

EU_SHAFE CONTRIBUTION TO EU GREEN PAPER ON AGEING

Chapter 4. New Opportunities and Challenges in Retirement

6. How could volunteering by older people and intergenerational learning be better supported, including across borders, to foster knowledge sharing and civic engagement? What role could a digital platform or other initiatives at EU level play and to whom should such initiatives be addressed? How could volunteering by young people together with and towards older people be combined into cross-generational initiatives?

At a time of international crisis, reports across the globe show how citizens of all ages have cooperated to improve local communities. The clearly visible societal benefit of cross-generational solidarity and community spirit in smart healthy age-friendly environments (SHAFE) should be leveraged. So how has volunteering in intergenerational communities improved since COVID arrived at our door and how can we learn from it?

1. Change the paradigm

- Encourage projects that foster cross-generational empathy, and have all age groups work together on projects.
- Avoid splitting groups & generations with competing funding silos and support retention of successful pre-COVID cross-generational initiatives and those generated during COVID.

2. New economics of smart healthy age friendly environments volunteering

- The COVID era shows that regular ring-fenced funding is essential to fund local projects that include volunteering, not just when a surplus exists.
- Clearly identify VALUE of volunteering to the whole community, as a metric, rather than just focus on the cost.

3. Good practice examples

- There is a need to showcase real working examples of where crossgenerational and volunteering initiatives have worked effectively in communities. Media experience has shown how aesthetically pleasing good practice showcases can capture the attention of all age groups. Awareness of such activities inspires engagement and contribution to community, family and “tribe”.
- There is more to a successful practice than can be written in a report or shown on a video, it has to be experienced. Twinned projects will enable sharing of experiences. Community leaders from reference sites connect online and travel to mentor other sites on how to reapply initiatives in other communities with different national instruments.

4. Digital platforms

- An EU level digital platform should aim at sharing:

- › The experiences, life hacks and adaptations that have evolved in different jurisdictions to support volunteering and intergenerational learning.
- › Successes in access and use of digital services and broadband.
- › The success of telecare and medicine.
- Digital platforms should provide an opportunity to discuss rights and issues relating to older populations.

5. Cross-generational programme development ideas in education

- Pilot replicating the SuperConnectors program, where schoolchildren are encouraged to teach elderly relatives how to use technology.
- Oral History Project: Using older people's experience in the teaching of history giving first hand accounts of events.

7. Which services and enabling environment would need to be put in place or improved in order to ensure the autonomy, independence and rights of older people and enable their participation in society?

Our research in the EU_SHAFE project has indicated that the older population needs a significant recognised formal voice and representation at national and EU level. Not just to examine public service complaints, but an empowered agency to advocate and implement concerns of all citizens as they age, made up by EU members. Key topics that need to be focused on include:

1. General topics of concern

- Address ageism and identify and highlight specific vulnerabilities, rights and entitlements of older people.
- To take a second look at the Active Ageing Index in which Social Participation by Older People is seen as caregiving, volunteering or civic engagement. Leisure activities should also be included, this could also help to activate the European Silver Economy.

2. Housing and infrastructure suggestions

- Ensure all new housing is “born age-friendly” through Universal Design. Standards and regulation for adaptable housing design can enable older people to age in place, living independently at home while remaining as active and included members of the communities that they help to build.
- Adapted and insulated houses benefits the EU Green Deal (e.g. energy efficiency) and the health and wellbeing of citizens.
- Adequate numbers of housing stock in a variety of different formats to match the needs and budgets of the older person.
- Connect neighbours using forums. Ensure general forums include representatives of older people, set aside time and resources for age-related considerations.

3. Digital inclusion suggestions

- It is essential to strongly encourage training and good technology supports for older citizens so the digital divide is closed.
- Age-friendly digital public services that go beyond accessibility standards and assess usability to include low digital skilled older adults.
- Inclusion of end-users (older adults) in the design and development of age-friendly services.
- Age-friendly digital health applications and associated helplines.
- Offer alternative access to government services, on an age-friendly format, for older people who cannot access e-services.

4. Health & wellbeing

- Wellbeing and digital solutions, developed and deployed in collaboration with older citizens.
- Ensure services are “co-designed with” the older person not just designed “for” the older person.

8. How can the EU support vulnerable older persons who are not in a position to protect their own financial and personal interests, in particular in cross-border situations?

The existing structure of the College of Commissioners has not assigned any one commissioner with the explicit brief for older citizens. This lack of a clear and influential advocate who will campaign relentlessly, honestly and in particular have the responsibility for representing the interests of the elder cohort at the highest level, means that although each commission attempts to protect the interests of the elder person, none has the accountability to safeguard it. This commissioner and any supporting group should be taken from members of this demographic and not just consult with them. There is a need to educate both older citizens and their service providers, not only in the definitions and terms, but also in the structures, systems, technologies and processes that form part of the regulation and legislative protection instruments of the EU and how they can be interpreted and leveraged to benefit older citizens.

In the list below, common themes emerge resulting from this lack of singular responsibility to act on behalf of the elder person.

1. General topics of concern

- Legal rights for ageing citizens
- How will older persons who worked in the UK access pensions should they move back to an EU country?

2. Programme development suggestions

- Simple language for information provision, not only targeted for vulnerable populations but for all citizens
- Age-friendly consumer protection
- Foster age-friendly digital solutions
- Have support provided via local services, but these services manned by older volunteers and professionals who understand the issues

- Pro-bono legal services or support funded legal services where unfair or unjust activities are encountered that directly affect vulnerable older citizens
- Contract laws to support older characteristics. Right for seniors to withdraw from contract commitments e.g. an expensive care plan or leased device that is not providing an appropriate service.
- Penalties for companies selling (or targeting) older people who may not understand the terms, conditions, technology or service.

9. How can the EU support Member States' efforts to ensure more fairness in the social protection systems across generations, gender, age and income groups, ensuring that they remain fiscally sound?

There is agreement among the EU_SHAFE project partners that this is a multi-faceted question and cannot be attributed to one dimension, department or activity. The establishment and enablement of a single authoritative voice, as detailed in our response to Q8, would provide a party to which answers this question could be directed.

Among EU member states, there is a diversity of departmental structures, responsibilities, national instruments and national policies. This diversity is a core and adhesive characteristic that forms the unique identity of member states. It embodies their culture, which has evolved over the lifetime of the member's states existence. This question points to the heart of this identity and a nation's core value.

The EU can support member states in the following areas:

1. General aspects

- Standards and Regulations being developed and critically viewed and evaluated through the lens of an older person representative.
- EU should recommend practices to member states on age-friendly social protection equality.
- Establish a penalty mechanism for member states not providing fairness generally.
- Regulate member states on social protection for older persons.

2. Information provision

- Use of simple language
- Good balanced communication across generations, in both directions, so they recognise how their taxes will support all age groups and in particular how the identity of the local community is benefited.
- Avoid splitting generations due to lack of clarity on tax, spending and value to the community.

3. Restructure / modify

- Access to better working conditions, housing and health.
- Increase pension to minimum wage.
- A political agreement on pensions, working conditions etc.
- Balance across gender and generations.

- Legislate for payment of home working by women and ensure their pension entitlements are not compromised.
- Recognise the role women played to build and support the local community, through direct and indirect actions outside of social welfare.

10. How can the risks of poverty in old age be reduced and addressed?

SHAFE research shows that older EU citizens need representation at national and EU level. Not just an ombudsman for public service complaints, but a powerful czar and/or agency to represent and be responsible for equality of the older citizens. Such an agency should be guided by senior representatives of EU member states.

There is also a need for easy access to jargon-free information, in a format that can be understood by younger and older cohorts alike. It is not enough for this information to be visible on the web. This material delivery could be in many compelling forms and not simply as written text in a national instrument.

Pensions, irrespective of being private or state should be understandable and digitally accessible.

Combination of aesthetic and formal elements will permit important aspects of policy and principle to be clarified with respect to national implementations and then openly discussed.

The young population of today is the older population of tomorrow, and development of deeper empathy across generations will lead to superior social policies to increase quality of life of seniors can be developed, without burdening younger citizens.

The EU_SHAFE project team suggest the following key ways in which we can reduce and address risks:

1. Programme development measures

- Initiate forward planning to address the issue in advance and not considering this issue at the last moment.
- Proactively identify indicators and metrics of poverty - so interventions can be made in identified cases.
- Invest in IT via education of policy makers, the senior citizens and the community at large or via development and implementation of specific policies.
- Recognise & value the role of volunteers to address health issues, poverty and isolation at local level, understand the value to the community of volunteers, and support volunteerism in budgets and policies.
- Develop EU wide adult education system and content, enabling mature adults to retrain and upskill themselves while coping with ageing

2. Digital inclusion

- Access to the age-friendly digital tools needed to enable inclusion

3. Pensions

- Analyse innovative schemes for financial inclusion such as award-winning Mexican project “Miles for Retirement” (Millas para el retiro) in which younger adults continuously save for their retirement through their consumer habits throughout their economically active years.
- Better information on pensions for younger people and awareness of future pension funding issues
- Good pension and social welfare system during working life
- Increase pensions to match the living wage
- Insurance and pension schemes that work even for persons with low income
- Introduction of flexible retirement schemes / plans

11. How can we ensure adequate pensions for those (mainly women) who spend large periods of their working life in un-remunerated work (often care provision)?

‘Volunteering’ is a term that is often used to refer to ‘un-remunerated work’. A volunteer is defined as a person who offers their service freely, but can withdraw their service at any time. This distinction is fundamental to this argument. There is an inherent “trap” for many carers (mainly women) which can also occur in the context of care for older relatives, because it means that if a volunteer withdraws their service, which they are entitled to do, the cared for person will be clearly disadvantaged.

Whether by choice, design or circumstance this unremunerated work, irrespective of if it is skilled or unskilled, to benefit family members or other members of the community, is providing a documented value to the community, which may not always appear on a fiscal scale, but benefits the state both financially and culturally.

An employee on the other hand has entitlement to sickness/illness pay, with provision for backup support by others if they are unable to attend, holiday pay and pension entitlements and is afforded status and protection under the EU member states laws. The volunteer is formally unsupported with no backup, no pension, no union, no respite, no counselling and is not entitled to any health and safety at work protection that employees are afforded under national instruments.

So there is a case for a czar to act on behalf of the fundamental rights of the un-remunerated worker in addition to rights of the older person and to ensure equitable pension entitlements that reflect the value of caring.

The EU_SHAFE project team have identified the following actionable topics.

1. Economic issues

- Subsidies for public transport etc. depending on income.
- Ensure that all citizens who provide care get a government contribution towards their pension, equivalent to what an employed person would receive through mechanisms such as:

- › A minimum payment for women working at home, caring for children or older family members from which they could then contribute to their pension scheme.
- › Automatic pension contribution based on associated care allowance or children's allowance over work period.

2. Good practice example

- In Denmark every person gets a pension from the State.
- Use capital yields tax for social spending like pension schemes.

3. Programme development

- Assist women to work longer without any barriers.
- Ensure un-remunerated workers can retrain and upskill to be in a position to re-engage with alternative forms of employment after the unremunerated work period. A considerable amount of self-esteem and confidence is lost due to the nature of the un-remunerated work activity and this can be a barrier to returning to the workforce
- Ensure the VALUE to society of unremunerated work is realised and accounted for.
- Member states answerable to EU on this aspect of gender equality.
- Ensure that future employers regard un-remunerated work as work experience, and not absenteeism from the workforce, after which a returning carer has to start at the bottom of the ladder again.

4. Basic pension principles

- A good social welfare system.
- Above-minimum-wage-level pension for all.
- Set minimum EU standards on pension provision and lay out exactly what that covers.

5. Restructure / modify

- Evaluating carers/unremunerated workers' activity and quid pro quo in the pensions.
- Implement policies/pension schemes to ensure that caregivers will receive a pension and are not negatively affected for periods out of work or only working part-time.
- Introduce flexible retirement schemes / plans.
- Enable cheaper childcare to allow women to return to work more fully.

12. What role could supplementary pensions play in ensuring adequate retirement incomes? How could they be extended throughout the EU and what would be the EU's role in this process?

As a diverse "wise crowd" it is challenging for us to identify and agree the level at which the provision of a pension leading to age poverty is considered acceptable in EU society as a whole, so that a supplementary pension raises the bar to EU-wide adequate pension provision. There

are many differing approaches and subsidies that EU members offer that are not part of the pension entitlement (e.g. travel, phones or heating).

The EU_SHAFE project team suggests that the following relevant aspects could be considered.

1. Change paradigm

- The base pension should be good enough to allow long-term informal carers to live free from poverty or disadvantages. Establish a base pension that is adequate for all persons equally through standardised basic pension systems.
- The role of the EU could be to recommend a statutory minimum basic pension of this type.

2. Standards and regulation

- Develop standards on pension equality.

CHAPTER 5. MEETING THE GROWING NEEDS OF AN AGEING POPULATION

13. How can the EU support Member States' efforts to reconcile adequate and affordable healthcare and long-term care coverage with fiscal and financial sustainability?

From a SHAFE (Smart Age Friendly Environment) perspective, this question can be considered according to three dominant themes.

1. Digital health (e-health)

Access to, ownership of, and provision of health-related data and services is dramatically dissimilar across EU member states. Notwithstanding the work on an EU-wide cross-border summary record, the variation in implementations of e-health frameworks, provisions and budgets across member states inhibits the unrestricted cross-border mobility of information, care, and HCPs.

The SHAFE research into good working practices has shown the coordination of services is still very labour intensive and manual. The recording of data and information, organisation of appointments is fundamentally ad-hoc, uncoordinated and based on phone calls and emails. To help change this situation we suggest,

- E-health, mobile health, mobile-telecare measures that are targeted at integrated care and independent living.
- Supporting the implementation and infrastructure for the provision of these technologies (from mobile e-health apps, to medical devices, to electronic patient records, etc)
 - › Training schemes for healthcare staff, carers and care receivers.
 - › Enabling digital community care requires national ICT infrastructure such as national patient identifiers, national HCP identifiers, secure community EHR.

2. Listen to the voice of end-users

If a true co-creation relationship was established with the older cohort (not just tell them what they are getting, but include them in the process at all levels) the solutions offered would be more rounded to the larger population, there would be less likelihood of failure and there would be an earlier adoption of the service by that demographic.

Healthcare paradigms that include patients, family members in the care team, who have been trained and educated on their illness and remote monitoring devices, have shown clear benefits for patients with chronic disease, without an increase in financial burdens to the member states. This activity promotes humanised healthcare. However, there is still a need to adapt processes to recognise the VALUE of volunteer care delivery, rather than develop delivery actions simply based on cost.

3. Showcase effective innovations and implementations

The EU has an opportunity to aid and guide member states to navigate this space in a consistent fashion by sharing good practice examples such as:

- Schemes such as the Irish “Fair Deal” scheme that helps to pay for care.
- Centres for displaying new technologies and helping people to familiarize with these new projects. (Dokkx centre in Aarhus, Denmark and Great Northern Haven in Louth, Ireland)

14. How could the EU support Member States in addressing common long-term care challenges? What are the considerations to be made for areas with low population density?

There is no doubt from SHAFE research that enabling citizens to age in place in their community can reduce the financial burden for EU member states, when compared to residential (nursing home) care. However, financial aspects should not be the sole factor to consider.

The EU_SHAFE project team suggest the following important measures. :

1. Policy

- Communities with citizens ageing in place (mixed demographic profile) demonstrate a richer community spirit and identity which is not as easily computed as a purely financial metric. Policies and assessment tools should reflect this VALUE aspect more transparently.

2. Actions towards digital inclusion

- Supporting digital skills training for healthcare workers and carers to avail of the benefits of digitalisation in healthcare, particularly for rural areas.

3. Good practice example

- Projects like EU_SHAFE to share experiences and best practices on solutions to long term care challenges.

4. Context of people in rural settings and low rise communities

The COVID pandemic has intensified the challenges in ensuring an equality of service provision for elder care. Low population density can equally describe both rural areas and low rise

communities. In rural communities the outstanding issues relate to affordability of heating, security, isolation, access to reliable broadband (including associations with digital literacy), transportation and access to services.

- Ageing in place initiatives directed to the 55+ year demographic. Completing interventions at 65+ years is already too late: the older person does not have access to finance such as loans in which to fund the interventions. Research has clearly associated warm comfortable homes with a reduced requirement for medical intervention. However, there is a lack of education for the 55+ year demographic to encourage them to prepare their homes for their retirement.
- Smart Healthy Age-Friendly Environments that enable social participation for better health: These types of social interactions have been shown to reduce cognitive dexterity and reduce vocabulary (orchestrated meetings) and protect older adults from functional decline (social participation in general).
- Internet access for digital inclusion: The number of vendors providing internet access is limited and this can affect the cost, but also the availability of the service itself. Intermittent internet plays has a negative impact on web servers and associated online forms, where certain authentication security is in place. This can result in multiple attempts to complete tasks and can destroy self-confidence in using digital services. The issue of digital access also results in difficulties in utilising mobile health telecare.
- Access to devices for digital inclusion: rural communities have also less access to internet devices and the mixed support community of friends and family and businesses that urban groups avail of. Opportunities to observe peers using digital technology are a catalyst for technology acceptance and wider use in this demographic.

15. How can older people reap the benefits of the digitalisation of mobility and health services? How can the accessibility, availability, affordability and safety of public transport options for older persons, notably in rural and remote areas, be improved?

Although there is reluctance among the community of seniors to embrace the digitalisation of mobility and health services, the hesitancy is primarily attributed to fear, rather than the desire to inhibit modernisation of services. At the core of SHAFE there are four common measures that would support the acceptance and hence the greater utilisation of the digitalisation of mobility and health services:

1. Access to digital devices and broadband

- Specially for rural communities, this topic has been addressed in question 14.
- In general, this document has made several recommendations for digital inclusion.

2. Training and the provision of appropriate technical support

- Education, information and training perhaps inspired by the European Computer Driving License but applied to mobile technology and connected health.

- SHAFE research on good practices has revealed that the provision of appropriate structured training and the establishment of suitable age friendly technical support is a paramount facilitator in driving change. Simply developing and deploying services is commonly fraught with risks and is typically not enough to drive acceptance in the elder population.

3. Include elders in the co-creation development of systems and processes

- A consistent and coordinated age-friendly approach to software development, deployment, maintenance and upgrading.
- There needs to be an accepted consistent, standardised and age friendly approach to access services. Currently there are different channels (i.e. phones, voice messages, emails, web sites and cyber apps) in which to access services and this can cause confusion and frustration.
- Systems that also include governance, incorporating elderly council or old age people's forums at local level can also be a way of co-creation.

4. Implementation ideas

- Autonomous vehicles
- Digital communities
- Mobile health driving licence
- Door to door service when required, coherence with public transport (e.g. for hospitals)
- Individual volunteer-based transport options
- Democratise public transport timetables for digital age - make them age friendly
- From a data point of view these services need to be supplied as web services - e.g. live bus timetables, booking and appointments and then rendered in a convenient age-friendly way
- Rural Transport Programme which is demand responsive
- Diagnosis in ambulance if necessary

16. Are we sufficiently aware of the causes of and impacts of loneliness in our policy making? Which steps could be taken to help prevent loneliness and social isolation among older people?

The EU_SHAFE project team members believe that there is a lot more to be done in this regard.

- Prioritising Social Innovation in Regional Operational Programme's thematic objectives in all member states.
- Enabling social participation by considering it as a builder of good health, instead of a consequence of it.

The SHAFE research into good working practices has led to a conclusion that loneliness and social isolation are fundamentally different.

Loneliness is an emotional response to perceived isolation. Feelings of loneliness are personal and the precise experience will be different for most people. Social isolation on the other hand relates to the absence of social contact or the dissolution of social networks and can lead to feelings of loneliness.

1. Information provision

- To combat loneliness and social isolation, it is important to raise public awareness and understand and identify the symptoms and warning signs associated with it.
- Sharing good practice examples: there needs to be publicised action in the form of examples of successful good working practices that have been shown to reduce its prevalence and impact among the older population and also promote the benefits to society at large that can be gained by a whole community approach to tackling it.

2. Programme development

- Member states can provide incentives to enable (consent-based) take up of shared living opportunities, where isolated and lonely older citizens can choose to cohabit dwellings and not be penalised financially for doing so. The value to the community of the incentive can dramatically outweigh the financial cost of providing the incentive. These shared spaces can support orchestrated or unorganised meetings like group outings or events.
- Government schemes aimed at mobilising and supporting volunteerism. EU_SHAFE has many examples of good practices to combat loneliness and social isolation across five European regions. Some of these are:
 - › Intergenerational exchanges, where the older citizen visits schools to tell stories or living history and where the younger person visits the older person at home or in recreational centres. Other avenues for these exchanges are where younger people befriend a senior neighbour as part of school community activities.
 - › Befriending and buddy initiatives where older persons in the community can meet up, either in homes or in social settings.
 - › Development of neighbourhood apps and cyber community tools. Workshops for learning and using technology.
 - › Older citizen participation in youth clubs
 - › Development of shared spaces in the community where interactions can be naturally interdependent and unforced.
 - › The promotion of councils of elders and fora where the voice of the older population can be heard and actions planned at a community level.

17. Which role can multigenerational living and housing play in urban and rural planning in addressing the challenges of an ageing population? How could it be better harnessed?

At the core of SHAFE is the promotion of people to age ‘in place’, in the home they live in, in the community they help build and stay as part of the community.

Traditionally, the role of “community elder” was synonymous with wisdom, compassion, fairness and justice. However, in recent generations, particularly with the advent of technology and broadband the role of community elders had dramatically changed. The digital divide has eroded

this “elder” role. So, there has never been a need more than now to ensure our communities engage and include the “community elders”.

1. Role of multigenerational living in urban and rural areas

- Promoting social participation and civic engagement.
- Providing security for older persons.
- For urban areas: contributing to the increase of walkability on the area/city through compact growth (which indirectly improves quality of life and promotes social participation, as well as being an age-friendly and inclusive design practice)
- For rural areas: combating social isolation by reducing physical distance-related barriers that prevent older people with mobility limitations stay connected to a support network.

2. Programme development for harnessing multigenerational living

- Government schemes mentioned in the program development section above can be a way to harness multigenerational living.
- Research projects that target this specific topic in urban, architectural, interior-design practice and other related areas to demonstrate that mixing generations does work and promotes empathy between generations.

3. Implementation ideas

- Neighbourhood intergenerational buddy system.