Guidelines for Action

A handbook to provide experience-based knowledge to politicians, practitioner and others interested in developing a Regional Action Plan for inclusion and re-integration of older citizens

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Content

1   Introduction

1.1   Initial status – Short description of the i2i-Project

The present handbook has been elaborated within the project "From Isolation to Inclusion" (i2i), which had been launched in September 2005 within the framework of the Second Transnational Exchange Programme of the European Commission, 2005 - 2007 (DG Employment, Social Affairs and Equal Opportunities). It aimed at contributing to the re-integration of older men and women into community life and especially focused on those concerned by or at high risk of social exclusion, such as single older people from ethnic minorities, older people with disabilities or chronic diseases, older peolpe in need of support and care, older women affected by poverty and older people threatened by homelessness.

The project has been realised in Austria, the Czech Republic, Germany, Italy, Lithuania and the UK. In each country a government and an external consultancy organisation cooperated at regional level. By combining political impetus, expert know-how and direct links into practice we intended to increase the chances for a successful implementation of socio-political measures in favour of isolated older people.

The project work focused on the identification and improvement of measures that enable groups at a multi-dimensional risk of social exclusion to fully participate in community life. A major focus was on strengthening initiatives by older people for older citizens and on supporting networks of these initiatives.

As one of the main products of the project work all partner regions involved have developed Regional Action Plans (RAPs) for inclusion and re-integration of older citizens into community life.

To assist people and communities working on or interested in Regional Action Plans for inclusion and re-integration of older citizens into community life project partners have elaborated Guidelines for Action. Based on the experience gained within the project the present handbook aims at providing an insight into how such an Action Plan may be developed within a specific regional setting.

Further information about the project, partner regions and the respective RAPs can be found at the project-website. Furthermore, an extensive collection of good ideas and practices to empower older people at the highest risk of social exclusion is published at

http://www.i2i-project.net

1.2 Political background of Regional Action Plans for inclusion and re-integration of older citizens

Due to worldwide demographic developments approaches to international work on political documents on social inclusion of older people and active ageing have evolved significantly over the past decades. In 1982 the General Assembly endorsed the International Plan of Action on Ageing, adopted by the World Assembly on Ageing, in Vienna (Austria). Subsequently, the General Assembly adopted the United Nations Principle for older people in 1991, which among others comprises social integration and participation of older people and decided to observe the year 1999 as the International Year of Older Persons.

Responding to growing concern over scale of global ageing, the Assembly adopted a political declaration and the Madrid International Plan of Action on Ageing in 2002. It committed governments to meet the challenges of ageing populations and provide the world policy makers with a set of 117 concrete recommendations. The overarching aim of the International Plan of Action on Ageing 2002 is to *"respond to the opportunities and challenges of population ageing in the twenty-first century and to promote the development of society for all ages"*. (doc. A/Conf.197/9, p. 1).

These recommendations cover three main priority directions:

- *Older people and development*
- *Advancing health and well-being into old age*
- *Ensuring enabling and supportive environments*

In article 5 the Assembly recognises that *"persons, as they age, should enjoy a life of fulfilment, health, security and active participation in the economic, social, cultural and political life of their societies"*. Furthermore, in article 6 it is quoted that the aim is "*to seek the full inclusion and participation of older persons in societies"* and *"to enable older persons to contribute more effectively to their communities and to the development to their societies"*. (Doc. A/Conf.197/9, p.2)

In September 2002 the ECE Ministerial Conference on Ageing organised by the UNECE and hosted by the Government of Federal Republic of Germany took place to respond to the call in the International Plan of Action for adoption of Regional Plans for Implementations (RIS).

Simultaneously with the work undertaken in the field of active ageing in March 2000 the European Council of Lisbon agreed on the need to take steps to make a decisive impact on the eradication of poverty by 2010. It has also agreed that Member States' policies for combating social exclusion should be based on an open method of co-ordination combining common objectives, national action plans and a programme presented by the Commission to encourage cooperation in this field. The Nice European Council adopted the common objectives in the fight against social exclusion and poverty in December 2000. As a result, to date all Member States have submitted national action plans against poverty and social exclusion.

Although in most of the countries older people have been identified as a group at high risk of social exclusion, aged-related topics are hardly addressed and specific groups are hardly targeted explicitly in the national action plans.

The i2i-project, therefore, was launched in order to meet the needs quoted in the respective political documents and to elaborate action plans including implementation strategies for social integration of older people at regional level.

1.3 The purposes and benefits of Regional Action Plans

The fundamental purpose of RAPs is to outline a general political strategy to promote social participation of older people in a particular region.

In general, regions benefit from an Action Plan because it

- emphasises the importance of participation of older people

- raises awareness of the issue among the general public and government officials

- stimulates a more comprehensive assessment of the needs of older people living in the respective region

- generates commitment to action

- helps to keep all relevant stakeholders engaged

- is practical in orientation because it sets targets and proposes activities at reaching these objectives

- helps mobilise a wide range of people and organisations

- ensures that the concerns of the target group(s) are more effectively addressed due to the comprehensive and structured approach

- provides guidance to all relevant stakeholders responsible regarding the tasks that need to be accomplished to promote social participation of older people

- includes more effective programmes for vulnerable groups based on the concerns and needs of the target groups

1.4 Objectives and target groups of the handbook

The partners involved in the i2i-project have prepared this handbook as a tool for those considering or working on Regional Action Plans for social inclusion and re-integration of older citizens. They include individuals and organisations at regional level, such as representatives of the target group and local authorities, welfare organisations and social scientists.

Furthermore, the handbook will be useful for those working on the development of National Action Plans against poverty and social exclusion as well as for relevant stakeholders at European level. By presenting the content and development process of several RAPs focussing on older people, the handbook may raise awareness of the issue and evoke consideration of developing measures tailored to the needs of this group at national and European level.

The handbook is based on experience of the regions that have developed such plans and provides background information on the project work, the concept and the benefit of regional plans as well as an overview of Regional Action Plans for social inclusion and re-integration

of older citizens that have been developed to date. The aim of the handbook is also to discuss issues relevant to the development of RAPs.

As a joint product of the project partnership the handbook is intended to be a reasonable assistance that help people interested in gaining from the experience of others. We wish to warmly thank all project partners for their contributions to this handbook, especially for the time they have invested to reflect and describe their experience.

1.5   The structure of the handbook

Besides the introductory section the present handbook consists of four main parts:

Chapter 2 provides an overview of the socio-economic and political contexts the Regional Action Plans have been developed in. By describing objectives, target groups and steps made towards developing a Regional Action Plan different approaches of the regions involved are presented.

In chapter 3 case studies illustrate how partners involved in the i2i-project proceeded in developing a Regional Action Plan. Furthermore, readers obtain detailed information on the political and social background of the respective regions as well as on target group(s) and risk factors identified.

The handbook than describes relevant findings of the i2i-project including suggestions for RAP´s content and useful tips for the development process.

It concludes with a list of all partners involved. Readers interested in further information about the i2i-project or respective Regional Action Plans are invited to contact project partners or have a look at the project website at:

www.i2i-project.net

2   Six project regions – six different contexts and approaches

The Regional Action Plans that have been developed within the i2i-project vary considerably in scope and approach. In order to further understand the context in which the Regional Action Plans have been developed, it is important to have an overview of the socio-economic situation, risk factors of social isolation for older citizens, activities already launched to promote social inclusion in the i2i-regions as well as target group(s) and objectives of the respective Regional Action Plans. This chapter, therefore, summarises the social and political background of the regions involved and provides an overview of approaches the respective RAPs are based on.

2.1. Socio-economic characteristics of the regions

A diversity of aspects was taken into consideration when European regions were selected to participate in the i2i-project. All regions are characterised in at least some of their parts by problems of poverty, an above-average ageing ratio or high unemployment rates. A general need for the development of social infrastructure appears especially for rural parts of areas like the region of Hradec Králové in the Czech Republic or the Rhine-Main Area in Germany, but also in the course of city developments such as in the area of Vilnius and Kaunas in Lithuania. In addition, urban regions such as Graz and Bristol include an agglomeration of especially vulnerable older people, e.g. ethnic minority elder or very old women living alone.

As shown in figure 1 the partner regions differ substantially in a number of parameters. The most obvious one is size: Emilia-Romagna is the largest one with more than 4 million inhabitants, followed by the Rhine-Main Area with nearly 3.8 million inhabitants. Kaunas and Hradec Králové are smaller regions with 360,000 and nearly 550,000 inhabitants.

The average life expectancy can be viewed as an indicator of the general health of the population and differs between the regions: a newly born girl in Emilia-Romagna can expect to live for 83.3 years while a Lithuanian baby-boy can only expect to become 65.

Unsurprisingly, life expectancy is different between the sexes with women living longer than men: in Bristol and the Rhine-Main Area women live about 4 years longer, in Emilia-Romagna 5, in the city of Graz and in Hradec Králové about 7 and in Kaunas even 11 years longer than men.

The portrait of age structure of the i2i-regions presented in the figure below shows that there are significant differences in the proportion of inhabitants aged over 60 between the regions. Emilia-Romagna has the highest proportion of 60+ years old (27.3%). In Bristol, by contrast, this age group numbers 19% of the population.

Due to higher life expectancy described above the female population exceeded the male population at older ages in each partner country. In Kaunas and Graz, for instance, 65% resp. 62% of the population aged 60 and over are women.

Figure 1: Characteristics of the regions involved

	Graz, A	Bristol, UK	Hradec Králové, CZ	Kaunas, LT	Rhine-Main Area, D	Emilia-Romagna, I
Population	226,000	395,000	547,849	360,000	3,778,000	4,187,544
Women in %	53	51.5	48.81	55.4	51	51.3
Men in %	47	48.1	51.22	44.6	49	48.7
Life expectancy in years (at birth)	W: 82 M: 75	W: 80.8 M: 76.3	W: 79.94 M: 73.74	W: 75.9 M: 65	W: 82.6 M: 78.1	W: 83.6 M: 78.1
Citizens 60+ in thousands	51,500	72,500	81,630[1]	73,255	907,000	1,143,377
Citizens 60+ in %	22.8	19	14.9	20.3	24	27.3
Women in %[2]	62	55	60.4[3]	65	55.8	57.1
Men in %[4]	38	45	39.6[5]	35	44.2	42.9

2.2 Risk factors of social exclusion

Although conditions for life at old age vary considerably across the i2i-regions, similar risk factors are of relevance in all partner regions (see figure 2 below):

- Lack of family and social networks
- Poverty
- Poor access to social services and facilities
- Ageism
- Poor physical or mental health state

[1] In Hradec Kralove region data is available fort he age group 65+ only.
[2] relating to all citizens 60+
[3] relating to all citizens 65+
[4] relating to all citizens 60+
[5] relating to all citizens 65+

Figure 2: Overview of risk factors in the i2i-regions

Regions	Risk Factors
Graz, A	- Poverty and low income - Lack of family and social networks - Poor physical and mental health - Limited functional mobility - Migrant background - Disability in older age - Inadequate lodging conditions - Retirement
Bristol, UK	- Crime and anti-social behaviour - Pensioner poverty and low level of state pension (e.g. high tax and utility charges) - Poor bus transport - Too many means tests (to determine eligibility for benefits) - Pollution and spoiled local environment - Insufficient housing for older people - Difficulty in getting information and advice - Poor health and social care services - Poor leisure, entertainment and shopping facilities - Poor education and training
Hradec Králové, CZ	- Poor health (disability, long term illness etc.) - Poor services (transport, health care and rehabilitation, housing) - Limited capability of expressing one's needs - Lack of opportunities for socialising
Kaunas, LT	- Poverty and low income - Lack of family and social networks - Poor physical and mental health - Limited functional mobility - Migrant background - Disability in older age - Inadequate lodging conditions - Retirement - Unemployment in older age
Rhine-Main Area, D	- Poverty and low income - Lack of family and social networks - Poor physical and mental health - Migrant background - Inadequate lodging conditions - Poor access to social services - Ageism
Emilia-Romagna, I	- Social and familiar network rarefaction - Loss of self-sufficiency and health - Mobility and accessibility - Poverty and low income - Safety and security - Inadequate housing conditions - Job permanence reduction

2.3 Starting points for developing Regional Action Plans

The starting point for developing measures to re-integrate isolated older people into community life varies extraordinarily across the regions under study:

In the UK policies and strategies to prevent social exclusion have been introduced at national, regional and local level during the last decades. Using Local Strategic Partnerships and Local Area Agreements Bristol City Council is co-ordinating essential services to older people. Three years ago a Bristol Older People´s Strategy was developed in cooperation with older people, carers, representatives from voluntary and welfare organisations as well as public authorities. As part of the current development of an all-embracing Older People's Strategy, Bristol is working on the often-differing needs of older people in black and minority ethnic communities and those suffering from dementia.

In the city of Graz institutional structures of political representation and social participation of older people have already been established by implementing the Regional Senior Citizen Advisory Council and the City Department for Seniors´ Affairs. However, in order to guarantee full integration in social and economic life main challenges are the further development of existing structures of political and social participation, creation of new concepts of direct involvement and support of a barrier-free and user-friendly environment.

In Hradec Králové and Kaunas the (further) development of social services for older people and increasing quality standards is the focus of recent activities. In Kaunas a social service organisation was created after the restoration of independence. At present, it offers small services hardly corresponding to the basic needs of the population. In the Strategy of Development of Social Services for 2004-2014 developed by Municipality of the City of Kaunas, however, older people are hardly addressed.

Despite a well developed care service network and an endless number of pilot projects and examples of good practice already launched, the focus of Emilia Romagna region is on the creation of an integrated and multidimensional approach of all politics: town-plannings, housing, transports and mobility, trades, social, social-medical, cultural, economic, pension and safety.

The State of Hessen as well has already initiated a wide range of programmes and projects aiming at promoting participation and social inclusion of older people. In Mai 2003, the Hessian government has published their „Senior-political principles and guidelines" that include inter alia recommendations for activities in the fields of civic engagement, lodging and living conditions, and palliative care.

2.4 Target groups and objectives of the Regional Action Plans

All regions share a common ultimate goal – broadly "enhance social and political participation of older people" – but the path to the goal is different for each region. Case studies show that the Regional Action Plans contain common elements but differ in terms of specifics. For example, experts and stakeholders have considered following groups of older people especially vulnerable in most of the i2i-regions:

- People with low incomes
- Mentally ill and disabled persons
- People without family networks

However, with regard to the specific regional context, other target groups for actions have been identified, such as caring relatives, black and minority elders or older people in rural or deprived areas. Due to regional contexts and target groups the Regional Action Plans have been developed according to different objectives:

Graz, A	Hradec Králové, CZ	Rhine Main Area, D
- Promoting a realistic image and eliminating all forms of discrimination of older people - Improving quality of life and promoting the conditions for independent life of older people - Ensuring lifelong learning opportunities - Promoting political participation of older people - Promoting voluntary engagement of older people - Guaranteeing access to information and counselling - Promoting cooperation between regional institutions, authorities and policies	- Dissemination of information - New support technologies for older people - Support for families with older people - Coordination of social and health services - Prevention of criminality against older people - Promotion of senior citizens voluntary work - Educational programmes for families	- Promoting the cooperation of service providers (public, private and voluntary services) on lodging conditions including the local environment - Empowerment of older people and support of self-help initiatives - Considering senior citizens as a resource - Enhancement of civic engagement
Emilia-Romagna, I	**Kaunas, LT**	**Bristol, UK**
- A closer integration with local policies - A "non-sectorial" and "non-specialist" approach - The overcoming of merely health-medical approach - Considering senior citizens as a resource and encouraging a positive attitude towards ageing - Innovation and experimentation	- Lifelong learning measures - Development of social services - Development of social centres - Awareness raising on older people's needs and problems - Dissemination of information - Promotion of cooperation and voluntary work - Improve of quality of life of older people	- Improving the links between agencies and service providers to provide a more holistic service - Promoting good mental health and tackling stigma in BME communities - Developing new environments and ways of supporting people with dementia - Empowering older people themselves to help reduce isolation and exclusion

2.5 Initiators of the Regional Action Plans

With the exception of Kaunas, in all regions local governments have initiated the Regional Action Plans. As the plan will represent commitment by the local resp. regional government and these institutions are responsible for implementation of the measures public authorities should play a central role in its development.

In addition, in each country research partners and welfare associations bring together the input and material acquired during the development process and supports policy partners.

Regions	Initiators
Graz, A	Municipality of Graz/ Seniors Office As a department of the local government, the Seniors Office is a platform for public and private services for older people and acts in a networking function. It strongly promotes civic engagement and participation of older citizens and supports initiatives taken by older people for older people.
Bristol, UK	Bristol City Council's Department of Adult Community Care, I2I co-partner The Experience Corps (The NGO), and other key city stakeholders, including the appropriate charities from the voluntary and community sector, Bristol's older people's champions and, importantly, members of the Older People's Forum, an organisation of over 3,000 older citizens which influences matters which affect older citizens through its Bristol Pensioners' Charter.
Hradec Králové, CZ	Regional authority of Hradec Králové region
Kaunas, LT	Older Women's Activity Centre EWAC is a non-governmental, non for profit organisation providing senior women with opportunities of lifelong education, communication, assistance in critical situations, illness and misfortune, encouraging them to be active, creative and supportive members of the community ready to give assistance to those requiring help.
Rhine-Main Area, D	Hessian Social Ministry, Department VI, which is responsible for social insurances and questions of principle
Emilia-Romagna, I	Regional Authority for Social Policies The Authority for social policies is a part of the regional local government. It acts in co-operation with the department for not self–sufficiency policies (being part of the regional Health Authority).

2.6 Approaches of developing a Regional Action Plan

Due to different situations in the regions there is no single detailed model for developing a plan. However, we propose that main steps towards developing a Regional Action Plan should generally involve following:

Preparatory phase	• Regions selected as exemplary regions and initial consultations with regional and local governments, organisations and agencies were made.
Introductory phase	• A survey of experts in the target groups and selected older people were conducted to identify groups of older people concerned by or at risk of isolation and risk factors. • Furthermore, face-to-face interviews or questionnaires were used to get in contact with organisations that are considered suiteable to provide solutions. • The key development in the introductory phase, however, was the establishment of the Regional Action Committees (RAC). The main function of the committee was to formulate the RAPs by identifying objectives, strategies, priorities, vulnerable groups and activities. In most of the regions these activities took place during the preparatory phase and they did without an introductory phase.
Development phase (1)	• Participants of the Regional Action Committee elaborated a draft version of the Regional Action Plan. In some regions external experts were invited to present examples of good practice in order to quicken the discussion.
Draft version of the RAP	
Review phase	• Regional Action Plans were subjected to peer review by European partners.
Development Phase (2)	• Based on the feedback of the European partners, experts and the Regional Action Committees the Regional Action Plans have been further developed.
Final version of the RAP	

Furthermore, in Graz, Rhine-Main Area and Emilia-Romagna another phase called **"From strategy to implementation"** was added in order to work out concepts for the implementation of concrete measures recommended and promote knowledge transfer to decision-makers. Partners in the Rhine-Main Area decided to perform an expert meeting aming at discussing possible ways for transferring the project-results to relevant stakeholders at regional level (**Transfer phase**).

In Emilia Romagna an **approval and experimental phase** took place right after the draft version of the Action Plan had been developed. Due to funding they were able to launch pilot projects.

In Bristol, each project developed during development phase 2 was piloted with certain elements of the target groups (**pilot or test phase**).

While in most of the partner regions the overall aim of the i2i-project was to publish a final version of the RAPs, Bristol and Kaunas aimed at implementing some measures suggested by June 2007 (**implementation phase**). As part of the implementation process further work was undertaken inter alia to build social networks, to improve existing strategies for older people and to assemble the resources required for innovative ideas.

2.7   Actors involved in the development of the Regional Action Plan

As mentioned above, each region established a **Regional Action Committe** that permitted satisfactory representation of relevant stakeholders and experts, such as representatives of local and regional governments, welfare organisations, of the target group, senior citizen organisations and social scientists. The number of meetings as well as the number of participants varied but in most regions a core of 10-20 people worked on the RAP regularly.

Additionally to the RAC, project partners in the Rhine-Main Area established a **Local Action Committee** to deal with specific topics. Regional Action Committee meetings, by contrast, were performed twice and aimed at transferring the project results from the city of Wetzlar to the Rhine-Main Area.

In the Rhine-Main Area and Graz **disadvantaged older people** have been involved in the developing process. Special workshops have been performed to elaborate their ideas and point of view into the RAPs.

As the initiator of the RAPs in most regions a **member of the local or regional government** acted as chairperson of the Regional Action Committee and invited to and moderated the meeting.

2.8   Project outcomes

After one and a half years all regions involved in the project can look back at a remarkable achievement. Not only have they elaborated analysis of regional and national strategies and identified key risk factors of exclusion they have also gathered a wide range of innovative examples of good practice to promote social inclusion and participation of older people. To date the "Inventory of Innovation" contains nearly 80 projects from all countries involved. The Inventory of Innovation as well as all results of the i2i-project have been published at the project website at http://www.i2i-project.net.

The key outcome of the introductory resp. preparatory phase was the establishment of Regional Action Committees formed of representatives of senior citizen groups, welfare organisations, voluntary services, representatives of the church, members of the target groups, representative groups in local government agencies, politicians and social scientists. These experts met regularly and the RAC grew into a dynamic forum for dialogue and cross-sector exchange of expertise.

Needless to say that the most significant outcomes are the Regional Action Plans, which have been elaborated in cooperation with Regional Action Committees. As presented within the case studies (see chapter 3) Regional Action Plans vary in scope and approach.

Bristol, for instance, focused on four innovative projects and developed a detailed strategy for implementation. In Graz and Emilia-Romagna, by contrast, a wide range of activities is proposed. Some of them can be implemented in short term while others should be specialised and described in detail. In Hessen emphasis is put on already existing measures, which will be broadened by aspects of combating the isolation of older people.

However, in all Regional Action Plans the major importance is given to voluntary work by promoting activities by older citizens for older people. Some of the activities proposed in the Action Plans are expected to be implemented in the near future. In this connection it is worth highlighting that project partners in Emila-Romagna obtained a substantial financing from the social regional programme 2007, which enabled the launching of pilot projects.

Other great achievements of project partners are successful contacts that have been made with political authorities by involving them actively in the development of the Regional Action Plan. In order to keep their commitment vital they will also be kept abreast as the activities proposed move towards implementation. Unfortunately, it is very difficult to get the commitment of Kaunas Municipality.

In Italy the i2i-project also had an impact on the national strategy. In fact, an item concerning active ageing has already been included into the National Action Plan elaborated by the Italian Ministries for Labour, Social Solidarity and Health.

A great effort has been put in the dissemination of the plan and its concrete actions through media, such as press and websites. Additionally, the Action Plans were presented at the final conference of the i2i-project, which took place in June 2007.

In order to guarantee sustainability of the project results, some partners have already clear ideas for subsequent projects. In Hessen, for instance, there is the intention to initiate a research project to increase the knowledge on the isolation of older people and to provide background information for the need of socio-political intervention. In Graz regular meetings of the Regional Action Committee will be continued in order to promote exchange of expertise and ideas, and the Senior´s Office will work on the implementation of several measures.

In addition to the results described above, the partner regions mention distinct benefits from working in the partnership. They have a better understanding of each other´s political background, social situation of older citizens in the regions as well as strength and limitation. The project also offered a unique opportunity to transfer examples of good practice and innovative ideas from one country to another.

3   Case studies

The case studies specify the socio-economic background of the countries involved, how the Action Plans have been developed in the respective regions, which actors have been involved and what results have been achieved. Furthermore, they provide an overview of purposes and target groups defined in the Action Plans.

3.1   City of Graz, Austria

3.1.1 Description of the region

The city of Graz, the capital of Styria, is the second largest city in Austria and the biggest economic centre of Styria. About 40% of the Styrian economic output is generated in and around Graz.

3.1.2 Which are the risk factors older people have to deal with?

Despite the fact that the living standard in the City of Graz generally is high, experts asked singled out following risk factors of social isolation for older habitants:

Poverty and low income:
In general, older people are at a higher risk of poverty than the working-age individuals. Studies reveal that the poverty risk is clearly higher for women (14%) than for men (12%) and that females aged 65 and over show the highest at-risk-poverty rates (18.8%). (vgl. Steirischer Sozialbericht 2003/2004).

Lack of family and social networks:
Due to a higher life expectancy women face a higher risk of losing their partners than older men do. In Graz, 43 % of women aged 70-74 are widows (compared to 10% of widowers). This, of course, has an effect on the household structures. Single households of older women are most common in urban areas. In Styria, nearly half of women aged between 80 and 84 live alone.

Poor physical and mental health:
An important factor for determining the state of health is the existence of ailments. Within the health report of Styria it was found that older respondents are more likely to suffer from ailments than younger ones. In sum, in the age group of the 65 to 74 year old 42 % of the respondents suffer from three and more ailments, whereas more than the half of the people at the age of 75 and older does. The three most common ailments among both genders are the following: pains of the back and lower back (30.3%), sleep disturbance (22.6%) and pains of articulars and muscles (23.1%). (Grasser/Reichenpfader 2005)

Limited functional mobility:
An analysis of the current mobility and transport situation of older people conducted in Styria shows that mobility decreases with age due to lack of employment and transportation opportunities as well as increasing health problems.

Migrant background
In the city of Graz, 13.1% of inhabitants have no Austrian citizenship, this means 32,490 people. (Status: 31.03.2006, Präsidialamt der Stadt Graz, Referat für Statistik). Most of the migrants came from Ex-Jugoslawia (47%) and Turkey (9%).

Disability in older age

An extrapolation of a survey conducted among 1% of all Austrian households in 1995 shows that approximately 60% of all people aged 60-69 and 72% of all people aged 70-79 suffer from at least one age-related disability.

Inadequate lodging conditions

Although in Austria the quality of housing has improved during the last 30 years about 3% of all Styrians and 8% of people at risk of poverty still suffer from bad housing conditions (Steirischer Sozialbericht 2003/2004).

Retirement

Making the transition from work to retirement involves sharp and abrupt changes in people's life. International studies report that 1/3 of people can't cope with this kind of changes.

3.1.3 What has already been done to promote inclusion of older citizens in the region?

During the last 30 years, there has been done a lot to improve the situation of older people, e.g. by building a new Geriatric Center, establishing two Day-Care-Centers, providing a wide range of services (e.g. Seniorcard, Meals on Wheals for disabled people, Sunday afternoon programmes) and investing in the welfare of the senior citizens.

In 1996, the city of Graz opened the first "Seniors Office" in Austria. The "Seniors Office" is an institution of the city of Graz (Department for Social Affairs) for all older people and aims to enable initiatives from older people to older citizens (e.g. Internetcafé for Senior Citizens, Cultural Meeting Point, English Talk Table and Parliamo Italiano, Women´s Discussion) and to interlink private and public offers. It addresses two target groups: senior citizens who are interested in activities & involvement and lonesome, older people in the need of care.

Furthermore, institutional structures of political representation of older people have been established by implementing the regional senior citizen advisory council. The advisory board of the city of Graz meets twice to three times a year and primarily advises the mayor and the City Council of concerns relating to senior citizens, comments on draft legislation and initiates activities to combat age-related discrimination. The senior citizen advisory council in Graz is staffed by representatives of senior citizen organisations, senior spokesmen/women for the political parties represented in the district council as well as interested senior citizens. In fact, the council has particularly an advisory function and is not equipped with political power. In addition, an advisory board, which is concerned with concerns of migrants, has been established.

3.1.4 Purpose, objectives and target groups of the Regional Action Plan?

The overall objective of the RAP is to promote conditions of participation of older people in social, economic and political life. In short, the purpose of the RAP is to

- promote a realistic image of older people and eliminating all forms of discrimination
- improve quality of life and favour an independent life of older people
- ensure lifelong learning opportunities
- promote political participation of older people
- promote voluntary engagement of older people

- guarantee access to information and counselling
- promote cooperation between regional institutions, authorities and policies

Based on interviews conducted with regional experts and the work of the RAC, the RAP is structured around the main groups of older people at high risk of social exclusion and target groups for measures and activities identified:

- People without family and social networks
- Single very old people (80+)
- People with low incomes
- Mentally ill and disabled persons
- Older people, who are not mobile anymore
- Older people, who care for relatives (mainly women)
- Black and minority ethnic elderly
- Older people entering 3rd age (prevention)

3.1.5 Which steps towards developing a Regional Action Plan have been made?

Preparatory phase	• Interviews with experts • Establishment of Regional Action Committee
Development phase (1)	• Invitation of experts the the RAC-meetings, who presented examples of good practice in order to quicken the discussion
Draft version of the RAP	
Review phase	• Review by European project partners
Development Phase (2)	• Further development of the RAP by conducting interviews and workshops with experts & older people • Contact with political representatives (senior advisory board and councilwoman for social affairs)
Review phase	• Review by European project partners
From strategy to an action plan	• Developing concepts for implementation of concrete measures • Going public: presentation of the RAP at a press conference
Final version of the RAP	

3.1.6 Who was involved and how?

Within the development of the RAP, relevant stakeholders, representatives of the target group and policy makers participated in the process:

Regional experts: At the beginning of the project 23 experts (stakeholders, representatives of the target groups and local authorities, social scientists, representatives of the church as well as welfare organisations) were interviewed to identify the main groups of older people at high risk of social exclusion and target groups for measures and activities. All these experts were invited to the RAC and were informed regularly about the process and findings of the project. When the draft version of the RAP had been finished, another eight regional experts were asked to review the plan and in personal interviews their recommendations and feedback were gathered.

Disadvantaged older people: Workshops with disadvantaged older people living in Graz have been performed to involve their views in the elaboration of the RAP.

Members of the municipal council: Although members of the municipal council were invited to the RAC-meetings, hardly anyone participated. However, we sent them all papers, records and drafts to keep them informed about the process. A draft version of the plan was presented to the senior citizen advisory council and the councilwoman of social affairs and in order to include their feedback in the RAP and to improve the level of commitment.

3.1.7 Project outputs

Based on the results of the RAC meetings and interviews with regional experts, a draft version of a Regional Action Plan has been worked out. This draft version has been further developed by discussing relevant issues in the RAC and in the European project meeting as well as by conducting further interviews with regional experts and disadvantaged older people.

Within the project an important milestone was to get in contact with political representatives, such as the senior advisory board and the councilwoman for social affairs. It took some time to encourage politicians to get involved but finally, the councilwoman appreciated recommendations made in the RAP and argued for implementing several measures as soon as possible. Furthermore a press conference organised by the twon council took place in January this year. As a result some articles on the i2i-project have been published in regional newspapers.

3.2 City of Bristol, SW Region of England

3.2.1 Description of the region

Geographically the largest of the nine English regions, and with a population of 4.8 million, the South West Region has the highest proportion of older people and the lowest proportion of children in England and Wales: 38% were aged 50 or over in 2004 and projections suggest that the number of older people will rise by over 300,000 over the ten years, raising their share of the total population to 41%.

The City of Bristol (394,000) is the ninth most populous urban area in England & Wales. It has the highest (8.4%) ethnic minority population in the region. In 1905 only 4% of the population was >65. However, at 16.2%, unlike the SW region as a whole, the city has the lowest regional proportion of retired people (>65), but by 2025 this percentage is forecast to increase to 22%. The city's changing population profile will inevitably affect the allocation of public funds to different services, and an increasing older population may be expected to increase demand for a health and welfare-related services. Early retirement may exacerbate existing labour and skill shortages and workers approaching retirement age may be encouraged to remain in work. Policies to promote lifelong learning and flexible working patterns may help to ensure older workers retain marketable skills and help move them into retirement gradually. Ensuring older people obtain the benefits they are entitled to would go some way to alleviating problems associated with low income. Ageing is likely to increase the number of single person households and so increase the demand for housing.

Bristol City Council's Department of Adult Community Care provides social care services for older people, disabled people, people with learning difficulties and those with mental health problems. It leads in assisting carers and helping vulnerable adults to live independently and safely. It works closely with other organisations, such as Bristol's Older People's Forum, to provide better services and to improve outcomes for older people who need social care support; commission high quality services at sustainable and reasonable costs; improve service user choice and involvement in planning and developing services; and help older people to participate and contribute as active citizens.

3.2.2 Which are the risk factors older people have to deal with?

According to a major survey in 2006 the biggest problems facing older people in Bristol, in order or priority, were:
- *Crime and anti-social behaviour*
- *Pensioner poverty and low level of state pension (eg high tax and utility charges)*
- *Poor bus transport*
- *Too many means tests (to determine eligibility for benefits)*
- *Pollution and spoiled local environment*
- *Insufficient housing for older people*
- *Difficulty in getting information and advice*
- *Poor health and social care services*
- *Poor leisure, entertainment and shopping facilities*
- *Poor education and training*

-

3.2.3 What has already been done to promote inclusion of older citizens in the Region?

The UK Government is determined to help older people who experience exclusion and isolation, recognising that if it can make things work for the most excluded, they will work for all older people. It has introduced policies that aim to prevent exclusion and promote well-being in later life that address poor health, poverty and social exclusion by improving coordinated services at key times. It acknowledges that this is all about increasing quality of life for all, including the most excluded where the biggest gains can be made.

But, effective cultural change must come from communities themselves and the Government supports the champions of this agenda at every level. Regional government, such as the Government Office of the South West**,** produces community-based strategies and promotes the social, economic and environmental well-being of older people in their communities.

 Local Government and Authorities, such as Bristol City Council**,** are community leaders, advocates of local regeneration partnerships, employers, catalysts for economic activity, service providers and experts on information and research. They are thus best able to influence the work to tackle social exclusion. Using Local Strategic Partnerships *(single non-statutory bodies that bring together local public, private, community and voluntary organisations, generally at the level of District, County and Unitary councils. They work with the local community to identify and tackle key issues such as crime, unemployment, education, health and housing in a more co-ordinated manner than has happened before*) and Local Area Agreements (*an agreement between local partners and central government, setting targets and outcomes that are to be achieved over a three-year period*), Bristol City Council is co-ordinating essential services to older people and plays a key role in bringing the European Union dimension down to local level.

In December 2004 Bristol City Council's Cabinet approved a recommendation by the Select Committee "*Promoting the Independence of Older People"* to develop a Bristol Older People's Strategy. Meetings were held with key stakeholders prior to forming the Older People's Strategy Group (OPSG). Within the council each department nominated an older people's champion to take forward this work. Membership of the OPSG includes older people, carers and representatives from the Department of Work & Pensions, Primary Care Trusts and voluntary organisations. The work is raising the profile of older people in the city, their needs and aspirations, and will result in a more co-ordinated approach to the delivery of services.

In February 2006, the Government Office of the South West Region endorsed the Isolation to Inclusion (i2i) project and agreed to monitor and support its progress. Bristol City Council (recognising the benefit the expected project's outcome would be to the ongoing development of the wide-ranging Bristol's Older People's Strategy, especially if the pilot were to focus i2i on excluded and isolated older people in black and minority ethnic communities and harder to reach groups of older people such as those suffering from mental health problems) wholeheartedly endorsed the City's engagement in the project as the local co-partner to the Experience Corps.

3.2.4 Purpose, objectives and target groups of the Regional Action Plan?

The Bristol i2i Action Committee agreed that particular attention would be given to strengthening initiatives that are led by older people and their representative groups, and to developing appropriate networks of support. The Committee agreed to research and publish on the i2i website an Inventory of Innovation: good ideas and practices from the region and elsewhere in the UK that have and will empower older people in general and specifically in the two target groups (those with mild to moderate dementia and excluded elders from black and other minority ethnic communities) to be more engaged and included in their communities. They also agreed to develop Regional Action Plans which would describe in detail how to implement the most important innovative measures.

Bristol's contribution to the i2i project is influencing the evolving Bristol Older People's Strategy and how the city enhances and strengthens the way that older people participate and play a full part in the city's life. It was agreed that Bristol's i2i results would also be published on the i2i website to raise general awareness and to support similar initiatives all over Europe and that they would also inform the UK's National Action Plan on Social Exclusion (UK NAP) 2006 as examples of good innovative practice.

The randomly selected group of older people who were asked which were the risk factors that are most crucial to Bristol identified following groups of older people most concerned by or at risk of social exclusion and isolation:

- very old people (80+) and the housebound due to illness/disability/mental health.
- older people who live in areas of deprivation and who are on low incomes,
- particularly older women who on average live longer than men.
- older people from ethnic minority groups.
- older people living in areas with high crime rate.
- older people who cannot access public transport services through ill health, disabilities or lack of services.
- older people without family or friends.
- older people (>50) who have been forced to retire but wish to continue working.

3.2.5 Which steps towards developing a Regional Action Plan have been made?

Preparatory phase	The UK I2I partners (Department for Work and Pensions and the Experience Corps) attended the i2i Kick-Off meeting in Frankfurt in December 2005. Actions arising from this meeting were set in train and the NGO, the Experience Corps, briefed regional and local government and local organisations and agencies in the South West of England on the project by making a series of presentations at regional conferences and by meeting individually many interested potential stakeholders in January and February 2006. In March Bristol City Council and other key city stakeholders endorsed and agreed to engage in the i2i project.
Introductory phase	Members of the Bristol i2i Action Committee were recruited and before the committee first convened, a survey of experts in the target groups and selected older people was conducted to establish (1) which groups of people were most concerned by or at risk of isolation, (2) which identified risk factors were the most crucial to the target groups and (3) which organisations would be the most suitable to provide solutions. Questionnaires were sent out to all i2i stakeholders, including a representative number of members of the Bristol Older People's Forum.
Development Phase (1)	The Bristol i2i Action Committee convened five times in 2006 to consider the feasibility and practicability of many innovative proposals from both stakeholders/ committee members before determining which of these would best contribute to meeting the aim of helping the target groups. A small group of external (to the SW Region) experts in aging, isolation, health equality and ethnicity also met to review the long-list of innovative proposals for relevance, feasibility and utility. Accepting the advice of external experts, the Committee agreed that four initiatives should be developed as project briefs and should be included in the Action Plan which was drafted and circulated for comment by Bristol's i2i local, regional and national stakeholders. The i2i project was subsumed within the Bristol Older People's Strategy in September 2006.
Review phase	[Regional] action plan was subjected to peer review by European partners.

Development Phase (2)	The i2i Action Plan will be further developed as part of the Bristol Older People's Strategy. This is based on what older people themselves say is important and includes: • recognising the positive value of older people and combatting age discriminiation. • placing older people at the centre of thinking and planning of services • actively promoting independence and well-being • taking a co-ordinated approach to organising services • encouraging social cohesion across the generations Neither the Older People's Strategy Group nor the Bristol i2i Action Committee have yet had the opportunity to determine which authority, local organisation or body would be best placed to lead on each OPSG's or i2i project's implementation; the most appropriate stakeholders for each particular initiative; and, importantly, the detailed resource implications of each measure. These aspects are fundamental and will be elaborated during this development phase.
Pilto or test phase (Will it work?)	When each project has been developed, each must be piloted within certain elements of the target groups before being approved, in principle, for wider implementation. Funding must be sought for this process and, indeed, for full implementation.
Implementaion phase (Making it happen)	The i2i Action Plan, as part of a wider strategy for older people in the city, is all about improving the quality of life for older people. To make this happen, Bristol must improve its understanding of older people's priorities and work out how all the partners (stakeholders) can work together effectively for their benefit. As part of the implementation process, further work will be undertaken to identify ways to improve the strategy. The city must implement and monitor the commitments made in the plan; work to assemble the resources required for the innovative ideas; and, further develop how stakeholders can continue to work together on this agenda. The voice of older people is central to this.

3.2.6 Who was involved and how?

Composition of the Action Committee

A Bristol Isolation to Inclusion Action Committee (BI2IAC) was formed of key stakeholders (most of whom are also members of the Bristol Older Peoples Strategy Group) from a range of representative groups in local government agencies such as the National Health Service (Bristol Primary Care Trust and the Avon and Wiltshire Mental Health Partnership), the Pensions Service; the University of the West of England; the City's Voluntary and Community sectors including Age Concern, Dementia Voice, Arthritis Care, the Care Forum, Carers' Voice and the Royal National Institute for the Blind; and from members of the target groups including members of the Bristol Older People's Forum, The Black Development Agency and the Bristol and Avon Chinese Women's Group. The Bristol Older People's Strategy, which aims to improve the quality of life for older people in Bristol, encorporated the i2i project and its four pilot projects in September 2006.

As stated earlier, the UK Government is committed to help excluded and isolated older people. It has introduced wide-ranging policies that aim to prevent exclusion and promote well-being in later life by addressing poor health, poverty and social exclusion and by improving coordinated services at key times. Regional government (in this case study, the Government Office of the South West), translates these national policies and produces community-based strategies to promote the social, economic and environmental well-being of older people in their communities. Local authorities, such as Bristol City Council, as community leaders, are best able to influence the work to tackle social exclusion. Using Local Strategic Partnerships and Local Area Agreements, it co-ordinates essential services to older people and plays a key role because they and the voluntary and community sector:

- have valuable knowledge of, and experience in, developing common indicators of social exclusion and social inclusion and how they fit local and regional circumstances;

- can advise on translating European guidelines into domestic policies by setting specific targets and adopting measures taking into account national and regional differences;

- have valuable experience in delivering relevant structural fund programmes;

- have valuable experience in transnational co-operation projects in this field.

Other government agencies such as the National Health Service (Primary Care Trusts) and the Department for Work and Pensions are key partners.

3.2.7 Project outputs

The issue of isolation and social exclusion amongst older people is one that is particularly difficult for those with dementia and those from black or other minority ethnic communities. Exclusion can be particularly prevalent amongst these groups.

Under the auspices of the Bristol Older People's Strategy, the Bristol i2i Action Committee are developing four innovative projects that will, initially, test new ways of at least minimising, preferably preventing, social isolation within the target groups. They will tackle four of the key dimensions associated with the exclusion of older people from black and other minority ethnic (BME) communities and older people with dementia:

- **Promoting good mental health and tackling the stigma** in some BME communities which can prevent people receiving timely help.

- **Developing new environments and ways of supporting people with mild to moderate dementia**, especially those who have recently been diagnosed. Supporting carers is crucial here as well.

- **Making the connections between different agencies** so that when they do come into contact with an isolated older person a more 'holistic' response to their needs can be delivered.

- **Enabling older people themselves to move from isolation towards making a positive contribution to their peers and others in the community** – in every sense the true meaning of 'inclusion'.

The common theme running throughout the projects is about empowering older people and increasing the choice and control they have over their situation. Inclusion will only be achieved if older people are supported in this way.

The Bristol Action Committee recognised that the four relatively small i2i projects could not and should not be set in train in isolation of other measures that are being developed and implemented via the Bristol Older People's Strategy. The i2i project output will complement the City's wider strategic plans. Implementation of these and other innovative measures by local government and authorities, service providers, voluntary and community organisations and, not least, older people themselves, can only be effected if all stakeholders fully support and contribute tothe city's strategy of tackling aging in its community.

Stakeholders must also strive to ensure that these and other local examples of good practice are not just simply recognised but are actively endorsed and supported by both national and regional government as part of their policies to encourage ways to minimise the problems of isolation and exclusion in the nation's increasingly aging population. Both Regional and National Government have been and will continue to be indirect stakeholders in the OPSG/i2i project and appropriate Departments and Units will be kept abreast as the strategy moves towards implementation. Their commitment is vital.

3.3 Emilia-Romagna, Italy

3.3.1 Description of the region

The Emilia-Romagna Region, a northern Italian region, is an industrially advanced Region including 341 municipalities and 9 provinces, where the ageing of the population represents one of the deepest social and economic transformations. In Emilia-Romagna, ageing process is not distributed in a homogenous way: it registers a larger number of senior citizens in the hills and mountains than in the urban areas.

3.3.2 Which are the risk factors older people have to deal with?

In spite of a well developed care service networks, composed by nursing homes and day centres with more than 16,500 places that guarantees care and assistance to older people, the experts identified following risk factors of social exclusion for senior citizens:

Social and familiar network rarefaction
In the last decades modifications to family structures (in terms of reduction of members and intergenerational presence in family units) have caused a progressive loosening trend of family network ties. Thus we register a steady increase of the older female population (over 2/3 of senior citizens are women), the progressive growth of the over-eighty category, a more frequent instability of marriages together with the decrease itself of the marriage rate and the greater number of older people living alone. These features pose serious problems to the family steadiness and to its traditional mechanisms of subsistence and care. The loosening of social and family network ties represents a high risk factor for isolation and exclusion, especially for older women.

Loss of self-sufficiency and health
The loss of self-sufficiency in the daily life activities represents one of the most relevant risk factor causing isolation. Furthermore, when the loss of self-sufficiency is associated to an important illness condition that requests long-term care (for example demented people) the isolation risk can affect also the caregivers (most of them females and migrants).

Mobility and accessibility
The presence and accessibility of services are strictly connected with the quality of life. In Emilia-Romagna region, mobility problems due to territorial isolation represent an obstacle to an independent life especially in the mountain and rural areas.

Poverty and low income
Poverty represents a high risk factor for isolation, causing a progressive detachment from social life. The results of a recent study (ISTAT) indicated that Emilia-Romagna is the richest Italian region. However, the regional experts identified some specific problems connected to poverty: housing, employment and integration. Regional policies against poverty still focus on emergency rather than on the prevention of isolation.

Safety and security
This topic includes two different points of view: safety and security as a real risk and as a perceived one. Regional studies showed that older people are more concerned with perceived risk than real risk: abstract fears tend to affect older people more than real risks, heavily influencing their social and daily life.

Inadequate housing conditions

An old person living alone, of course, is exposed to a higher risk of isolation but at the same time, social networks also depend from housing conditions.

Job permanence reduction

In terms of policies devoted to senior citizens, employment is not considered a relevant topic, even if, especially for 55-65 years old, the loss of work and/or the transition to retirement can represent an important factor of isolation risk. The permanence at work might guarantee the sense of belonging to a social network, reduce the problems connected with low income and make the person feel useful. Involving older people in useful activities contributes to maintain a good level of self-sufficiency.

3.3.3 What has already been done to promote inclusion of older citizens in the region?

The number of projects and examples good practice started by the Region Emilia Romagna in the past 30 years is almost endless, because this region is one of the most concerned on social issues in Italy. The promotion of a continuous and intense dialogue with local and municipal governments gave the regional institutions a role of co-ordinator of actions dealing with all the aspects of inclusion of older people. The list of "topics" tackled in the plan of action may give an idea of the great work that was done in the past with the synergy of institutions, productive forces and organisations of the civil society. Every single item of the list below was the result of several pilot actions and exchange of good practices. Additionally, we published several examples of good practices at the website of I2I project.

The actual regional plan of action for ageing deals with following topics:

- Housing

- Environment and relationship with the cities

- The right to movement and mobility

- Health and quality life of the older people including support to family members as caretakers

- Education and lifelong learning opportunities

- Access to culture, sport and new technologies

- Travelling autonomously

- Safety and security

- Older people living in remote areas

In Emilia-Romagna not only a well developed welfare system, but also the capacity to listen to the needs of people and organisations has contributed to improve the general quality of life, including the one of senior citizens.

3.3.4 Purpose, objectives and target groups of the Regional Action Plan?

The Regional Plan of Action is meant as a tool for investigating and qualifying sector policies and programmes according to the needs and point of view of a significant portion of the regional community, the older population. The aim is not and cannot be the production of a further parallel programme, nor to tailor a specific one for older people in sector programming, but rather to centre sector programming on the need for unity and integration,

representing the need to cope with a process of great social and economic transformation, such as the ageing of the population.

To sum up, the RAP´s underlying aim is to promote a change of approach to problems linked with older population characterised by:

- a closer integration with local policies;

- a "non-sectorial" and "non-specialist" approach,

- the overcoming of a merely health-medical approach, consequence of social stereotypes that

- consider older people mainly as care recipients, with a relocation of care facilities in the

- centre of the city, district, territory and life of residents.

Strategic aims

A) Recognition of the active role of older people, promotion of active policies for senior citizens and a positive attitude towards ageing

Traditional approaches to the needs and requirements of older people are still characterised by prevalent and exclusive attention to their assistance and/or material needs. The recognition of the active role of the senior citizens requires renewed attention to the need for "active citizenship" expressed by them. One prerequisite for the promotion of active policies is the reduction of the gap between the way in which senior citizens perceive themselves, and prejudices institutions and social bodies of the regional community have. Putting attention on active ageing will also help to recognise the contribution (be it social, economical, political or cultural) that senior citizens can give to the community. It's necessary to promote a process of empowerment by reinforcing the participation of senior citizens in decision-making processes at various levels and within different contexts and by strengthening the role of the organisations that represent them.

Local governments, citizen associations, and other organisations must commit to the definition of a series of initiatives aimed at helping people "ageing well." This can also be supported by promoting healthy lifestyles for all citizens, based on solidarity, friendship, community and neighbourhood support and on intergenerational and intercultural relationships.

B) Sustain senior citizens´ freedom of choice, thus empowering older people (and also those requiring care and personal assistance) to:

- freely choose to continue living as they have always lived;

- make their own decisions concerning everyday life (choosing among different opportunities and services);

- make the best use of their resources and skills.

C) Favouring ans supporting self-sufficiency

Housing (with a view to the urban context) must be promoted as fundamental for preserving rights for all citizens, including seniors. Continuing to live at home and within one's own social context favours continuing self-sufficiency for seniors and forestalls feelings of uselessness and the depressive states that lead to isolation and a steady decline in mental and physical health.

D) Favouring the reorganisation of the course of life on a collective and individual level, by means of greater flexibility between training, work and leisure in the different phases of life, thus overcoming rigid sequential order;

E) Support those who choose to care for their family or acquaintances
A work programme for **recognising those family members** who guarantee care and assistance as subjects with special needs, for whom qualified and specific measures are required.

F) Ensuring responses to the needs of older women through the development of specific gender policies and assessment of their impact.

G) Favouring the use of new technologies in order to increase the margin of freedom and self-sufficiency for all while directing research and the use of technology to the needs of senior citizens and to promoting individual acceptance of new technologies.

H) Promoting well-being and health among older people by guaranteeing a preventive approach throughout life and the universality and equality of access to social and healthcare services by favouring active ageing and focusing on the factors determining this process such as continued health, social participation, and safety. It is also planned to create opportunities that will allow senior citizens to retire later than people do today and/or to continue being involved in work-related activities.

The general aim of the Plan of Action is to contribute to creating a society for all ages**,** that recognises the different needs and abilities of all its members, no longer programmed by referring to healthy adult males, but by taking into account the needs of children, young and older people. The aim is to overcome age discrimination trying to listen to different opinions, experiences and needs of all citizens, in order to outline correct policies devoted to them. Based on interviews carried out by a regional committee of experts, the target groups of older people at higher risk of isolation are the following:

- People without family and social networks
- People living alone or in a family including other older people, over 80 and/or needing longterm care
- People with low incomes
- Caregivers (especially women)
- People isolated and living in high criminality risk zone
- People with a limited condition of autonomy and mobility
- People living in isolated areas (rural, hill and mountain areas)
- Adults entering the 3rd age

3.3.5 Which steps towards developing a Regional Action Plan have been made?

Preparatory Phase	• Regional Inter-Authority Workshops (6 meetings) • Regional group for a deeper examination (about 60 people) • Comparison with the contribution of 2nd U.N. world conference on ageing (Madrid 2002) and Berlin conference (2002)
Development Phase (1)	• First draft version and public presentation at a press conference
Approval phase	• Regional Decision n.2299/2004
1st Experimental phase	• Specific objective of Social Regional Planning: Regional decision n. 2305/04: 2.200.000 euros for experimental projects (48 projects approved for local action plans)

Development Phase (2)	• 3 meetings including: Social department of Emilia-Romagna Region, Lunaria (NGO) and the Regional expert committee (include stakeholders representatives from local Municipalities, Trade Unions, Third Age Universities, the Voluntary Service sector and other Departments of the Regional Government. The experts also come from different parts of the Region Emilia Romagna).
	• Regional Expert Committee examined the following question:
	   o Who are the older people at isolation risk?
	   o What are the main risk factors?
	   o What to do against isolation and to favour inclusion of older people

From strategy to an Action Plan	Specific regional indication to develop local social programmes gave the following result: 30 of 39 local districts (representing the 85% of >75 years regional inhabitants) presented specific projects to fight isolation of older people and promote the building of social networks. Regional Decision n. 1791/06: Regional contribution of Euros 1.500.000 to support some social objectives of RAP

3.3.6 Who was involved and how?

Within the i2i-project for the development of second phase of the Action Plan participated in the process:

Regional experts: co-ordinator the Social Department of Emilia-Romagna Region and Lunaria (NGO). A group of 20 experts composed the Regional Action Committee: stakeholders representatives from local Municipalities, Trade Unions, Third Age Universities, the Voluntary Service sector and other Departments of the Regional Government. The experts also come from different parts of the Region Emilia Romagna. The RAC was interviewed to identify the main groups of older people at risk of social exclusion and target

groups for measures and activities. Furthermore all experts participated in 3 workshops in order to identify the main topics dealing with social exclusion risk. During the workshops a new draft version of action plan, based on priority topics was outlined and discussed with experts. Moreover all the experts were informed regularly about the findings of other i2i project partners. The draft version was finally supervised from all experts. The RAC was also invited at the 2nd project meeting in Milano Marittima and 2 members participated.

3.3.7 Project outputs

Thanks to several contributions of the RAC and the other Departments of regional government a new draft version, especially focused on social exclusion risk, was outlined. A significant contribution came from the projects financed through the Regional decision n. 2305/2004 (a part of them being in the best practice inventory). This new version was elaborated by discussing the results of expert-interviews, comparing problems affecting different groups of older people and identifying targets groups and activities to fight social exclusion.

An important objective was reached by obtaining a substantial financing from the social regional programme 2007, which granted 1.500.000 euros for pilot projects to implement the Regional Action Plan for older people. In the near future local districts will be asked to prepare local plans of action, to which they should devote their own resources (in addition to the regional ones) to fight social exclusion.

Another important result was the implementation of an item concerning active ageing, in the Italian National Action Plan elaborated by the Italian Ministries for Labour, Social Solidarity and Health.

3.4 Hradec Králové, Czech Republic

3.4.1 Description of the region

Hradec Králové Region is situated in the east of the Czech Republic, with a population of about 548,000 inhabitants. All in all, 14.7% of the population are older than 65 years. In recent years the situation has markedly improved in the sphere of social care.

3.4.2 Which are the risk factors older people have to deal with?

The main problems and risk factors for social exclusion older citizens have to tackle with include the following:

- *poor health (disability, long term illness etc.)*
- *poor services (transport, health care and rehabilitation, housing)*
- *limited capability of expressing one's needs*
- *lack of opportunities for socialising*

3.4.3 What has already been done to promote inclusion of older citizens in the region?

There has been done a lot to support services for older people, especially for increasing quality of social services (implementing of Regional Minimum Standards, preparing social services for registrations and inspections, which are going to be inspected, further education for employees in social services, raising of social services planning).

The bedding capacity of various social establishments cover needs of the region, although demographic developments make the construction of new residential homes for senior citizens and the further development of community care services necessary. In the year 2001 a new senior citizens home was opened in Ceská Skalice.

Available services for older people in Hradec Králové Region are: counselling service, home care, day services, nursing or residential homes. Services help people to stay at home as long as possible. Furthermore, services provide support to relatives, who care for a relative.

3.4.4 Purpose, objectives and target groups of the Regional Action Plan?

- Improving the situation of some of the most vulnerable groups of older people by developing and implementing innovative measures
- Strengthening partnership of key stakeholders at local level
- Creating a wide range of appropriate services for older people

3.4.5 Which steps towards developing a Regional Action Plan have been made?

The RAP was elaborated based on:
- Outputs of expert group meetings, focus groups with older people, consultations with seniors citizens organisations and discussions within the Regional Action Committee
- Regional and national studies dealing with living situation of older people
- Co-operation among regional and external experts

3.4.6 Who was involved and how?

- NGO, Regional Development Aagency, Council of senior citizens of the regional authority of Kralovehradecky region and other participants of the RAC were involved in the development of the RAP

- Representatives of towns throughout the region were involved in defining the strategies for a social plan (net of social providers)

The Regional Action Committee was formed of

- Deputy Chief Executive Officer of Regional Government

- Head of the Dept. of Social Affairs and Health

- Officer of the Dept. of Social Services

- Zivot 90

- Head of Dept. of Social Affairs and Health of the Municipal Council of the City Hradec Králové

- Ministry of Labour and Social Affairs

- Center of European Planning

- Pensioners' Union Regional Council

- Hradec Králové Nursing Service

- Diocese Charity

Furthermore, the Ministry of Labour and Social Affairs is one of the project-partners. The RAC is an informal advisory board to the project-coordinators.

3.4.7 Project outputs

- Analysis of regional and national strategies and other documents

- Establishment of a RAC and involvement of various regional partners

- Identification of key risk factors of exclusion

- Definition of weaknesses and strengths of services

- Identification of existing good practices

- Implementation of new act on social services, which brings significant changes in the system and should improve quality standards of residential homes and services aiming at enhancing social inclusion of older people

3.5 Kaunas, Lithuania

3.5.1 Description of the region

Kaunas is the second largest city in Lithuania and is well known for its huge development of industry, generating 20% of Lithuanian total economic output. Despite being a quite economical city, Kaunas is also well known as a cultural centre, focussing on development of education. Unfortunately, community activities and social services for those having fewer opportunities and requiring for help, are not highly developed.

3.5.2 Which are the risk factors older people have to deal with?

There are still many gaps (especially concerning older people), where huge efforts are needed in order to change the current situation. Regional experts asked singled out following risk factors of social isolation for older inhabitants:

Poverty and social exclusion
As the situation in Lithuania is similar to other Baltic countries, the poverty and social exclusion are two problems, which closely affect older people. Studies reveal that older people are at a higher risk of poverty, depression and social exclusion than the working-age individuals. 31.9% of all people aged 65 and over living in Lithuania (in Kaunas 20 - 25%) suffer from low incomes.

Lack of family and social networks:
Due to a higher life expectancy woman (life expectancy for men: 65; woman: 75.9 years) face a higher risk of losing their partners than older men do. As a result they are at a higher risk of loosing of social networks.

Poor physical and mental health:
6% of people living in the city of Kaunas suffer from mental and/or physical disabilities. Similra to other European countries it was found that oler people are more likely to suffer from ailments than younger ones. Ailments most common in Kaunas are pains of the back and muscles. Furthermore, more and more people suffer from Alzheimer´s disease and Parkinson and in need of special care and health services. In fact, the region lacks of health services and medical conulting services for older people.

Limited functional mobility:
Furthermore, mobility decreases with age due to poor public transportation services, health problems and unemployment.

Migrant background:
In the city of Kaunas, 93% of the habitants have Lithuanian citizenship, 4% of people have Russian nationality and other 3% are of different nationalities. Therefore, the problems related with migration are not central. On the contrary, lot of young citizens moved to other EU-member states looking for better salaries and social guaranties.

Disability in older age:
Surveys show that more than 50% of people aged 60 to 69 suffer from at least one age – related disability, such as dementia, arthritis, sclerosis, pains of muscles, Parkinson disease etc. Lithuanian Association of Parkinson disease numbers 115 members in Kaunas region and even 305 all over Lithuania. In 2005 there were 808 cases of Alzheimer's disease all

over Lithuania and 163 in Kaunas region. In fact, Association of Alzheimer´s disease assumes that there might be much more cases but a lot of people are misdiagnosed.

Inadequate lodging conditions:

There are a lot of people at high risk of poverty and bad housing conditions. Five storehouses built in Soviet period are not suitable for older people with disabilities due to narrow doors, staircases and lack of heating.

Retirement

Statistic shows that 8.3% of Lithuanian women and 8.2% of men are retired and have low incomes. Furthermore, more and more people cannot cope with the transition from work to retirement pschologically and economically.

Older women and labor market

Ageism is very clear expressed in our country. Older women suffer from it more than men. In any age their salaries are lower than men´s and therefore, their pensions are less. In old age 2/3 of women are living alone. When their children or grandchildren become independent, women very often change their lifestyle and find out new talents and skills. "Empty nest" syndrome urges them to look at the life from different point of view and to satisfy life with new content.

There is a wide range of activities launched for older women, such as volunteer services. A lot of older women take advantage of retirement and participate in trainings and further education activities. Some years ago, the rate of unemployment was very high and it was difficult for older women to find a job. Nowadays, the situation is quite different. Unemployment in Kaunas region is less than 2.5% and older women are in great demand at the labour market. Many of them, however, are not qualified to use computers or speak foreign languages and have to be reskilled.

3.5.3 What has already been done to promote inclusion of older citizens in the region?

Bearing the demografic developments in mind, there is much to be done in order to create a well-developed helping surrounding for older people. The government and NGO put great effort in improving the situation by establishing residential homes for older people. To date Kaunas are 2 public and 4 private residential homes. Additionally, NGO created 5 Active Communication centers for older people in order to improve their participation into community life.

Municipality of the city of Kaunas elaborated a strategy of development of social services for 2004-2014. Two institutions - Panemune Elderly House and House of Generations and NGO Elderly Woman's Activities Center - represented interests of older people in the commission autorisised to develop the strategy. Unfortunately, most of the proposal´s content related to older people has been rejected and the Strategy of development of social services mainly targets children and families.

The aim of the i2i-project is, therefore, to improve the situation of older people. Current activities address two target groups: senior citizens, who are interested in activities and paticipation and isolated older people in the need of care.

3.5.4 Purpose, objectives and target groups of the Regional Action Plan?

The main objective of the action plan is to promote conditions of participation of older people in social, economic and political life. In short, the purpose of the RAP is to:

- ensure lifelong learning process and social activity (e.g. courses for older women to enable them to start their own business, computer courses, increasing knowledge about IT and working with different programs; creating a database of people, who are looking for a job);
- guarantee access to information and counseling;
- promote co-operation between regional institutions, authorities and politics
- improve quality of life, independent life and creativity of older people (e.g. meetings at Community Centers etc.);
- promote voluntary engagement of older people and increase their qualification in helping older people;
- create and develop equal rights and chances to get involved in labor market;
- initiate centers of guardianship for people having age – related disabilities;
- develop various types of services at home for isolated older people and for their families;
- train specialists and volunteers for work with older disabled people.

The RAP is based on needs of older people and is structured around older people at high risk of social exclusion:

- people without family or with strong lack of social involvement;
- people with a lack of knowledge about social activities and information;
- people suffering from age-related disabilities and people, who are helping them at home;
- older people who are not mobile anymore.

3.5.5 Which steps towards developing a Regional Action Plan have been made?

Preparatory phase	• Interviews with experts • Establishment of Regional Action Committee
Development phase	• Three meetings of RAC • Analysis of expert interviews • Representatives of Associations of patients of age-related diseases and representatives of community centres were invited to participate in the RAC
Transfer phase	• Expert workshop • First version of RAP
Review phase	Review by European project partners
Further development phase	• Performance of RAC-meeting • Further development of the RAP (e.g. elaborating measures for people with health problems) • Including feedback of European projects partners (peer review)
Implementation phase	• Building social network for implementation of the RAP • Elaborating appropriate projects of RAP for each partner • Discussion with Ministry of Social Security and Labour about financial support for implementation of RAP • Information about RAP and negotiation about support with Municipality of Kaunas • Distribution of the project results to other regions of Lithuania

3.5.6 Who was involved and how?

Experts: questionnaires were distributed to 25 relevant stakeholders, such as older people, volunteers of NGO working with older people, municipality officers, university lecturers, representatives of Ministry of Social Security and Labour.

Regional Action Committee was formed of 12 experts, such as representatives of Ministry of Social Security and Labour, specialists from Kaunas Municipality administration (department of social affairs) and council (Committee of Social affairs), directors of municipality institutions for elderly, lecturers from Kaunas Technological university (Faculty of Social Sciences) and representatives of NGO working with older people. Withn three meetings participants of the RAC drafted a first version of the RAP based on existing studies and self-experience.

Expert workshop (2 days): All in all 4 participants took part in this workshop: director of municipality house for older people, head specialist of social affairs of Kaunas, Municipality administration representative, lecturer of social sciences of the University and National coordinator. The aim of the workshop was to identify further topics and isuues to be incorporated in the RAP.

New members of RAC: as older people suffering from a poor health condition have been identied as one of the major target groups Lithuanian Parkinson Disease Association, Association of Alzheimer's Disease and Community Centers of Kaunas have been invited to join the RAC.

Members of the local and regional government:
The project is supported by Municipality Kaunas and Ministry of Social Security and Labour. Experts responsible committed to include issues addressed by the i2i-project into the National action Plan to combat poverty and social exclusion.

3.5.7 Project outputs

Pilot version of the RAP has to be implemented in Kaunas region. Of course we need support of Kaunas Municipality, but due to election at local level we haven´t received support for the implementation of RAP yet.

In order to implement the RAP following steps are planned:

- To create an exchange network, where people exchange the skills they possess for the skills they need.

- To improve image of older people in mass-media.

- To analyse innovations from other countries and to elaborate strategies for implementing them in Lithuania

- To involve other NGO, siuch as community centres, associations of older people to work in the field of social inclusion and voluntary services.

- To ask for support Union of Social NGO of Kaunas region to intermediate in the negotiations with Municipality.

- To ask for financial support at the Ministry of Social Security and Labour

3.6 Rhine-Main Area, Germany

3.6.1 Description of the region

The Rhine-Main area is an urban agglomeration and the second biggest European metropolis region in Germany, located in the south of Hessen with Frankfurt am Main as its centre. It forms a socially diversified region, including a high ratio of mainly younger migrants. Nonetheless, senior citizens are an important target group in the political agenda, since traditional family structures are about to be replaced by characteristics of the demographic change: an increase of single households, grown-up children living in regional distance to their parents and a strong growth in the shares of old and very old people, depending of external services by commercial providers, welfare organisations and voluntary initiatives.

The city of Wetzlar was chosen as a starting point for the activities of the i2i-project. Wetzlar is situated 60 km north of Frankfurt with approx. 53,000 inhabitants, a quarter of which is at an age of 60 years and above. Facing the growing numbers of older persons, local policies focus on the on issues of adequate housing conditions at quarters' levels, including the development of social-services for older people run by professional or non-profit organisations and volunteers.

3.6.2 Which are the risk factors older people have to deal with?

The following main risk factors for social isolation of old people in the Rhine-Main area could be identified:

Poverty and low income:
Compared to other regions in Hessen, the population of the Rhine-Main area is comparatively well off in terms of income. However, the number of social assistance recipients is higher in the urban parts of the Rhine-Main area than in its rural districts. While the "new poor" remain in the large cities, those who are better off drift to the hinterlands. Main risk factors for poverty and low income are 1) high age, 2) being a women and 3) migration background.

Lack of family and social networks:
Single person households are mainly found in bigger towns of the Rhine-Main area, but the trend towards living alone is also observable in rural regions. Besides young people, e.g. students, the highest ratio of single persons are found in people 60+, especially in woman due to their longer life expectancy.

Poor physical and mental health:
In the next decade, the number of older people in permanent need of care will rise significantly. While in the average an increase of one third is expected, specifically in the hinterlands of large cities this increase can amount up to 70%.

Migration background:
The ratio of persons with foreign nationality in the Rhine-Main area amounted to 12.9% in 2005 and reached shares of up to 30% in large cities. Those of the generation of "guest-workers" who migrated to Germany in the 70-ies and decided to stay are now about to enter third age. Migrants have an above-average risk of becoming a recipient of social assistance.

Inadequate lodging conditions:
Persons with low incomes and the need for subsidies to their flat rents are above average in the large cities of the Rhine-Main area. As inadequate lodging conditions are connected with

low income, the specific risks for suffering from these conditions are concentrating in the urban parts and increase for women of very old age. In addition to that, experts confirm the need to develop quarters in senior-adequate terms, especially the access to shops, leisure time and cultural offers, public transportation and the Internet.

Poor access to social services:
Experts hint to the fact, that there is still a lack of services, which facilitate the participation of seniors in public life. All actors – public, private and third sector service providers – are called upon to become better aware of the specific needs of older people and their isolation risks. Improvements are necessary in terms of information and public relation, the qualification of staff dealing with seniors, the range of services and the readiness for cross-sectoral co-operation.

Ageism:
Ageism is still apparent in different forms, not only in the Rhine-Main area. Traditional stereotypes still rule the perception of especially older women, e.g. in advertising. There is an agreement among experts and practitioners, that there is a need for socio-political intervention to combat ageism, if the problems of isolated old persons are to be solved.

3.6.3 What has already been done to promote inclusion of older citizens in the region?

In Mai 2003, the Hessian government has published their „Senior-political principles and guidelines", according to which the following realms were defined for activities at regional level:
- Civic engagement, interest representation, education and qualification
- Lodging in old age
- Living conditions in homes for old people
- Living conditions for people with dementia
- Priority of rehabilitation before care
- Situation of older migrants
- Palliative care

With view to the re-integration of isolated older people into community life, the State of Hessen has initiated the following programmes and projects, which can be utilised and broadened for this purpose:

- Two years ago, Hessen started to qualify volunteers who act as network and support intermediaries between volunteers, associations and the administration, thus supporting local civic engagement A special training for volunteers aimed at connecting confidants of isolated old people and the locally existing support structures can be conceived.

- The HSM (Hessian Ministry of Social Affairs) provides funds for the qualification of volunteers. Within these measures local contact points together with voluntary associations and other social services can conduct training courses for issues such as "What is isolation?", "Preparing for befriending services", " Preparation for an active retirement". Such qualification measures are also appropriate for developing and creating new projects for older citizens, e.g. neighbourhoods.

- The project "Intercultural health guides in Hessen", which is promoted by the State

and carried out with and for migrants, can be enlarged by the aspects of "ageing abroad". The yet existing networks can be utilised to uncover isolation and generate support offers. In first place, older migrant women could be considered as well as the today's 50-year-olds, who frequently are not conversant in German and therefore have even less social contacts.

- The state-promoted "Counselling agency on lodging conditions" offers training for multipliers. The predominant majority of older people desire to stay in their own flat. In planning the alterations and modifications of the living space, the reorganisation of the current situation can be included, if social contacts are difficult to maintain and to realise or even how they could be rendered possible. The question of how future social contacts can be clarified as well as who can carry out the demands on support and who can provide the actual assistance in household, care, shopping etc.

- In the framework of the "Social City" programme and in co-operation with the Hessian Ministry of Economics, attention can be directed to people concerned or threatened by isolation as regards the organisation and development of the living conditions and the surroundings. This should not only concentrate on close-by supply service and purchase, social networks and convenient transport connexions but should also refer to models of living in communities, assisted living as well as barrier-free living forms.

3.6.4 Purpose, objectives and target groups of the Regional Action Plan?

The State of Hessen wants to contribute to develop necessary initiatives to combat social isolation of seniors. However, due to competence structures, their situation can only be improved in co-operation with other actors, e.g. with local authorities, voluntary associations and the churches. The State of Hessen defines its primary function in contributing to the problem analysis, to raise awareness in the broader public for this issue and to provide information on examples of good practice at local level. The Hessian government will support the above-mentioned actors in finding adequate ways for the improvement of the social integration of seniors, and it is interested in clarifying the role of civic engagement in this context.

It is the purpose of the Hessian Action Plan to restrict to a stimulating, motivating and supportive role. Social isolation can only be overcome by the affected persons themselves. Help must refer to the conditions and reasons why people cannot resolve their problems even if they were capable of doing so, and help must focus on rendering the necessary support and assistance.

This means that people who receive help not only consider themselves as beneficiaries or recipients but also as persons that can give something to others, as people who are needed, who assume responsibility for themselves and others.
Thus, the Action Plan intends to present methods and possibilities to identify how the willingness and the awareness of being important and valuable to others can be further developed. Seniors have to be motivated to take an active part in wanting to overcome and to overcome isolation by themselves. For this reason, the Action Plan will not include any advice on ameliorating care and supply measures but on how the individual potentials, self-esteem, self-confidence and self-activity can be strengthened (empowerment).

Special attention will be paid to the following groups among the senior population:
- People without family networks
- Single very old people (80+)

- People with low incomes
- Mentally ill and disabled persons
- People entering 3rd age (in terms of prevention)

3.6.5 Which steps towards developing a Regional Action Plan have been made?

Preparatory phase	• Selection of Wetzlar as an exemplary region • Interviews with experts • Establishment of a Local Action Committee (LAC)
Development phase	• Four meetings of LAC • Invitation of experts from other regions to gather examples of good practice • Workshop with target group (seniors of a quarter with above-average isolation risks) • Decision on local measures and strategies to combat social isolation of seniors
Transfer phase	• First expert meeting at regional level to discuss and transfer the results to the regional level • Draft version of the Hessian RAP
Review phase	• Review by European project partners
Further development phase	• Supplementation of draft RAP • Second expert meeting at regional level to discuss the revisions • Coordination and fine-tuning of the results with thematically adjacent departments of the Social Ministry
Final version of the Hessian RAP	
From strategy to implementation	• Amplification of existing measures and programmes by aspects concerning the social isolation of older people • Discussion of concrete measures with local authorities and experts • Raising public awareness for the problem of isolated old people • Knowledge transfer on the need of socio-political intervention to decision-makers at local level

3.6.6 Who was involved and how?

Local Action Committee: Together with the responsible person for seniors' affairs in the municipality of Wetzlar, a list of potential RAC members was set up. It was composed of the various actors and stakeholders concerning issues of isolated old persons (partly consisting of the interviewed experts) and included the mayor to demonstrate the political importance of the topic. The first meeting was attended by 18 representatives from welfare, health and housing associations, a voluntary agency, a day-care facility for children, the senior council, the municipality of Wetzlar as well as the Hessian Social Ministry. This number has decreased to 12 in the final meeting of the LAC.

Regional Action Committee: In order to transfer the outcomes in Wetzlar to the Rhine-Main area, two workshops were conducted by the Hessian Social Ministry with representatives of local authorities, voluntary associations and self-help initiatives as well as a representative of the Hessen twinning region Emilia Romagna in the first meeting.

Disadvantaged older people: To ensure the direct involvement of the target group in the consultations, a special workshop was performed with old people from a specific quarter in Wetzlar which is characterized by especially high isolation risks. In the 60-ies, this quarter was constructed to provide young families with lodging space, and their joint ageing led to an above-average age of the population. The local priest invited the inhabitants and moderated the meeting. The participants were encouraged to point out the positive and negative aspects of the living conditions in their quarter and were offered the opportunity – besides a general discussion – to select arguments by cards, which were developed by the Schader Foundation, Darmstadt, for workshops on urban developments. Individual participants formulated their interest to engage in voluntary community work, and the decision was made to establish regular meetings on these issues.

Members of the local or regional government: At both local and regional level, the project was supported by the responsible government officials at administrative level who invited and moderated the meetings. Due to the self-government structures of German municipalities, at regional level only framework conditions can be created for measures which are voluntarily executed at local level. Political decision-making at regional level must not intervene in the self-rule rights of municipalities.

3.6.7 Project outputs

Due to the above-mentioned competence structures, the decision was made, that a pilot version of the Action Plan was located at local level, and co-operation with the municipality of Wetzlar was agreed. Here the interviews with experts took place and a Local Action Committee was established. Based on the results of the expert interviews, the Action Committee meetings and a workshop with the target group, a Local Action Plan was developed which is now in the phase of being implemented.

The results of this work were presented at an expert workshop at regional level, and conclusions were drawn for the design of a Regional Action Plan. The draft RAP was discussed in a European project meeting, and a further developed version became an issue of a second expert workshop at regional level.

Emphasis is put on already existing measures, which will be broadened by aspects of combating the isolation of older people. For example, within the Hessian qualification programme for volunteers, a focus will be laid on training measures on how to identify isolated old people and take measures for support resp. organising support.

Besides this and aiming at the improvement of framework conditions for activities at local level, there is the intention to initiate a research project to increase the knowledge on the isolation of old people and to provide background information for the need of socio-political intervention. In order to crease the public awareness for the situation of isolated old people, especially at municipality level, the issue will become a topic in a congress on ageing, organised by the Hessian Social Ministry in August 2007.

4   Developing a RAP – Relevant findings of the i2i-project

4.1   Suggestions for the RAP´s content

Generally, a RAP should have a systemic and logical structure to ensure its understanding and acceptance by the general public, public authorities, politicians and practitioners.

The following outline, however, is not prescriptive and exhaustive. Due to regional circumstances and situation there will be other elements appropriate that should be included into the RAPs. For more detailed information on possible content of Regional Action Plans, users of this handbook are referred to the plans that have already been developed by regions involved in the i2i-project (see project-website: www.i2i-project.net)

Based on experience gained within the project, a RAP should include at least:

- **International and national political documents and strategies**: A RAP should cearly from an integral part of a general regional or national strategy. We, therefore, recommend including a description of national political documents and strategies dealing with the issue of social inclusion and participation of older people, such as the National Action Plans on Social Inclusion. A RAP should also include reference to international documents, such as the International Plan of Action on Ageing 2002.

- **Description of the current situation in the region**: We consider a baseline study as a key element in a systematic approach to develop a RAP. Based on interviews with experts, existing studies and/or data a report should identify the main risk factors for social exclusion in the respective region. It should also focus on demografic developments and the living situation of vulnerable groups.

- **Objectives and target groups** have to be identified and described within the RAP. A RAP usually covers a broad field of activities. As it is not possible to tackle and overcome all problems immediately, priorities have to be assigned concerning objectives and target groups. Obviously, objectives and target groups can differ from region to region (see case studies in chapter 2) but they should come clearer as a result of the baseline study and discussion process. Prioritisation could be one of the prime tasks of the RAC.

- **Measures recommended** promoting social inclusion and participation: According to the objectives and target groups identified concrete measures should be suggested. It might probably be useful to distinguish between measures that can be implemented in short time and others that may be realisable in the long term. The former could be described in detail, so that those responsible for the implementation have a clear idea about the target group(s) and resources needed.

- **Examples of good practice**: A RAP should incorporate networks, experiences and programmes already in place. We, therefore, recommend to gather and publish (inter-)national examples of good practice, which apply different strategies for combating and preventing social isolation of older people in the respective regions. An action plan should, however, not only describe measures, which have already been implemented.

- **Proposed monitoring and evaluation mechanisms**: Although within the plans developed to date little emphasis was put on monitoring and evaluation mechanism we recommend outlining how the monitoring and evaluation process might be carried

out. One of the most important parts is to establish time frames for measures and the plan as a whole. It will probably not be necessary to go into detail but we suggest making an explicit commitment to monitoring and evaluation.

To sum up, a Regional Action Plan should at least:
- indicate clearly what the current situation in the respective regions is like,
- identify what problems need to be tackled,
- identify what target group(s) need to be addressed,
- specify what measures will be taken and
- if possible, specify the time frame and who is responsible to take the action.

4.1 Key findings

Expert-Interviews

Within the i2i-project every region involved conducted interviews with regional experts to find out about vulanerable groups and the main risk factors for social exclusion they have to deal with. The project partners consider expert interviews at the beginning of the development process most helpful and suggest going to the time and effort of talking to some relevant stakeholders. However, it is desirable to work out interview guidelines in advance otherwise the interview might turn into a chat.

Size and composition of the Action Committee

As described above, the key element in the preparatory phase of work on the RAP is the establishment of a Regional Action Committee. This body might alternatively be called a steering committee or advisory board or something else. The committee should be on a scale that permits satisfactory representation of all relevant stakeholders, while at the same time being manageable in terms of decision-making and effectiveness. Partners involved in the i2i-project, therefore, recommend an optimum size of around 10 to 20 members.

In order to achieve broad popular support, membership should include a creative mixture of governmental and non-governmental institutions and organisations. Government agencies should delegate those that have particular responsibility for implementation of the plan. To sum up, i2i-partners recommend inviting following stakeholders to participate in the RAC:
- Representatives of local and regional governments
- Trade union representatives
- Representatives of voluntary service sector
- Representatives of the target group(s)
- Church representatives
- University representatives
- Welfare organisation representatives
- Media representatives

In fact, the number of RAC members may decrease in the course of the consultation process. The RAC should, therefore, be flexible enough to allow changes in structure and new members.

Unless political representatives do not participate in the RAC it is desirable to get in contact with them at an early stage of the development phase in order to improve commitment.

Preparation and organisation of RAC meetings

In our opinion it is very important to be well prepared when taking responsibility for and chairing a RAC. The chair organisation has a central role to play during all phases of the plan´s development. In a first step, potential RAC members have to be identified and invited to participate. In order to highlighten the importance of the results the official invitation could send out on behalf of a high-ranked local or regional government representative.

We recommend performing regular meetings. Regions that have already developed a RAP to date chose different approaches: In Emilia-Romagna, for instance, three meetings have been held in the course of the project. Although some participants had to drive up to 100 kilometres, meetings have been very successful and well attended. In Graz, by contrast, meetings performed every 6 to 8 weeks have proved worth. As most of the participants lived in the city of Graz participation was not as time-consuming as in Emilia-Romagna.

Experience show that RAC members have not been able to attend at the meetings every time, even though the date had been arranged some weeks in advance. They, however, appreciated to be kept informed by obtaining records and drafts of work in progress. This approach enables everybody interested to contribute input for the RAP at an early stage. Records should include a precise summary of the results of the meeting and clear definitions of the next working steps.

It also should be avoided to spend too much time discussion theoretical aspects instead of concentrating on concrete needs and potential activities.

In order to ensure a regular flow of information and communication during the whole development process experts and members of the RAC have to be informed regularly about the process and interim results of the project. Partners recommend informing experts about all positive results, even about little ones.

The need for getting involved as a committee member may not be fully apparent to all relevant stakeholders right from the start. At the beginning of the development process, therefore, positive effects of mutual exchange and co-operation should be highlighted.

Benefits for participants

In Graz external experts have been invited to present innovative ideas to promote social inclusion and participation of older people already existing in other regions at home and abroad in order to quicken the discussion and to encourage them to "look beyond their own nose".

Public Relations

If the plan is to be effective, it is crucial that all relevant actors and the general public are aware of it and give their support. To promote this awareness, good relation to the media should be established and media representatives should be encouraged to publish articles in regional newspapers and broadcast TV-spots on the issue. In Graz, for instance, a media conference has been organised by the Department for Social Affairs. As a consequence, several articles on the project have been published in regional newspapers.

Involvement of target group(s)

In order to ensure involvement of target group representatives, such as very old people or isolated older people special methods have to be developed:

In the Rhine-Main Area and Graz, for instance, workshops with target group representatives have been conducted at familiar places in their quarters. It is advisable to combine the consultations with low-threshold "consuming" offers, such as coffee and cake, an expert speech on crime prevention or a visit of a high-ranked local or regional government official.

Partners from the Rhine-Main Area recommend facilitating discussions by low-threshold methods, such as adhering points to specific arguments or collecting cards with pre-written arguments. Furthermore, it proved helpful to select a moderator with trusted profile (e.g. a local priest) and to offer low-threshold but useful activities within the consultation process. In the Rhine-Main Area the event has been repeated and participants have been asked to bring along another person.

The approach chosen in the city of Graz also demonstrates that the involvement of target group(s) is possible and worth the effort. The research partner togther with a local government representative visited groups of senior citizens in their districts to discuss the topics of the RAP. They also conducted interviews with carers, who acted as spokesmen and spokeswomen for older people, who were not able to participate in workshops due to limited functional mobility or poor physical and mental health.

Regular monitoring:

The implementation of the whole plan as well as monitoring and evaluation have not been objectives defined within the i2i-project. However, we would like to stress the importance of having monitoring and evaluation mechanics included in the RAP.

Project partners in Emilia-Romagna recommend monitoring the plan together with organisations of civil society, local administrators and the other stakeholders of the productive world regularly. The monitoring process should include assessments of

- whether the plan is going to the right direction,
- which actions should have priority,
- what has been done to achieve objectives and
- whether activities meet objectives.

Experience in Emila-Romagna demonstrates that this procedure is good for both the regional government representatives and stakeholders, who get the chance to intervene and do active proposals on the development and implementation of the RAP.

5   Further Information

For further information on the respective RAPs or on the i2i-project, please contact partners involved:

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