso Nacional de las Personas Mayores, que convoca cada 4 años el <i>Departament de Treball, Afers Socials i Famílies</i> de la Generalitat de Catalunya y el <i>Consell de la Gent Gran de Catalunya (CGGCat)</i>, reúne representantes de las personas mayores de Catalunya, de asociaciones y personas expertas para reflexionar sobre la realidad que vive la gente mayor en nuestro país y tratar los principales temas que les afectan.</p>	<p>La importancia del Congreso radica en que sirve para abrir el debate social i perfilar la línea de trabajo que hay que seguir para dar respuesta a las necesidades actuales y de futuro de las personas mayores. Las ponencias, conclusiones y manifiesto sirven para marcar la agenda política en materia de personas mayores durante los 4 años que transcurren hasta la celebración del próximo Congreso. La séptima edición del congreso congregó a más de 600 participantes de toda Catalunya.</p>	<p><a href="http://treballiaferssocialsgencat.cat/ca/detalls/Article/7e-congres_gent_gran">http://treballiaferssocialsgencat.cat/ca/detalls/Article/7e-congres_gent_gran</a></p>

<p><b>Relaciones intergeneracionales en los equipamientos cívicos</b> (2012-2013-2014-2015)</p>	<p>Los Equipamientos Cívicos del <i>Departament de Treball, Afers Socials i Famílies</i> ofrecen actividades a las personas usuarias con el objetivo de fomentar la convivencia, las relaciones intergeneracionales y la participación en la comunidad..</p>	<p>Se han realizado actividades intergeneracionales para facilitar el intercambio de conocimientos y experiencias entre personas mayores, niñas y niños y jóvenes</p>	<p><a href="http://treballiaferssocials.gencat.cat/ca/serveis/equipaments_civics_i_activitats">http://treballiaferssocials.gencat.cat/ca/serveis/equipaments_civics_i_activitats</a></p>
<p><b>Consejo de Ancianos del Pueblo Gitano</b> (2012-2013-2014-2015)</p>	<p>Está formado por personas gitanas de respeto que, por su trayectoria de vida, honradez, dedicación a su pueblo y porque siempre han vivido en coherencia con los valores de su cultura, se han ganado el reconocimiento del resto de su pueblo. Actualmente, intervienen como mediadores en casos de conflicto y también para llevar a cabo tareas de prevención, sensibilización y mejora de la convivencia y cohesión del pueblo gitano.</p>	<p>Este consejo favorece la convivencia intercultural en Catalunya, fomentando el diálogo en barrios donde conviven población de diferentes grupos étnicos o población inmigrante y población gitana.</p>	<p><a href="http://treballiaferssocials.gencat.cat/ca/ambits_tematicos/accio_comunitaria_i_voluntariat/accio_comunitaria/poble-gitano/pla-integral-del-poble-gitano/actuacions-datencio-al-poble-gitano/">http://treballiaferssocials.gencat.cat/ca/ambits_tematicos/accio_comunitaria_i_voluntariat/accio_comunitaria/poble-gitano/pla-integral-del-poble-gitano/actuacions-datencio-al-poble-gitano/</a></p>
<p><b>Casals de Gent Gran</b> (2012-2013-2014-2015)</p>	<p>Uno de los objetivos principales de los Casals de Gent Gran (Hogares) del Departamento de Bienestar Social y Familia es evitar el aislamiento de las personas mayores y fomentar la vida asociativa. En estos centros tienen su sede asociaciones de personas mayores. tecnologías de la información y la comunicación</p>	<p>Estos centros tienen como finalidad la promoción de la participación de las personas mayores como miembros activos de la sociedad, colaborando con el tejido asociativo en el marco del civismo como eje vertebrador. Además se promueve una línea de actuación para promover la salud y la calidad de vida y otra línea de formación en te. En los Casals de Gent Gran del <i>Departament de Treball, Afers Socials i Famílies</i> se promueve una línea de actuación para promocionar la salud y la calidad de vida de las personas mayores a partir de talleres, conferencias y cursos. Se han efectuado actividades de salud y calidad de vida, englobadas en conferencias de salud, buenos hábitos y talleres de gimnasia, tai-chi, yoga, pilates, etc... y se realizan actividades con el objetivo de acercar a las personas mayores el acceso a las nuevas tecnologías.</p>	<p><a href="http://treballiaferssocials.gencat.cat/ca/serveis/equipaments_civics_i_activitats/casals_gent_gran">http://treballiaferssocials.gencat.cat/ca/serveis/equipaments_civics_i_activitats/casals_gent_gran</a></p>

## COMUNIDAD AUTÓNOMA DE VALENCIA

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<i>Convenio con la Fundación Bancaria "La Caixa" y Avim (asociación de voluntarios de informática mayores de la comunidad valenciana)</i>	Garantizar el acceso a la formación, especialmente en nuevas tecnologías	37 centros participantes El nº de usuarios que han participado con carácter anual en las indicadas actividades es de 2.820.	
<i>Tarjeta del mayor</i>	Facilitar el acceso a servicios y productos de calidad y adecuados a la edad	826 entidades colaboradoras han firmado un acuerdo con la Conselleria El nº de solicitudes presentadas es de 60.014 Asimismo, en 2016 se ha integrado la tarjeta cultural de la tercera edad en la tarjeta del mayor.	
<i>Protocolo maltrato personas mayores</i>	Salvaguardar la dignidad de las personas mayores, en especial a través de la lucha contra toda forma de abuso y discriminación. Tiene por objeto describir las actuaciones a realizar por los profesionales de los SS.SS. municipales ante el conocimiento o sospecha de que una persona mayor pueda encontrarse ante una situación de maltrato, pudiendo así, proporcionar la/s respuesta/s de atención adecuadas a la situación.	El protocolo ha sido remitido a todos los SS municipales de la Comunitat Valenciana y a las Direcciones Territoriales de la Conselleria. En breve se incorporará a la web de la Conselleria	
<i>Fomento de la prestación económica para cuidadores en el entorno familiar y apoyo a cuidadores no profesionales</i>	Garantizar la calidad de vida de las personas mayores contribuyendo a mantener una vida independiente en su entorno familiar, así como apoyar a las familias que cuidan de las personas mayores.	Actualmente existen 23.938 beneficiarios de esta prestación en la Comunitat Valenciana, de los cuales 12.988 pertenecen al sector de personas mayores, lo que representa el 54% de estas prestaciones.	



## COMUNIDAD AUTÓNOMA DE EXTREMADURA

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<b>Consejo Regional de Personas Mayores</b>	El Consejo Regional de Personas Mayores de Extremadura es un órgano colegiado de carácter consultivo creado en 2001. Se configura como un instrumento de participación, que recoge las necesidades y demandas de las personas mayores de la C.A., dando respuesta a las aspiraciones de este colectivo. Su objetivo es conseguir la integración plena de las personas mayores dentro de su unidad básica de convivencia y en la sociedad.	Se desarrollan actividades de asesoramiento e información permanente sobre los aspectos que inciden en la calidad de vida de las personas mayores.	
<b>Promoción del Voluntariado de las personas mayores</b>	La Promoción del Voluntariado de las Personas Mayores en los Centros de gestión directa del SEPAD se materializa en el impulso, creación y asesoramiento de asociaciones y grupos de voluntarios de carácter social y cultural principalmente.	Funcionan 19 Asociaciones de Voluntarios Mayores adscritas a la red de centros de gestión directa del SEPAD. Están Federadas y alcanzan la cifra de 400 voluntarios/as.	
	Se colabora con la Fundación Bancaria “la Caixa” para el fomento de un voluntariado especializado en la alfabetización tecnológica	El voluntariado informático se operativiza en una asociación que tiene 24 sedes a nivel regional. Cuenta con 380 voluntarios/as.	<a href="http://www.avimex.es">www.avimex.es</a>
<b>Clubes de Lectura en Centros de Mayores</b>	Impulsados, específicamente, desde los centros de mayores. Algunos de ellos son intergeneracionales. Además de cumplir su finalidad propia, se generan otras actividades complementarias: asistencia a encuentros literarios con autores de reconocido prestigio, rutas literarias, etc.	En este período han funcionado ininterrumpidamente 16 Clubes de Lectura en toda la región. Tienen una media de 22 participantes. La media anual de libros analizados es de 10.	
<b>Certamen Literario para Personas Mayores Experiencia y Vida</b>	El certamen de carácter internacional “Experiencia y Vida” cumple en el año 2016 su XII edición. Este certamen ofrece a las personas mayores un medio de expresión y publicación de sus vivencias.	Se convoca anualmente y el índice de participación, valorado en función de las obras recibidas es de una media de 100 personas.	<a href="http://sepad.gobex.es">sepad.gobex.es</a>
<b>El día en Plata</b>	Evento cultural celebrado en dos ocasiones en Cáceres (Ciudad Patrimonio de la Humanidad). Se diseñaron rutas culturales y visitas a los museos de la ciudad, además de una macrocomida de convivencia.	En cifras, el evento supuso en cada convocatoria una asistencia de 2500 personas mayores, 150 profesionales del SEPAD y 80 voluntarios/as de Institutos de Enseñanza Secundaria	

## COMUNIDAD AUTÓNOMA DE EXTREMADURA

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<b><i>Feria de los Mayores de Extremadura</i></b>	Se celebra en la Institución Ferial de Badajoz (IFEBA) anualmente. El SEPAD colabora instalando un stand y ofreciendo charlas de promoción del Envejecimiento Activo.	Durante los cuatro días que dura esta feria, se recibe un volumen de visitantes en torno a las 40.000 personas mayores.	
<b><i>Convocatoria orden de subvenciones a entidades privadas sin fin de lucro que prestan servicios sociales a personas mayores</i></b>	El decreto 62/2012, de 13 de abril, establece las bases reguladoras de las subvenciones a otorgar en materia de servicios sociales especializados. Incluye tres modalidades.	Las subvenciones se destinan a proyectos de impulso del voluntariado; entidades sin fin de lucro y asociaciones de pensionistas.	
<b><i>Teléfono de atención al Mayor y a la Dependencia</i></b>	Este call center funciona como un servicio público, aportando información sobre recursos o recibiendo denuncias que afecten a personas mayores institucionalizadas o residentes en su ámbito comunitario.		
<b><i>Alfabetización tecnológica del Programa de Mayores de Fundación "la Caixa"</i></b>	Proyectos de Formación en Tecnologías de la Información y la Comunicación para grupos de personas mayores. Algunas acciones se comparten con colectivos en riesgo de exclusión social (ej/ residentes en centros de inserción social o reclusos de centros penitenciarios).	En el Convenio se incluyen 24 de los 37 Centros de Mayores del SEPAD. Todos ellos tienen CiberCaixas (Aulas de Informática).	
<b><i>Acciones de sensibilización-información-formación y alfabetización para las Personas Mayores</i></b>	Los Centros de Mayores tienen en su cartera de servicios una oferta permanente de acciones relacionadas con temáticas de interés para ellos, vertebradas a partir de los pilares del paradigma del Envejecimiento Activo (hábitos saludables, esfera emocional...).		
<b><i>Programa "vive conectado"</i></b>	Tiene como objetivo facilitar a las personas mayores el acceso a los beneficios que proporcionan las Tecnologías de la Información y Comunicación, evitando la brecha digital y favoreciendo el envejecimiento activo.	De 2013 a 2016 e programa se ha desarrollado en 28 C.M., llegando a formar a una 420 personas mayores	

## COMUNIDAD AUTÓNOMA DE EXTREMADURA

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<b>Programa de prácticas/investigación</b>	Desde nuestro organismo se gestionan las prácticas que permiten que alumnado de universidades, programas de empleo, etc., realicen su formación en centros de trabajo. También ofrecemos la posibilidad de investigaciones. Coordinamos trabajos de fin de grado, máster y tesis.	La media de prácticas gestionadas anualmente asciende a 150.  La labor desarrollada con este programa ha sido premiada por la Universidad de Extremadura.	
<b>Sello de calidad (Senior friendly)</b>	En colaboración con la entidad Saluus quien diseñó con Aenor un referencial de calidad se ha realizado una experiencia piloto en algunos de nuestros centros de mayores, otorgándoles el sello de calidad por la prestación de servicios de promoción del envejecimiento activo.		
<b>Olimpiadas de Mayores</b>	Este evento deportivo consiste en simular, durante una jornada, unas olimpiadas. Hay un desfile inaugural con el encendido del pebetero y actividades de competición adaptadas. Se concluye el acto con una comida de convivencia.	En el período 2012-2016 se celebraron dos Olimpiadas de Mayores, en Badajoz y Don Benito respectivamente. Cada edición congregó a 2500 personas mayores.	
<b>Programa Naturalmente Mayor</b>	Programa de carácter medioambiental iniciado en el año 2013, a partir de la colaboración entre el SEPAD y la Dirección General de Medio Ambiente. Aglutina proyectos de diferente temática: Educación y Formación Ambiental, Voluntariado Ambiental, Turismo Ambiental y rutas senderistas	El hilo conductor del programa es el conocimiento, puesta en valor y protección del entorno de la región extremeña. Implantación en la red de 37 Centros de Mayores	
<b>Programa de Entrenamiento de la Memoria</b>	El Método UMAM, desarrollado en forma de Talleres de Entrenamiento de Memoria, es un programa generalizado en los Centros de Mayores y algunos Centros Residenciales del SEPAD.	Implantación en 90% de la red de centros de mayores del SEPAD. La importancia de este programa queda de manifiesto en el promedio de Talleres que se realiza en los centros, que es de tres por año.	

## COMUNIDAD AUTÓNOMA DE EXTREMADURA

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<b>Programa de Ajedrez Terapéutico</b>	Se desarrolla desde el año 2008 en Centros de Mayores del SEPAD a partir de la colaboración con el Club de Ajedrez "Magic" de Extremadura. Consiste en un método diseñado por la entidad que adapta el juego del ajedrez para intervenir en el entrenamiento cognitivo. Además se realizan actividades complementarias que fomentan la participación social y las relaciones intergeneracionales.	Implantado en 10 Centros de Mayores. Intervención continuada desde 2008. El número de beneficiarios directos por año asciende a 300 pax.  Obtuvo en 2011 el premio Generaciones Unidas concedido por el IMSERSO y la Universidad de Granada.	<a href="http://www.chessmagic.net">http://www.chessmagic.net</a>
<b>Programa de Mayores de Fundación "la Caixa"</b>	A partir de un convenio de colaboración con la Fundación Bancaria "la Caixa" para el desarrollo de varios proyectos en Centros de Mayores, se abordan diversos Talleres de Promoción de la Salud y del Bienestar: Grandes lectores, Despertar con una sonrisa, Actívate, Menos dolor, más vida, Ahora también...	En el Convenio se incluyen 24 de los 37 Centros de Mayores del SEPAD.	
<b>Prevención caídas (proyectos Europeo Smartcare)</b>	Se ha realizado un pilotaje de esta adaptación de un Proyecto Europeo desarrollado en Escocia. Por la buena aceptación del programa consistente en el desarrollo de charlas de prevención, va a hacerse extensivo a los 37 CM a partir de Octubre de 2016.		
<b>Plan de Salud</b>	Existe un Plan de Salud Regional que marca las estrategias en esta área. Uno de los capítulos versa sobre Programas de Envejecimiento Activo. Cada trimestre se efectúan evaluaciones que nos permiten realizar seguimientos de nuestras carteras de servicios.		
<b>Programa Formativo de sensibilización y formación para la prevención de la violencia de género.</b>	En colaboración con el Instituto de la Mujer de Extremadura, se impartieron acciones de sensibilización y formación para la prevención de la violencia de género. Sus destinatarios fueron los profesionales y los usuarios/as de los Centros de Mayores del SEPAD. Se realizó en el año 2013		

## COMUNIDAD AUTÓNOMA DE EXTREMADURA

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<b>Curso “Alternativas para un Envejecimiento Activo Emisor; Programas de Igualdad”</b>	En Junio de 2016, se celebró en la Escuela de Administración Pública de Extremadura un curso dirigido a personal técnico y directivo de los Centros de Mayores y Residenciales de la Comunidad Autónoma.	La finalidad es que el personal de atención directa a personas mayores renueven su visión acerca del envejecimiento activo y de los estereotipos de género que se producen en el día a día.	
<b>Acción formativa “Envejecimiento activo e igualdad, también en la vejez”</b>	Programa formativo impartido en Centros de Mayores del SEPAD por la Confederación de Mayores Activos CONFEMAC. Se ejecutaron 8 acciones repartidas entre los años 2013 a 2016 y se continuarán.	Implantación en 8 centros de mayores	<a href="http://www.confemac.net/">http://www.confemac.net/</a>
<b>Programa Intergeneracionarte</b>	Surge a iniciativa del SEPAD contando con la colaboración del Instituto de la Juventud a través de los Centros de Creación Joven. Se induce el establecimiento de relaciones intergeneracionales teniendo como hilo conductor las artes plásticas.	Se desarrolló en el año 2012 a través de talleres formativos y Certámenes: de Literatura, Fotografía y Artes Plásticas. Obtuvo un premio de la Fundación Igualdad Ciudadana por el refuerzo de la solidaridad intergeneracional.	
<b>Programa Intergeneracional en colaboración con la Consejería de Educación</b>	Programa en colaboración con institutos de educación secundaria. Se trata de un living lab basado en la “terapia intergeneracional” como medio de promoción de la autonomía.	Con la finalidad de generalizar el trabajo intergeneracional a la red de centros y residencias de mayores del SEPAD se va a firmar un programa de actuación entre las Consejerías de Educación y Sanidad y Políticas Sociales en 2016.	
<b>Participación en Plan de Juventud de Extremadura</b>	La Sección de Envejecimiento Activo del SEPAD participa en el Plan de Juventud de la Junta de Extremadura con distintas acciones: asesorando, facilitando medidas y evaluando los objetivos planteados.		<a href="http://juventudextremadura.gobex.es/web/medidas-plan-de-juventud">http://juventudextremadura.gobex.es/web/medidas-plan-de-juventud</a>

## COMUNIDAD AUTÓNOMA DE GALICIA

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<b><i>Plan Gallego de las Personas Mayores 2010 - 2013, Horizonte 2015</i></b>	Establecer un marco eficaz de actuación destinado a diseñar, coordinar y planificar estratégicamente el conjunto de actuaciones, programas y recursos orientados a atender a las necesidades y demandas de las personas mayores de Galicia en el período temporal 2010 - 2015.	37 centros participantes El nº de usuarios que han participado con carácter anual en las indicadas actividades es de 2.820.	
<b><i>Estrategia gallega de envejecimiento activo desde la innovación 2016-2020</i></b>	Elaborar un marco de actuación para una vida activa, saludable, independiente y segura que permita dar respuesta al desafío que supone tener en Galicia una sociedad con un amplio porcentaje de personas mayores con perfiles muy heterogéneos.	826 entidades colaboradoras han firmado un acuerdo con la Consellería El nº de solicitudes presentadas es de 60.014 Asimismo, en 2016 se ha integrado la tarjeta cultural de la tercera edad en la tarjeta del mayor.	
<b><i>Estrategia para la prevención y detección precoz en Galicia, 2012 horizonte 2020</i></b>	<p>La razón principal de la Estrategia se encuentra en la consideración de la prevención de la dependencia como un acto de priorización de intervenciones públicas en el ámbito social para la mejora de la calidad de vida de la población gallega, así como de racionalidad económica y solidaria con las futuras generaciones.</p> <p>El gobierno gallego, aprueba la <b>Estrategia para la prevención y detección precoz de la dependencia en Galicia, horizonte 2020</b>, cuyo abordaje constituye una importante <b>responsabilidad social y política y el compromiso</b> con un modelo sociosanitario y educativo mejor preparado para afrontar la prevención desde todos los ámbitos.</p>	A través de esta estrategia se establecen una serie de objetivos y recomendaciones que permitirán orientar la organización y funcionamiento de los diferentes servicios (sociales, sanitarios y educativos) hacia una mejora de las condiciones de vida de las personas en términos de salud y autonomía personal, hacia la prevención de los factores de riesgo y de limitaciones funcionales y la atención integral. Son propuestas de actuación que se deberán ir concretando en los próximos años para la consecución de los objetivos definidos y con la colaboración de todas las administraciones, agentes sociales y colectivos implicados.	

## COMUNIDAD AUTÓNOMA DE LA RIOJA

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<p><b><i>Decreto por el que se regula el Consejo Sectorial de Personas Mayores (en proceso de tramitación y previsible entrada en vigor a finales del año 2016)</i></b></p>	<p>Norma que regula el Consejo Sectorial de personas mayores renovando su papel de órgano consultivo y de fomento de la participación de las personas mayores en el diseño e implantación las políticas públicas que les afectan. Se ha ampliado su composición incluyendo representantes de los diferentes sectores empresariales, ONG, asociaciones de personas mayores...que se ven afectados por la políticas públicas en materia de envejecimiento y se ha buscado garantizar una plena participación de las personas mayores en la toma de decisiones</p>	<p>Se prevé obtener una plena participación y conocimiento de las personas mayores y de los diferentes sectores implicados de las políticas públicas que el Gobierno de La Rioja desarrolle en materia de personas mayores, escuchando y recepcionando sus iniciativas, aportaciones, proyectos y fomentando su participación en el proceso de toma de decisiones, así como en la vida política, económica, social....</p>	
<p><b><i>Decreto por el que se regula el estatuto de los Centro de participación Activa de las Personas Mayores</i></b></p>	<p>Norma con la que se pretende desarrollar un proyecto integral de transformación, modernización y mejora de los hasta ahora denominados Hogares de Personas Mayores.</p> <p>El objetivo es conseguir que las personas mayores tengan un centro de referencia donde puedan interactuar entre ellos, fomentar las relaciones sociales, el aprendizaje, las relaciones intergeneracionales, el voluntariado, los estudios relacionados con sus intereses, la promoción de la autonomía, el envejecimiento activo, el voluntariado...en definitiva, fomentar la integración social de las personas mayores y que sus experiencias y conocimientos sean un activo para la sociedad.</p>	<p>Estos Centros desarrollan su actividad en una triple vertiente:</p> <p>En primer lugar dicho cambio pasa por modificar su denominación con el fin de que el nuevo concepto se identifique con una nueva filosofía.</p> <p>Una segunda vertiente debe ir encaminado a convertir los Centros de Participación Activa de personas mayores en centros polivalentes abiertos y de referencia en su barrio o localidad que fomenten la colaboración y la participación con otros colectivos: voluntariado, colegios, asociaciones de vecinos, asociaciones de mujeres, universidad</p> <p>Finalmente, deben aspirar a ser centros de promoción de la autonomía, facilitando el acceso de las personas mayores a los mismos y buscando retrasar lo más posible, las situaciones de dependencia.</p>	

## COMUNIDAD AUTÓNOMA DE LA RIOJA

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<b><i>Espacio web para las personas mayores</i></b>	Responder a la demanda de las personas mayores que cada vez en mayor medida solicitan acceso telemático a toda la información de interés logrando así un mayor conocimiento de la realidad social.	Esta actividad se desarrolla a través de un acceso directo, exclusivo y destacado en la página <a href="http://www.larioja.org">www.larioja.org</a> . Una herramienta que de manera centralizada, proporciona toda la información disponible en materia de personas mayores utilizándose un lenguaje sencillo y cercano que además promueva la participación	
<b><i>Programas de atención centrada en la persona</i></b>	En los contratos administrativos que el Gobierno de La Rioja ha celebrado en el último año con entidades privadas para la prestación del servicio de atención residencial y del servicio de centro de día para personas mayores dependientes ha incluido <b>la exigencia</b> de que el servicio gire en torno a la atención centrada en la persona.	Conseguir que el abandono por parte de la persona mayor de su domicilio y el acceso a un servicio institucionalizado sea lo menos traumático posible, diseñando un plan de vida a su medida que tenga en cuenta su pasado, sus gustos, sus decisiones, en definitiva, su dignidad. Se garantiza con ellos un servicio de calidad que se adapta al usuario y no el usuario al servicio	
<b><i>Inclusión de cláusulas sociales en los contratos administrativos</i></b>	Inclusión en los contratos administrativos de “cláusulas de responsabilidad social” con las que dar cumplimiento e impulso a las políticas sociales transversales que en materia de empleo, igualdad, sensibilización, impacto de género, prevención de riesgos laborales, empleo de mayores...deben inspirar las políticas públicas en general.	Favorecer el compromiso con la sociedad de apoyo a los colectivos en la situación más vulnerables	
<b><i>Acuerdo marco de concertación de plazas de atención residencial para personas mayores grandes dependientes y dependientes severos</i></b>	Instaurar un modelo nuevo de concertación del servicio de atención residencial que favorezca la libre elección del usuario del centro residencial donde quiere la plaza pública, facilitando así la cercanía a su domicilio, los gustos personales...	Atender a la demanda del colectivo de personas mayores de elegir el centro residencial donde quieren residir	
<b><i>Promoción de la autonomía personal</i></b>	Resolución por la que se efectúa la convocatoria de subvenciones en materia de servicios sociales para el año 2016 destinada a la promoción de la autonomía personal. Su objetivo es promover la permanencia de la persona mayor en su domicilio durante el mayor tiempo posible	Esta convocatoria contribuye a la financiación de programas propuestos por las entidades que, bien en el ámbito de la discapacidad, bien en el ámbito de las personas mayores pongan en marcha programas de estimulación cognitiva, de rehabilitación y terapia ocupacional y de promoción, mantenimiento y recuperación de la autonomía funcional.	



## COMUNIDAD AUTÓNOMA DE LA RIOJA

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<p><b>Programa: talleres de promoción de la autonomía personal de personas mayores en zonas donde no hay otros recursos sociales</b></p>	<p>El programa de estimulación físico-cognitiva tiene dos objetivos generales -mejorar la atención integral de personas mayores que presentan limitaciones leves que evite su traslado fuera de su domicilio y apoyar a los cuidadores en las tareas de atención</p> <p>Este programa se concreta en:</p> <ul style="list-style-type: none"> <li>- Prevenir y retrasar la aparición de deterioros cognitivos en las personas mayores.</li> <li>- Rehabilitación cognitiva y psico-estimulación de personas que ya sufren algún tipo de deterioro cognitivo y funcional.</li> <li>- Proporcionar una formación adecuada a cuidadores en cuanto a técnicas de movilización, estimulación psíquica y física etc.</li> <li>- Superación de períodos de convalecencias.</li> <li>- Mantener la autonomía y mejorar la calidad de vida a través del entrenamiento en actividades de la vida diaria.</li> </ul>	<p>Promover la autonomía personal de los mayores al objeto de retrasar las situaciones de dependencia, desarrollando talleres apropiados en las zonas rurales donde dada su baja densidad demográfica u otro tipo de circunstancias no alcanzan los recursos sociales.</p> <p>Las actuaciones del programa son de carácter preventivo y rehabilitador, con el fin de potenciar las capacidades físicas, sensoriales, cognitivas, psicomotrices para una mejora y mantenimiento de la capacidad para llevar a cabo las actividades básicas de la vida diaria, y actividades de ocio y tiempo libre.</p>	
<p><b>Promoción de la colaboración de las personas mayores con el voluntariado en los actuales Hogares de Personas Mayores</b></p>	<p>Organización de cursos de formación de las personas mayores en colaboración con La Fundación La Caixa para posteriormente incorporarse como voluntarios activos que aportan un valor añadido con sus experiencias y conocimientos a la sociedad</p>	<p>Promover la participación social de los mayores fomentando el paso de los años como un valor añadido para la sociedad</p>	

<b>Desarrollo de programas de envejecimiento activo</b>	Fomentar el envejecimiento activo de las personas mayores	Impartición de cursos en los Hogares de Personas Mayores de promoción del envejecimiento activo.	
<b>Programa Universidad de la experiencia</b>	Proyecto educativo, dirigido a la población adulta, con el que se pretende promover la incorporación a la vida universitaria a través de programas de formación paralelos a las enseñanzas regladas.	Fomentar el envejecimiento activo y la participación en la vida cultural y educativa de las personas mayores	
<b>Desarrollo del servicio de ayuda a domicilio</b>	El servicio de ayuda a domicilio tanto para personas mayores dependientes como no dependientes pretende facilitar al permanencia de las personas mayores en su hogar asistiéndoles en la realización de las ABVD	Promover la permanencia de los mayores en su hogar así como su autonomía personal	
<b>Programa ACOMPAÑA-2</b>	Se dirige a una variedad de situaciones, presentes con mayor frecuencia en las personas mayores, que tienen en común la necesidad de mejorar la participación social, derivada de situaciones de soledad y aislamiento personal, dificultad y escasas relaciones sociales, ausencia de relaciones familiares, pérdidas emocionales y procesos de duelo, limitaciones psico-físicas incipientes, etc. que generan situaciones de	Fomentar la integración social de las personas mayores especialmente en el ámbito rural.	
<b>Atención psicosocial a enfermos terminales de la rioja.</b>	<ul style="list-style-type: none"> <li>. Atención psicosocial a enfermos terminales en domicilio y hospital.</li> <li>. Servicio de préstamo de ayudas técnicas en domicilio: camas articuladas, sillas de ruedas, gúas eléctricas, andadores, muletas y adaptadores para el baño.</li> <li>. Atención psicosocial en el duelo.</li> </ul>		<a href="http://www.riojsalud.es">www.riojsalud.es</a>

## COMUNIDAD AUTÓNOMA DE MADRID

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<b>Convocatoria de ayudas económicas para el acogimiento familiar de personas mayores (subdirección general de servicios para personas mayores- dirección general de atención a la dependencia y al mayor)</b>	Ayudas económicas cuyo objetivo es favorecer la integración de la persona mayor en su medio habitual. Se sufragan los gastos de acogida y asistencia en un hogar con el fin de evitar o retrasar la institucionalización y procurar una vida normalizada. Pueden solicitar la ayuda las personas mayores de 65 años cuyos ingresos no superen dos veces el IPREM, carezcan de bienes muebles o inmuebles que les permitan acceder a otros recursos y que no sea pariente por consanguinidad o afinidad hasta el segundo grado de la persona responsable del acogimiento	<ul style="list-style-type: none"> <li>• en la convocatoria correspondiente al año 2012 se concedieron 24 ayudas.</li> <li>• en la convocatoria del año 2013 se concedieron 20 ayudas</li> <li>• en la convocatoria del año 2014 se concedieron 11 ayudas</li> <li>• en la convocatoria del año 2015 se concedieron 12 ayudas.</li> <li>• la convocatoria del año 2016 se está tramitando</li> </ul>	PORTAL DEL MAYOR www.madrid.org/mayores
<b>Consejo Regional de Mayores</b>	Órgano Participativo de carácter consultivo, que aglutina a distintas instituciones públicas y privadas, así como a fundaciones y asociaciones sin ánimo de lucro pertenecientes al sector de personas mayores.	Fuente de Información y garantiza la participación	<a href="#">enlace</a>
<b>Portal del mayor</b>	Espacio Web dirigido a personas mayores conteniendo información actualizada sobre distintos aspectos directamente relacionados con este colectivo.	Fuente de Información	<a href="#">enlace</a>
<b>ACTUACIONES PARA PERSONAS MAYORES EN GENERAL</b>			
<b>Programa de Mayores de Obra Social la Caixa y Comunidad de Madrid</b>	Cursos y talleres para fomentar la vida activa y la participación social, favorecer el desarrollo personal y la mejora de la calidad de vida de las personas mayores. Contenidos en informática y comunicación, salud y bienestar social y participación y voluntariado.	Promueve aprendizaje permanente para adaptarse a condiciones sociales y personales cambiantes	<a href="#">enlace</a>
<b>Programa Rutas culturales</b>	Oferta de viajes acreditados por la Comunidad de Madrid a diferentes destinos nacionales, internacionales y largos recorridos.	Garantiza la calidad de vida y favorece el mantenimiento de una vida independiente	<a href="#">enlace</a>

<p><b>Programa Universidad para los Mayores</b></p>	<p>Ciclo de tres cursos académico de formación en ciencias y humanidades. En colaboración con las cinco Universidades Públicas de la Comunidad de Madrid, Universidad de Alcalá, Complutense, Carlos III, Autónoma de Madrid y Rey Juan Carlos.</p>	<p>Promueve aprendizaje permanente para adaptarse a nuevas condiciones sociales y personales</p>	
<p><b>Formación a cuidadores, profesionales y voluntarios Centro de Alzheimer FUNDACIÓN REINA SOFIA (CENTRO DE FORMACIÓN)</b></p>	<p>Se pretende actualizar los conocimientos de los profesionales del sector de personas mayores que desarrollan su labor con enfermos de Alzheimer y otras enfermedades neurodegenerativas mediante Simposio, cursos, jornadas, seminarios, talleres.</p>	<p>Apoyo a cuidadores formales e informales</p>	<p><a href="#">enlace</a></p>

## COMUNIDAD AUTÓNOMA DE MURCIA

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<p><b>Proyecto de intervención intergeneracional: “Envejecimiento activo y solidaridad intergeneracional” (BORM, 24.02.2016)</b></p>	<p>Tiene como finalidad fomentar la participación personal y comunitaria y estimular el desarrollo de acciones que generen una progresiva mejora de la calidad de vida de los participantes: personas mayores usuarias de los Centros Sociales del IMAS y alumnado de Educación Social de la Universidad de Murcia.</p>	<p>Se inicia en 2009 y se desarrolla con alumnado de la titulación de Educación Social de la Universidad de Murcia, durante sus prácticas curriculares. En 2014 recibe Premio de Investigación de Innovación Social 2014 <a href="http://www.siforage.eu/prize.php">http://www.siforage.eu/prize.php</a> y <a href="http://www.siforage.eu/index.php">http://www.siforage.eu/index.php</a></p>	<p><a href="https://www.facebook.com/ESium-Proyecto-977645052300753/?fref=ts">https://www.facebook.com/ESium-Proyecto-977645052300753/?fref=ts</a></p>
<p><b>Proyecto “Smartphone fácil para mayores”</b></p>	<p>La Consejería de Familia e Igualdad de Oportunidades, la Asociación Ingenio Lab y la Fundación Vodafone han colaborado en la organización de talleres formativos en los que se muestran las diferentes posibilidades que ofrecen los teléfonos inteligentes (Smartphone)</p>	<p>La XII Convención de la Asociación Española de Usuarios de Telecomunicaciones y de la Sociedad de la Información (Autelsi), premió a la Consejería de Familia e Igualdad de Oportunidades de Murcia por su innovación y divulgación en todo el ámbito geográfico de la Región de Murcia, enfocado a la <b>promoción de la autonomía personal</b> mediante el uso de smartphones por personas mayores, potenciando así su inclusión digital.</p>	<p><a href="http://www.autelsi.es/cms/index.php?option=com_content&amp;task=view&amp;id=21999&amp;Itemid=2">http://www.autelsi.es/cms/index.php?option=com_content&amp;task=view&amp;id=21999&amp;Itemid=2</a></p>
<p><b>Consortio Europeo de Innovación sobre Envejecimiento Activo y Saludable (European Innovation Partnership on Active and Healthy Ageing o EIP_AHA)</b></p>	<p>El Consorcio Europeo para la Innovación en Envejecimiento Activo y Saludable es una asociación voluntaria y colaborativa entre municipalidades, regiones, países, empresas, profesionales y asociaciones de pacientes en el seno de la Unión Europea (UE) dirigida a mejorar la salud de las vidas de las personas con más edad. Al trabajar juntos en seis áreas temáticas o Acciones, los socios se comprometen a encontrar e implementar soluciones innovadoras que resuelvan las necesidades de una población en envejecimiento progresivo. El objetivo último es conseguir, para el año 2020, incrementar en una media de dos años la esperanza de vida con salud de los ciudadanos de la UE.</p>	<p>Este Grupo de Acción tiene como objetivos innovar en la prestación de servicios a través de la mejora en la <b>educación, empoderamiento y entrenamiento</b> del personal sociosanitario, pacientes y cuidadores; promover la utilización de las TICs y los <b>teleservicios</b>, así como la <b>integración y accesibilidad</b> de la información médica de los pacientes.</p>	<p><a href="http://blogs.murciasalu.es/coalicion-envejecimiento-murcia/">http://blogs.murciasalu.es/coalicion-envejecimiento-murcia/</a></p>

<p><b>Plan Regional de Familia 2016-2019</b></p>	<p>Líneas estratégicas:</p> <ul style="list-style-type: none"> <li>• <u>Línea Estratégica 1.</u> Protección Social y Económica de la Familia.</li> <li>• <u>Línea Estratégica 2.</u> Conciliación, Igualdad y Corresponsabilidad.</li> <li>• <u>Línea Estratégica 3.</u> Prevención y Parentalidad Positiva</li> <li>• <u>Línea Estratégica 4.</u> Apoyo a Familias de Especial Consideración.</li> <li>• <u>Línea Estratégica 5.</u> Coordinación, Cooperación y Transversalidad</li> </ul>	<p>El Plan se entiende no como un compendio de medidas, sino que tiene que permitir desarrollar todas las políticas públicas teniendo en cuenta cómo afectan a la familia e implantando una verdadera política Integral de apoyo a sus necesidades.</p>	<p><a href="http://www.carm.es/web/pagina?IDCONTENIDO=38164&amp;IDTIPO=11&amp;RASTRO=c2749\$m51741,50426">http://www.carm.es/web/pagina?IDCONTENIDO=38164&amp;IDTIPO=11&amp;RASTRO=c2749\$m51741,50426</a></p>
<p><b>Proyecto “Aulas de Formación – Centros de Día”. Red de Ciencia y Tecnología de la Región de Murcia, Red CTnet</b></p>	<p>Formación en Nuevas Tecnologías mediante talleres que se realizan en los 17 Centros Sociales de Personas Mayores del IMAS.</p>	<p>Actividad habitual y programada con carácter anual. Gracias a este convenio se imparten un total de 1.549 horas de formación durante el año 2016, llegando a más de 1.200 personas mayores socias de los Centros Sociales. Los cursos varían desde cursos de iniciación hasta niveles avanzados y otros específicos en el manejo de aplicaciones como Power Point, Tratamiento de imágenes e Internet.</p>	<p><a href="http://www.redctnet.es/">http://www.redctnet.es/</a></p>

## CIUDAD AUTÓNOMA DE CEUTA

MEDIDAS LLEVADAS A CABO	FINALIDAD Y BREVE DESCRIPCIÓN	RESULTADOS A DESTACAR	SITIO WEB
<b><i>Subvención A.E.C.C. Atención psicosocial, prevención y voluntariado para personas diagnosticadas de esta enfermedad y su entorno.</i></b>	Promover y proteger la dignidad, la salud y la independencia en la vejez y los últimos momentos de vida.	- Mejora en la Atención psicosocial a usuarios enfermos y sus familias.	
<b><i>Subvenciones -Fundación Gallardo. -Centro de Día para enfermos de Alzheimer y otras demencias -Asociación de familiares de Alzheimer - Centro del Mayor</i></b>	Garantizar la calidad de vida en todas las edades incluyendo salud y bienestar	- 350 usuarios atendidos en Centros Integrales de Prevención de la Dependencia y Promoción de la Autonomía Personal.	
<b><i>Servicio de teleasistencia</i></b>	La Finalidad básica de esta prestación es que las personas con dificultades puedan continuar viviendo en sus hogares y proporcionarles seguridad y tranquilidad. Facilitar la autonomía personal y familiar, procurando la permanencia en el medio habitual de convivencia.	<b><u>Año 2015</u> TOTAL BENEFICIARIOS: 617</b>  mujeres: 486  hombres:131	
<b><i>Cobertura de necesidades de subsistencia y prestaciones de urgente necesidad.</i></b>	Son prestaciones económicas que se concederán a aquellos que, encontrándose en situación de carencia o déficit de recursos económicos, precisen cubrir las necesidades básicas como la alimentación y los gastos derivados de la economía doméstica, entendiéndose por tales los referidos a la luz y agua.	Ayudas de carácter puntual.	
<b><i>Servicio de ayuda a domicilio Servicios complementarios del servicio de ayuda a domicilio</i></b>	Garantizar el envejecimiento en el propio entorno mediante la Promoción de servicios y apoyo al individuo afectado y la familia. Estos servicios tendrán en cuenta las necesidades especiales de las mujeres que viven solas	Usuarios atendidos en 2015 Prestación de nuevos servicios complementarios a través del S.A.D.	